

| REFERENCE | RESPONSIBLE DIRECTOR AND OPERATIONAL LEAD | RISK | DATE IDENTIFIED | CURRENT RISK RATING | | | INITIAL RISK RATING | | | TARGET RISK RATING | CURRENT CONTROLS | INTERNAL AND EXTERNAL ASSURANCES | GAPS IN CONTROL AND TIMESCALE FOR REMEDIAL ACTION | GAPS IN ASSURANCE AND TIMESCALES FOR REMEDIAL ACTION | ACTIONS TO BE TAKEN | ACTION END DATE | LEAD COMMITTEE / BOARD FOR DELEGATION OF ACTIONS | PROGRESS AGAINST ACTIONS |
|--|---|---|-----------------|---------------------|--------------|-------|---------------------|--------------|-------|--------------------|--|---|--|--|---|-----------------|---|---|
| | | | | Impact Likely | Impact Total | Score | Impact Likely | Impact Total | Score | | | | | | | | | |
| | Lead | What could happen | | | | | | | | | | | | | | | | Update on actions - is the plan on track? |
| 1 | | | | | | | | | | | | | | | | | | |
| STRATEGIC OBJECTIVE 1 - Reduce public sector demand and variation whilst promoting access based on need and meeting NHS Constitution and statutory requirements | | | | | | | | | | | | | | | | | | |
| 1.1 | Emma Sayner | Activity and demand is not appropriately managed, leading to cost pressures across the three organisations Hull CCG, ERY CCG and HEY involved in the Aligned Incentive Contract (AIC) | 05/17 | | | | | | | | - Managing needs framework Aligned Incentive Contract (AIC) Oversight Committee - Integrated Delivery Multi-Disciplinary Team Programme of Work | - Programme Delivery Board - Senior Leadership Team Quality and Performance Committee Clinical Commissioning Group Board - Internal Audit Programme | None identified | None identified | Full mobilisation of controls | 07/17 | Quality & Performance | 27.2.18 ES - The CCG continues to deliver significant reductions in demand for elective activity for both HEY and spire as well as containing a broadly flat level of non elective admission, the projects within the incentive scheme for the primary care groupings are established and anticipated to further increase the better use of resources across the city in 18/19. The AIC structure has worked well during 17/18 and we are anticipating continuing to build on this for 18/19 and beyond. 14.12.17 - ES - The AIC structure has been in place and is high performing there is very well embedded sub structure that is again working effectively and delivering real benefit both in terms of pathway re-design but also in terms of managing need. The half year position shows significant and sustained reductions in elective activity, 1-2% growth in ED attends and flat levels of non-elective admission. The IDF has been successfully launched with the 5 groupings and in the main we have received very positive feedback around the re-focused support to primary care and the incentive scheme. |
| 1.2 | Emma Sayner | Failure to get clinical engagement under new Aligned Incentive Contract leading to old ways of working | 05/17 | | | | | | | | - Primary Care Blueprint Integrated Delivery Multi-disciplinary Delivery Team - Clinical leads identified for reduction in variation | - Council of Member meetings - Feedback from clinical work streams - Internal audit programme | None identified | None identified | Full mobilisation of controls | 07/17 | Planning & Commissioning | 25.02.18 - KE - All groupings have, to varying levels depending upon their level of integrated working maturity, embraced their identified work programmes and are taking steps to start to deliver the agreed work. All Groupings have identified overall clinical leads and clinical leads for a number of the projects. Clinical leadership is being supported by various team members from within the CCG officers depending upon what is required including pharmaceutical and nursing clinicians as well as GPs. 08.12.17 - KE - Remains on track. Groupings have all responded on areas of interest with Quality Premium. Reviewing central support to align to Groupings. 14.11.17 - KE - remains on track. Integrated delivery principles rolled out to Groupings. Groupings reviewing proposed Quality Premium to support systemic change. 24/08/17 - KE On-track - Framework for Integrated Delivery agreed. Programme of grouping launch meetings being set up. |
| STRATEGIC OBJECTIVE 2 - Establish an Integrated Commissioning Committee in Common (CIC) and approval of integrated commissioning vision, priorities / deliverables | | | | | | | | | | | | | | | | | | |
| 2.1 | Erica Daley | As yet untested whether there will be political consensus for integration agenda plan developed by ICOB | 05/17 | | | | | | | | - Committees In Common work programme Integrated commissioning governance framework - CCG representation at Hull City Council Corporate Senior Team Engagement programme with elected members | - Meeting minutes Programme plan monitoring | None identified | None identified | Mobilisation of full CIC from shadow form | 07/17 | Integrated Commissioning Officer Board / Committees in Common | 25.02.18 - KE - Committees in Common, sub structure and governance well established and functioning. Work continuing to identify joint work programmes across both organisations and a variety of functions with consensus reached on areas covered to date and discussions ongoing on further areas. An integrated Health focused place plan is being developed. 08.12.17 - KE - Remains on track. Agenda covered expanding. 14.11.17 - KE - remains on track. New governance arrangements appear to be working well. CIC meeting regularly. 24/08/17 - KE On track CIC in place new governance arrangements operational. |
| 2.2 | Erica Daley | Failure to ensure commonality of language and concepts between the partners leading to cross purposes on delivery | 05/17 | | | | | | | | - Joint commissioning forum work programme Sharing of staff capacity across two organisations | - Meeting minutes Integrated Commissioning Officer Board review of programme plan | None identified | None identified | Mobilisation of full CIC from shadow form | 07/17 | Integrated Commissioning Officer Board / Committees in Common | 25.02.18 - KE - Increased levels of co-location occurring with staff from both organisations spending some of their time located within the other organisation. This is being very effective in developing shared understanding and joint learning. e.g. a member of the PH Team is the management lead for one of the CCG Groupings. Areas where capacity is significantly constrained being discussed to agree joint way forward on sharing workloads. 08.12.17 - KE - Remains on track. Common understanding developing. 14.11.17 - KE - remains on track. Discussions in CIC and wider networking being used to develop a common understanding of terms. 24/08/17 - KE First formal CIC has taken place. |
| 2.3 | Erica Daley | Integration programme of work not seen as an equal priority as other parts of the City Plan | 05/17 | | | | | | | | - Committees In Common work programme Integrated commissioning governance framework - CCG representation at Hull City Council Corporate Senior Team Engagement programme with elected members | - Meeting minutes Integrated Commissioning Officer Board review of programme - City Leadership Board | None identified | None identified | Brief City Leadership Board on progress to date and re-affirm their commitment to programme | 8/17 | Integrated Commissioning Officer Board / Committees in Common | 25.02.18 - KE Scope of integrated working continues to develop. Opportunities continue to be scoped. Integrated working across both organisations developing as is shared understanding of challenges and solutions. 08.12.17 - KE - Remains on track. System continues to work well. 14.11.17 - KE - remains on track, systems appear to be working well. 24/08/17 - KE On track, engagement and communications via CST |
| STRATEGIC OBJECTIVE 3 - Formalise Integrated Care Officer Board (ICOB). Develop / oversight of delivery of outcomes-focused integrated health and social care commissioning in Hull | | | | | | | | | | | | | | | | | | |
| 3.1 | Erica Daley | Not possible to translate plans into system change on the ground or at a suitable pace | 05/17 | | | | | | | | - Integrated commissioning governance framework - Strategic Partnership Board work plan | - STP Executive Group NHS England Assurance Framework | Development of delivery model to inform system change / transformation of how services are delivered | None identified | Agreement of integrated commissioning outcomes framework | 10/17 | Integrated Commissioning Officer Board / Committees in Common | 01.03.18 ED Place plan refresh for end of March 2018. Alignment of integrated delivery, commissioning as wide detriments of health. integrated delivery framework on track. 13.12.17 - ED Work streams agreed moving into delivery framework from January 2018. 30/08/17-JD Commenced through placed-based plan visioning event. |

| REFERENCE | RESPONSIBLE DIRECTOR AND OPERATIONAL LEAD | RISK | DATE IDENTIFIED | CURRENT RISK RATING | | | INITIAL RISK RATING | | | TARGET RISK RATING | CURRENT CONTROLS | INTERNAL AND EXTERNAL ASSURANCES | GAPS IN CONTROL AND TIMESCALE FOR REMEDIAL ACTION | GAPS IN ASSURANCE AND TIMESCALES FOR REMEDIAL ACTION | ACTIONS TO BE TAKEN | ACTION END DATE | LEAD COMMITTEE / BOARD FOR DELEGATION OF ACTIONS | PROGRESS AGAINST ACTIONS |
|--|---|--|-----------------|---------------------|--------|-------|---------------------|--------|-------|---|--|---|---|--|---|-----------------|--|--|
| | | | | Impact | Likely | Total | Impact | Likely | Total | | | | | | | | | |
| | Lead | What could happen | | Impact | Likely | Total | Impact | Likely | Total | What controls / systems do we have in place to assist in the delivery of aims and manage / mitigate risk? | Where can we gain evidence that the controls / systems we are placing reliance on are effective internally or externally? Date and name of Committee / Board | Areas where we do not have adequate controls / systems in place or existing controls / systems are not effective | Areas where we are not receiving evidence that controls / systems are effective | Detail the actions taken | | | Update on actions - is the plan on track? | |
| 3.2 | Erica Daley | Failure to achieve financial efficiencies in joint prioritisation framework | 05/17 | 4 | 3 | 12 | 4 | 3 | 12 | 8 | - Joint prioritisation framework Integrated Commissioning governance framework | - Minutes from Joint Commissioning Forum and Integrated Commissioning Officer Board | None identified | None identified | Completion of Joint Prioritisation Framework and testing | 09/17 | Integrated Commissioning Officer Board | 01.03.18 ED - Governance in place, review of CIC following Council elections in May 2018. Framework to be taken to CIC in June 2018. 13.12.17 - ED Work continues on the Joint prioritisation Framework with Hull City Council estimated completion the end of March 2018. 30/8/17-JD Significant progress with the development of Joint Prioritisation Framework with finer details of scope - particularly from the Local Authority perspective - in the process of being resolved. |
| 3.3 | Erica Daley | Insufficient resources to implement | 05/17 | 2 | 2 | 4 | 2 | 2 | 4 | 2 | - Sharing of staff capacity across Hull City Council and the CCG | - Senior Leadership Team - Hull City Council directorate management teams | None identified | None identified | Further communication with staff | 06/17 | Integrated Commissioning Officer Board | 25.02.18 - KE Increased levels of co-location occurring with staff from both organisations spending some of their time located within the other organisation. There is increased levels of cross representation between the organisations in specific areas. 08.12.17 - KE - Remains on track. Cross representation occurring. 14.11.17 - KE - Increased cross representation at meetings developing. 24/08/17 - KE Cross organisational working in place |
| STRATEGIC OBJECTIVE 4 - Ensure that patient and public views contribute to the integrated commissioning process through a rolling programme of engagement | | | | | | | | | | | | | | | | | | |
| 4.1 | Sue Lee | Insufficient opportunity for engagement | 05/17 | 4 | 1 | 4 | 4 | 1 | 4 | 4 | - Communications and Engagement Annual Delivery Plan - Pre-procurement engagement work - Equality Impact Assessment process | - Planning and Commissioning Committee work plan - Clinical Commissioning Group Annual Report - HCC Overview and Scrutiny Committee | None identified | None identified | Delivery of Communications & Engagement Annual Plan | 03/18 | Planning & Commissioning | 26.2.18 Down's Syndrome work now complete and redesigned pathway going to P&C for approval on 2.3.18. Launch event planned for March 2018. Extended GP access survey concluded. Largest number of respondents over 1200. Feedback being considered in development of extended access model. Work being planned for Q1 / 2 includes engagement around Acute Services Review, Children and Young People, End of Life, Dementia and Autism 12.12.17 - SL Fieldwork nearing completion for Short Breaks report due for 15.12.17. Down's Syndrome pathway review - 5 experienced based design sessions have been completed, 1 more scheduled for Jan. Engagement Report due by end of January and consolidation event with EBD session participants in February 2018. Dementia review underway. Engagement event held on 21.11.17 and further engagement work anticipated in 2018. Extended GP Access survey to launch late December / early Jan. People's Panel survey live from 8.12.17 - focussing on Choice. |
| 4.2 | Sue Lee | Lack of interest in engagement opportunities | 05/17 | 4 | 2 | 8 | 4 | 2 | 8 | 4 | - Communications and Engagement Annual Delivery Plan - Pre-procurement engagement work - Equality Impact Assessment process | - Patient experience report - Intelligence Sharing Group | None identified | None identified | Delivery of Communications & Engagement Annual Plan | 03/18 | Planning & Commissioning | 26.2.18 C&E team usually adopt a targeted approach to engagement activities utilising insight from EQJA process to target resources effectively. With recent extended GP access survey target group was very broad - being all patients registered with a Hull GP practice. Additional paid for advertising was undertaken via social media to raise awareness of the survey which proved successful. 12.12.17 SL - have worked effectively with partners and professionals to deliver engagement activity outlined above - i.e. KIDS, Down Right Special, Butterflies etc. Where take up of an engagement opportunity has been poor a revised approach has been developed i.e. adults with Down's syndrome - open session was not successful so delivering a bespoke session in conjunction with CASE Training. |
| 4.3 | Sue Lee | Not responding to feedback | 05/17 | 4 | 1 | 4 | 4 | 1 | 4 | 4 | - PALS service - Communication and Engagement Annual Delivery Plan - Contact Us inbox | - Patient experience report - Intelligence Sharing Group | None identified | None identified | Delivery of Communications & Engagement Annual Plan | 03/18 | Planning & Commissioning | 26.2.18 PALS and complaints now a standard agenda item at SLT as well as weekly reports, which have been expanded to provide more detail. These are also shared with Deputies and Heads of Service. 12.12.17 SL Weekly SLT reports continue and feedback to Intelligence Sharing Group. Volume of issues raised around TASL has resulted in joint resolution meetings with Patient Relations Officer and TASL representative. 30.8.17 - SL Summary of PALS now sent to Senior Leadership Team on a weekly basis. Quarterly PALS and Complaints Reports submitted to the Quality and Performance Committee. Patient feedback received is discussed at Intelligence Sharing Group. |
| 4.4 | Sue Lee | Failure to align the two engagement systems at Hull City Council and the Clinical Commissioning Group | 05/17 | 2 | 3 | 6 | 2 | 3 | 6 | 4 | - Communications and Engagement Annual Delivery Plan - Joint Communication and Engagement working arrangements, such as People's Panel | - Integrated Commissioning Officer Board | None identified | None identified | Delivery of Communications & Engagement Annual Plan | 03/18 | Planning & Commissioning | 26.2.18 Embedded posts continue to be beneficial and joint programmes of work support integration agenda. Currently looking at 2018/19 priorities for C&E team - contribution from Hull CC staff at Team Time Out to ensure priorities are aligned and joint work undertaken where appropriate. 12.12.17 Joint delivery plans for People's Panel, Hull 2020 Champions and Winter Communications in place and on track. Hull CC Health Improvement Officer and Communications Officer embedded within C&E team. Joint planning underway for delivery of Place Based Comms and Engagement. CLLD Board met 29.11.17 and agreed timescales for community engagement and grant funding process. |
| STRATEGIC OBJECTIVE 5 - To set the quality and safety standards aligned to the objectives of the integrated commissioning strategy and work plan | | | | | | | | | | | | | | | | | | |
| 5.1 | Erica Daley/ Sarah Smyth | Failure to sufficiently develop the integrated element of quality commissioning programme to achieve meaningful improvement in quality | 05/17 | 3 | 2 | 6 | 3 | 2 | 6 | 3 | - ICQB / CIC - Care Home Quality Board work programme - Joint Clinical Commissioning Group / Hull City Council posts | - Quality inspection visit joint reports | Quality representative to be considered for ICQB | Integrated quality assurance report | Quality representative to be considered for ICQB Integrated quality assurance report | 09/17 | CIC / Integrated Commissioning Officer Board | 25.02.18 - KE Integrated work programme developing with a focus on joint working and improving service outcomes for patients / individuals. 08.12.17 - KE - ICQB meeting regularly. Joint understanding and work agenda developing. 30.08.17 KE ICQB continues to meet regularly. Membership will be reviewed regularly to ensure meets needs. |

| REFERENCE | RESPONSIBLE DIRECTOR AND OPERATIONAL LEAD | RISK | DATE IDENTIFIED | CURRENT RISK RATING | | | INITIAL RISK RATING | | | TARGET RISK RATING | CURRENT CONTROLS | INTERNAL AND EXTERNAL ASSURANCES | GAPS IN CONTROL AND TIMESCALE FOR REMEDIAL ACTION | GAPS IN ASSURANCE AND TIMESCALES FOR REMEDIAL ACTION | ACTIONS TO BE TAKEN | ACTION END DATE | LEAD COMMITTEE / BOARD FOR DELEGATION OF ACTIONS | PROGRESS AGAINST ACTIONS |
|---|---|---|-----------------|---------------------|--------|-------|---------------------|--------|-------|--------------------|--|--|--|---|---|-----------------|--|--|
| | | | | Impact | Likely | Total | Impact | Likely | Total | | | | | | | | | |
| | Lead | What could happen | | Impact | Likely | Total | Impact | Likely | Total | | What controls / systems do we have in place to assist in the delivery of aims and manage / mitigate risk? | Where can we gain evidence that the controls / systems we are placing reliance on are effective internally or externally? Date and name of Committee / Board | Areas where we do not have adequate controls / systems in place or existing controls / systems are not effective | Areas where we are not receiving evidence that controls / systems are effective | Detail the actions taken | | | Update on actions - is the plan on track? |
| 5.2 | Erica Daley/ Sarah Smyth | Insufficient capacity, capability or resources to implement and monitor plan | 05/17 | 3 | 3 | 9 | 3 | 3 | 9 | 6 | - Managing needs strategy paper | - Senior Leadership Team | Completion of managing need paper actions | None identified | Quality capacity review | 10/17 | CIC / Integrated Commissioning Officer Board | 25.02.18 - KE - Increased levels of co-location occurring with staff from both organisations spending some of their time located within the other organisation supporting shared working. Workloads continue to be monitored. 08.12.17 - KE - Workloads being monitored and priorities reviewed. Integrated Delivery and ICOB progressing well.14.11.17 - KE - ICOB and Integrated Delivery Plan in place. Workloads being monitored. New ways of working developing as new delivery models developing. 30.08.17 KE Integrated Commissioning (ICOB) and Integrated Delivery Framework being put in place. As integrated Delivery work plans develop prioritisation will take place to match work with available resources. |
| STRATEGIC OBJECTIVE 6 - Develop clinically-led Hull integrated delivery model | | | | | | | | | | | | | | | | | | |
| 6.1 | Erica Daley | Resistance to change inhibiting progress | 05/17 | 4 | 3 | 12 | 4 | 3 | 12 | 8 | - Integrated Delivery Framework | - Local Strategic Partnership Board - AIC oversight management board - Programme Delivery Board - Council of Members - Planning and Commissioning - CCG Board | Integrated delivery model form to be finalised | None identified | Stakeholder and staff communications | 10/17 | SPB | 25.02.18 - KE - All Groupings have identified overall clinical leads and clinical leads for a number of the projects. Clinical leadership is being supported by various team members from within the CCG officers depending upon what is required including pharmaceutical and nursing clinicians as well as GPs. Integrated working progressing well. 08.12.17 - KE - On track. Aligned incentive contract appears to be working well. ICB and integrated delivery progressing well. No specific resistance to change present. 14.11.17 - KE - on track - meetings with groupings and agreed single practices compete. Second round of meetings being put in place. 24/08/17 KE - On-track - Framework for Integrated Delivery agreed. Programme of grouping launch meetings being set up |
| 6.2 | Erica Daley | Lack of appropriate incentives are identified to drive progress | 05/17 | 4 | 3 | 12 | 4 | 3 | 12 | 8 | - STP transformation fund programme - Place-based plan - Groupings audit premium incentives | - Strategic Partnership Board - Integrated Commissioning Officer Board - CCG Board - Programme Delivery Board - Integrated Delivery Team | None identified | None identified | - Consolidation of incentives into a single framework completion of plans to access wider transformational funds for local area | 03/18 | SPB | 25.02.18 - KE Quality Premium / incentive scheme now established, narrative descriptors of all schemes in place and distributed. All Groupings identified areas of work and progressing this work. Evidence of joint working. 08.12.17 - KE - On track. Proposed Quality Premium for Groupings received well, Groupings have identified preferred areas of work. 14.11.17 - KE - On track - quality premium / incentive proposals shared with groupings. Groupings considering options. 24/08/17 - KE On-track - Framework for Integrated Delivery agreed. Programme of grouping launch meetings being set up |
| 6.3 | Erica Daley | Appropriate changes measures not developed or don't achieve anticipated benefits | 05/17 | 4 | 3 | 12 | 4 | 3 | 12 | 8 | - Integrated Delivery Model | - Strategic Partnership Board - Integrated Commissioning Officer Board - CCG Board - Integrated Delivery Team | None identified | None identified | Outcomes framework to be finalised | 10/17 | SPB / Senior Leadership Team | 25.02.18 - KE Quality Premium / incentive scheme now established, narrative descriptors of all schemes in place and distributed. Template to support Groupings to submit evidence of delivery of the schemes developed and circulated. Impact upon referral levels, etc. being monitored. 08.12.17 - KE - On track - Groupings have identified preferred areas of work. payment scheme identified and accepted 14.11.17 - KE - On track - quality premium / incentive proposals shared with groupings. Groupings considering options, generally positively welcomed. 24/08/17 - KE On-track - Framework for Integrated Delivery agreed. Programme of grouping launch meetings being set up |
| STRATEGIC AIM 7 - Develop Primary Care at scale to improve population outcomes in Hull | | | | | | | | | | | | | | | | | | |
| 7.1 | Emma Sayner | Resistance to change inhibiting progress | 05/17 | 4 | 3 | 12 | 4 | 3 | 12 | 8 | - Primary Care Blueprint - Integrated Delivery Multi-disciplinary Delivery Team - Clinical leads identified for reduction in variation | - Council of Member meetings - Feedback from clinical work streams - Internal audit programme | None identified | None identified | Full mobilisation of controls | 07/17 | Planning & Commissioning | 25.02.18 - KE All Groupings involved with Quality Premium / incentive scheme. Whilst Groupings in slightly different positions regarding integrated working all Groupings are discussing joint work programmes and sharing of best practice, etc. 08.12.17 - KE - On track. Integrated delivery progressing well. Quality Premium shared with Groupings who have responded back with preferences. No specific resistance to change present.14.11.17 - KE - on track. Initial meetings with groupings and agreed individual practices have been positively received. Only 1 individual practice reluctant to participate. Follow-up meetings with individual team members occurring, wider follow-up meetings being put in place. 24/08/17 KE On-track - Framework for Integrated Delivery agreed. Programme of grouping launch meetings being set up |
| 7.2 | Emma Sayner | Lack of appropriate incentives are identified to drive improvements or appropriate measures developed to track progress | 05/17 | 4 | 1 | 4 | 4 | 1 | 4 | 4 | - Oversight by Chief Finance Officer - Financial performance framework - Primary care transformation task and finish group | - Programme Delivery Board - Senior Leadership Team - Quality and Performance Committee - CCG Board L29 | None identified | None identified | Full mobilisation of controls | 07/17 | Planning & Commissioning | 25.02.18 - KE Quality Premium / incentive scheme now established, narrative descriptors of all schemes in place and distributed. All Groupings identified areas of work and progressing this work. Evidence of joint working. Template to support Groupings to submit evidence of delivery of the schemes developed and circulated. 08.12.17 - KE - On track. Quality premium distributed and well received. Groupings have identified preferred options to work upon. Associated payment scheme developed. 14.11.17 - KE - On track - quality premium / incentive proposals shared with groupings. Groupings considering options, generally positively welcomed. 24/08/17 KE On-track - Framework for Integrated Delivery agreed. Programme of grouping launch meetings being set up |
| STRATEGIC AIM 8 - Local services respond to patient insight and experience to improve services | | | | | | | | | | | | | | | | | | |

| REFERENCE | RESPONSIBLE DIRECTOR AND OPERATIONAL LEAD | RISK | DATE IDENTIFIED | CURRENT RISK RATING | | | INITIAL RISK RATING | | | TARGET RISK RATING | CURRENT CONTROLS | INTERNAL AND EXTERNAL ASSURANCES | GAPS IN CONTROL AND TIMESCALE FOR REMEDIAL ACTION | GAPS IN ASSURANCE AND TIMESCALES FOR REMEDIAL ACTION | ACTIONS TO BE TAKEN | ACTION END DATE | LEAD COMMITTEE / BOARD FOR DELEGATION OF ACTIONS | PROGRESS AGAINST ACTIONS |
|--|---|---|-----------------|---------------------|--------|-------|---------------------|--------|-------|---|--|--|---|--|---|-----------------|--|---|
| | | | | Impact | Likely | Total | Impact | Likely | Total | | | | | | | | | |
| | Lead | What could happen | | Impact | Likely | Total | Impact | Likely | Total | What controls / systems do we have in place to assist in the delivery of aims and manage / mitigate risk? | Where can we gain evidence that the controls / systems we are placing reliance on are effective internally or externally? Date and name of Committee / Board | Areas where we do not have adequate controls / systems in place or existing controls / systems are not effective | Areas where we are not receiving evidence that controls / systems are effective | Detail the actions taken | | | Update on actions - is the plan on track? | |
| 8.1 | Sue Lee | Demand for services is greater than what can be provided. | 05/17 | 3 | 4 | 12 | 3 | 4 | 12 | 9 | - Intelligence Sharing meeting - PALS / Complaints service | - Patient experience report Service by service review reports to Planning and Commissioning Committee | None identified | None identified | Delivery of Communications & Engagement Annual Plan | 03/18 | Planning & Commissioning | 26.2.18 SL Pals and Complaints now a standing item on SLT agenda. Weekly reports shared with Senior Managers as well as SLT. Pals and Complaints used as basis for lessons learned reports. i.e. pain infusion therapy. 12.12.17 SL - Weekly SLT reports and Q&P reports identify issues raised via Patient Relations Service. Intelligence Sharing Group receives feedback and reports into Q&P. 30.8.17 - SL Summary of PALS now sent to SLT on a weekly basis. Quarterly PALS and Complaints Reports submitted to Q&P. Patient feedback received is discussed at Intelligence Sharing Group. |
| 8.2 | Sue Lee | Lack of awareness as to what is available. | 05/17 | 3 | 3 | 9 | 3 | 3 | 9 | 6 | - Range of proactive controls set out within C&E annual delivery plan | Planning and Commissioning Committee Annual Work plan - Peoples panel surveys | None identified | None identified | Delivery of Communications and Engagement Annual Plan | 03/18 | Planning & Commissioning | 26.2.18 SL Continue to use all channels available and deliver against the C&E plan 2017/18. Radio campaign and social media for e-consult commenced end January and radio, bus backs and print campaign for Medicines Waste commenced mid February 2018. 12.12.17 Delivery against plan still on track. New website launched November. Delivery of comprehensive multi-agency winter communications campaign in progress including alternatives to A&E. Radio, bus and billboard advertisements planned. Comprehensive communications plan in place for eConsult, delivery to commence in January including radio campaign. Guide to Health Services now printed and distribution will be undertaken end Dec / early Jan. 30.8.17 - SL Delivery against Action Plan on track. Full range of communication and engagement methods deployed. Production of new 'Guide to Health Services' underway. |
| STRATEGIC AIM 9 - Promote health and wellbeing resilience to help tackle inequalities, using the assets (people and places) available from communities themselves | | | | | | | | | | | | | | | | | | |
| 9.1 | Erica Daley | Cost pressures to resource full range of Voluntary Community Sector Provision that can be monitored to increase community provision | 05/17 | 3 | 3 | 9 | 3 | 3 | 9 | 6 | - Integrated Commissioning Officer Board work plan - Strategic Partnership Board work plan - Children's and Families Board work plan - Joint Social Prescribing Mobilisation plan | - Committees in Common - Health and Wellbeing Board - Overview and Scrutiny Committee - Hull City Council Area Committees | Comprehensive understanding of full range of second tier community initiatives across Hull | None identified | Ensure local Voluntary Community Sector strategy is aligned to CCG commissioning plan | 03/18 | CIC / Planning & Commissioning | 25.02.18 - KE Short term funding being utilised to expand upon existing voluntary sector schemes related to hospital discharge to better evaluate impact. This will contribute to ongoing planning. 13/12/17 ED - Voluntary Sector Strategy to be considered with Integrated Commissioning Priorities for 2018/19. Draft Voluntary Community Sector strategy delivered which will inform 2016/19 commissioning strategy |
| STRATEGIC OBJECTIVE 10 - Take a proactive role in the development of revised delivery plans for each of the cross cutting work streams within the Sustainability and Transformation Plan, leading to agreed plans across partners and regulators. | | | | | | | | | | | | | | | | | | |
| 10.1 | Emma Latimer/ Chris O'Neil | Failure to achieve consensus on cross-cutting themes | | 3 | 3 | 9 | 3 | 3 | 9 | 6 | - National guidelines and strategies STP executive and governance structure | L40- - Work stream progress reports to STP executive | None identified | None identified | Updated cross-cutting themes delivery plans | 06/17 | STP Executive | 15.12.17 CO - The comprehensive project plan including the process and prioritisation of review of hospital service provision has been drawn up and agreed. This is now moving to implementation with full stakeholder involvement. The Mental Health work stream has a series of projects established to deliver the agreed objectives and implementation has commenced. The new Cancer Alliance Programme Director took up in September and a review of the objectives and approaches has taken place and new arrangements where required are being implemented. Revised arrangements are being put in place in relation to the workforce, estates and digital technology work streams in order to achieve greater clarity regarding strategic objectives and approaches. A Senior Leadership Summit was held on the 6 December where the commitment to working collaboratively and building from place were reaffirmed as principles. Progress continues to be reported through the STP Executive Group and Strategic Partnership Board. |
| STRATEGIC AIM 11 - Develop strategic workforce plan via Local Workforce Action Board | | | | | | | | | | | | | | | | | | |
| 11.1 | Sarah Smyth | Delivery of services under threat of insufficient, suitability skilled workforce | 05/17 | 3 | 3 | 9 | 3 | 3 | 9 | 6 | - Individual provider workforce plans - Managing Need paper implementation plan Primary Care Blueprint actions | - Provider workforce board papers - Integrated Commissioning Officer Board Primary Care Commissioning Committee | - Joint strategic work plan to be developed | None identified | Joint strategic work plan | 03/18 | Strategic Partnership Workforce Group / Clinical Commissioning Group Board | SS 28/02/18 - workforce standing agenda item within the quality forums with providers. 13/12/17 - SS Providers are now sharing their workforce plans and staffing level reviews. Reviews are carried out through the Quality Forums. Internal Managing Need Project Board for Commissioners and Quality Team Members established in November 2017. 30.08.17 - KM Providers are now sharing their workforce plans and staffing level reviews. Reviews are carried out through the Quality Forums. |
| 11.2 | Sarah Smyth | System-wide risks overshadow local risks | 05/17 | 3 | 3 | 9 | 3 | 3 | 9 | 6 | - Individual provider workforce plans - Managing Need paper implementation plan Primary Care Blueprint actions | - Provider workforce board papers - Integrated Commissioning Officer Board Primary Care Commissioning Committee | - Further alignment of workforce plans between Local Workforce Action Boards and Hull place-based plans | None identified | | 03/18 | Strategic Partnership Workforce Group / Clinical Commissioning Group Board | SS 28/02/18 - greater focus on place based commissioning, will continue to review as Humber acute services review gains traction. 07/12/17 SS - No further update. 30.08.17 - KM Providers are now sharing their workforce plans and staffing level reviews. Reviews are carried out through the Quality Forums. |
| STRATEGIC AIM 12 - Quality | | | | | | | | | | | | | | | | | | |

| REFERENCE | RESPONSIBLE DIRECTOR AND OPERATIONAL LEAD | RISK | DATE IDENTIFIED | CURRENT RISK RATING | | | INITIAL RISK RATING | | | TARGET RISK RATING | CURRENT CONTROLS | INTERNAL AND EXTERNAL ASSURANCES | GAPS IN CONTROL AND TIMESCALE FOR REMEDIAL ACTION | GAPS IN ASSURANCE AND TIMESCALES FOR REMEDIAL ACTION | ACTIONS TO BE TAKEN | ACTION END DATE | LEAD COMMITTEE / BOARD FOR DELEGATION OF ACTIONS | PROGRESS AGAINST ACTIONS |
|-----------|---|---|-----------------|---------------------|--------|-------|---------------------|--------|-------|--------------------|---|--|--|---|--|-----------------|--|--|
| | | | | Impact | Likely | Total | Impact | Likely | Total | | | | | | | | | |
| | Lead | What could happen | | 3 | 3 | 9 | 4 | 4 | 16 | 12 | What controls / systems do we have in place to assist in the delivery of aims and manage / mitigate risk? | Where can we gain evidence that the controls / systems we are placing reliance on are effective internally or externally? Date and name of Committee / Board | Areas where we do not have adequate controls / systems in place or existing controls / systems are not effective | Areas where we are not receiving evidence that controls / systems are effective | Detail the actions taken | | | Update on actions - is the plan on track? |
| 12.1 | Sarah Smyth | - Period of change draws staff resource away from core quality requirements - Period of transition leads to staff vacancies and consequential loss of experience, skills and organisational memory | | 3 | 3 | 9 | 4 | 4 | 16 | 12 | - CCG quality strategy - Staff HR report - Sharing of staff capacity within the Hull health and social care economy as part of the Managing Needs actions | - Senior Leadership Team - Quality and Performance Annual Work plan - Clinical Commissioning Group Board | Alignment of Clinical Commissioning Group and Hull City Council reporting frameworks for quality and risk | None identified | Completion of workforce mobilisation plans | 03/18 | Quality & Performance Committee | SS 28/02/2018- workforce is currently stable. This is in part as a result of the successful recruitment to vacancies within the team and continued progression of the integrated working. 07/12/17 SS Quarterly reports are presented to Senior Leadership Team. 30.08.17 - KM Quality Strategy updated in Summer 2016. Quarterly reports are presented to Senior Leadership Team. |

| Likelihood of occurrence | Consequences/Severity | | | | |
|--------------------------|-----------------------|-------|----------|-------|--------------|
| | Insignificant | Minor | Moderate | Major | Catastrophic |
| 1 | 1 | 2 | 3 | 4 | 5 |
| Rare 1 | 1 | 2 | 3 | 4 | 5 |
| Unlikely 2 | 2 | 4 | 6 | 8 | 10 |
| Possible 3 | 3 | 6 | 9 | 12 | 15 |
| Likely 4 | 4 | 8 | 12 | 16 | 20 |
| Almost Certain 5 | 5 | 10 | 15 | 20 | 25 |