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	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?		
STRATEGIC OBJECTIVE 1 - INTEGRATED COMMISSIONING																		
Outcomes	i) Erica Daley	Deterioration of partnerships owing to financial pressures	05/18	4	2	8	4	2	8	4	Integrated Financial Plan agreed and in place	- Integrated Commissioning Officer Board - R5 Committees In Common	None Identified	None Identified	Implement the joint planning and prioritisation framework between Clinical Commissioning Group and Local Authority	Mar '19	Planning and Commissioning / Committee in Common	ED 09.08.18 - The actions to be taken are on track.
	ii) Reduced duplication and increased efficiency across health and social care	National Policy directives could undermine local strategic direction	05/18	4	2	8	4	2	8	4	Local integrated commissioning governance arrangements in place	NHS Hull CCG Board and Hull City Council work plans combined	None Identified	None Identified	Align priorities with the newly agreed joint outcomes framework and further sharing of staff skills and resources across the two organisations	Mar '19	Planning and Commissioning / Committee in Common	ED 09.08.18 - A time out session with Committee in Common was held in June 2018 to review the agenda for 2018/19.
		Failure to capitalise on joint commissioning opportunities	05/18	4	2	8	4	2	8	4	Joint Procurement Plan	Joint Commissioning Board Work Programme	None Identified	None Identified		Mar '19	Planning and Commissioning / Committee in Common	ED 09.08.18 -The actions to be taken are on track.
STRATEGIC OBJECTIVE 2 - INTEGRATED DELIVERY																		
Outcomes	i) Emma Sayner	- Insufficient capacity and skills within existing primary care groupings to deliver new service model at scale - Information governance and IT challenges inhibit progress	06/18	4	4	16	4	4	16	12	- CCG in-reach into primary care groupings providing appropriate support to group development - Integrated Delivery Framework Local Digital Roadmap	- Programme Delivery Board	None Identified	None Identified	Implement incentive schemes in primary care to manage need Deliver community frailty and chronic disease management and redesigned pathways	Mar '19	Planning and Commissioning	31.08.18 - "Managing need" incentive scheme operational and adopted by all practice groupings - including project plans and quarterly monitoring. All groupings attending Programme Delivery Board in either Sept '18 or Oct '18 for further review of progress.
	ii) A reduction in reliance and demand on hospital care	- Continued high demand on hospital services from patients with multiple comorbidities	06/18	3	4	12	3	4	12	9	- Chronic disease pathway review programme - ICC frailty pathway - Joint prevention programme with local authority	- Programme Delivery Board - Joint Commissioning Forum - STP elective / non elective pathway review	None Identified	None Identified	Deliver phase one of ICC and implement phase two Implement changes to 111 and ensure update integrated urgent care specification in line with urgent care network	Sept '18	Planning and Commissioning	31.08.18 - Changes completed to the urgent care spec in line with the national urgent and emergency care specification and NHS 111.
	iii) Increase in pathway development across primary, community and acute care	- Inability to develop a single, unified service vision between all clinicians - Poor communication of vision leads to poor uptake	06/18	4	3	12	4	3	12	8	- Pathway Review Group (and specific pathway review work) - Aligned Incentive Contract	- Programme Delivery Board - Contract Technical Information Group	None Identified	None Identified	Align new adult social care operating model to primary integrated delivery model	Mar '19	Planning and Commissioning	31.08.18 - New pathway transformation programme established to align other pathways alongside the frailty pathway.
	iv) New model to support care homes established	- Lack of single vision between stakeholders on new model - high workforce turnover inhibits ability to deliver new model	06/18	4	4	16	4	4	16	8	- Care home working group ICC pathway work	- ICC Programme Board	None Identified	- Inclusion within Programme Delivery Board work programme	Sept '18	Planning and Commissioning	31.08.18 - Standardised care home support model agreed and will commence on Oct '18, starting with the 10 highest referring care homes.	
STRATEGIC OBJECTIVE 3 - DELIVERY OF STATUTORY DUTIES																		
Outcomes	i) Emma Sayner	- In year financial pressures inadequately managed - Insufficient financial control leading to poor value for money conclusion - CCG financial systems not adequately maintained leading to material errors in final accounts	06/18	2	4	8	2	4	8	4	Robust budgetary control framework (delegated budget holders, authorised signatories, cash flow analysis, regular reporting and forecasting). Prioritisation Framework maintained for assessing and approving investments/disinvestments. Robust process for monitoring and reporting QJPP schemes. Financial policies to ensure accurate recording and reporting of financial transactions (e.g. invoicing controls, journal controls)	- Monthly Finance and Performance Report to Q&P and IACG, highlighting significant variances and mitigations - Internal audit reviews and reports throughout year	None Identified	None Identified	No actions to be taken	Mar '19	Quality and Performance	31.08.18 - The CCG is currently achieving all of its financial targets set for 2018/19 and is forecasting that this will continue to be the case for the remainder of the financial year
	ii) Substantial assurance from Head of Internal Audit Opinion Statement at year-end	- Poor findings from internal audit reviews during the year impact on year-end opinion	05/18	4	2	8	4	2	8	4	- Governance framework including Terms of Reference, Standing Orders and Prime Financial Policies	- Integrated Audit & Governance Committee Work Programme	None Identified	None Identified		Mar '19	Integrated Audit and Governance	31.08.18 - Year-end measure however actions continue in-year according to plan
	iii) Maintenance of Outstanding CCG Rating for CCG by NHS England	- Failure to make sufficient progress on clinical outcomes	05/18	4	4	16	4	4	16	12	- Work of system oversight management boards (unplanned/planned/quality) - Alternative provision mobilisation (Integrated Care Centre, Urgent Care Centre) - Extended access in primary care	- Programme Delivery Board - NHS England quarterly review - Quality & Performance Committee	None Identified	None Identified		Mar '19	Quality and Performance	31.08.18 - RTT review of speciality level pinch points and proposed remedial actions to report back in Sept '18 19.09.18 The CCG's internal programme to manage clinical change; for example Respiratory, ICC pathways: continues to be progressed and are aimed at improving clinical outcomes. Extended Primary Care access is in the process of being mobilised. The CCG is, in addition, a member of the HCV HCP Elective Care Network and is involved with the progression of the agreed work programme

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iv) Attainment of NHS Constitution standards		- Failure to secure sufficient diagnostic capacity - Insufficient capacity within specialist teams	05/18	5	4	20	5	4	20	15	- Aligned Incentive Contract - Elective care network / Urgent Care Network / Cancer Alliance Network Programmes	- Quality & Performance Committee - CTIG - NHS England monthly review	None Identified	None Identified		Mar '19	Quality and Performance	31.08.18 - RTT review of specialty level pinch points and proposed remedial actions to report back in Sept '18 19.09.18 The HCV Cancer Alliance has led a piece of work looking at existing and predicted diagnostic demand and capacity (including requirements for elective care diagnostics). This is currently being evaluated in preparation for developing an action plan to further develop the diagnostic infrastructure and capacity. There is limited private sector diagnostic capacity available but Hull & East Yorkshire Hospitals NHS Trust have source as much capacity as is currently available to them. Workforce challenges are regularly monitored by the Oversight Board to ensure best utilisation of available workforce skills and the utilisation of 'Get It Right First Time' principles.	
STRATEGIC OBJECTIVE 4 - HULL PLACED BASED PLAN																			
Outcomes i) Combined public sector response to tackling the wider determinants of health	Erica Daley	Lack of clarity on governance and effective decision making acts as an inhibitor not an enabler.	22/05	4	3	12	4	3	12	8	Governance plan arrangements Terms of Reference for Strategic Partnership Board	Hull Strategic Partnership Board	Governance review underway.	None Identified	None Identified	Establish multi agency programme arrangements and implement programme capacity review recommendations	Sept '18	Planning and Commissioning	ED 09.08.18 - KPMG Governance Review underway.
ii) Proactive data and intelligence sharing across organisational boundaries to ensure early intervention and prevention		Individual organisational objectives take precedent over placed based plan priorities	22/05	4	3	12	4	3	12	8	Terms of reference Strategic Partnerships Board	Hull Strategic Partnership Board Hull Placed Based Plan Delivery Board	None Identified	None Identified	Implement the Domestic Abuse Strategy Put the agreements in place for cross sector data and intelligence sharing	Sept '18	Planning and Commissioning	ED 09.08.18 - Priority work streams on track	
iii) Joint outcomes framework applied across local public sector		Plans do not progress as quickly as intended and momentum lost which impacts on engagement	22/05	4	3	12	4	3	12	8	Hull Placed Based Plan Dedicated programme arrangements	Hull Strategic Partnership Board Hull Placed Based Plan Delivery Board	Review of programme capacity.	None Identified	None Identified	Produce a place dashboard aligned to the agreed outcomes framework	Sept '18	Planning and Commissioning	ED 09.08.18 - Priority work streams on track
STRATEGIC OBJECTIVE 5 - VULNERABLE PEOPLE																			
Outcomes i) Transformation of mental health and learning disability services improving access and reducing delays to treatment.	Erica Daley	Lack of mature market to respond to need	05/18	5	4	20	5	4	20	10	Transforming Care Partnerships / Hull City Council joint work on market development	Transforming Care Partnership Board to be implemented Integrated Commissioning Officer Board	None Identified	None Identified	Market development to promote a local system market that can respond to local patients needs ensuring access to intervention and crisis resolution services as required	Mar '19	Planning and Commissioning	ED 09.08.18 - Actions on track for completion March 2019 19.09.18 The CCG is working with Humber Teaching NHS FT to support them to develop a specification for specialist service provision to support the repatriation of complex LD patients. This will, in addition, stimulate wider market development.	
ii) Commissioning a diverse range of provision to support a reduction in institutionalised service provision		National and regional commissioned services / resources not redirected locally following the repatriation of patients	05/18	4	3	12	4	3	12	8	- Links to Sustainability and Transformation Partnership Transformation Programme - Ongoing case by case review with NHS England - ICOB - Transforming Care Partnership Financial Plan	Sustainability and Transformation Partnership Mental Health Transformation Work stream TCP Programme Board	None Identified	None Identified	Ongoing discussions with national teams to ensure finances follow the individual	Mar '19	Planning and Commissioning	ED 09.08.18 - Actions on track for completion March 2019 19.09.18 Ongoing dialogue maintained on both a case by case and general principle level to seek assurances of adequate financial recompense to address individual needs	
		Unknown impact of new policy in relation to vulnerable people	05/18	4	3	12	4	3	12	8	- Local mental health transformation plan	Mental Health Transformation Board	None Identified	None Identified	Horizon scanning	Mar '19	Planning and Commissioning	ED 09.08.18 - Transformation Board operational Work streams on track 19.09.18 The Transformation Board continues to horizon scan for new policies that will impact. Nothing identified to date.	
		Level of provision and delivery of services threatened through the inability to commission a appropriate specialised service in the area	05/18	5	4	20	5	4	20	10	- Engagement with local providers around specialist commissioning requirements - Individual case management informs provision	- STP mental health transformation work stream - Engagement with NHSE mental health specialised commissioning team	None Identified	None Identified	Engage with service users to ensure co production of services Market development	Mar '19	Planning and Commissioning	ED 09.08.18 - Investment agreed. Trajectory with the provider for sign off. 19.09.18 Investment agreed. Work on market development and specific provider plan(s) are being developed to support the delivery of required specialised capacity	
STRATEGIC OBJECTIVE 6 - CHILDREN AND FAMILIES																			
Outcomes i) Joint commissioning strategy in place for children's services	Erica Daley	Focus on statutory work could detract from long term plans	05/18	5	3	15	5	3	15	10	- Joint commissioning strategy for children	- Children's Services Improvement Board - Integrated Commissioning Officer Board	Strategy to be finalised	None Identified	None Identified	Develop an integrated health and care early intervention response for children, young people and their families Produce a joint commissioning strategy for children's services	Sept '18	Planning and Commissioning	ED 09.08.18 - on track for completion September 2018.
ii) Improved services for children with special educational needs and disabilities		Local Authority focus on statutory responsibilities detracts from integration agenda	05/18	4	3	12	4	3	12	4	- SEND Improvement Plan Working Statement of Action	- SEND Accountability Forum - Children's Services Improvement Board	None Identified	None Identified	Delivery of the improvement plan for SEND	Mar '19	Planning and Commissioning	ED 09.08.18 - Send accountability forum now operational reporting to the improvement board.	
STRATEGIC OBJECTIVE 7 - CLINICAL LEADERSHIP / INNOVATION IN COMMISSIONING																			

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Outcomes I) Next generation of primary care clinical leaders playing an active role in local commissioning innovation	Sarah Smyth	Clinical Leaders acting as providers and not seeing the importance of commissioning role.	05/18	4	3	12	4	3	12	8	Clinical Leads, Board GP's and Executive Nurse developing grouping leadership	Integrated Assurance Framework Provider Forum	1. Programme to manage accreditation 2. Elections of GP Board Members	Updates and programme to Senior Leadership Team	Delivery of training session to GP registrars Engagement with GP trainers to explore further avenues to engage with trainees GP trainees to attend a board meeting or Council of Members or other CCG committee / working group (this would also satisfy a competency area around community orientation)	Mar '19	Primary Care Commissioning	SS 21.08.18 - Planning for Board Elections has commenced, meeting took place in August 2018.
		CCG does not reflect changes in nature of clinical provision, i.e. roles such as salaried GP's isn't reflected in the clinical leadership model.	05/18	4	3	12	4	3	12	8	Clinical Leads, Board GP's and Executive Nurse developing grouping leadership	Integrated Assurance Framework Provider Forum	1. Programme to manage accreditation 2. Elections of GP Board Members	Updates and programme to Senior Leadership Team	Further support to leadership training for emerging clinical leaders e.g. fellowship Clinical Commissioning Group executive lead for each grouping to identify and encourage emerging clinical leaders within each grouping	Mar '19	Primary Care Commissioning	SS 21.08.18 - on track for completion March 2019.
STRATEGIC OBJECTIVE 8 - WORKING WITH PARTNERS TO DEVELOP AND IMPLEMENT A SINGLE QUALITY IMPROVEMENT PLAN																		
Outcomes I) A 'Whole System' approach to the Quality, Innovation, Productivity and Prevention agenda, to ensure the delivery of transformational change across the local health and social care community	Sarah Smyth	Lack of Engagement of partners and key stakeholders resulting in non delivery of production and plan.	05/18	3	3	9	3	3	9	6	A member of the Quality team has oversight. Project Management Office support identified	Agenda item at the Hull and East Yorkshire Hospitals Quality Group Agenda item at Senior Nurse Forum	None Identified	Need to ensure reporting through CHCP and Humber	Co-produced QIPP programmes developed with the involvement of all key partners through the whole system Robust programme and project arrangements will be put in place to ensure that the developmental work required is delivered across a variety of projects and task groups working in a matrix fashion. This will maximise engagement, alignment and co-working on solutions which support the CCG's objectives	Mar '19	Quality and Performance	SS 21.08.18 - Terms of reference and scope agreed for the four priority areas.
		Competing priorities of partners.	05/18	3	3	9	3	3	9	6	Work streams developed together to ensure there are a priority for all partners					Mar '19	Quality and Performance	SS 21.08.18 -Terms of reference and scope agreed for the four priority areas.
STRATEGIC OBJECTIVE 9 - IMPLEMENT A REVISED ORGANISATIONAL DEVELOPMENT STRATEGY																		
Outcomes I) The CCG workforce is equipped with the necessary skills and behaviours to accelerate performance in order to achieve the CCG's strategic objectives	Sarah Smyth	Lack of engagement from CCG workforce.	05/18	4	3	12	4	3	12	8	Health and Wellbeing Group established and meets regularly Team Talk	Health and Wellbeing Action plan reported via IAG	None Identified	None Identified	Develop and approved revised strategy Integrate the Health and Wellbeing Strategy into the Organisational Development strategy and ensure focus on initiatives are reliant	Jan '19	CCG Board	SS 21.08.08 - Organisational Board Development Session took place in July 2018.
		Lack of identifying appropriate strategic partner to support on plan.	05/18	4	3	12	4	3	12	8	New Head of People role in place, this will enable further work to be carried out	Strategy refresh to identify current practices and risk areas	None Identified	None Identified	Continued focus on staff engagement including the delivery of the Equality Delivery System (EDS)2	Jan '19	CCG Board	SS 21.08.08 - Actions on track for completion
		Staff have poor awareness and understanding of CCG objectives	05/18	4	3	12	4	3	12	8	CCG objectives shared at Team Talk Strategic objectives discussed at staff engagement event Annual Appraisals with staff	Staff Survey Performance Development Review rate Improved performance levels	None Identified	None Identified		Jan '19	CCG Board	SS 21.08.08 - Appraisals nearly all completed.
STRATEGIC OBJECTIVE 10 - IMPLEMENT A REVISED RESEARCH STRATEGY																		
Outcomes I) Research, innovation and technology is an enabler to improve health outcomes in Hull and the impact on commissioning	Sarah Smyth	Lack of appreciation of the application of research findings to commissioning	05/18	3	3	9	3	3	9	6	Annual report to Board and Quality and Performance Committee Research outcomes and finding shared with commissioning team to inform future commissioning	Research and Development Steering Group Routine reporting to Quality and Performance Committee and Planning and Commissioning Committee	None Identified	None Identified	Continued focus on promotion, innovation, technology and improvement and alignment to integrated commissioning and delivery Dissemination of research	Mar '19	Quality and Performance	21.08.18 SS - Strategy is in development and will go to the September Board Meeting.
STRATEGIC OBJECTIVE 11 - IMPROVEMENT IN CLINICAL OUTCOMES																		
Outcomes I) Improvement in the identification and management of the risk factors associated with stroke	Sarah Smyth	Inability to engage patients in clinical priorities.	05/18	4	3	12	4	3	12	8	Patients at risk of stroke will be identified through the QOF and practices are incentivised to call/recall them and reduce their risk. Local Authority commissioned stop smoking service targets high-prevalence wards.	Quality and Outcomes Framework Reporting through Primary Care Performance and Quality Subcommittee	None Identified	None Identified	Identification of those with undiagnosed atrial fibrillation Risk reduction of those with atrial fibrillation through appropriate anticoagulation Identification of those with undiagnosed hypertension Appropriate management of those with hypertension Early diagnosis and response to stroke/TIA (FAST) Advanced care planning	Mar '19	Quality and Performance	JC 22.08.18 - Conversations ongoing with clinical colleagues around opportunities to improve diagnosis. Bid submitted with East Riding Clinical Commissioning Group to work collaboratively with academic health sciences network on diagnosis.

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		Reliance on success of integrated delivery fraction of framework	05/18	4	3	12	4	3	12	8	- Patients at risk of stroke will be identified through the QOF and practices are incentivised to call/recall them and reduce their risk. - Anticoagulation service in place to ensure a consistent approach to Anticoagulation	Quality and Outcomes Framework Reporting through Primary Care Performance and Quality Subcommittee	None Identified	None Identified		Mar '19	Quality and Performance	JC 22.08.18 - Discussions with Anticoagulation Service ongoing to identify challenges around appropriate anticoagulation.
		Inconsistent achievement of clinical outcomes caused by variation and inconsistencies within GP Practices	05/18	4	3	12	3	3	9	6	Patients at risk of stroke will be identified through the QOF and practices are incentivised to call/recall them and reduce their risk. Anticoagulation service in place to ensure a consistent approach to anticoagulation	Primary Care Performance and Quality Subcommittee	None Identified	None Identified		Mar '19	Quality and Performance	JC 22.08.18 - Discussions with Anticoagulation Service ongoing to identify challenges around appropriate anticoagulation.
ii) Improvements in the identification and management of the risk associated with diabetes	Sarah Smyth	Inability to engage patients in clinical priorities.	05/18	4	3	12	4	3	12	9	Patients at risk of diabetes invited to participate in NHS Diabetes Prevention Programme. Identified through NHS Health checks	Primary Care Performance and Quality Subcommittee NHS Diabetes Prevention Programme Board Quality and Outcomes Framework	None Identified	None Identified	Engagement with the NHS digital diabetes prevention pilot Implementation of the NHS Diabetes Prevention Programme	Mar '19	Quality and Performance	JC 22.08.18 - NHS Diabetes Prevention Programme being mobilised anticipated to have completed mobilisation end of December 2018.
		Reliance on success of integrated delivery fraction of framework	05/18	4	3	12	4	3	12	9	Patients at risk of diabetes invited to participate in NHS Diabetes Prevention Programme. Identified through NHS Health checks	Primary Care Performance and Quality Subcommittee NHS Diabetes Prevention Programme Board	None Identified	None Identified	Ensure that opportunities for early diagnosis are maximised Application of the evidence-based management of those with diabetes Advanced care planning	Mar '19	Quality and Performance	JC 22.08.18 - NHS Diabetes Prevention Programme being mobilised anticipated to have completed mobilisation end of December 2018.
		Inconsistent achievement of clinical outcomes caused by variation and inconsistencies within GP Practices	05/18	3	3	9	3	3	9	6	Patients at risk of diabetes invited to participate in NHS Diabetes Prevention Programme. Identified through NHS Health checks	Primary Care Performance and Quality Subcommittee NHS Diabetes Prevention Programme Board	None Identified	None Identified		Mar '19	Quality and Performance	JC 22.08.18 - NHS Diabetes Prevention Programme being mobilised anticipated to have completed mobilisation end of December 2018.
iii) Improvement in the prevention, early diagnosis and management of those with cancer	Sarah Smyth	Inability to engage patients in clinical priorities.	05/18	4	3	12	4	3	12	8	National campaigns Screening Programmes vaccination programme stop smoking service	Local National HPV LA commissioned Primary Care Performance and Quality Subcommittee Screening and Immunisation Oversight Group	None Identified	None Identified	Work with local authority colleagues around prevention programmes Promote update of national cancer screening programmes Raise public awareness of symptoms of possible cancer	Mar '19	Quality and Performance	JC 22.08.18 - Single Route into Diabetes Prevention Programme. Work with practice ongoing to improve
	Sarah Smyth	Reliance on success of integrated delivery fraction of framework	05/18	4	3	12	4	3	12	8	National campaigns Screening Programmes vaccination programme stop smoking service	Local National HPV LA commissioned Primary Care Performance and Quality Subcommittee Screening and Immunisation Oversight Group	None Identified	None Identified	Raise primary care awareness of routes into cancer pathways Work collaboratively with secondary care providers to ensure that pathways are appropriate Advanced care planning	Mar '19	Quality and Performance	JC 22.08.18 - Working with screening and immunisation coordinator (SIC) to identify areas of improvement. Working with Public Health England to interview replacement for SIC who is about to leave.
	Sarah Smyth	Inconsistent achievement of clinical outcomes caused by variation and inconsistencies within GP Practices	05/18	3	3	9	3	3	9	6	PHE Screening Programme Boards meet and scrutinise screening uptake, Clinical Commissioning Group/Local Authority is represented on this meeting	Primary Care Performance and Quality Subcommittee Screening and Immunisation Oversight Group	None Identified	None Identified		Mar '19	Quality and Performance	JC 22.08.18 - Working with screening and immunisation coordinator (SIC) to identify areas of improvement. Working with Public Health England to interview replacement for SIC who is about to leave.
STRATEGIC OBJECTIVE 12 - TO EMBED PATIENT AND PUBLIC INVOLVEMENT ACROSS THE ORGANISATION AND ENSURE THAT THE CCG MEETS ITS STATUTORY DUTY UNDER 1422 OF THE HEALTH AND SOCIAL CARE ACT																		
Outcomes The reach and impact of CCG public engagement is increased by providing a wide range of engagement opportunities	i) Sue Lee	Insufficient time for undertaking appropriate engagement	05/18	4	2	8	4	2	8	4	Annual Communications and Engagement Delivery Plan allows timescales for projects to flex when possible. Associate Director of Communications and Engagement is member of the Procurement Panel and has advanced notice of all planned procurements. Time for engagement is factored into any procurement / service change timelines	Procurement Panel Communications and Engagement Delivery Plan	None Identified	None Identified	Implementation of robust Equality Impact Assessments to identify the most appropriate groups and individuals to engage with on a service by service basis Further development of effective and accessible engagement mechanisms Improve how patient experience intelligence is communicated throughout the organisation	Mar '19	Planning and Commissioning	SL 08.08.18 - The timescale for Eating Disorders was initially challenging however this has now been extended as service specification will be presented to September P&C and not August as planned. This has allowed for some additional work with current service users to be completed within the timeframe.
		Inappropriate methodology used for engagement	05/18	4	1	4	4	1	4	4	Equality impact assessment completed prior to engagement commencing and engagement methodology determined by needs of the target audience.	Planning and Commissioning Committee	None Identified	None Identified		Mar '19	Planning and Commissioning	SL 08.08.18 - Undertaking engagement for Eating Disorders Service reprocurement. Data on eating disorders identifies target age group 18-40 and specific at risk groups i.e. gay men. Approach taken included presence at Pride, targeted Social media i.e.. Facebook boosted posts. Result was 367 completed surveys, largest reach of any social media. For Speech and Language Therapy engagement a focus group approach was identified as most appropriate, whereas for Sensory Processing Disorders a working group approach was more appropriate.
		Insufficient resource available to undertake engagement activities	05/18	4	2	8	4	1	4	4	Robust planning process for all engagement activity, resource requirements identified at start. Workload allocated appropriately across the Communications and Engagement team.	Communications and Engagement Delivery Plan	None Identified	None Identified		Mar '19	Planning and Commissioning	SL 08.08.18 - There are several engagement activities running simultaneously and whilst at present this is manageable it is not ideal, particularly over the summer period. Situation will be kept under review and additional resources deployed if necessary.
		Response to engagement activity is not inclusive and representative of Hull's diverse community	05/18	4	1	4	4	1	4	4	Equality impact assessment process will identify those groups likely to be affected. Established engagement mechanisms allow for targeted work with certain communities when appropriate. Project specific workplans are developed.	Equality impact assessment sign off process	None Identified	None Identified		Mar '19	Planning and Commissioning	SL 08.08.18 - Eating Disorder engagement has been representative of the audience we set out to reach and this is due to the targeted approach that was taken. Some general engagement work is planned in August / September as part of the CCG's Equality and Diversity action plan working with specific groups and organisations supporting people with each of the protected characteristics.
ii) To strengthen the use of patient experience in decision making	Sue Lee	Patient Experience feedback is not shared effectively and appropriately used to inform commissioning decisions	05/18	4	2	8	4	2	8	4	Weekly reports detailing PALs and Complaints circulated to Senior Leadership Team and Senior Managers and discussed at Information Sharing Group.	SLT Senior Managers Information Sharing Group	None Identified	None Identified		Mar '19	Planning and Commissioning	SL 08.08.18 - Weekly reports compiled and shared. Noticeable increase in Primary Care issues and investigation suggests that some practices are not attempting to resolve in house but passing on Patient Relation details as routine. Communication to practices via weekly email update will remind of process for internal resolution.

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				Impact Likely	Impact Total	Overall	Impact Likely	Impact Total	Overall									
	Lead	What could happen								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?	
		Patient experience information is not triangulated with other quality data	05/18	4	2	8	4	2	8	4	Patient Experience information now incorporated within monthly Quality and Performance Reports	Quality and Performance Committee Information Sharing Group	None Identified	None Identified		Mar '19	Planning and Commissioning	SL 08.08.18 - Development of joint approach to reporting is underway.

Likelihood of occurrence	Consequences/Severity				
	Insignificant(1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Rare 1 <i>This will probably never happen/recur</i>	1	2	3	4	5
Unlikely 2 <i>Do not expect it to happen/recur but it is possible it may do so</i>	2	4	6	8	10
Possible 3 <i>Might happen or recur occasionally</i>	3	6	9	12	15
Likely 4 <i>Will probably happen/recur but it is not a persisting issue</i>	4	8	12	16	20
Almost Certain 5 <i>Will undoubtedly happen / recur, possibly frequently</i>	5	10	15	20	25