


## NEL CCG Board Assurance Framework Full Report

### Component 2: Better Care - How is the CCG faring with its care redesign, performance of constitutional standards, and its outcomes, including in important clinical areas?







#### CCG-BAF.2002 Risks in delivery of key annual performance indicators (Health & Social Care) and standards, including constitutional standards

Risk Manager	Risk Assignee	Next Review Date	Current RAG Status
Helen Kenyon	Martin Rabbetts	03-Feb-2021	

Planning and monitoring have identified failure to deliver against key annual performance indicators (Health & Social Care) and standards, including constitutional standards.


#### Linked to Operational Risk Register

CCG-RR.2003 – On-going failure to meet Clinical Handover time targets for EMAS patient delivery at DPoW A&E; CCG-RR.2004 – Failure to achieve Accident and Emergency 4 hour targets; CCG-RR.2005 – RTT Performance; CCG-RR.2012 – Patient Transport Services – operational resilience and quality of service; CCG-RR.2013 – Integrated Urgent Care (IUC); CCG-RR.2015 – Smoking in Pregnancy Local Pathway; CCG-RR.2017 – Cancer 62 day wait performance; CCG-RR.2018 – Hospital Discharge Pathway Performance

Original Risk			Current Risk				Target Risk				
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Trend	Impact	Likelihood	Rating	Target Date	
4	3	12	4	3	12		4	2	8	01-Jan-2021	
Internal Controls			Control Description				Status		Status Description		
CCG-BAF.2002a Operational Leadership Team (OLT)			OLT will monitor and forecast performance and assurance of corrective action being taken. Where necessary OLT will escalate issues into either Integrated Governance and Assurance, CCC or direct to the Governing Body for further action.						Partially Effective		OLT have just taken over this monitoring from DAC which is why it is currently partially effective. This will be reviewed in 3 months.
CCG-BAF.2002b Contract performance management			Contractual arrangements with individual providers which holds them to account against the contract which includes delivery of key performance targets.						Fully Effective		
CCG-BAF.2002d Local Quality Schemes in primary care			Ensures primary care has a focus on its referral rates into hospital which has a direct impact on to RTT performance						Fully Effective		
CCG-BAF.2002h A&E Delivery Board			The A&E delivery board has representation from all key providers involved in the delivery of the urgent and emergency care targets oversees operational delivery and performance targets. e.g 4hr waiting times.						Fully Effective		
CCG-BAF.2002i Planned Care Board			The planned care board oversees the delivery and performance targets in relation to planned care. e.g RTT & Cancer.						Fully Effective		

<b>Assurances on Controls</b>	Regular reporting into the Governing Body and IG&A Committee.	<b>Gaps in Controls</b>	None
<b>Positive Assurances</b>	NHSE continue to acknowledge the CCG is taking an active leadership role to address the issues in relation to NLaG. NHSE's overall assessment of the CCG in the improvement and assessment framework was 'Good' for 2019/20. 2019/20 Year end position of ASC targets was also positive. The CCG received the best available rating Patient & Community Engagement (Green Star).	<b>Gaps in Assurances</b>	None
<b>Latest Note</b>			
No change to the risk score. The majority of hospital activity indicators are delivering against plan or very close to the phase 3 recovery plan set recently. Planned care constitutional measures such as RTT and diagnostic waiting times have continued to improve after the initial drop in performance in line with the onset of the COVID pandemic. Also it should be noted that the CCGs relative position compared to the other CCGs across England has improved in 2020-21 as well. On the other hand as numbers increase again attending A&E depts and pressures on bed occupancy at the peak of the pandemic in NE Lincs the waiting times in A&E have deteriorated further and were well below target in November after being on track earlier in the year.			







**CCG-BAF.2003 Service Sustainability which is currently delivered by NLaG**

Risk Manager	Risk Assignee	Next Review Date	Current RAG Status
Peter Melton	Helen Kenyon	07-Apr-2021	

*Due to significant financial and staffing issues within the Trust, there is an increased risk that not all services currently being provided can continue to be, on the grounds of patient safety and cost effectiveness.*

**Linked to Operational Risk Register**

CCG-RR.1008 - Unexpected Mortality; CCG-RR.2020 - Looked after children initial health assessment performance

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Trend	Impact	Likelihood	Rating	Target Date
5	4	20	4	3	12		4	3	12	30-Nov-2020
Internal Controls			Control Description				Status		Status Description	
CCG-BAF.2003b A & E Delivery Board			The A&E delivery board operates to ensure that the national performance requirements in relation to A&E are met and that the system has effective mechanisms and alternative services in place to support people who have an urgent or emergency care need, maintains flow through the hospital for anyone admitted and that there are appropriate discharge arrangements in place for onward care of an individual where required.				 Fully Effective			
CCG-BAF.2003c Transformation and Programme Group			The Planned Care Board has been stood down and had a transformation and programme group established instead which is ensuring that the areas that need system wide transformation are being progressed at pace				 Fully Effective			
CCG-BAF.2003h Humber acute services review			The Humber acute services review has been established to ensure that for those services that require a population size of over 200K to be effective / sustainable are delivered by the 2 acute trusts – HUFT and NLaG. The group is looking at where the pressures are in the system and will undertake the work to come up with and support implementation of the most effective solutions, which will improve outcomes, be deliverable on a recurrent basis and cost effective.				 Fully Effective			
CCG-BAF.2003i NLaG Contract Transformation Board			For the senior leadership across the 2 main CCGs and NLaG to get together and oversee all of the changes required to improve NLaG's performance and to ensure they are appropriately reflected in the contract for service.				 Fully Effective			
CCG-RR.2003j Strategic Commissioning Board			A Strategic Commissioning Board has been established across the 4 CCGs that will oversee the commissioning of those services that need to be delivered at a Humber level. Members from the 4 CCG Governing Bodies are				 Partially Effective		This control is partially effective as the Strategic Commissioning Board is only operating in shadow form and won't	


	on the Board to ensure that it all times operates in a way that gets the best for the 4, improving outcomes for all whilst maintaining parity of access.		be formally established until April 2021.
<b>Assurances on Controls</b>	We have refreshed the local governance across Northern Lincolnshire to establish a Northern Lincolnshire system leadership group (SLG) with membership including accountable officers, medical directors and chief operating officers from the two CCGs and NLaG. Whilst this group is not part of the formal governance arrangements it has improved relationships and created a forum where issues affecting any part of the system can be discussed and hopefully resolved, without the need for a formal notification.	<b>Gaps in Controls</b>	Further work required to ensure correct contracting and financial payment mechanisms reflect new ways of working. Humber Strategic Commissioning Board is currently working with Governing Bodies to agree delegated authorities. The work of HASR is not progressing at a pace that will mitigate fully against the risk of temporary service changes needing to be made quickly on safety grounds where any of the "fragile" services collapse, due a further deterioration in staffing.
<b>Positive Assurances</b>	A revision of the terms of reference of the Planned Care Board and A&E Delivery Board has been undertaken and the Planned Care Board has been replaced with a transformation group that will oversee the areas where a system wide response to a "gap in service" is needed, which will ensure service risks are considered and actively managed across all key partners in Northern Lincolnshire and beyond. NEL CCG continue to receive positive feedback at its assurance meetings with NHS England NHSE have approved our ICS submission which includes a Humber leadership arrangement to ensure safe and sustainable services for the whole population. North East Lincolnshire HCE includes all key local partners supporting sustainable services on a North East Lincolnshire footprint. Weekly Covid risk meetings. HASR has now appointed a single programme director to lead the programme working on behalf of the 2 trusts and 4 CCGs	<b>Gaps in Assurances</b>	Reporting to Governing Body working to effectively highlight all the collaborative arrangements There is currently no system wide strategic service plan that all organisations have signed up to which is a gap, however there is now a mechanism in place by which such a plan will be produced and this is expected to be complete by the autumn. During the Covid period the Governing Body and its committees have not been meeting.

**Latest Note**

8/2/21 Work continues in relation to HASR, with additional programme capacity put in place to progress the work required. The timelines for the programme have been reviewed and amended to take account of the impact that COVID has had on the system overall and the programme. Work has also continued in relation to the out of hospital programme (OOH), and a strategy is being produced at the same time as progressing with some short term high impact service developments, in particular in relation to frailty services, which should have a significant impact on hospital admissions and lengths of stay, and outpatient transformation which will see a different relationship between primary and secondary care clinicians and reduced hospital attendances for many people. This work is being co-produced by primary and secondary care working together and so has a much greater chance of success than some previous attempts have had. Linkages between the HASR programme and the OOH programme are now being made to ensure the 2 programmes are progressing together and are not duplicating. Alternative funding arrangements put in place during the pandemic will be continued for Quarter 1 of 2021/22, which will also continue to provide some sustainability for the Trust whilst new services and payment mechanisms are developed. Capital funding has been awarded to the Trust to make improvements to both A&E departments, which will significantly help to improve emergency care and flow, which should in turn aid recruitment due to the improved working environment. The new DPOW A&E department plus Acute Assessment Unit, is due to be completed by December 2021, and will provide a significant boost to the health community. The risk rating has been lowered to a 4x3.




**Component 3: Sustainability - How is the CCG remaining in financial balance and securing good value for patients and the public from the money it spends?**





**CCG-BAF.3006 Covid-19**

Risk Manager	Risk Assignee	Next Review Date	Current RAG Status
Helen Kenyon	Levi Clement-Pearce	03-Feb-2021	

The NHS is currently dealing with the global health emergency created by the Covid-19 pandemic and we have now entering into the recovery phase. The risk has possible implications for both the CCG as an organisation and providers and patients. The NHS has put in place measures to ensure the safety of patients and staff while delivering services. The NHS is currently completing plans to resume pre-Covid levels of activity whilst also planning for a potential second spike and the impact of Winter which could result in potential staffing shortages due to sickness, carers leave and increased patient attendances. The CCG premises is closed and staff are working from home with continued support.


**Linked to Operational Risk Register**

Original Risk			Current Risk				Target Risk					
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Trend	Impact	Likelihood	Rating	Target Date		
5	4	20	4	4	16		4	2	8	31-Oct-2020		
Internal Controls			Control Description				Status		Status Description			
CCG-BAF.3006a Information sharing and decision making			Daily internal meetings for CCG Senior Management Team and Union Directors are taking place weekly with a focus on Covid-19 (Covid KIT meetings). Weekly meetings in place for Union Operational staff (NELC Outbreak Steering Group), Health and Care Executives (HCE), Northern Lincolnshire system partners (daily winter calls now established), and Humber Coast and Vale Strategic Command (HCV Covid1-9 Strategic Health Co-ordination group). A Humber Heath Cell has now also been established reporting into the LRF consisting of the 4 Humber CCG's and their main health providers. Regular meetings taking place with various commissioning teams on ensuring support. A central repository has been created on the CCG drive for all guidance that comes in and this is cascaded as appropriate.						Fully Effective			
CCG-BAF.3006e CCG agile work policy			CCG staff are all able to agile work from home to ensure optimum compliance with government guidelines on isolation, and to assist with child care arrangements for staff not wishing to send their children to school or child care settings.						Fully Effective			

CCG-BAF.3006f Government assurances on finances	The government have confirmed that central resource will be made available provided that CCG's and providers continually log their expenditure which should ensure that they are reimbursed.		Fully Effective	
CCG-BAF.3006g Joint CCG/NELC Outbreak management plan	A joint plan has been put in place to manage any spikes and increases in Covid 19 locally. A health and social care specific outbreak management Standard Operating Procedure has also been written by the CCG to ensure providers report and escalate outbreaks appropriately.		Fully Effective	This has now been tested. Primary Care colleagues report to us frequently where they have positive cases and NAVIGO and HMT St Hugh's both reported outbreaks to the CCG. NLAG reports outbreaks to the CCG at the same time as they report to NHS England however this is not always consistent but we can maintain oversight using the NHS England SITREPS and daily NLAG SITREPs
CCG-BAF.3006h Testing Capacity	At present a Pillar 1 service is available locally for health and social care staff (to allow them to return to work) and hospital patients for pre-admission swabs. A local testing site is also now available at Duchess Street Car Park set up by the Local Authority which runs into Pillar 2 with plans for further LTS to be established in Cleethorpes and Immingham. GP Practices, Care Plus Group, and NAVIGO have also been provided with self-swab kits in order to access rapid testing through Pillar 1 for symptomatic clinical staff without the need for an appointment. Primary Care also now have their own supply of Pillar 2 swabs for use on staff and presenting patients. The Department of Health and Social Care have rolled out Lateral Flow Testing for asymptomatic staff in NHS Trusts, Community Interest Companies like NAVIGO, Care Plus Group, Hospices and Care Homes (for use on staff where possible, visitors). Primary Care Practices are also in the process of having lateral flow kits delivered. Early intelligence suggests that the positivity rate is very low on the asymptomatic lateral flow testing which does raise concerns on sensitivity, but does mean that overwhelming the labs with confirmatory PCR and increased staff absence is less likely than initially thought. The local authority public health team continues to explore and define cohorts for the use of lateral flow testing amongst the general public targeting groups based on epidemiology.		Fully Effective	
CCG-BAF.3006i System Resilience	Due to the duration of the pandemic the response planning is now coinciding with winter planning. The Northern Lincolnshire A&E Delivery Board and the Health and Care Executive (NEL) are ensuring that Covid-19 specific considerations are forming part of the winter and general resilience planning for 2020/21. NEL Resilience Plan, NEL Winter Plan, and Northern Lincolnshire Delivery Board Winter Plan all in draft form at present and under review. Considerations include system interdependencies, creation of capacity in the acute trust (for both seasonal illness like flu and norovirus as well as Covid-19) and within community beds. The Health and Care Executive also meets weekly to allow for place level		Fully Effective	

	overview and planning development. The North East Lincolnshire System Resilience Plan has been developed through this forum in order to take into account place level interdependencies and planning.			
<b>Assurances on Controls</b>	All working groups on Covid-19 have action plans which are regularly updated. The Union Outbreak Control Steering Group meets weekly and updates the NEL Outbreak Management Plan. Covid-19 is a strategic risk for NELC and both CCG and NELC staff are involved in it's mitigation. CCG Covid 19 Risk committee established and meets weekly to oversee the work undertaken and decisions made as part of the covid response on behalf of the Governing Body	<b>Gaps in Controls</b>	<ul style="list-style-type: none"> <li>• The CCG business continuity plan is currently being reviewed and needs further detail in terms of business critical functions.</li> <li>• Test and trace can cause absences to health and care staff due to contact tracing</li> <li>• The introduction of lateral flow testing for asymptomatic staff presents an issue for staffing capacity which is not fully explored. Only introduction of the initiative will show whether or not high positivity rates will be detected. The learning from Liverpool and other NHS Trusts is that the positivity rate is minimal</li> </ul>	
<b>Positive Assurances</b>	<ul style="list-style-type: none"> <li>• Leadership Team (Union)</li> <li>• NEL Covid 19 outbreak control steering group</li> <li>• Senior Leadership Team (CCG)</li> <li>• HCV Strategic Group</li> <li>• HCE Covid-19 Group</li> <li>• Northern Lincolnshire A&amp;E Delivery Board</li> <li>• Risk committee – oversees the emergency decisions whilst the CCG Governing Body and committees are stood down</li> <li>• Humber Health Cell</li> </ul>	<b>Gaps in Assurances</b>	None	
<b>Latest Note</b>				
<p>15/01/2020: Updated as follows:- The impact of the risk remains the same. Vaccine roll out continues and since the last update, the Oxford Astrazeneca vaccine has also been approved for use in the UK. At present vaccines are being delivered in NEL from 4 primary care centres, roving vaccinators in care homes and also through our now local hospital hub at NLAG. There has been a minor set back in delivery following the announcement that practices needed to reschedule all of the second doses of the Pfizer vaccine from 4 weeks from first dose to as close as possible as 12 weeks from the first dose. The CCG has assembled a task force to reschedule these as soon as possible. Testing capacity is ample in Pillar 1 and 2. Lateral flow kits have been widely rolled out. NEL saw a peak in infections and inpatients in November and presently, infection rates are falling despite more people being tested. A&amp;E performance has improved this month and care home outbreaks have dramatically dropped to 4 across NEL with only 2 of them being dealt with through an IMT. The current national lockdown and roll out of the vaccinations should hopefully help continue the positive progress, however the south of the country continues to see high numbers of hospital admissions. NHS England are keen for the NHS to work as "one NHS family" and there is a possibility that we may need to take patients from other localities and even out of region. The new variant of Covid-19 is present in 40% of the NEL tests noted w/c 28th December but this needs to be interpreted cautiously given how low our numbers are at present. In NEL the picture does appear to be fairly positive, but there is no change to the risk this month due to the predictions of a fourth wave in mid-Jan to the end of February and the possibility of our services needing to stretch across the wider NHS. Internal Control CCG-BAF.3006h Testing Capacity has been updated and risk rating remains the same.</p>				




**CCG-BAF.3005 Financial challenges in partner organisations in the wider system could lead to financial consequences for NEL CCG**

Risk Manager	Risk Assignee	Next Review Date	Current RAG Status
Peter Melton	Laura Whitton	07-Apr-2021	

*Financial challenges in partner organisations leads to consequences for the CCG and/or the wider NEL health and care system eg NLaG financial special measures; NELC budget constraints*

**Linked to Operational Risk Register**

CCG-RR.3001 – Adult Social Care Debt; CCG-RR.3013 – Failure to achieve requisite financial QIPP savings in 2016/17

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Trend	Impact	Likelihood	Rating	Target Date
4	3	12	4	2	8		4	2	8	
Internal Controls			Control Description				Status		Status Description	
CCG-BAF.3005b System assurance process			<ul style="list-style-type: none"> <li>New governance arrangements are being rolled out through the ICS; there is a Director of Finance meeting to which system finance reports are taken and discussed</li> <li>Leadership team meetings (CCG/NELC) attended by the DASS/COO and CFO who provide regular updates on finance</li> </ul>				 Partially Effective		Control is partially effective due to the new governance arrangements not yet being embedded; as they develop this control will become fully effective.	
CCG-BAF.3005d Governance arrangements in place as part of the Union			<ul style="list-style-type: none"> <li>Union Board (a committee in common with NELC)</li> <li>Leadership Team – meets weekly (CCG/NELC) attended by the DASS/COO and CFO who provide regular updates on finance</li> </ul>				 Partially Effective		Control is partially effective due to the new governance arrangements not yet being embedded; as they develop this control will become fully effective.	
Assurances on Controls			Gaps in Controls				None identified			
<ul style="list-style-type: none"> <li>Routine financial reports to the Governing Body (CCG, Humber System and the Union)</li> <li>IG&amp;A Committee scrutiny of financial plan delivery</li> <li>QiPP (transformation plans)</li> <li>Routine financial updates to OLT, the senior leadership team and clinical membership via CoM/clinical leads</li> </ul>										
Positive Assurances			Gaps in Assurances				Strengthen the assurances from CCC to the Governing Body to include a			
<ul style="list-style-type: none"> <li>In-year Financial Plan reports to IG&amp;A and Governing</li> </ul>										




	<p>Body</p> <ul style="list-style-type: none"> <li>• Internal audit plan is risk-based</li> <li>• Governance arrangements in place (ICS system)</li> <li>• Governance arrangements in place re the Union</li> </ul>		<p>section on market strategy and management.</p>
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**Latest Note**

07/01/21 Laura Whitton advised the M9 reporting is currently being completed, indications are that spend in certain areas across the system eg COVID have been lower than planned and therefore expect the system to move to a breakeven position. The risk has therefore been reduced to an 8 (4x2)

**Component 4: Leadership - How good is the quality of the CCG's leadership and the quality of its plans? How does the CCG work with its partners and the governance arrangements that the CCG has in place to ensure it acts with probity, for example, in managing conflicts of interest?**





**CCG-BAF.4007 Establishment of new system management arrangements**

Risk Manager	Risk Assignee	Next Review Date	Current RAG Status
Peter Melton	Rob Walsh	03-Feb-2021	

*System management arrangements agreed as part of the national establishment of the integrated care system (ICS) are established effectively in place in order to support local service quality and sustainability.*


**Linked to Operational Risk Register**

CCG-RR.4014 – Development of Joint strategic commissioner across NEL and NL

Original Risk			Current Risk				Target Risk				
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Trend	Impact	Likelihood	Rating	Target Date	
5	4	20	4	3	12		3	3	9	29-Jun-2016	
Internal Controls			Control Description				Status		Status Description		
CCG-BAF.4007a Senior Leadership			Senior lead officers and clinical leads are engaged in key aspects of the ICS and sub-system development.				 Fully Effective				
CCG-BAF.4007c Existing Partnership Arrangements			Strategic commissioner building on existing partnership between CCG and NELC				 Partially Effective		This is partially effective as the arrangements are still in development		
CCG-BAF.4007d ICS Plan			ICS plan now approved. 5 year long term plan submitted.				 Partially Effective		This is partially effective as the plan has just been submitted and not yet implemented		
<b>Assurances on Controls</b>			<b>Gaps in Controls</b>				<ul style="list-style-type: none"> <li>• Reporting to the Governing Body and the Union Board.</li> <li>• Executive team feedback from key groups and forums attended</li> <li>• ICP has a programme manager in place (part time) and the ICP has appointed an independent Chair</li> <li>• Not all forums have yet developed robust monitoring and reporting.</li> </ul>				
<b>Positive Assurances</b>			<b>Gaps in Assurances</b>				<ul style="list-style-type: none"> <li>• ICS plan has now been approved by NHSE/I and is starting to be engaged on.</li> <li>• ICP governance arrangements currently being</li> <li>• Plans do not fully demonstrate at sufficient detail or certainty that local service sustainability can be achieved.</li> </ul>				

	<p>refreshed.</p> <ul style="list-style-type: none"> <li>• CCG and NELC Union Board now formally established with clear terms of reference and refreshed Section 75 Agreement completed.</li> <li>• The Humber JCC arrangements are now fully operational and a commissioning lead for the Humber has been appointed</li> <li>• Humber sub system partnership arrangements now in place, with cross sector executive, non-executive involvement and political involvement</li> </ul>		<ul style="list-style-type: none"> <li>• CoM and Governing Body have considered the current position and reaffirmed their commitment to NELCCG's current accountable officer arrangements, their continued support for developing strategic commissioning arrangements for the Humber and wider STP and have also reaffirmed their commitments to the on-going development of the NEL Union arrangements.</li> </ul>
<b>Latest Note</b>			
<p>10/12/20 Rob Walsh advised that there is no change, but flagged /noted the need for fundamental review of this risk in the first quarter of the New Year once we are clear(er) on the implications of the Integrated Care consultation and the development of the ICP.</p>			





**CCG-BAF.4010 Implementation of the written statement of action following the outcome of the Joint Multi-Agency Local Area Special Educational Needs and Disabilities (SEND) Inspection**

Risk Manager	Risk Assignee	Next Review Date	Current RAG Status
Helen Kenyon	Michelle Thompson	03-Mar-2021	

*The Joint Area Inspection of SEND identified some significant areas of weakness in the local area's response to SEND. As a result the LA and CCG have submitted a WSOA which has been published and progress is being monitored via the SEND Exec Board which reports through to the Union Board.*

**Linked to Operational Risk Register**


CCG-RR.2016 - Children & Young Persons Autism Diagnosis and Support Services

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Trend	Impact	Likelihood	Rating	Target Date
4	5	20	3	4	12		3	3	9	31-Mar-2021
Internal Controls			Control Description				Status		Status Description	
CCG-BAF.4010a Joint written statement of action			This has been developed between the CCG and LA and is updated on a monthly basis and reported into the SEND Executive.						Fully Effective	
CCG-BAF.4010b NEL Parent Participation Forum (NELPPF)			Engaging with the NEL Parent Participation Forum, SENDIAS and Healthwatch in regard to SEND.						Fully Effective	
CCG-BAF.4010c Operational Plan			Actions that are explicitly for the CCG are included in the operational plan to ensure they are flagged and reported.						Partially Effective The Plan has previously been going to DAC and now needs to be reported and managed at SMT.	
<b>Assurances on Controls</b>			Joint CCG/LA written statement of action has been signed off by OFSTED. Regular support meetings with Dept of Education and NHSE to monitor progress and highlight any areas of concern.				<b>Gaps in Controls</b>		Resource and capacity to deliver and implement the SEND reforms. Due to COVID and maternity leave the level of engagement and co-production is not happening to the level we would want.	
<b>Positive Assurances</b>			SEND Executive Board which escalates to the CCG's SMT Leadership Team and ultimately the Union Board				<b>Gaps in Assurances</b>			

**Latest Note**





13/01/21 Michelle Thompson advised a formal support visit was held with DoE and NHSE on 8th December and a formal WSOA progress meeting has been scheduled for 2nd February 2021 which is expected to outline the proposed focus and timescale of the SEND re-visit.

**CCG-BAF.4001 Failure to consult in line with statutory requirements on significant service change/redesign which could lead to a breach of statutory duty**

Risk Manager	Risk Assignee	Next Review Date	Current RAG Status
Helen Kenyon	Lisa Hilder	07-Apr-2021	


*The CCG is required to undertake public consultation on significant service change/redesign. All assurance requirements must be met in relation to public consultation or the CCG will be at risk of a successful legal challenge and judicial review.*

**Linked to Operational Risk Register**

Original Risk			Current Risk				Target Risk				
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Trend	Impact	Likelihood	Rating	Target Date	
3	1	3	3	3	9		3	2	6	31-Jan-2021	
Internal Controls			Control Description				Status		Status Description		
CCG-BAF.4001e Care Contracting Committee			CCC oversee procurement and contractual arrangements and as part of its scrutiny of procurement approaches and contractual changes will ensure that appropriate engagement has taken place.				 Fully Effective				
CCG-BAF.4001f Cover sheet CCG Governing Body and committee meetings			The corporate cover sheet contains a section that needs to be completed in relation to engagement.				 Partially Effective		This is partially effective as the cover sheet is currently undergoing review and revision.		
CCG-BAF.4001h HASR comms & engagement group			This group is responsible for supporting HASR and advising on comms & engagement issues				 Fully Effective				
Assurances on Controls			<ul style="list-style-type: none"> <li>Monitoring of outputs by the Health Overview and Scrutiny Committee.</li> <li>Regular updates on HASR go to the Governing Body which pick-up ongoing work and engagement.</li> </ul>			Gaps in Controls			<ul style="list-style-type: none"> <li>Some limited staff member gaps in understanding organisational processes around consultation for significant service change/redesign.</li> <li>A gap in training requirement has been identified. An annual training session is to be developed for delivery to all service leads and relevant staff.</li> <li>More work is to be done as part of sign-off before papers go to the CCC/Governing Body, where ADs will check the appropriate engagement has taken place as part of the process.</li> </ul>		
Positive Assurances			<ul style="list-style-type: none"> <li>Capacity has been reshaped so that it is now shared with NELC as part of the Union arrangements. The newly agreed Engagement strategy sets out the commitment in NEL to undertaking appropriate</li> </ul>			Gaps in Assurances			N/A		

	<p>involvement and engagement prior to service transformation.</p> <ul style="list-style-type: none"> <li>• The NHS England IAF has rated the CCG as Green Star (highest possible rating) for comms and engagement for the last three years.</li> </ul>		
<b>Latest Note</b>			
08/01/21 Lisa Hilder advised she had reviewed the risk and the wording from October is still relevant and reflects the current position.			






**CCG-BAF.4009 Failure to have appropriate Governance arrangements in place, to ensure probity and discharge of Statutory duties**

Risk Manager	Risk Assignee	Next Review Date	Current RAG Status
Laura Whitton	Claire Stocks	03-Feb-2021	

*Governance arrangements not amended to reflect the changes as part of the wider partnership working related to the ICS and the Union leading to an increased risk of decisions being made that may not have had appropriate sign off by the CCG and that may have a detrimental effect on the discharge of the CCG's Statutory duties.*

**Linked to Operational Risk Register**

CCG-RR.2011 - Lack of capacity amongst GPs and/or Clinical Leads to assist the organisation with delivery of strategic service projects; CCG-RR.4018- Potential conflict of interest compromises decision making and planning process; CCG-RR.4021 - Lack of effective clinical engagement in Council of Members (COM)

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Trend	Impact	Likelihood	Rating	Target Date
3	4	12	3	3	9		2	3	6	31-Mar-2021
Internal Controls			Control Description				Status		Status Description	
CCG-BAF.4009a Updated Constitution			The Constitution in place and available on the CCG website. This is reviewed and updated on an annual basis, however if there are any significant changes required prior to the next review date it would be resubmitted to NHSE as and when needed.						Fully Effective	
CCG-BAF.4009d S75			S75 is in place to support a place-based commissioning model.						Fully Effective	
CCG-BAF.4009e Humber Strategic Commissioning Board			This meeting is chaired by the Accountable Officer for Hull, East Riding and North Lincolnshire CCGs. It will be responsible for strategic commissioning for the Humber, and will accelerate delivery of the Long Term Plan (LTP) and Integrated Care System (ICS) ambitions for Humber, Coast and Vale. It will operate initially in shadow form, whilst work is undertaken to enable formal delegation of functions from the four Humber CCGs Governing Bodies.						Partially Effective This control is partially effective as this is a newly formed committee and has yet to prove its effectiveness.	
CCG-BAF.4009g ICS governance framework			The ICS Board and sub committees are in the process of being developed; these will include membership from NEL.						Partially Effective This control is partially effective as the framework is newly formed and has to yet prove its effectiveness.	
Assurances on Controls			The terms of reference for all Governing Body committees are in place Decisions are only made where meetings are quorate Regular reporting to the Integrated Governance & Audit Committee IAF Leadership Assurance rated as "Good"		Gaps in Controls		None			

<b>Positive Assurances</b>	Regular updates as part of the Exec Team catch ups Regular updates Leadership Team meetings (NELCCG/NELC)	<b>Gaps in Assurances</b>	None
<b>Latest Note</b>			
<p>04/11/2020 Claire Stocks advised the committee effectiveness work has now been completed and the committees have implemented these to ensure a more effect decision making/assurance process is in place. The committees work plans have been reviewed and updated to reflect the new arrangements. Further work to be undertaken to bring the agenda items in line with reporting arrangements. A committee handbook has been produced to support the committee/meeting process.</p>			