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 _Is a risk which is impossible to manage or transfer away_	Key Control Mechanisms _What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?_	Independent Assurance _External evidence that risks are being effectively managed (e.g. planned or received audit reviews)_	Gaps in Controls or Assurance _Where an additional system or process is needed, or evidence of effective management of the risk is lacking_	Action Plan	Operational lead	Expected date of completion	Anticipated Risk Score after Action Plan Completed			Review Date
			Impact	Likelihood	RAG Status	Impact	Likelihood	RAG Status								Impact	Likelihood	RAG Rating	
Critical Success Factor 1: Improving health outcomes for the local population (Domains: 1,3, 5)																			
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	Dr A Philips	Mar-14	3	3	Amber (9)	Mar-14
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	Lucy Botting	Mar-14	4	3	Amber (12)	Mar-14
COO	1.7	Potential Risk: Failure to make service improvement and underestimating needs of future provision (including IAPT) for mental health services	4	4	Red (16)	4	4	Red (16)	Low	Regular discussions with PCU and co-production of service specifications, using validated data from BI	Area Team		Use evidence of modelling from other areas to guide developments to meet local needs	Dr L Barker	Oct-15	4	3	Amber (12)	Monthly
COO	1.8	Potential Risk: Failure to deliver service improvements and underestimating needs of future provision through the Community services review	4	4	Red (16)	4	4	Red (16)	Low	Regular discussions with CSU and co-production of service specifications, using validated data from BI	Area Team		Use evidence of modelling from other areas to guide developments to meet local needs	Fiona Bell	Mar-15	4	3	Amber (12)	Weekly
Critical Success Factor 2: Improve the quality and safety of commissioned services (Domains: 1, 2, 3, 5)																			
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)	Wendy Barker	Ongoing	4	3	Amber (12)	Mar-14
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	3	Red (15)	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	Lucy Botting	ongoing	5	3	Red (15)	Mar-14

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 *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan	Operational lead	Expected date of completion	Anticipated Risk Score after Action Plan Completed			Review Date
			Impact	Likelihood	RAG Status	Impact	Likelihood	RAG Status								Impact	Likelihood	RAG Rating	
CN	2.4.1	Potential Risk: That the CCG are not assured on the Safeguarding Vulnerable Adults	4	4	Red (16)	4	4	Red (16)	High	Current service hosted by PCU. Regular monthly 1:1 meetings with team and VoY PCU Management Board	CQC		Accountability arrangements are being reviewed. Discussions with key commissioners . Paper presenting changes to structure and governance being taken to Quality and Performance Committee Governance & SLA group established for VACCU	Lucy Botting		2	2	Yellow (4)	Mar-14
CN	2.4.2	Potential Risk: That there is insufficient capacity within the safeguarding team and Looked After Children's service to provide assurance to the CCG	4	4	Red (16)	4	4	Red (16)	High	Performance management through Quality and Performance Committee. 1:1 -meetings with team (VoY) PCU Management Board	CQC Ofsted		Accountability arrangements are being reviewed. Discussions with key commissioners . Paper presenting changes to structure and governance being taken to Quality and Performance Committee	Lucy Botting		2	2	Yellow (4)	Mar-14
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.	Wendy Barker	Ongoing	3	4	Amber (12)	Mar-14
CN	2.7	Potential Risk: Ambulance Turnaround Times may not be met in ED	4	5	Red (20)	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	Wendy Barker	Jun-14	4	3	Amber (12)	Mar-14
CN	2.9	Potential Risk: Failure to comply with Cat 1 (8 minute) ambulance response times	4	5	Red (20)	4	5	Red (20)	Low	YAS Action Plan Contract Management Board Quality and Performance Group		Associate Commissioner Role	Ambulance Trust are trialling different ways of working in rural areas. Outcome of the trial to be shared with VOYCCG	Dr A Philips	ongoing	2	2	Yellow(4)	Mar-14
CN	2.11	Potential Risk: Gaps identified in information and intelligence for quality and performance	4	4	Red (16)	4	4	Red (16)		Monitored by Executive Team, Governing Body sighted on this issue.	Area Team		CSU meetings to resolve. Mitigation in place through CSU	Donna Kelly	Jun-14	2	2	Yellow (4)	Mar-14
CN	2.12	Potential Risk: Risk to patient safety around slip trips and falls within the York Teaching Hospitals Foundation Trust	4	4	Red (16)	4	4	Red (16)		Monitored through Q and P Group. CMB and VoYCCG Performance and Finance Committee	CQC		RCA - Action plan in progress with review February 14	Wendy Barker	Mar-14	2	2	Yellow (4)	Mar-14
CN	2.13	Potential Risk: Delayed Transfers of Care pose a risk to an individuals health and wellbeing and deterioration	4	4	Red (16)	4	4	Red (16)		SITREP monitoring, VoYCCG oversight and scrutiny. CMB/Q and P Group. Performance and Finance Committee	CQC		Working with LA/YHFT and utilising winter funding to ensure that there is increased capacity in the health and social care system to decrease DTOC numbers	Wendy Barker		2	2	Yellow	Mar-14

Critical Success Factor 3: Achieving Financial Balance

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 Is a risk which is impossible to manage or transfer away	Key Control Mechanisms What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?	Independent Assurance External evidence that risks are being effectively managed (e.g. planned or received audit reviews)	Gaps in Controls or Assurance Where an additional system or process is needed, or evidence of effective management of the risk is lacking	Action Plan	Operational lead	Expected date of completion	Anticipated Risk Score after Action Plan Completed			Review Date
			Impact	Likelihood	RAG Status	Impact	Likelihood	RAG Status								Impact	Likelihood	RAG Rating	
CFO/ COO	3.1	Potential Risk: The CCG will be unable to realise QIPP Programme savings	4	4	Red (16)	4	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 QIPP Report to Performance and Finance Committee	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 c. Identification of sufficient QIPP schemes to deliver identified schemes. Projects fail to deliver due to providers passively resisting changes, market changes etc.	Maintain close monitoring of progress and financial profiling Identify contingencies	Fiona Bell	Mar-14	4	4	Red (16)	Mar-14
Critical Success Factor 4 : Working collaboratively with all stakeholders in service development and decision making. (Domains: 2, 5)																			
CCO	4.5	Potential Risk: BCF - The proposed plans do not deliver the activity shift required	5	3	(Red 15)				High	BCF Project Management Partnership Delivery Group Robust Governance Arrangements and monitoring Evaluation stages built into programme of work	NHS England Area Team Health and Wellbeing Boards		See BCF Submission	John Ryan	Apr-16				
Critical Success Factor 5: Ensuring the CCG has the capacity and processes to deliver its statutory duties (Domains, 3,4,6)																			
COO	5.3	Potential Risk: Unavailability of IT infrastructure may impact the ability of the organisation to deliver key objectives	4	4	Red (16)	5	4	Red (20)	High	SLA with CSU	None	Multiple incidents. Senior staff and staff fundamental to the delivery of key organisational objectives unable to access electronic systems. No formal SLA with COY IT Services. Frequency of infrastructure downtime. Extent of outage: whole organsiation Response to outage s unclear. Lack of visibility re: root cause analysis, possibility of single point of failure. Lack of independent review and assurance	Monitoring and escalation of incidents to Head of service at CSU. Follow up of Review Root Cause Analysis Reports and IT Perfomenace Reports. Discussion regarding resilince and performance with CSU IT Services. Options appraisal on relisence moving forwrad. Exploration of RAS working	Tracey Preece/ Lynette Smith	Ongoing	4	3	Amber (8)	Mar-14

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