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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 - Facilitate strategic Humber-wide planning and transformation, focusing on quality outcomes and patient experience as the catalysts for clinically-led change.																	
Outcomes Delivery of Phase 1 of the Humber Acute Services Review ii) Formal establishment and functioning of the Humber Strategic Commissioning Board. iii) Development of an integrated approach to quality improvement and assurance iv) Ensure that patient and public views contribute to the integrated commissioning process through a rolling programme of engagement.	Erica Daley supported by Sarah Lovelle and Clare Linley	- Inconsistent achievement of benefits realisation or risk that patch doesn't contribute to system development	06/19	-	-	-	2	4	8	4	- Integrated Impact Assessment and Quality Improvement Assessment processes; with particular focus on joint commissioning - Communications & Engagement Programme at system level	- Assurance metrics with respect to quality of care on system-wide basis.	None identified	None identified	- Delivery of Humber Partnership Arrangements - Delivery of transformational and sustainable change via the Humber Acute Services Review	Mar '21	CCG Board
		- Primary care and local authority feel disengaged from processes and loss of primacy of place when compared to system-wide development	06/20	-	-	-	3	2	6	2							
		- Patients and public continue to focus on place exclusively and there is a lack of understanding of rationale for change and therefore opposition.	06/20	-	-	-	4	3	12	6							
		- Diversity of clinical views across Humber patch leading to inability to make progress.	06/20	-	-	-	4	3	12	6							
STRATEGIC OBJECTIVE 2 - Advance at system-level the delivery of the commissioning priorities set out in the NHS Long Term Plan.																	
Outcomes i) A revised operating model across Hull, East Riding and North Lincolnshire CCGs, with clearly defined lead functions, roles and responsibilities. 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	Erica Daley supported by Sarah Lovelle	- Development and support to of Humber system working draws focus away from delivery of statutory place requirements	06/20	-	-	-	3	4	12	6	- CCG formal governance infrastructure - Programme Delivery Board work programme	- Primary Care Commissioning Committee Work Programme	None identified	None identified		Mar '21	Planning and Commissioning
		- Disconnect between strategic direction of the CCG and its membership	06/20	-	-	-	3	3	9	6							
		- Public not convinced of the benefits of change	06/20	-	-	-	3	3	9	6							
		- Local Authority becomes disengaged in the work of the system	06/20	-	-	-	3	4	12	6							
STRATEGIC OBJECTIVE 3 - Support the delivery of financial strategies and actions as enablers to system-wide transformation.																	

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Outcomes i. System-wide 2020/21 financial envelope achieved.	Emma Saymer	- Partners continue to focus on statutory financial duties of their respective organisations - Challenging to get a true picture of current performance with continued focus on Constitutional targets when wider basket of indicators becoming equally significant.	06/20	-	-	4	3	12	6	tbc	tbc	tbc	tbc	Mar '21	Integrated Audit and Governance		
STRATEGIC OBJECTIVE 4 - Successfully and effectively commissioning health services to meet the reasonable health needs of the people of Hull.																	
Outcomes i. Achievement of NHS Constitutional targets	Erica Daley supported by Joy Dodson	- Patients at increased risk of poorer outcomes as a result of inability to meet constitutional requirements	06/20	-	-	3	3	9	6	- Operational plans between commissioners and providers	- Planning and commissioning Committee / Board / Council of Members Workplans	None identified	None identified	tbc	Mar '21	Planning and Commissioning	
ii. Reduction in the growth in demand by commissioning for integration and prevention.		- Inability to commission required service levels as a result of ongoing COVID 19 actions	06/20	-	-	2	4	8	6								
iii. Ensure that patient and public views contribute to the integrated commissioning process through a rolling programme of engagement.		- Demand for traditional primary secondary care services are not reduced and disproportionate increase in demand in higher risk service areas	06/20	-	-	4	3	12	6								
		- Lack of primary care workforce capacity.	06/20	-	-	4	3	12	6								
		- Financial risk to maintaining and sustaining innovation and new partnership regime	06/20	-	-	3	3	9	6								
STRATEGIC OBJECTIVE 5 - Work in partnership with Hull City Council and others to implement a population driven approach to improving health outcomes and reduce health inequalities, targeting in particular the most disadvantaged in local communities																	
Outcomes i. Delivery of Health & Wellbeing Board and Hull Place-Based Board Strategies.	Erica Daley supported by James Crick	- The most disadvantaged local continue to experience the poorest health, further exacerbated by the continued economic impact of COVID	06/20	-	-	5	4	20	6	- Health and Wellbeing Board programme of work - Hull Place Based Board programme of work - Strategic Commissioning Board programme of work	- ICS system-wide assurance reviews	None identified	None identified	tbc	Mar '21	CCG Board	
ii. Delivery of the Integrated Financial Plan.		- Sustaining strong partnership approach is challenged by competing individual organisational priorities	06/20	-	-	3	3	9	4								

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iii. Development and progression of strategies and services to narrow the health inequality gap and co-create models of care based on improving safety, patient experience and outcomes.		- Repetition of previous actions and behaviours leading to same outcomes and lack of progress	06/20	-	-	4	3	12	8								
STRATEGIC OBJECTIVE 6 - Develop an agreed out of hospital strategy for Hull, supporting local Primary Care Networks to determine models for transition to integrated provision																	
Outcomes i. Integrated primary- care led out of hospital model in operation	Erica Daley	- Lack of capacity across community providers to deliver this with primary care	06/20	-	-	5	4	20	6	- Primary Care Commissioning Committee work programme	=M42	None identified	None identified	tbc	Mar '21	CCG Board	
		- Patients unable or unwilling to adopt the behavioural changes required.	06/20	-	-	4	5	20	8								
		- Inability to maintain positive relationships as PCNs develop further, causing fragility and inconsistent application across PCNs.	06/20	-	-	3	3	9	6								
		- Loss of funding flexibility through lack of progress.	06/20	-	-	4	3	12	6								
STRATEGIC OBJECTIVE 7 - Focus on care and services for children in Hull, improving performance against statutory responsibilities and achieve better outcomes as measured by experience and engagement.																	
Outcomes i. Delivery of the SEND Accelerated Progress Plan to the satisfaction of the Department for Education. ii. LAC / general CYP	Erica Daley	- Poor outcomes for children requiring health education and care plans experience for users	06/20	-	-	4	3	12	6	- Planning and Commissioning Committee work programme - Quality and Performance Committee work programme	- Special Educational Needs and Disabilities Improvement Board	None identified	None identified	tbc	Mar '21	Integrated Audit and Governance	
		- Failure to deliver CQC DFE recommendations	06/20	-	-	4	4	16	8								
		- Increase in demand not being met.	06/20	-	-	5	4	20	10								
STRATEGIC OBJECTIVE 8 - Delivery of Statutory Duties																	
Outcomes i) 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 iii) Achievement of the requirements of Section 1422 of the Health and Social Care Act 2012.	Emma Saymer supported by Mike Napier and Sue Lee	- System-wide performance ratings resulting in reliance on others to perform	05/19	-	-	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 '21	Integrated Audit and Governance	
		- Poor findings from internal audit reviews during the year impact on year-end opinion	05/19	-	-	4	2	8	4	- Governance framework including Terms of Reference, Standing Orders and Prime Financial Policies	- Integrated Audit & Governance Committee Work Programme						
		- Year on year financial challenge environment and sustained saving requirements	05/19	-	-	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						
		- 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	8								
		- Requirement for system transformation and potential disinvestment in some services leading to legal challenge	05/19	-	-	4	3	12	4								
STRATEGIC OBJECTIVE 9 - Maintain support for the effective local planning and response to the Coronavirus Pandemic, ensuring that positive innovations are retained, improved and generalised.																	
Outcomes i. An effective ongoing CCG response to the coronavirus pandemic, including steps to maximise the safety of staff and the local population.	Erica Daley	- Failure to minimise ongoing impact and deaths as a result of the virus	06/20	-	-	4	3	12	6	- CCG major incident control arrangements - Planning and Commissioning Committee work programme - Interim quality response arrangements in operation with providers	- ICS system-wide assurance reviews	None identified	Integrated impact assessments on new pathways	tbc	Mar '21	CCG Board	

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ii. Assessment and management of the COVID related changes to clinical Pathways and ways of working, with retention of positive adjustments where these are beneficial to patients and staff.		- Uncoordinated revised services in operation without systematic assessment of their efficiency, efficacy or safety.	06/20	--	--	3	4	12									
iii. Clear and effective demarcation between Covid and non-Covid services in order to maximise access to safe and efficient non-COVID services according to clinical need.																	

Likelihood of occurrence	Consequences/Severity				
	Insignificant(1)	Minor (2)	Moderate (3)	Major (4)	Catastrophic (5)
Rare 1	1	2	3	4	5
Unlikely 2 Do not expect it to happen/recur but it is possible it may do so	1	2	3	4	5