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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 Programme 1 (Interim Clinical Plan) 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	2	4	8	2	4	- Integrated Impact Assessment and Quality Improvement Assessment processes; with particular focus on joint commissioning - Communications and 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 15.02.21 Dedicated comms and engagement lead now in place for HASR (Lindsay Cunningham seconded for 2 years) and refresh of comms and engagement approach to be taken. Regular meetings still in place. Sue Lee 29.12.20 - iv) Review of communications and engagement approaches and required resources to be undertaken by HCV Head of Comms and Engagement following meeting with Ivan McConnell (SRO) and Humber comms leads on 30.10.20. Revised comms and engagement strategy to be agreed and clear work plan developed at HCV level. Clare Linley 14.12.20 - Development of Humber Quality Framework in progress and supported through CCG SOG. Meeting planned with Trust Executive Leads for Quality to confirm Quality Governance and Assurance for arrangements for early implementer specialities. Erica Daley 29.10.20 Update on HASR taken to Hull Overview and Scrutiny Committee on 16 October 2020. Sarah Lovell 20.10.20 Project plans in place for all specialities in the first phase (ENT, cardiology, neurology, dermatology, oncology, haematology). Service transfer arrangements being worked through. Impact assessments will be completed. Engagement plans in development. Emerging issues include comms and engagement resource and impact on fragile specialities of Covid (Wave 1 and Wave 2) - plans will be updated to minimise risks. 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								Sarah Lovell 20.10.20 - Local Authority (LA) Chief Executives and Primary Care Network Clinical Director representative appointed to the Humber Partnership Board, LA Council Officers and PCN CD for Hull appointed to the Clinical and Professional Leaders Board. Strategic Commissioning is responsible to the Humber Partnership Board. 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 improvement 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 15.02.21 - Draft legislation published, staff team briefed on Humber Programme arrangements to ensure effective transition. Erica Daley 28.12.20 - Consultation revised in light of publication of next steps for integrated care systems. The CCG's response in regards to the consultation is being prepared. Erica Daley 29.10.20 - Consultation on Humber Executive single management team paused pending further guidance / legislation from Integrated Care System / NHSE. 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 Davis 17.12.20 PCNs continuing to deliver Network DES services. Discussion with PCNs regarding opportunity for NECS Medicines Optimisation Team to support in terms of SMR&MO service. PCNs continuing to recruit to Additional Roles, COVID Vaccine programme first site commenced w/c 14th December 2020, second site goes live w/c 21st December 2020 with 3 further sites commencing in January 2021 which will have an impact upon primary care capacity. Phil Davis 22.10.20 Network DES 3 service specifications delivery commenced 1-10-20. CCG supporting delivery by PCNs in relation to Enhanced Health in Care Homes and Early Diagnosis of Cancer. Medicines Optimisation Team and CCG working on SMR&MO service requirements in line with PCN capacity. PCN workforce plans in development for completion 30-10-20. Service specifications for additional services to be commissioned from practices and PCNs from April 2021 to be considered at Primary Care Commissioning Committee on 23-10-20. Karen Ellis 20.10.20 Work is continuing to scope the opportunities for additional services to be commissioned from PCNs. Individual contracting with Practices continues as identified previously. Work to improve the involvement and integration of PCNs into wider CCG work continues. 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								Karen Ellis 09.02.21 - Provider Alliance continues to meet and develop mutual aid systems to support equity of access to elective care. Ongoing phase 2 COVID impacts just starting to reduce, work underway to forecast bed numbers to support reduction in COVID capacity and more non-COVID capacity. This also supports Trust staff to be realigned back to their usual posts. Limited opportunity to increase elective activity to date. The four way Humber CCGs Executive Meeting continues to receive weekly updates in relation to Phase 3 recovery planning, with particular emphasis on 52ww recovery and cancer. Detailed scrutiny of and challenge to recovery plans that are developed by the System continues, as well as via each CCG's provider review mechanisms. Karen Ellis 18.12.20 Plans continue to be reviewed in line with changes in COVID tiers, etc. Focus on elective care in place with plans to increase elective activity to start addressing long waits. Karen Ellis 20.10.20 All 3 providers are proactively working with both Hull and ERY CCGs to improve access to services, develop plans to address long waits and associated service redesign. Planning for winter, COVID 19 second phase and EU transition continues on a collaborative, system basis. 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								

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STRATEGIC OBJECTIVE 3 - Support the delivery of financial strategies and actions as enablers to system-wide transformation.																			
Outcomes I. System-wide 2020/21 financial envelope achieved.	Emma Sayner	Partners continue to focus on statutory financial duties of three 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	4	3	12	6	Danny Storr 12.02.21 The ICS is required to deliver financial balance across the ICS rather than at organisational level and therefore an increased level of communication and cooperation has been established and partners working together to resolve the shortfall. System Partners have collaborated and identified sufficient funding for each organisation to achieve financial balance. This will involve some CCGs showing a surplus against a deficit plan and Hull CCG showing a deficit against a surplus plan. Danny Storr 17.12.20 The ICS will be required to deliver financial balance across the ICS rather than at organisational level and therefore an increased level of communication and cooperation has been established and partners working together to resolve the shortfall. Details on the financial regime are still to be received. However indications are that the ICS will be required to deliver financial balance across the ICS rather than at organisational level and therefore an increased level of communication and cooperation will be established.	Danny Storr 12.12.21 Details of the financial regime and the associated impact has been reported to the IAGC and the Q&P Committee. Danny Storr 17.12.20 Details of the financial regime and the associated impact has been reported to the IAGC. Once the financial regime is in place the impact of this will be reported to the IAGC.	Danny Storr 02.12.20 Guidance on financial regime for 21/22 not yet available. Contracts for 21/22 will be rolled forward for Q1. Danny Storr 17.12.20 Guidance on financial regime for 21/22 not yet available. Guidance on financial regime not yet available	N/A	CFO attends Humber Coast and Vale Finance Planning and Performance Programme Board with partner organisations. HCV Partnership Operating Plan being developed.	Mar '21	Integrated Audit and Governance	Danny Storr 02.02.21 system shortfall now resolved across partners and expect to each organisation to breakeven. Danny Storr 17.12.20 - Coverage by Chief Finance Officer (CFO) and Deputy CFO at system level meetings with CFO taking a lead. Regular communication channels established and working well. Financial plans have been submitted however collectively there is a shortfall across the system. Partners are working together to resolve this. Danny Storr 20.10.20 - Coverage by CFO and Deputy CFO at system level meetings with CFO taking a lead. Regular communication channels established and working well. Summary level plans have been submitted and detailed plans are being developed.	Danny
STRATEGIC OBJECTIVE 4 - Successfully and effectively commissioning health services to meet the reasonable health needs of the people of Hull.																			
Outcomes Achievement of NHS Constitutional targets	Erica Daley	Patients at increased risk of poorer outcomes as a result of inability to meet constitutional requirements. This risk has been exacerbated through the operational impact of the COVID pandemic.	06/20	4	4	16	3	3	9	6	- 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	Erica Daley - 18.03.21 Review and service restoration plans in place following recent covid surge, this entails fortnightly 52 ww meetings with HUTHT to provide oversight and assurance on recovery plans. Primary and Acute Interface Group established to provide clinical oversight to recovery. Karen Ellis 09.02.21 - Focus on dermatology/plastic lesion pathways, ophthalmology and ENT to improve patient pathway and outcomes. Focus remains on delivering prioritised patients including cancer patients care. Ongoing pressure from COVID patients starting to reduce in last 7 - 14 days, this will enable a more systemised focus on elective activity. Sustained phase 2 has replaced the expected surge/reduction/surge pattern expected (no reduction experienced). Sue Lee 29.12.20 - iii) Primary Care Engagement work completed. First draft findings reports submitted to relevant primary care leads at all four Humber CCGs. Further work underway at Place, including PCN level reports. A&E engagement work now complete and findings presented to UECN. CAHMS engagement initial service review work complete. Work underway with service users for new name for service. Engagement plan developed for new Community Mental Health Support Teams (school based). Young people supported to be part of interview process and co-production work planned for new year re development of service. Other engagement work planned for early 2021 includes Mental Health Support in Care Homes, Extended Hours in Primary Care and Social Prescribing service review. Karen Ellis 17.12.20 Work continues to put in additional pathways/measures to support the reduction in numbers waiting over 52 weeks. Elective capacity continues to be protected where possible with work across the whole Integrated Care System to ensure equity of access to surgery. Surge planning is being refreshed for end of December 20 / January 21 period in light of anticipated phase 3 COVID surge. Communications systems/plans remain aligned with surge and capacity planning. Karen Ellis 12.10.20 Work continues regarding phase 3 planning and restoration/recovery trajectories. All providers are reviewing capacity in light of the COVID restrictions and risk assessing individuals on waiting lists to optimise the use of restricted capacity. Key focus maintained on individuals with a long wait and vulnerable groups. Comprehensive winter and EPRR planning ongoing in preparation for a projected complex winter scenario. Promotion of the use of EQIA and patient/public engagement models being promoted at all levels of Provider organisations to further expand patient/public involvement. Erica Daley 22.10.20 The Senior Leadership Team have reviewed the 52 week wait position of HUTH and a executive level meeting has been arranged with the trust to discuss a single system response to manage the waits and backlogs. The risk rating has been increased in view of the 52 week position. 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. Erica Daley 14.08.20 Phase 3 letter on 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	2	4	8	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	4	3	12	6							Karen Ellis 09.02.21 Demand for elective service remains lower than previous years but shows signs of recovery when out of lockdown and reduction during lockdown. Advice and guidance / digital modalities being supported to help patients be proactively managed remotely to support lockdown/social distancing where clinically appropriate to do so. Impact of seasonal winter illnesses not seen this year due to, it is believed, the disease transmission prevention systems and processes put in place. Karen Ellis 17.12.20 Demand for services is starting to increase across both physical and mental health services. This is being monitored against predicted capacity and anticipated demand surge over next few weeks relating to both COVID and winter. Work to start to increase elective activity may increase demand for primary care and community support. Karen Ellis 20.10.20 Demand for services remains lower than plan due to impact of COVID but is increasing towards plan. Individuals already referred to services demonstrating increasing concerns regarding length of wait and inability of providers to confirm assessment/treatment dates. Planning underway to better establish recovery trajectories.		
		- 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	3	3	9	3	3	9	6									

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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	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	1. Proactive attendance at H&WB and Place Board 2. Cross referencing of programmes of work with other work programmes to confirm alignment and identify any gaps/duplications 3. Integrated financial planning	Mar '21	CCG Board	Erica Daley 15.02.21 - Audit of CCG work towards the eight health Inequalities actions underway. Sue Lee 15.02.21 EqlA for vaccination programme under development, working with Public Health Team. Engagement programme started to understand barriers to vaccine take up amongst specific communities. James Crick 12.02.2021 - Health Inequalities work ongoing with a specific focus on COVID vaccination. Homeless team working with PCN to ensure that those who are homeless and clinically extremely vulnerable are vaccinated. Additional work is ongoing to understand and address the inequalities that are caused or exacerbated by the vaccination programme. Sue Lee 29.12.20 - Following groups established with Hull CCG representation - Health Inequalities Task and Finish Group (Hull CC lead), met twice. Also Building Forward Together Oversight Group (VCS reset), reporting to Hull Place Board. Karen Ellis 18.12.20 Work continues to support alignment of work programmes / initiatives. James Crick 17.12.20 - CCG is actively represented on the Health and Wellbeing Board, the Place Board and the COVID-19 Engagement Board. Consideration of the impact of inequalities on health continue to be considered and addressed through these Boards. CCG is also represented on Humber and HCV Partnership Boards, and the specific socioeconomic differences between Hull and neighbouring areas are considered and addressed. Karen Ellis 20.10.20 Health and Wellbeing Board and Hull Place Board both meeting on a regular basis. Priorities to be aligned across the local system. In addition, the COVID-19 member-led engagement board also has a view across the system and is meeting monthly to monitor the impact of the pandemic on communities. 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.
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	9	4							Karen Ellis 09.02.21 - Some wider economic impacts of EU Exit being seen, but limited impact upon health systems at present. Winter infections at lower rate than normal, but COVID has had a sustained peak period impacting across the system. Increased demand for COVID beds in the community supported by national allocations. Wider financial impacts being monitored. Karen Ellis 18.12.20 - Triple impact of COVID restrictions, winter period and EU Departure uncertainty are contributing towards a general negative impact upon populations and services at present. The financial position continues to be closely monitored. Karen Ellis 20.10.20 National financial guidelines remain fluid as the overall pandemic impacts continue to be felt. Overview of joint financial positions being monitored. 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	12	8							Karen Ellis 09.02.21 - Work continues to ensure that homeless and vulnerable groups can access services as required. Karen Ellis 18.12.20 - Work continues to ensure that our homeless population are supported to access the services and support they need at this time. James Crick 17.12.2020 - Flu vaccination rolled out to homeless population through working with PH and with Bevan Health (Homeless Liaison Service). Ongoing development of the out of hospital work stream includes consideration of the impact of inequalities on health. NHS Lung Health Checks remains paused, which, when running, may have a positive impact on inequalities around early lung cancer diagnosis. Developing academic relationships with the University of Hull to submit a bid to look at the impact of COVID-19 and Long-COVID on deprived populations. James Crick 20.10.20 Work with the homeless liaison service to look at offering flu vaccination to this cohort. Work with local refugee and asylum seeker charity to ensure that asylum seekers are able to access primary medical services.	
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	20	6	- Primary Care Commissioning Committee work programme	None identified	None identified	1. Work with existing providers to identify opportunities for revised working 2. Consider options for wider collaboration 3. Develop involvement / communication plans for staff / organisations, patients & public 4. Support proactive communications between community providers and PCNs	Mar '21	CCG Board	Erica Daley - 15.02.21 - Humber plan for long covid clinics in place. Arrangements to extend out of hospital model to include community outpatients shared at Humber Joint Senior Leadership Meeting. Erica Daley - 18.12.20 - The Out of Hours Programme continued to focus on frailty and respiratory care incorporating the guidance of development of long covid clinics. Dan Roper 21/10/20 The work is ongoing and the Mental Health Transformation work has restarted to help integrate Primary and Mental health Services. The CCG continues to contribute to the OOH Humber programme and is developing joint work with HUHT and CHCP around Community Respiratory Services. Regular meeting are held of Primary and Secondary Care clinicians to discuss 1. New pathways 2. Joint use of staff 3. Joint use of estates - Hull CCG have a set up an estates steering group to look at joint use 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	20	8								
		- Inability to maintain positive relationships as PCNs develop further, causing fragility and inconsistent application across PCNs.	06/20	3	3	9	3	3	9	6								
		- Loss of funding flexibility through lack of progress.	06/20	4	3	12	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.	Erica Daley supported by Joy Dodson	- Poor outcomes for children requiring health education and care plans experience for users	06/20	4	3	12	4	3	12	6	- Planning and Commissioning Committee work programme - Quality and Performance Committee work programme - SEND Accelerated Progress Plan	- Hull Special Educational Needs and Disabilities Strategic Board - Department for Education monitoring - NHSE/I monitoring	None identified	None identified	1) SEND Coproduction Charter 2) SEND Joint Commissioning Strategy 3) Improvement in assessment ratings for Hull children's service 4) Refresh of the Hull Children and Families Board	Mar '21	Integrated Audit and Governance	Sue Lee 22.10.20 i) Working in partnership with Genuine Partnerships, Council for Disabled Children and KIDS. SEND Co-production event held 22.09.20 and 7 focus groups being held. Resources being developed for children and young people to give their views. Sue Lee 11.08.20 j) SEND engagement plan agreed.
ii. LAC / general CYP		- Failure to deliver CQC DFE recommendations	06/20	4	4	16	4	4	16	8							Joy Dodson 8 February 2021: 1. Coproduction charter complete 2. SEND Joint Commissioning Strategy due to be approved 24 February 2021 Committees in Common 3. Improvement work continues, positive progress acknowledged 4. Better Together partnership Board continues to develop. Joy Dodson 16 December 2020 - 1) Successful SEND coproduction workshop and focus groups with parents, carers, young people and stakeholders from services. Coproduction charter will be complete in early 2021 and then progress to the next stage. 2) Draft SEND Joint Commissioning Strategy is prepared and approved by the SEND Strategic Board and will progress through the joint commissioning governance process towards approval by Committees in Common in February 2021. 3) Formal review meeting with Department for Education 15 December 2020, acknowledgement of positive progress in both SEND and Social Care, formal letter to follow. New permanent Director of Children's Services in post. 4) Hull Children and Families Board rebranded as the 'Better Together Partnership Board' and refocused on activities where partnership working can have the greatest impact. Joy Dodson 14 October 2020: Programme of virtual workshops and focus groups taken place or planned across the autumn to culminate in a December workshop for the preparation of the Coproduction charter SEND ISNA prepared and the SEND Joint Commissioning Strategy being coproduced with children, young people and their families as well as education, health and care partners. Ongoing improvement work across partners in Hull, formal review by the DfES planned for December. Children and Families Board re-branded as the 'Better Together Partnership for Children, Young People and Families in Hull' with focus on partnership opportunities that are not being progressed in any other forum. Specific deliverables being reviewed along with associated metrics for measuring success. 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	20	10								

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STRATEGIC OBJECTIVE 8 - Delivery of Statutory Duties																			
Outcomes Approval of unqualified annual accounts and positive VFM assessment at year-end	j) 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	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	Danny Storr 12.2.21 - ICS breakeven now expected to be achieved. Storr 17.12.20 - ICS finance plans submitted and system shortfall identified. Plans are being developed to bring the system back into balance. ICS finance plans submitted and system shortfall identified. Plans are being developed to bring the system back into balance.	Danny Storr 20.10.20
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 and Governance Committee Work Programme						Danny Storr 12.2.21 - No change Storr 17.12.20 - New Internal Audit Provider now in place (Audit Yorkshire) and the team are working with the CCG to ensure a smooth transition. New Internal Audit Provider now in place (Audit Yorkshire) and the team are working with the CCG to ensure a smooth transition.	Danny Storr 20.10.20
iii) Achievement of the requirements of Section 142Z 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	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). 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						Danny Storr 12.2.21 - No change 29.12.20 - Discussion with HASR Partnership and Stakeholder Manager on 18.11.20 re extending use of Engagement and Consultation Framework to ensure consistency of approach, in particular in engaging / consulting with OSCs. CCG is working within a new financial regime, however financial controls remain strong and performance is regularly reported. Sue Lee 22.10.20 iii) Engagement and Consultation Assurance Framework used to assess level of engagement needed for Community Paediatric service. iv) ED&I objectives revised and agreed and Q&P 22.09.20. Newly reframed ED&I Steering Group met 15.10.20 and all programme area leads in process of developing outcomes and actions for own areas of work. Danny Storr 20.10.20 - The CCG is working within a new financial regime, however financial controls remain strong and performance is regularly reported. 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.	Sue Lee
iv) Demonstrate due regard to the Public Sector Equality Act		- 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									
		- Requirement for system transformation and potential disinvestment in some services leading to legal challenge	05/19	4	3	12	4	3	12	4									

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
	Lead	What could happen		Impact Likely	Impact Total	Impact Likely	Impact 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 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	12	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	1. Maintain low level response team to manage existing communication flow / requests for information 2. Maintain twice weekly system COVID meetings with fax to increase to 7 days when required 3. Participation in LRF SCG 4. Joint working with ERY CCG and rest of local system to prepare for anticipated system capacity pressures over Q3 & Q4	Mar '21	CCG Board	Sue Lee 15.02.21 Continued system wide working on communications with focus been on vaccination programme roll out. Substantial media coverage gained. Engagement work underway (with LA) to understand barriers to vaccine take up in specific communities and working with community leaders and those with influence to get messaging out. Sue Lee 29.12.20 - I) Weekly H&ER multi agency comms meetings remain in place. Comms structure and processes for vaccination programme in place. Humber Health Cell established, comms representation on group. Erica Daley 18.12.20 - The Communications plans have been updated to include information on the commencement of the national vaccination programme. Sue Lee 22.10.20 J) Weekly COVID communications group continues, Hull CC developed resource pack being shared. Continue to provide communications support for outbreak management. ii) Primary Care survey concluded and feedback report being finalised. Interim findings report to be presented to PCCC 23.10.20. Karen Ellis 20.10.20 Twice weekly system oversight maintained in relation to the COVID position. LRF SCG has been reinstated in preparation of the predicted three large scale impacts over the winter period; winter, COVID, EU departure. CCG has systems in place ready to reinstate as required in response to local or national escalation. Work underway to try to protect reinstated elective capacity as long as possible in light of increasing COVID infections. 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	12	3	12	6								Karen Ellis 09.02.21 As the phase 2 impacts starts to reduce from eth peak consideration is being given to how we plan for the consequences of the pandemic, especially for mental health services, and to look at the restitution of services and the proactive management of individual awaiting planned treatment. No EU impacts reported at present. Karen Ellis 18.12.20 - Further work is underway to plan for the triple effect of COVID Phase 3 surge, normal winter impacts and any impacts relating to EU departure. A lookback has been undertaken regarding phase 2 but it is recognised that the current infection rate remains higher than post phase 1. A 'back to basic' approach is being used to reinforce the simple actions that can be taken to minimise infection transmission. Karen Ellis 20.10.20 Winter plans in place, review of what went well during lockdown complete and positives being adopted across system following appropriate involvement/engagement decision making. 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	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