

REFERENCE	RESPONSIBLE DIRECTOR AND OPERATIONAL LEAD	RISKS	DATE IDENTIFIED	CURRENT RISK RATING		INITIAL RISK RATING		TARGET RISK RATING	CURRENT CONTROLS	INTERNAL AND EXTERNAL ASSURANCES	GAPS IN CONTROL AND TIMESCALE FOR REMEDIAL ACTION	GAPS IN ASSURANCE AND TIMESCALES FOR REMEDIAL ACTION	ACTIONS TO BE TAKEN	ACTION END DATE	LEAD COMMITTEE / BOARD FOR DELEGATION OF ACTIONS	PROGRESS AGAINST ACTIONS
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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	Erica Daley supported by Sarah Lovell and Clare Linley	- Inconsistent achievement of benefits realisation or risk that patch doesn't contribute to system development	06/19						- 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	Sue Lee 11.08.20 iv) HASR engagement plan agreed. Regular meetings with Communications and Engagement Leads. Been made aware that Hull representative on Citizen's Panel no longer attending, therefore looking to recruit new representative. Erica Daley 14.08.20 - Update a interim clinical plan had been endorsed by all partners on 5 August and a full system briefing with NHS Ei is scheduled for 18 August 2020.
ii) Formal establishment and functioning of the Humber Strategic Commissioning 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	3	2								Erica Daley 14.08.20 - Papers had gone to governing bodies with Humber Partnership board memorandum of understanding and the Humber Strategic Commissioning Group Terms of Reference, these were approved by Hull CCG Board on 24 July 2020.
iii) Development of an integrated approach to quality improvement and assurance		- 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	4	3	Individual CCG governance arrangements for Quality approval and assurance in place. Quality Assurance meetings with providers. CCG contribution to and participation in NHSEI Quality Surveillance Group (QSG).	Assurance reporting to Quality and Performance Committee and Board.	None identified	None identified				
iv) Ensure that patient and public views contribute to the integrated commissioning process through a rolling programme of engagement.		- Diversity of clinical views across Humber patch leading to inability to make progress.	06/20	4	3	12	4	3								
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.	Erica Daley supported by Sarah Lovell	- Development and support to of Humber system working draws focus away from delivery of statutory place requirements	06/20	4	3	12	3	4	- CCG formal governance infrastructure - Programme Delivery Board work programme	- Primary Care Commissioning Committee Work Programme	None identified	None identified		Mar '21	CCG Board	Erica Daley 14.08.20 - Formal consultation to commence on revised operating model across 3 CCG's with implementation by 01 November 2020.
ii) Work with the LMC and PCNs to develop specifications for the network DES from 2020		- Disconnect between strategic direction of the CCG and its membership	06/20	3	3	9	3	3						Primary Care Commissioning Committee	Phil 18.08.20 - CCG supporting PCNs in delivery of the 3 National service specifications for 2020/21: Enhanced Health in Care Homes, Early Cancer Diagnosis and Structured Medication Review and Medicines Optimisation. Original plan was for Extended Primary Care Medical Services to be commissioned from PCNs through Network DES rather than from individual practices, however impact of COVID-19 has delayed implementation which is now planned to be from April 2021. Additional services and associated specifications to be commissioned through PCNs to be considered at October 2020 Primary Care Commissioning Committee.	
iii) Working with the three main local providers to develop engagement and capability to optimise integrated delivery and partnerships		- Public not convinced of the benefits of change	06/20	3	3	9	3	3								Erica Daley 14.08.20 - Hull and East Riding Provider Alliance have agreed to convene as required and will now form part of the Humber Executive Partnership Group.
		- Local Authority becomes disengaged in the work of the system	06/20	3	4	12	3	4								
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 Sayner	- 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	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							- Operational plans between commissioners and providers	-- Planning and commissioning Committee / Board / Council of Members Workplans	None identified	None identified	Sue Lee iii) To have a robust communications and engagement plan in place that reflects the priorities on the CCG. Joy Dodson 10.08.2020: Phase 3 Planning Letter published 31 July 2020 and subsequent Phase 3 Implementation Guidance published 7 August 2020. These documents set out the actions to be taken by providers and commissioners for the restoration of services and expectations in respect of maintenance of services in the event of a second spike or winter surge.	Mar '21	Planning and Commissioning	Sue Lee 11.08.20 iii) Communications and Engagement work plan refreshed and aligned to CCG priority programmes. Engagement underway as of 11.08.20 includes: Primary Care (service experiences during pandemic), A&E services and CAHMS. service restoration received and priorities been incorporated into CCG delivery plans.		
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	3	3	9	4	3	9	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	2	4	8	2	4	8	6									
		- Lack of primary care workforce capacity.	06/20	4	3	12	4	3	12	6									
		- Financial risk to maintaining and sustaining innovation and new partnership regime	06/20	4	3	12	4	3	12	6									
			06/20	3	3	9	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							- 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	Erica Daley 14.08.20 - Health and Wellbeing Board has reconvened following Covid 19 and priorities are being set in line with meeting the local inequalities agenda. Hull Placed Board priorities being refreshed and meeting on 18 August 2020.		
				5	4	20	5	4	20	6									

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ii. Delivery of the Integrated Financial Plan.		- Sustaining strong partnership approach is challenged by competing individual organisational priorities	06/20	3	3	9	3	3									Erica Daley 14.08.20 - Monitoring impact of national financial outpatients to local authorities alongside local authority partners.
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	4	3									
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	5	4	- Primary Care Commissioning Committee work programme		None identified	None identified	tbc	Mar '21	CCG Board		Dan Roper 16.08.20 - The CCG is supporting Primary Care Networks in their discussions with community providers (through attendance at fortnightly Clinical Director meetings) to develop plans for integrated provision re support for delivery of the enhanced COVID support for Care Homes and the Care Home enhanced service. The CCG is an active partner in the Out of Hospital redesign work of the Humber sub system of the HCV ICS. This complements the work going on in the HASR project. The frailty work stream based at the ICS continues to support the PCN CD offer to care homes working with community providers. The Primary/Secondary care is developing its work programme around a more co-ordinated offer to PCNs form secondary care streamlining communications and referral protocols
		- Patients unable or unwilling to adopt the behavioural changes required.	06/20	4	5	20	4	5									
		- Inability to maintain positive relationships as PCNs develop further, causing fragility and inconsistent application across PCNs.	06/20	3	3	9	3	3									
		- Loss of funding flexibility through lack of progress.	06/20	4	3	12	4	3									
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.	Erica Daley	- Poor outcomes for children requiring health education and care plans experience for users	06/20	4	3	12	4	3	- Planning and Commissioning Committee work programme - Quality and Performance Committee work programme Accelerated Progress Plan	- SEND - Hull Special Educational Needs and Disabilities Strategic Board - Department for Education monitoring - NHSE/I monitoring	None identified	None identified	tbc	Mar '21	Integrated Audit and Governance	Sue Lee 11.08.20 i) SEND engagement plan agreed.	
ii. LAC / general CYP		- Failure to deliver CQC DFE recommendations	06/20	4	4	16	4	4									Joy Dodson 14.08.20 SEND Accelerated Progress Plan has been approved by the Department for Education (DFE). Assurance on delivery is reported through the Hull SEND Strategic Board. Next monitoring visit by DFE in December 2020. Health services for SEND and LAC are, like many others, experiencing pressure on caseloads and prioritisation based on identified need is being undertaken.
		- Increase in demand not being met.	06/20	5	4	20	5	4									
STRATEGIC OBJECTIVE 8 - Delivery of Statutory Duties																	
Outcomes Approval of unqualified annual accounts and positive VFM assessment at year-end	i) Emma Sayner supported by Mike Napier and Sue Lee	- System-wide performance ratings resulting in reliance on others to perform	05/19	4	4	16	4	4	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		
				4	4	16	4	4									
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	Governance framework including Terms of Reference, Standing Orders and Prime Financial Policies	- Integrated Audit and Governance Committee Work Programme							
iii) Achievement of the requirements of Section 1422 of the Health and Social Care Act 2012.		- Year on year financial challenge environment and sustained saving requirements	05/19	4	3	12	4	3	Robust budgetary control framework (delegated budget holders, authorised signatories, cash flow analysis, regular reporting and forecasting). Prioritisation Framework maintained for assessing and approving investments/disinvestments. Robust process for monitoring and reporting QJPP schemes. Financial policies to ensure accurate recording and reporting of financial transactions (e.g. invoicing controls, journal controls). Review of capacity across the system is underway to remove duplication and inefficiency. Humber Oversight Management Board has recently been established.	- Monthly Finance and Performance Report to Q&P and IACG, highlighting significant variances and mitigations Internal audit reviews and reports throughout year - Humber oversight management board							Sue Lee 11.08.20 iii) Revised Communications and Engagement Delivery plan in place. Engagement and Consultation Assurance Framework agreed. All service specifications must show engagement undertaken before approval.
		- 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									

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	Lead	What could happen	05/19	4	3	12	4	3	12	4							Update on actions - is the plan on track?
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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	Erica Daley	- Failure to minimise ongoing impact and deaths as a result of the virus	06/20	4	3	12	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	Sue Lee 11.08.20 i) Maintained COVID communications group meetings (now weekly) focus on local outbreak management and response. ii) Undertaking engagement exercise in relation to patient experience of Primary Care services during pandemic. Also surveying patients on experiences of using A&E services. Agreed Phase 3 communications and engagement plan at ICS level and delivering actions locally. Erica Daley 14.08.20 as a CCG in line with national guidance we have stepped down to level 3 response but we maintain monitoring of the current situation working closely with the Local Authority on the monitoring and local outbreak plan.
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, efficiency or safety.A43	06/20	3	4	12	3	4	12	6								Erica Daley 14.08.20 - Preparation for winter demand pressures with system partners alongside continuing vigilance in the light of further probable Covid spikes locally and possibly nationally.
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