

**BLACKBURN WITH DARWEN CCG GOVERNING BODY AND  
EAST LANCASHIRE CCG GOVERNING BODIES MEETING IN COMMON**

<b>Report Title:</b>	<b>GOVERNING BODIES ASSURANCE FRAMEWORK</b>	<b>Agenda No:</b>	<b>3.3</b>
<b>Meeting Date:</b>	<b>27 APRIL 2022</b>		
<b>Report Recommendations:</b>	<ul style="list-style-type: none"> <li>Note the contents of the report;</li> <li>Receive the CCGs GBAF and CRR and note the management actions implemented to mitigate the risks;</li> <li>Note the arrangements for the management and oversight of risks associated with the CCGs Closedown programme of work.</li> <li>Note the decision to reinstate 2 GBAF risks outlined in para 3.3; Note the closure of the GBAF risk outlined in para 3.4; <b>Approve</b> the closure of the risk outlined in para 3.5; Note the inclusion of the new GBAF risk outlined in para 3.4</li> </ul>		
<b>Financial Implications:</b>	Nil		
<b>Procurement Implications:</b>	Nil		
<b>Report Category:</b>	Support and recommend/forward the report.		<b>Tick</b>
	Approve the recommendations outlined in the report.		Y
	Debate the content of the report.		Y
	Receive the report for information.		
<b>Author:</b>	Claire Moir, Senior Corporate Business Delivery Manager		
	Report supported & approved by your Senior Lead? Debra Atkinson, Head of Corporate Business		Y
<b>Presented By:</b>	Mrs Kirsty Hollis		
<b>Other Committees Consulted:</b>	Pennine Lancashire Quality Committee Audit Committee		
<b>Privacy Impact Assessment (PIA)</b>	Has a PIA been completed in respect of this report?		<b>N</b>
	If Yes, please attach	If No, provide reason below.	
<b>Equality Impact Analysis (EIA)</b>	Has an EIA been completed in respect of this report?		<b>N</b>
	If Yes, please attach	If No, provide reason below.	
<b>Data Protection Impact Assessment</b>	Is a Data Protection Impact Assessment Required?		<b>N</b>
<b>Risks:</b>	Have any risks been identified / assessed?		<b>Y</b>
<b>Conflict of Interest:</b>	Is there a conflict of interest associated with this report?		<b>N</b>
<b>Clinical Engagement:</b>	Has any clinical engagement/involvement taken place as part of the proposal being presented?		<b>N</b>
<b>Patient Engagement:</b>	Have patients been involved in the drafting of this report?		<b>N</b>
<b>Privacy Status:</b>	Can the document be shared		<b>Y</b>
<b>CCG Corporate Objectives :</b>			
<b>CO1</b>	To commission the best quality and effective services to deliver optimal healthcare outcomes for our local population.		<b>Y</b>
<b>CO2</b>	Ensure the balance of our health investment reflects our population's needs and keeps the population well		<b>Y</b>
<b>CO3</b>	Deliver the 10 year strategy by engagement with the population we serve and ensure we commission services that meet local needs with a clear focus on population health management strategies		<b>Y</b>
<b>CO4</b>	We will focus on population health outcomes through helping to deliver successful Integrated Care Partnerships and ensure decisions, provision and access to local services is based on the needs of our population.		<b>Y</b>
<b>CO5</b>	As local health leaders, we will focus on increasing life expectancy across Pennine Lancashire to be at, or about the national average in the next 10 years.		<b>Y</b>

**BLACKBURN WITH DARWEN CCG  
EAST LANCASHIRE CCG  
GOVERNING BODIES ASSURANCE FRAMEWORK  
WEDNESDAY 27<sup>TH</sup> APRIL 2022**

**1. Introduction**

- 1.1 The following report provides an update on the management of the Governing Body Assurance Framework (GBAF) risks. The full Corporate Risk Register was reviewed by the Pennine Lancashire Quality Committee on 16<sup>th</sup> March; a Risk Management Process and Assurance report was also received by the CCGs Audit Committees at their meetings in November 2021 and February 2022.

**2. CCG Closedown, Risk Monitoring Arrangements and Due Diligence**

- 2.1 During the transitional period until the establishment and formation of the Integrated Care Board (ICB), the CCGs are required to continue to discharge their statutory duties and functions (1<sup>st</sup> April – 30<sup>th</sup> June 2022).
- 2.2 In recognition of this, it has been agreed that each of the CCGs Governing Bodies continue to receive assurance on the management of GBAF risks for Quarter 1 2022/23. This is to ensure the system of internal control is maintained and supports the requirements of both internal/external audit assurance and the year-end reporting processes.
- 2.3 The CCGs are working to ensure all necessary due diligence is undertaken to ensure the safe transition of all open risks to the ICB once formally established.

**3. Review of Current GBAF Risks**

- 3.1 The GBAF has been updated to reflect the changes in those risks held by the CCGs which are rated “15” and above. The GBAF currently holds the following risks rated =>15; the full GBAF is attached at Appendix 1.
- 3.2 The following risks have been reviewed with no movement in risk rating:
- **PL19/20\_9: Failure to achieve the planned trajectory for the 4-hour standard of patients admitted, transferred or discharged from A&E (16).** The system has agreed in year performance trajectories with NHS England/Improvement which are monitored monthly via the A&E Delivery Board. There is an ICS wide programme of work to support service transformation and delivery of A&E Improvement Plans and the associated actions underpinning this are overseen through the ICS Gold Command, the ICS 111 Programme Board and the ICS Urgent and Emergency Care Network. All system partners are reporting pressures linked to staffing and capacity to manage demand through the A&E Delivery Board meetings.
  - **PL 19/20\_22: Resilience and Sustainability of General Practice in Pennine Lancashire (16).** There are significant finance, workload and clinical workforce capacity issues within general practice which have the potential to impact on the delivery of the CCGs operating plans. National funding has been announced to support the expansion of the primary care workforce and the

CCGs are working with the Integrated Care System (ICS) to ensure this is utilized to best effect. GPs have continued to support the Covid vaccination programme whilst supporting the restoration of services.

- **PL 19/20\_11: Failure of the CCG to achieve Waiting Times for Suspected Cancer | 62-day wait for first treatment following an urgent GP referral | (Operational Standard = 85%) (16).** The Covid pandemic created significant backlogs of patients both already in the system and new referrals waiting to be seen. The Covid pandemic also created many unforeseen difficulties in primary care, and to support this, the CCGs have reviewed the Cancer Quality Framework to focus on priority areas to help GPs and their consultant colleagues and enhance patient' safety. The PLQC Monthly Quality Report outlines the main areas of underperformance for cancer waiting times. ELHT has developed a 12-month rolling action plan aimed at reducing long waits (recruitment, pathway redesign, improving processes as a result of investment of cancer alliance transformation funding). The Cancer Performance Improvement Group (CPIG) oversees and monitors progress towards the achievement of the constitutional waiting time standards for cancer treatments across the Alliance region

- **PL19/20\_27: There is a risk that children in Blackburn with Darwen and East Lancashire will not be effectively safeguarded due to primary care not routinely contributing to safeguarding processes (15).** The CCGs Safeguarding team continues to focus strongly on the impact of Covid-19 on children and vulnerable adults through a range of workstreams. Pennine Lancashire GPs are also engaging in a wider development of safeguarding practice including an ongoing pilot for the local multi-agency safeguarding hub which has recently been extended due to the positive feedback. Throughout this challenging period the CCGs have continued to deliver their on-going statutory functions which has seen an increase in some complex cases and on-going referrals for safeguarding reviews of significant incidents.

- **PL20/21\_76: There is a risk that health and wellbeing is not improved, and inequalities worsen across communities and/or between different groups of the population (16).** This may be due to a decline in economic circumstances across those groups, the unforeseen impact on health policy implementation, insufficient investment in anticipatory and preventative services, or new risks such as those generated by Covid 19. A Pennine Lancashire Population Health Board is being established to drive collaborative prioritisation and delivery actions to improve population health and address inequalities; the CCGs Medical Director is providing joint leadership to this. The Lancashire and South Cumbria work is being led by Dr Julie Higgins; work is underway through the ICS to establish Place-Based Partnerships to enable the reporting and improvement of health inequalities, performance and quality which will align to the NHS System Oversight Framework once agreed. This risk rating will be reviewed (with a view to reducing the risk score) against the impact of Place-Based Partnership Plans once fully established.

- **PL20/21\_81: Quality Assurance of homecare and residential placements for children and young people with complex needs and/or continuing care needs (15).** This risk relates to positive health outcomes of vulnerable children with complex health needs, compromised as a result of a failure to gain assurance, and monitor the provision put in place to support children and young people in Pennine Lancashire. This includes the implementation of a robust quality assurance and performance monitoring process for providers of homecare packages for children and young people across the ICS. There will also be the development and implementation of a consistent process across the ICS with agreed principles for providers of residential placements

for children and young people. This will be based on good practice and learning from child safeguarding practice reviews and is a joint process with Local Authorities and is modelled on the RADAR approach.

- **PL19/20\_15: Failure of the MLCSU to deliver CHC/FNC/Joint packages of care service in line with national framework (16).** This risk is currently being reviewed across all CCGs who are provided with this service via the MLCSU.

3.3 The following 2 risks had previously been recommended and approved for closure by the PLQC. Whilst the PLQC continued to receive progress against the actions to manage this risk, it was felt that these were system-wide risks for which the CCGs had limited ability to control. In February 2022, the Blackburn with Darwen CCG Audit Committee requested a review of the decision to close these risks; this was reviewed at the PLQC in March and both risks reinstated onto the CCGs GBAF:

- **PL19/20\_12:** Failure to deliver the 18 Week incomplete pathway RTT (20)
- **PL19/20\_75:** Failure to meet the NHS England zero tolerance standard of any patient waiting more than 52 weeks from referral to 1<sup>st</sup> definitive treatment (20)

The PLQC reviews waits by time period and treatment function for both EL and BwD CCG patients from within 18 weeks through to over 104 week waits. Actions plans outline the restoration plans for East Lancashire Hospitals Trust (ELHT), including the use of independent sector capacity, increasing capacity within ELHT as well as a range of improvement schemes to support. The management of treatment pathways is reviewed across the Integrated Care System (ICS) to support waiting list management. The Elective Care Recovery Group oversees performance and actions to mitigate the risks, however the CCGs have limited contractual levers to influence improvement.

3.4 The following risk has been reviewed and approved for closure by the PLQC:

- **PL19/20\_14: Gaps in support for children and young people who have a learning disability and mental health condition who require a T4 specialist bed (16).** Following the recruitment of a complex care-coordinator, improved processes are now in place to identify children before they go into crisis. The coordinator is also supporting the proactive case management and reviews of children and young people with complex needs. The PLQC approved the closure of this risk and a new risk associated with specialist eating disorders was opened (see para 3.6 below).

3.5 The following risk was reviewed by the RMG meeting on 6<sup>th</sup> April 2022 and is recommended for closure:

- **PL20/21\_46: Insufficient financial savings attributed to transformational work programmes resulting in the CCGs not achieving their QIPP targets for 2021/22 (16).** There is a continuing national focus to achieve financial targets and scrutiny by NHS England to prioritise achieving QIPP savings. A 3% target was given to CCGs, but this could only be applied to “influenceable spend only” (which excludes spend on block contracts, Better Care Fund, and ICS related services such as mental health). In total, for both EL and BwD CCGs this equated to £14.585m of cost savings to be delivered for 2021/22. The CCGs have achieved this (non-recurrently) and therefore it is recommended this risk is closed and re-assessed for 2022/23.

3.6 The following new risk has been approved by the PLQC for inclusion on the GBAF:

- **PL20/21\_100: Gaps in support for children and young people with an eating disorder whilst waiting for a T4 bed (16).** There is a risk that patients with an eating disorder will deteriorate without specialist treatment both physically and emotionally, whilst waiting for an eating disorder inpatient bed.

#### **4. Corporate Risk Register (CRR) - Risk Movement**

4.1 All risks held on the CRR have been reviewed with the risk owners, and the full CRR presented to the PLQC on 16 March 2022.

#### **5. Recommendations**

5.1 The Governing Bodies are asked to:

- Note the contents of the report;
- Receive the CCGs GBAF and CRR and note the management actions implemented to mitigate the risks;
- Note the arrangements for the management and oversight of risks associated with the CCGs Closedown programme of work.
- Note the decision to reinstate 2 GBAF risks outlined in para 3.3
- Note the closure of the GBAF risk outlined in para 3.4
- **Approve the closure** of the risk outlined in para 3.5
- Note the inclusion of the new GBAF risk outlined in para 3.6

**Mrs Kirsty Hollis**  
**Chief Finance Officer**  
**27 April 2022**

**NHS East Lancashire**  
**NHS Blackburn with Darwen**  
**Clinical Commissioning Groups**



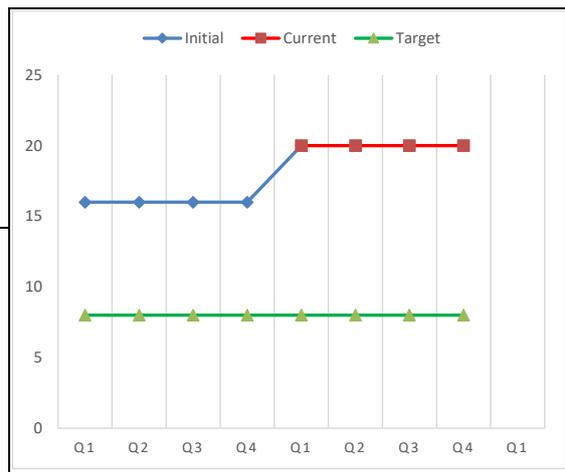
**Governing Body Assurance Framework April 2022**

Risk Reference	Risk Title	Current Score	Risk Movement
<b>Risks on the Governing Body Assurance Framework (Score =&gt; 15)</b>			
PL19/20_12	Failing to deliver the 18-week incomplete pathway referral to treatment (RTT) (92%)	20	↔
PL19/20_9	Failure to achieve the planned trajectory for 4 hour standard of patients admitted, transferred or discharged within Accident and Emergency Services within Pennine Lancashire.	16	↔
PL19/20_11	Failure of the CCG to achieve waiting times for suspected cancer - 62 day wait for first treatment following an urgent GP referral (85%)	16	↔
PL19/20_22	Sustainability and Resilience of General Practice in Pennine Lancashire	16	↔
PL19/20_76	There is a risk that the health and wellbeing is not improved and inequalities worsen across communities and/or between different groups of the population.	16	↔
PL20/21_46	Insufficient financial savings attributed to transformational work programmes resulting in the CCGs not achieving their QIPP targets for 2021/22	16	↓
PL20/21_85	Quality Assurance of homecare and residential placements for children and young people with complex needs and/or continuing care needs	15	↑
PL19/20_75	Failure to meet the NHS England zero tolerance standard of any patients waiting more than 52 weeks from referral to first definitive treatment.	20	↔
PL19/20_15	Failure of the MLCSU to deliver CHC/FNC/Joint packages of care service in line with the national framework	16	↑
PL19/20_27	There is a risk that children in Blackburn with Darwen and East Lancashire will not be effectively safeguarded due to primary care not routinely contributing to safeguarding processes	15	↔

PL19/20_12	<b>Risk Lead:</b>	cathy.gardener@nhs.net	<b>Date Added:</b>	02/12/18
	<b>Executive Lead:</b>	Roger Parr	<b>Date Last Reviewed:</b>	09/03/22
	<b>Assuring Committee:</b>	Pennine Lancashire Quality Committee	<b>Target Risk Date:</b>	Not set
	<b>Corporate Objective:</b>	CO1 - Quality and Effective Services	<b>Programme Area:</b>	Elective Care
<b>Failure to Deliver the 18 Week Incomplete Pathway</b>			<b>No Change</b> 	
<b>Description:</b> There is risk that more patients will have to wait longer than 18 weeks from referral to first definitive treatment than the 92% threshold mandated within the NHS Constitution. Prior to the Covid-19 outbreak, there were already significant challenges meeting the RTT waiting times target across a number of providers (e.g. workforce issues and impact of the national pensions issue on carrying out additional waiting list initiatives)				

<p><b>Rationale for Current Score. Impact from COVID-19:</b></p> <p>This risk is managed at a system level, and whilst the CCGs must remain informed of the actions taken by system partners to mitigate these risks, the CCGs do not have control, nor influence to directly improve performance against these risks.</p>
<p><b>Action update:</b></p> <ol style="list-style-type: none"> <li>1. Waiting list prioritisation - ongoing</li> <li>2. Progress update on performance activity will be updated following ECDB on 10 June 21</li> <li>3. ECRG meeting monthly and feeds back to the ICS planned care commissioning group.</li> <li>4. Risk update to be provided at ECDB meeting on 10 June 21</li> </ol>

	Impact	Likelihood	Score
Initial Risk Rating	4	4	16
Current Risk Rating	4	5	20
Target Risk	4	2	8



<p><b>Controls to Mitigate Risk</b></p> <p>Performance data is available to monitor against key performance indicators (Pennine Lancashire CCG Performance Report).</p> <p>Clinical pathway redesign to support activity being transferred out of the Trust and into community services where appropriate, i.e. stable glaucoma in community optometry, increase in community dermatology provision, introduction of initiatives such as tele-dermatology, Single Point of Access in MSK and pain management, introduction of new Advice &amp; Guidance system between primary and secondary care to improve communication and support demand management.</p> <p>Performance is monitored at the joint weekly (currently stepped up to weekly from fortnightly) A&amp;E Delivery Board and Elective, Diagnostic and Cancer Board meetings to support alternative ways of working.</p> <p>Collaboration between Providers – Elective Care Recovery Group, Lancashire and South Cumbria Planned Care Commissioning Group to ensure standardisation of pathways, sharing intelligence and support.</p> <p>Ophthalmology specialist additional capacity secured in both primary and secondary care</p>
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<p><b>Assurances on Controls</b></p> <p>Pennine Lancashire Quality and Performance report (GP referrals, waiting list size, elective capacity)</p> <p>Updates to Governing Body from lead executive</p> <p>PLQC minutes</p> <p>The CCGs ICC commissioning decisions are provided to the Governing Bodies</p>
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<p><b>Gaps in Controls Measures</b></p> <p>As commissioners we have limited contractual levers to influence provider performance.</p> <p>The Scheduled Care Board (renamed Elective, Diagnostic and Cancer Board) was re-established in September 2020 with a focus on elective, diagnostics and cancer restoration and recovery plans. The previously formed SCB met sporadically prior to Covid however this is now a key priority for the system. From November 2020 the fortnightly meetings have been combined with the weekly A&amp;E Delivery Board.</p>
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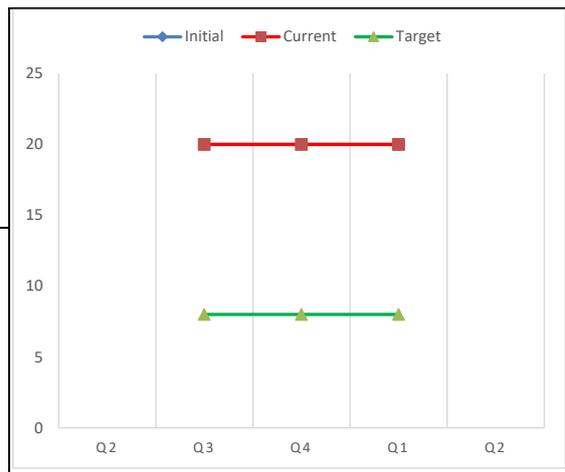
<p><b>Gaps in Assurance</b></p> <p>The Governing Bodies do not receive copies of the Scheduled Care Performance Group action notes or the JACP minutes.</p> <p>It is possible the risk will not be reduced to target risk rating by the end of this financial year.</p>
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<p><b>Actions Required</b></p> <ol style="list-style-type: none"> <li>1. Prioritisation of patients on waiting list .</li> <li>2. To return to at least 90% of last year's activity levels of MRI/CT and endoscopy procedures (to reach 100% by October)</li> <li>3. Working closely with trusts and the elective care recovery group (ICS) to gain additional finance against recovery plans from the elective recovery fund (ERF)</li> <li>4. Risk updates to be added to the EDCB agenda to provide a system response.</li> </ol>
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PL20/21_75	<b>Risk Lead:</b>	cathy.gardener@nhs.net	<b>Date Added:</b>	15/12/20
	<b>Executive Lead:</b>	Roger Parr	<b>Date Last Reviewed:</b>	09/03/22
	<b>Assuring Committee:</b>	Pennine Lancashire Quality Committee	<b>Target Risk Date:</b>	<b>Not set</b>
	<b>Corporate Objective:</b>	CO1 - Quality and Effective Services	<b>Programme Area:</b>	Elective Care
<b>Failure to meet the NHS England zero tolerance standard of any patients waiting more than 52 weeks from referral to first definitive treatment</b>			<b>No Change</b>	
<b>Description:</b> There is risk of a significant increase in the number of patients who will have to wait longer than 52 weeks from referral to first definitive treatment.				

<b>Rationale for Current Score. Impact from COVID-19:</b> This risk is managed at a system level, and whilst the CCGs must remain informed of the actions taken by system partners to mitigate these risks, the CCGs do not have control, nor influence to directly improve performance against these risk.
<b>Action update:</b> 1. Prioritisation of patients on WL is ongoing. 2. Progress against WL performance will be updated following ECDB meeting on 10 June 21. 3. ECRG meetings are monthly and feedback provided to the ICS planned care commissioning group on an ongoing basis. 4. Next risk update to be provided at ECDB on 10th June 21.

	Impact	Likelihood	Score
Initial Risk Rating	4	5	20
Current Risk Rating	4	5	20
Target Risk	4	2	8



<b>Controls to Mitigate Risk</b> Performance data is available to monitor against key performance indicators (Pennine Lancashire CCG Performance Report). Providers are completing weekly returns which are showing a positive increase in elective activity. Contractual responsibility for IS contracts has now been completed and contracts awarded. Performance is monitored via the elective diagnostic and cancer board. Clinical pathway redesign to support activity being transferred out of the Trust and into community services where appropriate, i.e. stable glaucoma in community optometry, increase in community dermatology provision, introduction of initiatives such as tele-dermatology, Single Point of Access in MSK and pain management, introduction of new Advice & Guidance system between primary and secondary care to improve communication and support demand management. Performance is monitored at the joint weekly (currently stepped up to weekly from fortnightly) A&E Delivery Board and Elective, Diagnostic and Cancer Board meetings to support alternative ways of working. Collaboration between Providers – Elective Care Recovery Group, Lancashire and South Cumbria Planned Care Commissioning Group to ensure standardisation of pathways,
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<b>Assurances on Controls</b> Pennine Lancashire Quality and Performance report (GP referrals, waiting list size, elective capacity) Updates to Governing Body from lead executive PLQC minutes ICC commissioning decisions are provided to the Governing Bodies
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<b>Gaps in Controls Measures</b> As commissioners we have limited contractual levers to influence provider performance. The Scheduled Care Board (renamed Elective, Diagnostic and Cancer Board) was re-established in September 2020 with a focus on elective, diagnostics and cancer restoration and recovery plans. The previously formed SCB met sporadically prior to Covid however this is now a key priority for the system. From November 2020 the fortnightly meetings have been combined with the weekly A&E Delivery Board.
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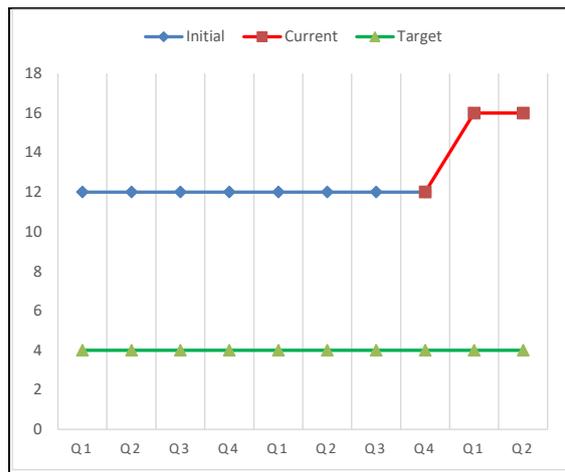
<b>Gaps in Assurance</b> Elective, Diagnostic and Cancer Board and JACP minutes are not provided at Governing Body
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<b>Actions Required</b> 1. Ongoing prioritisation of patients on waiting list . 2. To return to at least 90% of last year's activity levels of MRI/CT and endoscopy procedures (to reach 100% by October) 3 Working closely with trusts and the elective care recovery group (ICS) to gain additional finance against recovery plans from the elective recovery fund (ERF) 4. Risk updates to be added to Emergency Care Delivery Board agenda to provide a system response.
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PL20/21_46	<b>Risk Lead:</b> Neil Holt Julie Pye	<b>Date Added:</b> 24/08/20
	<b>Executive Lead:</b> Roger Parr	<b>Date Last Reviewed:</b> 09/03/22
	<b>Assuring Committee:</b> Governing Body	<b>Target Risk Date:</b> Close
	<b>Corporate Objective:</b> CO2 - Balance of Health Investment	<b>Programme Area:</b> Finance
<b>Insufficient financial savings attributed to transformational work programmes resulting in the CCGs not achieving their QIPP targets for 2021/22</b>		<b>Deterioration</b> 
<b>Description:</b> A risk exists that there are insufficient [recurrent] financial savings attributed to transformational work programmes which will result in the CCGs not achieving their QIPP targets for 2021/22. There is a continuing national focus to achieve financial targets (and scrutiny by NHSE to prioritise achieving planned QIPP [savings]). CCGs have a duty to deliver 'value for money' & to explore efficiencies/opportunities to use its financial allocations effectively. A 3% target has been given to CCGs, but it can be applied only to 'influenceable spend only' which minimises the extent to which CCG Leads can draw savings from their programme areas (i.e. this excludes opportunities for savings from block contracts, Better Care Fund, and ICS related services such as Mental Health).		

<p><b>Rationale for Current Score. Impact from COVID-19:</b> This risk is recommended for closure (QIPP requirements achieved for 2021/22)</p>
<p><b>Action update:</b></p> <ol style="list-style-type: none"> <li>Regular meetings commenced with leads In year plans shared with QIPP team QIPP team and leads reviewing potential quality and savings options</li> <li>In year plans shared with QIPP team QIPP team and leads reviewing potential quality and savings options</li> <li>BI leadership team have shared reports and recommendations on analysis resulting from RightCare and other evidence-based data (e.g. hypertension, oral hygiene and PHM).</li> </ol>

	Impact	Likelihood	Score
Initial Risk Rating	4	3	12
Current Risk Rating	4	4	16
Target Risk	4	1	4



<p><b>Controls to Mitigate Risk</b></p> <p>Using the forum of the Joint Senior Managers Meeting to highlight the outstanding target and discuss plans for 2021/22 delivery schemes from Leads. Regular monitoring of high growth areas, including continuing healthcare; prescribing. Transformational programmes (including: COVID Virtual Ward; Neighbourhood Accelerator Plus; Advice and Guidance) have qualitative aspects to them that are being monitored for financial benefits in the medium and long term.</p>
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<p><b>Assurances on Controls</b></p> <p>Limited. Transformational schemes that were implemented as part of the COVID response and Phase 3 restoration have not been fully assessed for their financial impact in the respect of savings to the CCGs. Minutes of meetings</p>
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<p><b>Gaps in Controls Measures</b></p> <p>Key areas of decision making are now no longer within the authority of the CCG, residing within the ICS framework. Finance Scrutiny Group stood down/Committees in Common stood down No further work has been undertaken on the CCGs' Corporate Business Plan. Transformational schemes were developed prior to planning response to COVID-19 pandemic and so are out of date.</p>
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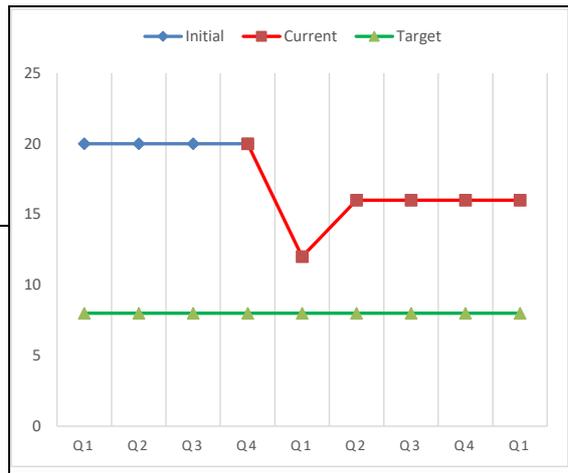
<p><b>Gaps in Assurance</b></p> <p>Benefits- and outcomes reporting are missing from the implementation planning of the transformational work that has been put in place. Transformational savings identified at an ICS-level are unknown (in particular with regard the impact resulting from COVID response).</p>
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<p><b>Actions Required</b></p> <ol style="list-style-type: none"> <li>Put in place regular/weekly forums for leads/clinical leads to meet to identify further qualitative transformation work to establish potential economies.</li> <li>Review of outcomes on existing work (CVW, neighbourhood accelerator plus, advice and guidance).</li> <li>Determine opportunities through areas such as RightCare to work with colleagues on qualitative changes that might result in savings.</li> </ol>
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PL19/20_9	<b>Risk Lead:</b> Elizabeth Fleming	<b>Date Added:</b> 01/07/16
	<b>Executive Lead:</b> Alex Walker	<b>Date Last Reviewed:</b> 09/03/22
	<b>Assuring Committee:</b> AEDB	<b>Target Risk Date:</b> Not set
	<b>Corporate Objective:</b> CO1 - Quality and Effective Services	<b>Programme Area:</b> Urgent Acute Care
<b>Failure to achieve the planned trajectory for the 4 hour standard of patients admitted, transferred or discharged from A&amp;E in Pennine Lancashire</b>		<b>No Change</b> 
<b>Description:</b> Failure to achieve the 4 hour standard has a significant impact on the CCG. This is a key constitutional standard which concludes that protracted waits in overcrowded A&Es can lead to poorer clinical outcomes for patients.		

<b>Rationale for Current Score. Impact from COVID-19:</b> The impact of Omicron and the transitions to "Living Safely with COVID" is still emerging Surge demand for services can be out of the CCGs control; at the A&E Delivery Board meeting on 13th January all system partners were reporting pressures linked to staffing and capacity to manage demand
<b>Action update:</b> 1) A&E performance continues to be monitored monthly 2) Work continues to progress and plans to present at AEDB in March 2022. 3) By end of April 2022

	Impact	Likelihood	Score
Initial Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk	4	2	6



<b>Controls to Mitigate Risk</b> Regulators agreed PL A&E Improvement Plan & 2021/22 trajectory (30/04/21) AEDB Plan on a Page highlights key priorities/ programmes and is closely aligned to the PL A&E Improvement Plan. AEDB focuses on transformational work programmes alongside performance/recovery Ongoing system oversight - Gold Command, PL OPEL framework, EMS+ daily reporting, regular liaison between system partners and sitreps. Intermediate Tier Delivery Board meetings - key work areas outlined on POAP Emergency Care Improvement Steering Group supports delivery and assurance for A&E Improvement Plan. Seasonal Planning Group oversees management of the winter plan PL NHS First 111 Programme Board oversees implementation of phase 2 Development of ELHT 'Emergency Village' Actions implemented to support management of COVID-19 (including Covid Virtual Ward). Development of 2 hour urgent community response Review of Directory of Services to support navigation of patients to most appropriate pathway Increased Clinical Assessment Service (CAS) capacity to support the navigation of patients
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<b>Assurances on Controls</b> The 4hr recovery strategy is monitored closely through: AEDB – fortnightly Governance and reporting structure in place to monitor the work programmes of AEDB POAP and A&E Improvement Plan (with exception reporting to AEDB) includes: PL 111 First Programme Board Emergency Care Improvement Steering Group Intermediate Tier Delivery Board Seasonal Planning Group ICS reporting via Gold Command ICS 111 Programme Board ICS Urgent and Emergency Care Network Performance: Reporting structures to NHS E Suite of performance reports (including system scorecards, daily PL Sitrep)
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<b>Gaps in Controls Measures</b> Surge demand for services can be out of the CCG's control Mental health bed availability Vulnerable to short notice staffing changes and sustainability of current staffing model. Ability of out of hospital system to transform at pace and scale and absorb demand which would otherwise be in the hospital setting. Associated with this, the ability of the system to shift investment to enable this to be realised. Risk of delays in ICS confirming funding available for delivery of winter and other schemes In line with the annual refresh of the AEDB Plan on a Page, and to ensure the plan is now aligned with the recently agreed A&E Improvement Plan, work is ongoing to finalise some of the detailed work programme plans and associated timelines for delivery (that sit under the POAP priorities).
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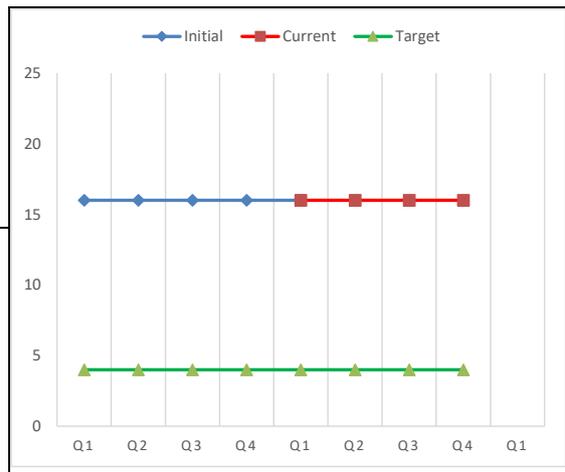
<b>Gaps in Assurance</b> All of the governing bodies members may not be sighted on the detailed documentary evidence that is provided to support the work that underpins the management of this risk.
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<b>Actions Required</b> 1) A&E performance trajectory - monitoring/reporting through AEDB. 2) Undertake review of UEC Recovery 10 point Action Plan for Pennine Lancashire 3) Refresh and update the AEDB POAP priorities for 2022/23
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PL19/20_11	<b>Risk Lead:</b> Carol Hedley	<b>Date Added:</b> 01/06/18
	<b>Executive Lead:</b> Alex Walker	<b>Date Last Reviewed:</b> 09/03/22
	<b>Assuring Committee:</b> Cancer Tactical Group.	<b>Target Risk Date:</b> Not set
	<b>Corporate Objective:</b> CO5 - Life Expectancy	<b>Programme Area:</b> Elective Care
<b>Failure of the CCG to achieve waiting times for suspected cancer 62 day wait for first treatment following and urgent GP referral (85%)</b>		<b>No Change</b> 
<b>Description:</b> There is a risk that there will be delays in diagnosis and treatments because cancer screening was suspended, diagnostic work deferred and the public were reluctant to come forward in primary care with worrying symptoms. This resulted in delays to diagnosis, later presentation with more advanced disease associated with poorer patient outcomes potentially increasing cancer death due to COVID. Across the Pennine Lancashire foot print there is a constant pressure due to capacity and demand with fluctuating monthly performance putting the annual achievement at risk.		

<b>Rationale for Current Score. Impact from COVID-19:</b> The COVID 19 pandemic created significant backlogs of patients both already in the system and new referrals waiting to be seen. National performance analysis is showing all cancer targets remain challenged but activity is now showing significant recovery. Cancer 2 week referrals are currently higher than this time last year and generally higher than pre-Covid levels particularly colorectal, breast and skin Diagnostic and surgical capacity reduced overall due to Covid Infection Prevention and Control measures and downtime required between patients and procedures
<b>Action update:</b> Accelerate delivery of the goals for cancer services in long term plan (L&SC Cancer Alliance Oversight Framework) The group will function alongside the RDC programme/implementation of upper and lower GI pathways and is moving towards a network model of working Lung checks are running in BWD from 27 Sep until 14 Nov 21 and then from 27 Dec to 13 Feb 22 CA have set a 6 week challenge to reduce the number of FDS non-cancer >62 pts recorded on PTL

	Impact	Likelihood	Score
Initial Risk Rating	4	4	16
Current Risk Rating	4	4	16
Target Risk	4	1	4



<b>Controls to Mitigate Risk</b> Cancer Performance Improvement Group (CPIG) in place to oversee and monitor progress towards improvement in constitutional wait times standards for cancer across the Alliance region. Rapid Diagnostic Centre pathways continue to be rolled out with four / five currently live. The latest to be launched is the Upper GI which is available from mid October Full implementation of 28 Day Faster Diagnosis Standard (FDS); The FDS went live for clock stops from the 1st July 2020. The target which is now being reported against is 75% Detailed ELHT Action plan and overdue actions monitored by monthly via the multi-agency Pennine Lancs Cancer Tactical Group. aligned to new National weekly data return report Cancer team is providing a programme of education sessions and support to primary care networks (PCNs). A weekly SitRep is produced by the L & SC Cancer Alliance and presented at the weekly CPIG meeting. PTL data is now being requested regionally. L & SC Endoscopy Transformation Delivery Group in place to ensure best use of resource, to reduce variation in access, and to support delivery of key waiting times standards.
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<b>Assurances on Controls</b> Pennine Lancashire Quality Committee minutes Pennine Lancashire CCGs Performance Report Pennine Lancashire Cancer Tactical Group minutes Updates from Governing Body GP Leads L&SC Cancer Alliance SitRep Report ELHT Early Diagnosis Group minutes, membership includes CCG representation, the group reports to ELHT Cancer Board.
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<b>Gaps in Controls Measures</b> <b>Internal:</b> The CCG has limited ability to influence national shortage in workforce, recruitment and retention is a significant pressure. Covid Infection Prevention and Control (IPC) measures and downtime required between patients and procedures in primary care  <b>External:</b> Challenging Diagnostic and Surgical capacity within acute trusts, Covid IPC measures and downtime required between patients and procedures. Isolation periods for patients undergoing surgery, 14 days for major surgery, 3 days for small surgery and endoscopy procedures Capacity & Access to Diagnostics including Pathology.
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<b>Gaps in Assurance</b> Cancer Alliance Board minutes are not presented to CCG Governing Bodies. The Group reports quarterly via agreed ICS reporting templates. Members are responsible for cascading relevant information from the Board to their own organisations or professional groups
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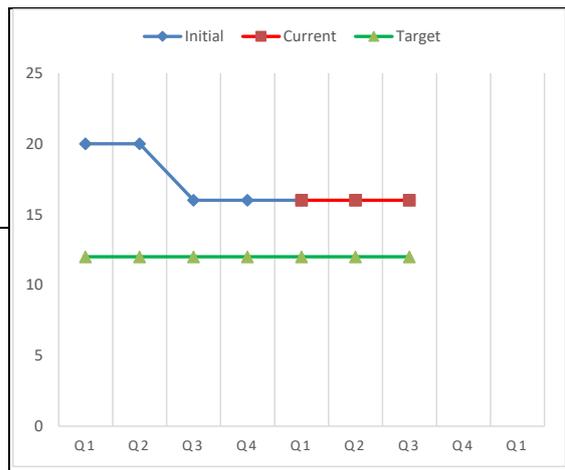
<b>Actions Required</b> 1) Phase 4 planning: NHS priorities from April 2021, focus on recovery (enhanced system working). NHS reset campaign to look to recovery of staff and services in context of on-going covid pressures. 2) L&SC Endoscopy Transformation Delivery Group in place 3) Early Diagnosis/Service Transformation 4) Supporting primary care - early referral/access to filter function tests/correct pathway selection. 5) Delivering a programme of monthly educational webinars to support Primary Care colleagues 6) National and local communication to restore public confidence. 7) Cancer Alliance 6 week challenge for reducing our over 104 day backlog and the FDS over 62 day backlog
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PL19/20_22	<b>Risk Lead:</b> Lisa Cunliffe	<b>Date Added:</b> 01/04/17
	<b>Executive Lead:</b> Alex Walker	<b>Date Last Reviewed:</b> 09/03/22
	<b>Assuring Committee:</b> Primary Care Committee	<b>Target Risk Date:</b> Not set
	<b>Corporate Objective:</b> CO3 - 10 Year Strategy	<b>Programme Area:</b> Primary Care Cell
<b>Clinical, finance and workload pressures leading to capacity issues within General Practice present a risk to Sustainability and Resilience of General Practice in Pennine Lancashire</b>		<b>No Change</b> 
<b>Description:</b> There is a risk to the resilience and sustainability of General Practice in Pennine Lancashire due to significant clinical, finance and workload pressures and clinical workforce capacity issues within general practice which may have the potential to impact on the CCGs Operating Plans.  This was already identified as a significant risk prior to the Covid 19 outbreak.		

**Rationale for Current Score. Impact from COVID-19:**

This risk is being reviewed in full to assess what elements are within the CCGs control and what impact the £250 million national investment will have on mitigating the risks.

	Impact	Likelihood	Score
<b>Initial Risk Rating</b>	4	4	16
<b>Current Risk Rating</b>	4	4	16
<b>Target Risk</b>	4	3	12



**Action update:**

- Wave 1 designated vaccination sites go live 14/12/2020. Wave 2 designated vaccination sites go live 21/12/2020 - ongoing  
12-15 Schools programme being undertaken by East Lancs Alliance across Pennine (65 schools).  
Covid Booster programme commenced in PCN and GP Practice sites  
PCNs and GP practices are continuing to support the Covid Vaccination Booster Programme.
- Due to the surge locally in cases as a result of the Indian variant, PCNs have been requested to support surge planning and 1st doses for cohorts 10-12/ Ongoing.  
PCNs and GP practices sites are undertaking Covid Boosters  
PCNs and GP Practices are still supporting the vaccination programme which is impacting on service

**Controls to Mitigate Risk**

**Financial**  
In March 2021 NHSE/I announced a further £120m to support GP Covid Capacity Expansion. The ICS Out of Hospital Cell agreed a weighted population allocation to all practices unless CCGs have agreed with practices any collective use of funding to support any of the seven priorities. Pennine Lancs have agreed to continue to support the Covid Virtual Ward LES with a proportion of this resource.  
Payment protection measures were put in place in Q1 to ensure practices were able to support the Covid19 response. Payment protection in relation to local Quality Contracts and local enhanced services have been agreed for Q1 2021/22 to enable practices to continue to support the covid response and the covid vaccination programme  
Requirements of national QOF in 2021/22 have reduced to enable practices to respond to ongoing Covid situation.  
Payments in relation to local the quality Framework/QOEST and Local Enhanced Services have continued to ensure practices are not financially disadvantaged.  
Additional resources made available e.g. IT equipment, revenue and capital resources for minor premise alterations, Covid support fund. More recently COVID Expanding GP Capacity Resource.

**Assurances on Controls**

Primary Care Commissioning Committee minutes (the minutes of the Lancashire and South Cumbria co-commissioning and quality meeting minutes are also received by the PCCC)  
Updates from Governing Body GP Clinical Leads  
PLQC minutes

**Gaps in Controls Measures**

Pennine Lancashire Primary Care Workforce Group remains stood down.

**Gaps in Assurance**

PL Workforce Group remains stood down  
Minutes of the L&SC Primary Care Programme Board, Primary Care Workforce Steering Group and Primary Care Commissioning and Quality Group are not received by the Governing Bodies

**Actions Required**

- NHS England/Improvement have announced a further £150m nationally to support expansion of the workforce. The CCG will work with ICS to ensure this is utilised to best effect.
- 31.03.2021 NHS England have announced a further £120m nationally to support expansion of the workforce - still awaiting clarification from ICS as to how this will be allocated
- GPs have been requested to support the Covid 19 vaccination programme – PCNs are considering how the ARRS can be used to support the response?
- PCNs are stepping back from supporting the COVID 19 vaccination programme for cohorts 10-12 as they want to restore normal services within general practice
- In March 21 NHSE/I announced a further £120m to support GP Covid Capacity Expansion

PL20/21_76	<b>Risk Lead:</b> Dr Mark Dziobon	<b>Date Added:</b> 29/12/20
	<b>Executive Lead:</b> Dr Julie Higgins	<b>Date Last Reviewed:</b> 09/03/22
	<b>Assuring Committee:</b> Pennine Lancashire Quality Committee	<b>Target Risk Date:</b> Not set
	<b>Corporate Objective:</b> CO4 - Population Health Outcomes	<b>Programme Area:</b> Quality
<b>There is a risk that health and wellbeing is not improved and inequalities worsen across communities and/or between different groups of the population</b>		<b>No Change</b> 
<b>Description:</b> There is a risk that health inequalities could worsen across communities and/or between different groups due to a decline in economic circumstances across those groups, the unforeseen impact of health policy implementation, insufficient investment in anticipatory and preventative services, or new risks, such as those generated by the Covid 19 pandemic.		

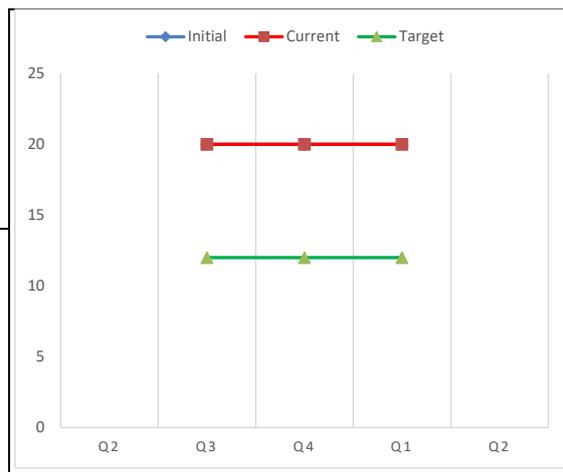
**Rationale for Current Score. Impact from COVID-19:**

It is hoped that by ensuring that the CCG and their partners in the Place-based Partnership have robust plans in place, the risk rating will be able to be reduced by 31.03.22. The CCGs are continuing to support the underpinning work regarding this risk through the completion of self-assessments in relation to the phase 3 "Urgent Actions on Health Inequalities". The findings will be presented to the governing bodies alongside implementation plans which will embed actions on health inequalities across all CCGs core business.

**Action update:**

Finalisation of quality and performance dashboard and improvement narrative based NHSE/I assurance that 'nests' with the ICPs, Trusts and Provider Collaborative – June 2021  
By 31/03/22:  
Addition of priorities and metrics from the work of the Health Inequalities Commission, which is due to complete in q4 2021/22  
Development of a process for Place-Partnership priority setting which engages residents

	Impact	Likelihood	Score
Initial Risk Rating	4	5	20
Current Risk Rating	4	4	16
Target Risk	4	3	12



**Controls to Mitigate Risk**

Nominated Health Inequalities Lead on CCG Governing Bodies  
Restoration and Recovery approach for primary and community care (post-first wave) focused on targeting key priorities and vulnerable/at risk groups  
Neighbourhood Accelerator roll out to focus on key high risk groups  
Population Health Management to embed risk stratification and anticipatory care planning  
Covid Virtual Ward targeted to vulnerable groups  
Community Call to Action including financial investment for community asset building  
Ensuring escalation of key inequalities risks to relevant groups/bodies, eg. escalation of breast screening issue to cancer alliance and NW health inequalities SRO  
Demonstrable service care that is anticipatory and continuous for chronic condition management  
Proportionate spend on prevention/population health management  
Crisis care demand management

**Assurances on Controls**

Monthly highlight reports from each Partnership workstream provided through to the Chairs and Chief Officers Group  
Workstream briefs in development/in place for each of the key projects, which provide overview of data that is driving the targeting to specific groups  
Each workstream has identified/is identifying key metrics to allow them to track the impact of their work  
Governing Body will receive minutes from the Healthier Pennine Lancashire Partnership Leaders' Forum

**Gaps in Controls Measures**

Equality Impact Assessments don't currently contain a focus on health inequalities impact  
  
No regular reports to Governing Body in relation to health inequalities and health outcomes  
  
No specific group tasked with overseeing and delivering against health inequalities for Pennine Lancashire  
  
There is no documented plan which identifies all of the actions that the CCG will take, including with their partners, to improve health outcomes and address health inequalities

**Gaps in Assurance**

CCG performance reports don't currently identify breakdown of KPIs for each of the priority inequality groups, which means that inequalities aren't visible in the reported activity data  
  
Wider measures of performance, such as those reflecting the social determinants of health in Pennine Lancashire (e.g. housing condition, economic inactivity, air quality) are not routinely considered by the Governing Body  
NB it should be noted that these weaknesses have been identified as being relevant to all NHS organisations and steps are being taken through national bodies (NHSE/I) to assist organisations to address these.

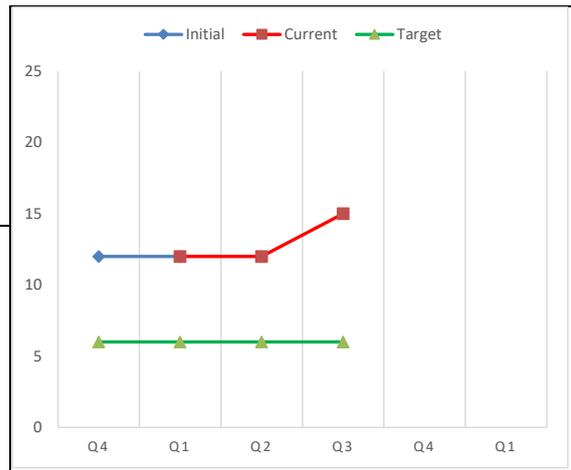
**Actions Required**

- 1) Work with CSU and Performance leads to embed reporting on inclusion groups into performance reports has been superseded by the L&S programme of work to develop accountability and performance oversight (data, analytics etc) for the system and "place" (NHS Oversight Framework due in summer).
- 2) Conduct self-assessment for CCG in relation to NHS Phase 3 Urgent Actions on Health Inequalities and provide an overview report with recommendations to the Governing Body (end of May 21). Completed.
- 3) Produce implementation plan to embed action on health inequalities across all of CCGs core business and ensure regular reporting against delivery to Governing Body.
- 4) Produce implementation plan to embed action on health inequalities across all of Healthier Pennine Lancashire Partnership workstreams and ensure regular reporting against delivery to the Healthier Pennine Lancashire Partnership Chairs and Chief Officers and the Governing Body

PL19/20_27	<b>Risk Lead:</b> Susan Clarke	<b>Date Added:</b> 21/02/20
	<b>Executive Lead:</b> Kathryn Lord	<b>Date Last Reviewed:</b> 09/03/22
	<b>Assuring Committee:</b> Pennine Lancashire Quality Committee	<b>Target Risk Date:</b> Not set
	<b>Corporate Objective:</b> CO1 - Quality and Effective Services	<b>Programme Area:</b> Safeguarding
<b>There is a risk that children in East Lancashire and BwD will not be effectively safeguarded to primary care not routinely contributing to safeguarding processes</b>		<b>Deterioration</b> 
<b>Description:</b> There is a risk that children in BwD and East Lancashire will not be effectively safeguarded. Areas for improvement in safeguarding children for primary care and the CCG are outlined in the BwD CQC Safeguarding and inspection report. Recent resource/capacity issues have also impacted. Following recent CCG audit activity, these areas for improvement were also evident within the East Lancashire CCG footprint.		

<b>Rationale for Current Score. Impact from COVID-19:</b> The scheduled roll out of the Covid vaccination programme via PCN networks will have a significant impact on practices. During COVID 19 the safeguarding team have continued to monitor contribution to Initial Child Protection Conferences. This has identified a continued risk across both BwD and Pennine due to a poor response rate. This is also applicable to the completed safeguarding self-assessment framework (SAF) of which practices are required to submit on an annual basis.
<b>Action update:</b> Extract of actions updated: Quality standards for primary are being managed at an ICS level - named GP for the ICS to attend and inform safeguarding quality standard requirements

	Impact	Likelihood	Score
Initial Risk Rating	3	4	12
Current Risk Rating	3	5	15
Target Risk	3	2	6



<b>Controls to Mitigate Risk</b> Pennine CCG safeguarding team coordinate all requests for input from Primary Care to ICPC and would expect compliance to be at 85% for both BwD and EL. Commissioned additional safeguarding support for primary care via LSCFT safeguarding specialist practitioner and their wider LSCFT enhanced safeguarding team. Contribution to safeguarding and completion of the SAF is included in the Quality Framework for Primary Care in East Lancashire From 1st week in November the safeguarding self assessment framework will be distributed to all practices for completion by the end of January 2022 Due to current pressures within Primary Care the deadline for submission of the SAF is now 28th February 2022 this was agreed across the ICS
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<b>Assurances on Controls</b> PLQC Minutes, Safeguarding Quarterly Dashboard and Primary Care Quality minutes Monthly monitoring of Primary Care Contribution to ICPC and completion of the SAF Primary Care Attendance at Safeguarding Champions Survey monkey for Primary Care to provide feedback of the effectiveness of the current primary care safeguarding offer
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<b>Gaps in Controls Measures</b> No contractual financial levers are available to the CCG as commissioners to ensure that individual practices meet their statutory safeguarding responsibilities.  In BwD quality framework (QOEST) contribution to safeguarding is not included as a quality indicator  Practices could be sending completed reports directly to children's social care (CSC) and not including the safeguarding team so unable to provide an accurate reflection of compliance  Capacity of primary care workforce in managing the Covid surge
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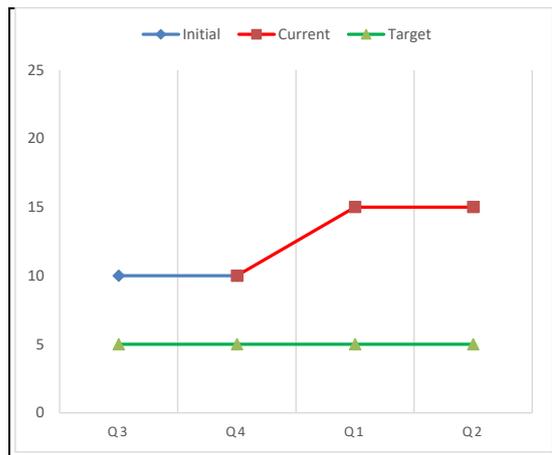
<b>Gaps in Assurance</b> Poor rates of Safeguarding assurance document completion from practices.
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<b>Actions Required</b> 1. Safeguarding activity to be included in the BwD CCG QOEST framework. 2. Audit of primary care contribution to conferences to be carried out with children's social care to triangulate information and provide feedback to primary care of how their information informs multi agency decisions making to safeguard children and families 3. Disseminate within primary care webinar/video of the conference process to raise awareness and how their contributions will be received
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PL20/21_81	<b>Risk Lead:</b> kirsty Hamer	<b>Date Added:</b> 08/06/21
	<b>Executive Lead:</b> Kirsty Hollis	<b>Date Last Reviewed:</b> not updated
	<b>Assuring Committee:</b> PLQC	<b>Target Risk Date:</b> not set
	<b>Corporate Objective:</b> CO1 - Quality and Effective Services	<b>Programme Area:</b> Children & Young People
<b>Quality assurance of homecare and residential placements for children and young people with complex needs and/or Continuing Care needs</b>		<b>No Change</b> 
<b>Description:</b> There is a risk that the safety and positive health outcomes of vulnerable children with complex health needs are compromised as a result of a failure to gain assurance and monitor the provision put in place to support children and young people in Pennine Lancashire. Without robust processes and an assurance framework in place to identify and address concerns surrounding the quality, safety, clinical unsuitability of settings and homecare providers either locally or out of area, children may be put at risk.		

<b>Rationale for Current Score. Impact from COVID-19:</b> A Quality Assurance Task and Finish Group has been established and Improvement Plan developed to provide assurance of healthcare packages and residential placements for children and young people. A process has been developed to quality assure homecare packages and quality assurance discussions are held through a Complex Needs Panel.
<b>Action update:</b> A Quality Assurance Task and Finish Group has been established and Improvement Plan developed to provide assurance of healthcare packages and residential placements for children and young people. A process has been developed to quality assure homecare packages and quality assurance discussions are held through a Complex Needs Panel.

	Impact	Likelihood	Score
Initial Risk Rating	5	3	15
Current Risk Rating	5	3	15
Target Risk	5	1	5



<b>Controls to Mitigate Risk</b> A meeting has taken place on Friday 23rd April with colleagues from safeguarding, clinical commissioning, children's commissioning, quality and MLCSU to agree a way forward, drawing upon processes established for adult's regulated care provision and learning from the South Cumbria Childrens RADAR model. A process has been developed for the quality assurance of homecare packages which is due to be implemented. Children's Complex Case Team at MLCSU currently liaise directly with homecare providers keeping abreast of any urgent issues. Local Authority undertake own quality assurance processes of residential providers. An action plan is in development following the meeting.
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<b>Assurances on Controls</b> Minutes of meeting on 23rd April and subsequent action plan Process for QA of homecare packages Contracts in place with providers which sets out requirements around provision of quality and safe provision and provider compliance in relation to these areas.
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<b>Gaps in Controls Measures</b> Homecare QA processes are not yet in place Role of MLCSU in QA not yet confirmed Challenge in engaging MLCSU Assurance of the quality and safeguarding provision of children in residential placements.
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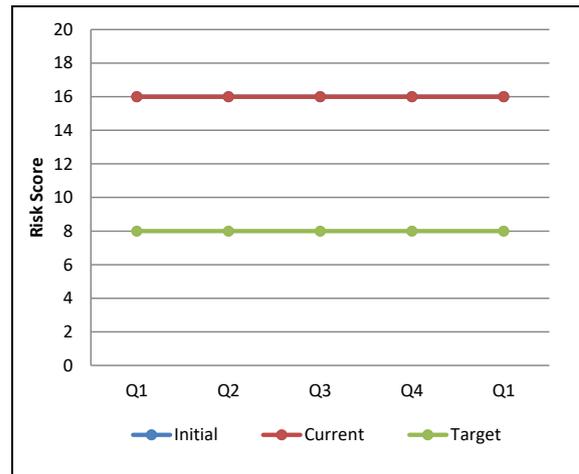
<b>Gaps in Assurance</b> Process not yet developed for assurance of residential placements of which the CCG fund in partnership with the LA.
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<b>Actions Required</b> Establish a Pennine Lancashire working group to develop a robust assurance framework and action plan to mitigate risks - Initial meeting held on 23rd April 2021 Engage with LA partners to establish their existing assurance arrangements to identify if this would support mitigation of the risks by provision of assurance - Action plan in development following meeting on 23rd April 2021
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PL19/20_15	<b>Risk Lead:</b>	Iain Fletcher	<b>Date Added:</b>	01/11/13
	<b>Executive Lead:</b>	Roger Parr	<b>Date Last Reviewed:</b>	No update
	<b>Assuring Committee:</b>	PLQC	<b>Target Risk Date:</b>	Not set
	<b>Corporate Objective:</b>	CO1 - Quality and Effective Services	<b>Programme Area:</b>	Regulated Care
Failure of the MLCSU to deliver CHC/FNC/Joint packages of care service in line with the national framework			<b>Deterioration</b>	
<b>Description:</b> There are financial and patient safety risks due to the delays in assessments for eligibility and reviews and a reputational risk to the CCG as a result of this. This was identified as a significant risk prior to Covid 19.				

<b>Actions Update:</b> Awaiting update
<b>Any changes to Current Risk Score and Rationale:</b> Local Covid restrictions are impacting on footfall in care homes Capacity within the care homes to provide the information to CSU for decision making.

	Impact	Likelihood	Score
Initial Risk Rating	4	4	16
Current Risk Rating	4	4	16
Target Risk	4	2	8



<b>Control to Mitigate Risk</b> Internal Controls: Regular reporting to Pennine Lancashire Quality Committee Dedicated meetings to progress and monitor D2A Proposals for dedicated case management to support discharge pathway Agreement to fund resource for outstanding reviews and incomplete referrals Dedicated ICS meetings with SRO lead. External Controls Dedicated ICS SRO and cell structure to oversee deliver and service improvement National guidance for reintroduction of national framework released 21/08/2020 Exception reporting on a regular basis
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<b>Assurances on Controls</b> Internal Assurances: Monthly reporting Pennine Lancs Quality Committee reports Updates provided to ICC meetings External Assurances: ICS performance reports - NHS England North West bi-monthly assurance meetings the CCG is in attendance Frequent reporting through to IPA Steering group PLQC Minutes
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<b>Gaps in Controls Measures</b> External: Capacity in social care and commissioned services to support MDTs Communication with families Local COVID restrictions impacting on footfall in care homes
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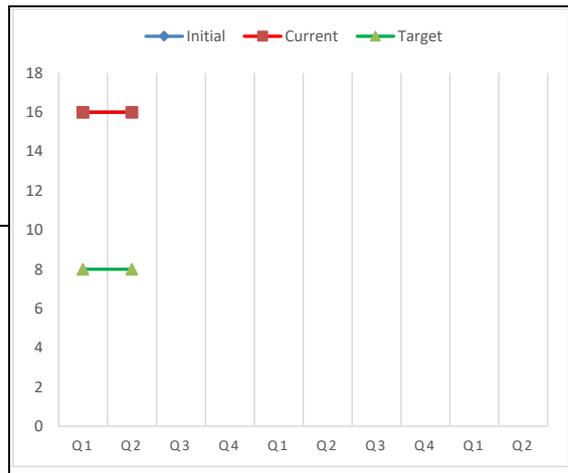
<b>Gaps in Assurance</b> Internal: ICS Performance Reports are not presented to Governing Bodies Gaps in all assurances: No oversight of outcomes of IRP and Complaints Lack of information around learning from unsound IRP decisions.
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<b>Actions Required</b> 1. Deferred assessment process has been put in place following first wave of COVID (by 1st January 2021). 2. Incomplete referrals are being completed via the commissioned services of CHS (by 31st March 2021). and care home placements to have welfare checks. 3. Business case for end to end service has been approved and is ready for mobilisation (in progress).
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PL20/21_100	<b>Risk Lead:</b> Kirsty Hamer	<b>Date Added:</b> 14/12/21
	<b>Executive Lead:</b> Kirsty Hollis	<b>Date Last Reviewed:</b> 09/03/22
	<b>Assuring Committee:</b> PLQC	<b>Target Risk Date:</b> Not set
	<b>Corporate Objective:</b> CO1 - Quality and Effective Services	<b>Programme Area:</b> Regulated Care
<b>Gap in support for children and young people with an eating disorder whilst waiting for a tier 4 bed</b>		<b>Improvement</b> 
<b>Description:</b> There is a risk that patients with an eating disorder will deteriorate without specialist treatment both physically and emotionally, whilst waiting for a specialist eating disorder inpatient bed. This may result in: Children and young people's physical and emotional health deteriorating whilst waiting for a specialist bed Children being admitted on the paediatric ward for a significant period of time as a place of safety to meet their physical need whilst they wait for a tier 4 specialist bed Significant extended length of stays expected on the paediatric ward whilst waiting for a tier 4 specialist bed The ward having to recruit additional staff to maintain the safety of those children and young people whilst waiting for a bed – difficulty in recruiting Lack of bed availability for children during the winter period – expecting a surge in respiratory illness		

<b>Rationale for Current Score. Impact from COVID-19:</b> Eating disorder referrals have increased by 65% since the pandemic. It is suggested that lockdown, social isolation and forces outside of a young persons control have led to an increase in eating disorders
<b>Action update:</b> 1. Funding agreed, proposal submitted, meeting with Trust and Third Sector week commencing 6th December - completion date Jan 2022 2. CCN plan agreed, SOP in development, to go Live 1st January 2022 3. Business case developed, to be discussed at CAMHS Board

	Impact	Likelihood	Score
Initial Risk Rating	4	4	16
Current Risk Rating	4	4	16
Target Risk	4	2	8



<b>Controls to Mitigate Risk</b> Situation monitored through ICB CAMHS Transformation Board Weekly meetings being held with ED Community Services, Paediatric Ward and NHS England to manage situation Escalation process in place between Trust, Safeguarding and children's commissioners Additional third Sector support commissioned to provide emotional health and wellbeing to the children on the ward and in the community Paediatric Virtual Ward in development to manage/monitor physical health of ED patients at home whilst waiting for a tier 4 specialist bed Redesign of Eating Disorder Community Services
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<b>Assurances on Controls</b> Current position – Minutes of and CCG attendance ICB CAMHS Transformation Board Minutes of and CCG attendance at the weekly ED meetings Risk register for children and young people on the ward Project group overseeing virtual ward and third sector development
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<b>Gaps in Controls Measures</b> Lack of prioritisation on eating disorders within CAMHS Board Lack of progress around paediatric virtual ward Lack of specialist staff available to support children and young people – failure to recruit
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<b>Gaps in Assurance</b> Lack of longer term NHS England plans for tier 4 beds Lack of progress with redesign of ED community services Lack of specialist staff available to support children and young people – failure to recruit
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<b>Actions Required</b> 1. Commissioning of third sector to provide emotional support on the ward and in the community 2. Community Nursing Service to support discharge from ward and provide virtual ward for eating disorder patients including NG feeds, alongside third sector support 3. Continue to progress ED Community Support offer
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