

Lead Director / Owner	Risk Ref	Potential Risk Should be high-level potential risks that are unlikely to be fully resolved and require mitigation	Risk Level			Previous Risk Level			Inherent Risk Level <i>Is a risk which is impossible to manage or transfer away</i>	Key Control Mechanisms <i>What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?</i>	Independent Assurance <i>External evidence that risks are being effectively managed (e.g. planned or received audit reviews)</i>	Gaps in Controls or Assurance <i>Where an additional system or process is needed, or evidence of effective management of the risk is lacking</i>	Action Plan	Expected date of completion	Anticipated Risk Score after Action Plan Completed			Review Date
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<b>Critical Success Factor 1: Improving health outcomes for the local population (Domains: 1,3, 5)</b>																		
CCO	1.1	Failure to influence Health Well Being Boards to achieve reduction in health inequalities	2	2	Yellow (4)	2	2	Yellow (4)	Low	a. IOP aligned to JSNA themes b. Appropriate VOY representation at committees and Boards c. Equalities Impact Assessment for each decision/ policy d. Communication strategy to support health and well-being messages alongside partners e. Implementation of 'health champions'	JSNA Assessment	e. Implementation of 'health champions'	Communications Strategy re-fresh ongoing Clinical representation on each HWB Officers nominated to attend JSNA development	ongoing	2	1	Green	Dec-13
CCO	1.2	Failure to maintain the current rate of admissions - unplanned hospitalisation etc.	4	3	Amber (12)	4	3	Amber (12)	Medium	a. Engagement in the Long-Term Conditions and Older People Programme Board b. CCG Long-Term Conditions Programme (see QIPP Risk Register) c. Urgent Care pathways for ambulatory care and falls (See QIPP)	Internal Audit of QIPP CCG Assurance Framework - local priorities	Data analysis on trends	Implementation of the Frequent Flyer audit Implementation of the Winter Resilience Plan Urgent Care Programme implementation	Mar-14	4	2	Amber (8)	Dec-13
CCO	1.3	Potential Risk: The CCG does not increase diagnosis rates of dementia	3	4	Amber (12)	3	3	Amber (9)	Low	a. Dementia Awareness Programme (in partnership with Local Authority) b. Dementia Champion in each GP practice	CCG Assurance Framework	BI unable to access prevalence data from the Area team. This has been escalated to Senior Management, and raised through the CCG Assurance pre-checkpoint meeting VACCU SLA and priorities for work	BI Request for data Quarterly monitoring of actions	Mar-14	3	3	Amber (9)	Dec-13
CCO	1.4	Potential Risk: The CCG does not achieve a reduction in unnecessary emergency admissions for acute conditions	4	4	Red (16)	4	4	Red (16)	Medium	a. Partnership approach with public health to promote healthy lifestyles and reduce alcohol, tobacco and illegal drug use b. Emergency Care plans c. Urgent Care Pathway d. Care Home Workstream Urgent Care Working Group Winter Resilience Plan	CQC Internal Audit of QIPP		Implementation of the Frequent Flyer audit Implementation of the Winter Resilience Plan Urgent Care Programme implementation	Mar-14	3	3	Amber (9)	Dec-13
CCO	1.5	Potential Risk: The CCG does not receive assurance that children and vulnerable adults health outcomes are improved.	5	3	Red (15)	5	3	Red (15)	Medium	a. Mental Health and Learning Disability Programme Board b. VACCU c. Improving access to Psychological Services Review d. VACCU risk register e. PCU Management Board and Governance arrangements f. PCU Risk share arrangements in place	Ofsted Inspection Care Quality Commission CCG Assurance Framework	Scheme of delegated authority to PCU	Governance & SLA group established Review of VACCU priorities to align with CCG planning Identification of KPI for the service specification Implementation of the PCU Management Board Action plan and recommendations from the Winterbourne Review IAPT service improvement plan CQC inspection planning for children	Mar-14	4	3	Amber (12)	Dec-13
CCO	1.6	Potential Risk: The CCG does not comply with statutory duties in relation to Section 136	4	4	Red (16)	4	4	Red (16)	Low	a. Programme manager appointed b. Collaboration with other CCGs via VACCU c. Regular reporting to Governing Body d. Improving access to Psychological Services Review	CQC NHS England Area team	Lack of consistent data on IAPT prevalence Lack of clarity on VACCU governance/ reporting	Crisis Care Centre scheduled for completion end of January Engagement in Mental Health Re Commissioning Process	Mar-14	4	2	Amber (8)	Dec-13

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<b>Critical Success Factor 2: Improve the quality and safety of commissioned services (Domains: 1, 2, 3, 5)</b>																		
EN	2.1	Potential Risk: The CCG does not ensure patients have a positive experience of care	3	2	Yellow (6)	3	2	Yellow (6)	Medium	a. Contract Monitoring Boards b. Monitoring of NHS patient Surveys c. Benchmarking of provider performance d. Promotion of patient participation groups for GP practices e. Monthly review of complaints f. Friends and Family Test (CQUIN) g. Patient Forums h. Patient and Public Engagement Steering Group i. Carers Strategy Group N Yorks & York	NHS Patient Surveys PALS report Healthwatch Friends and Family data CCG Assurance Framework	Enhance patient engagement  Carers needs taken into account in planning and commissioning services  Full roll out of Friends and Family  Lack of analysis of complaints/ trends	Engagement Strategy refresh in progress Review of ContactUs & Complaints processes to monitor and challenge user experience Maternity roll out of F&F in Oct Review of Quality & performance structures	Ongoing	3	2	Yellow (6)	Dec-13
EN	2.2	Potential Risk: The CCG does not secure improved provider performance on Red flagged areas	4	4	Red (16)	4	4	Red (16)	Medium/ High	a. Contract Monitoring Boards b. Collaborative Improvement Board c. Monthly Performance Monitoring of providers	CQC NHS England Area team	Access to SUS data	Use of SLAM data as an interim measure YAS Joint Improvement Plan Winter Planning (A&E impact) Urgent Care Review (A&E impact)	Ongoing	4	3	Amber (12)	Dec-13
EN	2.3	Potential Risk: The CCG does not deliver quick access to services as prescribed in the NHS constitution	4	3	Amber (12)	4	3	Amber (12)	Medium/ High	a. Contract Monitoring Boards b. Quality Requirements Schedule c. Monthly analysis of provider waiting lists d. Focus on surgical, diagnostic and outpatient pathways in respect of 18 week delivery e. Joint remedial plan for A&E waiting times f. Contribution to the development of Y&H plans to deliver ambulance	External data validation Area Team Review	Access to SUS data b. Quality Requirements Schedule Delay in BI validation of data - time lag impedes prompt response	Use of SLAM data as an interim measure Review of BI functions Service Reviews for 'red' performance areas	Ongoing	4	2	Amber (8)	Dec-13
EN	2.4	Potential Risk: The CCG does not treat and care for people in a safe environment and protecting them from harm.	5	3	Red (15)	5	4	Red (20)	Medium/ High	a. Contract Monitoring Boards b. Quality Requirements Schedule c. Performance monitoring arrangements on KPI d. Collaborative Improvement Board to plan performance improvements e. Implementation of national guidance, recommendations and best practice Relationship with CQC to alert to failing service	CQC CCG Assurance Framework	a. Assurance on the Early Warning system to identify a failing independent service through VACCU b. Adult Safeguarding Governance arrangements to be confirmed D. SI assurance	Governance & SLA group established for VACCU to include regular reporting and assurance requirements Review of VACCU priorities to align with CCG planning Identification of KPI for the service specification Assurance on winterbourne - confirm and challenge Review of SI processes	ongoing	5	2 or 3	Amber/ High	Dec-13
EN	2.4.1	Potential Risk: A tier 4 CAMHS bed will not be supplied by NHS England at the point of need	4	3	(Amber12)	4	5	Red (20)	High	a)Monitoring pressure on tier 3 services within the local area b) Communication with NHS England on pressure and demand to help inform NHS England planning	NHS England communication on bed availability	The CCG and PCU are not commissioners of tier 4 services and as such there is a limited amount of control or assurance locally.			4	5	Red (20)	Dec-13

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COO	2.5	Potential Risk: The CCG does not secure maintenance of, or improvements in, quality of service through the QJPP programmes	3	2	Yellow (6)	3	2	Yellow (6)	Medium	a. Collaborative Improvement Board b. Programme Management Structure with appropriate internal controls and escalation to Q&P Committee c. Staffing structure to support GPs in leading reform d. Efficiency led, using Business Process Re-engineering e. QJPP Risk Register and Risk log for each contributing project and programme f. Serious incident reporting Confirm and Challenge on service proposals through Management Team and Council of Representatives	Contract Monitoring Boards Performance Review CCG Assurance Framework	KPIs/ quality impact as part of the IVA process  Case for Change to quantify any service risks	Review IVA and Case for Change process to ensure quality risks are embedded	ongoing	3	2	Yellow (6)	Dec-13
EN	2.6	Issue: The main Provider will exceed its target for Healthcare Acquired Infections resulting in increased harm to patients.	4	5	Red (20)	4	5	Red (20)		Performance is monitored through the Contract Monitoring Board sub group. Working group set up to review RCAs.	Contract Management Board Quality and Performance Committee Checkpoint Meetings		This risk has now occurred, and is an active Performance Issue.	Ongoing				Dec-13
	2.7	Potential Risk: Ambulance Turnaround Times may not be met in ED	4	5	Red (20)				High	A&E Recovery Plan Winter Monies Plan Weekly Winter Teleconfs SitRep/Ambulance Handover Reports	UCWG Area Team	Validation of data	YHFT to extend the Ambulance Assessment Area to provide an additional 7 cubicles. Build to commence January 2014	Jun-14	4	3	12	Dec-13
	2.8	Potential Risk: The Winter Resilience Plan does not result in the achievement of the expected A&E targets.	4	5	Red (20)				High	A&E Recovery Plan Winter Monies Plan Weekly Winter Teleconfs SitRep/Ambulance Handover Reports	UCWG Area Team	YHFT failure to recruit to fill identified gaps in resourcing at weekends and out of hours Failure to deliver against the plans	ECIST Review of ED UCWG holding stakeholders to account	A&E target	4	3	12	Weekly

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<b>Critical Success Factor 3: Achieving Financial Balance</b>																		
CFO/ COO	3.1	Potential Risk: The CCG will be unable to realise QIPP Programme savings	3	4	Amber (12)	5	4	Red (16)	High	Work in partnership with providers to lever changes Manage contract changes Robust programme management & service reviews to support delivery Ongoing review of financial assumptions Effective decision making to support implementation plans Mitigation plans in place to cover identified shortfall in savings in-year Review of QIPP process and weekly monitoring of progress	Internal Audit CCG Assurance Framework QIPP Programme Governance structure Monthly programme performance reports to the Business Committee, Quality & Performance Committee Monthly Contract review Area Team deep dive	b. Comprehensive, timely budget and performance data to VoYCCG and individual practices Projects fail to deliver due to providers passively resisting changes, market changes etc	Maintain close monitoring of progress and financial profiling	Mar-14	4	4	Amber (16)	Dec-13
COO	3.2	Potential Risk: The CCG does not have an adequate level of resource within the Programme. Delivery groups & Workstream may impact on the ability to deliver the level of transformation necessary to deliver the £10.7m savings target	4	2	Yellow (2)	4	3	Amber (12)	High	c. Programme Management and robust programme plan Additional resource to support reviews and implementation Structure with appropriate internal controls and escalation to Q&P Committee c. Staffing structure to support GPs in leading reform d. Efficiency led, using LEAN systems e. QIPP Risk Register and Risk log for each contributing project and programme f. Performance and Finance Committee	Internal Audit CCG Assurance Framework Monitoring of programme plan Monitor and evaluation of resource plans	GP clinical leads for all programme areas  Arrangements to source support through the CSU as and when required	GP leads identified to start in the New Year. Additional capacity being sourced	Mar-14	4	2	Yellow (2)	Dec-13
COO	3.2.1	Potential Risk: The CCG does not deliver target efficiency of £10.7m due to lack of engagement from its providers	4	3	Amber (12)	4	4	Red (16)	High	Work in partnership with providers to lever changes Clinically led negotiation and discussion to deliver changes Open, honest and transparent Develop effective partnership working that enables confirm and challenge Public and user engagement in changes	Join Board to Board meetings Collaborative Improvement Board CEO 1:1	The ability of acute providers to lever change at pace	Partnership working with Monitor and CQC. Support from LAT Development of mitigation plan than impacts on demand	Mar-14	4	3	Amber (12)	Dec-13
CFO	3.3	Potential Risk: The CCG's key financial planning assumptions are not realised resulting in additional costs	4	3	Amber (12)	4	4	Red (16)	High	a. Detailed assessment of unavoidable cost pressures incorporated into financial plan b. Finance and Contracting Committee c. Contract Management Boards d. Collaborative Improvement Board e. Monthly review of devolved budgets f. Contracts register	Internal Audit	Full set of detailed financial policies and procedures	Revised financial plan to achieve balance, risk of not achieving surplus and full contingency	Mar-14	4	3	Amber (12)	Dec-13

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CFO	3.31	Potential Risk: CCG allocations in future years. The CCG allocation will be reduced for 2014/15, failure to identify cost savings.	4	4	Red (16)				a. Performance and Finance Committee			Financial Plan for 2014 onwards in development					Dec-13	
CFO	3.4	Potential Risk: Contractual Overtrades	3	4	Amber (12)	4	3	Amber (12)	a. Contract Management Boards b. Finance and Contracting Committee	Internal Audit		Identification of pressure points Pressures factored into revised financial plan to enable overall balance to be achieved	Mar-14	4	3	Amber (12)	Dec-13	
CCO	3.5	Potential Risk: The CCG is not able to control prescribing costs	4	4	Red (16)	4	4	Red (16)	a. Prescribing Programme b. Collaborative Improvement Board c. Quality and Performance Committee	Internal Audit		Forecast Outturn shows overspend c£600k Prescribing programme continues to deliver prescribing savings	Mar-14	4	2	Amber (8)	Dec-13	
COO/ CFO	3.6	Potential Risk: The CCG does not implement efficient ways of working resulting in high running costs	2	2	Yellow (4)	2	2	Yellow (4)	a. Budget management training b. Better payment practice code c. Mandatory Training for staff, including Information Governance	Internal Audit	a. maximise the use of technology b. BI contingency Budget holders and allocated payment thresholds	Budget Managers identified and cost centre management to be re-instated Increase capacity through the Finance and Contracting Team	Mar-14	2	1	Green (3)	Dec-13	

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<b>Critical Success Factor 4 : Working collaboratively with all stakeholders in service development and decision making. (Domains: 2, 5)</b>																		
CCO	4.1	Potential Risk: The CCG does not secure positive reputation amongst stakeholders	2	2	Yellow (4)	2	2	Yellow (4)	Low	a. Vision, Mission and Values b. Communication Strategy c. Effective representation at key meetings	CCG Assurance Framework 360 Stakeholder Assessment	CCG Prospectus	Comms and Engagement Manager Induction embedding values	Mar-14	2	1	Green (3)	Dec-13
CCO	4.2	Potential Risk: The CCG does not achieve consensus across all parties in service re-design and resources allocation to enable integrated care planning	5	3	Red (15)	5	3	Red (15)	Medium/ High	a. Collaborative Improvement Board b. Strategic Collaborative Commissioning Board c. Programme Management approach to service re-design and commissioning, based on the healthcare reform process d. Patient engagement structures (see below)	LAT CCG Assurance Framework	Planning for Integrated Transformation Fund Shadow year and agreed funding priorities	Council of Representatives discussion and challenge sessions  Integrated Transformation Fund development  HWB Representation  Engagement on JNSA Steering Group to develop shared knowledge and needs	Mar-14	4	3	Amber (12)	Dec-13
COO	4.3	Potential Risk: The CCG does not secure patient engagement to support change	3	3	Amber (9)	3	3	Amber (9)	Low	a. Public & Patient Engagement Steering Group b. Public and Patient Forum c. Patient Engagement Continuum approach d. Dedicated CSU engagement support e. Programme Management approach to service re-design and commissioning, based on the healthcare reform process	Internal Audit of QIPP	Active Engagement Strategy	Refreshed Engagement Strategy  Equality objectives and Impact Assessment review	Mar-14	3	2	Yellow (6)	Dec-13
CCO	4.4	Potential Risk: The constituent GP practices do not adequately engage with the CCG in its work plans and programmes	4	3	Amber (12)	4	3	Amber (12)	Medium	a. Council of Representatives b. GP Forum c. Remuneration Committee	CCG Assurance Framework	GP intranet  Impact of engagement as a result of changes through RSS and Follow-Ups	Council of Representatives discussion and challenge sessions.  GP intranet  Additional capacity to make best use of clinical leads	Ongoing	4	2	Amber (8)	Dec-13

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Critical Success Factor 5: Ensuring the CCG has the capacity and processes to deliver its statutory duties (Domains, 3,4,6)																		
COO	5.1	Potential Risk: Lack of CCG capability and capacity to deliver strategic priorities and legal responsibilities	4	3	Amber (12)	4	3	Amber (12)	Low	a. Robust staffing structure b. Use of interim staff to manage transitional arrangements c. Budget profile for CCG running costs d. Organisational Development Plan e. Mandatory Training f. SLA monitoring with CSU to ensure effective infrastructure and maximising value from SLA	Internal Audit - CSU SLA LAT CCG Assurance Framework	a. Business continuity planning b. Emergency Preparedness Plan c. Third Party Assurance CSU d. Significant restructure of the Finance and Contracting department, resulting in a number of new appointments and change of Head of Contracting could result in a lack of organisational/ contextual knowledge	Business Continuity Plans from CSU to provide assurance. Action plan for CCG BCP.  Third party assurance negotiations on specific areas  Enhanced capacity in structures for Finance & Contracting, Q&P  Training and Development Plan for Finance and Contracting leaders	Mar-14	4	2	Amber (8)	Dec-13
COO	5.2	Potential Risk: The CCG does not manage the real and public perception of conflict of interest resulting in lack of public confidence in the CCG	4	1	Yellow (4)	4	1	Yellow (4)	Low	a. Management of conflicts of interest within the Constitution b. Agreed conflicts of interest policy and Standards of Business Conduct c. Register of Interests d. Code of Conduct for the management of conflicts in relation to the commissioning of services from GP practices approved	a. Audit Committee annual report b. Internal audit review on conflict of interest policy and code of conduct	a. Published Declarations of Interest from all Council of Representatives and other members working on projects	Declarations in progress for all additional GPs and Interims.  Published document on internet  Refresh of Business Conduct and Conflict of Interest policies	Mar-14	3	1	Green (3)	Dec-13

CCO = Chief Clinical Officer  
CFO = Chief Finance Officer  
COO = Chief Operating Officer  
EN = Executive Nurse