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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 Established governance and management of the integrated financial plan ii) Reduced duplication and increased efficiency across health and social care	Erica Daley	Deterioration of partnerships owing to financial pressures National Policy directives could undermine local strategic direction Failure to capitalise on joint commissioning opportunities	05/18 05/18 05/18	4 2 8 4	2 8 4	4 2 8 4	2 8 4	4 4 4	Integrated Financial Plan agreed and in place. Joint prioritisation framework Local integrated commissioning governance arrangements in place Joint Procurement Plan	- Integrated Commissioning Officer Board Committees In Common NHS Hull CCG Board and City Council work plans combined Joint Commissioning Board Work Programme	None Identified None Identified None Identified	None Identified None Identified None Identified	Implement the joint planning and prioritisation framework between Clinical Commissioning Group and Local Authority Align priorities with the newly agreed joint outcomes framework and further sharing of staff skills and resources across the two organisations None	Mar '19 Mar '19 Mar '19	Planning and Commissioning / Committee in Common Planning and Commissioning / Committee in Common Planning and Commissioning / Committee in Common	KE 17.02.19 Joint working continues. KE 21.12.18 - Joint working continues. ICOB meeting regularly. 17.10.18 KE Implementation of the joint plans continues. The last Commissioning Committee is supporting planning integration. ED 09.08.18 - The actions to be taken are on track. KE 17.02.19 Joint / integrated working continues. Joint plans being reviewed for 2019/20. 21.12.18 - No identified impacts at present of national policy negatively impacting upon integrated working. Joint plans continue to be developed and progressed. KE 17.10.18 - KE Work continues to further develop and deliver joint plans. ED 09.08.18 - A time out session with Committee in Common was held in June 2018 to review the agenda for 2018/19. KE 17.02.19 Work continues to monitor existing plans and develop future plans. 21.12.18 - The Joint Commissioning Forum and ICOB regularly review current and future work plans for joint opportunities. KE - 17.10.18 - Development of the joint plan continues in line with planned actions. ED 09.08.18 - The actions to be taken are on track.
STRATEGIC OBJECTIVE 2 - INTEGRATED DELIVERY																
Outcomes Increase in out of hospital care organised around GP practice groupings ii) A reduction in reliance and demand on hospital care iii) Increase in pathway development across primary, community and acute care iv) New model to support care homes established	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 - Continued high demand on hospital services from patients with multiple comorbidities - Inability to develop a single, unified service vision between all clinicians - Poor communication of vision leads to poor uptake - Lack of single vision between stakeholders on new model - high workforce turnover inhibits ability to deliver new model	06/18 06/18 06/18 06/18	4 4 16 4	4 4 16 4	4 4 16 4	4 4 16 4	12 9 8 8	- CCG in-reach into primary care groupings providing appropriate support to group development - Integrated Delivery Framework Local Digital Roadmap - Chronic disease pathway review programme - ICC frailty pathway - Joint prevention programme with local authority - Pathway Review Group (and specific pathway review work) - Aligned Incentive Contract - Care home working group ICC pathway work	- Programme Delivery Board - Programme Delivery Board Joint Commissioning Forum STP elective / non elective pathway review - Programme Delivery Board Contract Technical Information Group - ICC Programme Board	None Identified None Identified None Identified	None Identified None Identified - Inclusion within Programme Delivery Board work programme	Implement incentive schemes in primary care to manage need Deliver community frailty and chronic disease management and redesigned pathways 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 Align new adult social care operating model to primary integrated delivery model None	Mar '19 Sept '18 Mar '19 Sept '18	Planning and Commissioning Planning and Commissioning Planning and Commissioning Planning and Commissioning	EB 20.2.19 GP groupings continue to work to the priorities set out in the 2018/19 local QP with the support of named CCG staff aligned to specific projects reporting progress through the PDB governance. EB 2.1.19 peer review template and process embedded in all groupings making positive impact on highest volume specialties identified by groupings and referral reduction continues to be seen at HEYHT. 24.10.18 - "Managing need" incentive scheme operational and adopted by all practice groupings - including project plans and quarterly monitoring. Three groupings have attended a Programme Delivery Board to date for further review of progress. The remaining two groups are scheduled to attend Programme Delivery Board (PDB) in November. 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. EB 20.2.19 Work streams established in full pathway review of COPD, in additional parkinson patients with frailty and baselining of data for comorbidities. EB 2.1.19 phase 2 commenced with frailty patients with COPD identified and scoping of pathway redesign. 24.10.18 - Changes completed to the urgent care specification in line with the national urgent and emergency care specification and NHS 111. 31.08.18 - Changes completed to the urgent care spec in line with the national urgent and emergency care specification and NHS 111. EB 20.2.19 All projects are being reported into the Programme Delivery Board prioritising transformational pathways with key roles and responsibilities aligned to workstreams. EB 2.1.19 positive progress being made to align pathways to the frailty transformation model. 24.10.18 - New pathway transformation programme established to align other pathways alongside the frailty pathway. 31.08.18 - New pathway transformation programme established to align other pathways alongside the frailty pathway. EB 20.2.19 Project established working with clinical stakeholders across the system - project plan confirmed. EB 2.1.19 Project commenced to review data reporting for 10 highest referring care homes and engagement with community geriatricians .24.10.18 - Standardised care home support model agreed and will commence in October 2018, starting with the 10 highest referring care homes. 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 Approval of unqualified annual accounts and positive VFM assessment at year-end ii) Substantial assurance from Head of Internal Audit Opinion Statement at year-end	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 - Poor findings from internal audit reviews during the year impact on year-end opinion	06/18 05/18	2 4 8 2	4 8 4	2 4 8 4	4 8 4	4 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 QIPP 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 - Integrated Audit & Governance Committee Work Programme	None Identified None Identified	None Identified	No actions to be taken None	Mar '19 Mar '19	Quality and Performance Integrated Audit and Governance	DS 20.02.19 - No change in relation to achievement of financial targets. Work underway with external auditors in preparation of annual accounts and VFM conclusion. DS 21.12.18 - The CCG is on track to achieve all financial targets and has sufficient contingency reserves in place to manage potential risks. 24.10.18 - 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. 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 DS 20.02.19 - no significant concerns raised by internal auditors to date. Year-end measure however reports to date have not identified any significant concerns. 24.10.18 - Year-end measure however actions continue in-year according to plan. 31.08.18 - Year-end measure however actions continue in-year according to plan

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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	JD 06.02.19 Hull GP Groupings have strategic fit with Primary Care Networks described in the NHS LT Plan. Further development of the Integrated Delivery framework planned for the coming year. Particular success with engagement from BI Leads in the GP Groupings which will drive continuous improvements in data quality. Increase in use of Advice and Guidance in Hull Hospitals with further scope for increase. Phase II of the ICC programme is underway. Extended access service is operational with good utilisation. Encouraging early indications from care homes project in terms of reduction in admissions. Focussed work on ensuring the CCG optimised all opportunities to work with partners to improve key constitutional indicators. JD 21.12.18 Hull GP Groupings continue to deliver their programme of work including improvements in data and data quality and information. 29.10.18 As part of the Integrated Delivery Framework, Hull GP groupings continue to adopt peer review on high volume specialties and utilise advice and guidance at Hull and East Yorkshire Hospitals Trust. In addition primary care data quality initiatives are progressing to support improved information and pathways. 31.08.18 - Referral to treatment time (RTT) review of specialty 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.		
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	JD 06.02.19 Focus continues on eliminating 52+ waiters at Hull Hospitals. Referrals overall have reduced, uptake of Advice and Guidance has increased significantly. Early indications of reduction in admissions from Care Homes due to targeted intervention. CCG challenging itself to ensure it is optimising the impact of specific initiatives. JD 21.12.18 Specific focus is being directed towards the elimination of 52week+ waits by March 2019. Continue joint focus on improvement in performance against constitutional targets through the Aligned Incentive Contract delivery groups. 29.10.18 Hull and East Riding of Yorkshire Planned Care Delivery Group membership reviewed to include HEYHT Director of Finance and Chief Operating Officer, agenda will include report from CTIG to support key areas of focus including Referral to Treatment Time, long waits and 52 week breaches. 31.08.18 - Referral to treatment time (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	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 Reduce the number of looked after children with introduction of the edge of care model	Sept '18 Sept '18	Planning and Commissioning Planning and Commissioning	KE 17.02.19 Governance across wider systems developing alongside joint work programmes. Governance review progressed as planned. KPMG Governance Review underway. KE 21.12.18 - ED 09.08.18 -
i) Combined public sector response to tackling the wider determinants of health		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	KE 17.02.19 Joint project reporting through LRF established, evaluation of joint opportunities ongoing. Work progresses implementing both joint and individual priorities, ensuring that joint working opportunities are maximised. KE - 17.10.18 - Work continues to implement the work programmes in line with delivery plans. The data sharing product Business Intelligence produced by KPMG has been transferred to a sub group working to Hull Place Board. ED 09.08.18 - Priority work streams on track	
ii) Proactive data and intelligence sharing across organisational boundaries to ensure early intervention and prevention		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	KE 17.02.19 Work continues to deliver agreed work programme's. 21.12.18 - No loss of momentum identified. 24.10.18 - ED The outcomes framework jointly agreed by system partners. Priority work streams on track
iii) Joint outcomes framework applied across local public sector																			
STRATEGIC OBJECTIVE 5 - VULNERABLE PEOPLE																			
Outcomes	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	KE 17.02.19 Engagement with market improving. Increased focus on individual packages of care. Work continues with the Market to encourage market development. Other actions progressing. KE 17.10.18 - Actions progressing to achieve the trajectory agreed with NHS England. 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.	
i) Transformation of mental health and learning disability services improving access and reducing delays to treatment.		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	KE 17.02.19 Dialogue continues with NHSE. 21.12.18 - Ongoing dialogue maintained with NHSE. 17.10.18 - Dialogue continues with NHSE on a case by case basis regarding financial recompense. 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	
ii) Commissioning a diverse range of provision to support a reduction in institutionalised service provision		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	KE 17.02.19 Reviewed - no change 21.12.18 - No further update, Transformation Board continues to meet. No further update. 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	KE 17.02.19 Work continues to commission appropriate packages of care . 21.12.18 - Engagement and development work continues. 17.10.18 - Plans continue to be developed. 09.08.18 - Investment agreed. Trajectory wit 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																			

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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	KE 17.02.19 Work commenced on setting up a Children's Integrated Care Partnership. KE 21.12.18 Final Draft Joint Commissioning Strategy to go to ICB for review / input. Individual action plans around work programmes being developed. KE 17.10.18 - Work progressing to finalise the joint commissioning strategy following wider system review. 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	KE 17.02.19 Work continues to deliver agreed SEND action Plan. KE 21.12.18 - Joint working around SEND developing in well. KE 17.10.18 Work to address the main actions within the improvement plan continuing. Quarter 3 monitoring visit received positive feedback on the plan. ED 09.08.18 - Send accountability forum now operational reporting to the improvement board.	
STRATEGIC OBJECTIVE 7 - CINICAL LEADERSHIP / INNOVATION IN COMMISSIONING																			
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 - 21.02.19 - Expressions of Interest launched in January 2019. Ballot in progress outcome expected late February 2019. SS 18.10.18 Update provided at Council of Members Meeting in September 2018 on the election process. Further update to be provided at November 2018 Council of Members Meeting. 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 - 21.02.19 - Primary Care Workforce Strategy in development 30.10.18 - DR - Programme Directors of the Hull and East York's VTS have been approached to ask if they want a CCG orientation session for their final year registrars . We have developed a fellowship post with Modality and that has gone out to advertisement - There is a programme of individual leadership development with that. DR has had several discussions with HYS re the Primary Care Academy and how it will support Primary Care in General and the leadership development aspiration of the workforce in its widest sense October 2018 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 - 21.02.19 On track end of year report will be produced for April 2019. SS 12.12.18 - Progress against plans are underway. Final report to Quality and Performance Committee at the end of March 2019. SS 18.10.18 - Programmes progressing well, update report to go to November Quality and Performance Committee. 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 - 21.02.19 - On track end of year report will be produced for April 2019. SS - 12.12.18 - Membership monitored via Chairs and escalated accordingly. - Programmes progressing well, update report to go to November Quality and Performance Committee. 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 21.02.19 - On track end of year report will be produced for April 2019. SS - 12.12.18 - Strategy will be presented to January 2019 Board. 18.10.18 - Staff health and wellbeing group continue to meet. 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 21.02.19 New HR and Organisational Development structure in development. SS - 12.12.18 - Strategy will be presented to January 2019 Board. 18.10.18 - Strategy development in progress. 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 21.02.19 - Staff survey results recently published. SS - 12.12.18 - Staff survey now closed result will be published in January /February 2019. SS 18.10.18 - Staff survey open for staff to complete. 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	SS 21.02.19 - Strategy going to next Quality and Performance Committee and March 2019 Board SS - Further consultation to take place on draft strategy at Board Meeting in January 2019. 21.08.18 SS - Strategy is in development and will go to the September Board Meeting.	

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STRATEGIC OBJECTIVE 11 - IMPROVEMENT IN CLINICAL OUTCOMES																		
Outcomes Improvement in the identification and management of the risk factors associated with stroke	James Crick	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 18.02.19 Groupings are engaging with the IDF around Atrial Fibrillation and are carrying out the necessary reviews. JC 19.12.18 - Local Authority commissioned stop smoking service is being reproposed with input from JC. Additional resource has been offered through ICOB to support the acute trust to better address smoking and a business case and model is in development JC 19.10.18 - bid for improving diagnosis successful. In discussion with East Riding Clinical Commissioning Group (ERCCG) and the AHSN as to whether this could be implemented through healthy living pharmacies. JC 22.08.18 - Conversations ongoing with clinical colleagues around opportunities to improve diagnosis. Bid submitted with ERCCG to work collaboratively with academic health sciences network (AHSN) on diagnosis.
		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	Advanced care planning	Mar '19	Quality and Performance	JC 18.02.2019 - Meeting held with GPwSi in Cardiology (Northamptonshire) led to positive suggestions to improve outcomes locally. These have been discussed with the IDST and commissioners for consideration in the next IDF. JC 19.12.18 - Data from anticoag service has not been forthcoming, however the IDF returns have proved useful. Evidence that Groupings are reviewing their cohorts of patients. Roundtable discussion with GPwSi from Northamptonshire (Cardiology and Stroke Prevention) has been arranged for Feb 2019 to further progress. JC 19.10.18 - Awaiting data from anticoag service. 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 18.02.19 - IDF data continues to confirm that Groupings are undertaking the necessary work. Prescribing data suggests that anticoagulant prescribing is increasing across the CCG, and given that the incidence of DVT and valvular heart disease are likely to be static, the majority of this change could reasonably be attributed to the work of the groupings around Atrial Fibrillation. JC 19.12.18 - IDF submission examined and provides evidence that some practices within groupings are reviewing their cohort and addressing issues. JC 19.10.18 - First IDF update scrutinised to identify the variation at grouping level and look at the proposed plan. JC 22.08.18 - Discussions with Anticoagulation Service ongoing to identify challenges around appropriate anticoagulation.
ii) Improvements in the prevention, early diagnosis and management of the risk associated with diabetes	James Crick	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 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 18.02.19 - Letter received from NHSE seeking assurance around the NHS DPP as referrals lower than trajectory. Referrals have increased dramatically in January 2019 and the rollout is progressing. JC 19.12.18 - NHS Healthchecks continuing. HEY-initiated discussion regarding remission project has plateaued whilst awaiting the NHSE publication. JC 19.10.18 - Discussion with HEY clinician - working around diabetes remission programme which is being pushed by NHSE. Planning in place to implement similar approach in the local system as a pilot initially. Discussions with Public Health colleagues regarding whether there are opportunities to support the Diabetes Prevention Programme and a remission programme are ongoing. 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		Mar '19	Quality and Performance	JC 18.02.19 - NHS DPP receiving referrals, and the referrals are increasing. JC 19.12.18 - NHS Diabetes Prevention Programme has been rolled out and referrals are incoming. Conversations are occurring between LA and CCG regarding opportunities for the PH team and wider authority to support the NHS DPP regarding physical activity. JC 19.10.18 - 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 18.02.19 - NHS DPP referrals increasing. JC 19.12.18 - NHS Diabetes Prevention Programme has been rolled out and referrals are incoming. Conversations are occurring between LA and CCG regarding opportunities for the PH team and wider authority to support the NHS DPP regarding physical activity. JC 19.10.18 - NHS Diabetes Prevention Programme roll out in progress and referrals being received. 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	James Crick	Inability to engage patients in clinical priorities.	05/18	4	3	12	4	3	12	8	National campaigns Local National Screening Programmes National HPV vaccination programme LA commissioned stop smoking service	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 Raise primary care awareness of routes into cancer pathways Work collaboratively with secondary care providers to ensure that pathways are appropriate	Mar '19	Quality and Performance	JC 18.02.19 - Learning from deaths work is ongoing and a further meeting is scheduled. JC 19.12.18 - CHCP Macmillan GP facilitators developing the learning from deaths in primary care template and aiming to roll out the offer in early 2019. JC 19.10.18 - National campaigns being promoted (e.g. blood in pee) to raise public awareness and improve early presentation and diagnosis. Learning from deaths in primary care process being rolled out which may provide an opportunity to identify earlier diagnosis opportunity should similar cases present in the future. Ongoing work at Hull, Hull/East Riding CCG, STP level looking at secondary care pathways and potential blockages. Diagnostics has been identified as a particular area of challenge; Quality and Performance Committee are undertaking a deep dive into this particular area to identify the challenges and mitigations.
	James Crick	Reliance on success of integrated delivery fraction of framework	05/18	4	3	12	4	3	12	8	National campaigns Local National Screening Programmes National HPV vaccination programme LA commissioned stop smoking service	Primary Care Performance and Quality Subcommittee Screening and Immunisation Oversight Group	None Identified	None Identified	Advanced care planning	Mar '19	Quality and Performance	JC 18.02.19 - JC met with new screening and imms coordinator, ongoing discussions regarding the next year's local improvement plan. JC 19.12.18 JC/KM to meet with the newly appointed PHE SIC in early 2019 to review the Screening and Immunisations Local Improvement Plan. JC 19.10.18 - PHE SIC has not yet been appointed and therefore Hull is receiving support from other areas which is impacting on capacity. The Screening and Immunisation Lead is aware of this and has advised that the post will be filled imminently. 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.
	James Crick	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 18.02.19 - JC to be involved in the rollout of the NHS Lung Health pilot, and the PH team are involved in the people study which also aims to look at lung cancer diagnosis rates. JC 19.12.18 - JC/KM to meet with the newly appointed PHE SIC in early 2019 to review the Screening and Immunisations Local Improvement Plan. JC 19.10.18 - PHE SIC has not yet been appointed and therefore Hull is receiving support from other areas which is impacting on capacity. The Screening and Immunisation Lead is aware of this and has advised that the post will be filled imminently. 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.

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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 12 - TO EMBED PATIENT AND PUBLIC INVOLVEMENT ACROSS THE ORGANISATION AND ENSURE THAT THE CCG MEETS ITS STATUTORY DUTY UNDER 142Z 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	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 20.2.19 Engagement work to support Homeless MDT model now concluded and feedback used to inform service specification. Engagement work will be commencing shortly with people with Parkinson's and their families and carers to support the development of next phase of the ICC model. Planning work is also commencing for Children's Community Hub including Neuro disability service. SL 21.12.18 Psychological Therapies engagement concluded and feedback report submitted to commissioners. Work commence in December 2018 with homeless community to support the development of a new homeless MDT model. SL 18.10.18 Engagement has now commenced for Psychological Therapies which will conclude early November. This will include surveys with GPs, current / past service users and people with depression and anxiety not currently accessing services. CCG is also providing engagement support for Stop Smoking service procurement (Hull City Council lead). Engagement concludes end of November - specification to be developed January / February 2019. 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 20.2.19 The engagement approach used for the Homeless MDT model i.e. via organisations who work with this client group will be used to refine an engagement approach to support our work with groups and organisations that support people with specific protected characteristics, this includes developing a supported partnership approach and a practical toolkit to structure discussion and standardising the capture of intelligence particularly in relation to meeting our equalities duties. SL 21.12.18 Discussions taken place with local charities/VCS organisations working with homeless people who will support the MDT engagement work. SL 18.10.18 Psychological Therapies - table top discussion at Council of Members on 13th September 2018. Feedback from PALS and Complaints and outcomes from previous People's Panel survey used to inform approach for the current engagement work, which will take the form of an online survey. Paid for boosts on social media will allow for more targeted reach. Approach for Stop Smoking engagement has been determined by EIA and previous research. 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 20.2.19 - no resource issues for current engagement activity SL 21.12.18 - no resource issues for current engagement activity. SL 18.10.18 - no resource issues for current engagement activities. 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 work plans are developed.	Equality impact assessment sign off process	None Identified	None Identified		Mar '19	Planning and Commissioning	SL 20.2.19 Targeted engagement work is scheduled via groups that support those with protected characteristics, a toolkit is being developed, utilising learning from the recent work with homeless charities. Outputs will support development of EDS3. SL 21.12.18 Meeting held in November with members of Hull Trans community in direct response to a PALS enquiry via social media. To follow up with further focus groups with Trans support groups. Specific engagement work will also commence early in 2019 with groups supporting communities sharing protected characteristics. This will help to inform the development of the EDS3. SL 18.10.18 - Psychological Therapies - targeted approaches for different demographics using existing community contacts i.e. LGBT, BME groups and specific social media campaigns / bespoke messaging i.e. young men having difficulty talking about mental health problems. 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 20.2.19 Datix Web now fully implemented and reporting in place. Six monthly Patient Relations report submitted to Q&P on 26.2.19. Options paper regarding the handling of complaints for Primary Care being considered by Primary Care Commissioning Committee on 22.2.19 SL 21.12.18 Currently in Phase 1 implementation of Datix Web system. Training of Communication and Engagement wider team to be undertaken in January 2019. SL 18.10.18 - CCG has recently committed to moving to Datix Web for reporting of PALS and Complaints. System training has been undertaken 15.10.18 - 17.10.18 and plan is for go live on new system before end of December 2018. New system will allow for more robust reporting and analysis. 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.
		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 20.2.19 Cross Sector Engagement Group meeting received presentation by Humber TFT on new FFT dashboard which is ensuring FFT results are disseminated and acted upon at service area level. HEY and CHCP in discussion with HTFT around how learning can be shared. SL 21.12.18 Programme of work underway to seek assurance that providers' measuring of Patient Experience is robust. Action plan will be presented to Q&P Committee in January 2019. SL 18.10.18 - Patient Experience information is routinely included within monthly Quality and Performance Report. Next six monthly Patient Experience update report will be presented to November Quality and Performance Committee. SL 08.08.18 - Development of joint approach to reporting is underway.

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