

# Unplanned Care Workstream Risk Register - December 2020

## Cover Sheet

Ref#	Description	Inher	Risk T	Residual Risk Score				Risk M	Monthly progress update	Project next	Objective							
				Q4 20	Q1 20	Q2 20	Q3 20				Focus to prevent	Community	Maintain	Deliver	Integrated	care which	Empower	
1	Failure to deliver the workstream financial objectives for 2020/21	16	8	12	12	12	12	↔	Financial reporting in place. New block arrangement with NHS providers gives assurance on spend, but also reduces opportunities to invest in out of hospital services in order to reduce acute activity. Full programme of demand management activities still in place.	12			✓	✓				
3	If Primary care and Community Services are not sufficiently developed and are not established as a first point of call for patients this could lead to an increase in the number of inappropriate attendances at A&E and unplanned admissions to hospital.	20	6	12	12	12	12	↔	Neighbourhoods programme is focused on strengthening community services - neighbourhoods MDTs went live in July 2020. Community nursing, community mental health and adult social care re-organisation underway and will be finalised in 2021. Continued work to increase utilisation of both core ParaDoc and ParaDoc Falls service by 999, 111, primary care and telecare. Falls Service - There is a low level of conveyance to hospitals, and the service is cost effective based on current levels of activity. Longer term piece of work underway to re-design the telecare response service to improve outcomes and reduce unnecessary calls to LAS. Enhanced Health in Care Homes Framework through the GP DES Contract and the standard NHS contract for community providers went live 1 October 2020 Use of CMC continues to grow, there has been a huge increase in the % of plans reviewed by LAS.	12				✓				

Ref#	Description	Inher	Risk T	Residual Risk Score				Risk I	Monthly progress update	Project next	Objective					
				Q4 20	Q1 20	Q2 20	Q3 20				Focus to prevent	Community	Maintain	Deliver	Integrated care	Which Empower
4	Workstream fails to successfully integrate patients and the public in the design and development of services; services are not patient focused, and are thus limited in reach and scope	16	6	12	12	12	12	↔	<p>Whilst a lot of resident engagement was ceased in Q1 20/21 owing to the pandemic - the workstream have worked hard to reinstate opportunities for resident involvement in shaping priorities and service:</p> <ul style="list-style-type: none"> <li>-Winter preparedness and self care event held in November 2020</li> <li>- Re-commencement of Discharge Workstream Co-production Group</li> <li>- London workshop to understand how the 111 service can support people across all cultures</li> <li>- LAS 111 IUC PPG continues</li> <li>- Neighbourhoods resident involvement group continues to meet</li> <li>-Neighbourhoods conversations hosted by HCVS held in all neighbourhoods</li> </ul>	12		✓		✓	✓	
5	Risk that Homerton A&E will not maintain delivery against four hour standard for 2020/21	16	8	8	8	8	8	↔	NEL UEC Restoration Steering Group and 3 subgroups meeting on a regular basis.	8		✓		✓		

Ref#	Description	Inher	Risk T	Residual Risk Score				Risk T	Monthly progress update	Project next	Objective																
				Q4 20	Q1 20	Q2 20	Q3 20				Focu	s to	prev	enti	Com	mun	ity	Mai	ntai	n	Deliv	er	inte	grat	ed	care	whic
7	<p>The new Integrated Urgent Care (111) service might have a negative impact on quality of urgent care for City &amp; Hackney patients, and on downstream services:</p> <p>Quality of Care:</p> <ul style="list-style-type: none"> <li>- Possible issues with quality of clinical assessment and increased waiting times (call-back time from clinicians);</li> <li>- Recruitment of senior clinicians in CAS</li> </ul> <p>Downstream service impact:</p> <ul style="list-style-type: none"> <li>- General increase in demand due to availability of free-to-call number, quick answer times</li> <li>- Increased demand on acute (A&amp;E/999) due to risk-averse nature of 'pathways' assessment,</li> <li>- issues with direct booking into urgent Primary Care, and</li> <li>- possible issues with quality of clinical assessment.</li> </ul>	16	4	9	9	9	9	↔	<p>Regular attendance at UEC restoration meetings.</p> <p>Supporting NEL data collection of performance metrics.</p> <p>A review of Duty Doctor took place in July-August 2019, and the Unplanned Care Board agreed in October that the GP Confederation will take forward work to raise awareness and improve comms relating to the service.</p>	9			✓						✓						✓		
9	<p>Discharge and Hospital Flow processes are not effective, resulting in failure to meet criteria to reside requirements.</p>	20	6	15	15	12	12	↔	<p>DSPA is operational and composed of staff from the Integrated Independence Team (IIT), Integrated Discharge Service (IDS), and Age UK East London (AUKEL). A 10am meeting occurs to review the list of patients identified at ward rounds as ready for discharge and a 1:30pm call occurs for follow-up on actions with a smaller group of staff. IIT screeners currently manage the DSPA inbox and referrals are passed to the relevant teams.</p> <p>Six assessment flats are available for people aged 55 and above who are unable to return home due to hoarding, disrepair or safety issues. Assistive technology is in place to support assessment of ongoing needs. A four-bedded unit and attached property with two independent flats in Goodmayes (Redbridge) has been commissioned for adults (working age) who are ready for discharge and are COVID positive/need to isolate or for those living in a long term residential setting which cannot accommodate the need to self isolate. Mary Seacole and Acorn Lodge are able to accept COVID positive individuals who require a nursing home.</p>	12			✓									✓					

Ref#	Description	Inher	Risk T	Residual Risk Score				Risk I	Monthly progress update	Project next	Objective						
				Q4 20	Q1 20	Q2 20	Q3 20				Focus to prevent	Community	Maintain	Deliver	Integrated care	which empower	
12	Current IT infrastructure limits delivery of integrated working	12	4	12	12	12	12	↔	<p>Significant work has been undertaken on this area during COVID. As part of the rollout of Neighbourhood Teams and Neighbourhood MDTs we have worked closely on the use of MSTeams as the platform for MDTs. This has enabled virtual MDTs to take place.</p> <p>A work programme has been drafted by the IT Enabler to support the Neighbourhoods Programme in 2021/22. This will be incorporated into the overall Neighbourhoods Programme Plan and includes - population health (including Discovery), personalised care and support planning, tools to improve multi-agency working and information sharing through East London Patient Record.</p> <p>Initial work is underway in relation to population health and using the CCG tool Co-Plug but this is at early stages and is not yet a sustainable solution in the long-term (funding from Innovate UK has only been for one year and therefore needs wider NEL engagement).</p>	12			✓	✓	✓		
13	Risk that we cannot get sufficient engagement from front line staff across all of our partner organisations in order to deliver the scale and pace of change required.	12	3	12	12	12	12	↔	<p>Continued engagement with system partners through System Operational Command Group and Neighbourhoods Delivery Group.</p> <p>We have been working with all system partners (including PCNs and primary care) to shape the Neighbourhoods Programme for 2021/22 and will be engaging with ICB on these initial plans over the next few months.</p> <p>Key areas of work engaging system partners within this includes community navigation approach, anticipatory care / personalised care approaches - building on the work undertaken through Neighbourhood MDTs over the summer.</p>	12			✓		✓		

Ref#	Description	Inher	Risk T	Residual Risk Score				Risk T	Monthly progress update	Project next	Objective						
				Q4 20	Q1 20	Q2 20	Q3 20				Focus to prevent	Community	Maintain	Deliver	Integrated	care which	Empower
15	Ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, PUC and Primary Care puts pressure on the whole C&H health system - risk that patients are thus seen in acute settings such as A&E, with impact on HUH 4 hour target and cost	16	6	16	12	12	9	↓	As of October 2019 the 6 month report on the GPOOH service at HUHFT showed that all shifts have been filled and at no point did the service not have full GP coverage. We will continue to monitor this and to take reasonable steps to mitigate the risk.	9			✓	✓			
17	New ways of working in Neighbourhoods may require information to be shared across providers and this may not be covered by existing information sharing protocols. This is a particular issue for the voluntary sector who currently have very limited information sharing protocols in place.	9	6	n/a	9	9	9	↔	<p>We have put in place arrangements to support data sharing between partners – developed a DPIA, privacy notices for the public, preparing comms on information sharing for Neighbourhood Teams and working through storage and sending of this information between those involved in the Neighbourhood MDT.</p> <p>We have bought together the DPOs / data sharing leads or other key points of contact from organisations who have been more regularly involved in the Neighbourhood MDTs so far to share materials and to support organisations (both large and small). We have developed a data sharing agreement across organisations for this work and now have work underway on a smaller ISA for voluntary sector organisations.</p>	9		✓		✓			
18 / UCTBC1	Risk that we cannot safely cohort patients according to covid and non-covid on acute emergency pathways	16	12	N/A	12	12	12	↔	<p>All patients are tested on admission, and patients are cohorted in green, amber, amber exposed and red wards</p> <p>May need to move to gender mixing</p> <p>Prioritising covid cohorting over specialty cohorting</p> <p>Working with 111 to develop admission avoidance pathways through HAMU and Appropriate Care Pathways. Direct booking from 111 into ED has started.</p> <p>Robust escalation plan is in place</p>	12							

Ref#	Description	Inher	Risk T	Residual Risk Score				Risk T	Monthly progress update	Project next	Objective						
				Q4 20	Q1 20	Q2 20	Q3 20				Focus to prevent	Community	Maintain	Deliver	Integrated care	Whichever	Empower
19 / UCTBC2	Risk that there is an increase in non-elective acute demand - either driven by a return to normal levels of admissions or a further peak in COVID-19 demand.	20	12	n/a	n/a	16	12	↓	<p>HUH have successfully launched EDDI, the direct booking system that is being rolled out nationally. The system will ensure that demand is evenly spread across a 24 hour period. While the process is embedded and staff get used to the new way of working HUH will be operating 09:00-17:00, seven days per week.</p> <p>SOC are overseeing a range of plans to strengthen community support including Neighbourhood MDTs and Primary Care Long Term Condition Management Working with 111 to develop admission avoidance pathways through SDEC and ACPs</p> <p>Ensure we have a robust escalation plan in place in advance of further covid peaks</p> <p>Bed modelling being undertaken across North East London to understand demand and capacity in relation to a second peak and winter.</p> <p>Enhanced winter planning programme agreed through SOC.</p>	12				✓	✓		
20 / UCTBC3	Risk that we do not understand and/or do not reduce the impact of health inequalities for local populations across the workstream, and this is exacerbated in the context	20	12	n/a	n/a	16	16	↔	<p>The neighbourhoods programme is focused on addressing inequalities:</p> <ul style="list-style-type: none"> <li>-the neighbourhoods approach means that we take a population health approach across a small population of 30-50,000, which allows a very local focus on health needs and inequalities</li> <li>-the voluntary sector are key partners and are supporting identification of inequalities and in-reach into particular communities</li> </ul>	TBC	✓	✓		✓	✓		

## Risk mitigations & further detail

<b>Ref#:</b>	1		<b>Objective</b>	Deliver a shift in resource and focus to prevention		
<b>Date Added:</b>	31/05/2019			Deliver proactive community based care closer to		
<b>Date Updated:</b>	20/02/2020			Ensure we maintain financial balance as a system and achieve our financial plans		✓
<b>Senior Responsible Owner:</b>	Tracey Fletcher			Empower patients and residents		
<b>Senior Management Owner:</b>	Nina Griffith					

Description	Inherent Risk Score ( <i>pre-mitigations</i> )			Residual Risk Score ( <i>post-mitigations</i> )		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Failure to deliver the workstream financial objectives for 2020/21	4	4	16	3	4	12

Risk Tolerance ( <i>the ICB's appetite in relation to this risk</i> )						
	Target Score	Detail				Total
Impact	4					6
Likelihood	2					

Mitigations ( <i>what are you doing to address this risk?</i> )		Assurances & Evidence ( <i>how will you know that your mitigations are working?</i> )	
Proposed Mitigation(s)			
Good activity & finance forecast in place		Monthly Finance report in place	
Processes in place to monitor performance against plan			

Action(s) ( <i>how are you planning on achieving the proposed mitigations?</i> )			
Detail	Last updated	Delivery Date	Action Owner
Work underway through UEC group to reduce hospital conveyances from 111 and 999	27/07/2020	01/12/2022	
Work underway through discharge group to reduce long length of stay	27/07/2020	31/10/2022	
Work undertaken with CCG QIPP lead and Informatics on measuring performance monthly.			

Monthly progress update ( <i>agreed by Senior Management Owner &amp; Senior Responsible Owner</i> )
PID in place for each QIPP scheme for 2019/20.
Attendance at monthly CCG QIPP meetings.
Work undertaken with CCG QIPP lead and Informatics on measuring performance monthly.
Negotiations continue with Barts to implement service change to try and avoid admissions
Monthly Finance and QIPP monitoring report in place

Ref#:	3
Date Added:	
Date Updated:	28/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

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
If Primary care and Community Services are not sufficiently developed and are not established as a first point of call for patients this could lead to an increase in the number of inappropriate attendances at A&E and unplanned admissions to hospital.	4	5	20	3	4	12

Risk Tolerance (the ICB's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3	Moderate impact on A&E volumes	6
Likelihood	2	Not expected to occur but there is a slight possibility it could at some point.	

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Develop and implement the Neighbourhood model	Progress against programme deliverables
Support Primary Care to proactively and reactively manage patients to avoid A&E attendances and admissions	Data evaluation of A&E attendances for residents within primary care services. Contracts in place to support proactive care management
Review and ensure wider admission avoidance services are communicated and utilised by system partners	Range of admission avoidance services in place and being used by 111 and 999. Review of DoS profiles to take place by end September 2020
Implementation of the Enhanced Health in Care Homes Framework	Care homes residents have good access to proactive primary care services and care home staff are supported by wider health care services
New direct access pathways in development for 111 to bypass patients from ED in development as per NEL UEC Help Us Help You programme	Pilots complete with evaluation and agreed programme for roll out
NEL system objective of direct booking into ACP's in development	Direct booking in place

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
A&E attendance action plan has been developed and will be monitored by the board		end March 2020	Leah Herridge
Continue Working with NEL UEC to develop Help Us Help You Model		Ongoing	Clara Rutter
Work with LAS to improve update of ACPs		Ongoing	Leah Herridge / Clara Rutter

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
Neighbourhoods programme is focused on strengthening community services - neighbourhoods MDTs went live in July 2020. Community nursing, community mental health and adult social care re-organisation underway and will be finalised in 2021.
Continued work to increase utilisation of both core ParaDoc and ParaDoc Falls service by 999, 111, primary care and telecare. Falls Service - There is a low level of conveyance to hospitals, and the service is cost effective based on current levels of activity.
Longer term piece of work underway to re-design the telecare response service to improve outcomes and reduce unnecessary calls to LAS.
Enhanced Health in Care Homes Framework through the GP DES Contract and the standard NHS contract for community providers went live 1 October 2020
Use of CMC continues to grow, there has been a huge increase in the % of plans reviewed by LAS.



Ref#:	4
Date Added:	
Date Updated:	28/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	✓
	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
Workstream fails to successfully integrate patients and the public in the design and development of services; services are not patient focused, and are thus limited in reach and scope	4	4	16	4	3	12

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

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> )
Ensure the Unplanned Care Board is plugged into Integrated Commissioning related PPI/co-production activities, and utilises IC co-production charter	Report on workstream co-production and principles to be discussed and endorsed by UCB
Ensure the Board works with IC PPI staff, including the Engagement Manager, Healthwatch and CCG PPI lead	Quarterly co-production paper coming to the Board
Ensure UCB has a patient or healthwatch representative at every meeting	Meeting attendance
UCB to map existing patient and public engagement mechanisms and successful PPI initiatives across the portfolio, develop a PPI and co-production strategy based on this information	
Ensure PPI and co-production is a standing item on board agendas	Meeting agendas
Review PPI activities quarterly at UCB	
Healthwatch Hackney is funded as part of the Neighbourhoods Programme to establish a model for meaningful resident engagement across Neighbourhoods. A full time Neighbourhoods Development Manager has been recruited to develop this model.	Session on resident engagement on Neighbourhoods Delivery Group Forward Plan.
A Neighbourhood Resident Involvement Group has been established which aims to ensure resident involvement is embedded across the Neighbourhoods programme.	There is representation from NRIG on the Neighbourhoods Delivery Group.

Action(s) ( <i>how are you planning on achieving the proposed mitigations?</i> )			
Detail	Last updated	Delivery Date	Action Owner
Healthwatch Hackney is planning to complete a Discharge Review to look at patients experiences of discharge to assess between January and June 2020. A report will come back to the Discharge meeting in December.	25/11/2020	Dec-20	Kanariya Yuseinova

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

Whilst a lot of resident engagement was ceased in Q1 20/21 owing to the pandemic - the workstream have worked hard to reinstate opportunities for resident involvement in shaping priorities and service:

- Winter preparedness and self care event held in November 2020
- Re-commencement of Discharge Workstream Co-production Group
- London workshop to understand how the 111 service can support people across all cultures
- LAS 111 IUC PPG continues

Ref#:	5
Date Added:	
Date Updated:	26/11/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Dylan Jones

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	✓
	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 (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Risk that Homerton A&E will not maintain delivery against four hour standard for 2020/21	4	3	12	4	2	8

Risk Tolerance (the ICB's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	4		8
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?)
Continued work across all system partners to navigate people away from the ED into community services where clinically appropriate	A&E attendance activity numbers
Divert ambulance activity - maintain ParaDoc model and further integrate, diverting activity from LAS	Ambulance conveyance number, Paradoc activity, LAS uptake of ACPs
Duty Doctor aim to improve patient access to primary care and manage demand on A&E	
HUH maintain strong operational grip through senior management focus on ED and hospital flow	Weekly COO-led review of ED performance / capacity management model in place
Implementation of ED direct booking via EDDI	The distribution of patients across a 24 hour period should improve and thereby reduce the probability of demand and capacity mismatch, long waits and any breeches

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Work with system partners to implement and embed direct booking via EDDI	26/11/2020	26/11/2020	Clara Rutter
Continued work with LAS to improve uptake of ACPs		Ongoing	Clara Rutter

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
NEL UEC Restoration Steering Group and 3 subgroups meeting on a regular basis.

Ref#:	7
Date Added:	10/07/2019
Date Updated:	26/11/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Urgent Care Reference Group

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
<p>The new Integrated Urgent Care (111) service might have a negative impact on quality of urgent care for City &amp; Hackney patients, and on downstream services:</p> <p><b>Quality of Care:</b></p> <ul style="list-style-type: none"> <li>- Possible issues with quality of clinical assessment and increased waiting times (call-back time from clinicians);</li> <li>- Recruitment of senior clinicians in CAS</li> </ul> <p><b>Downstream service impact:</b></p> <ul style="list-style-type: none"> <li>- General increase in demand due to availability of free-to-call number, quick answer times</li> <li>- Increased demand on acute (A&amp;E/999) due to risk-averse nature of 'pathways' assessment,</li> <li>- issues with direct booking into urgent Primary Care, and</li> <li>- possible issues with quality of clinical assessment.</li> </ul>	4	4	16	3	3	9

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?)
Review effectiveness of CAS and Pathways to ensure delivery of service specification as a minimum, and identify potential for further improvement	LAS complete review and present findings to 111 CAS UEC sub group
Monitor and investigate why there is low update/usage of directly booked appointments via gp connect into primary care	Audit resumed W/C 16th Nov 2020
Ensure that alternative primary urgent care services are promoted to patients and clinicians to ensure alternate services are frequented by patients [MDCNR]	
LAS have been provided with an additional £1.6M to ensure their services are robust	Funds utilised to recruit additional clinicians

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Attendance at UEC restoration subgroups to ensure support system requirements	26/11/2020	Ongoing	Clara Rutter

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
Regular attendance at UEC restoration meetings
Supporting NEL data collection of performance metrics
A review of Duty Doctor took place in July-August 2019, and the Unplanned Care Board agreed in October that the GP Confederation will take forward work to raise awareness and improve comms relating to the service.

Ref#:	9
Date Added:	
Date Updated:	26/11/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Discharge Steering Group

Objective	Deliver a shift in resource and focus to prevention	
	Deliver proactive community based care closer to home and outside of institutional settings where appropriate	✓
	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 (pre-mitigations)			Residual Risk Score (post-mitigations)		
	Impact	Likelihood	Total	Impact	Likelihood	Total
Discharge and Hospital Flow processes are not effective, resulting in failure to meet criteria to reside requirements.	4	5	20	3	4	12

Risk Tolerance (the ICB's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	3	Increased length of stay by 4-14 days.	6
Likelihood	2	Not expected to occur but there is a slight possibility it could at some point. Frequency of less than once a quarter.	

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
Discharge Steering group established to identify areas for improvement and monitor progress of initiatives.	Minutes from meetings and robust action plans to ensure work is carried out.
Implementation of High Impact Change Model	High Impact Change Model (HICM) is embedded into delivery of the Discharge Model.
Daily Discharge Calls and Weekly management oversight meetings	Weekly dashboard produced to aid teleconference

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Implement Discharge SPA (DSPA) to respond to national Discharge Policy that was published the end of August. The team will enable same day discharges once a patient is identified as no longer meeting the criteria to reside in hospital. This is a home first, discharge to assess model that includes 4 discharge pathways.	26/11/2020	30/11/2020	Cindy Fischer & Mark Watson
The Homeless Hospital Discharge Pathway Team business case was approved by the CCG Finance and Performance Group on the 28 October. A meeting to discuss mobilisation is taking place on the 30 November.	26/11/2020	31/03/2021	Cindy Fischer & Mark Watson
Commissioning of Designated Settings for care home residents and other short term accommodation (Step-up/Step-down beds) to support discharge for COVID positive individuals and others who need to self-isolate and cannot return to there normal residence (or are homeless).	26/11/2020	31/12/2020	Cindy Fischer & Mark Watson

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
DSPA is operational and composed of staff from the Integrated Independence Team (IIT), Integrated Discharge Service (IDS), and Age UK East London (AUKEL). A 10am meeting occurs to review the list of patients identified at ward rounds as ready for discharge and a 1:30pm call occurs for follow-up on actions with a smaller group of staff. IIT screeners currently manage the DSPA inbox and referrals are passed to the relevant teams.
Six assessment flats are available for people aged 55 and above who are unable to return home due to hoarding, disrepair or safety issues. Assistive technology is in place to support assessment of ongoing needs. A four-bedded unit and attached property with two independent flats in Goodmayes (Redbridge) has been commissioned for adults (working age) who are ready for discharge and are COVID positive/need to isolate or for those living in a long term residential setting which cannot accommodate the need to self isolate. Mary Seacole and Acorn Lodge are able to accept COVID positive individuals who require a nursing home.
Weekly discharge teleconference continues to allow partners oversight of hospital flow and unblock any issues regarding hospital discharge. DTOC reporting has been

Ref#:	12
Date Added:	
Date Updated:	27/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Neighbourhoods Delivery Group

Objective	Deliver a shift in resource and focus to prevention	
	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
Current IT infrastructure limits delivery of integrated working	3	4	12	3	4	12

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?)
Link with Integrated Commissioning IT Enabler Group and IT Enabler Board	Attendance at IT Enabler Board
Neighbourhoods Team are working closely with the IT enabler on the technology to support integrated working. Practical work being progressed on accessible Neighbourhood team platform, population health and system interoperability.	IT enabler representation on Neighbourhood Delivery Group. IT Programme Plan incorporated into Neighbourhoods for 2021/22.

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Develop detail around deliverables in 2021/22 to support Neighbourhoods Programme	26/11/2020	Feb-21	Mark Gollledge

**Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)**  
 Significant work has been undertaken on this area during COVID. As part of the rollout of Neighbourhood Teams and Neighbourhood MDTs we have worked closely on the use of MSTEams as the platform for MDTs. This has enabled virtual MDTs to take place.

A work programme has been drafted by the IT Enabler to support the Neighbourhoods Programme in 2021/22. This will be incorporated into the overall Neighbourhoods Programme Plan and includes - population health (including Discovery), personalised care and support planning, tools to improve multi-agency working and information sharing through East London Patient Record.

Initial work is underway in relation to population health and using the CCG tool Co-Plug but this is at early stages and is not yet a sustainable solution in the long-term (funding from Innovate UK has only been for one year and therefore needs wider NEL engagement).

Ref#:	13
Date Added:	
Date Updated:	26/11/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Neighbourhoods Delivery Group

Objective	Deliver a shift in resource and focus to prevention	
	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 we cannot get sufficient engagement from front line staff across all of our partner organisations in order to deliver the scale and pace of change required.	4	3	12	4	3	12

Risk Tolerance (the ICB'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?)		Assurances & Evidence (how will you know that your mitigations are working?)	
Proposed Mitigation(s)			
Engagement and leadership of system partners through System Operational Command Group		SOC minutes	
Work with comms and engagement enabler to develop comms for staff which clearly describes the purpose of Neighbourhoods.		Working with communications enabler to build requirements into the overall programme plan for Neighbourhoods for 2021/22	
Provider Alliance OD plan outlines specific proposals on how to take forward work with staff on Neighbourhood changes. This will form part of the Transformation funding request		Provider Alliance OD plan and implementation proposals	
Providers have a clinical lead and/or senior lead in place for Neighbourhoods which is used to champion the model and work with frontline staff to deliver change.		Provider update reports	

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
Re-form Neighbourhoods Delivery Group from January 2021 - include practitioner representation	26/11/2020	01/01/2021	MG
Practical work programmes for 21/22 within the Neighbourhoods Programme include practitioners	26/11/2020	01/04/2021	MG

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
Development with system partners of 2021/22 plan which will outline the deliverables as part of the programme in 2021/22. We are proposing to take a more life-course based approach next year.

Neighbourhoods Delivery Group established with representation from all system partners. Closer working underway with children, young people and families to incorporate them into this work.

Neighbourhood teams have been established and MDT meetings have commenced across eight Neighbourhoods. This has involved directly identifying link people from the different services but has also engaged relevant frontline professionals. It has also involved working closely with the PCN Clinical Directors to develop the approach.

Ref#:	15
Date Added:	
Date Updated:	26/11/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

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 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
Ongoing difficulties in recruiting GP staff across unplanned care services, including OOH, PUCC and Primary Care puts pressure on the whole C&H health system - risk that patients are thus seen in acute settings such as A&E, with impact on HUH 4 hour target and cost	4	4	16	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?)
GP OOH contract budget has been modelled to accommodate increased hourly rates required for interim, face to face, OOH GPs	Contract in place
TF to consider setting up a City & Hackney Workforce summit, following the publication of the National Workforce Strategy	Summit
All peak/additional hiring of staff for short term initiatives ie. Covid 19 peaks, vaccination etc. will be done so collaboratively alongside confed colleagues	Agreement with primary care and confed colleagues in place

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)**  
 As of October 2019 the 6 month report on the GPOOH service at HUFT showed that all shifts have been filled and at no point did the service not have full GP coverage. We will continue to monitor this and to take reasonable steps to mitigate the risk.

Ref#:	17
Date Added:	17/07/2019
Date Updated:	27/07/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Neighbourhoods Delivery Group

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
New ways of working in Neighbourhoods may require information to be shared across providers and this may not be covered by existing information sharing protocols. This is a particular issue for the voluntary sector who currently have very limited information sharing protocols in place.	3	3	9	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?)
Undertaking work on data sharing with GP Confederation Data Protection Officer (who is supporting work across the system) and DPOs / data sharing leads from partner organisations.	Development of DPIA, privacy notices, comms on data sharing for Neighbourhoods team
Encouraging services referring into the Neighbourhood MDTs to have person-centred discussions with individuals and ensure they are aware of and agree to discussions happening at the MDT	MDT referral form
Review model for data sharing across the voluntary sector and consider implications for future MDT working	Neighbourhoods Delivery Group

Action(s) (how are you planning on achieving the proposed mitigations?)			
Detail	Last updated	Delivery Date	Action Owner
All providers to publish Data Privacy Notices for Neighbourhoods	Nov-20	25/12/2020	MG
Work with smaller organisations from voluntary sector to adopt approach to information sharing agreed	Nov-20	01/04/2021	MG

Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)
We have put in place arrangements to support data sharing between partners – developed a DPIA, privacy notices for the public, preparing comms on information sharing for Neighbourhood Teams and working through storage and sending of this information between those involved in the Neighbourhood MDT.
We have brought together the DPOs / data sharing leads or other key points of contact from organisations who have been more regularly involved in the Neighbourhood MDTs so far to share materials and to support organisations (both large and small). We have developed a data sharing agreement across organisations for this work and now have work underway on a smaller ISA for voluntary sector organisations.

Ref#:	18/UCTBC1
Date Added:	27/07/2020
Date Updated:	30/11/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

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 that we cannot safely cohort patients according to covid and non-covid on acute emergency pathways	4	4	16	4	3	12

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

Mitigations (what are you doing to address this risk?)	
Proposed Mitigation(s)	Assurances & Evidence (how will you know that your mitigations are working?)
All patients are tested on admission, and patients are cohorted in green, amber, amber exposed and red wards	

Prioritising covid cohorting over specialty cohorting

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



Working with 111 to develop admission avoidance pathways through HAMU and Appropriate Care Pathways.			
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**Monthly progress update (agreed by Senior Management Owner & Senior Responsible Owner)**

All patients are tested on admission, and patients are cohorted in green, amber, amber exposed and red wards  
 May need to move to gender mixing  
 Prioritising covid cohorting over specialty cohorting  
 Working with 111 to develop admission avoidance pathways through HAMU and Appropriate Care Pathways. Direct booking from 111 into ED has started.  
 Robust escalation plan is in place

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Ref#:	19 / UCTBC2
Date Added:	01/06/2020
Date Updated:	26/11/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

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 that there is an increase in non-elective acute demand - either driven by a return to normal levels of admissions or a further peak in covid demand.	4	5	20	4	4	12

Risk Tolerance (the CCG's appetite in relation to this risk)			
	Target Score	Detail	Total
Impact	4		12
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?)
Implementation of ED direct booking via EDDI to smooth demand	Demand and arrival time analysis
SOC are overseeing a range of plans to strengthen community support including Neighbourhood Multi-Disciplinary Teams and Primary Care Long Term Conditions Management	
Working with 111 to develop admission avoidance pathways through SDEC and Appropriate Care Pathways	

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

Detail	Last updated	Delivery Date	Action Owner
Need to consider admission avoidance pathways - through SDEC and ACPs	Sep-20	TBC	Nina Griffith / Clara Rutter
Need to ensure robust escalation plan in place in advance fo further COVID-19 peaks	Sep-20	TBC	Nina Griffith
Bed modelling being undertaken across North East London to understand demand and capacity in relation to a second peak and winter. Enhanced winter planning programme agreed through SOC.	Sep-20	TBC	Nina Griffith

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

HUH have successfully launched EDDI, the direct booking system that is being rolled out nationally. The system will ensure that demand is evenly spread across a 24 hour period. While the process is embedded and staff get used to the new way of working HUH will be operating 09:00-17:00, seven days per week.  
 SOC are overseeing a range of plans to strengthen community support including Neighbourhood MDTs and Primary Care Long Term Condition Management  
 Working with 111 to develop admission avoidance pathways through SDEC and ACPs  
 Ensure we have a robust escalation plan in place in advance of further covid peaks  
 Bed modelling being undertaken across North East London to understand demand and capacity in relation to a second peak and winter.  
 Enhanced winter planning programme agreed through SOC.

Ref#:	20 / UCTBC3
Date Added:	27/07/2020
Date Updated:	26/11/2020
Review Committee:	Unplanned Care Board
Senior Responsible Owner:	Tracey Fletcher
Senior Management Owner:	Nina Griffith

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 that we do not understand and/or do not reduce the impact of health inequalities for local populations across the workstream, and this is exacerbated in the context of the COVID-19 pandemic.	4	5	20	4	4	16

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

Impact	4		12
Likelihood	3		

<b>Mitigations (what are you doing to address this risk?)</b>	
<b>Proposed Mitigation(s)</b>	<b>Assurances &amp; Evidence (how will you know that your mitigations are working?)</b>
Better understanding of health inequalities and their impact across the Unplanned Care Programme	Workshop being put in place to initially discuss this across Unplanned Care  Population health profiles developed for Neighbourhoods and Co-Plug developing work to be able to understand impact on health outcomes by different ethnic groups.

<b>Action(s) (how are you planning on achieving the proposed mitigations?)</b>			
<b>Detail</b>	<b>Last updated</b>	<b>Delivery Date</b>	<b>Action Owner</b>
Workshop being planned with CCG and public health colleagues to consider how we address inequalities across the programme	26.11.2020	31.01.2021	Nina Griffith
Ensure that Neighbourhoods Programme for 2021/22 has a strong emphasis on reducing inequalities	26.11.2020	30.01.2021	Mark Gollledge
Support PCNs through the Neighbourhoods Programme with delivery of the Health Inequalities DES (once published) from 2021/22	26.11.2020	30.01.2021	Mark Gollledge

<b>Monthly progress update (agreed by Senior Management Owner &amp; Senior Responsible Owner)</b>
<p>The neighbourhoods programme is focused on addressing inequalities:</p> <ul style="list-style-type: none"> <li>-the neighbourhoods approach means that we take a population health approach across a small population of 30-50,000, which allows a very local focus on health needs and inequalities</li> <li>-the voluntary sector are key partners and are supporting identification of inequalities and in-reach into particular communities</li> </ul>