

* Previous Risk Score & Movement greyed out for comparison due to last version being completed by Place on old 5x5 Matrix not Appetite scores.

Risk ID	Link to Strategic Objective & Domain	Date added to Register	Risk Type	ICB Appetite for this type of risk	Risk Description	Key Controls	Source of Risk	Impact	Likelihood	Risk Score	Previous Risk Score	Movement	Appetite score	Status	Assurance on Controls	Positive / External Assurance	Gaps in Control	Gaps in Assurance	Risk mitigation Control - Direct or Indirect	Last Review Date	Updated actions	Lead	Target date for returning to appetite score Quarter and Year
NL Com 42	B.5	Jun-19	Operational / Performance	8	Dementia diagnosis rates continuing to fall against 66.7% target, meaning some patients are undiagnosed and therefore unable to access support or treatment.	Development and implementation of pathways.	Place	3	5	15	12	Up	8	Red	developed but not approved by PCC . Additional capacity into service (Nurse Consultant) . Increased circulation of data and performance. Non rec scheme to be implemented to increase identification in primary care to be reviewed Dec.	nil	Diagnosis rate has continued to deteriorate over the last year.	Delays to NLAG CT scanning.	Direct	10/01/2023	Proposal for enhanced PCN service to case find and diagnose cases approved previously. Proposals received from 4 PCNs. Work planned via ICS to implement audit across primary care. RDASH to audit the referral pathway to understand referral rejection process	PLACE	Revised to Q4 22/23
NL Com 44	B1	Aug-19	Operational / Performance	8	EMAS performance remains below target, with risk of adverse patient outcomes	ICB representation at contract management and quality meetings. Local NL/NEL Improvement Plan in place and monitored via monthly Working Group. EMAS Quality Improvement Plan in place previously and local plans being developed following recovery and restoration meetings	Place	5	5	25	20	Up	8	Red	Local Improvement Plan previously in place with EMAS and now local planning falling out of restoration and recovery meetings. Linking into talk before you walk workstream. Information provided by EMAS suggests that there has been an improvement in performance and there is work ongoing with EOC and SPA transfers to further improve this	nil	EMAS limited capacity to manage and implement transformational change due to performance being linked to ambulance handover delays .	EMAS capacity vs demand remains a challenge across the EMAS footprint. Increasing number of incidents being reported	indirect	10/01/2023	Performance remains significantly challenged, with patient safety incidents occurring across the EMAS patch. Very high levels of demand and acuity. Pressures in the system resulting in long waits for cat 2 calls. ED handover delays continue due to system wide pressures. The criteria for automatic transfer of Cat3-5 calls has been increased and implemented but numbers relatively low.	PLACE	Q2 23/24
NL Com 49	B5	17/04/2020	Operational / Performance	8	Provider response to Covid 19 included reducing or stepping down routine care. This will create delay from referral to treatment, impacting on achievement of 18 week RTT and may impact on patient outcomes. Clear recovery plans for each provider being agreed	Requirements on providers to risk assess those on waiting lists . NLAG utilising IS capacity at St Hugh's to undertake elective care waiting lists and prioritise based on clinical need. H2 planning commenced including assessment of IS capacity	Place	2	5	10	10	Same	8	Yellow	ICB/Provider contract meetings resumed	NHS E/I oversight of use of IS contract (St Hugh's) for NLAG elective activity	Limited capacity across providers locally and nationally. Local issue with residents not keen to travel for healthcare. NLAG plan adequate to achieve Elective recovery funding	nil	indirect	10/01/2023	NLAG making good progress against 104 and 52 week waiters and providing mutual aid to HUTH. RTT performance continues to be monitored, but performance will deteriorate whilst focus on those waiting 18+ weeks. Backlog outpatients and imaging remains an issue. Significant improvement in ultrasound due to commissioning of additional capacity. Planning Guidance 23/24 requires delivery of 65 weeks for elective waits by March 24	PLACE SYSTEM	Q4 2023/24
NL Com 63	C, 2,6	Feb-21	Operational / Performance	8	Growing waiting list for Adult ADHD resulting in delays to assessments.	Development of revised pathway with RDASH. Waiting list initiative in place with NAVIGO, assessment activity now underway. Shared care agreement in place and mobilisation started.	Place	2	4	8	12	Down	8	Yellow	Regular meetings with RDASH to explore options. Development of new pathways in progress , specification approved via PCC Sept 22. Additional staffing to the pathway in place. Navigo contracted additional activity. Shared Care agreed.	None identified	Delay in shared Care agreement impacting on pathway. Assessment capacity being used by RDASH to support existing caseload.	No long term solutions identified	indirect	10/01/2022	Additional commission agreed by Executives in March 21 to support a reduction in waits. Further exploration of further NAVIGO waiting list initiative being explored whilst shared care model mobilised. Inability to create a shared care model in 22/23 will increase risk as waiting list increases. timeline for completion extended to reflect the impact of late planning round. Shared Guidelines finalised awaiting final approval.	PLACE	Q4 22/23
NL Com 79	B1	Dec-21	Operational / Performance	8	Inability to provide domiciliary care within NL due to insufficient staffing resource. This is resulting in patients who would be appropriate for home discharge, with an agreed package of care, having to be placed in a care home. This is impacting on NLaG's ability to discharge patients timely and creating issues with patient flow through the hospital. This may lead to longer waits in ED and ambulance handover delays as patients are not able to move through the hospital timely.	NLC have recruited bank staff to support the domiciliary care provides who cannot currently manage their current packages they are required to deliver. This is approximately 100 clients.	Place	3	4	12	9	Up	8	Red	Daily system meetings to understand the pressures. Recruitment plan in place	None identified	Lack of domiciliary care staff could result in an increase in hospital attendances and admissions	No gaps identified at this stage.	indirect	10/01/2023	Continue to use short stay residential care beds, however some improvement in NLC CST capacity noted and NLAG Home First capacity mobilised. Reduction in no. of NCTR patients but with one volatility. Focus on embedding positive changes from the Accelerated discharge event and implementation of the plans for use of additional ASC discharge funding. Further announcement of funding for trusts to support discharge (10/01/23)- plans to be developed and implemented	PLACE SYSTEM	Q4 2022/23
NL Com 83	1,2,5	May-21	Financial	8	Under 18's ADHD post-diagnosis medication support	NLAG delivering service - current capacity issues and concerns about the future clinical / paediatric lead. Due to ward pressures ADHD Nursing support from NLAG has reduced 0.5 WTE. Shared care agreement written and in the process of being agreed by all partners - however current concerns by GPs on the level of funding.	Place	4	3	12	9	Same	8	Red	Shared care agreed by Executives however values still being agreed with primary care. Pathway development progress being discussed at Community Services oversight meetings.	None identified	Shared Care Agreed.- Revised model to aid recovery	No long term solutions identified	indirect	10/01/2023	Shared care levels being reagreed but awaiting tariff agreement from GPs. Current wait for service has risen to 12 months. . NLAG have reduced ADHD nurse capacity due to ward pressures. New pathway scoping meetings taking place in January 2023	PLACE	Q3 23/24
NL Com 85	B1,5,6	Aug-22	Hazard/Quality & Safety	6	Increasing waiting times for cancer treatment (surgery and radiotherapy) which may negatively impact on patient outcomes	Providers exploration of internal mitigations and external mutual support opportunities	ICB	3	4	12	12	Same	6	Red	Evidence of position via reports to Cancer Alliance and Haematology/Oncology meetings	CA reporting	Issues driven by increased referrals and staff vacancies. Actions in place to address pathways to maximise efficiencies. Recruitment challenges are national as well as local	No long term solution is identified	indirect	10/01/2023	Some limited mutual aid from Lincoln County in short term. Recruitment plans in place but significant recruitment challenges nationally	ICB	Q4 23/24
NL Com 88	1,2,3	Oct-22	Financial	8	New post -16 special education facility being opened in September 2022. No	None to date	Place	3	3	9	9	Same	8	Yellow	Scoping currently underway to identify capacity and model required to ensure the school is able to open and pupils have their health needs met.	SEND Standards Board	indirect	No long term solutions identified	indirect	10/01/2023	Meeting taking place in January to model the nursing, AHP and medical requirements. Financial risk to be shared with Executives afterwards	PLACE	Q1 2023/24
NL CS 8	E5	Aug-18	Operational / Performance	8	Info Gov - If NL PLACE were subject to a Cyber attack it could severely disrupt NL PLACE functions.	NLC Cyber security Systems and Processes. Regular Cyber security alerts shared and actioned via the Digital Team, Director on call packs kept virtually on Sharepoint (virtual platform which keeps the latest version even when viewed offline. This risk is managed as part of NL PLACE / ICB action plan.	Identified through National Cyber alerts	4	3	12	16	Down	8	Red	Regular Cyber Security updates identify how potential attacks have been thwarted and shared with appropriate colleagues	published the 21/22 Standards Met Data Security and Protection Toolkit assessment for NHS North Lincolnshire ICB on 27/04/2022 Additional practice network connections are being deployed for additional continuity,	None Identified as Controls appear to be effective	NL PLACE is subject to constant Cyber attacks whilst all are currently managed it is difficult to fully assure ourselves as the threats are constantly evolving.	Indirect	09/01/2023	Risk decreased due to increased vigilance within the digital team around dealing with cyber alerts. Phishing campaign to be run shortly across Humber wide staff, NY and VoY have already completed this during 2022	PLACE SYSTEM	Q3 23/24

NL CS 27	E5	Sep-21	Operational / Performance	8	Information Governance risks due to inadequate sharing of information within Share point, potential for information breaches	Any new issues identified are managed between NLC and the Digital Team	Identified via calls logged to the NLC IT/Digital team	3	3	9	16	Down	8	Follow up of all calls logged to ensure that issues are resolved. Training resources available on NLC portal and crib sheet to be shared by the NLC team	IG team are aware of issues, DPIA still unsigned by the corporate affairs ICB lead	Issues are logged as they arise but we are not always aware of issues until they are logged with the NLC Team and this poses a risk of information breaches.	Issues are logged as they arise but we are not always aware of issues until they are logged with the NLC Team and this poses a risk of information breaches.	Direct	09/01/2023	DPIA still not signed. Outstanding action around sharing of crib sheet via NLC and a resolution for the issue around how to share documents within the system	PLACE SYSTEM	Q3 23/24
NL Con 22	3,4,5,6	Apr-18	Operational / Performance	8	If contracts are rolled over or further Direct Awards are made due to lack of capacity within the commissioning department to review specification and reprocur, the ICB may receive a challenge from providers	Review contract register and assessment of highest risk contracts i.e. those where there are known to be alternative providers. Develop prioritisation list of highest risk. Incorporate contract reviews into work plan to inform procurement requirements.	Internal work plan	3	3	9	9	Same	8	Review of contracts affected and associated risk of roll-over in terms of challenge from potential providers. Atamis Contract Management System will be mobilised by September 2022 which will support pro-active contract management and enable close monitoring of contract end dates and procurement triggers	Nil	Place and ICB levels of sign off and authorisation	Procurement Policy to be formally agreed by ICB. NHS Provider Selection Regime has not yet been passed.	Direct	11/01/2023	Significant work has taken place to transition into ICS contracting with other 5 place leads. Revised Procurement Policy in development in support of ICB scheme of delegation to enable effective management of contract end and pre-procurement. Atamis product will allow for much better contract management and alignment across the ICB. Incoming new legislation "NHS Provider Selection Regime" hoped to be pass as law by the end of the year change the decision making process. We would expect to down grade this risk when this legislation passes. The release of this has been further delayed and this risk continues to be present as short term decisions are made.	PLACE	Ongoing
NL F 42	E,4,5,6	Dec-22	Financial	8	Failure to recruit to the vacant band 6 CHC Finance manager post means: • Unacceptable level of work life balance as existing staff continue to try to cover this role • Senior team members covering lower level work and unable to focus on key pieces of work such as planning, underlying position, year-end and support to the Community Collaborative. As we approach planning and year end the current position will become more unsustainable • Poor relationships with local Care Home and Independent Sector Providers who will not get timely resolution on invoice/fee queries. (Risk to patient care) • Incorrect payments to PHB holders • PHB Audits are not completed – risk that public money is not recouped • Production of accurate and timely establishment/running cost information is not achieved	Current team members covering additional hours where possible, however this is not sustainable and will not be sufficient for Q4 when additional requirements such as planning and year end accounts will need to be completed. We have stripped back as much as possible so that the existing resource is focussed on high risk areas. As a result financial oversight over lower risk budget areas is not as comprehensive as it would usually be.	Internal	4	4	16	16	Same	8	Nil	Nil	None identified as yet	None Identified as yet	Direct	14/12/2022	Approval to recruit permanently given at Vacancy Panel in December. Advert to go live on NHS jobs w/c 10.01.23. Risk remains until the post is recruited as the challenges of managing the workload within existing team resource and the resultant risks remain	PLACE	01/03/2023
NL PC 13	E3	Apr-18	Operational / Performance	8	There is a risk that there are insufficiently skilled health care professionals to work across Primary Care	Engage with Health Education England to be included within any funded work programmes seeking practice placements for healthcare professionals	Primary Care	3	3	9	9	Same	8	Practices continue to submit workforce plans for recruiting to additional roles on a quarter basis which is supporting this risk. Work remains ongoing relating to developing the workforce. There has been some bids for estates which will provide the space required to house additional workforce.	Primary Care are working hard to recruit additional workforce in order to meet the demands on Primary Care. Representation at the North and North East Lincolnshire Workforce Planning Board. Workforce strategy has been shared with HEE to feed into the workforce plan and support additional training places targeted at staff the PCN want to recruit. Communications have been shared for any practices who wish to become a sponsored practice to cover an overseas GPs Visa to increase their workforce.	Lack of individuals locally to take up opportunities to increase workforce	Need to obtain funding to source estates to house the new members of staff.	Indirect	05/01/2023	Practices continue to try and recruit sufficiently skilled staff to work in Primary Care however this remains a challenge and so we have extended the target date for this risk so this can continue to be monitored as we move into the new year.	PLACE SYSTEM	Q4 22/23
NL PC 22	E3	Jul-21	Operational / Performance	8	There is a risk that PCNs will be unable to fulfil the requirements of the additional roles reimbursement scheme in primary care, housing mental health workers in primary care and providing the north Lincolnshire out of hours programme due to premises constraints.	There is an estates strategy being written to look at premises constraints	Primary Care	3	3	9	6	Up	8	Practices have provided information around estates to support the strategy which is being reviewed to ensure space is used appropriately in order to allow PCNs to recruit additional roles and be able to accommodate them within the premises. There has been capital funding from NHSE to undertake a feasibility study across individual practices, looking at individual rooms and opportunities to change to clinical space with an additional data facet survey which is part of the Primary Care Data Gathering Programme and aims to learn more about GP practice premises which will support local delivery and strategy planning.	The Primary Care Team will continue to support PCNs and practices to escalate any issues they have relating to estates. The North Lincolnshire Health and Care Partnership are working with Primary Care Networks and have applied for funding for estates to help support more space to increase capacity required, this is still progressing. There is also work being undertaken in Primary Care to collaborate better with RDaSH to improve the service.	No Guarantee that there will be enough space to accommodate the new roles required.	Need to understand what impact this could have on Primary Care if they don't have the appropriate space.	Indirect	05/01/2023	There is going to be an ARRS workshop for PCNs funded by place to support the recruitment and retention of ARRS staff and we are in the process of creating additional clinical rooms within practices who have identified space which should help free up some space to allow more staff to be housed.	PLACE SYSTEM	Q4 22/23
NL Qual 31	C 2	Apr-20	Operational / Performance	6	Potential deterioration in Quality, Safety and patient outcomes due to increased waiting times as a result of the Covid-19 pandemic.	Continue to monitor RTT and waiting times via the Quality Assurance meetings and observe and triangulate any data such as SIs, incidents, quality outcome measures or patient feedback to assess ongoing risk.	Internal identification	3	4	12	12	Same	6	Quality Assurance meetings identified and in the diaries with main providers and contract meetings planned in diaries for key smaller providers. NLaG also has a Bi-Monthly Quality Board which is chaired by NHSEI and includes external representation from CQC and NLHCP Place.	Monthly Quality Board	The extent of the growing demand and resource imbalance.	Moving risk due to the mutual aid support that NLaG are providing to the wider system and patient choice may also impact upon outcomes.	In Direct	19/01/2023	Risk remains unchanged. Monitoring outcomes and risks via the relevant quality meetings and also via other groups such as SOAG. System response to key risks is being coordinated and managed across the Humber as well as within provider organisations. Review and assurances of risk stratification and clinical harm reviews by providers is reported into the relevant quality meetings, with appropriate scrutiny from those attending the group. An example being NLaG's Quality Board and their Quality and Safety Committee. Concern regarding the high numbers of NL residents who are waiting on HUTH waiting lists due to the backlog position.	PLACE SYSTEM	Q4 2022/23

NL Qual 32	C 2	Apr-20	Operational / Performance	6	Potential delay in identification of clinical conditions and treatment pathways as a result of COVID-19.	To monitor Trusts ED attendance numbers and referrals into cancer and urgent pathways from providers to identify any potential areas of risk	Internal identification	3	3	9	9	Same	8	To be monitored via the Quality Assurance meetings and form part of the system response to ensure access is maintained and public encouraged to attend when necessary	as part of the monthly meeting with NLAG, CQC, NLHCP Place's, NHS E/I.	Delayed reporting from some organisations	Potential for unknown risks	In Direct	19/01/2023	Significant growth and demand across primary, community and urgent care services as a consequence of COVID 19. The use of the independent sector continuing to support the waiting times wherever possible given their own limitations. Additional Non-obstetric ultrasound and MRI are now mobilised. NLAG's commitment to recovery is demonstrable with an organised approach of continuous activity of risk stratification and clinical harm reviews. These approaches are to ensure patients are being seen in order of clinical priority.	ICB	Q4 2022/23
NL Qual 39	C.2	Oct-21	Operational / Performance	6	EMAS cannot give assurance that they could provide a consistently safe service during times of very high demand.	A number of internal measures are in place within EMAS to support times of increased demand, this includes agreed escalation processes and a Capacity Management Plan (CMP).	External identification	5	4	20	15	Same	6	A formal escalation process is in place across EMAS and this risk has been added to the EMAS BAF	Monitoring via the relevant forums with EMAS, including the quarterly Clinical Quality Review Group and monthly quality report.	Unable to foresee or manage demand	Lack of NL data in some aspects of quality for triangulation purposes.	In Direct	19/01/2023	System wide responses to support the overarching U&EC system are in place and are monitored via the A&E Delivery Board and its subgroup. These actions should enable a greater focus on improving EMAS response times, ambulance handover times and patient outcomes. The Quality Assurance Group with EMAS and system quality leads continues to meet monthly due to the increased risk and need to ensure action and oversight.	ICB	Q4 2022/23
NL Qual 43	C 1	Oct-22	Hazard/Quality & Safety	6	Risk of managing and maintain all statutory, regulatory and key priorities across the North Lincs Place due to the large number of temporary positions filled by staff on an acting up, secondment or fixed term basis within the N&Q basis.	Extending current fixed term contracts where able but secondments where individual's are from provider organisations are a significant area of concern as providers are not willing to keep extending.	Internal Identification	3	3	9	12	Same	6	Regular team touch points to highlight areas of risk, or where additional support is required.	Extensions granted to secondees.	Lack of timeframes on Organisational structures	uncertainty re; permanency for key positions	Direct	19/01/2023	Concerns within the N&Q team regarding the number of interim, fixed term and secondments within the team causing unsettlement and concern about how we continue to meet the regulatory, statutory and key priorities if secondments will not be extended by provider organisations or people seek alternative employment where they are on fixed term basis due to the uncertainty. Some recent agreements by Providers to extend current secondments until March 2023 have reduced this risk marginally. Request to be put through to recruitment panel for consideration for permanent appointments.	PLACE	end of Q3 2022/2023
NL CHC 18	B 1 & 5	Oct-21	Hazard/Quality & Safety	6	Implementation of MCA Liberty Protection Safeguards. Implementation date April 2022. Delay in the publication of the Regulations and Code of Practice. The NLHCP Place will be the supervisory body for Continuing Health Care	System Approach	Department of Health & Social Care	3	3	9	12	Down	6	NL NLHCP Place has an project plan re implementation. Executive paper Re Northern Lincolnshire alignment. Scoping exercise completed. Current applications have an overall achievement around 93% compliance	System Working. Economies of scale. Transition of DoLS to LPS	Financial risk to ICS for individuals who are being deprived of liberties without due process being applied. Until the Regulations / Code of practice are issued the governance infrastructure cannot be determined.	Regulations / Code of Practice. Provider Training, ICS System, ICS Reporting, IT (Sysmon)	In-Direct	19/01/2023	LPS Consultation closed - Over 650 responses submitted. It is expected that the outcome of the LPS consultation will be published during the winter of 2022/2023. National LPS Steering Groups (Workforce, Data, Monitoring & Reporting, Transitions, Court of Protection LPS, Templates). ICB Humber & North Yorkshire, Northern Lincolnshire LPS meetings re implementation in place.	ICB	01/04/2023
NEL101	E1	Apr-20	Hazard/Quality & Safety	6	The NHS is currently working to resume pre-Covid levels of activity whilst also planning for any potential future waves or new variants which could result in staffing shortages due to sickness, carers leave and increased patient attendances. The organisation has put in place measures to maintain the safety of its workforce.	1. System call take place daily. Information sharing and decision-making infrastructure still remains in place, but to allow for business-as-usual work to take place rather than reactive Covid-19 daily discussions. 2. Agile staff working arrangements 3. Joint Place outbreak management plan 4. System resilience planning	NHS E	2	4	8		Down	6	1. Outbreak Control Steering Group updates the NEL Outbreak Management Plan 2. NEL HCP Joint Leadership Team 3. NEL Senior Management Team 4. HCV Strategic Group 5. Northern Lincolnshire A&E Delivery Board	None identified	Business continuity plan and the link into NEL IT out of hours	None identified	Indirect	Nov 2022	The national response to Covid 19 has changed following the publication of the government's "Living with Covid guidance" and these changes have been implemented system-wide. The covid vaccination programme continues to be rolled out to all eligible cohorts. In NEL there has been a reduction in cases and staff absences, however covid along with influenza and norovirus continue to pose a risk to health and social care systems, particularly as we move into winter.	PLACE SYSTEM	Q1 23/24
NEL102	E1.4	Apr-13	Hazard/Quality & Safety	6	On-going failure to meet Clinical Handover time targets for EMAS patient delivery at DPoW A&E	EMAS Contract Management Meeting. EMAS recovery and restoration meeting. Northern Lincolnshire EMAS transformation Group	System shared	3	4	12		Same	6	1. This divisional monthly meeting addresses performance, quality and strategic issues. There is one meeting at the EMAS level. 2. Combined working on discharge planning and admissions avoidance scheme are being put in place – i.e. Enhanced Falls Team, I stumble, use of SPA and CUCT in NEL.	None identified	Issues on the contract about risk share are being escalated to local arbitration as the wider EMAS system wishes our ICB to fund excess costs from ambulance handover delays. This is being challenged by HNYICB as does not align with process adopted with YAS etc. ICB DoF is attending meeting with lead Commissioner and EMAS to bottom out the funding issue.	1. The System is still looking at this as a flow and trying to ensure discharge and social care arrangements are met, but this is still a challenge to get people out safely. The conversations are being had at exec level. 2. Additional divisional meeting - further	Indirect	Jan 2023	The exceptional demand and consequential impact on delays is continuing. Daily SRO calls and close working across the system hope to mitigate issues but there are still long delays in place. Christmas was a particular challenge with Flu and Covid and URTI, Delays over one hour have come down and reflect overall ability to discharge and bed availability.	PLACE SYSTEM	Q1 23/24
NEL103	E1	Jan-14	Operational / Performance	8	If RTT performance targets and overdue follow-ups are not met this will have a significant implication on the quality of services which will lead to clinical patient safety concerns	1. Commissioning of additional activity from alternative providers. 2. Humber level waiting list management. 3. Northern Lincolnshire Outpatient Transformation Programme 4. HASR	NHS E	4	4	16		Down	8	1. Pathway oversight group 2. Successful embedding and growing of the hub/spoke service model in Cardiology and Diabetes, with "hub" PCNs hosting the clinics, and "spoke" PCNs booking into them.	None identified	Community Diagnostic Centre will not be in operation until April 2023 or beyond given the scale of the project.	The key controls are partially effective as there are not alternative providers for all specialities and there is no feasible alternative market for us to develop. Given the number of 78+ week waiters and the target to reduce this to 0 by March 2023	Indirect	Jan 2023	We continue to utilise all existing Independent Sector activity to support NHS hospital waiting lists (St Hugh's, NewMedica). NLAG continue to use an external provider called Medefor to review patients on waiting lists and also review some new referrals, as well as Advice & Guidance requests. We are continuing our efforts to drive Advice & Guidance referrals by GPs for those clinically appropriate patients, engaging with PCNs to share best practice and opportunities to increase referrals across NEL. We are also working with NLAG to see what blockages there are to prevent specialists from using A&G in a timely manner which would increase uptake.	PLACE SYSTEM	Q2 2023/24
NEL104	E1	Jan-14	Hazard/Quality & Safety	6	There is a national target for the cancer pathway which includes 2 weeks, 28, 31 and 62 days as targets which is currently not being delivered (this is the same picture across most of the country).	1. Cancer Alliance 2. HASR 2. Dedicated Cancer Clinical Lead	NHS E	4	5	20		Same	6	1. Humber Cancer Board	None identified	Work is underway at NLaG to reduce turnaround times for diagnostics and histopathology results,	A joint transformation plan (NLaG & HUTH) is in progress with regular meetings held to maintain momentum across both Trusts. Progress is report to the Humber Cancer Board	Indirect	Jan 2023	2ww referrals target being met; 31 days just below target, 62 day remains consistently well below target, 28 Day FDS performance still below target. NLaG continues to struggle to meet the national requirement of Day 38 for IPT transfer. This is as a result of multiple factors, which include access to internal and tertiary diagnostics (diagnosis and staging), specialist MDT discussions, and the need for an OPA with the patient (either at NLaG or at HUTH prior to transfer).	PLACE SYSTEM	Q4 22/23

NEL 105	E1	Jun-09	Hazard/Quality & Safety	6	Failure to achieve the national target of 95% for maximum 4 hour wait within A&E Department.	1. A&E Delivery Board 2. Community Discharge Hub 3. System Improvement Group and System Improvement Plan	System shared	4	4	16	Same	6	1. The 2022/23 Winter Plan covering whole system responses to the pressures in health and care has been developed and prioritises system improvement measures for rapid progress. 2. Options to improve patient experience including opportunities to redirect patients away from ED and the Urgent Care Service in ED. This has significantly reduced queueing for ED booking as well as directing appropriate patients to other services	1. An accelerated discharge 'perfect' fortnight exercise is underway supported by NHSEI.	Further, work to improve skill mix and management oversight in the department has been undertaken by NLaG	The impact on patient care is being managed by both NLaG and EMAS with risk management regularly reviewed	Indirect	Jan 2023	Attendances have continued to increase with very high acuity and challenges to patient flow presented by numbers of Covid positive patients and significant challenges with capacity in community and social care services, particularly for patients within North Lincolnshire, East Riding and Lincolnshire. This has resulted in increases in ambulance handover delays and long waiting times in the department including a significant increase in 12 breaches. The HCP and AEDB have oversight of management of the risk to A&E and Ambulance services and a whole system response to managing this and other risks is in place	PLACE SYSTEM	Q4 2022/23
NEL201	E2	Aug-17	Hazard/Quality & Safety	6	Due to significant financial and staffing issues within the Trusts (NLaG and HUTH) 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	1. A&E Delivery Board 2. Humber Acute Services Review 3. NLaG Contracts Transformation Board	System shared	4	3	12	Same	6	1. Transformation Group 2. NEL HCE 3. HASR 4. Northern Lincolnshire System Group	None identified	Further work required to ensure correct contracting and financial payment mechanisms reflect new ways of working	None identified	Indirect	Jan 2023	Work around the specialist areas have been identified as vulnerable have been included within an interim clinical plan across HUTH and NLaG. Work is underway to appoint clinical/medical nursing and operational leads for each of the 10 specialist areas identified. HUTH and NLaG have recently undertaken a consultation on change to their executive arrangements and implemented an executive structure to oversee the work of both Trusts which should lead to greater joint working and improvement of clinical services as a single system.	PLACE SYSTEM	Q1 23/24
NEL401	E4	Jul-10	Financial	8	Financial challenges in partner organisations leads to consequences for the Place and/or the wider NEL health and care system e.g. NLaG financial special measures; NELC budget constraints	1. System assurance process 2. Governance arrangements in place as part of the NEL place partnership working 3. Governance arrangements in place (ICS system) 4. Governance arrangements in place re NEL HCP	System shared	4	4	16	Same	8	1. Routine financial reports to the shadow Joint Committee and the shadow HCP Partnership Board 2. ICB scrutiny of financial plan delivery 3. Routine financial updates to senior management team 4. In-year Financial Plan reports to ICB 5. ICB internal audit plan is risk-based	None identified	None identified	1. Strengthen the assurances from HICB to the Joint Committee to include a section on market strategy and management. 2. Recently appointed DASS in post for Local Authority, getting up to speed with challenges and	Indirect	01/01/2023	Risk updated development within NELC and ICB – level of risk has increased to reflect the financial challenges within NELC	PLACE SYSTEM	Q2 23/24
NEL 402	E4	Dec-17	Financial	8	Patient Transport Services - TASL are still challenged for its performance delivery which is being closely monitored, and there is a risk as it has lost two contracts in Hull and NL in the last year around its sustainability.	1. Routine monitoring of quality and patient safety 2. Performance monitoring on an agreed improvement trajectory	system shared	3	3	9	Same	8	1. There has been improvement around patient safety and service quality since contract start and enhanced monitoring has now been replaced with routine monitoring 2. Performance monitoring on an agreed improvement trajectory	None identified	1. agreement of contract for 2023/25 will mitigate the impact to level 2	1. Work is ongoing to update the contract and KPIs to be more meaningful and these will be agreed within the next quarter	Indirect	Jan 2023	There is a significant gap in finance expectation between the provider and the ICB which is yet to be resolved	PLACE SYSTEM	Q4 2022/23
NEL 403	E4	Sep-15	Financial	8	Due to the complex nature of adult social care debt which is due to the client base, complex processes and systems together with legal requirements creates a higher risk with regard to non-collection of monies due.	1. Aged debt operational group 2. KPI within Focus Partnership Agreement 3. New Reporting System	Place	3	3	9	Same	8	1. Charging Appeals - This assurance is either via the aged debt operational group or the internal audit testing. 2. A Deferred Payment Agreement is secured on property for individuals who are in residential care.	None identified	NEL Place following implementation of the new finance ledger at the Council work continuing to develop aged debt reporting from the new system. The change in system has impacted on progress on planned debt work and has some communication issues which needed joint action with NELC	None identified	Indirect	Jan 2023	We (NEL Place) need to be actively involved in the new contractual arrangements between focus and NELC to enable the ICB Team to shape and influence what is required.	PLACE	Q1 2023/24
NEL 502	A5	Dec-19	Strategic	12	The ICB has a statutory responsibility to ensure that there is an effective service in place to enable looked after children to have an initial health assessment within 28 days of becoming looked after. The ICB is not meeting this statutory responsibility due to implementation of the new Children's social care software. This has an increase effect on any health needs not being identified which could have an impact of the child's health. NLaG have been commissioned to provide this service.	1. Performance Report 2. Monitoring and escalation 3. Assurance Management by the Provider 4. Quarterly position statement 5. Joint working with Children's Social Care to support process	System shared	4	4	16	Down	12	1. Quarterly data and performance reports 2. Designated Looked After Children's nurse 3. Safety Review Group	1. Escalation takes place with Children's Social Care (CSC) direct but also through: 2. CLA operational delivery group 3. CLA strategic group Corporate Parenting Board	None identified	Designated Nurse and Senior Named Nurse for CLA from NLaG are supporting the work of CSC, attending meetings and offering support and guidance. Work towards a sustainable process for improvement has	Indirect	Jan 2023	Joint working with Children's Social Care to support process advising that CSC are now addressing this issue through their improvement plan and work with the DfE appointed commissioner. A recent meeting demonstrated that the timeliness of notifications has improved slightly but the number of days late has also improved. Work is also being developed around consent paperwork completion. The ICB NEL and NLaG continue to work with and support CSC.	PLACE SYSTEM	Q4 22/23
NEL 504	E5	Apr-22	Operational / Performance	8	The ICB SharePoint Site was developed to support the development of collaborative working, however as this is a shared tenant across the whole of the NHS, it does not allow local administrators to have full control and set local parameters or appropriate backup solutions, which could lead to inappropriate measures for the protection and security of data which could result in IG breach or failure of business continuity and recovery plans and result in the loss of data.	1. Provider (Local Administrator) set up temporary solution 2. Formal approval process (request new folder form) in place to accept/ approve access requests	System shared	3	4	12	Down	8	Place network drives remain, SharePoint not an alternative to network drive	None identified	1. Knowledge base guidance to be developed to ensure appropriate access controls and permission are applied. 2. Appropriate levels of training should be put in place and regularly updated and repeated where necessary.	1. The temporary solution should not be relied upon and could fail. 2. Limited Access Controls	Indirect	Jan 2023	A meeting is due to take place on 28 February 2023 with IT providers and the ICB IG specialist to discuss/review the IG issues. Vision on way forward to be developed and shared with DPO/SIRO	ICB	Q12023-24
NEL 505	E5	Dec-21	Operational / Performance	8	Cyberattacks are an increasing threat. NHS organisations are a valuable target to hackers due to the nature of the information they hold and the disruption that an attack may cause. If the organisation is the target of a cyberattack, there is a significant threat of disruption and there is a risk we may not have effective plans in place in the event of a cyber incident.	1. IT Provider (NELC) covered by Public Service Network (PSN) certification 2. NHS mail is secure and encrypted 3. NHS Care CERTs - bulletins advising of threats that require attention 4. Pen Testing (Web Applications) 5. Cyber Security Training 6 Regular updates shared with NEL via NELC intranet	System shared	4	3	12	Same	8	1. Multi Factor Authentication applied to all NEL devices 2. NEL issued corporate mobile devices with Mobile Device Management applied 3. Warranted environment - Prevents the installation of own hardware or software into our network. This adds an extra level of protection.	None identified	1. Data Security & Protection Toolkit submission for ICB & IT Provider 2. Audit of the Data Security & Protection Toolkit 3. BCP/EPRR Annual Exercise	1. A penetration test can only validate that systems are not vulnerable to known issues on the day of the test. Vulnerabilities could exist for long periods of time without knowing about them. Do	Indirect	Jan 2023	NHSD Phishing Campaign launched this will run for two weeks from the 31 January 2023.	PLACE SYSTEM	Q2 2023/24

NEL 506	E5	Mar-22	Operational / Performance	8	Risk that leavers processes are not consistently being followed resulting in permissions to systems and folders containing personal and confidential information remaining accessible, have unauthorised access to buildings and may also retain organisational equipment and resources such as laptops etc.	1. Information Asset Register Reviews 2. Place Leavers process 3. NHSmail Joiners/Leavers process 4. Network Security Groups annual reviews	Place	3	3	9	Same	8	1. Monthly NHSmail Leavers/inactive reports 2. NELC AD accounts review (31 days inactivity) removed from system	None identified	None identified	1. Not all Information Asset Owners are completing access reviews as required. 2. Not all line managers follow the leavers process, when audits are conducted on either the IAR or email accounts it has been found that access is not being removed or email accounts are not being closed down. 3. If people go on secondment then they are likely to take their equipment/NHS mail account with them and may	Direct	Jan 2023	Operational changes to support the leavers process have been updated on NELC Portal. A failsafe is in place as AD accounts are closed down if inactive for 31 days and NHSmail have now made changes to their inactive process and accounts will become inactive after 30 days and then remain in a state of inactive for a further 30 days. After this period, the account will be eligible for deletion via the account hygiene process. NELC share monthly leavers/inactive reports for cross checking and licence/user account audits if an account is inactive for 31 days. Sharepoint still remains problematic, there is a separate risk for this and wider discussion are taking place within the ICB	PLACE	Q2 2023/24	
Hull 855	E + 4	Apr-12	Financial	8	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. This could lead to 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.	A balanced financial plan for 22/23 was produced in line with the guidance issues and approved by the Board. The Financial Plan, and budgets within, it are continuously updated with contract variations and reconciliations to the general ledger, a process of monitoring and reporting against that plan is in place. The Finance Team work closely with commissioners to understand required expenditure and strategic direction, including the impact of the Better Care Fund. They also work closely with the central ICB Team to understand and anticipate allocation adjustments and the requirements of the planning guidelines.	Shared	4	3	12	N/A	N/A	8	Monthly meetings are held within the Finance team to assess the forecast position of the Hull Place financial position. Reports are submitted to the central ICB team on the risk and mitigations. These indicate that the Hull Place and ICB will achieve the required financial position.	External Audit through Mazars; Internal Audit through Audit Yorkshire; Reporting to NHS England and Improvement. NHS England pay close attention to the financial position of the ICB throughout the year and review and challenge the submitted financial plan.	None identified	Governance and Reporting mechanisms within the ICB and Hull place are still being developed.	Indirect	01/02/2023	Danny Storr - 01/02/2023 The financial position for 22/23 is under control and forecast indicate that it will be achieved. The planning process for 23/24 is underway and the final position across the ICB has not yet been identified, however it is anticipated that it will be a challenge to produced a balance plan.	PLACE SYSTEM	22/23 accounts are to be complete by the end of April 2023 and the Financial Plan for 23/24 submitted by the end of March 2023
Hull 939	A + 3	Aug-19	Hazard/Quality & Safety	6	6	Increased usage of none face to face meetings reducing travel and carbon footprint Business Continuity Plans in place to maintain service delivery Sustainability Impact Assessment in place Working with partner organisations as required on this developing agenda		2	5	10	N/A	N/A	6	Nil	The ICB has self reported as part of the national EPRR core competencies 'deep dive'. Limited at present.	Actions have been taken to reduce the ICBs carbon footprint The ICB needs to review and agree opportunities to reduce its carbon footprint is reduced. More consistent usage of sustainability impact assessments.	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 ICB will need to agree where this action plan will be overseen	Indirect	01/02/2023	No change, work continues at ICB level to progress. Carbon footprint increasing slightly due to changes in transport usage at Place. The ICS continues to take a lead on these issues.	PLACE	Q4 2022/23
Hull 970	E + 3	Dec-21	Operational / Performance	8	Loss of capacity and organisational memory as staff leave roles at Hull Health and Care Partnership (HH&CP)- Wilberforce Court could leave HH&CP at risk of delivering key functions	Shadow Health and Care Partnership Committee been established with development workshops and operational delivery task and finish groups for key functions. HR management of change programme underway. OD support for teams in place. . Inclusion of teams in review of all ICB functions across the Humber aligned with other ICB's.	Hull Place	4	4	16	N/A	N/A	8	To be confirmed	Internal Audit Review 25.02.22 Erica Daley ICS programme management group. Humber SLT	No gaps identified	None	Direct	01/02/2023	Formal consultation phase on staff consultation has concluded, staff recruitment is remaining good, risk to be managed in relation to core function areas.	PLACE	Q4 2022/23
Hull 932	A + 1	Oct-18	Hazard/Quality & Safety	6	Waiting times for Paediatric Speech and Language Therapy assessment and commencing treatment are longer than 18 weeks.	Provider and ICB working collaboratively. Provider reaching out to schools/SENCOs and providing training. Service manager transforming the SLT provision including SCLN.	Hull Place	2	5	10	N/A	N/A	6	Improvement has been seen since the risk was initially identified however there is increasing post-pandemic demand for pre-school age children who have not been exposed to speech/language and socialising. Health visitor screening (ELIM) is improving early identification requiring intervention at an earlier age. This is positive for children and families however creates pressure on the service.	External monitoring through the SEND processes including 6-monthly DFE review.	Recruitment and retention of therapists, particularly specialists in pre-school age children and dysphagia.	All referrals are clinically prioritised. The longest waits are significantly reduced but can be variable. Increase in waiting times due to increased demand particularly under	Indirect	01.02.23	Dec-22 data unseen waits: Total waiting: 770 Over 18 weeks: 360 Average wait: 29.1wks	PLACE	Q4 2023/24
Hull 839	A + 1	Jan-16	Hazard/Quality & Safety	6	Waiting times for Paediatric Autistic Spectrum Disorder assessment and diagnosis are excessively long with families waiting up to three years to start the assessment process.	Waiting list improvement trajectory is in place. Fortnightly action focused meeting with the provider.	Hull Place	3	5	15	N/A	N/A	6	Improvement has been seen from sustained collaborative working but risk remains in the system and waiting list is still in excess of 3 years.	Paediatric autism waiting list is acknowledged as a priority by HFT Board. External monitoring through the SEND processes including 6-monthly DFE review.	Additional recruitment to HFT team required and pathways optimised. Further capacity sub-contracted to the independent sector by the provider.	particular under Risks are being mitigated by triage and clinical prioritisation. Increase in referral numbers due to the changes at the neurodiversity front door allowing anyone to refer has impacted on the numbers on the	Indirect	01.02.23	Latest data 08.01.23 total waiting list 756, 241 +52weeks Improvement trajectory taking into account additional referrals planned to eliminate over 52 weeks waits by January 2026.	PLACE	Q4 2025/26

Hull 929	B + 7	Mar-18	Strategic	12	Clinical risk impacting on patient safety and quality - due to capacity and availability of COC (Care Quality Commission) registered Nursing Care Homes in Hull and East Riding.	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. 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.	Local Authority, ICB	3	5	15	N/A	N/A	12	To be confirmed	The Local Authority and the ICB (now Hull place) 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 Purchasing 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	There is limited capacity with existing community services to support individuals to reside in residential care homes as an alternative to nursing care homes. Hull place 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.	Indirect	01/02/2023	DL - Jan 23 position - of the 82 Care Quality Commission ratings for Care Homes across Hull Place 59 homes are rated as 'good' overall 21 are rated as 'requires improvement' 1 home is rated as 'inadequate' 1 home remains unrated Hull continue to experience challenges in the resilience of care market, several homes more recently reporting risks associated with cost of living and sustainability. Concerns over the financial viability of the service. A further 3 homes are currently suspended from new admissions. a total of 2 has partial uplift only 1 admission per week following quality concerns.	ICB	Q4 2022/23
Hull 918	B + 5	Oct-16	Operational / Performance	8	That the ICB is not compliant with the statutory requirements identified within the Special Educational Needs and Disability (SEND) Code of Practice: 0-25 years (DfE and DH 2015) that relates to Part 3 of the Children and Families Act 2014.	The previous SEND Improvement Plan 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 ICB Director of	Hull Place, Local Authority, ICB, Statutory Functions, Providers	3	3	9	N/A	N/A	8	To be confirmed	The Department of Education and NHS England has met with LA and ICB Place leads, with monitoring of the improvement plan by the DfE and NHSE on a quarterly basis.	N/A	N/A	Direct	01/02/2023	10.1.23 - Update provided to SEND Strategic Board on 5.12.22. Front Door Team re-opened on 21.11.22 having paused on 24.8.22 - plans shared with key stakeholders, with additional information and communication through the service website, operational and parent/carer focus groups. The initial phase will focus on children and young people who: Request a diagnostic assessment for ASD and/or ADHD. Reside in Hull /ERY boundaries and/or registered with a Hull or ERY GP. Aged 0 – 18 (and up to 25 years with an EHCP on an individual basis). Current position waiting lists over 52 weeks 296 and positive trajectory, initially 514 in July 22. Meetings arranged with Neurodiversity leads and Chair of SEND Board (DL) to review the progress and plans in Jan 23.	ICB	Q4 2022/23
Hull 919	B + 7	Nov-16	Strategic	12	The homecare market in Hull may be unable to deliver services to meet the needs of complex continuing healthcare (CHC) Service Users, with a risk that the lack of capacity in the homecare market may affect delayed transfers of care (DTCO). As part of the ICS CHC 'Deep Dive' work, a working group has been formed to focus on the commissioning and quality monitoring of high cost spot purchase providers to meet the needs of people eligible for CHC presenting with significantly complex needs. Currently each of the 6 places commission and spot purchase independently, however, it has been recognised that there are a number of providers that all 6 places are commissioning with.	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.	Hull, Local Authority, ICB, Statutory Functions	3	5	15	N/A	N/A	12	To be confirmed	Reported within Hull City Council (HCC) risk register. Care Quality Commission (CQC) reports regarding the quality assurance of care provided.	Hull City Council provide an integrated commissioning and contracts monitoring unit to develop the market and provide quality assurance. 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 ICB staff at Place. There is a lack of resources within the LA to monitor the providers	None identified	Indirect	01/02/2023	DL update 3.1.23 Market oversight meetings continue jointly with the LA - oversees market resilience and demand responses and provides leadership to the operational teams involved in the local Health and Care pathways. Hull system calls continue to be chaired at 11am and additional as required, maintaining oversight of NCR numbers, actual and potential discharges into the community by both LA and CHCP. B@home has now commenced providing 'in reach' to identify patients who may be discharged with care calls as alternative to home provision. Additional adult beds online early 2023 in acknowledging winter pressures (Sunshine House).	ICB	Q4 2022/23
Hull 979	E + 5	Sep-22	Operational / Performance	8	The delivery of the Hull Adult CHC and the Hull Children and young peoples CC pathways in their current form and configuration presents a number of risks. The identified risks with respect to service delivery are a direct result of the current configuration of the operational services and the lack of staffing resources in respect to case management. The risks were previously reported as x3 separate risks - 960 - 961 - 962 <i>Reflection the gap in current case</i> The posts of Designated Doctor for Safeguarding Children and Designated Doctor for Children Looked After for Hull and ERY are currently unfilled. The provision of these roles is a statutory function for ICB as outlined in the NHS Safeguarding Accountability and Assurance Framework, 2022. This means we are not compliant with provision of statutory safeguarding functions. The Designated Dr Children Looked After has been vacant since December 2021 and was covered by Des Dr Safeguarding until April 2022 when both posts became	The current controls include; Head of Service oversight and daily support to oversee delivery working with partners in the LA adult and Children's services. The CHC/CC pathways are currently subject to an approved program of redesign, fully supported by project support and a plan which encapsulates the full extent of the practical steps required to support the redesign process. Regular workstream meetings underpin the change process, encapsulating risks and presenting viable options to resolve the know	Hull Place, Local Authority, ICB (statutory function)	3	5	15	N/A	N/A	8	To be confirmed	CHC is governed nationally through statutory performance indicators and data relating to CHC is collected and submitted to NHS-EI on a quarterly basis.	No gaps identified	None Identified	Direct	01/02/2023	CD 05/10/22 - Consolidation of the previous x3 separate risks - the redesign program is fully established underpinned by a detailed plan which includes the reported risks. Approval has been reached to fully integrate the all ages NHS Funded Care Team within the Hull HCP structure at place, this pursuit aims to resolve the current risks and complications as a result of the previous configuration of the delivery. An agreed recruitment plan is also in action to work towards reducing the current gaps in case management provision within the service.	ICB	Q4 2022/23
Hull 980	E + 5	Oct-22	Operational / Performance	8	Formal escalation to ICB Place Director of Nursing and Quality who has escalated to Chief Nurse HUTHT on 06.10.2022. NHSE informed via Place Based Overview Report submitted monthly to Transitional Safeguarding Lead and via quarterly submission of place-based NHS Safeguarding Commissioning Assurance Toolkit (S-CAT) return. Risk highlighted in both place Safeguarding Assurance Groups and Local Safeguarding Children Partnerships.	Provider (HUTH), ICB, Hull Place	3	4	12	N/A	N/A	8	To be confirmed	Director of Nursing and Quality to escalate to ICB Director of Nursing and the senior leadership of Provider organisation (as above).	ERY and Hull place has no Designated medical representation in partnership arrangements for Safeguarding Children and Children Looked After. Acknowledged challenge in recruitment to specialist safeguarding roles, particularly in context of national shortage of paediatricians	N/A	Direct	01/02/2023	DL 10.1.23 Risk reviewed in SLT. Risk continues in respect of statutory duties of the ICB and delivery at place, arrangements with HUTH continue to progress.	ICB	Q4 2022/23	
Hull 981	B + 2	Nov-22	Hazard/Quality & Safety	6	Hull is experiencing significant system wide pressures in respect of urgent emergency care, pressures in acute services worsened by significant numbers of patients awaiting packages of care and discharge home with community provision. Multiple factors are therefore impacting on both patient safety and experience of health services for Hull. Hull is experiencing an increase in the number of serious incidents relating to ambulance delays, the management of deteriorating patients and overcrowding within the ED department.	Escalation processes in place - on Call, EPRR and SCC Daily full system calls across Hull and ERY Weekly GOLD meetings across all providers and ICB - full system Internal provider and organisation calls Data and intelligence in providing live data feeds to inform decision making. ICB ethical framework in place for complex clinical decision making Weekly Clinical and Professional meetings in place chaired by the ICB Clinical Director.	CQC, ICB and Provider Organisations	4	5	20	N/A	N/A	6	To be confirmed	Twice weekly ICB system calls chaired by Regional Director, ad hoc calls are required. Escalation processes in place - on Call, EPRR and SCC	Adequate controls in place.	Adequate assurances in place.	Indirect	01/02/2023	Risk reviewed in SLT - description, mitigations and rating approved. Hull Place system continues to experience pressures in respect of UEC services with the reporting of serious incidents associated increasing. YAS has now reported a total of 8 SIs for Hull Place ambulance delays, long waits are apparent in ED and HUTH continues to manage high numbers of patients identified as NCR (180-200 approx. daily). Elective care impacted with a total of 5 wards in HUTH being allocated to NCR patients. All control measures continue to be in place, additional beds in the community been priority and the discharge of pathway 0 patients.	ICB	Q4 2022/23

Hull 972	E + 3	Jan-22	Operational / Performance	8	The current workforce position, across health and social care, in the context of sufficient numbers of / appropriately qualified and experienced staff, is impacting on the quality and safety of service provision. Factors include failure to recruit to vacant posts, general sickness absence, COVID-19 redeployment, cover, and self-isolation periods, generalised staff turnover, retirement. A sustainable solution is required to continue to deliver quality services safely and effectively, and to protect staff health and wellbeing.	Staffing is a standing agenda item within Provider Quality forums, safer staffing reports are routinely produced and reviewed with mitigations provided.	Hull Place, ICB, Adult Social care, Providers	3	5	15	N/A	N/A	8	To be confirmed	Monitored via Provider Quality forums.	N/A	N/A	Indirect	01/02/2023	10.1.23 The position on workforce remains challenging across the Hull Health and Social Care system. Winter virus s impacting upon availability of staff due to short term sickness absence. All partner organisations continue to progress workforce plans and mitigating actions, oversight of safe staffing levels. ICB workstreams continue to deliver on the objectives set within the workforce summit. The impact of national strikes within both Nursing and Ambulance services continue to be mitigated by both organisational and ICB level plans including the standing up of a ICB incident control centres for affected times.	ICB	Q4 2022/23
Hull 973	B + 2	Oct-21	Hazard/Quality & Safety	6	There is a risk to patient safety due to Nottingham Rehab Services, from who Hull place commission wheelchair, assessment and provision service, being unable to manage the waiting lists for both initial assessment, clinical provision and reviews. As a result patients are experiencing increased waiting times and a lack of appropriate clinical expertise leading to harm.	11/05/22 - NRS have sub-contracted wheelchair assessments to Blachfords, who are an established wheelchair service, who are supporting the waiting list and identifying and escalating areas of concern and risk and taking action to mitigate these. Regular feedback is also being provided to Hull place on these areas from Blachfords. Twice monthly meetings are in place with the provider to monitor the progress in respect of the management of the waiting lists. Monthly CMB meetings to review the contract requirements. Action plan submitted from NRS detailing the action to manage the waiting lists. Monthly meetings to review complaints and the outputs from these.	Hull Place	4	3	12	N/A	N/A	6	To be confirmed	Quarterly reports sent as part of the data reporting submissions to NHS England highlighting the 18-week breaches.	No gaps identified	N/A	Indirect	01/02/2023	29/12/22 Patience Young- RTT continues to be monitored, update on 14.12.22 shows RTT at 78% with 7 people waiting over 52 weeks for an assessment. Everyone waiting over 18 weeks in on a pathway and action in place. Mobilisation of new Provider is now underway with meetings every two weeks to monitor progress.	PLACE	Q4 2022/23
Hull 943	C + 1	Dec-19	Hazard/Quality & Safety	6	Continuing challenges around identifying suitable care providers/care facilities, both locally and nationally, to support individuals to maximise their potential to live a rewarding life within the least restrictive care settings leading to associated clinical, financial and organisational risks Lack of suitable care providers, both locally and nationally, who are able to provide complex care packages within the community are compromising the ICB's ability to support individuals residing in the least restrictive care setting. This poses a clinical, financial and reputational risk to the ICB.	Case Management and Information sharing meetings held monthly across the Transforming Care Partnership (TCP) to share intelligence and information regarding the care market development with (non NHS) community care providers, partnership work with MAPPA - Multi Agency Public Protection. Case Management and Information sharing meetings held monthly across the Transforming Care Partnership (TCP) to share intelligence and information regarding the care market development with (non NHS) community care providers partnership work with MAPPA - Multi Agency Public Protection	ICB, Local Authority, Provider Collaboratives, CQC, NHSE	3	3	9	N/A	N/A	6	To be confirmed	Feedback from NHSE on progress Working in line with national programme close working with neighbouring Places close work with Hull City Council support to community care providers support from NHS MH and LD services to support community care packages working alongside (non NHS) community care providers	Adequate controls in place.	Adequate assurances in place.	Indirect	01/02/2023	Risk descriptor refreshed. No changes in national or local market. Challenges to stepping down into the least restrictive environment remains. Oversight of affected patients maintained by all agencies.	ICB	Q4 2022/23
Hull 974	E + 5	Apr-22	Operational / Performance	8	The Integrated Care System (ICS) SharePoint Site was developed to support the development of the ICS and joint working, however as this is a shared tenant across the whole of the NHS, it does not allow local administrators to have full control and set local parameters or appropriate backup solution, which could lead to inappropriate measures for the protection and security of data which could result in IG breach or failure of business continuity and recovery plans and result in loss of data.	N3i as the IT supplier have their own back up procedures in place but these are only for a limited time period. This has been escalated in terms of how this can be taken forward, may need some significant investment to be able to put the appropriate controls in place and would require NHSD approval.	ICS	3	4	12	N/A	N/A	8	Provider in dialogue with NHSD to look at a solution whereby Local Administrators have ownership. Knowledge base guidance to be developed to ensure appropriate access controls and permission are applied Formal approval process to be developed to accept/approval access requests SharePoint drive to be used as a sharing tool not as an alternative to network drive	NHS Digital have advised that national guidance should be followed and this has been challenged by N3i as the suppliers in terms of local need and conversations are on-going to manage this.	01.02.23 - Hayley Gillingwater, N3i do not have the necessary permissions and administration rights to ensure appropriate security of Sharepoint, this is currently with NHS Digital.	NHSD are wanting national guidance to be followed and this is being challenged but we do not know the outcome of this as yet.	Direct	01/02/2023	01.02.23 - Hayley Gillingwater, meeting scheduled with DPO, and all IT Providers in February 23 to discuss IG implications and options moving forwards.	PLACE SYSTEM	31/03/2024
Hull 976	E + 5	Apr-22	Operational / Performance	8	During collation of Data Security Protection Toolkit evidence a software instance was identified as being a risk to those devices that they are installed on due to it being at end of life and a unsupported system. The software (Silverlight) has to remain on a number of devices as use of Lorenzo (acute hospital system) is dependent on the installation of Silverlight and some staffing groups use Lorenzo. The software company were approached to see if this dependency could be removed but as N3i are not the license holders, they were unable to progress this discussion. 8 devices are affected by this risk, this affects both primary care and Hull Place and ER Place employed staff.	As the affected software was removed from all devices that don't use Lorenzo the numbers affected by this risk have reduced from all devices to only 8, therefore this reduces the overall risk to the organisation	N3i	2	5	10	N/A	N/A	8	The Digital team will continue to monitor this risk alongside N3i as the ICB IT suppliers, to ensure that this risk doesn't increase	N3i are routinely monitoring for any software risks via their internal systems and processes	N3i as the supplier are not the licence holders for Lorenzo (which is linked to the affected Silverlight software) so are unable to speak to the software company around whether the dependency on this product could be removed	Adequate assurances in place	Indirect	01/02/2023	Update from Electronic Patient Record Programme awaited, however, there is an ICS wide Electronic Patient Record Programme currently underway looking at options for new system - waiting on national funding to be confirmed	PLACE SYSTEM	31/03/2024

Hull 931	F + 6	Oct-18	Operational / Performance	8	Updated Cyber attacks are an increasing threat. NHS organisations are a valuable target to hackers due to the nature of the information they hold and the disruption that an attack may cause. Hull Place may not have an effective plan in place to support the community in the event of a cyber incident.	System in place for reporting incidents Awareness for staff Assurance process around support service/ GPs BCP to be further developed Additional workshop to be organised for ICB SMT Response process map has been shared with Place Upgrade to windows 10 planned The IT Department has systems in place to guard against hacking attempts - anti virus/ anti malware, firewalls, patching, password controls, restrictions on privileges, monitoring solutions etc. NHS Mail accounts are secure and encrypted. The IT Department receives and responds to NHS Care CERTs - bulletins advising of threats that require attention. Penetration testing is conducted as part of the Data Security & Protection Toolkit assessments. Hull Place conducts business continuity testing in relation to a cyber incident on an annual basis as per DSPT requirements.	ICB	4	4	16	N/A	N/A	8	Audit of the Data Security and Protection Toolkit. Outcomes of the cyber exercise and lessons learnt are acted upon. Disaster recovery plans and business continuity arrangements in place	NHSD inform via reporting mechanism of security standard breaches.	Although email accounts are secure, phishing attempts are increasing and staff may click on a malicious link in a phishing email. Penetration test is only valid against systems known on the day of the test. Therefore Pen Testing should not be the only means of validating security	Although email accounts are secure, phishing attempts are increasing and staff may click on a malicious link in a phishing email. This activity has increased and staff are always informed of how to appropriately manage as soon as a risk is identified.	Direct	01/02/2023	NHS digital are going to target a phishing exercise to see how many staff are falling fowl of this Audit of toolkit. Ensure all IT equipment is updated to Microsoft 11. Further education of staff, spoken to individually, information in the team briefCareCert alerts received. Planned Cyber Test Event planned for Summer 2023. - Lessons learnt from Action plan of 2022 and recent experiences around business continuity is being built in to the 2023 Cyber Event. MFA has been implemented in a number of areas.	ICB	01/09/2023
Hull 902	A, B, C, E + 3	Aug-15	Operational / Performance	8	Hull Health & Care Partnership practices unable to maintain a resilient primary care workforce resulting in reduced access to services and patient needs not being met. This risk was further exacerbated by the requirements of primary care with respect to the COVID-19 response and, in particular, support to the vaccine programme.	Development and implementation of ICB primary care workforce strategy and associated initiatives e.g. 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 HC&V primary care workforce modelling as part of out of hospital care work-stream.	Place	3	4	12	N/A	N/A	8	PCNs continuing to recruit to ARRS roles. Hull practices engaging with a range of NHS E initiatives to support workforce.	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 number of GPs retiring.	No gaps identified	Indirect	01/02/2023	NHS E workforce initiatives promoted with practices. ICB Primary Care Workforce Group continuing to meet to address workforce challenges,	PLACE SYSTEM	TBC
Hull 975	A, B, C, E + 3, 7	Apr-22	Operational / Performance	8	There is a risk that a lack of available primary care estate will result in PCNs not being able to fully utilise their Additional Roles Recruitment Scheme allocation.	City Care and Primary Care Support Team working with PCNs to establish estate strategies. Development of options for each PCN to increase primary care estate available to support expansion of Additional Roles.	Place / System	3	3	9	N/A	N/A	8	PCN estate strategy work developed and PCNs participating in PCN Estates Toolkit work.	Reporting to NHS England regarding estates schemes in order to access potential capital and/or revenue support for estate developments.	No gaps identified	No gaps identified	Indirect	01/02/2023	Work continuing with PCNs to identify estate to support ARRS roles etc - PCNs engaging with PCN Estates Toolkit workshops. PCN estates guidance reviewed.	PLACE SYSTEM	Q4 2023/24
ERY/0032	C+1	14/09/2021	Hazard/Quality & Safety	6	If the system is not able to support YAS 999 to be able to respond to calls in the timeframes described within the Ambulance response programme then there is a risk that harm will occur to patients in the East Riding	Directory of Service. Pathways developed and agreed by the system are in place as alternatives to A&E. Urgent and Emergency Care DB	Place	5	4	20	20	Same	6	Processes in place to support ambulance crews at hospital via ambulance Regional Operations Centre, YAS Clinical supervisor support on site in A&E when required and cohorting of patients. Bristol model implemented to transfer patients from ED to ward areas Revised urgent & emergency care delivery plan in place to support the delivery of ambulance handover and ability to respond performance targets at the hospital sites Urgent and Emergency Care DB - tried and tested command and control process in place as part of escalation framework. Unscheduled Care Coordination Hub, End of life pathways and Falls development, overseen by Ongoing oversight and monitoring in place via Urgent and Emergency Care DB	Programme management - work ongoing regarding alignment of Programme and strategic oversight.	Relies on the DoS first endpoint being selected by the staff undertaking assessments and diversionary pathways criteria being followed. Not all services are 24/7. Increased pressure in the number of patients attending, staffing issues and discharge delays.	Continued high demand for services across the system.	Indirect	07/02/2023	Directory of Services (DoS) reviewed and updated Process in place for ongoing monitoring Ongoing development of SDEC pathways and 2 hour Urgent Crisis Response.	ICB	31/03/2023
ERY/0043	B+1	20/12/2022	Hazard/Quality & Safety	6	The Designated Nurse for Adult Safeguarding will be vacant from mid February 2023 until successful recruitment takes place. This will mean that some statutory duties for adult safeguarding will not be undertaken following the departure of the Designated Nurse until a new person is in post. There is a risk of non compliance of statutory duties and lack of strategic support for adults at risk of harm.	New business request for funding for agency support to cover the gaps. Recruitment process have started.	Place	4	5	20	20	Same	6	Post is in new structure. <input type="checkbox"/> Business case was approved by SLT in December 2022. <input type="checkbox"/> Other staff members are able to cover some elements of the role.	Post is recognised as statutory post.	Potential gap due to time limits of recruitment processes.	None identified	Direct	24/01/2023	Recruitment progressing	PLACE	31/03/2023
ERY/0039	B+1	07/10/2022	Hazard/Quality & Safety	6	There is a risk to the delivery of CHC statutory duties and a risk to the quality and safety of patients in ERY due to reduced workforce following recent retirement of staff and current vacancies.	Core statutory duty work is prioritised e.g. completion of DSTS within 28 days.	Place	4	5	20	16	Up	6	Some hours will be covered by retire and return to work. <input type="checkbox"/> Business case has now been approved. <input type="checkbox"/> Approval to keep agency staff for further three months.	None identified	Challenges in recruitment - new business case will be developed as two staff will be leaving.	None identified	Direct	02/02/2023	Business case will go to Place Director and ICB for approval. A new business case will be developed as two staff will be leaving. Band 7 post has been re-advertised and is out for advert.	PLACE	31/03/2023

ERY/0018	C+1	14/09/2021	Hazard/Quality & Safety	6	Delays in accessing the right service at the right time: If the care provided by the unplanned care services across the system is not safe or of a high quality then there is a risk that patients will sustain harm and not have a positive experience.	Improvement plan in place and monitored via Urgent and Emergency Care DB and Strategic oversight group	Place	4	4	16	16	Same	6	In East Riding all UTCs are delivering in line with the national specification. System Seasonal Resilience Group providing overview and assurance on system resilience throughout the year. To be stepped up and down as required Review of integrated urgent care and UTCs completed against the national standards integrated urgent care model in development. Clinical assessment services and streaming to ensure patients are seen in the right place. Annual seasonal system resilience plan reviewed and planning in place to respond to surge and escalation *All system partners committed to system calls and provide timely updates and discuss/agree mutual aid HUTH working to include OPEL Levels and bed capacity within the app pre winter. NECS working to include GP	System command and control structure in place to respond to OPEL escalation, agree /monitor system actions and impact. RAIDR App is in place to provide real time monitoring and alerts, based on organisations' OPEL Levels and capacity, including beds, in hospital and in the community	Increased demand and higher acuity across all services within the health care economy. Ongoing workforce challenge. Increased demand in urgent care. Model is not fully integrated Care market continues to be compromised impacting on flow and the ability to support people to stay out of hospital/bedded capacity and in own homes. Patient choice.	Pace of delivery and workforce challenges. People continue to access treatment in the wrong place	Indirect	07/02/2023	Revised UEC Plan and additional funding for initiatives around community capacity to support flow. Work ongoing.	PLACE SYSTEM	31/03/2023
ERY/0023	B+1	01/09/2021	Hazard/Quality & Safety	6	Due to the impact of the pandemic people have either been unable or have not wished to access services and treatment, this has resulted in an increase in the number of people on waiting lists and the numbers trying to access services. If the healthcare system is unable to support and manage safety this demand, then there is an increased risk to the ERY place population of poor health outcomes.	Ongoing monitoring of government guidance regarding infectious disease outbreaks in order to develop a system operational response.	Place	4	4	16	16	Same	6	Strategic planning occurring at the ICS level All providers have elective recovery plans in place. Independent sector commissioned to undertake elective surgery in areas of high demand with long waiting lists, facilitating patient choice. Development of community diagnostic hubs services (CDS) across the ICS in progress. Outpatient reduction transformational programmes across HNY ISP capacity used to provide cold site for the delivery of cancer treatments	Providers and Cancer Alliance working to develop cancer pathways in line with national guidance. All providers have elective recovery plans in place. Independent sector commissioned to undertake elective surgery in areas of high demand with long waiting lists, facilitating patient choice.	The increase in demand and acuity of patients presenting all areas across the NHS continues to impact on the ability of the Trusts to manage their recovery programme. Provider services ability to meet key performance measures e.g. cancer, RTT, diagnostics, mental health pathways. Ongoing workforce challenges across all areas. Lower capacity of already stretched diagnostic services People are presenting to NHS services with more complex issues and greater acuity. The increase in demand on Mental health services	Workforce challenges. Impact of organisational restructure.	Direct	07/02/2023	Implementation of the Elective Recovery plan	ICB	31/03/2023
ERY/0020	B+1	01/05/2021	Hazard/Quality & Safety	6	The climate emergency is a Health emergency. Climate Change is occurring leading to: Health issues: worsening health inequalities; increase in breathing problems; mental health issues; increase in UV exposure - increase skin cancer and cataracts cases in the UK; toxic air - increase in respiratory diseases air pollution is linked to higher rates of cancer; increased in disease-spread ing insects; communicable diseases become more common: water scarcity	HNY Green Plan lays out some targets we need to achieve in order to eliminate our carbon emissions in line with the Net Zero targets	NHSE and I	4	4	16	16	Same	6	ICB Green Plan has been approved HNY and LRF warning and informing mechanisms in place with Met Office and LRF ICS Sustainability Group Ongoing work to address health inequalities (ref risk 5.8) National Heatwave Plan in place	None identified	ICB does not have a current Climate Change Adaptation Plan □ Lack of understanding of the impact of climate change on the organisation and the services we commission. □ Better understanding is required from the Board regarding the direct impact on staff, patients, operations and	Better understanding is required on the impact of climate change on the community □ Better understanding is required from the Board regarding the direct impact on staff, patients, operations and	Indirect	31/01/2023	Previous actions ongoing no new actions agreed.	ICB	31/03/2023
ERY/0021	C+1	01/02/2021	Hazard/Quality & Safety	6	People with health inequalities are known to have poorer outcomes. These inequalities relate to access, experience and outcomes.	ICS wide level response has been developed to the priorities described in the Operational Planning Guidance for 2022-23. ICS level response is being developed to the priorities described in the operational planning guidance for 2023-24. Health inequalities are a key focus of the ICS population health and prevention executive committee. Contributing to CORE20PLUS 5	NHSE and I	4	4	16	16	Same	6	Leadership from the ICP to ensure BI data can show where inequalities are ensure no areas or communities are left behind or disadvantaged The operational plan is assured by the ICS executive. There are particular steering groups in place to monitor and deliver the individual strategies and their work plans across all Places ICS population health accelerated programme. Numerous projects/programmes underway to address inequalities	None identified	Only fragmented data is available to be able to fully examine health inequalities. Capacity shortfalls in NHS BI team mean dedicated analyst resource to Population Health is compromised by other priorities e.g. operational planning The pieces of work being undertaken to	Due to differing levels of PCN maturity information and action on population health is variable across the ICS. Lack of a recognised steering group in each PCN area	Indirect	31/01/2023	Ongoing oversight and monitoring in place via AEDB	ICB	31/03/2023
ERY/0033	E+4	18/08/2022	Financial	8	As a result of the ever increasing care costs there is a financial impact to the ICB.	All providers have been approached by East Riding Place to determine availability.	ICB	4	4	16	16	Same	8	Costs are being negotiated with providers through work with the Local Authority.	Extra funding from Health and Social Care to help facilitate hospital discharge	Lack of consistency with the pricing from providers.	Still awaiting confirmation of how budgets and finance will be managed via ICB	Indirect	02/02/2023	Previous actions ongoing no new actions agreed.	ICB	31/03/2023

ERY/0015	B+3	01/12/2021	Operational / Performance	8	If East Riding place fails to strengthen and integrate the Primary Care Workforce, this may impact on the long term sustainability of primary care resulting in the inability to deliver, quality, effective and accessible clinical services and poor patient experience	ICS fellowship programme - 20 trainee GPs to be placed across practices in the Humber region with emphasis on the East Coast, Grimsby Hull and Goole (as of August 22 Driffeld) Carer ready- mentorship programme working with local six form colleges International GP recruitment continues and has been successful-4 in place and have remained. Training continues. PCN leadership is maturing to look at mentorship support for ARRS roles Expanded training agenda of courses to cover the transformation agenda-this can cause capacity issues for trainers Advanced Clinical Practitioner/ PA training is being undertaken at the moment. People are now fully trained Returning to practice schemes for GP and allied health professionals-the is continues GP contract DES - integration of community service and primary care workforce, expand into 23-24 via anticipatory and personalised care specifications Retainer GP schemes successful- by Eastgate ,Kings street Cottingham, The Ridings and Market Weighton. GP DES additional roles reimbursement scheme	Place	4	4	16	16	Same	8	PCNs working at scale Work continues to fill GP vacancies and PCNs continue to work to develop credible and deliverable plans for ARRS recruitment. HEE meetings for Humber area Coordination of works with LMC. Two new CDs recruited and linked in with training programmes via the mentorship support programme. Governance of PCNs is established as they mature and greater support from the system. 6 PTLs in 23/24 have been budgeted for. ERY has commissioned GP out of hours cover and 111 cover. ERY is actively working with CDs and other clinicians on agenda items for clinical and non clinical staff. 7 PCNs now maturing and looking at how they can work in a matrix partnership way to ensure sustainability. DES additional roles being recruited to. PCN maturity with significant variation across the east riding.	Links with NHSEI and HEE NHS long-term plan identifies a number of additional roles to support primary care. Recurrent funding has been identified to support this. Work with external companies to provide training Key NHS and Social care providers	Inequality in access to of spirometry and pheno respiratory testing Number of staff heading towards retirement age The capacity within the current workforce to train and mentor upcome the expansion of the types and numbers of primary care staff. Ensuring all staff receive the updates and communications. The transformation process requires medical and allied professionals to be trained to shift the care from acute to primary care. PA will be unable to prescribe when they	Working with ICS on a primary care workforce strategy. Integrated care reorganisation will impact on the workforce planning Limited rotational posts between different provider organisation need to be agreed and established-sys tem conversation needs to happen Lack of Clinical leadership of workforce planning with too many groups that	Direct	03/02/2023	Primary care networks - Maturity matrix Rotational posts between provider organisation in development - April 2023 The development of integrated roles / joint roles needs to occur with agreement on who will host the post - April 2023 Unknown procurement of future APMS contracts means it is difficult to recruit to long-term plans - Sept 2022 Integrated community workforce meeting with CHCP and Hull ICB to be established - April 2023 New funding for PCN leadership and management support - March 2022 Working closer with NHSE and Humber and North Yorkshire ICB sharing ideas and plans - March 2023 ICB exec supported the non procurement of the three APMS contracts in Bridlington. Practice mergers with the two existing GMS contracts is to be complete by 14 March 2023.	PLACE	31/03/2023
ERY/0042	F+3	01/12/2022	Operational / Performance	8	The Designated Dr CLA left her post at the end of December 2021. The Designated Dr for Safeguarding Children provided interim cover for the CLA role until his retirement in May 2022. The post is contracted to HUTHT. HUTHT have not provided details of interim cover arrangements for CLA post since May 2022. There are risks to the ER HCP if this post remains vacant. The vacancy of this post is significantly impacting on the 1) ER HCP corporate parenting responsibility in relation to ER CLA at place 2) medical strategic decision	HUTHT have been approached by Designated professionals . They have not provided details of interim cover arrangements for the Designated Dr CLA Formal escalation to ICB Place DONQ who has escalated to Chief Nurse HUTHT on 06.10.2022. Discussions are still ongoing.	Place	3	5	15	15	Same	8	Director of Nursing aware of the situation, continues to be discussed between director of nursing and chief nurse	Risk highlighted in both place Safeguarding Assurance Groups and Local Safeguarding Children Partnerships. NHSE informed via Place Based Overview Report submitted monthly to Transitional Safeguarding Lead and via quarterly submission of place based NHS Safeguarding Commissioning Assurance Toolkit (S-CAT) return	Difficulties for HUTHT in recruitment to role Lack of clarity about future plan due to a National shortage of paediatricians HUTHT interim arrangements for Named Dr CLA to cover some elements of role has now stopped. ERY place has no Designated medical representation in	Waiting for outcome of escalation/feed back	Indirect	24/01/2023	Previous actions ongoing no new actions agreed.	PLACE	31/03/2023
ERY/0006	C + 1	01/06/2021	Hazard/Quality & Safety	6	If East Riding and partner agencies (LA and other ICB places) do not commission services to support and provide wrap around care to young people and adults with behavioural/mental health issues and adults with LD or Autism, then there is a risk that these individuals will become homeless and go into crisis meaning that their lives will be significantly impacted. There is a risk to the wider system in terms of inappropriate admission and with inability to discharge to more appropriate settings and an impact to the recruitment of staff in the health and care sector (including voluntary). There are reputational and financial risks to the ICB.	look at possible providers and options TCP has appointed a market development manager to help develop placements This has been escalated to the MH provider collaborative exec meeting East Riding of Yorkshire Council is developing a 6 bedded unit in Hutton Cranswick area. This is expected to come on stream in 2023. This will also aim to provide day care. Joint commissioning arrangements with local authorities Suite of options for development of appropriate community services is required and should be led by the ICB Dynamic support registers are in place to allow oversight to monitor the level of need and escalation in the community to try and support the package in the community CTR process and safe and wellbeing process are intensive assessments to ensure the safety of patients intended to prevent admission Working as a TCP to raise escalations	Place	4	4	16	16	Same	6	The system is aware of the issue at a HNY and national level. MH collaborative are taking ownership of this issue and are organising a meeting to look at developing a resource locally across system partners in which the ICB will be a system partner MH provider collaborative exec terms of reference and minutes. While the local authority is leading the development, ICB will have a key role in commissioning therapeutic input. Planning a number of 1 and 2 person provisions across East Riding. Proposal around therapeutic input. ERY Joint Commissioning Strategy. Adult mental health and dementia strategy in place and led by Local Authority. LD and Autism strategy in place. Partnership boards meet regularly to review implementation of strategic agreement with people with	None identified	Lack of local provisions of placements means that we are unable to provide wrap around support placement issues causing them to breakdown Lack of provision of services Difficult decisions need to be made about who is responsible for the financial cost of any placements There remains a lack of community capacity to meet complex health and social care needs including emergency placements and wraparound care. Limited access to mental CAMHS (this	No one organisation is leading the response when required for these individuals- unclear as to where is should sit No single organisation is leading the response when required for these individuals - unclear as to where is should sit. Need a properly documented pathway as services come on stream	Direct	24/01/2023	ICS level working to continue to plan and scope work to find a much needed new solution to the crisis Action is still ongoing.	PLACE SYSTEM	31/03/2023
ERY/0027	F + 6	Jan-22	Operational / Performance	8	If ERY is the target of a cyber attack, due to the increasing threat that the NHS is facing from this then there is a significant threat of disruption.	The IT Department has systems in place to guard against hacking attempts - anti virus/ anti malware, firewalls, patching, password controls, restrictions on privileges, monitoring solutions etc. NHS Mail accounts are secure and encrypted. The IT Department receives and responds to NHS Care CERTS - bulletins advising of threats that require attention. Penetration testing is conducted as part of the Data Security & Protection Toolkit assessments. ERY conducts business continuity testing in relation to a cyber incident on an annual basis as per DSPT requirements The IT Department has systems in place to guard against hacking	ICB	4	4	16	16	Same	8	Audit of the Data Security and Protection Toolkit. Outcomes of the cyber exercise and lessons learnt are acted upon. Disaster recovery plans and business continuity arrangements in place Staff unable to install software/hardware on the network Multi Factor Authentication	None identified	Although email accounts are secure, phishing attempts are increasing and staff may click on a malicious link in a phishing email. Penetration test is only valid against systems known on the day of the test. Therefore Pen Testing should not be the only means of validation security	Clinical staff are not always able to have phones at work and therefore MFA cannot be rolled out fully.	Direct	25/01/2023	NHS digital are going to target a phishing exercise to see how many staff are falling fowl of this Audit of toolkit. Ensure all IT equipment is updated to Microsoft 11 . Further education of staff, spoken to individually, information in the team brief/CareCert alerts received . Planned Cyber Test Event planned for Summer 2023. - Lessons learnt from Action plan of 2022 and recent experiences around business continuity is being built in to the 2023 Cyber Event. MFA has been implemented in a number of areas.	ICB	01/09/2023
ERY/0040	B+1	21/10/2022	Hazard/Quality & Safety	6	Due to a nurse vacancy in the infection prevention and control team. Failure to recruit could lead to the service being unable to meet the requirements of the section 76 agreement and will impact on the reputation of the East Riding Place and would be a breach of contract with Hull and East Riding Local Authorities. This could cause significant damage to the reputation of the ICB.	ICB recruitment process	Place	4	4	16	16	Same	6	Approval to recruit form was submitted and permission to recruit received. Following initial interviews no suitable candidate was appointed second advert has closed and further interviews to take place. Job description has been broadened to try and attract the right candidates.	None identified	None identified	None identified	Direct	27/01/2023	Recruit to post within next four months. 2nd recruitment process is underway.	PLACE	01/03/2023

ERY/0012	B + 1	19/07/2021	Hazard/Quality & Safety	6	CAMHS eating disorder referrals and caseload have increased significantly and core CAMHS is receiving a much larger proportion of urgent referrals than pre-Covid. This is creating the risk that the service will be unable to meet the needs of the population which could impact on the wider system in terms accessing inappropriate services. If needs remain unmet, they may escalate to the point of requiring higher cost services.	Recurrent funding is available to help support the Hull and ER eating disorder service. Provider has plan in place to recruit staff and upskilling staff already in the team. East Riding and Hull undertaking programme of work to improve the quality of children and young people's access to mental health services.	Place	4	3	12	12	Same	6	Money allocated as part of block contract with provider. Provider collaborative data re CAMHS. Detailed access information from main provider. Provider Collaborative has eating disorder clinical assembly with representation from ERY. ICB MH workstream is looking into CYP mental health. ERY place programme of work to implement mental health support teams in primary schools in areas of deprivation (Bridlington, Beverley and Holderness) as part of Wave 7 as part of the 10 Year MH LTP Children and Young People's access to mental wellbeing strategic board which will feed into Children's Board and ICB quality groups. Place-based workstream groups will be put into place with governance arrangements which will feed into the CYPAMW strategic group	None identified	The ER has the highest number of children and YP utilising Tier 4 beds across the Humber. The effects on staff due to the increasing complexity and demand is causing staff to feel overwhelmed. The impact that Covid has had on children's mental health means that future demand is unknown. Lack of trained staff available to recruit. National issue-demand for tier 4 beds. No new investment in 2022/23. There is also an impact on primary care capacity and risk management, with eating disorder health checks requiring significant input and there is a lack of specialist knowledge	Transformation plans at a local level have been replaced by system level plans which are not as detailed or specific to place	Direct	24/01/2023	CYP access to mental wellbeing strategic board	PLACE SYSTEM	31/03/2023
ERY/0008	E+4	01/01/2022	Financial	8	Failure to agree revenue funding of respite service in support of PID and capital bid approval. Whilst not having direct patient impact it would have a consequence on subsequent increase in inpatient and hospital use e.g. increased demand.	Engaging with LA to discuss revenue funding and pin down responsibility for funding. Some progress has been made, revenue funding still needs to be agreed. <input type="checkbox"/> NHSE funding is available and it is essential that this works alongside the capital offer, otherwise the capital funding could be withdrawn. <input type="checkbox"/> There are robust meetings in place with LA health partners for Hull and East Riding currently. NE Lincs potential to collaborate on an existing scheme. Gap currently in N Lincs but communication ongoing.	Place	4	3	12	12	Same	8	Continued communication and involvement in bi-weekly meetings <input type="checkbox"/> Review of alternative revenue funding the use of S117 funding is being explored <input type="checkbox"/> More specific commissioner discussions to focus on revenue funding now taking place for Hull and East Riding. <input type="checkbox"/>	ERY Place both LA and ICB commissioners involved in robust modelling discussions. Next workshop session to take place 03/02/2023. NE Lincs eoi now being drafted regarding the proposed supported living plus model to NHSE. <input type="checkbox"/> Discussions underway with Hull local authority about capital assets and workforce have progressed and more specific modelling is now underway.	NEL CC - currently developing a Supported living Plus model which may assist with this work and challenge will not be to duplicate - now working together on an eoi with to go to NHSE. <input type="checkbox"/> Limited involvement from NL CC - will need to understand the findings of their needs assessment to ascertain local provision. Provisional	more problems than solutions given - specific funding sources now being explored. <input type="checkbox"/> Need to focus on one area and develop bid/solution - Hull and East Riding as areas identified as a priority <input type="checkbox"/> Limited on what	Indirect	30/01/2023	Capital programme plan in place for piece of work	PLACE SYSTEM	31/03/2023
ERY/0036	B+2	23/08/2022	Hazard/Quality & Safety	6	Failure to identify patients through dynamic support networks would result in avoidable admissions to hospital which might prevent TCP from achieving objectives around inpatient numbers. This could cause damage to reputation and affect patient experience.	CETR process - new national guidance published. Local standard operating policy now signed off by TCP board January 2023. <input type="checkbox"/> Tender underway for children and young peoples support service which will help to identify children and young people who are at risk. <input type="checkbox"/> Additional post built into service for CETR lead. <input type="checkbox"/> Recruitment underway for consultant psychologist - now complete. Both posts will help to support management of actions which come out of CETRs.	Place	4	3	12	12	Same	6	Transforming care board have approved the new standard operating procedure which is in line with the new national policy January 2023. <input type="checkbox"/> Monthly DSR network meetings in place at Place. <input type="checkbox"/>	None identified as yet	CETR process requires notice, if this notice is not given then process cannot take place. <input type="checkbox"/> Vacancy approved underway.	Non attendance to DSR networks to provide updates. Due to the refresh of the DSR and CETR policy and guidance the lead has sent out a new request to all existing partners to put forward any new/updated representatives. Training/updates is now being offered to a wide range of professionals from health.	Indirect	30/01/2023	Full review of all processes and documentation is underway. These will meet the requirements of the new national CETR and DSR policy (which has not yet been finalised). The dynamic support register and CETR policy and guidance 2023 has been published end of January 2023. The new standard operating procedure at Place has been updated to reflect changes and training/updates is now being offered within networks to all professionals.	PLACE SYSTEM	31/03/2023
ERY/0041	C+5	18/11/2022	Operational / Performance	8	MHLDA provider collaborative were commissioned by Health Education England to roll out Oliver McGowan training for the ICB area. This training has a very high profile nationally and will become part of statutory and mandatory training for all NHS staff from 2023. CQC requires providers to have this training as part of their registration. To date the training has not been rolled out with a pilot planned for 01 November 2022 and the person leading the rollout is currently on long-term sick. There is a reputational risk to the ICB if the training is not in place and there is an additional risk that CQC inspections of commissioned services are impacted negatively by not completing the training and the ICB will need to add a waiver to the contract.	Rollout of the training from MHLDA provider collaborative	Place	3	5	12	12	Same	8	Update from clinical lead at ICB level suggests that they were trying to secure representation at national training and are developing a project manager post (November 2022).	A communication pack has been issued by Health Education England on 01 November 2022 which includes a timeline of rollout.	The training will be statutory from 2023 but no known progress has been made. <input type="checkbox"/> No updates from provider collaborative on when training will begin.	MHLDA provider collaborative commissioned by Health Education England <input type="checkbox"/> Minimum assurance at present	Direct	30/01/2023	Previous actions ongoing no new actions agreed.	ICB	31/03/2023
ERY/0004	B+1	24/12/2021	Hazard/Quality & Safety	6	If the quality of care of the complex health packages that are commissioned by ERY for individual patients within CHC are compromised in relation to quality and safety of care then there is a risk that the patients will come to harm. Due to issues with workforce, there is limited opportunities for recruitment and prices are increasing due to wage rises.	NHS standard framework contracts have been issued to the providers Ongoing review and monitoring by the CHC case review managers Clinical oversight by the clinical specialists in the Acute Trust	Place	4	3	12	12	Same	6	Senior leadership is aware <input type="checkbox"/> Ongoing quality assurance and monitoring at contract level <input type="checkbox"/> No contract meetings are in place but any issues highlighted would be addressed	Working closely with colleagues in Acute trusts and regular MDT meetings are taking place.	Financial cost due to price rises <input type="checkbox"/> Wide Geographical area to cover <input type="checkbox"/> Specialist workforce required with additional training to manage the complexity of the patients <input type="checkbox"/> In area placements are limited within nursing homes - for the most complex patients e.g. ventilated <input type="checkbox"/>	No meetings set up to monitor the contracts from the providers <input type="checkbox"/> Until ICB is fully established with roles/responsible ities some workstreams have been paused <input type="checkbox"/>	Indirect	02/02/2023	Previous actions ongoing no new actions agreed.	PLACE SYSTEM	31/03/2023

ERY/0035	A+1	21/06/2022	Operational / Performance	8	The Designated Dr for Safeguarding Children retired in May 2021. The post is contracted to HUTHT. The post covers Hull and East Riding. HUTHT has not recruited to this post. There are risks to the ER HCP if this post remains vacant. The vacancy of this post is significantly impacting 1) operational safeguarding partnership arrangements 2) ratification of safeguarding health related policies and procedures i.e. FII/PP.	Interim arrangements have been agreed with HUTHT to cover 1 PA, previously 2.5 Regular meetings ongoing between director of nursing and assistant chief nurse. Role of Designated Doctor discussed in Humber ICB meeting-recruitment and mentorship issues discussed	Place	3	4	12	15	Down	8	Verbal feedback received on 17/01/2023. Director of Nursing aware	Risk highlighted in both place Safeguarding Assurance Groups and Local Safeguarding Children Partnerships. NHSE informed via Place Based Overview Report submitted monthly to Transitional Safeguarding Lead and via quarterly submission of place based NHS Safeguarding Commissioning Assurance Toolkit (S-CAT) return.	ERY place has no Designated medical representation in partnership arrangements for Safeguarding Children. Acknowledged challenge in recruitment to specialist safeguarding roles. National shortage of paediatricians. Increased capacity in system through appointment of Named Doctor for Safeguarding.	Waiting for outcome of escalation/feedback	Direct	24/01/2023	Previous actions ongoing no new actions agreed.	PLACE SYSTEM	31/03/2023
ERY/0003	C+1	01/08/2021	Hazard/Quality & Safety	6	Due to the business continuity issues that the East Riding of Yorkshire Council is facing around the brokerage of Domiciliary care packages, there is a risk that the ERY will not be able to deliver its responsibilities to it's patient's (via CHC). This includes all patient groups, including fast track end of life patients.	CHC are trying to commission packages of care to help manage the more complex packages Offering respite care as a temporary solution until package of care becomes available. Offering Direct payments to families to undertake delivery of care CHC actions in place to ensure clinical oversight of our patients that are waiting and that there is effective communication in place for our patients and families.	Place	4	3	12	12	Same	6	Monitoring of any issues via CHC daily and clinical review duty hubs. Ongoing reviews and assessments of need. Process of oversight and clinical reviews for all CHC patients waiting for packages of care with regular calls being made to fast track patients/families. Transparent conversations with patients/families in respect of domestic care and having discussions regarding available alternatives. ERY are looking at non-regulated activity to see if this could be provided in a different way	The local authority are looking at other care providers to have more choices and availability. ERYC are mobilising a number of schemes including some technology work, the ASC short term offer, scaling up the team available to support with direct payments. ERYC are assessing all clients in receipt of 48hrs plus of care a week to see if there are alternatives that can be used.	Shortage of domiciliary care workers. Clients are in respite placements within care homes due to lack of packages, this has an effect on the wider health and social care system	Due to workforce issues schemes are not progressing as quickly as desired. CHCP have offered to set up a home care service for people with EOL needs in the Bridlington area but no further update. CHCP have been commissioned to provide Intermediate	Indirect	02/02/2023	Previous actions ongoing no new actions agreed.	PLACE SYSTEM	31/03/2023
ERY/0002	C+1	17/04/2019	Hazard/Quality & Safety	6	There are currently a few care homes and care providers with suspensions due to ongoing safeguarding concerns with CHC clients requiring immediate/ ongoing reviews and monitoring, creating increased workload and capacity issues within the CHC team. Some homes are deregistering their nursing beds to keep the residential going but not nursing.	Scheduled reviews and monitoring are in place for all the care homes under suspension or monitoring measures. Safe and Welfare checks to be carried out if any significant quality or safeguarding concerns arise. Working closely with ERYC QDMO team and safeguarding teams to review current quality and safety concerns.	Place	4	3	12	8	Up	6	Alternative placements have been sorted for clients where required. Staff are undertaking face to face visits business as usual. CQC/ QDMO aware of current issues. Director and safeguarding and IPC oversight of the homes*	Working with Local Authority and CQC in respect of concerns.	The closure of 2 care homes has reduced the capacity and availability of places. The deregistering of the nursing beds is impacting on capacity and availability. Care sector remains fragile due to staffing issues and complexity of patients	Can be difficult to find alternatives for patients with complex needs.	Indirect	02/02/2023	Safeguarding large scale enquiry commenced for 1 care home. This is still ongoing.	PLACE SYSTEM	31/03/2023
ERY/0007	F + 5	11/04/2022.	Operational / Performance	8	The Integrated Care System (ICS) SharePoint Site was developed to support the development of the ICS and joint working, however as this is a shared tenant across the whole of the NHS, it does not allow local administrators to have full control and set local parameters or appropriate backup solution, which could lead to inappropriate measures for the protection and security of data which could result in IG breach or failure of business continuity and recovery plans and result in loss of data.	N3i as the IT supplier have their own back up procedures in place but these are only for a limited time period. This has been escalated in terms of how this can be taken forward, may need some significant investment to be able to put the appropriate controls in place and would require NHSD approval.	ICB	3	4	12	12	Same	8	Provider in dialogue with NHSD to look at a solution whereby Local Administrators have ownership. Knowledge base guidance to be developed to ensure appropriate access controls and permission are applied. Formal approval process to be developed to accept/approval access requests. SharePoint drive to be used as a sharing tool not as an alternative to network drive. NHSD have advised that national guidance should be followed and this has been challenged by N3i as the suppliers in terms of local need and conversations are ongoing to manage this.	NHS Digital have advised that national guidance should be followed and this has been challenged by N3i as the suppliers in terms of local need and conversations are ongoing to manage this.	No gaps in controls identified	NHSD are wanting national guidance to be followed and this is being challenged but we do not know the outcome of this as yet.	Direct	01/02/2023	01.02.23 - Hayley Gillingwater, meeting scheduled with DPO, and all IT Providers in February 23 to discuss IG implications and options moving forwards. A small Task and Finish Group has been established to look at SharePoint and look at each risk and appropriate mitigating actions. Provider is also working with NHSD to support the work and establish better ways of managing the system from a Local Administrator point of view. Provider is also exploring a number of cloud based Office 365 backup solutions to automate the process, there may be costs associated with this and likely will need support from NHS Digital to enable/implementation on the N365 tenant.	ICB	31/03/2024
ERY/0031	E + 5	11/04/2022.	Operational / Performance	8	During collation of Data Security Protection Toolkit evidence a software instance was identified as being a risk to those devices that they are installed on due to it being at end of life and a unsupported system. The software (Silverlight) has to remain on a number of devices as use of Lorenzo (acute hospital system) is dependent on the installation of Silverlight and some ICB staffing groups use Lorenzo. The software company were approached to see if this dependency could be removed but as N3i are not the license holders, they were unable to progress this discussion. 8 devices are affected by this risk, this affects both primary care and Hull Place and ER Place employed staff.	As the affected software was removed from all devices that don't use Lorenzo the numbers affected by this risk have reduced from all devices to only 8, therefore this reduces the overall risk to the organisation	Place	2	5	10	6	N/A	8	The Digital team will continue to monitor this risk alongside N3i as the ICB IT suppliers, to ensure that this risk doesn't increase. N3i are routinely monitoring for any software risks via their internal systems and processes	N3i are routinely monitoring for any software risks via their internal systems and processes	N3i as the supplier are not the licence holders for Lorenzo (which is linked to the affected Silverlight software) so are unable to speak to the software company around whether the dependency on this product could be removed	Adequate assurances in place	Indirect	01/02/2023	02.02.23 - Hayley Gillingwater - update from Electronic Patient Record Programme awaited. Monitoring for any software risks via their internal systems and processes. 08.11.22 - Carrie Cranston - there is an ICS wide EPR Programme currently underway looking at options for new EPR - waiting on national funding to be confirmed.	PLACE SYSTEM	31/03/2024
NY/0017	D + 4	Aug-20	Financial	8	CATTERICK FUNDING Catterick capital development funding and Section 2 transfer with MoD is not secured and risk that ongoing revenue costs may not be affordable	Capital lead working closely with NHSE and MOD. NHS Property Services reviewing overall value profile.	Place	4	4	16	12	Same	8	The ICB now has an agreed proposal for capital funding. Funding will be across several sources including the ICB itself.	None identified	ETTF funding regime ended and due to Covid no current primary care capital regime in place. This requires national guidance to be issued.	Indirect	07/09/2022	The NHS element of the capital expenditure profile contribution has changed considerably compared to the previous capital profile agreed which was spread over several years to match availability of local capital. The implications for 2022/23 and 2023/24 are considerable as the future capital regime for primary care estates is unknown. Work continues with NHSEI to secure funding.	ICB	31/03/2023	

NY/0027	D + 4	30/06/2021	Financial	8	FINANCIAL DEFICIT There is an underlying financial deficit in the North Yorkshire Place that will be further exacerbated by the following: Uncertainty around future drug costs and world market will make it difficult to perform against budgets and forecast costs accurately. The impact will be nationwide. The size of the North Yorkshire Place in terms of the population will make this a material issue for the Place.	Control of prescribing rates and formulary adherence QIPP Delivery Programme, supported by Heads of Service and PMO. NHSE funding for 2023-24 primary care co-commissioning shortfall. CHC efficiency programme established.	ICB	3	5	15	12	Up	8		Ongoing monitoring on monthly basis by MMT and finance. Repeated advice to practices and pharmacies to discourage over ordering, including via eRD. Key messages go to NY Place executive and potential escalation to ICB. Significantly greater income from rebates and beneficial activity in reducing prescribing costs against background of higher average costs for individual lines.	None Identified	NHS prices for standard drugs out with local control. Clarity on ongoing co-commissioning shortfall beyond 2023-24.	EU Exit, Covid and inflation are all putting pressures on rising drug costs. Lack of supply chain planning e.g. penicillin shortages	Indirect	20/01/2023	Further reducing target areas of prescribing. Risk has been escalated to ICB finance colleagues and to NHSE pharmacy colleagues to highlight the pressures. CHC review of existing packages (Liaison), developing digital brokerage with local authority and focus on developing future sustainability strategy for the market	ICB	31/03/2023
NY/0074	F + 4	07/09/2022	Financial	8	CONTROL TOTAL There may be a negative impact to the ICB's financial control total in delivering the ICB's long term plan.	ICB financial control processes	Place	5	4	20	20	Same	8						Direct	20/01/2023	Recommend closure of risk at place	ICB	31/03/2023
NY/0048	B + 2	03/09/2020	Hazard/Quality & Safety	6	PATIENT FLOW THROUGH SYSTEM Following the main phase of the COVID pandemic, community based health and social care services may be unable to meet demand and facilitate discharge quickly enough. This is a result of a challenging recruitment environment, burnout from COVID and increased acuity of demand.	Designated discharge co-ordinator for North Yorkshire - function delivered by North Yorkshire team. Discharge Command Centres in place at all 5 District General Hospitals supported by daily discharge calls Expanded capacity of brokerage and assessment teams Home First national discharge policy produced Programme of community service development to improve 2 hour Urgent Crisis Response Utilisation, create virtual wards, and expanded home first discharge capacity	Place	4	5	20	16	Up	6		Community Silver SLE arrangements in place to take overview of system North Yorkshire and York wide tactical group in place to oversee system pressures and discharge processes Monthly meetings with NY place and all community providers to review progress on developments and identify emerging pressures	NHSE review of bed fund and social care fund performance.	System level discharge data is monitored in different ways giving a fragmented view.	Workforce capacity particularly re-ablement in social care and NHS therapy to meet demand.	Direct	20/01/2023	Revised model of intermediate care and investment plan to be agreed in Q1 2023.	PLACE	31/03/2023
NY/0058	C + 3	20/07/2021	Hazard/Quality & Safety	6	PRIMARY CARE Potential lack of capacity and capability to manage ongoing increase in demand for health and care services and respond to the Fuller Review actions. Covid-funded workforce is reducing, recruitment to new posts is challenging and increasing demands on clinical and management time to transform services is required.	Working with PCNs and Clinical and Professional leadership in place, leading discussions to establish new PC delivery model International recruitment initiatives leading to new clinical staff entering system.	Place	3	4	12	12	Same	6		Systems implemented at the start of the pandemic are now embedded and help support practices to be able to manage demand. Humber and North Yorkshire winter vaccination programme board with system partners to monitor delivery of the vaccination programme and manage any surge in cases. Daily OPEL reporting with follow-on actions agreed at system level. Remote consultation capacity is now routinely provided by GP practices and as part of Enhanced Access	Flu and vaccination programme being managed at SVOC level.	None identified	Risk of a surge of COVID and flu among general population and health and social care staff. Risk of increased respiratory illness in both children and adults. Risk of flu outbreaks in care homes.	Indirect	20/01/2023	Local Care Partnerships established, focusing on key priorities in local communities. Strengthening clinical leadership and implementing at scale solutions.	PLACE SYSTEM	31/03/2023
NY/0061	C + 1	12/07/2021	Hazard/Quality & Safety	6	URGENT CARE A strong urgent care system recovering incl the elective recovery programme, but several urgent care contracts are expiring over the next 12 months and there is a risk of potential provider failure. There is a risk that new transformational urgent care model cannot be designed and delivered within the appropriate time-frame.	Comprehensive programme of local urgent care projects established across the North Yorkshire Place, supported by leads from the ICB, local authority and acute providers.	Place	4	4	16	16	Same	6		Daily review of ED performance occurs with exception reporting as required to NHSE. Bronze system calls stood up as required. Ambulance pathways now operational to enable crew to access hospital services without having to join the ED queue, i.e. Frailty and SDEC at Scarborough and EAU at York. Initiatives to rechannel urgent patient demand to other pathways continue.	NHSE provides constructive challenge to reflect back how escalation is managed	None identified	Staff absence rates for COVID have stabilised however flu related absence continues within normal yearly range.	Indirect	25/01/2023	NY procurement group established and transformation group leading on new specification.	PLACE SYSTEM	31/03/2023
NY/0069	B + 3	17/08/2022	Hazard/Quality & Safety	6	CHC In addition to the financial risk there are ongoing risks associated with staffing shortfall. CHC and vulnerable people (VP) nursing staff. The existing team is picking up the extra work and there is a risk of burnout and a risk of reduced quality which could impact on patients and their families. Additionally, NHSE targets will be missed. The overall CHC market in North Yorkshire is challenging which is seeing costs increasing, packages not being picked up or handed back, and risk that some providers will leave the market.	CHC Programme Board established supported by NY PMO team and Finance. NY place priorities strengthening the market	Place	4	5	20	20	Same	6		Vacancies are currently being advertised.	None	NY Place Quality and Nursing Director due to retire in March 2023 and strategic leadership to be shared across North Yorkshire and York.	Agency staff in place but lack the same accountability and historic and local knowledge of cases as direct employees. Agency staff have the ability to terminate employment and/or reduce hours with no notice.	Direct	20/01/2023	Current Vacancies are now being advertised as substantive	PLACE	31/03/2023
NEW	B+1	09/02/2023	Hazard/Quality & Safety	6	PROVIDER WORKFORCE Failure of workforce recruitment and retention across health and care sectors leads to reduced capacity and sub-optimal care (focus on East Coast but risk in all localities)	PCN ARRS ICB Workforce strategy Primary Care Collaborative priority NY Place Board Priority	Place	3	4	12			8		Monitoring ARRS uptake Impact of recruitment drives from ICB Reports from Primary care collaborative Reports from NY Place Board	None	None Identified	N/a	Indirect	09/02/2023	Priority workstream in place for NY	PLACE SYSTEM	Q4 2022/23
NEW	E+1	13/02/2023	Hazard/Quality & Safety	6	QUALITY CONCERNS Several of the Place Providers are managing quality performance issues highlighted through CQC reviews. Quality Board Process is in place at: - TEWV York and Scarborough Trust	Quality Board Process in place, overseen by NHSE/I and attendance by Chief Nurse, regular updates to CQC improvement action plan		4	3	12			8		Nil	Nil	NY Place Quality and Nursing Director due to retire in March 2023 and strategic leadership to be shared across North Yorkshire and York.	None identified as yet	Indirect	13/02/2023	The Quality Board process in YSFT is reporting good progress being made delivering improvements. Boards also meet monthly to discuss progress.	PLACE SYSTEM	Q4 2022/23
NEW	E+1	13/02/2023	Hazard/Quality & Safety	6	AUTISM Number of referrals consistently exceeds numbers of assessments delivered Implications: - Long waiting lists resulting in non-compliance with NICE guidance - Delays in accessing specialist support in education and social care due to wait for diagnosis - Possible deterioration in condition	Contract management Attending weekly HFT Task Group.		4	4	16					Nil	Nil	None Identified	None Identified as yet	Indirect	13/02/2023	Head of Service and Project Manager to attend Autism Strategy meetings led by NYCC. Project Manager to attend fortnightly Autism pilot Selby/Scarborough meetings with York Place, Retreat, TEWV and NYCC. Retreat contract to be extended for Scarborough, Ryedale and Whitby until new provider is in place.	PLACE SYSTEM	Q4 2022/23
NEW	B+1	09/02/2023	Hazard/Quality & Safety	6	MENTAL HEALTH There is a lack of residential provision across North Yorkshire Places which could lead to the most complex adults and vulnerable children without a residential placement and this has a significant impact on children and young people with complex health needs and their families.	Continuing to work closely with Local Authority to identify any residential placements for these young people.	Place	3	4	12			6		Monitoring ARRS uptake Impact of recruitment drives from ICB Reports from Primary care collaborative Reports from NY Place Board	Nil	None Identified	None Identified as yet	Indirect	13/02/2023	New Risk	PLACE SYSTEM	Q4 2022/23

