

Children, Young People, Maternity and Families Workstream Risk Register - November 2020

Cover Sheet

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score					Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
				Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21				Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse	Empower patients and residents
1	Immunisations for pregnant women. There is a very low uptake of flu and pertussis immunisations to pregnant women in City & Hackney. The effect of low update can result in maternal morbidity.	10	4	4	4	4	6	6	↔	Plans for improving uptake of imms through HUFT maternity unit (2 immunisers now on site) and with Primary Care as part of post COVID Increasing imms wider planning (alongside flu and childhood imms). THE SCORING OF THIS RISK HAS BEEN REVISED TO REFLECT MORE CLOSELY THE RISK MATRIX. Currently 31% of pregnant women have been immunised to date (Nov 20), significantly increased since this time last year, and moving toward target. Work continues (Update 11/20).	6	✓			✓	
2	Risk that CYP with complex health needs do not receive sufficient additional support in school to meet their needs; and CCG not having a specified recurrent budget to meet these costs. This group are identified as being specifically vulnerable to direct and indirect impacts of the pandemic.	12	8	12	12	12	9	9	↔	LBH leads are reviewing function of Post 16 Panel and the flow of cases from Transitions Case Management Meeting. Health contributions to EHCP costs: - pathway agreed, plans need to be submitted to DMO /DCO for approval for funding to be released. Plan to integrate this process with the joint funding protocol to streamline processes. Multi agency assessment panel has met once (July 2020) to pilot the Joint Funding protocol. Agreed cases have to be for 18 years and below. Panel members to support links with adults services as required. Education cases to be submitted to the panel in August 2020 to complete the first stage of the pilot, progress will then be reviewed by Strategic Oversight Group.; Agreement required re strategic monitoring of out of borough special school packages - both education and health costs are charged by OOB health services. The protocol is being tested, having been to FPC Nov 20 (Update 11/20)	9				✓	
3	Risk around the speed at which the offer of Personal Budgets across the health, education and social care system is expanded.	6	6	6	6	6	6	6	↔	To date, the following actions have been undertaken to ensure all children and young people who require them have personal health budgets 1. All continuing care packages have at least a notional personal budget 2. Children's Social care personal budgets are offered	6		✓		✓	✓

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score					Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
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4	Strategic challenges associated with collaborative working across a number of organisations and a broad spectrum of work areas have a negative impact of strategic CYPMF workstream deliverables. This may include a lack of 'buy in' from partners across the system and partners 'pulling away' from scoped workstream business - potentially leading to a duplication of work or things not being done, risks re budget pooling / aligning, definition of scope, slippage in timescales and reduced quality of services commissioned. Operational challenges associated with collaborative working across a number of organisations and a broad spectrum of work have a negative impact on service operations leading to reduced quality in outcomes for children.	4	4	4	4	4	4	4	↔	This is continuing to be managed through the CYPMF Strategic Oversight Group and the wider partnership governance.	4	✓	✓	✓	✓	✓
5	Lack of a robust and integrated system approach to care and provision for CYP with LD and / or autism. Provision is of good quality at points throughout the CYP / family journey but is not a consistent pathway that supports early identification and prevention of escalation of needs.	12	9	12	12	12	12	12	↔	CETR register is established but CCG is not not receiving the number of referrals expected for monitoring who are not at immediate risk of requiring a community CETR. During COVID services have rag rated their caseloads leading to inter service review of who is in contact with families. Currently reviewing pre a possible 2nd wave those families who may be open but not in recent contact with services. Development of draft T3.5 service to support this cohort, which is currently being negotiated with partners (Update 11/20).	12				✓	

Ref#	Description	Inherent Risk Score	Risk Tolerance	Residual Risk Score					Risk Movement	Monthly progress update	Projected next quarter risk score	Objective				
				Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21				Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse Empower patients and residents	
8	Risk that low levels of childhood immunisations in the borough may lead to outbreaks of preventable disease that can severely impact large numbers of the population	15	4	10	10	10	15	15	↔	<p>Since the changes in health commissioning in 2013 Health and Social Care Act, responsibility for commissioning and delivery of all immunisations sits across a wide range of partners. There is no statutory commissioning role for the CCG or for local Public Health, although City and Hackney CCG has continually invested in supporting delivery of immunisations in order to tackle our local challenges. Partnership work was developed through the measles outbreak in 2018 and the ongoing non recurrent investment in the GP Confederation has been built on during the pandemic. Over the course of the recent Covid 19 surge residents/patients have not been accessing routine healthcare to usual levels, and this is a double blow to immms uptake given that it was already relatively poor. A 2 year action plan to improve immunisations across the whole life course has been developed, with a number of pilots and interventions. These were set out in a paper to the ICB in June 2020. Key progress includes:</p> <ol style="list-style-type: none"> 1. Commissioning of GP confederation catch programme to support primary care ahead of winter 2020 (agreed July 2020) - good plans are in place and this is being taken forward with the GP Confederation. 2. Proposal being developed for health visitors to deliver immunisations in children's centres and for key 'at risk groups (ie. families in temp accom) 3. The Back to school communications campaign on childhood immunisations finished on 25 September, and communications are now focusing on flu immunisations. 4. New system governance and delivery structures in place, led by public health 5. Specific interventions for the North of the borough continue to be commissioned and delivered, including Sunday clinics, with new models being explored <p>This risk is part of a broader system risk on immunisations, and there is still work to be done to clarify how responsibility for managing the risk is shared between CYPM, Planned Care and Primary Care Workstreams. A specific report on flu immunisations went to the October ICB. Current uptake of flu vaccinations for 2/3 year olds is 29%, significantly higher than this time last year and a new model of flu vaccinations is being tested from children's centres. Work continues to progress toward the target of 75% coverage. New models may be applied to routine childhood immunisations shortly, with learning from the approach to flu (Update 11/20).</p>	15		✓		✓	
9	Gap in provision for children who require Independent Healthcare Plans (IHP) in early years settings, relating to health conditions such as asthma, epilepsy and allergies.	16	3	4	4	4	4	4	↔	<p>As part of the Independent Healthcare Plan (IHP) work, Public Health, the CCG, Hackney Learning Trust and the Homerton Hospital have set up a partnership approach to identify the small number of children affected and take appropriate steps. Consequently there is no gap in provision and we are maintaining a watching brief to ensure this continues.</p>	4				✓	

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11	Health of Looked-After Children: Risk to sustaining service performance during transfer of service to new provider and change to service model	12	4		8	8	8	6	↓	<p>The service has successfully transferred to the Homerton without incident. We will continue to monitor delivery to ensure no issues arise. During covid 19 HUHT used virtual platforms to undertake IHAs and RHAs which will be followed up f2f when lockdown is implemented. Risk is lack of face to face health assessments for UASC may result in reduced identification of health issues including mental health, immunisation requirements, blood borne diseases and communication challenges around interpreting service. UCHL ID clinic has reopened in June and social workers able to refer directly. Virtual IHAs undertaken and to be followed up face 2 face. Designated Doctor for LAC has now retired, HUHT have advertised post. Capacity issues escalated to CCG and HUHT by Designated LAC nurse. HUHT clinicians covering the post for health assessments. GPs informed via CCG GP network. Locum Designated Doctor is now in place since end of July 2020.</p> <p>25/11/20 Risks reduced as F2F extra IHAs clinic being set up to follow up the IHAs undertaken virtually during the first lockdown. The service is continuing to see all LAC f2f in the 2nd lockdown. Doctor's capacity stable and UASCs are being seen at UCHL ID clinic since July. All virtual RHAs undertaken during covid lockdown have now been followed up as bank staff employed to undertake this.</p>	6				✓	
15	There is a risk that Out of Area Looked-After-Children experience longer waiting times to access CAMHS and other services, and that those services provided may not be of as high a standard as those provided within City & Hackney.	12	9 (TBC)		9	9	9	6	↓	<p>Arrangements are in place for clinical services to travel in order to meet the needs of LAC where possible. Where children are placed further away the clinical service will liaise with services local to the child and the Designated Nurse for Looked After Children and Mental Health Commissioner on a case-by-case basis. Negotiations ongoing for a stronger service provision for City of London UESC.</p> <p>25/11/2020 Risk reduced as HUHT are undertaking OOB placed health assessments</p>	9				✓	
16	The Named GP for safeguarding children is currently on maternity leave and the post has been uncovered, meaning that we have not been compliant with the Intercollegiate guidance. Additionally we have reduced capacity with the Designated Nurse for Safeguarding on long term leave. Potential increases in safeguarding issues presenting are being prepared for, thinking forward to the return of schools in September.	12	4	9	6	6	3	3	↔	<p>The named nurse for Primary Care, who started January 2020 and there were no gaps in service. Named GP returned to work in September 2020 and post has been covered during the absence. The Designated Nurse for Safeguarding role is being covered through acting up arrangements, and capacity and risk will continue to be monitored.</p>	3				✓	

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				Q3 2019/20	Q4 2019/20	Q1 2020/21	Q2 2020/21	Q3 2020/21				Focus to prevention to address health inequalities	Community care close to home	Maintain system financial balance	Deliver integrated care which meets physical and mental health of our diverse Empower patients and residents	
17	Gap in delivery of Tier 2 Audiology service for City and Hackney registered population. Service not restarted following pandemic pause in service delivery. Lack of HUHT community paediatricians to restart delivery of service. Plan to transfer service to Barts needs to be fast tracked and interim service solution identified.	12	6				12	12	↔	Risk escalated to risk register and HUHT risk assessment requested 30/07/20. Service restarted in October provided jointly with Bart's, waiting list triaged and being addressed. Joint development of transfer plan for Barts service with start date of 1/4/21. Working group established. Risk not reduced in Q2 as funding risks not identified.	12		✓	✓		
18	Significant staffing and recruitment issues in the HUHT Community Paediatrics service (approx 50% of Doctors)	15	6				12	12	↔	Risk escalated to risk register and HUHT risk assessment requested 30/07/20. Interim support secured and workforce strengthened for high risk areas such as LAC. Risk not reduced in quarter as known vacancy issues emerging in December though recruitment planned.	12		✓	✓	✓	
19	Potentially significant increased demand for CAMH support throughout the impending phases of the pandemic, at specialist and universal level for children and families.	12	9				12	12	↔	CAMHs have performed well to support families during the peak of COVID, alongside schools and there are robust plans in place for this to continue. Locally and at NEL Level plans are underway to improve crisis and mental health support teams and WAMHS are back in schools (Update 11/20).	9	✓	✓		✓	✓
20	During Covid-19 a combined NEL Safeguarding and Looked After Children risks register has been in place and reviewed monthly by the designated nurses. The NEL key risks relate to reduced face to face contact between services, schools and children during the COVID-19 Pandemic, and the increased risks to children which result from this. It is nationally anticipated that there may be a surge of safeguarding issues identified when COVID-19 restrictions end and move to business as usual returns. These risks are mitigated in part by the mitigations relating to risks 2,5,11 and 15, (above) but the CYPMF Strategic Oversight Group will be reviewing the risks and mitigations in detail for City & Hackney in December. The have not yet been fully scoped yet from a local perspective. The NEL risks are appended to this report for information.	TBC	TBC				TBC		Emergent Risk		TBC	✓			✓	

Risk mitigations & further detail

Ref#:	1	Objective	Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	✓
Date Added:			Deliver proactive community based care closer to home and outside of institutional settings where	
Date Updated:	26/11/2020		Ensure we maintain financial balance as a system and achieve our financial plans	
Review Committee:	CYPMF SOG		Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
Senior Responsible Owner:	Anne Canning		Empower patients and residents	
Senior Management Owner:	Amy Wilkinson / Ilaria Torre			

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Immunisations for pregnant women. There is a very low update of flu and pertussis immunisations to pregnant women in City & Hackney. The effect of low update can result in maternal and infant health.	3	2	6	3	2	6
Risk Tolerance (<i>the ICB's appetite in relation to this risk</i>)						
	Target Score	Detail				Total
Impact	3					4
Likelihood	1					

Mitigations (<i>what are you doing to address this risk?</i>)			
Proposed Mitigation(s)	Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)		
Range of activity to manage low uptake of immunisations for women in the borough, including working with NHSE, GPs and HUHFT; awareness raising with women and families and scanning at 20 weeks.	Data is being collected by HUH on 20 week scans alongside national and regional data.		
1.5 Fte (+0.5 additional TBC) immunisers are now immunising women as they attend HUFT for antenatal appointments.	This will be monitored as part of montly MQPG (Maternity Partnership Board) and weekly CCG ? HUFT cals with HOM and DHOM.		
Action(s) (<i>how are you planning on achieving the proposed mitigations?</i>)			
Detail	Last updated	Delivery Date	Action Owner
Monthly progress update (<i>agreed by Senior Management Owner & Senior Responsible Owner</i>)			

Plans for improving uptake of imms through HUFT maternity unit (2 immunisers now on site) and with Primary Care as part of post COVID Increasing imms wider planning (alongside flu and childhood imms). THE SCORING OF THIS RISK HAS BEEN REVISED TO REFLECT MORE CLOSELY THE RISK MATRIX. Currently 31% of pregnant women have been immunised to date (Nov 20), significantly increased since this time last year, and moving toward target. Work continues (Update 11/20). This risk will be reviewed in late 2020 to assess the impact of mitigations

Ref#:	2
Date Added:	
Date Updated:	26/11/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson / Sarah Darcy

Objective	Deliver a shift in resource and focus to prevention to improve the long term health and wellbeing of local people and address health inequalities	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	
	Ensure we maintain financial balance as a system and achieve our financial plans	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
	Empower patients and residents	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Risk that governance processes for joint funded packages of care are still in development which may lead to increased costs for partners. This includes EHCPs, out-of-borough packages and LAC/complex mental health packages	4	3	12	3	3	9

Risk Tolerance (the ICB's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3		6
Likelihood	2		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
1. Transition Case management meeting mechanisms agreed across education, social care and health	1.Evidence of case review and transition pathway agreed via meeting minutes and flow of cases escalated to Joint 16 Panel
2. Joint Funding Protocol agreed across health social care and education for high cost / complex cases that require funding from more than one agency that is outside the approval scope of existing panels	2. Protocol is reviewed by the workstream's Strategic Oversight Group and as per each agency's governance structure (submitted in February 2020)

Action(s) (how are you planning on achieving the proposed mitigations?)

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
<p>LBH leads are reviewing function of Post 16 Panel and the flow of cases from Transitions Case Management Meeting.</p> <p>Health contributions to EHCP costs: - pathway agreed, plans need to be submitted to DMO /DCO for approval for funding to be released. Plan to integrate this process with the joint funding protocol to streamline processes.</p> <p>Multi agency assessment panel has met once (July 2020) to pilot the Joint Funding protocol. Agreed cases have to be for 18 years and below. Panel members to support links with adults services as required. Education cases to be submitted to the panel in August 2020 to complete the first stage of the pilot, progress will then be reviewed by Strategic Oversight Group.;</p> <p>Agreement required re strategic monitoring of out of borough special school packages - both education and health costs are charged by OOB health services. The protocol is being tested, having been to FPC Nov 20 (Update 11/20)</p>

Ref#:	3
Date Added:	
Date Updated:	30/07/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson / Sarah Darcy

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	✓

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Risk around the speed at which the offer of Personal Budgets across the health, education and social care system is expanded.	3	2	6	3	2	6

Risk Tolerance (the ICB's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3		6
Likelihood	2		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
To date, the following actions have been undertaken to ensure all children and young people who require them have personal health budgets 1. All continuing care packages have at least a notional personal budget and some families have direct payments	Quarterly CCG reporting to NHSE and monthly review at Joint Complex Care Panel (JCCP) the children's continuing care panel. All CYP on the continuing care caseload have had at least a notional PHB since April 2018
2. Children's Social care personal budgets are offered	Short Breaks reporting
3. Education offer to be clarified	Development plan required

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
1. CCG to review adults PHB strategy to identify opportunities for CYP roll out	30/07/2020	30/09/2020	S.Darcy
2. NHSE guidance to be sought on whether range of joint funding initiatives can be delivered as PHBs	30/07/2020	30/09/2020	S.Darcy
3. Workstream review of PHB development plans (including health, social care, education and LAC) to be undertaken at a Business Performance and oversight Group (BPOG)	30/07/2020	30/01/2021	S.Darcy

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
To date, the following actions have been undertaken to ensure all children and young people who require them have personal health budgets 1. All continuing care packages have at least a notional personal budget 2. Children's Social care personal budgets are offered

Ref#:	4
Date Added:	
Date Updated:	30/07/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson

Objective	Deliver a shift in resource and focus to prevention	✓
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	✓
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	✓

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Strategic challenges associated with collaborative working across a number of organisations and a broad spectrum of work areas have a negative impact of strategic CYPMF workstream deliverables. This may include a lack of 'buy in' from partners across the system and partners 'pulling away' from scoped workstream business - potentially leading to a duplication of work or things not being done, risks re budget pooling / aligning, definition of scope, slippage in timescales and reduced quality of services commissioned. Operational challenges associated with collaborative working across a number of organisations and a broad spectrum of work have a negative impact on service operations leading to reduced quality in outcomes for children.	2	2	4	2	2	4

Risk Tolerance (the ICB's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	2		4
Likelihood	2		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
1. Regular meetings for, and updates to partners on workstream business	
2. Work with the Integrated Commissioning Prog Director and Workstream Directors to troubleshoot and share best practice re partnership working	
3. Dedicating time and resource to building strong partnership relationships across the system	

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
A cross workstream workshop on budget pooling is being planned for September	19/08/2019	Sep-19	Amy Wilkinson
Continue to ensure the system wide membership and leadership of the workstream e.g. through the BPOG and SOG		Ongoing	Amy Wilkinson
The CYPMF Workstream is holding a workshop to look at proposals relating to potential pooling arrangements for SLT budgets across the partnership	19/08/2019	Sep-19	Amy Wilkinson
The workstream continues to be led by the partnership Strategic Oversight Group, and pursue integration of strategic plans and delivery alongside identifying areas for joint funding arrangements (ie. CAMHS Integration, Joint Funding Protocol for	30/07/2020	Ongoing	Amy Wilkinson

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
The CYPMF Workstream held a workshop to look at proposals relating to potential pooling arrangements for SLT budgets across the partnership. The workstream is continuing to monitor membership and ensure the governance is fit for purpose, and pursue integration opportunities on key areas of challenge (ie. immunisation, support for children with additional needs etc).

Ref#:	5
Date Added:	
Date Updated:	26/11/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson / Sarah Darcy

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Lack of a robust and integrated system approach to care and provision for CYP with LD and / or autism. Provision is of good quality at points throughout the CYP / family journey but is not a consistent pathway that supports early identification and prevention of escalation of needs.	3	4	12	3	4	12

Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3		9
Likelihood	3		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Care Education Treatment Review (CETR) processes established across health, social care and education with service leads engagement	CETR register and CETR meeting minutes, minutes of register review meetings with Agency leads (held fortnightly during COVID).
CAMHS Tier 3.5 proposal submitted to CCG and for discussion with agency leads - intensive support for most at risk CYP with specified interventions from all three agencies	Proposal to be fully reviewed but KPIs demonstrating impact on the CYP, family and all agencies to be included. Intention is for reduction in avoidable inpatient admissions, improved family experience of support, reduction in avoidable Tribunal costs and avoidable residential placements. Investment required for early and sustained interventions across the multidisciplinary team.

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Continue to promote and provide training for agency services re CETR cohort and processes	30/07/2020	Ongoing	S.Darcy
CYP focused chapter / addition to the Autism Strategy to be agreed to inform partnership plan	30/07/2020	30/12/2020	S.Darcy and TBC

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
CETR register is established but CCG is not receiving the number of referrals expected for monitoring who are not at immediate risk of requiring a community CETR. During COVID services have rag rated their caseloads leading to inter service review of who is in contact with families. Currently reviewing pre a possible 2nd wave those families who may be open but not in recent contact with services. Development of draft T3.5 service to support this cohort, which is currently being negotiated with partners (Update 11/20).

Ref#:	8
Date Added:	
Date Updated:	26/11/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to	✓
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	Empower patients and residents	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Risk that low levels of childhood immunisations in the brought may lead to outbreaks of preventable disease that can severely impact large numbers of the population. Risk exacerbated during further drop in coverage during COVID pandemic.	5	3	15	5	3	15

Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	4		4
Likelihood	1		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
1. Robust governance established across the Partnership with 1) a fortnightly COVID 19 Childhood Imms Task group with PH, CCG, HLT and Interlink members, 2) a C&H monthly steering group that also manages the flu strategy, and 3) a quarterly wider partnership oversight group with NHSE/PHE that will oversee the 2 year childhood imms action plan	Increased childhood imms offer across City and Hackney in the context of COVID (prior to COVID focus was on NE Hackney with significantly lowest coverage rates), building on and not replacing practice delivery of imms. A comprehensive communications campaign.
2. CCG NR investment in childhood immunisations	In addition to the Non Recurrent funding in NE Hackney, the CCG has invested £800k in 2020 to support improved childhood imms and flu (adults and CYP)
3. Utilise NHSE training, data and shared learning opportunities	Access training webinars when made available; CEG working to develop timely imms activity data at practice level

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Continue to work with CEG / NHSE regarding improvements in data collection to support timely delivery	30/07/2020	Ongoing	Sarah Darcy

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)

Since the changes in health commissioning in 2013 Health and Social Care Act, responsibility for commissioning and delivery of all immunisations sits across a wide range of partners. There is no statutory commissioning role for the CCG or for local Public Health, although City and Hackney CCG has continually invested in supporting delivery of immunisations in order to tackle our local challenges. Partnership work was developed through the measles outbreak in 2018 and the ongoing non recurrent investment in the GP Confederation has been built on during the pandemic. Over the course of the recent Covid 19 surge residents/patients have not been accessing routine healthcare to usual levels, and this is a double blow to imms uptake given that it was already relatively poor. A 2 year action plan to improve immunisations across the whole life course has been developed, with a number of pilots and interventions. These were set out in a paper to the ICB in June 2020. Key progress includes:

1. Commissioning of GP confederation catch programme to support primary care ahead of winter 2020 (agreed July 2020) - good plans are in place and this is being taken forward with the GP Confederation.
2. Proposal being developed for health visitors to deliver immunisations in children's centres and for key 'at risk groups (ie. families in temp accom)
3. The Back to school communications campaign on childhood immunisations finished on 25 September, and communications are now focusing on flu immunisations.
4. New system governance and delivery structures in place, led by public health
5. Specific interventions for the North of the borough continue to be commissioned and delivered, including Sunday clinics, with new models being explored

This risk is part of a broader system risk on immunisations, and there is still work to be done to clarify how responsibility for managing the risk is shared between CYPM, Planned Care and Primary Care Workstreams. A specific report on flu immunisations went to the October ICB. Current uptake of flu vaccinations for 2/3 year olds is 29%, significantly higher than this time last year and a new model of flu vaccinations is being tested from children's centres. Work continues to progress toward the target of 75% coverage. New models may be applied to routine childhood immunisations shortly, with learning from the approach to flu (Update 11/20).

Ref#:	9
Date Added:	
Date Updated:	16/12/2019
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical, mental health and social needs of our diverse communities	✓
	Empower patients and residents	

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Gap in provision for children who require Independent Healthcare Plans (IHP) in early years settings, relating to health conditions such as asthma, epilepsy and allergies.	4	4	16	4	1	4

Risk Tolerance (<i>the CCG's appetite in relation to this risk</i>)			
	Target Score	Detail	Total
Impact	3		3
Likelihood	1		

Mitigations (<i>what are you doing to address this risk?</i>)	
Proposed Mitigation(s)	Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)

As part of the School Based Health (SBH) service, early years settings in City and Hackney have access to training to support them in developing IHP and managing conditions in their settings. There are four training sessions available, including: Introduction to IHP, Management of allergy & anaphylaxis and administration of rescue medication, Management of asthma and use of inhalers and Management of epilepsy and administration of rescue medication. The SBH service is working with HLT to promote and increase uptake of the training among early years settings.	The number of training sessions delivered, the number of settings represented at training and the number of practitioners that have attended training. An evaluation of the training sessions delivered will also highlight if knowledge and confidence in developing and maintaining IHP among practitioners has increased.
To ensure all parents/carers and education and health professionals are aware of the processes and responsibilities in developing IHP in early years settings, an early years IHP pathway is being drafted, with input from the CCG, HUHFT community nursing services, public health and HLT. The final pathway will support settings to ensure they receive the input and support required, at the right time.	The care pathway will be developed in partnership with key stakeholders that will be involved in developing an IHP at early years settings in City and Hackney. Therefore the pathway should be suitable for all partners. Currently, all of the IHPs are based on the information collected by settings, from parents when they register their child at a new setting. Collecting medical information about a child when they register at a setting is a requirement for all settings. Therefore all settings should have the initial information required to start the IHP process.

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
The SBH service is planning and booking all training sessions for the 2019/20 academic year, so that the sessions can be promoted in advance. The SBH service is liaising with HLT to promote these sessions and encourage practitioners to attend the training. In addition the SBH service will be attending EY partnership meetings to promote the training.	19/08/2019	Sep-19	Kate Heneghan (to be reallocated)
Public health are drafting a care pathway, based on the processes and information collected by early years settings when a child registers to attend a setting. Together with the CCG and the Homerton, public health will work to identify which health services can best support early years settings developing IHP and at which points. Together with HLT and the City of London, all partners will sign off on the process once a final version has been agreed.	19/08/2019	Oct-19	Kate Heneghan (to be reallocated)

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
As part of the Independent Healthcare Plan (IHP) work, Public Health, the CCG, Hackney Learning Trust and the Homerton Hospital have set up a partnership approach to identify the small number of children effected and take appropriate steps. Consequently there is no gap in provision and we are maintaining a watching brief to ensure this continues.

Ref#:	11	Objective	Deliver a shift in resource and focus to prevention	
Date Added:			Deliver proactive community based care closer to	
Date Updated:	25/11/2020		Ensure we maintain financial balance as a system	
Review Committee:	CYPMF SOG		Deliver integrated care which meets the physical,	
Senior Responsible Owner:	Anne Canning		Empower patients and residents	
Senior Management Owner:	Amy Wilkinson / Anna Jones			

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Health of Looked-After Children: Risk to sustaining service performance during transfer of service to new provider and change to service model	4	3	12	3	2	6

Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3		3
Likelihood	1		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
1. Partnership redesign process completed with engagement of all partners across City and Hackney and agreement of statutory requirements, core principles and aspirations	Transition of services took place in September 2019, service specification agreed and for review 6 months post process.
2. Joint transfer plan and regular meetings with new provider to plan for smooth transfer	Meetings held with providers to review the contract and the performance indicators.
3. Single integrated performance report agreed for new contract	Quarterly performance report agreed and reports produced for Lead commissioner has established a COVID borough-based call for health & social care. 2/52 meetings virtually with LBH, CCG and HUHT regarding current issues inc. IHAs, RHAs staffing and priority LAC. Q3 & 4 2019. Q1 report produced July 2020. Risks during covid 19 that LAC may not receive IHAs/RHAs in the statutory timeframes,
4. Joint agency contract management arrangements agreed, led by CCG	During covid 19 2 weekly meetings have been implemented with multi-agency LAC service leads, CCG and both LBH and City of London to review service provision and any issues with LAC.
5. Agreed new service model will commence following 'steady state' delivery of service from September to end of year.	

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
<p>The service has successfully transferred to the Homerton without incident. We will continue to monitor delivery to ensure no issues arise. During covid 19 HUHT used virtual platforms to undertake IHAs and RHAs which will be followed up f2f when lockdown is implemented. Risk is lack of face to face health assessments for UASC may result in reduced identification of health issues including mental health, immunisation requirements, blood borne diseases and communication challenges around interpreting service. UCHL ID clinic has reopened in June and social workers able to refer directly. Virtual IHAs undertaken and to be followed up face 2 face. Designated Doctor for LAC has now retired, HUHT have advertised post. Capacity issues escalated to CCG and HUHT by Designated LAC nurse. HUHT clinicians covering the post for health assessments. GPs informed via CCG GP network. Locum Designated Doctor is now in place since end of July 2020.</p> <p>Risks reduced as F2F extra IHAs clinic being set up to follow up the IHAs undertaken virtually during the first lockdown. The service is continuing to see all LAC f2f in the 2nd lockdown. Doctor's capacity stable and UASCs are being seen at UCHL ID clinic since July. All virtual RHAs undertaken during covid lockdown have now been followed up as bank staff employed to undertake this.</p>

Ref#:	15
Date Added:	
Date Updated:	25/11/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total

There is a risk that Out of Area Looked-After-Children experience longer waiting times to access CAMHS and other services, and that those services provided may not be of as high a standard as those provided within City & Hackney	4	3	12	3	2	6
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Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3 (TBC)		6 (TBC)
Likelihood	2(TBC)		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Clinical service will travel to deliver service where possible.	Ongoing monitoring of each child's care plan by the Independent Reviewing Officer
For children at a further distance the clinical service will liaise with services local to the child and the Designated Nurse for Looked After Children and Mental Health Commissioner on a case-by-case basis.	
Escalation processes are also available as required.	

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
No actions currently in scope - all of the proposed mitigations are now in place and are ongoing to mitigate the impact of this risk.	25/11/2020	n/a	Mary Lee

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
Arrangements are in place for clinical services to travel in order to meet the needs of LAC where possible. Where children are placed further away the clinical service will liaise with services local to the child and the Designated Nurse for Looked After Children and Mental Health Commissioner on a case-by-case basis.
25/11/2020 Risk reduced as HUHT are undertaking OOB placed health assessments

Ref#:	16
Date Added:	
Date Updated:	25/11/2020
Review Committee:	CYPMF SOG
Senior Responsible Owner:	Anne Canning
Senior Management Owner:	Amy Wilkinson / Anna Jones

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to	
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
The Named GP for safeguarding children is currently on maternity leave and the post has been uncovered, meaning that we have not been compliant with the Intercollegiate guidance. Additionally we have reduced capacity with the Designated Nurse for Safeguarding on long term leave. Potential increases in safeguarding issues presenting are being prepared for, thinking forward to the return of schools in September.	3	4	12	3	1	3

Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3		3
Likelihood	1		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Appointment of Interims to cover Serious Case Reviews B and C following failure to recruit GP Maternity cover	Independent authors appointed and undertaking the reviews July 2020
Recruitment of Named Nurse for Primary Care Safeguarding to provide cover for the named GP	Nurse appointed and commended in post January 2020

Current Safeguarding governance is robust (SAG, CHSCP) locally with a NEL held risk register and these will continue to be monitored. Weekly HUFT / CCG catch ups will continue, to monitor ED activity and patterns of use by children.

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
25/11/2020 Named GP returned from maternity leave and interim designated nurse and LAC Designated nurse covering x 3 days weekly Designated nurse safeguarding returning January 2021	25/11/2020	30/01/2020	Anna Jones

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
The named nurse for Primary Care, who started January 2020 and there were no gaps in service. Named GP returned to work in September 2020 and post has been covered during the absence. The Designated Nurse for Safeguarding role is being covered through acting up arrangements, and capacity and risk will continue to be monitored.

Ref#:	17	Objective	Deliver a shift in resource and focus to prevention	
Date Added:	30/07/2020		Deliver proactive community based care closer to	✓
Date Updated:	26/11/2020		Ensure we maintain financial balance as a system	✓
Review Committee:	CCG HUHT Contracts Meeting		Deliver integrated care which meets the physical,	
Senior Responsible Owner:	Amy Wilkinson		Empower patients and residents	
Senior Management Owner:	Sarah Darcy			

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total

Gap in delivery of Tier 2 Audiology service for City and Hackney registered population. Service not restarted following pandemic pause in service delivery. Lack of HUHT community paediatricians to restart delivery of service. Plan to transfer service to Barts needs to be fast tracked and interim service solution identified.	4	3	12	4	3	12
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Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3		6
Likelihood	2		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Contractual dialogue initiated with Barts and HUHT as to longer term (4-6 month) service transfer as dependent on recruitment of B6 audiologist.	Contract agreement between CCG and Barts (who already provide Tier 3 audiology from the same site - Hackney Ark.
Barts exploration of secondment of audiologist to HUHT to lead delivery of interim service prior to contract agreed	Confirmation of staffing to enable restart of service delivery
Review with HUHT their contractual responsibility to deliver the service prior to any transfer of service to Barts	Review of waiting list, triage of cases and risk mitigation

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Ongoing review of risks and workforce planning with HUHT Divisional Leads	30/07/2020	Ongoing	Sarah Darcy

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)				
Risk escalated to risk register and HUHT risk assessment requested 30/07/20. Service restarted in October provided jointly with Bart's, waiting list triaged and being addressed. Joint development of transfer plan for Barts service with start date of 1/4/21. Working group established. Risk not reduced in Q2 as funding risks not identified.				
Ref#:	18	Objective	Deliver a shift in resource and focus to prevention	
Date Added:	30/07/2020		Deliver proactive community based care closer to	✓
Date Updated:	26/11/2020		Ensure we maintain financial balance as a system	✓
Review Committee:	CCG HUHT Contracts Meeting		Deliver integrated care which meets the physical,	✓
Senior Responsible Owner:	Amy Wilkinson		Empower patients and residents	
Senior Management Owner:	Sarah Darcy			

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Significant staffing and recruitment issues in the HUHT Community Paediatrics service (approx 50% of Doctors)	5	3	15	4	3	12

Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3		6
Likelihood	2		

Mitigations (what are you doing to address this risk?)	

Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Weekly review of staffing and mitigations between CCG commissioning and HUHT Divisional Lead	Risk assessment and service plan identify changes to service model and delivery to maintain continuation of services and communication with referrers regarding changes and alternative provision.
Alternative pathways / contingencies considered across the range of community paediatrics pathways	GP request pathway for delivery of Initial Health Assessments in place if required; EHCP assessments where CYP already has a diagnosis of autism to be screened by DCO prior to booking appt; acute Consultants reviewing opportunities to support community service

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
 Risk escalated to risk register and HUHT risk assessment requested 30/07/20. Interim support secured and workforce strengthened for high risk areas such as LAC. Risk not

Ref#:	19
Date Added:	26/11/2020
Date Updated:	
Review Committee:	CYPMF SOG & MHCC
Senior Responsible Owner:	Greg Condon / Sophie McElroy
Senior Management Owner:	Dan Burningham / Amy Wilkinson

Objective		
Deliver a shift in resource and focus to prevention		✓
Deliver proactive community based care closer to		✓
Ensure we maintain financial balance as a system		
Deliver integrated care which meets the physical,		✓
Empower patients and residents		✓

Description	Inherent Risk Score (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Potentially significant increased demand for CAMHS support throughout the impending phases of the pandemic, at specialist and universal level for children and families.	3	4	12	3	3	9

Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3		6
Likelihood	2		

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
CAMHS have responded flexibly to support families during the peak of COVID, alongside schools and there are robust contingency plans in place for this to continue. This includes solid governance structures, RAG rating patients, children and families, the introduction of new online support and new services in development.	

Detail	Last updated	Delivery Date	Action Owner
Ongoing implementation of contingency planning, continuation of communications and close working with schools,	26/11/2020	Ongoing	
This risk is also part of the SOC action plan	26/11/2020	Ongoing	

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
 CAMHS have performed well to support families during the peak of COVID, alongside schools and there are robust plans in place for this to continue. Locally and at NEL Level

Ref#:	20
Date Added:	30/08/2020
Date Updated:	
Review Committee:	CYPMF SOG & MHCC
Senior Responsible Owner:	Anna Jones / Reagender Kang
Senior Management Owner:	Amy Wilkinson / NEL

Objective	Deliver a shift in resource and focus to prevention	✓
	Deliver proactive community based care closer to	✓
	Ensure we maintain financial balance as a system	
	Deliver integrated care which meets the physical,	✓
	Empower patients and residents	✓

Description	Inherent Risk Score (<i>pre-mitigations</i>)			Residual Risk Score (<i>post-mitigations</i>)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
<p>During Covid-19 a combined NEL Safeguarding and Looked After Children risks register has been in place and reviewed monthly by the designated nurses. The NEL key risks relate to reduced face to face contact between services, schools and children during the COVID-19 Pandemic, and the increased risks to children which result from this. It is nationally anticipated that there may be a surge of safeguarding issues identified when COVID-19 restrictions end and move to business as usual returns. These risks are mitigated in part by the mitigations relating to risks 2,5,11 and 15, (above) but a NEL-level decision has been taken that until schools are back in September and we can see children, the risk level should be considered high.</p> <p>The have not yet been fully scoped yet from a local perspective.</p>	TBC	TBC	TBC	TBC	TBC	TBC

Risk Tolerance (<i>the CCG's appetite in relation to this risk</i>)			
	Target Score	Detail	Total
Impact	TBC		TBC
Likelihood	TBC		

Mitigations (<i>what are you doing to address this risk?</i>)	
Proposed Mitigation(s)	Assurances & Evidence (<i>how will you know that your mitigations are working?</i>)
These risks are mitigated in part by the mitigations relating to risks 2,5,11 and 15, (above) but a NEL-level decision has been taken that until schools are back in September and we can see children, the risk level should be considered high.	

Detail	Last updated	Delivery Date	Action Owner

Monthly progress update (*agreed by Senior Management Owner & Senior Responsible Owner*)
Emergent risk identified. This risk is being held across NEL as well as locally, and the mitigations and ratings will be updated once schools have returned (October 2020).