

Risk Register Board September 2021 (extracted 13.09.21)

Strategic Objective	ID	Risk Description	Current risk rating	Initial risk rating	Key controls	Internal assurances	External assurances	Details of gaps in controls	Details of gaps in assurances	Progress	Review date	Risk Owner	CCG Committee
8 - Delivery of the CCG's statutory duties for 2021/22	855	Failure to achieve the control total for the financial year, non achievement of a critical financial target - potentially resulting in adverse attention at a local and national level.	High Risk 8	Extreme Risk 16	Expenditure for months 1-6 was covered through a national top up process ensuring a break even position for that period. For months 7-12 the CCG is required to play a part in the delivery of a system control total for the Humber region. The CFO is playing a key role in the development of system financial plans. NHS Hull CCG is required to play a part in the region and therefore controlling and monitoring the utilisation of system funds for Provider Top-Ups, Growth, Covid and System Development Funds. A financial plan for months 7-12 was produced and submitted to the region. The CCGs and NHS providers worked together to ensure that the system control total was achieved along with the statutory duties of individual organisations. As in months 7-12 of 20/21 partners have produced a financial plan covering the first 6 months, "H1" and this will be monitored by the CCG and as a system. Regular reporting internally and externally, Prime Financial Policies, Scheme of delegation and Standing Orders.	Robust financial Management System (including early warnings); Reporting to CCG Board, Quality and Performance Committee, and Integrated Audit and Governance committee	External Audit through KPMG; Internal Audit through Audit Yorkshire; Reporting to NHS England and Improvement.	Adequate controls in place.	Adequate assurances in place.	Danny Storr - 13.09.21 - current forecast indicates achievement of financial targets. 05 - 23/06/21 Financial targets for 20/21 were achieved and plans are in place and have been approved by the Board for the first 6 months of 21/22, "H1". 05 - 16/02/21 A financial plan for months 7-12 has been produced and submitted to the region. Budgets have been set in line with this plan and monitored on an ongoing basis. Due to the way that plans were set across the system (Hull, as the lead CCG, had a surplus plan and the other CCGs had deficit plans) in order for each CCG to achieve their statutory duty to break even Hull will need to "overspend" against its plan. As we are now working towards a system control total rather than an organisational control total this is not a cause for concern. Planning for 21/22 has been delayed until at least the end of Q1 with contracts with providers rolling forward. 05 - 26/10/2020 The CCG is complying with the guidance issued by NHSEI for the second half of the year. Baseline contracts with other NHS organisations have been determined nationally and then modified to include system financial resources. These are held by Hull CCG and distributed in line with agreements reached between each finance leaders. The Humber region is subject to a system control total with organisations having to achieve this collectively but not necessarily individually. This requires a significant amount of co-ordination. Draft financial plans have been produced by all organisations and are being reviewed.	19/11/2021	Sayner, Emma	Integrated Audit and Governance Committee
3 - Support the delivery of the priorities set out in the operational planning guidance, NHS Long Term Plan and the White Paper.	867	Failure to produce a comprehensive balanced Medium Term Financial Plan that takes account of allocation adjustments (e.g. Better Care Fund, updated allocation formula) that reflects the commissioning strategy and complies with planning guidelines.	High Risk 12	High Risk 12	For the first 6 months of the year, "H1", financial planning guidance has been received and a financial plan has been approved that complies with the requirements of this document. This has been approved by the CCG Board. There is continuous updating of the MTFP with contract variations and reconciliations to the general ledger. The Finance Team work closely with commissioners to understand required expenditure and strategic direction, including the impact of the Better Care Fund. Work closely with the Area Team to understand and anticipate allocation adjustments and the requirements of the planning guidelines.	Financial plan updates provided to the Planning and Commissioning Committee on a regular basis. The CCG Board have approved the partners plan for H1. Updates on planning guidelines and pending allocation adjustments are shared through CCGB, SLT, P&C, I&SGC.	NHS England pay close attention to the financial picture of the organisation throughout the year and review and challenge the submitted financial plan.	Adequate controls in place.	Adequate assurances in place.	Danny Storr 13/09/21 - Planning guidance awaited for months 1 - 7. 05 23/06/21 - A financial plan has been produced for months 1 - 6 that complies with the guidance set out by NHS England and has been approved by the CCG Board. 05 16/03/21 - Financial planning has been a continuous task through the Covid pandemic. The CCG works closely with all system partners to ensure that a good picture of the financial position and potential risks are understood. A financial plan was submitted and the CCG is monitoring itself against that. It should be noted that in order for partners in the system to achieve financial balance despite a deficit budget NHS Hull is required to show a deficit against a surplus budget. The financial regime for 2021/22 and beyond has yet to be communicated. 05 26/10/20 - Financial planning has been a continuous task through the Covid pandemic. The CCG works closely with all system partners to ensure that a good picture of the financial position and potential risks are understood. A financial plan is in draft format for the period 7-12. The financial regime for 2021/22 and beyond has yet to be communicated. It is for this reason that the risk score has been increased.	19/11/2021	Sayner, Emma	Integrated Audit and Governance Committee
7 - Focus on care and services for children in Hull, improving performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement.	918	11.10.2019. Update. Risk description remains. Risk score increased to 9 due to the issues related to long waiting times for children requiring autism assessment and speech and language therapy. That the CCG is not compliant with the statutory requirements identified within the Special Educational Needs and Disability (SEND) Code of Practice: 0-25 years (DfE and DfI 2015) that relates to Part 3 of the Children and Families Act 2014.	High Risk 9	High Risk 9	05.02.2020. Update The outcome letter of the joint SEND inspection revisit (dated 4 December) and published 23 December 2019. The letter states the area has made sufficient progress in addressing two of the four significant weaknesses identified at the initial inspection. However, the area has not made sufficient progress in addressing two significant weaknesses:- - Families are involved in decision-making about the services and support they need and are aware of the resources available to them in the local area - There is an effective strategy in place for jointly commissioning services across education, health and social care. The revised SEND Improvement Plan (October 2019 – 2020) focuses on co-production with children, young people and families and frontline professionals, improvements to SEND data and performance through the development of JNA and dashboard that will be used to improve joint commissioning of services. Work in relation to short breaks, personal budgets, autism, speech and language and sensory processing services will continue with the aim to evidence improved outcomes for children and young people. The governance structure related to the SEND improvement plan are being reviewed and implemented through the overarching SEND Strategic Board co-chaired by the LA Director of Children's Services and the CCG Director of	05.02.2020. Update The SEND Strategic Board will ensure the SEND improvement plan demonstrate improved performance and outcomes for children and young people with SEND and their families within a model of co-production with parents, children and young people and key stakeholders. 11.10.2019. Update Progress and impact including external assurance is through the SEND Strategic Board (Director level) and the SEND Accountability Forum (SAF) with CCG and Designated professional representation. Reports are made and monitored via:- - Hull Children, Young People and Families Board - Hull SEND Board Further assurances related to CCG-led elements of this work are reported through CCG Joint Commissioning Forum, Quality and Performance Committee, Planning and Commissioning Committee and the Humber Foundation Trust Children's and Learning Disability	05.02.2020 Update The Department of Education and NHS England will determine the next steps and requirements through a meeting with LA and CCG executive leads in February 2020. This is likely to include continued monitoring of the improvement plan by the DfE and NHSE on a quarterly basis. 11.10.2019. Update Progress and impact including external assurance is through the SEND Strategic Board (Director level) and the SEND Accountability Forum (SAF) with CCG and Designated professional representation. Reports are made and monitored via:- - Hull Children, Young People and Families Board - Hull SEND Board Partnership working with HCC and local providers continues via the agreed SEND work plan through the boards.	Adequate controls in place.	Adequate assurances in place.	23.08.21 Joy Dodson SEND Strategy approved. Formal DfE review 19 July 2021 acknowledged positive progress made to date being mindful that there is more still to do. 24.06.21 Joy Dodson SEND Strategy due for approval by the Committees in Common 30 June 2021. A Workforce Development Group has been established to coproduce an approach to raise the profile of SEND to an equivalent level as safeguarding. Significant elements of the Accelerated Progress Plan have now been delivered and a programme of embedding is underway. The next formal Department for Education review is scheduled for 19 July 2021. 19.04.21 Joy Dodson Programme of improvement work across the Local Authority and partnerships continues, overseen by the SEND Strategic Board and accountable to the DfE and NHSE. 24.02.21 Joy Dodson SEND Joint Commissioning Strategy and Coproduction Charter completed and approved. Improvement planning well underway via focus groups/listening events to gather lived experience. Coproduction embedding events scheduled for March. 16.12.20 Joy Dodson SEND review meeting with Department for Education 15.12.20 Progress was acknowledged as positive and going in the right direction but needs to be embedded. DfE will continue to monitor the delivery of the SEND Accelerated Progress Plan. 14.10.20 Joy Dodson Continued monitoring of the delivery of the SEND Accelerated Progress Plan by the Hull SEND Strategic Board, the Hull Children's Services Improvement Board and the Children's Commissioner appointed by the Department for Education. The DfE has scheduled their next formal review for December 2020.	20/10/2021	Dodson, Joy	Integrated Audit and Governance Committee
8 - Delivery of the CCG's statutory duties for 2021/22	968	Risk of organisational, reputational, safety and quality risk if not meeting safeguarding statutory duties within the Care Act 2014. Hull Safeguarding Adults Partnership Board Multi-Agency Safeguarding arrangement in place with equal responsibility within the partnership between CCGs, Local Authorities and the Police. NHS Hull CCG fulfilling legislative duties via attendance and engagement with HSAPB, however slow and delayed progress with delivery of priorities following Covid-19 pandemic impact.	High Risk 10	High Risk 10	HSAPB priorities agreed by statutory members in 2019 and fully supported by all partner organisations. Task and Finish Group in place to drive delivery of priorities and associated action plan to track progress at monthly meetings.	Risk register safeguarding elements monitored via Hull CCG Safeguarding Assurance Group and Quality & Performance Committee.	Monthly Multi Agency Task and Finish Group established and working with action tracker in place to monitor progress and delivery. Reporting externally into HSAPB Strategic Delivery Group and HSAPB Executive Board. CCG safeguarding leads are core members of both groups. Risk is also placed on HSAPB Risk Register.	Adequate controls in place.	Adequate assurances in place.	08/09/21 - Further information added to risk. Task and Finish group making progress with action plan since July 2021, risk reduced to 10 (Daily/Minor). Further detail requested to be added into the register specific to CCG risk, controls and mitigation. 08/06/21 - New risk added by request of Clare Linley, following discussion at Hull CCG Safeguarding Assurance Group.	30/09/2021	Lowe, Debbie	Integrated Audit and Governance Committee
8 - Delivery of the CCG's statutory duties for 2021/22	923	The Clinical Commissioning Group (CCG) support services do not have effective Business Continuity Plans in place to support effective maintenance of CCG functions.	High Risk 9	High Risk 9	Formal assurance process with regard to CCG support functions and scenario testing to include support services.	EPRR / BCM group work programme. Involvement in regional EPRR/BCM testing exercises and implementation of any learning from them.	NHSE Self Declaration Compliance for 2019/20.	Adequate controls in place.	Adequate assurances in place.	23.07.21 - Michelle Longden - No further updates to below. 24.05.21 - Michelle Longden - Following receipt of updated plans, review of plans will take place. 21.04.21 - Michelle Longden - No further update to below. 15.03.20 - Michelle Longden - BCM Plans to be reviewed by BCM Group / BCM Lead to ensure fit for purpose. 15.12.20 - Michelle Longden communication sent to all staff regarding reviewing and updating Emergency communication cascade system / CCG Business Continuity Management plans. 27.10.20 - Mike Napier - Teams requested to review and update BCM plans in line with change of working arrangements due to covid 19. 10.09.20 - Michelle Longden - Teams continue to test and update BCM plans to ensure they are fit for purpose.	30/09/2021	Napier, Michael	Planning and Commissioning Committee

8 - Delivery of the CCG's statutory duties for 2021/22	930	Refreshed 25.11.19	High Risk 10	High Risk 10	Updated 29.06.20 KE Increased usage of none face to face meetings reducing travel and carbon footprint Updated 27.03.20 KE The CCG has Business Continuity Plans in place to maintain service delivery Sustainability Impact Assessment in place The CCG is working with partner organisations as required on this developing agenda	Updated 29.06.20 KE Increased use of none face to face contact across the CCG and amongst commissioned providers has reduce travel and thereby carbon footprint. Limited at present - identified through the EPRR self-assessment	25.11.19 Karen Ellis The CCG has self reported as part of the national EPRR core competencies 'deep dive'. Limited at present.	Updated 29.06.20 KE Actions have been taken to reduce the CCG's carbon footprint Updated 27.03.20 KE The CCG needs to review and agree opportunities to reduce its carbon footprint's reduced. More consistent usage of sustainability impact assessments.	04/06/21 Karen Ellis - no specific action plan required at present over and above what is in place. This position is reviewed on a regular basis. Following the formal risk assessment against climate change if an action plan is identified the CCG will need to agree where this action plan will be overseen	04/06/21 Karen Ellis - No specific change. It is anticipated that there will be an increase in carbon footprint as work patterns start returning to normal but opportunities remain to continue to deliver some of the reduction. The changes will start to reduce the impact of under-utilised offices as usage starts to increase. 15.02.21 Karen Ellis - The CCG completed a self-assessment against national actions to reduce the CCG's carbon footprint and thereby reduce climate change. For those actions within the CCG's remit work is progressing against short/medium term actions. The positive impact of the pandemic continues with the CCG having a reduced carbon footprint related to the use of fossil fuels. This is offset by the carbon usage of under-utilised offices and the increased use of technology. 27/10/20 KE There is ongoing continued benefit on the reduction of transport generating carbon footprint. This, to a degree, balanced by the carbon footprint of the offices with relatively low occupancy. There have been no weather extremes over the summer months and planning is underway for the winter months.	01/10/2021	Ellis, Karen	Planning and Commissioning Committee
6-Development of an agreed out of hospital strategy for Hull supporting local Primary Care Networks to determine models for transition to integrated provision as well as a new clinical leadership model which increases the emphasis of primary care as all	940	Lack of capacity/capability within Primary Care Networks and the CCG to support Primary Care Networks to deliver the Long Term Plan.	High Risk 8	High Risk 12	Core Primary Care Team in place within CCG - Strategic Lead, Head of Commissioning - Integrated Delivery, Commissioning Manager, Commissioning Lead - Quality Lead and NHS E/1 Assistant Contracts Manager. 5 PCNs approved in Hull with Clinical Directors appointed. Support roles approved by CCG for each PCN - Lead Nurse, Clinical Pharmacist and Bi Role. Wider support for PCNs from CCG teams - eg. BI, Comms & Engagement. PCN self-completion of Maturity Matrix and OD Plans. Resource available through HCV STP for PCN and Clinical Director development. Humberdale LMCs Clinical Director development offer.	Reports to Primary Care Commissioning Committee regarding PCN establishment and development. Regular communication with PCNs and escalating of any issues to SLT if required.	Joint work with both Local Medical Committee and NHS E/1 to support development of PCNs.	Adequate controls in place.	Adequate assurances in place.	12/08/2021 - CCG continues to work with Humber CCGs and NHS E colleagues to support PCNs. PCNs developing plans for utilisation of 2021/22 PCN OD monies. Model of support for PCNs being developed as part of transition to ICS. 24/06/21 - Phil Davis. Risk rating to be discussed with PCCC in June 2021 and will be updated accordingly.	08/10/2021	Davis, Phil	Primary Care Commissioning Committee
9 - Maintain support for the effective local planning and response to the Coronavirus Pandemic, ensuring that positive innovations are retained, improved and generalised.	950	Risk assessment of staff within general practice, in line with the NHS England and NHS Improvement "Risk assessments for at-risk staff groups" letter of 25th June 2020, and the necessary mitigating actions may result in some practices having reduced capacity to deliver some services or being unable to deliver some services (eg. face-to-face consultations).	High Risk 8	High Risk 12	Risk assessment tools and guidance available from NHS England and NHS Improvement	Situation reports provided by practices which include outcomes of staff risk assessments	Sitrep returns to NHS England and NHS Improvement	Adequate assurances in place.	Adequate assurances in place.	Phil Davis - 12/08/2021 - National General Practice SOP withdrawn in July. CCG continues to receive sitrep information from practices through PCNs - levels of COVID related absences remain low. Phil Davis - 15/06/2021 - New National SOP received May 2021. Weekly sitrep process remains with practices / PCNs reporting by exception. All Hull practices reporting Green for a number of months - risk rating reduced Phil Davis - 12/04/2021 - Practices continue to deliver services in line with national general practice SOP during recovery phase. Nationally government has confirmed advice that shielding to be paused from 1/04/21. A letter was sent to all GP practices confirming change to shielding advice, requiring employers to refresh risk assessments of clinically extremely vulnerable staff, and setting out principles for the support of staff. Phil Davis - 15/02/2021 - Practices continue to deliver services in line with national general practice SOP. CCG supporting practices with accommodation to support social distancing where necessary. Offer of Covid-19 vaccination to primary care staff in line with JCVI priority groups undertaken. Phil Davis - 07/10/2020 - Work on-going with practices to understand their Risk Assessments and ensure all staff have been reviewed.	08/10/2021	Davis, Phil	Primary Care Commissioning Committee
6-Development of an agreed out of hospital strategy for Hull supporting local Primary Care Networks to determine models for transition to integrated provision as well as a new clinical leadership model which increases the emphasis of primary care as all	910	There is significant patient and public opposition to plans for the development of new models of care resulting in services not being sustainable.	High Risk 12	High Risk 12	Development of a Communications and Engagement plan with patients and the public for the CCG Primary Care Blueprint.	Reports to the Communications and Engagement sub-group and the Primary Care Commissioning Committee.	Regular reports and consultation with the Hull City Council Health and Wellbeing Overview and Scrutiny Commission.	Adequate controls in place.	Adequate assurances in place.	Phil Davis - 12/08/2021 - Work continuing on engagement pilot. Phil Davis - 15/06/2021 - Hull CCG selected as pilot CCG for "General Practice and Healthcare Partners Engagement Pilot" - aim is to support practices to provide inclusive access routes to their services and to engage with patients on these, promoting greater patient understanding and confidence in each route and greater use, where appropriate, of digital access channels. Target outcomes of the pilot include: improved patient understanding and experience of accessing GP care services; increased patient use of online consultation (OC) requests by patients; improved patient satisfaction with practice communications and improved satisfaction of practice staff with partner engagement as a result of the pilot. Phil Davis - 12/04/2021 - Further engagement work in Hull undertaken - preliminary findings to be presented to June 2021 PCCC. Phil Davis - 15/02/2021 - HCV engagement report presented to Primary Care Commissioning Committee 22/04/20. Variable views of public regarding total triage and digital first models of care. Most people had been able to access care but inequalities were apparent; opinions of NHS 111 and NHS App were mixed; majority of people's experience of total triage were positive; digital first works for approximately half of respondents; patients prefer health information from NHS sources. On-going public engagement will be required regarding changes to service delivery as services emerge from the pandemic.	08/10/2021	Davis, Phil	Primary Care Commissioning Committee
6-Development of an agreed out of hospital strategy for Hull supporting local Primary Care Networks to determine models for transition to integrated provision as well as a new clinical leadership model which increases the emphasis of primary care as all	900	CCG practices unable to maintain a resilient primary care workforce resulting in reduced access to services and patient needs not being met. M Napier 19.02.21 This risk is further exacerbated by the requirements of primary care with respect to the COVID-19 response, and in particular support to the vaccine programme, as well as the implications from the White Paper relating to next steps for integrated care systems.	High Risk 12	Extreme Risk 16	Development and implementation of CCG primary care workforce strategy and associated initiatives eg. International GP Recruitment, PCN Ready, Physician Associate Schemes. Use of National Workforce Reporting System to monitor trends in primary care workforce. Primary Care Networks to be supported to develop new roles as outlined in NHS Long Term Plan and for which reimbursement available through Network DES. Development of H&V primary care workforce modelling as part of out of hospital care work-stream.	Progress in implementing primary care workforce strategy will be reported to Primary Care Joint Commissioning Committee. STP Strategic Partnership Board to oversee out of hospital care work-stream.	External support for practice groupings to cover support for addressing workforce challenges	Need for NHS Pensions issue to be addressed at a national level to address the increasing the number of GPs retiring.	Adequate assurances in place.	Phil Davis - 12/08/21 - PCN plans for Phase 3 COVID Vaccination programme include a range of staffing models including the Trust bank; all plans reviewed by CCG to assess risk for primary care. ARRS recruitment to enable delivery of the 2021/22 by end August and for 2022/22 - 2023/24 by end October. PCNs working with NHS E regarding accessing resources for initiatives to support recruitment of primary care workforce. Hub and spoke GP Training model being explored to support placement of GP trainees in non-training practices. Phil Davis - 15/06/21 - Pilot agreed to progress Mental Health Practitioner role. HCV ICS developing range of support to PCNs to assist in recruitment initiatives. At end May 21 3 of 5 PCNs have been successful in further ARRS recruitment. Recruitment challenges remain given scale of recruitment planned across HCV area. Phil Davis - 12/04/21 - PCNs continuing to develop ARRS plans including for new roles included from 2021/22. In order to deliver Covid-19 vaccine programme to Cohorts 10-12 PCNs have submitted assurance regarding workforce and capacity to restore routine primary care. Work on-going with HFT to support introduction of new Mental Health Practitioner roles as part of ARRS (50.50 ARRS:HFT funded) - delay due to lack of clarity regarding the source of the 50%HFT resource. Phil Davis - 15/02/21 - PCNs continuing to recruit to the ARRS posts. At end Q3 approximately 3/4 of recruitment plans were achieved. Covid-19 vaccination programme commenced December 2020. All PCNs delivering programme through national Enhanced Service. NHS E has supported practices in delivery through both additional resource (£150m nationally) for delivery of the programme and also through relaxation of certain national requirements and through income protection. PCNs being supported in workforce impact of vaccination programme through volunteers, including through local VCS and also CCG staff supporting delivery of vaccination sessions. New contract arrangements for 2021/22 include additional flexibilities regarding ARRS as well as a new mental health practitioner role for PCNs to recruit in partnership with mental health providers. Work commenced with PCNs and HFT to progress.	08/10/2021	Davis, Phil	Primary Care Commissioning Committee
7 - Focus on care and services for children in Hull, improving performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement.	839	Waiting times for CYP with Autism in the City exceed NHS Target of 18 weeks This result in CYP and families struggling to maintain daily life and CYP education attainment and wider social inclusion	High Risk 12	High Risk 12	CYP Autism Waiting list reduction trajectory agreed - 18 week compliant by June 2021. This is being monitored 6 weekly. New staff team were in place from Winter Sept 2019. Engagement with Charities - Matthew's Hub, Aim higher, KIDS to ascertain additional input and support to CYP and families who are awaiting assessment and diagnosis. HISTORIC NHS Hull CCG agreed additional investment of £670k per annum from Jan 2019 - new service model agreed which will deliver an assessment, diagnostic and post diagnostic support model delivered by Humber Teaching NHS FT and Kids Charity Waiting List reduction trajectory agreed which is monitored monthly by Hull CCG lead commissioner. HISTORIC - £200k investment 2015-16 waiting list initiative During mid December 2015 and mid January 2016 several meetings have taken place with Humber NHS FT and a new service model has been agreed with Humber NHS FT which will achieve 18 week compliance by August 2016.	There are internal assurance processes in place through the CMB and contract monitoring and review meetings in relation to the lead organisation (HFT). Autism Flashcard produced and updated monthly which is shared with joint commissioning Board at the CCG. SEND - Hull City Council - monitoring monthly.	There are external assurance processes through CYP THRIVE Board and SEND monitoring which reports to the CYP and Maternity Programme Board (CCG) and to the Children and Families Board (Partnership). Recruitment of new staff team required to enable delivery of the new service model and overall reduction in waiting times. new staff team recruited and staff will be in post by September 2019	Mel Bradbury 18.06.20 Recruitment of staff team complete to enable delivery of the service model and overall reduction in waiting times.	Adequate assurances in place.	23.08.21 - Joy Dodson Positive progress continues with waiting list reduction trajectory being met and the length of the longest waits reducing also. 24.06.21 - Joy Dodson Targeted collaborative work on the longest waits; combination of third party provision (Healos), identifying young people at transition age (14+) on the waiting list and utilising capacity within the adult pathway and modified workplans for the paediatric team. Dashboard being developed for meaningful monitoring on a real-time basis. Trajectory established for elimination of >52week waits. Information Sharing Agreement in place between the provider and local authority to cross reference involvement of other services to families with a child or young person on the waiting list and identify gaps to provide offers of additional support. 19.04.21 - Joy Dodson ASD Task Group continues to meet in order to ensure recovery actions are effective. 24.02.21 - Joy Dodson A multi agency ASD Task Group established to implement a recovery plan for the Hull paediatric autism assessment and diagnosis waiting list. 16.12.20 - Joy Dodson Access into educational settings continues to be restricted and referrals are increasing across the autumn term. Engagement with the service and families continues through the SEND Partnership Group. Joint training for SENGas to support children and young people's needs regardless of diagnosis. 14.10.20 - Joy Dodson Access into educational settings remains restricted due to 'bubbling' of children which impacts on some elements of delivery however virtual assessment is being undertaken wherever possible. Support and advice continues to be available to families to assist with their child or young person's needs.	20/10/2021	Dodson, Joy	Planning and Commissioning Committee

8 - Delivery of the CCG's statutory duties for 2021/22	911	Humber Foundation Trust have pressures on skill mix and overall staff resource available, impairing availability of the Trust to provide the full range of services. This could result in the maximum 18 weeks and 52 weeks waiting time for mental health services not being achieved and patient care not being adequately monitored during the period of waiting.	High Risk 9	High Risk 12	Humber Trust internal strategies/controls inc Board Performance Reports Remedial actions monitored via Humber Clinical Quality Group and Corporate Management Board Monitored through System Resilience Group Regular Safer Staffing report to Quality meeting Humber involvement in a number of workforce initiatives e.g. Nursing Associates and apprentices Business Intelligence and Quality Team report to Quality & Performance with ability to escalate to Board as necessary. In addition also monitored via the local Quality and Surveillance report to NHS England which includes input from NHS England/NHS Improvement and Care Quality Commission.	Lack of information from Humber on the current waiting lists for Mental Health services for local residents and how the Trust is managing this position. Hull and ERY CCG formal requesting information under the requirements of Service Condition 28.3 of the contract for information.	Trust internal bed management monthly meeting Trust Performance report to Trust Board Safer Staffing Report	Increased system resilience, and timeliness of communication and escalation of communication across the local health and social care economy needed.	Adequate assurances in place.	23/8/21 DL - Risk reviewed with Q&P on 23/8/21. Q&P Committee agreed the current risk no longer reflect the presenting risk issues specific to patient referral and treatment pathways. Agreed this risk to be removed and new risk to be entered into the system reflecting staffing issues, in the context of present and reflecting the impact of the COVID-19 pandemic. 25/6/21 DL - Risk reviewed within Q&P on 18/6/21. Q&P Committee agreed the risk description no longer reflect the presenting risk issues specific to patient referral and treatment pathways. Request to IAGC to close the current risk and to approve for a new risk to be opened to reflect the workforce challenges in the context of patient waiting lists and post COVID recovery. Risk description to highlight key professional disciplines and workforce resources whereby pressures may impact of patients accessing specific services. 25/2/21 DL - The CCG has received limited information from Humber on the current waiting lists for Mental Health services for local residents; how the Trust is managing the post covid position. Hull and ERY CCG have formally requesting information under the requirements of Service Condition 28.3 of the contract for information. In aligning clinical pressures with workforce resources the Quality forum have a focused session on workforce scheduled, including the Trusts workforce recruitment and retention strategy, a post covid position. 28.10.20 RT Staffing remains a pressure for Humber Foundation Trust. They continue to report to the Quality Group information regarding staffing levels, sickness levels, staff absence etc. Also report plans to mitigate risk including recruitment activities and skill mix plans	30/09/2021	Low, Debbie	Planning and Commissioning Committee, Quality and Performance Committee
7 - Focus on care and services for children in Hull, improving performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement.	932	Paediatric Speech and Language (SLT) Service. Waiting list for initial assessment and treatment is extensive. The joint local area SEND Inspection 2017 identified that children and young people do not have timely access to SLT services and there is not an effective plan for securing improvement. Provider data issues W/C 15 October 2018, indicates there are up to 421 children waiting for an initial assessment (107 over 18 weeks) and up to 1,417 waiting for treatment. Data accuracy issues noted at Quality and Performance Committee 23.20.18.	High Risk 12	Extreme Risk 16	05.02.2020 Update The CCG continues to monitor and review progress on the SLT service development and improvement plan (SDIP) and evidence of improved performance and outcomes at bi-monthly service development meetings and through the Humber Foundation Trust Children's and Learning Disability Delivery Group. Contractual processes remain in place and the recent Contract Variation has included a revised Service Specification, SDIP and additional recurrent funding. The HFT Children and Learning Disability Delivery Group, HFT/CCG CITG meetings also provide assurance.	05.02.2020 Update Internal assurance continue that include Joint Commissioning Forum and relevant CCG Committees and Board. The outcome of the SEND Inspection Revisit in October 2019 makes clear reference to the concerns of parents and carers related to timely access to this service. The DfE and NISE will determine next steps at a meeting with LA and CCG executive leads in February 2020. This is likely to include continued external monitoring by DfE and NISE.	05.02.2020 Update The revised SEND Improvement Plan includes a focus on SLT service improvement and evidence of improved performance and outcomes for children and young people. The outcome of the SEND Inspection Revisit in October 2019 makes clear reference to the concerns of parents and carers related to timely access to this service. The DfE and NISE will determine next steps at a meeting with LA and CCG executive leads in February 2020. This is likely to include continued external monitoring by DfE and NISE.	Provider engagement with the CCG and slow to progress recruitment, data collection and reporting and service improvement plans. This has been escalated through a range of fora at various levels including executive, senior leadership and operational levels. Data submitted is not assured at this time - CITG undertaking work with the provider.	23.08.21 Joy Dodson Overall waiting list has increased due to a significant spike in referrals in May 2021 (post-lockdown/Easter), average waits to be seen have extended by approximately three weeks. 24.06.21 Joy Dodson General improvement in waiting times. Overall waiting list for unseen waits at 30 April 2021 is 534 (125 waiting over 18 weeks). Average wait (seen) from referral to assessment (first clinical contact) 11.7 weeks and from referral to treatment commencement (second clinical contact) 19.6 weeks. 19.04.21 Joy Dodson Waiting list improvements are now being seen. Work is ongoing across health and local authority to embed upstream pathways for speech language and communication needs. 24.02.21 Joy Dodson Support for families and alternative methods of deliver continue during national restrictions. 16.12.20 Joy Dodson Access to educational settings remains restricted but virtual solutions have been successful for most families and the overall waiting list has reduced overall although new referrals are significant in the autumn term. The proportion of children waiting over 18 weeks has reduced and ongoing support for parents and families during periods of waits continues. Successful outcomes have been achieved through the SLN assistant practitioners working with early years teams. 14.10.20 Joy Dodson Service delivery continues virtually unless clinically indicated due predominantly to C19 requirements for PPE as well as access to educational settings. The caseload and waiting list are triaged and managed in accordance with clinical need. The parents/carers of children and young people with IHC Plans have had contact with the service. Support and guidance is available to all families awaiting assessment or intervention.	20/10/2021	Dodson, Mrs Joy	Planning and Commissioning Committee, Quality and Performance Committee	
4 - Work in partnership with Hull City Council and others to implement a population driven approach to improving health outcomes and reduce health inequalities.	929	Clinical risk impacting on patient safety and quality - due to capacity and availability of CCG (Care Quality Commission) registered Nursing Care Homes in Hull and East Riding. Access arrangements have been reviewed as part of the NHS funded care transformation programme with the aim to introduce a more robust criteria and assessment to ensure only those who absolutely need to be admitted to nursing care (not residential care with community nurse support) are placed into nursing beds. The transfer to assess process is in post and more robust application of the FNC (funded nursing care) eligibility criteria is in place.	Extreme Risk 15	Extreme Risk 16	The new operating model for adult social care is based around supporting people outside of residential care. The NHS-CHC (NHS Continuing Healthcare) team and social worker practice supports individuals as far as possible in remaining in their own homes. This will reduce some of the demand for nursing beds. The Continuing Healthcare team review nursing care applications and report on appropriateness to the Head of NHS Funded Care. The Local Authority are the lead commissioners for care homes in the City and a new procurement exercise is scheduled to start in April 2018. This process will not address the underlying issues around the sustainability of nursing	Updated 30/10/20 CG - July 2018 the local Authority and the CCG agreed a joint framework for residential and nursing care provision in the City - the framework is for 8yrs with an option to extend for a further 2 years this was agreed with the intention of building stability in the market and providing a sustainable funding stream enabling care providers to plan their business offers - access to the framework is by a Dynamic Purching System which is in turn facilitated by the LA brokerage team. The process of brokerage and DPS enables more dynamic discussions to take place with the market with respect to meeting local demand. Therefore, were additional investment or a change in FNC funding streams were to take place the DPS will enable the required market shaping to take place. The Local Authority are the lead commissioners for care homes in the City and a new procurement exercise is scheduled to start in April 2018. This process will not address the underlying issues around the sustainability of nursing	There is limited capacity with existing community services to support individuals to reside in residential care homes as an alternative to nursing care homes. CCG funding has been agreed for a new health in care homes team and there are links to the integrated care centre and frailty pathways. Additional funding has been made available for CHCP to increase community staff to support in care homes.	It is unlikely that existing commissioning activity will prevent market failure. Chris Denman - update 10.09.2021 - due to increased pressures within the DZA system and market instability affecting the availability of placement within the residential and nursing market this update has been brought forwards to reflect the current issues that are causing significant increases in risk with respect to potential likelihood and impact. There has been a review of current vacancies within the residential and nursing market, there are currently 87 care homes including nursing, older people, LD, ASD & MH - there are currently 166 vacancies, however, reviewing this situation in more detail there are only 54 accessible placements within the next 2 weeks once staff availability and infrastructure have been taken into consideration. It is also important to identify that 45 beds are in the process of being decommissioned by a care provider (Care UK) - the service was previously decommissioned from nursing to provide only residential care late 2019. The impact means that the 54 spaces within the local system will be required to provide service to the 36 current residents of that service once it closes. CCG is also taking formal proceedings and actions against another 30 bed home in the city, with the outcome expected in November. The situation is of equal level of pressure in surrounding areas of the region. Therefore, from a residential and nursing perspective it is necessary to review the risk rating. For oversight the Head of NHS Funded Care is a participating member of the LA daily market oversight huddle, although such oversight is in place to seek management and assurance regarding the ability of local provision to meet needs on review of the current risk rating it is recommended that the risk score is increased to reflect the potential likelihood and impact of the situation. Chris Denman - update 19.08.21 - the impact of the 'Home First' direction within the updated discharge guidance has started to make an impact with a switch in demand for residential based nursing provision to providing care and support in a persons own home, including where the individual requires close monitoring and maintenance for health needs that would have typically meant that their only choice was a residential based service. The market is slowly reshaping as a result. The issue in terms of availability, however, has sifted impacting on the market capacity of care and support providers who are able to meet more complex health needs in someone's own home. The demand for residential care appears to be more focused on the provision of care for people presenting with complex and physically demonstrative Dementias. Therefore, would consider stepping down the risk score to reflect that demand for residential based nursing service continues to decline.	11/11/2021	Low, Debbie	Quality and Performance Committee		
8 - Delivery of the CCG's statutory duties for 2021/22	960	Revised risk description (DL) NHS Hull CCG have an existing provision in place with the Hull City Council (HCC) as part of the Continuing Healthcare service. This being through a Sec 75 arrangement for the Case management, care/support planning, MCA/BI and brokerage functions. HCC have faced ongoing challenges in recruiting to roles and have now confirmed an intent to end this arrangement. NHS Hull CCG therefore need to ensure a future state; one with provision and arrangements in place for an end to end service. NHS Hull CCG hold statutory duties in respect of ensuring case management for people eligible for Continuing Healthcare as directed by the National Framework. The CCG is at risk of not meeting its statutory duties in respect of case management for people eligible for Continuing Healthcare as directed by the National Framework. The existing arrangement with the Hull City Council	High Risk 8	High Risk 12	Throughout 2019 and 2020 the CCG have been actively working with the LA and the contracted provider CHCP to mitigate any gaps in provision and risks as a result of the LA's resource implications. Daily and weekly engagement with the LA adult social care team to and the CHCP team to ensure that eligible people are supported appropriately. The Head of NHS Funded Care also receives regular (daily and weekly) case load data in relation to CHC funded people and were any delays or gaps in case progression has occurred this is escalated to the Head of NHS Funded Care through weekly meetings with the Contracted Provider CHCP and with the LA through dedicated forums. Weekly joint decision making forums with the LA regarding CHC eligibility decisions, and joint Working Forum for the ratification of care and support plans to be commissioned for a CHC eligible person This has meant that the day to day case management, support/care planning and brokerage functions for CHC	Through the CCG's internal governance structure, regular reporting has taken place to Quality & Performance Committee, this has occurred through usual quarterly performance reporting and by exception. Updates in relation to the position of the redesign and the impact of the national Pandemic have been provided through the Joint Commissioning Forum as well as the CCG's Senior Leadership Team.	Quarterly performance reporting providing assurance to the NHS-ET team responsible for overseeing CHC of Hull's continued performance in meeting the expectations of the National Framework.	Adequate controls in place.	Adequate assurances in place.	CD 10.09.21 - proposal has been developed identifying a 2 phase redesign program, the proposal will be presented to the CCG's SLT on the 13th of Sep 21, to seek approval in phase 1 to recruit a dedicated case management team within the CCG, overseen by a band 8(a) operational manager - the proposal has been developed in response to risks 960 - 961 - 962 on the register, until agreement has been made and proposed plans are implemented risk score will remain - review period 4 weeks will take account of the proposals being presented and seeking approval and endorsement through the necessary governance processes. DL 30/7/21 - Head of Funded Care (HoFC) developing programme for future state, further discussion being held with ERY COO in progressing proposals for future state. Exec level meeting to be arranged to oversee processes and decision making. DL - 2/6/21 Paper presented to IC0B, outlining the options for interim arrangements and for a future state; in achieving an end to end service. The paper acknowledged the need for change, the risks and opportunities which will evolve in the ICS. This paper requires presentation to the CCG Board and will then be presented to CIC.	30/09/2021	Low, Debbie	Quality and Performance Committee

<p>8 - Delivery of the CCG's statutory duties for 2021/22</p>	<p>961 Risk of not fulfilling duties with respect to ensuring eligible people having access to personalised care and support through Personal Health Budgets (PHB) due to current arrangements for case management.</p> <p>A decision taken in August 2017 to transfer the case management, care/support planning and brokerage functions for CHC eligible people to the Local Authority has impacted on the CCG being able to increase the offer of Personal Health Budgets (PHB) for eligible people.</p>	<p>High Risk 10</p>	<p>Extreme Risk 15</p>	<p>New referrals for CHC that have been supported by the LA has included people who already receive their care and support through a LA funded Direct Payment (DP). The DP provided by the LA enables the employment of a PA or an agency to meet personal care needs and/or a day service where socialisation has been identified as a need.</p> <p>Working with the CHCP Team steps have been made prior to the Coronavirus National Pandemic to review the existing Eligibility screening and Decision Support Tool process, to include indicative budget setting which is a required step in being able to provide eligible people with the information they need to decide whether they wish to take up a PHB.</p> <p>Deliveries is reported to the CCG Senior Leadership Team (SLT) and through the Joint Commissioning Forum (JCF)</p> <p>Discussions continue with the CHCP team to identify eligible people who would benefit from a PHB in meeting their assessed care and support needs and negotiate the opportunity within their current contracted terms to provide this support on a case by case basis.</p> <p>Although this step does start to mitigate the risk of the CCG not meeting its statutory duties with respect to PHB as a default offer and the longer term solution is dependent on the decision regarding the allocation of resource pertaining to the full case management, support/care planning and brokerage for CHC as highlighted in Risk 960.</p> <p>Although the access to PHB is limited to eligible people,</p>	<p>The impact of the controls has been limited, however, the position is reported regarding PHB has been reported within the CCG internal governance structure, with detail being shared through quarterly performance reporting as well as by exception to the Quality & Performance Committee.</p> <p>Progress and update relating to the CHC operational delivery redesign, which includes PHB operational delivery is reported to the CCG Senior Leadership Team (SLT) and through the Joint Commissioning Forum (JCF)</p>	<p>PHB data is captured in a dedicated personalisation quarterly reporting regime to NHS-ET</p> <p>The issue pertaining to the static numbers of eligible adults has been raised and is an exception to the CCG's high level of performance with respect to Children's Continuing Care and Wheel Chair PHB's</p>	<p>Adequate controls in place.</p>	<p>Adequate assurances in place.</p>	<p>Chris Denman - 28.05.21 The CCG's SLT endorsed the proposed options within the paper provided on the 26th of April, following the SLT approval a paper was drafted and was presented at IC0B on the 21st of May, clarifying the CCG's preferred options and setting out the proposed way forwards. The next step is to refine the option further before taking the final decision through CCG board and CIC later in June/July.</p> <p>16.4.21 - DL - CHC contracted provider continues to support those established during the initial PHB pilot in 2012, which is approx. 27 people. Issues and risks associated with PHB and Case Management raised in the IC0B meeting in March 21, options appraisal and proposals to mitigate through new arrangements being developed and for decision.</p> <p>7/4/21 - DL - Risk reviewed with Head of Funded Nursing Care and approved.</p> <p>CD - 24.02.2021 - This is a newly added risk and will be subject to regular 6 week reviews</p> <p>CD - 15.04.2021 - Discussions within the CCG has led to the development of an options paper to secure case management resource enabling the development and implementation of a full PHB Default offer. Paper will be subject to SLT decision 26th April 2021 - timescales for implementation will be agreed at subsequently - recommend at this time the risk remains on the register and subject to 6 weekly review</p>	<p>30/07/2021</p>	<p>Low, Debbie</p>	<p>Quality and Performance Committee</p>
<p>1 - Facilitate strategic Humber-wide planning and transformation, focusing on quality outcomes and patient experience as the catalysts for clinically-led change.</p>	<p>960 Risk to patient safety at Hull University Teaching Hospitals NHS Trust. Serious incident reported within some areas of clinical services and practice evidencing a failure to embed learning and quality improvement plans currently evidence a lack of sustainable change. Actions taken by the Trust in some areas are failing to mitigate against incidents and recurring themes are apparent. During 2020/21 year to date, there has been eight surgical related Serious Incidents and one Never Event. The Trust is also reported an increase in respect of diagnostics, pressure ulcers and falls.</p>	<p>High Risk 9</p>	<p>High Risk 9</p>	<p>The Trust have developed a quality improvement action plan to improve the surgical checklist process that is being overseen by the Trusts Chief Medical Officer. This is now complete and efficacy of this is being monitored via the Quality Delivery Group.</p> <p>Quarterly reporting to the Quality and Performance committee and the CCG Board, detailing monitoring processes in place and identified required actions.</p>	<p>The Serious Incident panel monitors serious incidents reported by the Trust and escalates, where appropriate, concerns to the Quality Delivery Group.</p>	<p>Regular reporting in place via the Humber Coast and Vale Quality Surveillance Group</p>	<p>Adequate controls in place.</p>	<p>Adequate assurances in place.</p>	<p>28/8/21 DL - The Trust now has improvement plans in place for Falls, Pressure Ulcer and Diagnostics, all acknowledged as areas of higher reporting. QDG continue to maintain oversight of the progress of these plans, all of which are also included within the Trusts Quality Priorities for 2021/22. QDG September 21 focused meeting on Maternity.</p> <p>30/7/21 DL - Risk reviewed and rating remains unchanged and continue to see themes in falls, diagnostics, maternity and pressure ulcers. Improvements plans are in place and monitored within QDG, as agreed with the Trust on 29/7/21 QDG will have quarterly focused sessions on the Quality strategy, priorities in the quality account and detailed improvement progress updates.</p> <p>25/6/21 DL - Risk reviewed, including rating within the QDG Committee on 18th June 2021. Risk rating increased to High risk 9 (Moderate and expected to occur monthly. There were no Surgical Serious Incidents reported during Q4 and commissioners continue to monitor quality improvement priorities and outcomes of actions in place to reduce patient safety incidents with the Quality Delivery Group. The Trust have seen a reduction within Quarter 4 for Serious Incidents reported within Diagnostics, incidents involving Falls and Medical Equipment. At this time there has been no reduction in incidents in respect of Maternity, Pressure Ulcer and suboptimal care.</p> <p>20/05/21 Lia Suggden: The Trust are piloting an electronic falls care bundle and an update on the progress of the rollout of this has been requested to be provided at the 7th June QDG meeting. There have been no further surgical incidents or never events reported year to date. Following a recent benchmarking exercise, it was concluded that the Trust are not outliers for the reporting of serious incidents at a regional level. Any concerns identified via the SI panel continue to be escalated to the QDG.</p>	<p>30/09/2021</p>	<p>Low, Debbie</p>	<p>Quality and Performance Committee</p>
<p>5 - Maintain accountability for commissioning health services to meet the reasonable health needs of the people of Hull, but targeting in particular the most disadvantaged in local communities</p>	<p>918 The homecare market in Hull may be unable to deliver services to meet the needs of complex continuing healthcare (CHC) Service Users. There is a risk that the current lack of capacity in the homecare market may affect delayed transfers of care (DTOC) particularly over the winter months.</p>	<p>Extreme Risk 15</p>	<p>High Risk 12</p>	<p>Hull City Council are the lead commissioners for the homecare framework in Hull. Hull City Council provide an integrated commissioning and contracts monitoring unit to develop the market and provide quality assurance. City Healthcare Partnership Continuing Health Care team provide quality monitoring of individual packages of care.</p> <p>There is a multi-agency operational monthly meeting the Integrated Contract Monitoring Group (ICMG) which monitors the local market and quality monitoring activity undertaken. This includes representation from the Care Quality Commission, Healthwatch, Safeguarding, Update 30/10/20 CD added in NHS Community services, NHS Continuing Health Care, Local Authority commissioning and CCG commissioning. This group reports to the integrated quality board.</p> <p>The integrated quality board is chaired by the CCG medical director/Public Health consultant with representation from the</p>	<p>The Local Authority Quality and Contract Monitoring team continues to undertake annual audits against the homecare contract and outcomes framework. Update 30/10/20 - CD in addition to the team maintain a dashboard of evidence which is informed by a 6 monthly desk-top audit process and undertake additional announced and un-announced visits as required.</p> <p>There is a multi-agency operational monthly meeting the Integrated Contract Monitoring Group (ICMG) which monitors the local market and quality monitoring activity undertaken. This includes representation from the Care Quality Commission, Healthwatch, Safeguarding, Update 30/10/20 CD added in NHS Community services, NHS Continuing Health Care, Local Authority commissioning and CCG commissioning. This group reports to the integrated quality board.</p> <p>The integrated quality board is chaired by the CCG medical director/Public Health consultant with representation from the</p>	<p>Reported within Hull City Council (HCC) risk register.</p> <p>Care Quality Commission (CQC) reports regarding the quality assurance of care provided.</p>	<p>30/10/20 - CD - Hull City Council provide an integrated commissioning and contracts monitoring unit to develop the market and provide quality assurance. This team prior to the pandemic had fulfilled all of its recruitment and a new quality framework has been implemented. In recognition of the pressures in demand for the homecare framework local authority commissioners working with the provider framework has made variations to maximise capacity. Work is underway to procure the homecare framework going forward which will be informed and supported by CCG Commissioners.</p> <p>There is a lack of resources within the LA to monitor the providers and lead on quality improvement mechanisms. The existing framework requires review and operational issues are impacting the availability of care packages.</p>	<p>There is no formal integrated assurance process in place. Plans are advanced to establish an integrated quality board in December 2016 with reports to and from the Performance and Quality committee. The 3 largest providers in Hull have suspensions in place and are subject to CQC enforcement action.</p>	<p>Chris Denman update 10.09.21 at the last review focus was placed on the recommissioning of the new domiciliary care framework to support people in the community requiring care and support. However, due to escalated pressures within the current market and increased demands within the local Discharge to Assess pathway, there have been two recent provider failures with respect to short notice handing back of packages of care for approx. 35 people living in the HU4,5 & 6 areas of Hull between the two providers, a small number of CHC funded packages of care were also impacted as a result. Working with the LA discussions took place within the rest of the market and internal LA homecare provision to re-provide the packages of care. Peoples safety has therefore, been maintained, however, at the expense of further limiting capacity to support ongoing system pressures.</p> <p>For oversight the Head of NHS Funded Care is a participating member of the LA daily market oversight huddle, although such oversight is in place to seek management and assurance regarding the ability of local provision to meet needs on review of the current risk rating it is recommended that the risk score is increased to reflect the potential likelihood and impact of the situation. Review time-scale has also been slightly lengthened to capture the impact of the situation and any mitigation leading up to the winter pressures period.</p> <p>Chris Denman update 20.07.21 progress is continued working with ERY CCG head of CHC to shape the local agency market in response to CHC eligible people who presents with complex health needs and organise their care and support through a PHB. The collaborative approach aims to assure the local discharge process in respect to those with ongoing complex health care needs and to ensure people who live in either Hull or ERY receive parity of service and experience. Currently the local homecare framework is under tender with providers submitting bids and the outcome being made public soon, the aim of the new framework is to localise supply to geographical areas and increase collaboration between providers to ensure resilience and flow to support discharge.</p> <p>Other update is that there is increasing pressure on the care and support market in relation to recruitment and retention. There are two key issues 1) increased demand and pressures on the sector due to the ongoing presence of Covid and an acknowledged increase in the complexity of people presenting eligibility who require care and support - and 2) with the lifting of the restrictions in general public there are a number of job opportunities on the local market which appear more attractive, stress, work load and lack of the same restrictions such as PPE - regular testing etc.</p> <p>This risk is managed weekly through commissioner discussion, monthly via quality oversight CCG chair and monthly via the ICF. Monitoring is sufficient and oversight is robust. I would therefore, make a proposal to cease reporting this issue as a risk and continue to maintain the current level of review, monitoring and oversight.</p>	<p>29/10/2021</p>	<p>Low, Debbie</p>	<p>Quality and Performance Committee</p>

Risk scoring = consequence x likelihood (C x L)
The risk score is calculated by multiplying the consequence score by the likelihood score:

Likelihood of occurrence	Consequences/Severity			
	Insignificant	Minor	Moderate	Extreme
Rare 1	1	2	3	5
Unlikely 2	2	4	6	10
Possible 3	3	6	9	15
Likely 4	4	8	12	20
Almost Certain 5	5	10	15	25