

<b>Title of Meeting:</b>	<b>Governing Body</b>	<b>Agenda Item: 9.1</b>									
<b>Date of Meeting:</b>	<b>1 February 2018</b>	<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td><b>Public</b></td> <td style="text-align: center;">X</td> </tr> <tr> <td><b>Private</b></td> <td></td> </tr> <tr> <td><b>Workshop</b></td> <td></td> </tr> </table>		Session (Tick)		<b>Public</b>	X	<b>Private</b>		<b>Workshop</b>	
Session (Tick)											
<b>Public</b>	X										
<b>Private</b>											
<b>Workshop</b>											
<b>Paper Title:</b>	<b>NHS HaRD CCG Risk Registers</b>										
<b>Responsible Governing Body Member Lead</b> Joanne Crewe, Director of Quality / Executive Nurse		<b>Report Author and Job Title</b> Sasha Sencier Corporate Governance Manager									
<b>Purpose (this paper if for)</b>	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td></td> <td></td> <td style="text-align: center;">X</td> <td></td> </tr> </table>			Decision	Discussion	Assurance	Information			X	
	Decision	Discussion	Assurance	Information							
		X									
<b>Has the report (or variation of it) been presented to another Committee / Meeting?</b> <b>If yes, state the Committee / Meeting:</b> Yes. The Corporate Risk Review Group last reviewed the Risk Registers on 8 January 2018. The Senior Management Team last reviewed the Risk Registers on 22 January 2018.											
<b>Executive Summary</b> The Corporate Risk Review Group (CRRG) reviews the Directorate Risk Register (DRR) and Corporate Risk Register (CRR) monthly to determine that the risks are being managed as effectively as possible to enable the risk to be reduced or closed.  A monthly report is presented to the Senior Management Team to provide assurance on risks that are considered significant and score 12 and above.  The CCGs Risk Management Strategy states that all Risk Registers of the CCG will be submitted in their entirety twice per year to the Governing Body for assurance.											
<b>Recommendations</b> The Governing Body is asked to receive both the Corporate Risk Register and Directorate Risk Register in their entirety and gain assurance that the risks are being managed effectively through the Corporate Risk Review Group who is accountable to the Senior Management Team.											
<b>Monitoring</b> The Governing Body and the Audit Committee receive the Risk Registers in their entirety twice yearly.											
<b>CCGs Strategic Objectives supported by this paper</b>											
	<b>CCG Strategic Objective</b>		<b>X</b>								
<b>1</b>	Quality, Safety and Continuous Improvement		<b>X</b>								
<b>2</b>	Better Value Healthcare		<b>X</b>								
<b>3</b>	Well Governed and Adaptable Organisation		<b>X</b>								
<b>4</b>	Health and Wellbeing		<b>X</b>								
<b>5</b>	Active and Meaningful Engagement		<b>X</b>								

**CCG Values underpinned in this paper**

CCG Values		X
1	Respect and Dignity	X
2	Commitment to Quality of Care	X
3	Compassion	X
4	Improving Lives	X
5	Working Together for Patients	X
6	Everyone Counts	X

**Does this paper provide evidence of assurance against the Governing Body Assurance Framework?**

YES		NO	X
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**If yes, please indicate which principle risk and outline**

Principle Risk No	Principle Risk Outline

<b>Any statutory / regulatory / legal / NHS Constitution implications</b>	The CCG has a statutory and regulatory obligation to ensure that systems of control are in place to minimise the impact of all types of risk, which could affect patients, staff, public resources, and the function of the CCG. This includes both the risk to the organisation and the risk to those individuals to whom the CCG owes a duty of care.
<b>Management of Conflicts of Interest</b>	No conflicts of interest have been identified prior to the meeting.
<b>Communication / Public and Patient Engagement</b>	The registers will be published on the CCG website with the Governing Body papers.
<b>Financial / resource implications</b>	There is no direct financial impact arising from this report although effective risk management will enhance best use of limited resources and provide a focus for CCG activity.
<b>Outcome of Impact Assessments completed</b>	Not Applicable

**Sasha Sencier  
Corporate Governance Manager  
01423 799300**

# **NHS Harrogate and Rural District CCG CCG Risk Registers**

## **1.0 Background and Context**

The CCG has two Risk Registers: the Directorate Risk Register (DRR) and the Corporate Risk Register (CRR). The registers assist the CCG to identify where there are risks associated in meeting its statutory duties with regard to quality, safety, financial, and/or patient and public involvement in the commissioning of healthcare services.

It is important that the CCG understands the key risks which could impact on the achievement of its objectives, operational aims and priorities and statutory responsibilities.

The Corporate Risk Review Group (CRRG) reviews the Directorate Risk Register (DRR) and Corporate Risk Register (CRR) to determine that the risks are being managed as effectively as possible to enable the risk to be escalated, reduced or closed as appropriate.

Each risk is reviewed regularly by the Risk Owner and Directorate Lead to ensure that the risk and all the mitigating actions are completed in a timely manner. Many of the risks have been reworded to reflect more accurately the current situation.

A Corporate Risk Review Group Report is presented to the Senior Management Team (SMT) monthly to provide assurance that all risks considered significant to the organisation scoring 12 and above are being managed effectively. SMT also receive a risk profile of all current risks for the organisation twice yearly.

The CCG's Risk Management Strategy states that all CCG Risk Registers will be submitted in their entirety twice yearly to the Governing Body and Audit Committee for Assurance.

## **2.0 Risk Profile**

The heat map in Appendix A provides a summary of the current NHS Harrogate and Rural District CCG risk profile, as at 22 January 2018.

## **3.0 Recommendations**

The Governing Body is asked to receive both the Corporate Risk Register (Appendix B) and Directorate Risk Register (Appendix C) in their entirety and gain assurance that the risks are being managed effectively through the Corporate Risk Review Group who is accountable to the Senior Management Team.

**Sasha Sencier**

Corporate Governance Manager

1 February 2018

		RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN	
CONSEQUENCE	5						CATASTROPHIC
	4	FC2	FC9 TD6 TD14 CM3 CM9 CM10	CRR5 (CM11) CRR9 (QS21)	CRR6 (FC1)		MAJOR
	3	QS4 QS10	QS2 TD16 QS5 CM2 QS13 CM8 FC6 MM1 TD11 MM3 TD8	QS8 TD15 QS11 CM6 QS15 CM12 QS16 MH1 QS17 MH4 FC4 MH7 TD1	CRR8 (MH2)		MODERATE
	2		MM2 MM4	MH3	QS1 QS12 QS18 CM13	FC3 FC5 TD18	MINOR
	1			FC7 MH8			NEGLIGIBLE
		1	2	3	4	5	LIKELIHOOD

**NHS Harrogate and Rural District CCG  
Governing Body**

1 February 2018

Appendix B

# Corporate Risk Register

Corporate Risk Register

Likelihood (L) X Consequence (C) = Risk Score													Revised L X C = Risk Appetite									
Risk ID	Date Risk Added	Risk Description	Date Last Reviewed	Risk Owner	Assurance Committee	Quantifiable Financial Risk	Positive Controls & Existing Assurance in Place	Initial L 1-5	Initial C 1-5	Initial Score (1-25)	Current L 1-5	Current C 1-5	Current Score (1-25)	Risk Match Ref / CRR	Gaps in Control and Assurance	Actions Required and Action Lead Identified	Target Date for Action	L 1-5	C 1-5	RA (1-25)	Status	Closure comment
CRR 5	Historic	The ability to deliver multiple, large and complex projects may be adversely impacted by the capacity of the Commissioning Support Services, particularly BI, to support the CCG	08/01/18	Head of Business Change	SMT		80 days of NECS Support in place (40 on CHC, 40 on other Transformation programme).							CM11	Better co-ordination of changes across North Yorkshire to reduce duplication of effort and maximise use of resources.	Discuss opportunity to share resource with other CCGs. [BCM]	31/01/2018				Open	
							Specialis BI resource retained on contract.	3	4	12	3	4	12									
							Head of Community Services in place to lead on integrated care programme.															
CRR 6	Historic	Activity over contracted position with acute providers impacts on CCG financial position	08/01/18	Head of Contracting	FPCC	£1.5m	* 1:1 meetings with main provider. * Effective contract management, with oversight through contract management board and subgroups * Agreed approach to deliver joint recovery plan with provider * Reporting to GB, FPCC & CMB * Agreed workplan and focus around demand management including and number of workstreams seeking to reduce activity and spend. * Weekly referral & activity updates to SMT for main provider							FC1	* Lack of timely progress at the Clinical Board * Further opportunities need to be created in order to mitigate risk adequately * Potential opportunities still to be realised	* Clinical Board progress update to FPCC (GPs) * Demand Management Evaluation framework to be fully implemented (Head of Performance)	31/3/18  All actions to impact on 17/18 Financial Position				Open	
								2	3	6	4	4	16									
CRR 8	Jul-17	Risk that the NHSE trajectory to reduce the number of patients with Learning disability who are cared for in an inpatient bed will not be achieved	14/09/17	Senior MH Commis Mgr	QCGC	£2.5 million cost pressure across NY&Y footprint. Refreshed finance plan was submitted to NHSE on 14/9/17	Transforming care partnership meets monthly with sole purpose of delivering target. Reports to NHSE Regional and North Regional Board. Weekly returns through NHS Digital. Monthly returns to NHSE area team.							MH2	Gap in case management being addressed through CHC Program. Financial risk - implementing plan incurs a cost pressure to TCP area.	Jan 18. Currently two patients above trajectory (35 patients against 33 ). Remains high risk as often unpredictable in terms of required admissions. Managed through Transforming Care Partnership. Monthly tele conference undertaken with all clinical leads to discuss discharge planning process for all individuals included in the programme. TCP is required to implement enhanced forensic community service by April 2018. Bid successful for 50k national money to appoint CTR manager for 12 months. New SRO appointed for STP, governance review being undertaken and new structure put in place. NHSE RAG rated our plan as red in January 18. Require further work on funding, housing plan, 5 year + discharges, enhanced community services, and forensic service implementation	Mar-19				Open	
								4	4	16	4	3	12									
CRR 9	Historic	Failure to have appropriate processes in place to ensure retrospective reviews are undertaken in a timely way in line with the National CHC Framework.	18/12/17	Director of Quality and Governance	QCGC	Max £2m	Program Director reviewing all processes. All patients have been identified who require retrospective review.							QS21	Process in place to be redesigned to ensure effective tracking and coordination of reviews.	Review of all processes and reporting arrangements from within CHC team to respective CCG.					Open	
								3	4	12	3	4	12									

Corporate Risk Register - CLOSED AND DE-ESCALATED

Likelihood (L) X Consequence (C) = Risk Score

Revised L X C = Risk Appetite

Risk ID	Date Risk Added	Risk Description	Date Last Reviewed	Risk Owner	Assurance Committee	Quantifiable Financial Risk	Positive Controls & Existing Assurance in Place	Likelihood (L) X Consequence (C) = Risk Score			Risk Match Ref/ CRR	Gaps in Control and Assurance	Actions Required and Action Lead Identified	Target Date for Action	Revised L X C = Risk Appetite			Status	Date Closed	Closure comment			
								Initial L 1-5	Initial C 1-5	Initial Score (1-25)					Current L 1-5	Current C 1-5	Current Score (1-25)				L 1-5	C 1-5	RA (1-25)
CRR 3	Historic	The CCG will breach the annual threshold for C Diff infections within the local population.	20/06/17	Head of Quality and Nursing	QCGC		* Provider reports including root cause analyses on a case by case basis. * Medicines Management guidance on prescribing of anti-biotics. * Additional support from the Infection Prevention and Control team.	3	3	9	5	3	15	QS7	* Implementation of revised specification for Infection Prevention and Control team	* Business case submitted for additional investment to FPCC for funding in relation to the revised specification (IPC) (Director of Quality) * Joint reviews continue for individual patient Root Cause Analyses (Director of Quality)		2	3	6	Closed	10/07/17	Closed. New Financial year with new thresholds. Nil cases YTD for acute providers. 6 for community which is lowest prevalence in NY.
CRR 4	Historic	Patients may not be discharged from hospital when medically fit and no longer require acute hospital care	20/06/17	Head of Quality and Nursing	QCGC	£200 per day post trim point	DE-ESCALATED TO DIRECTORATE RISK REGISTER	4	3	12	3	3	9	QS8	DE-ESCALATED TO DIRECTORATE RISK REGISTER	DE-ESCALATED TO DIRECTORATE RISK REGISTER		2	3	6	Open	10/07/17	REDUCED - SEE DIRECTORATE RISK REGISTER QS8
CRR 2	Historic	Risk that because of competing priorities providers are not able to fully engage in the development and implementation of robust plans to achieve required levels of savings.	11/09/17	Head of Business Change	SMT	£7.5m	* Use RightCare analysis to identify opportunities * Agreement to deliver a joint recovery plan * A joint Service Development & Improvement Plan has been agreed with HDT. * A joint work plan to deliver agreed opportunities; Outline Business Cases and Full Business Cases. Joint templates agreed. * Joint project delivery group in place reporting to Clinical Management Board and Clinical Board. Agreed timescales for delivery of OBCs and FBCs * Clinical input and assurance via joint Clinical Board. * Joint governance via Contract Management Board * Internal reporting and performance monitoring via Commissioning and Transformation Programme Board * NHS England RightCare Delivery Partner working with HaRD CCG to identify opportunities	3	4	12	3	4	12	TD4	* Lack of penalty/incentive to encourage providers to deliver. Financial risk remains with CCG. * Timescales and management capacity will result in projects not being implemented until post April '17. Full financial benefit may not be delivered in 17/18.	* Timely escalation not CMB if financial opportunity not identified (Director of Transf & Delivery)		2	2	4	Closed		Risk was agreed as a gap and merged with TD13. Risk was agreed as a gap and merged with TD13.
CRR 1	Historic	Risk that Health Optimisation (HOP) and Referral Management does not reduce referrals to secondary care and achieve expected cost savings	05/01/18	Head of Business Change	SMT		DE-ESCALATED TO DIRECTORATE RISK REGISTER	3	4	12	2	4	8	TD6	DE-ESCALATED TO DIRECTORATE RISK REGISTER	DE-ESCALATED TO DIRECTORATE RISK REGISTER		2	4	8	Open		REDUCED - SEE DIRECTORATE RISK REGISTER TD6
CRR 7	June 17	Value in dispute as part of main acute provider year end reconciliation is challenged successfully and becomes an additional pressure	08/01/18	Head of Contracting	FPCC	£1.7m	* maintain audit trail of challenges. * Maintain end of year position as issued in reconciliation statement	3	4	12	1	4	4	FC2	DE-ESCALATED TO DIRECTORATE RISK REGISTER	DE-ESCALATED TO DIRECTORATE RISK REGISTER		2	4	8	Open		REDUCED - SEE DIRECTORATE RISK REGISTER FC2

**NHS Harrogate and Rural District CCG  
Governing Body**

1 February 2018

Appendix C

# Directorate Risk Register



Directorate Risk Register - Quality & Safety

Likelihood (L) X Consequence (C) = Risk Score													Revised L X C = Risk Appetite									
Risk ID	Date Risk Added	Risk Description	Date Last Reviewed	Risk Owner	Assurance Committee	Quantifiable Financial Risk	Positive Controls & Existing Assurance in Place	Initial L 1-5	Initial C 1-5	Initial Score (1-25)	Current L 1-5	Current C 1-5	Current Score (1-25)	Risk Match Ref / CRR	Gaps in Control and Assurance	Actions Required and Action Lead Identified	Target Date for Action	L 1-5	C 1-5	RA (1-25)	Status	Date Closed
QS1	Historic	Children requiring assessments for autism will not be seen within 13 weeks of referral to first appointment (this is a national KPI for NICE Recommendations). Risk to organisation reputation.	11/09/17	Head of Nursing and Quality	QCGC	Approx £3000 per assessment	<ul style="list-style-type: none"> <li>* Contract monitoring returns.</li> <li>* National KPI</li> <li>* Autism report monitored quarterly by All Age Autism Strategy Group</li> <li>* Head of Children and Young People Commissioning attends HOSC as required. Reports to QCGC and reports to GB</li> <li>* Quality data reports from providers monthly.</li> <li>* Quarterly summary report sent to Executive Nurse</li> </ul>	3	3	9	4	2	8		<ul style="list-style-type: none"> <li>* Financial implication in order reduce waiting times to 13 weeks</li> <li>* Patient and family experience of service will decrease if waiting time increases. Access to required support is available regardless of whether an assessment / diagnosis has been made.</li> <li><b>Jan 18</b> - waiting list continues to increase - now at 28 weeks.</li> </ul>	<ul style="list-style-type: none"> <li>* CCG to agree increase in funding envelope to reduce waiting time to 13 weeks and improve patient experience of the service 13 weeks – paper to FPCC for approval March 2017 (Director of Quality).</li> <li><b>June 17</b> - JH engaging in actions to influence culture ensuring health needs are needs led and not diagnosis led. <b>Sept 17</b>. CCG agreed to maintain same trajectory.</li> </ul>	Ongoing	2	2	4	Open	
QS2	Historic	Patients who require Fast Track packages of care do not receive care in a timely manner	11/09/17	Head of Nursing and Quality	QCGC		<ul style="list-style-type: none"> <li>* Data discussed weekly and C&amp;E meeting.</li> <li>* Fast track team working closely with local providers to develop relationships.</li> <li>* Discussions ongoing with Exec Nurse re future options</li> <li>* Oversight from CHC Program Board . Local hospice commenced as preferred provider of packages from July 2017.</li> </ul>	3	3	9	2	3	6		<ul style="list-style-type: none"> <li>* Lack of confidence in stability of current provider market</li> <li>Long term approach to commissioning model to be agreed.</li> </ul>	<ul style="list-style-type: none"> <li>* Further discussion and development required to determine current provider market <b>Sept 17</b>. Work also commenced to review process jointly with Acute Trust. <b>Jan 2018</b> - Evaluation of SMH providing packages undertaken. New draft model developed along with service specification. Awaiting final stages to commission new pathway.</li> </ul>		1	3	3	Open	
QS4	Historic	Reputational risk to the CCG by the public, following the Introduction of Health Optimisation policy.	11/09/17	Head of Nursing and Quality	FPCC & QCGC		<ul style="list-style-type: none"> <li>* Transformational Delivery Board and IG lead will have oversight of Quality Impact Assessments</li> <li>* Health Optimisation Policy approved by Governing Body and published on website</li> <li>* No impact on children and frail elderly</li> <li>* Quality Impact Assessments</li> <li>* Soft intelligence monitored and reports to QCGC quarterly</li> <li>* Complaints monitored and reports to QCGC monthly</li> </ul>	2	3	6	1	3	3		<ul style="list-style-type: none"> <li>* Method of evaluation and ascertaining uptake of Health Optimisation services required.</li> <li>Review currently happening for HOP - --PM to update</li> </ul>	<ul style="list-style-type: none"> <li>* Continue to monitor level of complaints / patient feedback.</li> </ul>		1	3	3	Open	
QS5	Historic	Failure to ensure patients are assessed in a timely manner by assessors with effective assessment skills for CHC. Resulting in a) poor patient experience & outcomes b) increase in numbers of retrospective CHC cases requiring appeals against historic decisions c) financial risk associated with inappropriate continuing care packages.	11/09/17	Head of Nursing and Quality	QCGC		<ul style="list-style-type: none"> <li>* Performance monitoring to Exec Nurses</li> <li>* Managing cases within substantive workforce.</li> <li>* Weekly CHC backlog reports</li> </ul>	2	3	6	2	3	6		<ul style="list-style-type: none"> <li>* Slippage in other work streams due to managing cases within substantive workforce</li> <li>* Await confirmation from NHSE re further PUPOC dates &amp; confirmation of any funding that will be available to CCGs to support this work (Director of Quality) Supervision of staff Skill mix review</li> <li>Review of SOPs in line with CHC framework. CHC Program Board now established with workstreams to address all key areas within CHC process.</li> </ul>	<ul style="list-style-type: none"> <li>* Await confirmation from NHSE re further PUPOC dates &amp; confirmation of any funding that will be available to CCGs to support this work (Director of Quality) Supervision of staff Skill mix review</li> </ul>		1	3	3	Open	
QS8	Historic	Patients may not be discharged from hospital when medically fit and no longer require acute hospital care	11/09/17	Head of Quality and Nursing	QCGC	£200 per day post trim point	<ul style="list-style-type: none"> <li>* Multi-agency Strategic Discharge Group meets monthly.</li> <li>* Daily SitRep to CCG that highlights DTOC.</li> <li>* Multi-agency market engagement and workshops set up to 'grow the care provision market'</li> </ul>	4	3	12	3	3	9		<ul style="list-style-type: none"> <li>* Further understanding regarding rationale for DTOC's required. Need for assurance that any harm associated with avoidable hospital stay is evidenced and escalated.</li> </ul>	<ul style="list-style-type: none"> <li>* No evidence of harm caused to a patient with a DTOC. <b>Sept 17</b>. Head of Nursing &amp; Quality to commence attending weekly Long stay meeting at HDFT and Discharge Steering group. Aim to understand key blocks. Number of DTOCS has risen.</li> </ul>		2	3	6	Open	
QS10	Historic	Failure to deliver 'Future in Mind' due to lack of joined up Plan across health and NYCC. Impact upon service and financial planning.	11/09/17	Head of Nursing and Quality	QCGC		<ul style="list-style-type: none"> <li>* NYY Strategy 'No Wrong Door'.</li> <li>* Refresh of LTP due with Self Evaluation Framework Oct 17 for all partners.</li> <li>* Assurance via IAF.</li> <li>* Delayed transfers of Care monitored.</li> </ul>	3	3	9	1	3	3		<ul style="list-style-type: none"> <li>* Joined Up Plan / Strategy required across health and NYCC. Progress is being made in taking this forward.</li> <li>Dependent on assessment from NHSE upload - PM to update with joined up plan</li> </ul>	<ul style="list-style-type: none"> <li>* Continue to progress joined up working between health &amp; NYCC. <b>Sept 17</b> - remains ongoing. <b>Jan 18</b> - good progress against the action plan. Risk now reduced</li> </ul>	Oct-17	1	3	3	Open	
QS11	Historic	Failure to deliver National requirement for Educational health & Care Plans (EHCP) within 6 weeks (children & families Act 2014). Reputational risk and risk to CYP not receiving support required. Q4 81% attainment against a National target of 90%	11/09/17	Head of Nursing and Quality	QCGC		<ul style="list-style-type: none"> <li>* Ofsted /CQC Joint Inspections.</li> <li>* Quarterly reports to CCG's</li> <li>* Audit of late returns Dec 2016 to identify causes.</li> <li>* Action Plan monitored through DMO Network.</li> </ul>	4	3	12	3	3	9		<ul style="list-style-type: none"> <li>* Continue to progress upon Action Plan developed and monitor through DMO network.</li> <li>PM to update from J Hill</li> </ul>	<ul style="list-style-type: none"> <li>* Need to consider level of risk acceptance. Reasons outwith professional control i.e. appointments changed by parent. 2017/18 Q1 figures awaited. <b>Jan 18</b> - Now at 77% against a target of 90%.</li> </ul>		1	3	3	Open	
QS12	Historic	Failure to make joint commissioning arrangements for CYP with SEND.	11/09/17	Head of Nursing and Quality	QCGC		<ul style="list-style-type: none"> <li>* NHSE SEF.</li> <li>* Local Area Inspections.</li> <li>* CQC / Ofsted Inspections.</li> <li>* Ofsted /CQC Joint Inspections.</li> </ul>	4	2	8	4	2	8		<ul style="list-style-type: none"> <li>* CCG and LA to agree joint commissioning model and implementation plan.</li> <li>PM to update from J Hill</li> </ul>	<ul style="list-style-type: none"> <li>* Meeting with NYCC to commence development on 14/06. Continuing to progress. <b>Jan 18</b> - Full day meeting with Director of Children Services NYCC 12.1.18 to commence planning</li> </ul>		1	2	2	Open	

QS13	Historic	Failure to comply with C&F Act 2014 due to lack of Designated Medical Officer. Act states 'should have' DMO. No funded post in CCG.	11/09/17	Head of Nursing and Quality	QCGC		* Components of DMO post met by Head of NY CYP Commissioning Team who attends DMO meetings on behalf of CCG / Locality.	2	3	6	2	3	6		*No funded DMO.	* Position paper to CCG to make further informed decision regarding risk. Work being undertaken with Acute provider regarding service specification for childrens services. <b>Jan 2018</b> - Childrens commissioning Lead acting as temporary DMO for 3 month pilot.	1	3	3	Open
QS15	Historic	Risk to quality within adult community services due to lack of agreed contract specification. Impacts upon workforce and service delivery.	16/06/17	Head of Nursing and Quality	QCGC		* IAF Return process * GP Registers within practices identifying patients with a LD. * Process within GP practices for inviting to Annual health checks.	3	3	9	3	3	9		* Lack of agreed Service Specification and KPI's. Need to understand detail of current contract	* Draft Specification developed. Progress through Contracting.	1	1	1	Open
QS16	Historic	Risk of reduced health outcomes for people with learning disability and mental health due to low levels of patients receiving an annual health check. For LD the national reported standard is 37.1% with HaRD achieving 27.4%. Risk also of inaccurate data reporting	11/09/17	Head of Nursing and Quality	QCGC		* New Care Models shaping design of community services. * HWB. * Contract monitoring.	3	3	9	3	3	9		* Lack of detailed understanding of reasons for low compliance. PM to update from RD. Melissa Audit	* Understanding of Barriers within both practice and patient / carer perspective to attendance. * Education for carers	1	3	3	Open
QS17	Historic	Insufficient places for public health training in Vaccination / Immunisation and cervical screening training. Has the potential to reduce the number of screening undertaken.	11/09/17	Head of Nursing and Quality	QCGC		Local course is Scarborough (by Coventry University) but all courses are full.	3	3	9	3	3	9		Gap in need not yet fully understood. Insufficient training places. Cervical update available as e-learning Dec 17 Other providers of Vacc and Imms training circulated to practices via lead practice nurse.	Full training needs analysis and liaison with universities to negotiate number of training places. Primary Care Nursing forum to be established to explore further any wider training needs currently not being met.	1	3	3	Open
QS18	Historic	Risk that CCG fails to meet the NHSI target of reduction in E.coli blood stream infections by 10% in 2017-18	11/09/17	Head of Nursing and Quality	QCGC		* Established work stream to review cases of E.coli BSI across both primary and secondary care and to share lessons learnt with the focus on urosepsis cases * CCG E.coli reduction plan in place with progress against the action plan monitored through the Quality and Clinical Governance committee * Monthly reporting through performance report of current position against objective * District HCAI group established Dec 17 with partners from HRW, NYCC, Independent Care, Primary Care and Secondary Care.	5	3	15	4	2	8		Positive progress at HCAI District meeting but process and workstreams need to embed. Education in care homes to continue with highlighting of hydration and nutrition. 'Don't be Dipstick' campaign to be rolled out.	M8 cumulative position is now 90. M8 value was 3. If trajectory flattens we may not exceed 108 limit but is likely. However we are not outliers within Yorkshire and The Humber.	1	2	2	Open
QS21	Historic	Failure to have appropriate processes in place to ensure retrospective reviews are undertaken in a timely way in line with the National CHC Framework.	18/12/17	Director of Quality and Governance	QCGC	Max £2m	Program Director reviewing all processes. All patients have been identified who require retrospective review.	3	4	12	3	4	12	CRR 9	Process in place to be redesigned to ensure effective tracking and coordination of reviews.	Review of all processes and reporting arrangements from within CHC team to respective CCG.	1	4	4	Open

Directorate Risk Register - Finance & Contracting

Directorate Risk Register - Finance & Contracting										Likelihood (L) X Consequence (C) = Risk Score						Revised L X C = Risk Appetite						
Risk ID	Date Risk Added	Risk Description	Date Last Reviewed	Risk Owner	Assurance Committee	Quantifiable Financial Risk	Positive Controls & Existing Assurance in Place	Initial L 1-5	Initial C 1-5	Initial Score (1-25)	Current L 1-5	Current C 1-5	Current Score (1-25)	Risk Match Ref / CRR	Gaps in Control and Assurance	Actions Required and Action Lead Identified	Target Date for Action	L 1-5	C 1-5	RA (1-25)	Status	Date Closed
FC1	Historic	Activity over contracted position with acute providers impacts on CCG financial position	08/01/18	Head of Contracting	FPCC	£1.5m	* 1:1 meetings with main provider. * Effective contract management, with oversight through contract management board and subgroups * Agreed approach to deliver joint recovery plan with provider * Reporting to GB, FPCC & CMB * Agreed workplan and focus around demand management including and number of workstreams seeking to reduce activity and spend. * Weekly referral & activity updates to SMT for main provider	2	3	6	4	4	16	CRR6	* Lack of timely progress at the Clinical Board * Further opportunities need to be created in order to mitigate risk adequately * Potential opportunities still to be realised	* Clinical Board progress update to FPCC (GPs) * Demand Management Evaluation framework to be fully implemented (Head of Performance)	31.3.18 All actions to impact on 17/18 Financial Position	2	5	10	Open	
FC2	June 17	Value in dispute as part of main acute provider year end reconciliation is challenged successfully and becomes an additional pressure	08/01/18	Head of Contracting	FPCC	£1.7m	* maintain audit trail of challenges. * Maintain end of year position as issued in reconciliation statement	3	4	12	1	4	4		* None	* Final reconciliation between HDFT and the CCG scheduled for the 15th February (Head of Contracting)		2	4	8	Open	
FC3	June 17	Impact of implementing the Transforming Care Plan (TCP) for Learning Disabilities is inadequately funded by NHSE	08/01/18	Head of Finance	FPCC	£0.5m	* TCP Yorkshire & Humber finance group established to ensure funding transfers occur * Financial responsibility for North Yorkshire & York CCGs is hosted by HaRD CCG * North Yorkshire & York TCP board established	5	2	10	5	2	10		* Controls and procedures within the CCG need to be established * Controls and procedures across the North Yorkshire & York CCGs need to be established	* Develop controls and procedures within the CCG (Head of Finance) * Develop controls and procedures across the NY&Y CCGs (Head of Finance)		2	2	4	Open	
FC4	July 17	Insufficient capacity within contracting and finance teams as Mental Health commissioning is hosted by the CCG	08/01/18	Head of Contracting	SMT	n/a	* Interim contract manager appointed to lead on mental health agenda (across 3 NY CCGs) * Interim analytics manager appointed to assist on contract management	3	3	9	3	3	9		* Long-term solution to be developed (including financial envelope)	* Development and implementation of a permanent solution (Head of Contracting)		2	3	6	Open	
FC5	April 17	GP Out of Hours service costs exceed contracted value	08/01/18	Head of Finance	FPCC	£0.4m	* THIS RISK HAS MATERIALISED FOR 2017/18 * Risk remains for 2018/19	5	2	10	5	2	10		* continuation of engagement with the current provider * Working group disbanded with the provider to explore cost efficiencies and alternative staffing models	* Re-establish working group with HDFT (Head of Contracting)		1	2	2	Open	
FC6	June 17	eMBED fails to deliver required services with regards to the BI element	08/01/18	Head of Contracting	SMT	n/a	* Access to BIMs established * Monthly review meetings with eMBED * Senior EMBED Manager to work from HARD CCG one day per week * Additional temporary in-house BI contract support until 31st March 2018	3	3	9	2	3	6		* unsure of EMBED future model and proposal * Reporting currently not standardised across NY&Y (agreed as part of the service specification)	* Agree new model of delivery from eMBED, including standardised reporting, across North Yorkshire & York (Head of Contracting)		2	3	6	Open	
FC7	May 17	Unforeseen impact of service delivery (inc financial) of newly awarded contracts experience initial unplanned problems	08/01/18	Head of Finance	FPCC	£0.3m	* Contractual management for Equipment Store undertaken by VoY CCG. * Contractual management for wheelchair services undertaken by VoY CCG. * Contract review meetings established for Extended Access in Primary Care	3	1	3	3	1	3		* Formal reporting within the CCG not established for newly awarded contracts	* Develop and implement mitigation plan (Contract Manager & Finance Manager)		2	1	2	Open	
FC9	Historic	The number of retrospective CHC cases requiring appeals against a decision will require additional resource to support retrospective claims. This resource may not be made available by NHSE	11/09/17	Head of Nursing and Quality	FPCC		New Programme Director has been appointed and programme board established.  Plan to provide extra short term support to the CHC team to clear the FNC backlogs and re-assessments  Bid made for support from NHSE	2	4	8	2	4	8		* Await confirmation from NHSE re further PUPOC dates & confirmation of any funding that will be available to CCGs to support this work	* Await confirmation from NHSE re further PUPOC dates & confirmation of any funding that will be available to CCGs to support this work (Director of Quality)		2	4	8	Open	

Directorate Risk Register - Transformation & Delivery

Likelihood (L) X Consequence (C) = Risk Score

Revised L X C = Risk Appetite

Risk ID	Date Risk Added	Risk Description	Date Last Reviewed	Risk Owner	Assurance Committee	Quantifiable Financial Risk	Positive Controls & Existing Assurance in Place	Likelihood (L) X Consequence (C) = Risk Score			Risk Match Ref / CRR	Gaps in Control and Assurance	Actions Required and Action Lead Identified	Target Date for Action	Revised L X C = Risk Appetite			Status	Date Closed			
								Initial L 1-5	Initial C 1-5	Initial Score (1-25)					Current L 1-5	Current C 1-5	Current Score (1-25)			L 1-5	C 1-5	RA (1-25)
TD1	Historic	Failure to develop a and implement a sustainable integrated primary and community delivery model, impacting on the quality, safety and cost effectiveness of services .	05/01/18	Director of Transformation & Delivery	FPCC		Vision and strategy for the future model being reviewed and updated Participation with public and service users to help design the right model New Care Model pop-up established and learning from the pilot to inform commissioning decisions Engagement with key partners through the Harrogate Health and Transformation Board Progress to be monitored at Transformation & Delivery (T&D) Board. Delivery of agreed BCF for 2017 through 2019 Temporary reorganisation to create a dedicated Integrated Community Services post within existing capacity. Integrated Care Delivery Group established.	3	4	12	3	3	9		Impact of "Transformational area" plans upon NCM funding Approach that enables integrated commissioning across the health and social care system.	* Undertaken Quality Impact and service review. To communicate findings/ impact * Remodelling of efficiencies resulting from changes in the NCM (Head of Integrated Community Services) * PMO team contracts fixed term (Director of Transformation & Delivery) * Transformation status reporting progress to FPCC (Head of Integrated Community Services) * Establish an approach that enables integrated commissioning across the health and social care system. (Head of Integrated Community Services)	31/03/2018	3	2	6	Open	
TD6	Historic	Risk that Health Optimisation (HOP) and Referral Management does not reduce referrals to secondary care and achieve expected cost savings	05/01/18	Business Change Manager	SMT		Clinical triage in place for 7 specialties Clinical Triage will apply HOP criteria to referrals in the 7 specialties GP's aware and guidance available Patient information leaflet available in addition to information via CCG website Agreement with HDFT & BMI Duchy to return referrals that do not meet HOP criteria eRS data available monthly Weekly information available on triaged specialties and outcomes Outpatient activity monitored weekly Financial impact monitored monthly Practice Based Budget and Cluster meetings with practices to discuss referral management. Evaluation completed and positive impact in terms of referral numbers identified.	3	4	12	2	4	8		* Lack of alternative services e.g. GPSI may reduce impact of clinical triage Need to articulate the health benefits arising from the HOP programme.	Evaluation report to FPCC imminently.	31/01/2018	2	4	8	Open	
TD15	12/07/17	Failure to identify underlying causes of increase in referrals for Gastro, Dermatology, Resp, Opt	05/01/18	Head of Contracting	FPCC		*Deep dive analysis of activity and referrals. *Instigating activity management review	4	3	12	3	3	9		Long term plans for changes to pathways for these specialties - to take account of demand management priority.	Review of findings and plans within the joint recovery plan	31/03/2018	2	3	6	Open	
TD11	12/07/17	Failure to achieve 40% of the financial opportunity identified from RightCare data leading to reputational impact	05/01/18	Head of Commissioning	FPCC		Clinicians engaged Workshops completed for the two main areas - Gastro and MSK/T&O. Regular reviews with RightCare partner. Right Care 15 Step Process being followed. *Draft RightCare Delivery Plans and KPIs established Plans updated. Have identified that much of the 40% opportunity may have already been partly achieved due to improvements since data was originally prepared	3	3	9	2	3	6		- Implementation plans to be updated to reflect the joint recovery plan and the demand management priority	- Reivew implementation plans [Business Change Manager] - ongoing	31/03/2018	2	3	6	Open	
TD18	12/07/17	Failure to deliver a cost effective Out-of-hours service for 2017/18.	04/12/17	Head of Contracting	FPCC		Working with HDFT to identify changes that can be made to the existing service.	5	2	10	5	2	10	FC5	See Risk FC5	See Risk FC5	31/03/2018	2	2	4	Open	

TD8	12/07/17	Failure to deliver a long-term OOH service that meets the better care and best value criteria	04/12/17	Head of Commissioning	FPCC	£1m	Completed a review of OOH service against better care and best value criteria and made recommendations to FPCC.											Clear understanding how OOH can complement and support requirements of integrated urgent care	31/03/2018							Open
							Delivery Group established	3	3	9	2	3	6	2	3	6										
TD14	12/07/17	Failure to identify sufficient schemes to deliver QIPP 18/19 requirements	11/09/17	Head of Business Change	FPCC		Planning for 18/19 has begun through Heads of Service Meetings.											Clear understanding of forecasted demand for services required in 2018/19.  Final saving requirement for 2018/19 will be determined once final current year position is reached after implementing 2017/18 schemes.	31/01/2018							Open
							Business Change Manager leading on planning review.  New schemes identified through Demand Management Programme	3	4	12	2	4	8	2	4	8										
TD16	12/07/2017	Failure to keep PMO approach applied consistently impacting on CCG ability to effectively plan and deliver projects.	11/09/17	Business Change Manager	FPCC	£8.5m	PMO approach established																			Open
							Business Change Manager in place to oversee the approach and its use across change programme.  Delivery Groups identified to implement projects and use the appropriate PMO tools and documentation.  PMO approach monitored at T&D Board.  Role and remit of Delivery Groups agreed at the T&D Board.  Standard documentation and filing structure in place for change programmes.	3	3	9	2	3	6	2	3	6										

Directorate Risk Register - Corporate Management

Likelihood (L) X Consequence (C) = Risk Score

Revised L X C = Risk Appetite

Risk ID	Date Risk Added	Risk Description	Date Last Reviewed	Risk Owner	Assurance Committee	Quantifiable Financial Risk	Positive Controls & Existing Assurance in Place	Likelihood (L) X Consequence (C) = Risk Score			Revised L X C = Risk Appetite			Risk Match Ref / CRR	Gaps in Control and Assurance	Actions Required and Action Lead Identified	Target Date for Action	L	C	RA	Status	Date Closed
								Initial L 1-5	Initial C 1-5	Initial Score (1-25)	Current L 1-5	Current C 1-5	Current Score (1-25)					L 1-5	C 1-5	RA (1-25)		
CM2	Historic	The risk of an Information Governance data breach (Including receiving Personal Identifiable Information without a legal basis.)	08/01/18	Head of Finance	SMT	None	* Data Protection and Confidentiality Policy. * Information Security Policy. * Information Governance Steering Group. * Incident Reporting on Ulysses (2000) Ltd. * On-going monitoring of information flows.Staff IG training. * Appointment of Caldicott Guardian and SIRO (also Data Protection Officer). * Robust systems and monitoring. * Internal Audit assured of IG practices. * Review of dataflows completed to ensure any Personal Identifiable information received has a legal basis.	2	3	6	2	3	6		* PC Audit – responsibility – CCG. *Current custom and practice working methods of the Medicines Management team in undertaking medicines reviews in GP practices	* Understand implications of Medicines Mgt custom and practice methods and amend as required to conform with data protection regulations (Head of Finance)		1	3	3	Open	
CM3	Historic	Lack of sufficient engagement with difficult to reach groups (Equality & Diversity), i.e., young people and BME groups.	08/01/18	Head of Quality and Nursing	SMT	None	* Signing in sheets, review of engagement strategy and targeting relevant groups. * Engagement on equality delivery systems. * E&D Action Plan published. * E&D Strategy published. * Working with partners. * Have established data collection on demographics at public events to enable us to provide analysis. * Comms & Engagement Strategy 2016-17 * EDS 2 completed January 2016	3	3	9	2	4	8		Comms & Engagement Manager post vacant	* To engage with partners and build relationships ensuring close monitoring against ED action plan and strategy * Recruit to Comms&Eng Officer post - February 2018		1	4	4	Open	
CM6	08/01/2018	Capacity issues within the CCG workforce and challenges of high work volume and turnaround times may impact on the ability to deliver outcomes effectively	08/01/18	Chief Officer	SMT	None	* Organisational capacity reviewed. * Senior level oversight of workload on staff and potential capacity gap.	3	3	9	3	3	9		* Delays in filling vacancies leading to capacity gaps. * Communications team not at full capacity. * Mental Health Commissioning vacancies to be recruited to. * Seconded and fixed terms posts may lead to lower retention of staff. * Workforce planning to ensure clarity of gaps in establishment.	* SMT to monitor capacity to ensure objectives can be delivered. * Ensure a supportive working environment for staff though reinvigorated staff engagement group	31/01/2018	1	3	3	Open	
CM8	06/12/017	The risk of a cyber attack, both on the CCG and on primary care (GPIT responsibility lies with the CCG)	08/01/18	Head of Finance	SMT	None	* designated data & cyber security senior executive lead - SIRO (CFO) *staff training (incorporated within the IT training module) *NHS Digital CareCERT lead (Head of Finance) *Robust Business Continuity plan in place within the CCG *Incident reporting system in place within the CCG *Funding request submitted to NHSE for replacing the old unsupported services within GP practices	3	4	12	2	3	6		* Old unsupported (by microsoft) servers in 16 out of 17 GP practices * NHS Digital cyber security assessment programme not yet undertaken	* CCG to progress the business case with eMBED to address server issue in practices * CCG & Practices to develop a robust business continuity solution to a cyber attack * Consider undertaking a simulated cyber attack within the CCG to ensure staff are fully prepared		1	3	3	Open	
CM9	04/01/2018	Risk of not meeting statutory duties set out in the CCA 2004 (as a Cat 2 Responder), to support Cat 1 Responders in responding to Emergencies and Major Incidents such as pandemic flu and infectious disease, severe weather (snow/flooding) and terrorist attacks	08/01/18	Head of Quality and Performance	SMT	None	*CCG works with providers through contract management to ensure that they have Major Incident Response (MIR) and Business Continuity (BC) plans in place. *CCG has an Accountable Emergency Officer responsible for mobilising EPRR work stream and represents the CCG at LHRP meetings where strategic decisions around EPRR across the health economy are made *CCG has developed a Major Incident Response plan and tested the emergency GP Practice numbers to ensure contact can be made. *CCG has an identified operational lead for EPRR who attends the LHRF meetings and other related meetings for multiagency and partnership working and shared learning *CCG participates in multi-agency exercises and has established links with NYCC *EPRR action plan developed following self-assessment Sep17 and Internal Audit Oct17	2	4	8	2	4	8		*Major Incident Response Plan requires review and ratification *CCG need for internal desk top exercise to test MIR plan in response to Cat 1 Major Incident. *Loggist training to be undertaken *DPH group reviewing and updating pandemic and avian flu plan *Assurance that providers have MIR plans in place	*Review and ratify MIR plan by Mar18 *Desktop exercise to be completed by Mar18 *Loggist training x 3 booked for Feb18 *DPH plan to be finalised - CH *Provider contracts to be reviewed for MIR plans - AC	Mar-18	1	4	4	Open	
CM10	04/01/2018	Risk of not meeting statutory duties set out in the CCA 2004 to have robust business continuity plans in place in order to maintain services to patients and the public	08/01/18	Head of Quality and Performance	SMT	None	*CCG works with providers through contract management to ensure that they have Business Continuity (BC) plans in place. *CCG has revised the BC plan setting out CCG BC arrangements and responsibilities *CCG participates in multi-agency exercises and has established links with NYCC *Business Impact Analysis for the CCG detailing business critical functions over time has been completed *Business Continuity Plans detailing processes for invocation; roles and responsibilities; Critical CCG activities; internal and external communications processes and contingencies for potential Business Continuity scenarios such as staff shortage due to severe weather or pandemic, IT and phone interruption. (For Cyber attack see risk CM8)	2	4	8	2	4	8		*Business Continuity Plan requires review and ratification *CCG need for internal desk top exercise to test BC plan in response to BC Incident. *Assurance that providers have BC plans in place	*Review and ratify BC plan by Mar18 *Desktop exercise to be completed by Mar18 *Provider contracts to be reviewed for BC plans - AC	Mar-18	1	4	4	Open	

CM11	Historic	The ability to deliver multiple, large and complex projects may be adversely impacted by the capacity of the Commissioning Support Services, particularly BI, to support the CCG	08/01/18	Head of Business Change	SMT	80 days of NECS Support in place (40 on CHC, 40 on other Transformation programme). Specialis BI resource retained on contract. Head of Community Services in place to lead on integrated care programme. Business Intelligence "Clinics" established with Embed to assess BI requirements	3	4	12	3	4	12	CRR5	Better co-ordination of changes across North Yorkshire to reduce duplication of effort and maximise use of resources.	Discuss opportunity to share resource with other CCGs. [BCM]	31/01/2018	2	4	8	Open
CM12	08/01/2018	Increased complexities in managing conflicts of interest may impact on the CCGs ability to make decisions	08/01/18	Chief Officer	SMT	*Conflicts of Interest Policy updated December 2017 *Conflict of Interest Policy Briefing circulated early January 2018 *Standards of Business Conduct Policy updated December 2017 *Register of Interests published on CCG website *Procurement register published on CCG website *Constitution. *Declarations of Interest requested at the start of each Committee Meeting *Internal Audit on COI	3	3	9	3	3	9		*Increasingly complex decisions require legal expertise in managing conflicts of interest *Individual awareness of their responsibility in managing conflict of interest	*Procurement strategy requires updating		2	3	6	Open
CM13	08/01/2018	Comms & Engagement Officer vacancy will impact on clear communication of health and care strategy across the organisation	08/01/18	Director of Quality and Governance	SMT	* Other CCG staff have transferable skills which has helped to plug the gap * Comms and engagement strategy in place *STP Comms Lead providing high level support	4	2	8	4	2	8		Comms & Engagement Officer post vacant	*Recruiting for Comms and Engagement Officer - January 2018 * Seeking interim assistance in the short term		2	2	4	Open

Directorate Risk Register - Mental Health

Risk ID	Date Risk Added	Risk Description	Date Last Reviewed	Risk Owner	Assurance Committee	Quantifiable Financial Risk	Positive Controls & Existing Assurance in Place	Likelihood (L) X Consequence (C) = Risk Score						Risk Match Ref / CRR	Gaps in Control and Assurance	Actions Required and Action Lead Identified	Target Date for Action	Revised L X C = Risk Appetite			Status	Date Closed
								Initial L 1-5	Initial C 1-5	Initial Score (1-25)	Current L 1-5	Current C 1-5	Current Score (1-25)					L 1-5	C 1-5	RA (1-25)		
MH1	Historic	Risk that people with low level perinatal mental health needs do not receive the care they require in the community.	14/09/17	Senior MH Commis Mgr	QCGC & FPCC	circa £1million across NY&Y CCGs	Primary care manages low to moderate anxiety / depression. Perinatal mental health steering group. Potential funding available for 1 of 2 years. Discussion ongoing with TEWV re non-recurrent funding and whether bid is viable.	3	4	12	3	3	9		*Gap in care provision from low level mental health needs to high level inpatient care provision. Awaiting national invitation to bid for service. Need to ensure joined up approach between mental health and maternity workstreams. Currently do not have perinatal MH service. Often patients managed in primary care. CCG has access to tier 4 beds in mother and baby units for those who require hospital admission.	Survey of ladies being undertaken across STP to understand level of need. To be taken forward at regional level. Multi-disciplinary steering group established to operationally manage the bid writing process and implementation of the new service. Multi-stakeholder group including TEWV and local authorities. Expect NHSE will require delivery assurance on quarterly basis through IAF.		1	3	3	Open	
MH2	Jul-17	Risk that the NHSE trajectory to reduce the number of patients with Learning disability who are cared for in an inpatient bed will not be achieved	14/09/17	Senior MH Commis Mgr	QCGC	£2.5 million cost pressure across NY&Y footprint. Refreshed finance plan was submitted to NHSE on 14/9/17	Transforming care partnership meets monthly with sole purpose of delivering target. Reports to NHSE Regional and North Regional Board. Weekly returns through NHS Digital. Monthly returns to NHSE area team.	4	4	16	4	3	12	CRR8	Gap in case management being addressed through CHC Program. Financial risk - implementing plan incurs a cost pressure to TCP area.	Jan 18. Currently two patients above trajectory (35 patients against 33 ). Remains high risk as often unpredictable in terms of required admissions. Managed through Transforming Care Partnership. Monthly tele conference undertaken with all clinical leads to discuss discharge planning process for all individuals included in the programme. TCP is required to implement enhanced forensic community service by April 2018. Bid successful for 50k national money to appoint CTR manager for 12 months. New SRO appointed for STP. Governance review being undertaken and new structure put in place. NHSE RAG rated our plan as red in January 18. Require further work on funding, housing plan, 5 year + discharges, enhanced community services, and forensic service implementation	Mar-19	2	3	6	Open	
MH3	Jul-17	Risk that people with Long Term Conditions (LTC) will not have timely access to a specialist IAPT service after March 2018.	14/09/17	Senior MH Commis Mgr	QCGC	circa 350k per annum	HaRD were successful in bidding for national money to implement long term conditions IAPT service for 8 months which expires March 18. NHSE are expecting this service to be continued through funding by CCG. Paper going to November 2017 FPCC to discuss next steps.	3	2	6	3	2	6		Gap in confirmation of funding for continuation of service in 18/19. Likely reduction in performance if service ceases. Pilot ends March 2018.	Jan 18 - Discussions being undertaken with provider as to how IAPT performance can be sustained and increased in line with national requirement of year on year stepped access increase. 2018/19 requires 19% access levels. Currently at 18% but expected to drop	Mar-18	1	2	2	Open	
MH4	Jul-17	Failure to achieve Mental Health 5YFV to have no patients in out of area beds by 2021.	14/09/17	Senior MH Commis Mgr	QCGC		Work being undertaken with TEWV to reduce out of area placement. No patients are placed outside of TEWV Trust area. Trust wide TEWV reduction plan submitted to NHSE Dec 17 showing 10% year on year reduction over next three years	3	3	9	3	3	9		Lack of beds and type for specialist area. Originally the request was trajectory reduction over STP footprint. Agreed trajectory is now at provider footprint level after discussion with NHSE.	10% year on year reduction over three years of out of area beds submitted to NHSE. Meeting to be held in January. To begin 2018		1	3	3	Open	
MH7	Jul-17	Patients diagnosed with autism do not have access to post-diagnostic treatment and support	14/09/17	Senior MH Commis Mgr	QCGC		Patients currently diagnosed receive initial post diagnosis support through TUKE centre in York, however patients report insufficient support when referred back to GP. All requests managed through IFR process.	3	3	9	3	3	9		Currently unknown proportion of patients to which this gap applies. Limited post diagnostic support for adults who receive positive diagnosis for ASD.	At present there is a 4 CCG contract to provide autism / ADHD services via the Tuke Centre which was due to expire in December 2017 but has been extended for 12 months ahead of a retendering exercise. Consideration will be given to including post diagnostic support in new tendering exercise which Vale of York are leading. Work to be undertaken to understand level of need for post-diagnostic specialist support.		1	3	3	Open	
MH8		Risk that patients referred to Tuke Centre for diagnosis of autism do not receive timely assessment due to length of waiting list		Senior MH Commis Mgr			The Tuke Centre have been advised by Vale of York contracting team that they are obliged to continue to maintain a waiting list even if it is likely that patients will be seen after the end of the current contract .	3	2	6	3	1	3		Tuke Centre has been informed they cannot shut the waiting list. Monitored through CMB with VoY CCG. Waiting time is to access Tuke for assessment is approx 12 months	Discussions are ongoing around provision of a form of wording to new referrals stating that there may be a wait to be assessed and they may be seen by an alternative provider.		1	3	3	Open	



Directorate Risk Register - Medicines Management

Likelihood (L) X Consequence (C) = Risk Score

Revised L X C = Risk Appetite

Risk ID	Date Risk Added	Risk Description	Date Last Reviewed	Directorate Owner	Assurance Committee	Quantifiable Financial Risk	Positive Controls & Existing Assurance in Place	Likelihood (L) X Consequence (C) = Risk Score						CRR/GBAF REF	Gaps in Control and Assurance	Actions Required and Action Lead Identified	Targe Date for Action	Revised L X C = Risk Appetite			Status
								Initial L 1-5	Initial C 1-5	Initial Score (1-25)	Current L 1-5	Current C 1-5	Current Score (1-25)					Revised L 1-5	Revised C 1-5	Risk Appetite (1-25)	
MM1	Historic	If the delivery of QIPP MM financial target of £1,030K is not met this will result in a deterioration of the in year financial position for the CCG.	11/09/17	Head of Medicines Management	FPCC	£400K	* Monthly data monitoring + validation (v ePACT) * QIPP monitoring tool with MM/BI/Finance input * Itemised planning shared across CCGs	2	4	8	2	3	6	* Relies on practice delivery. Some practices now declining request to use cost effective branded generics. * existing plans rely on no significant changes to national guidance or disadvantageous price changes, including maintaining drugs supply chain * Risk of current financial position may have an adverse impact on quality	* Discussions with Andy King on behalf of practices with CCG Finance (AC) and MMT * no control on prices or NICE decisions and aim to horizon scan and plan * KL confirming QIPP delivery achieving over £1.25M by end Dec and further growth expected	01/10/2017	2	3	6	Open	
MM2	Historic	Reduced staffing resource/capacity in MMT due to planned or unexpected loss of personnel will impact on quality of service.	11/09/17	Head of Medicines Management	SMT	links to QIPP	Shared model across CCGs adds resilience and efficiency and already at low staffing levels compared to other CCGs. Begin staff recruitment process as early as possible.	3	2	6	2	2	4	* Role requires very experienced, skilled and knowledgeable personnel for different functions and current resource not robust enough for staff loss of key members delivering key roles	* extend and cross mix skills of individuals * finalise restructure across whole MMT for now and future reorganisation * business cases to support social care and strategic commissioning * review and plan for early recruitment to vacancies. KL: HaRD tech 5 expected to start early Mar'18, which will impact on 18/19 QIPP delivery.	01/10/2017	2	2	4	Open	
MM3	Historic	Insufficient capacity within the MMT may impact on the teams ability to deal with a major incident and carry on with routine business demands.	11/09/17	Head of Medicines Management	SMT	links to QIPP	Some staff with some experiences of past incidents, such as pandemic flu in PCT days	2	3	6	2	3	6	* unpredictable demands * may be local or national issue	* organise plans in partnership with PHE and other relevant partners (NHSE, NYCC, trusts, practices)	01/01/2018	2	3	6	Open	
MM4	Historic	Clinical decisions and recommendations from MMT have detrimental consequences on patient care	11/09/17	Head of Medicines Management	QC GC	links to QIPP	* Engagement with experienced professionals from MMT, GP practices * CCG Med&Presc.Gp and secondary care engagement, esp. through APC to consider * peer review and discussion with other MMTs	2	2	4	2	2	4	* formalise process to ensure CCG gives approval to suggestions that carry a risk (e.g. financial pressures over influential in decision making)	* produced discussion paper on branded generics (where no clinical reason to use brand) as an example * example of freeStyle Libre decision not to commission was heavily based on knowledge that there was no detrimental consequences on patient care.	01/10/2017	2	2	4	Open	

# Directorate Risk Register - Closed and Transferred Risks

Risk ID	Date Risk Added	Risk Description	Date Last Reviewed	Directorate Owner	Assurance Committee	Quantifiable Financial Risk	Positive Controls & Existing Assurance in Place	Likelihood (L) X Consequence (C) = Risk Score						CRR / GBAF REF	Gaps in Control and Assurance	Actions Required and Action Lead Identified	Target Date for Action	Revised L X C = Risk			Status	Date Closed	
								Initial L 1-5	Initial C 1-5	Initial Score (1-25)	Current L 1-5	Current C 1-5	Current Score (1-25)					Revised L 1-5	Revised C 1-5	Risk Appetite (1-25)			
CM1	Historic	The CCG takes over responsibility for commissioning primary care, impacting on the ability to manage Conflicts of Interest.	24/04/17	CO	SMT	None	* Policy on Conflicts of Interest Approved by GB Feb 2017 * Register of Interests. * Constitution. * PCCC established in line with best practice. * Internal Audit on COI giving opinion of 'Significant Assurance'	3	3	9	2	2	4					2	2	4	Closed	24/04/17	
QS3	Historic	Children who are asylum seeking and are unaccompanied by an adult do not receive timely access to healthcare assessments and their required care support	16/06/17	Head of Nursing and Quality	QCGC		* Out with CCG control as determined by migration Yorkshire and government policy	3	3	9	1	3	3		*Specialist nursing team for LAC report to the CCG on a quarterly basis regarding timeliness of health assessments – reports show majority of assessments are completed within required timescales. (Director of Quality) * Risk is now minimised due to closing of DUBS scheme			1	3	3	Closed	10/07/17	
QS6	Historic	New Care Models may have an impact on the quality and safety of patients receiving care provided in the community	12/03/17	Head of Nursing and Quality	QCGC		* Quality and performance impact monitored via existing contract and activity meetings	2	3	6	2	3	6	QS15	* HHTB not sighted on risks to quality of care from providers * No whole system approach to quality and safety - organisation-based only * Community contract negotiations unresolved. Resulting changes to services may impact on quality.	* Plan to deliver end-to-end reviews and collation of quality issues across partnership in place (Executive Nurse)			1	3	3	Closed	10/07/17
QS7	Historic	The CCG will breach the annual threshold for C Diff infections within the local population.	10/07/17	Head of Nursing and Quality	QCGC		<b>CLOSED AFTER ESCALATION TO CORPORATE RISK REGISTER</b>	3	3	9	5	3	15	CRR 3	<b>CLOSED AFTER ESCALATION TO CORPORATE RISK REGISTER</b>	<b>CLOSED AFTER ESCALATION TO CORPORATE RISK REGISTER</b>			2	3	6	Closed	10/07/17
QS9	Historic	Risk to patient experience and outcomes due to lack of dedicated Mental health crisis and liaison response for CYP presenting in ED, wards and community.	16/06/17	Head of Nursing and Quality	QCGC		* Intensive Home Intervention team included in the CAMHS service spec & contract.	3	4	12	1	4	4		* HaRD crisis service to commence June 2017	* Service now commenced. Remove from RR.			1	4	4	Closed	10/07/17
CM4	Historic	Partners making decisions that have a negative impact on the CCG.	24/04/17	Chief Officer	SMT	None	* North Yorkshire Delivery Board. * Health & Wellbeing Board. * Contract Management Boards. * HHTB. * Clinical Board Chief Officer's update at GB. * 360o survey – positive feedback received from external partners. * Partnership feels strong in light of Vanguard commitment. Vanguard MoU will indicate all partners adhering to system leadership programme.	2	3	6	3	3	9		* Vanguard MoU required. * HHTB have not agreed to MOU.	*Review Governance of HHTB (Director of NCM Team)			1	1	1	Closed	19/07/17
CM5	Historic	Pressure on budgets typically focuses organisations inwards rather than outwards.	24/04/17	Chief Officer	SMT	None	* Council of Membership * North Yorkshire County Council	4	3	12	3	2	6			* Retain outward focus (Chief Officer) * Maintain strong inter-organisational relationships (Chief Officer)			1	1	1	Closed	19/07/17

TD4	Historic	Risk that because of competing priorities providers are not able to fully engage in the development and implementation of robust plans to achieve required levels of savings.	06/09/17	Business Change Manager	SMT	£7.5m	Agreement to deliver a joint recovery plan (revision due in September) Joint project delivery group in place reporting to Clinical Management Board and Clinical Board. Clinical input and assurance via joint Clinical Board. Joint governance via Contract Management Board Internal reporting and performance monitoring via Commissioning and Transformation Programme Board NHS England RightCare Delivery Partner working with HaRD CCG to identify opportunities	3	4	12	4	4	16	CRR2	Lack of penalty/incentive to encourage providers to deliver. Financial risk remains with CCG. Timescales and management capacity will result in projects not being implemented until post April '17. Full financial benefit may not be delivered in 17/18.	Revised joint recovery plan to be submitted to NHSE/NHSI Sept 20th (Chief Finance Officer and Director of Transformation & Delivery) CCG to consider alternative plans???	2	2	4	Closed	11/09/17	
TD18	12/07/17	Failure to deliver a cost effective Out-of-hours service for 2017/18.	11/09/17	Head of Contracting			*Working with HDFT to identify changes that can be made to the existing service.	5	2	10	5	2	10	FC5	See Risk FC5	See Risk FC5	2	1	2	Closed	11/09/17	
TD8	12/07/17	Failure to deliver a long-term OOH service that meets the better care and best value criteria	11/09/17	Head of Commissioning		£1m	*Completed a review of OOH service against better care and best value criteria and made recommendations to FPCC.	3	3	9	2	3	6				2	3	6	Closed	11/09/17	
QS14	Historic	Failure to comply with 'Future in Mind' due to a lack of multiagency workforce plan for CYP mental health within the LTP. Raised through feedback from NHSE June 2017.	11/09/17	Head of Nursing and Quality	QCGC		* Multiagency forum established and beginning work to develop a plan.	2	3	6	2	3	6		*Multiagency workforce plan required which comprises staffing numbers and training needs to achieve plan by 2020 including engagement of wider services. PM to update	* Target to complete plan by October LTP resubmission. <b>Sept 17</b> . Plan on target to publish with LTP Oct 17. Jan 2018 - Progress being made. No longer a risk. Removed from register	1	3	3	Closed		
QS19	Historic	Partnership Commissioning Unit (PCU) realignment could impact on quality or the ability to demonstrate effective use of resources and value for money in some of the services previously commissioned on behalf of the CCG by the PCU e.g. Continuing Healthcare, Mental Health services, Children and Young People services.	28/09/17	Director of Quality and Governance	QCGC		ESCALATED TO GBAF	4	4	16	1	4	4	GBAF 2-2	ESCALATED TO GBAF	SEE GBAF FOR DETAILED ACTION PLAN	4	2	8	Closed		
TD2	Historic	The ability to deliver multiple, large and complex projects may be adversely impacted by the capacity of the Commissioning Support Services, particularly BI, to support the CCG	05/01/18	Business Change Manager	FPCC		80 days of NECS Support in place (40 on CHC, 40 on other Transformation programme). Specialis BI resource retained on contract. Head of Community Services in place to lead on integrated care programme. Business Intelligence "Clinics" established with Embed to assess BI requirements	3	4	12	3	4	12	CRR5 CM11		Discuss opportunity to share resource with other CCGs. [BCM]	31/01/2018	2	2	4	Open	
TD9	12/07/17	Failure to ensure procurement procedures and process are correctly applied leading to successful procurement challenges and failure to achieve best value for money.	04/12/17	Head of Finance	FPCC		* Some expertise available as part of Embed contract. * Procurement steering group (PSG) in place. * Quantify all procurement requirements through delivery groups and PSG. * Develop business case for additional capacity as required.	3	4	12	2	4	8		*Develop business case for additional capacity as required.		2	4	8	Closed	05/01/18	

TD5	Historic	The Abolishment of the Minimum Income Practice Guarantee could result in the reduction of non-core services provided by Primary Care	11/09/17	TBC	PCCC	As MPIG is abolished nationally and redistributed as part of Basic Practice allowance theoretically the national investment in primary care will not reduce, however because the HaRD practices have more than average MPIGs the effect in HaRD is a loss of £336k per year by the end of the 7 years.	Patient engagement Cluster Meetings CoM LMC Engagement PMS Premium reinvestment 7-year phased programme SMT attendance at YORLMC Patient feedback Local enhanced services Updates at PCCC	3	3	9	2	3	6					2	3	6	Closed	05/01/18
TD7	Historic	Failure to manage responsibilities for co-commissioning of primary care because insufficient transfer of resources from NHSE.	11/09/17	Head of Commissioning	PCCC		PCCC in place and NHS England attend on a regular basis.  National process to ensure consistency in allocation of resources  GP lead and Commissioning Manager allocated with responsibility for monitoring primary care system.	2	2	4	2	2	4					2	3	6	Closed	06/09/17
TD17	12/07/2017	Failure to deliver extended access to GPs by September 2017	11/09/17	Head of Commissioning	FPCC		Business case and proposal agreed for a pilot approach.  Delivery Group established to deliver change and robust plan prepared.  Service went live on December 4th	3	4	12	2	4	8					2	4	8	Closed	04/12/17
CM7	Historic	Relationships and the expectations of a range of stakeholders and partners or NHS regulators will impact on the CCGs ability to work effectively or engage to maintain a sustainable health economy for local people.	25/09/17	Director of Quality and Governance	SMT	None	ESCALATED TO GBAF	4	4	16	4	4	16	GBAF 5-1	ESCALATED TO GBAF	SEE GBAF FOR DETAILED ACTION PLAN		4	2	8	Closed	