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 ANI TIMESCALE FOR REMEDIAL ACTION	D GAPS IN ASSURANCE AND TIMESCALES FOR REMEDIAL ACTION	ACTIONS TO BE TAKEN	ACTION EN DATE	D LEAD COMMITTEE / BOARD FOR DELEGATION OF ACTIONS	
	Lead	What could happen		Impact Likely Total	Impact Likely Total	101	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	have adequate controls /	receiving evidence that controls / systems are				
							STRATEGIC OBJECTIVE 1 - Inf	luence at a system level the	e completion of the	transition to ICS,	, as well as effective operating arrangements for the	Hull Place	and clinical leader	rship within Hu
Outcomes () A revised operating model for planning and decision-making across ICS and Humber, with clearly defined delegated functions, roles and responsibilities (ii) System-wide 2022/23 financial framework developed and agreed. (iii) We will have developed through collaboration with other Places and emerging provider collaboratives agreed accountability frameworks	Erica Daley supported by Sarah Lovell / Mike Napier	- Inconsistent transition to ICS across Places resulting in threat to Hull Place priorities being adequately reflected in system plan		3 2 6	3 2 6	5 3	- Final transition plan and formal programme arrangements. P5+S5+S9- Health and Care Place Committee (H&CPC)	- Interim ICS and Humber governance arrangements	None identified	None identified	- Development of H&CP Committee workplan	July '22	CCG Board	Colin Hurst June Strategy. Erica Daley June CCG priorities ac Erica Daley May established to di
Outcomes	Erica Daley	- Loss of focus on qualit	05/22	1 3 12	4 3 1	2 8	- Humber / ICS Transformation Programme arrangements	Facilitate strategic Humbe     Ouality & Performance	None identified	d transformation,	focusing on quality outcomes and patient experien Debbie Lowe 16.08.21 - CCG Interim Director of Nursing (DON)	July '22	CCG Board	9.2.22 Michela L
<ol> <li>Formal establishment and functioning of ICS arrangements for strategic commissioning</li> <li>We will have contributed to the development of an integrated approach to quality improvement and assurance and both ICS and Humber level</li> <li>We will have ensured that patient and public views have contributed to the integrated commissioning process</li> </ol>	supported by Debbie Lowe / Sue Lee	and patient outcome during transition fror CCG to formal ICS / Plac arrangements and Lack of assurance an improvements in patien outcomes includin quality, safety and patien experience	s n e d t				- Humber Quality Framework - CCG's Communications and Engagement Plan - ICS Engagement Framework	Committee monitoring arrangements - Humber Oversight Management Board - Humber Clinical and Professiona Leaders Board - Existing quality surveillance and oversight processes remain in place, internal and external quality governance. Quality forums continue with all providers, escalation to the Regional Quality Surveillance Group chaired by NHSEI Director of Nursing.	1		attending weekly meetings with the ICS DON during transition and focussed on. J.Mapping and 'deep dives' of Humber partnership functions continues, informing opportunities for joint working arrangement and in seeking to establish alignment across the partnership. Z.Review of a place, partnership and ICS roles and responsibilities 3.Implementation of the NQB quality toolkit on publication and quality governance arrangements 4.Supporting quality practice and policy development and in establishing oversight arrangements at place and reporting into system level	1		implementation embedded into Place Based care CCGs with DON
			1 1				STRATEGIC C	BJECTIVE 3 - Support the d	lelivery of the prior	ities set out in the	e operational planning guidance, NHS Long Term Pla	in and the I	lealth and Care Bil	1
Outcomes I) Completion of the commissioning transition in relation to functions and people to Place arrangements Ii) Models for decision-making within Place developed and operating III) Primary Care will be fully embedded and a major strategic partner within Place planning arrangements	Erica Daley	<ul> <li>Poor patient care / experience and low staff morale through failure to deliver NHS transformation priorities</li> </ul>		4 2 8	4 2 8	4	<ul> <li>- ICS and Humber / Place transition programme arrangements, including detailed portfolio / functions mapping plans</li> </ul>	<ul> <li>-System Development Group weekly monitoring of progress.</li> <li>-ICS transition executive weekly meetings</li> <li>- Hull Place Health and Care Committee</li> </ul>	None identified	None identified	Completion of refreshed Place work plan once establishment of ICB / ICS completed	July '22	CCG Board	Erica Daley June Care Partnershi Directors meeti communication: Erica Daley Hull workshops held
		I	· ·								ent a population driven approach to improving hea			
Outcomes         1) Delivery of Health & Wellbeing Board (HWBB) and Hull Place-based Board Strategies         ii) Delivery of the Integrated Financial Plan         iii) Strategies and services to narrow the health inequality gap and co- create models of care based on improving safety, patient experience and outcomes will have been developed as part of the CCGs work at the HWBB         iv) We will have taken collective responsibility for delivering services within budgets and allocations	Erica Daley supported by James Crick	- The most disadvantaged locally continue to experience the poorest health, further exacerbated by disproportionate impact of COVID on these communities	05/22	5 4 1 20	1 5 4 2	10	- HWBB work programme focussed on health inequalities - Clinical leadership support work - Vaccines Inequalities Group	- Health Inequalities Steering Group - HWBB	None Identified	None identified	- Baseline across the city to be established	July '22	Health and Wellbeing Board / CCG Board	16.06.22 James measurable indi but representat Management da around 17th lur including inequa Engagement Tec leads looking at Mental Health C PCNs submitting and Business Int involvement of t

PROGRESS AGAINST ACTIONS Update on actions - is the plan on track? Hull. lune 2022 - Continuing to support development of ICS, Humber and Place Engagement Model and lune 22 - The due diligence work is on track and good progress has been made to transfer some of the es across into the development of the Hull Health and Care Partnership Committee Plan. May 22 - Due Diligence on track for completion for transition of all functions. Task and Finish groups to develop place committee operating model. Place director recruitment to commence shortly. ela Littlewood update-NHS England produced Building strong integrated care systems everywhere ICS ation guidance on effective clinical and care professional leadership, Sept 2021, this information is being into quality workstreams. H&NY Deep Dive workstreams continuing to develop processes from ICS to I care, requirement for further guidance from ICS leads. Twice monthly meetings across four Humber DON and DDONs. June 22 Hull contribution to ICS operational plan submitted, operating framework in place for Health and rship , place priorities agreed for 2022/23 and strategic plan on page for Hull submitted to the ICS. CCG eting with ICB designate directors regarding functional areas of quality, finance, governance and tions. Hull Health and Care Committee arrangements progressing well. Task and finish groups established and held to develop guidance and local operating model. ities Imes Crick - CCG Officers meeting with each PCN to discuss their Health Inequalities plans and identify e indicators/outcomes to evidence improvements. Clinical leadership model currently remains uncertain entations are being made to the ICS to ensure that there is sufficient capacity in Hull. Population Health ent dashboard has been developed by North of England Commissioning Support and is due to be released th June 2022 which will support PCNs in further exploring their population through a variety of lenses, we will be a support PCNs in further exploring their population through a variety of lenses. nt Team Supporting equalities sessions with PCN Leads. Engagement Team Facilitating session with PCN ng at the interaction between embedded social prescribing staff in Primary Care and the wider service. alth Crisis Support Pre-engagement Semi Structured Interview findings being consolidated for analysis. Titting their inequalities plans to the CCG supported by Local Authority (LA) and CCG Public Health (PH) ess Intelligence analysis. COVID Vaccine Champions delivery plan is being led by the LA PH team with nt of the CCG and the VCSE to develop a short term approach and a longer term legacy for this funding.

			(2)								
REFERENCE	RESPONSIBLE DIRECTOR RESPONSIBILI DIRECTOR	DATE IDENTIFIEL CURRENT RISK RATIN	INITIAL RISK RATING	CURRENT CONTROLS	INTERNAL AND EXTERNAL ASSURANCES	GAPS IN CONTROL AND TIMESCALE FOR REMEDIAL ACTION	ASSURANCE AND TIMESCALES FOR REMEDIAL ACTION	ACTIONS TO BE TAKEN	DATE	LEAD COMMITTEE / BOARD FOR DELEGATION OF ACTIONS	PROGRESS AGAINST ACTIONS
	Lead What could happen	Impact Ukelye Totai	Impac Likely Total	What controls / systems do we have in place to assist in the delivery of aim: and manage / mitigate risk?	S Where can we gain exidence that the controls / systems we are placing reliance on are effective internally or externally Date and name of Committee / Board		receiving evidence that controls / systems are	Detail the actions taken			Update on actions - is the plan on track?
		STRATEGI	C OBJECT	IVE 5 - Maintain accountability for commissioning h	ealth services to meet the r	easonable health ne	eeds of the people	e of Hull, but targeting in particular the most disad	vantaged in	local communities	S
Outcomes I. Achievement of NHS Constitution targets ii) Reduction in growth in demand by commissioning for integration and prevention iii) We will have evidence that patient and public views have contributed to the planning and delivery of new services	Erica Daley - Inequalities gap supported by James Crick and Sue Lee	05/22 5 3 15 5	5 3 15 8	- HWBB work programme focussed on health inequalities - Clinical leadership support work - Vaccines Inequalities Group	ICS system-wide / NHSE assurance reviews     Humber Oversight Management Board     Integrated Commissioning Officer Board	None identified	None Identified		July '22	Planning and Commissioning Committee	16.06.22 James Crick - CCG Officers meeting with each PCN to discuss their Health Inequalities plans and identify measurable indicators/outcomes to evidence improvements. Clinical leadership model currently remains uncertain but representations are being made to the ICS to ensure that there is sufficient capacity in Hull. Population Health Management dashboard has been developed by North of England Commissioning Support and is due to be released around 17th June 2022 which will support PCNs in further exploring their population through a variety of lenses, including inequalities. Sue Lee - Engagement work for Translation Services (assisted communication) complete and report presented to Primary Care Commissioning Committee. Soft launch of Mental Health Support Teams Feb 22 with full launch Easter 22.
	RATEGIC OBJECTIVE 6 - Develop Erica Daley - Stagnation in primary			ospital strategy for Hull, supporting local Primary Ca		models for transitio	n to integrated pr	rovision, as well as a new clinical leadership model	which incre	-	s of primary care at all levels of the system Colin Hurst June 2022 "Improving Inclusive Access to Primary Care Pilot" continues, expected completion of
Outcomes I) Integrated primary- care led out of hospital model in operation II) Inte CCG will have facilitated the establishment of the provider collaborative III) The CCG will have worked with local partners and the ICS to develop a clear clinical leadership model	support by care development / poor Phil Davis patient outcomes as a result of PCNs/clinical leaders feeling disengged from the		¥ 3 12 8	<ul> <li>Out of Hospital Programme</li> <li>LA / CCG / PCN leaders engagement programme</li> <li>LMC-facilitated PCN collaborative programme</li> </ul>	- PCCC work programme	None identified	None Identified		July '22	Primary Care Commissioning Committee	Colin Hurst June 2022 "Improving inclusive Access to Primary Care Pilot" continues, expected completion of evaluation mid July 2022" Improving Inclusive Access to Primary Care Pilot" Delayed due to COVID Vaccination winter response, pilot restarted 31st Jan for 8 weeks (to 25th March), 14th Feb printed and online patient survey available mid February. New configuration of Primary Care Networks (PCN)s agreed with 6 PCNs in place from April 2022. Humber PC Collaborative established ald facilitated by Humberside LMC. PC Transitional Executive meetings taking place with Collaborative and NHS England led by Amanda Bloor (ICS Chief Operating Officer). Clinical leadership model for Integrated Care Service in development and being consulted on with PCN Clinical Directors.
Outcomes         1) Through comprehensive and collaborative engagement with key stakeholders including children, young people and their families, understand the post-covid inequalities for children and young people in Hull (including those placed out of area) to inform service planning and delivery from 2022.         ii) Delivery of the SEND Accelerated Progress Plan to the satisfaction of the Department for Education         iii) Delivery of the integrated multi-agency framework as set out in the Hull Corporate Parenting Strategy that will improve outcomes for children who are looked after and care leavers	supported children requiring health by Joy education and care plan Dodson experience for users	05/22 4 5 20 4	ATEGIC 0	BJECTIVE 7 - Focus on care and services for children  Planning and Commissioning Committee work programme  Quality and Performance Committee work programme  SEND Accelerated Progress Plan  Joint work with LA and ongoing engagement with CYP and their families	<ul> <li>Hull Special Educational Needs and Disabilities Strategic Board</li> <li>Department for Education monitoring</li> <li>Joint Children's Improvement Monitoring Board</li> <li>Humber Children's Partnership</li> <li>Integrated Commissioning Officer Board</li> </ul>	-	None identified		July '22	Planning and Commissioning Committee	Colin Hurst June 2022 Neurodiversity - First co-produced Quarterly review session completed. Session included representatives from service providers, associated partners, parents and cares. Session reviewed performance and experience of the service, identified improvements and prioritised actions. Next Session to be held at the end of September. June 2022 update Joy Dodson SEND Accelerated Progress Plan has been refreshed through coproduction with Parent Carers. Neurodiversity Front Door service launched and operational, the service is a proof of concept and evaluation is ongoing with flexible and dynamic adjustments to delivery taking place in real time. Reduction trajectory for ASD waiting lists has moved alightly off track, remedial action is being taken through commissioning additional independent sector capacity for ASD assessments from an alternative provider. Coproduction development is gaining momentum and feedback is positive. School and SENCO relationships with LA and health are developing positively. Formal SEND review meeting with DfE is scheduled for 23 June 2022. Soft launch of Mental Health Support Teams Feb 22 with full launch Easter 22. Children and YP Palliative and End of life Care. Department for Education 6-monthly SEND review in late January recognised progress, particularly in respect of relationships with families, and identified several areas of strength as well as opportunities for, and expectation of, further improvement in respect of Neurodiversity pathways and Coproduction. Next step is to coproduce a plan for our next phase of improvement.
Outcomes	Emma - System-wide	05/19 4 4 16 4	1 4 16	Robust budgetary control framework (delegated budget holders,	-	None Identified		Actions as required to deliver financial delivery plan	July '22	Integrated Audit and	Planning Guidance for 2022/23 has now been received and all NHS partners throughout Humber & North Yorkshire
i) Approval of unqualified annual accounts and positive VFM assessment at year-end ii) Positive Value for Money assessment iii) Unqualified Head of Internal Audit Opinion iv) Achievement of the requirements of Section 14Z2 of the Health and Social Care Act 2012 and the Equality Act 2010				forecasting).							are working together to produce a balance financial plan.

REFERENCE	RISK: OVP RISK: OVP TOWOLLV1340 OVP RISK: OVP		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	ASSURANCE AND TIMESCALES FOR REMEDIAL ACTION	ACTIONS TO BE TAKEN	ACTION ENI DATE	D LEAD COMMITTEE / BOARD FOR DELEGATION OF ACTIONS	PROGRE
	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 exidence that the control 6 yaytems 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	receiving evidence that controls / systems are	Detail the actions taken			Update on a
	- Poor findings internal audit ru during the year year-end opinio	eviews impact on	/19 4 2 8	4 2 8		Governance framework including Terms of Reference, Standing Orders and Prime Financial Policies	<ul> <li>Integrated Audit and Governance Committee Work Programme</li> </ul>	None Identified	None Identified	Actions as required to deliver financial delivery plan	July '22	Integrated Audit and Governance	All internal audit reports presented to date have be
	- Year on year f challenge envir and sustained a requirements	onment	/19 4 3 12	. 4 3 12	2 8	Robust budgetary control framework (delegated budget holders, authorised signatories, cash flow analysis, regular reporting and forecasting). Robust process for monitoring and reporting financial performance Financial policies to ensure accurate recording and reporting of financial transactions (e.g. invoicing controls, journal controls) Ongoing review of capacity across the system is underway to remove duplication and inefficiency		None Identified	None Identified	Actions as required to deliver financial delivery plan	July '22	Integrated Audit and Governance	The CCG achieved its financial targets for 2021/22.
	- Legal challen decision makin commissioning lack of engager consultation, or due regard for with protected characteristics	g or based on nent or lack of groups	/21 3 4 12	3 4 12		ensure a quality approach - NHS England IAF measure relating to engagement montors CCG	Communications and Engagement Annual Report All committee papers have an engagement and consultation section and an Equalities section for completion to ensure that appropriate action has been taken Engagement Reports		None identified	<ul> <li>Continue equalities training         <ul> <li>Raise awareness of CCG engagement and consultation requirements with staff and partners</li> </ul> </li> </ul>	July '22	Planning and Commissioning Committee	Colin Hurst June 2022 Currently no engagements open
										ring that positive innovations are retained, improve			
Outcomes           I) We will have delivered an effective ongoing CCG response to the coronavirus pandemic, including steps to maximise the safety of staff and the local population           ii) Support to the continuation of the vaccine roll-out programme will be timely, comprehensive, responsive and effective; and deemed as such by providers and partners           iii) Patients at greatest clinical risk in secondary and community care environments are prioritised and supported by the CCG; providing system support to the operational recovery programme of work	Erica Daley - Failure to min ongoing impact deaths as a resu virus	and	/22 4 3 12	. 43 12	2 6	<ul> <li>- CCG major incident control arrangements</li> <li>- ICB Operational Plan 2022/23</li> <li>- Planning and Commissioning Committee work programme</li> <li>- Interim quality response arrangements in operation with providers</li> </ul>	- ICS system-wide assurance reviews	None identified	Integrated impact assessments on new pathways		July '22	CCG Board	Colin Hurst June 2022 CCG Supporting the COVID V: CCG engagement structures and programmes to ma Vaccine provision arrangements remain in place acr picture

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	e	s	12	16	20				
Will probably happen/recur but it is not a penisting issue Almost Certain S Will undoubtedly happen / recur, possibly frequently	5	10	15	25	25				

BOARD FOR SECERTIONS       Update on actions - is the plan on track?         grated Audit and ernance       All internal audit reports presented to date have been issued with a 'high' opinion.         grated Audit and ernance       All internal audit reports presented to date have been issued with a 'high' opinion.         grated Audit and ernance       The CCG achieved its financial targets for 2021/22.         ining and minissioning mittee       Colin Hurst June 2022 Currently no engagements open.         sed.       Easrd         CCG engagement structures and programmes to maximise reach.		
grated Audit and ernance       All internal audit reports presented to date have been issued with a 'high' opinion.         grated Audit and ernance       The CCG achieved its financial targets for 2021/22.         ming and missioning mittee       Colin Hurst June 2022 Currently no engagements open.         sed.       Sed         is Board       Colin Hurst June 2022 CCG Supporting the COVID Vaccine Champions Project hosted by Hull City Council, Linking in CCG engagement structures and programmes to maximise reach.         vaccine provision arrangements remain in place across the City and are kept under review in the light of the national	DELEGATION OF	
ernance       grated Audit and ernance       The CCG achieved its financial targets for 2021/22.         nning and unissioning unittee       Colin Hurst June 2022 Currently no engagements open.         sed.       Seed.         Board       Colin Hurst June 2022 CCG Supporting the COVID Vaccine Champions Project hosted by Hull City Council, Linking in CCG engagement structures and programmes to maximise reach.         Vaccine provision arrangements remain in place across the City and are kept under review in the light of the national context		Update on actions - is the plan on track?
ernance  ining and imissioning imittee  Sed.  Board  Colin Hurst June 2022 CCG Supporting the COVID Vaccine Champions Project hosted by Hull City Council, Linking in CCG engagement structures and programmes to maximise reach. Vaccine provision arrangements remain in place across the City and are kept under review in the light of the national	ernance	
sed.         Board       Colin Hurst June 2022 CCG Supporting the COVID Vaccine Champions Project hosted by Hull City Council, Linking in CCG engagement structures and programmes to maximise reach.         Vaccine provision arrangements remain in place across the City and are kept under review in the light of the national councils.		The CCG achieved its financial targets for 2021/22.
Colin Hurst June 2022 CCG Supporting the COVID Vaccine Champions Project hosted by Hull City Council, Linking in CCG engagement structures and programmes to maximise reach. Vaccine provision arrangements remain in place across the City and are kept under review in the light of the national	nmissioning	Colin Hurst June 2022 Currently no engagements open.
CCG engagement structures and programmes to maximise reach. Vaccine provision arrangements remain in place across the City and are kept under review in the light of the national		
	Board	CCG engagement structures and programmes to maximise reach. Vaccine provision arrangements remain in place across the City and are kept under review in the light of the national