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<b>STRATEGIC OBJECTIVE 1 - INTEGRATED AND JOINT COMMISSIONING</b>																		
<b>Outcomes</b> i) Maintain governance and management of the integrated financial plan  ii) Implementation of a consistent approach to integrated commissioning and population health management which is coherent at practice, primary care network, city, integrated partnership and integrated care system level.  iii) Reduce the growth in demand by commissioning for integration and prevention. This will be achieved by delivering the ambitions within the NHS Long term Plan, collaborating with and incentivising providers to accelerate integrated delivery.	Joy Dodson	- Risk that resources not utilised for the purpose that they are intended	05/19							- Financial governance controls, authorisation of expenditure, budget monitoring - Increasing number of examples of effective data sharing brings confidence and experience to partners, robust data sharing agreements - Refresh of joint commissioning operating model across Integrated Care System - Support available for Primary Care Networks (PCN) from within CCG commissioning team, regular meetings with PCN clinical directors - Proactive plans, e.g. Integrated Care System/Humber Acute Services Review, recognise increasing and accelerating workforce risk - Support to development of population health management approach within PCNs - Develop joint working between public health intelligence and business intelligence teams to support effective commissioning	Reporting to Board and Committees, Internal and external audit, NHS England (NHSE)/ financial monitoring Absence of Information Governance incidents requiring referral to Information Commissioners Office , positive evidence of improved care through data sharing NHSE/ monitoring of ICS development NHSE/ monitoring of PCN delivery	No gaps identified	PCNs - too early to have assurance of ability to deliver  Workforce - primary care medical workforce retention position can change very rapidly and is influenced by multiple factors	- 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 - Support the development of PCNs, including working with the clinical directors to ensure that they have the skills to understand the approach to population health management - great use of public health intelligence in the commissioning function, ensuring that the specialised skills and knowledge are fully utilised - work with external / partner agencies to ensure the appropriate sharing of rich data to support population health management. - co-ordinate local actions with wider footprints to ensure a consistent approach, including alignment of CCG improvement programmes to the priorities of the Hull and East Riding Integrated Care Partnership and the Humber, Coast and Vale Health and Care Partnership.	Mar '20	Planning and Commissioning	26.02.20 Joy Dodson. Provider Alliance has agreement of all parties and moving into implementation phase of new governance structure. Symphonie PCN are progressing the PHM Accelerator through the HCV Primary Care Development programme. Humber JCC refreshed as the Humber Strategic Partnering Board and focussing on defining opportunities for strategic commissioning across the Humber and acknowledging where Place commissioning will be more appropriate. Acknowledgement of technology enablers and reinforcing need for resilience in this specialism. 16.12.19 Joy Dodson - Progress continues at a reasonable pace given the complexities and challenges of balancing place, sub-system and ICS. Provider Alliance arrangements across Hull and East Riding are emerging. Discussions progress with Hull City Council in respect of approaches to joint prioritisation and using population health intelligence and data to inform commissioning decision-making for Hull Place. Primary Care Network development continues with regular Clinical Director meetings now embedded and OD funding allocated from HCVHCP. Symphonie PCN has expressed an interest in participation in the HCVHCP Population Health Management Accelerator Programme. 31.10.19 Joy Dodson - The Joint Prioritisation and Outcomes Framework is proving challenging, not least because the entirety of the Local Authority budgets are not within the scope of joint commissioning. Further complications arise due to increased pace in development of ICS and ICP sub-system which create a further dimension of complexity. That said there remains significant control over the use of resources in existing processes and it is preferable to proceed carefully and ensure control and oversight are maintained. Primary Care Network development continues at pace with good levels of engagement. Approaches to PHM are being developed and supported by public health with some external facilitation. 19.08.19 Karen Ellis progress being made to agree the joint framework. The Joint Commissioning Forum has developed into a productive, integrated forum to oversee programme / project delivery. Work underway to both support the Primary Care Networks in assessing their support requirements and in developing the potential support offer from the Clinical Commissioning Group (CCG) management team. Work underway to improve the offer around population health modelling. Initial report - progress to be issued in future reports	
			- Time required to agree data sharing arrangements inhibit progress	05/19	3	2	6	3	2	6	3							
			- Inability to align Joint Commissioning Committee priorities between partners in order to make progress	05/19	4	3	12	4	3	12	6							
			- Inability of Primary Care Networks to meet the level of commissioning functions expectations; asking too much, too soon with PCNs unwilling or unable to take on commissioning functions.	05/19	3	2	6	3	2	6	4							
			- Workforce risks	05/19	4	4	16	4	4	16	8							
<b>STRATEGIC OBJECTIVE 2 - INTEGRATED DELIVERY</b>																		
<b>Outcomes</b> i) Clinical leadership in primary care networks  ii) Work with the LMC and PCNs to develop specifications for the network DES from 2020  iii) Working with the three main local providers to develop engagement and capability to optimise integrated delivery and partnerships	Emma Sayner	- Too great expectations on primary care capacity and capability to deliver primary care network outcomes.	05/19							- Clinical Directors Meeting - Regular engagement with Local Medical Committee (LMC) and attendance at meetings to support the Integrated Care System Primary Care Strategy. - CCG primary care support to PCNs and work alongside NHSE England's Primary Care Team and national networks - Develop joint working between public health intelligence and business intelligence to describe inequalities gap and support resource distribution conversations	- Primary Care Commissioning Committee Work Programme - Provider collaborative meeting - LMC Provider Alliance (ICP) Hull & East Riding	None identified	None identified	- Work with Clinical Directors to define relationships with CCG, Acute Providers, Community and Mental Health Providers - via provider collaborative. - Establish support mechanisms and development opportunities - Structured Medications Reviews and Optimisation - Enhanced health in care homes. - Anticipatory Care Support; early cancer diagnosis, personalised care, cardio vascular disease - Prevention and diagnosis tackling neighbourhood inequalities - Progress priorities across Hull and East Riding on frailty, paediatrics and care homes to develop provider alliance.	Mar '20	Planning and Commissioning	Phil Davis 04/05/2020 - Hull and East Riding CCGs working collaboratively to support PCNs and practices in response to COVID-19. Primary Care Resilience Group established - meets 2-3 times per week. Plus COVID-19 Primary Care TCG established with PCN Clinical Director, CCG Chair and LMC representation - met weekly during March and April, fortnightly from May. Phil Davis 05.03.20 - Update to GP contract 2020/21 - 2023/24 published 06.02.20 - 2 of 5 national service specifications deferred by 1 year and significant amendments to remaining 3: Structured Medication Review and Medicines Optimisation, Enhanced Health in Care Homes and Supporting Early Cancer Diagnosis. Changes also made to the Additional Roles Reimbursement Scheme to include a broader range of roles and 100% reimbursement for all roles, thereby freeing up resource to support more PCN CD and management capacity. Overall workforce however remains a significant challenge for practices. CCG identified a core team of 5 to be allocated 1 per PCN to support PCNs deliver requirements. Phil Davis 19.12.19 - The 5 national service specifications that PCNs will be required to deliver are expected to be received in December for consultation. CCG has approved commissioning of the Extended Primary Care Medical Services through PCNs from April 2020. Phil Davis 15.10.19 - CCG undertaking assurance process to ensure PCNs delivering requirements of Network DES (e.g., extended hours provision). Phil Davis 15.10.19 - Each Primary Care Network (PCN) has completed a self-assessment using the national Maturity Matrix and has also developed an OD plan. Resources have been allocated to HC&V HCP to support PCN development and also PCN Clinical Director development. Phil Davis 21.08.19) Regular monthly meetings with the 5 Primary Care Networks (PCN) Clinical Directors established - includes CCG Chair, Associate Medical Director, Strategic Lead - Primary care and Head of Commissioning - Integrated Delivery, NHS England/NHS Improvement published PCN Development Support Prospectus which has been provided to all Clinical Directors - resource identified at STP level to support PCN development and Clinical Director development. Final PCN Maturity Matrix published - all PCNs to complete where are we now and where will we be by March 2020 as part of organisational development plan. CCG support being provided as required. ii) Service specifications awaited for the 5 national services to be commissioned from PCNs from April 2020. CCG reviewing extended primary care medical services to commission from PCNs through a local incentive scheme (LIS) as part of the Network Directed Enhanced Service. iii) Links made between PCN Clinical Directors to Building Bridges programme and lead Clinical Director agreed for membership of A&E Delivery Board. Initial report - progress to be issued in future reports	
			- No account taken of deprivation	05/19	3	3	9	3	3	9	6							
			- Failure to deliver network Directed Enhanced Service (DES)	05/19	3	3	9	3	3	9	6							

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		- Instability of member relations within PCN	05/19	3	4	12	3	4	12								Phil Davis 04/05/2020 - CCG Link Managers supporting PCNs in response to COVID-19 - e.g. Hot/Warm/Cold site development; home visiting etc. Phil Davis - 19.12.19 - CCG primary care team to meet with each PCN in March to review progress in delivering OD plans and plans for 2020/21. Implementation of OD plans will support further development of relationships in PCNs including development of shared vision and priorities etc. This will also be supported by Clinical Director development. PCNs develop relationships and establish vision etc. Phil Davis - 15.10.19 - PCN OD Plans will support	
<b>STRATEGIC OBJECTIVE 3 - DELIVERY OF STATUTORY DUTIES</b>																		
<b>Outcomes</b> i) Approval of unqualified annual accounts and positive VFM assessment at year-end	Emma Sayner	- System-wide performance ratings resulting in reliance on others to perform	05/19	4	4	16	4	4	16	8	Robust budgetary control framework (delegated budget holders, authorised signatories, cash flow analysis, regular reporting and forecasting).	- 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 immediate actions identified	Mar '20	Quality and Performance	28/02/2020 Sarah Milner - CCG continues to be on track to achieve financial targets. Hull and East Riding system currently subject to a Financial Recovery Plan due to pressures in partner organisations and the CCG is working closely with HUTH and ERY CCG in order to manage the financial position. External auditors completed their audit of the CCGs reporting on the Mental Health Investment Standard for 2018/19. Final reports are still to be issued as the auditors are awaiting further guidance from NHSE. 14/10/19 Danny Storr - CCG continues to be on track to achieve financial targets. Hull and East Riding system under increasing pressure. Mental Health Investment Standard review is being finalised (NHS England released some revised guidance after the initial draft reports were received).
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	05/19	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 '20	Integrated Audit and Governance	
iii) Maintenance of Outstanding CCG Rating for CCG by NHS England		- Year on year financial challenge environment and sustained saving requirements	05/19	4	3	12	4	3	12	8	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	None Identified	None Identified			Quality and Performance	
		- Inadequate capacity and capability of teams to deliver across the Humber system leading to an overreliance on a small number of individuals	05/19	4	3	12	4	3	12	8								
iv) Attainment of NHS Constitution standards		- Requirement for system transformation and potential disinvestment in some services leading to legal challenge	05/19	4	3	12	4	3	12	4								
<b>STRATEGIC OBJECTIVE 4 - QUALITY AND SAFETY</b>																		
<b>Outcomes</b> i) Implementation of the Children and Social Work Act 2017 as outlined in the revised Working Together to Safeguard Children 2018, alongside the other statutory partners; local authority and police.	Debbie Lowe	- Lack of common understanding between agencies	05/19	3	3	9	3	3	9	6	- Statutory roles fulfilled and CCG governance maintained - MASA Executive Group in place - Existing service specifications in place - Programme Initiation and Equality Impact Assessment arrangements in place - Development of personal health budget arrangements - Development of shared approach to quality with Hull City Council underway	- Joint Commissioning Forum and Quality and Performance Committee Work Programmes	None Identified	None Identified	- Maintain executive and designated safeguarding roles which will be responsible for the strategic leadership and contribution to the revised safeguarding partnership arrangements. - designated professionals will fulfil their strategic duties in Child Death Overview Panels (CDOP) arrangements  To commission a new, all age NHS-funded care assessment service. This will require revised pathways to include integrated commissioning of care and support providers and an integrated case management	March '20	Q&P	Update report Deborah Lowe 4/5/20 The HSCP Executive Board meetings and membership now established and continues despite the current Coronavirus pandemic, safeguarding acknowledged as a key priority and requiring continuous oversight during this period. The training hub has continued to work remotely in delivering against the outcomes, reporting continues against this to the Board. Update report Deborah Lowe 28/2/20 HSCP Executive Board meetings and membership now established and progressing as planned. Partnership staff have been identified and allocated, all are in post from the 3 partner organisations. Hull CCG appointing the previous Designated Nurse for Safeguarding into the role as lead for the CCG within the HSCP Hub. The HSCP Executive Board maintain oversight of the transition arrangements including the development of the 'hub', partner membership (Health, Local Authority, Police) and staff for the secondment roles. The information sharing protocol is being localised in appreciating the joint working across the partnership, arrangements for freedom of information is currently being reviewed by the executive board, formal decision re storing of information to be confirmed, currently held with the LA. The HSCP website is currently in phase 1, all context has been moved over to the new website; further development is required. Go live is expected within the next two months as the work moves into phase 2. Stakeholders meeting held with comms Team from Humberside Police and Hull CCG present. User testing will be undertaken by professionals at first, using the web team and the operational team at HSCP. Priority areas - The original 19 points have been grouped into 3 priorities: Thresholds, Partners Working Together and Management Oversight. The Child Death review process has been separated and is a now a dedicated work stream, the Executive Board and operational oversight group meetings continue to be held regular and are progressing these plan as expected. New arrangements for Child death progressing with the CDRM process now in place and cases being progressed to CDOP stage. A new IT system of reporting (e-CDOP) proposal will be submitted to the next Executive Board meeting for sign off. Revised roles and responsibilities have been reviewed by the Operational Oversight group, for review and sign off at the CDR Executive Board and financial consideration and planning. (Debbie Lowe 18.12.19) Hull Safeguarding Children's Partnership Executive Board is now established with dedicated Executive Leadership. The key priorities action plan is now in place and ratified. The HSCP Executive Board maintain oversight of the transition arrangements including the development of the 'hub', partner membership (Health, Local

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ii) individuals in Hull will receive high quality, integrated and personalised care and support services.		- Failure to develop a common vision as to quality outcomes	05/19	3	9	3	9	6					approach.  To produce a personalisation policy which integrates health, social care and education to provide self-directed outcomes for the people of Hull			Authority, Police) and staff for the secondment roles. Key priorities include training of staff and agreeing priorities for policies and governance within partner areas during the initial 6 month period. To identify safeguarding champions and a planned stakeholder meeting which will be held on 2/12/19 at Clough Road Police Station with staff from the transformation team to visit the venue. A website is being developed, this is currently being tested for accessibility and will link in with the police rep and CCG rep. A user group will also test the website with plans for a January 2020 go live website, which can be further developed. CDOP agreement for a Executive group is to be established which will include the CCG Executive lead and the Director of Public Health. There will be a reporting link between the 2 executive groups. Designated professionals continue to fulfil their strategic duties in Child Death Overview Panels (CDOP) arrangements.  Update report Deborah Lowe 4/5/20 - Plans as previously reported remain unchanged however arrangements are currently in place in respect of the pandemic and need to expedite discharge from hospital and prevent avoidable admissions. Revisions have been made to the working arrangements and revised measures are in place which see a change to the previous model of practice. In place currently and within the period of the pandemic is an integrated hospital discharge pathway for CHC funded patients across the locality of Hull and East Riding of Yorkshire CCG's and Local Authorities (LA) working with the acute provider a Trusted Assessor model has been established to ensure safe and expedient discharge from the acute/hospital setting. The methodology and framework underpinning this model are also coherent to the outcomes required by the national CHC framework and in place to support patient's being discharged from the hospital/acute setting post Covid-19 emergency arrangements. The agreed process was developed to address the issues in Annex G of the emergency Covid-19 discharge guidance, with the aim of removing as many obstacles as possible to discharge and to limit the need for unnecessary assessments and to ensure that patients are assessed appropriately at a later date. The structure for Executive oversight and leadership now in place in achieving a future redesign, TOR agreed - this being to ensure pace and that authority is in place in respect of decision making, all aligned with the CCG governance. Work streams are now established to focus and work through the detailed arrangements and requirements going forward and risks identified and addressed within the outcome of the revised service. Programme support is in place and regular reporting continues within the CCG governance structure. Meetings have been held with the LA in establishing this framework for oversight and decision making going forward, the LA having membership at an operational level and Executive. Further meetings held with CHCP to review current staffing model and to ensure all vacancies are filled following a resignation of a key member of staff and risk to service delivery identified, all resolved and assurance in place regarding recruitment. All priorities with regards to this transformation remain unchanged, all changes being to ensure alignment with the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, when assessing any eligibility for continuing healthcare. NHS Hull CCG continues to support the Personalisation Policy/Strategy across Humber, Coast and Vale and the development of this. Training needs have been identified by the Humber Coast Vale Personalisation group and the agreement from NHS England is to support a training programme to meet these. Continued success with Personal Wheelchair Budgets and national Mentoring continues supported by staff from Hull CCG. Update report Deborah Lowe 28/2/20 - Structure for Executive oversight and leadership now in place, TOR agreed - this being to ensure pace and that authority is in place in respect of decision making, all aligned with the CCG governance. Work streams are now established to focus and work through the detailed arrangements and requirements going forward and risks identified and addressed within the outcome of the revised service. Programme support is in place and regular reporting continues within the CCG governance structure. Meetings have been held with the LA in establishing this framework for oversight and decision making going forward, the LA having membership at an operational level and Executive. Further meetings held with CHCP to review current staffing model and to ensure all vacancies are filled following a resignation of a key member of staff and risk to service delivery identified, all resolved and assurance in place regarding recruitment. All priorities with regards to this transformation remain unchanged, all changes being to ensure alignment with the National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care, when assessing any eligibility for continuing healthcare. NHS Hull CCG continues to support the Personalisation Policy/Strategy across Humber, Coast and Vale and the development of this. Training needs have been identified by the Humber Coast Vale Personalisation group and the agreement from NHS England is to support a training programme to meet these. Continued success with Personal Wheelchair Budgets and national Mentoring continues supported by staff from Hull CCG. Currently in redesign process with a programme of task and finish groups which have been established to work on specific changes required to ensure the end to end delivery of NHS funded care going forwards. The task and finish groups and the changes they make are overseen by the transformation steering group. The task and finish groups that report to the steering group include; a) data, b) finance, c) standard operating procedure (SOP), d) Sec 117 and e) communication and engagement. All five areas changes to the current model and processes are required to ensure that the NHS funded care service remains fit for the future and able to deliver on its intended outcomes. The current priorities with regards to transformation is identifying potential options for the delivery of service, assessment, brokering and case management and the data recording systems that support the process. The historical approach was to maintain assessment of eligibility with the current CHC team and the brokerage and case management functions to move over to the local authority. Recent developments have identified the future intentions of NHS-EI regarding data, recording, system management and performance/compliance reporting. These requirements have identified risks were the model to remain in its current form, were eligibility assessment and case management functions to be split and provided by different organisations, the risks of any split are further highlighted when considering how children and young people's Continuing Care (CC) is configured. Overarching Personalisation EQIA developed between NHS Hull CCG and Hull City Council. Self assessment commenced for implementation of Personal Health Budgets for Section 117. Successful bid to NHSE for project to provide Personal Health Budgets for unmet health needs identified through EHCP's. Agreement to proceed with a Personalisation Policy/Strategy across Humber, Coast and Vale. Task and Finish Group agreed to proceed with the development of this Policy. Training needs identified by the Humber Coast Vale Personalisation group and agreement from NHS England to support with a training programme to meet these. Continued success with Personal Wheelchair Budgets and national Mentoring continues.
iii) Lead the development of a consistent approach to quality across the NHS and Local Authority over the next 18 months.		- Lack of quality oversight at a Humber, Coast and Vale level, with ineffective quality escalation mechanisms at this wider level failing to adequately account for collective risks.	05/19	3	9	3	9	6								Update Deborah Lowe 4/4/20 The Quality Assurance and Performance support tool now agreed although work on implementing this is currently paused due to COVID-19. Update Deborah Lowe 28/2/20 - Quality Assurance and Performance support tool now agreed and being implemented within the local primary care medical services, aligned to that developed by HCV. This providing both assurance in respect of standards and equally aid in supporting general practice in preparing for CQC inspection. This quality support tool is designed to highlight quality issues, provide evidence based assurance and enable focussed support in improvement within general practice. This also provide a systematic process for benchmarking and in identifying unwarranted variation. The quality team are actively working on the 2020-25 quality strategy and priorities, to align with the objectives outlined by HCV. Further work is being completed by the Deputy Director of Nursing in also aligning these across the 4 Humber CCGs. HR is working with the Deputy Director of Quality, focussing on the quality team as a whole and individual contributions and added value (skills, knowledge, personal attributes). Plans are being worked up for 3 dedicated workshops over 2020, framed around the quality priorities, personal leadership, resilience and equally focussed upon personal objectives and priorities for the future. 18/12/19 Deborah Lowe - Hull CCG has agreement for the adoption of a Quality Assurance and Performance support tool, to be implemented within the local primary care medical services. This being aligned to that developed by HCV for use in preparation for CQC inspection. This quality support tool is designed to highlight quality issues, provide evidence based assurance and enable focussed support in improvement within general practice. This also provide a systematic process for benchmarking and in identifying unwarranted variation. The quality team are actively working on the 2020-25 quality strategy and priorities. Team workshops focussed on leadership, resilience and priorities for the future being developed with the support of the HR team.
<b>STRATEGIC OBJECTIVE 5 - 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</b>																
<b>Outcomes</b> The reach and impact of CCG public engagement is increased by providing a wide range of engagement opportunities	i) Sue Lee	- Lack of assurance on joint / partnership programmes of work	05/19	3	6	3	6	3	- Comprehensive annual communications and engagement delivery plan, incorporating wider strategic-level work programmes as well as CCG specific objectives - robust Equality Impact Assessment Framework - Patient experience indicators reported as part of the Quality and Performance Reports	- Planning and Commissioning Committee Work programme - Quality and Performance Committee Work Programme	None identified	None identified	Detailed actions outlined within the Communications and Engagement Plan	Mar '20	Planning and Commissioning	Sue Lee 05.05.20 • ICC 18month review / evaluation, supported by Ambassadors, questionnaires and semi structured interviews with carers and staff – report went to March Board • In conjunction with Hull CC, working with Genuine Partnerships (a CIC specialising in engagement with children, young people and families) – initial meeting held to discuss the programme to support development of Co-production model for SEND services – event provisionally arranged for October 2019 (COVID 19 restrictions permitting) • Health and Wellbeing Board listening event held in Trinity Market on 11 March. Members of the HWBB spoke to public to understand the health and wellbeing needs and aspirations for the city. Sue Lee 24.02.20 Engagement conducted in Q4: Continuation of engagement for Targeted Lung Health Check (Launch event 24.01.20) Cessation of Managed Repeats, Humber-wide engagement approach agreed and completed. Engaging with Children and Young People - raising aspirations. A Day in the Life of the NHS (13.02.20), Model City project launch (14.02.20), Song for Hull event and careers workshop delivered (07.02.20). Engagement approach and plans agreed for Health and Wellbeing Board, to support development of a new HWB Strategy and formation of a Fairness Commission. Engagement plans for programme of work for Personal Health Budgets agreed and delivered sessions for unmet health need. Post revisit review of co-production approach for SEND Finalities Training delivered for commissioners (11.02.20)

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	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?	
		- Limited patient experience informing intelligence-led commissioning	05/19	3	2	6	3	2									Equalities Reference Group (12.02.20) Approach for engagement with group agreed. Sue Lee 13.12.19 Engagement conducted in Q3: Extended Primary Care Medical Services Continuation of engagement retargeted Lung Health checks - Stakeholder events 16.10.19 Delivery of Model Cities (First Generation Hull Project) Planning underway for Cessation of Managed Repeats. Development of engagement approach for Health and Wellbeing Strategy Over the Counter Medicines Engagement report considered at Planning and Commissioning Committee 1.11.19 PCCC on 13.12.19 agreed adoption of new Engagement and Consultation Assurance Process 2nd meeting of newly formed Equalities Reference Group on 5.11.19 CCG has supported membership of National Association for Patient Participation (NAPP) for Hull Patient Participation Groups Launch of co-produced Care Leaver's Health Card 30.10.19 Humber Acute Services Review, Patient Workshop held 15.10.19 focussed on Maternity and Paediatrics and Citizen's Panel held on 21.11.19 Undertook engagement work with Matthew's Hub on 10.10.19 gathering views of young adults with Autism, part of ongoing programme. Sue Lee 14.10.19 Engagement conducted in Q2: -Care Leavers project – worked in partnership with Hull City Council to engage with young care leavers resulting in co-production of a health information card. -Generation Hull – start of partnership programme with Absolutely Cultured (City of Culture legacy company) working with primary school age children using creative approaches to raise aspirations. -Humber Acute Service Review – clinical and public / patient workshops focussing on four specialities, to feedback into next stage of review. -Targeted Lung Health checks – pre programme launch involvement programme with GPs and health professionals and patients and the public which has helped to shape to delivery of the programme. Sue Lee 19.8.19 Annual Delivery Plan refreshed. Engagement conducted in Q1: -Let's Talk Children's Neuro stuff - co-production event with over 80 stakeholders, parents and carers. Series of short videos which will be used to inform the development of the Children's ICP. -Over the Counter medicines - survey conducted to inform CCG adoption of national guidance re prescribing. -Walk in Centre - survey conducted to inform future service model -Coordination of Health presence at PRIDE - to improve access to service, questionnaire shared via PRIDE networks asking "What matters to you?" -Joint project with HCC around Period Dignity. Survey has now concluded and results will be shared with HWBB and used to inform future project. Feedback from Modality Partnership engagement exercise presented to Health Overview and Scrutiny Committee & Primary Care Commissioning Committee. Severe staff pressure resulting in patient safety concerns immersed as main driver for request to close Faith House Surgery and was therefore driver behind decision to support closure. Learning from the process will be used to inform a review of assurance process for provider engagement. Protocol to be developed with Scrutiny Officer to strengthen working arrangements between CCG and Health Scrutiny so Scrutiny feel they are adequate briefed on emerging issues and CCG remains compliant with statutory requirements. Continue to provide support to practices for PPGs. Patient Engagement is specified within PCN maturity matrix and PPG resources have been developed and shared. Fortnightly support calls being relaunched in Autumn. Initial report - progress to be issued in future reports
		- Successful challenge in the event of providers not having due regard to their consultation obligations	05/19	4	3	12	4	3									
		- Failure to measure effectively patient outcomes	05/19	3	2	6	3	2									
ii) To strengthen the use of patient experience in decision making		- Imbalance between patient engagement and patient experience	05/19	3	2	6	3	2									
		- Disconnect between Patient Participation Groups and Primary Care Networks	05/19	3	2	6	3	3									

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