NHS
Harrogate and Rural District
Clinical Commissioning Group

Title of Meeting:	**Governing Body**	**Agenda Item: 9.3**
Date of Meeting:	**2 August 2018**	
Paper Title:	**NHS HaRD CCG Risk Registers**	

Session (Tick)	
Public	X
Private	
Workshop	

Responsible Governing Body Member Lead Joanne Crewe, Director of Quality / Executive Nurse	**Report Author and Job Title** Sasha Sencier Corporate Governance Manager

Purpose (this paper if for)

Decision	Discussion	Assurance	Information
		X	

Has the report (or variation of it) been presented to another Committee / Meeting?

If yes, state the Committee / Meeting: Yes. The Corporate Risk Review Group last reviewed the Risk Registers on 10 July 2018. The Senior Management Team last reviewed the Risk Registers on 23 July 2018.

Executive Summary

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 closured.

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.

Recommendations

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.

Monitoring

The Governing Body and the Audit Committee receive the Risk Registers in their entirety twice yearly.

CCGs Strategic Objectives supported by this paper

	CCG Strategic Objective	X
1	Quality, Safety and Continuous Improvement	**X**
2	Better Value Healthcare	**X**
3	Well Governed and Adaptable Organisation	**X**
4	Health and Wellbeing	**X**
5	Active and Meaningful Engagement	**X**

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

If yes, please indicate which principle risk and outline

Principle Risk No	Principle Risk Outline

Any statutory / regulatory / legal / NHS Constitution implications	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.
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public and Patient Engagement	The registers will be published on the CCG website with the Governing Body papers.
Financial / resource implications	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.
Outcome of Impact Assessments completed	Not Applicable

Sasha Sencier
Corporate Governance Manager
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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 closured 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

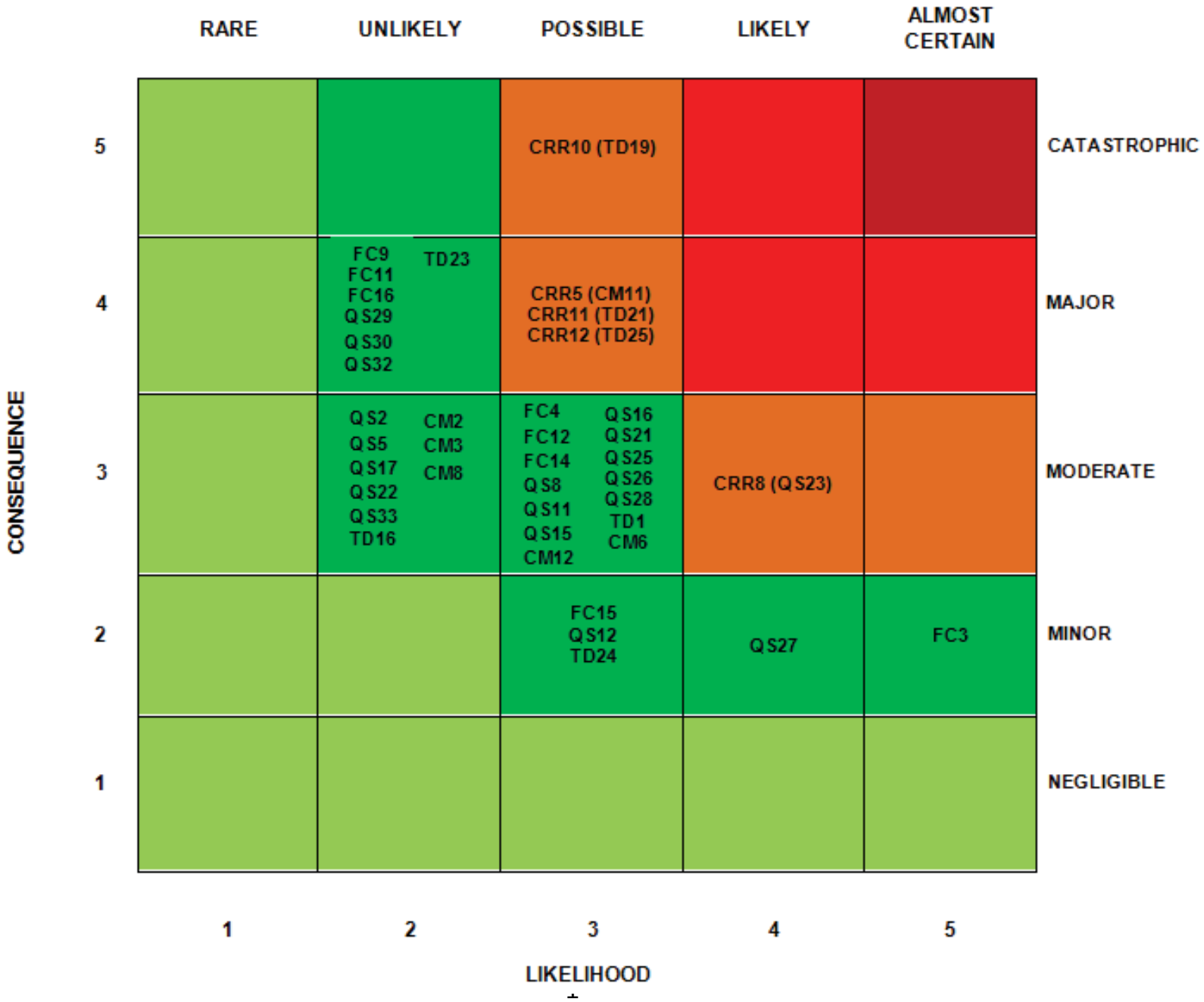
The heat map in Appendix A provides a summary of the current NHS Harrogate and Rural District CCG risk profile, as at 23 July 2018.

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
2 August 2018

HaRD CCG Risk Profile **Appendix A**



Corporate Risk Register Guidance

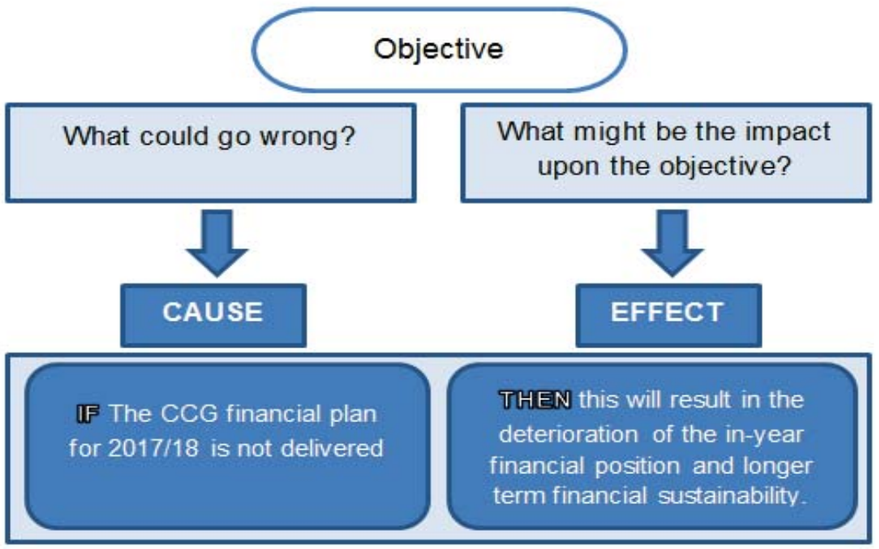
Please read prior to completing this document

Introduction

The Corporate Risk Register is used for evaluating and managing high level operational risks with a score of 12 and above.

The purpose of the risk register is to record risks, their likelihood and consequence, in addition to identifying the risk owner who will manage the actions to reduce the risk.
Be concise when filling in details and ensure key information is captured and explained clearly.
Ensure to record the dates on which risks are identified, reviewed and closed off.

SEE RISK RATING GUIDANCE BEFORE COMPLETING SCORES



Risk Guidance and Matrix

The results of the likelihood and consequence assessments can be recorded against a risk matrix.
(Risk scores are automatically populated in the log)
The matrix provides a visual representation of risk in relation to establishing the priority for managing each risk.
The table alongside the risk matrix helps to determine the appropriate management response for the risk level .

LIKELIHOOD

		Descriptors of frequency	Time framed descriptors of frequency
1	Rare	This will probably never happen/recur	Not expected to occur for years
2	Unlikely	Do not expect it to happen/recur but it is possible it may do so	Expected to occur at least annually
3	Possible	Might happen or recur occasionally	Expected to occur at least monthly
4	Likely	Will probably happen/recur but it is not a persisting issue	Expected to occur at least weekly
5	Almost certain	Will undoubtedly happen / recur, possibly frequently	Expected to occur at least daily

CONSEQUENCE	RARE	UNLIKELY	POSSIBLE	LIKELY	ALMOST CERTAIN	
	5	10	15	20	25	CATASTROPHIC
	4	8	12	16	20	MAJOR
	3	6	9	12	15	MODERATE
	2	4	6	8	10	MINOR
	1	2	3	4	5	NEGLIGABLE
	LIKELIHOOD					

Light Green	Negligible
Green	Low Risk
Amber	Moderate Risk
Red	High Risk
Dark Red	Extreme Risk

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Serious	Catastrophic
Impact on the safety of patients, staff or public (physical / psychological harm)	Minimal injury requiring no/minimal intervention or treatment. No time off work	Minor injury or illness, requiring minor intervention Requiring time off work for >3 days Increase in length of hospital stay by 1-3 days	Moderate injury requiring professional intervention Requiring time off work for 4-14 days Increase in length of hospital stay by 4-15 days RIDDOR/agency reportable incident An event which impacts on a small number of patients	Major injury leading to long-term incapacity/disability Requiring time off work for >14 days Increase in length of hospital stay by >15 days Mismanagement of patient care with long-term effects	Incident leading to death Multiple permanent injuries or irreversible health effects An event which impacts on a large number of patients
Quality / complaints / audit	Peripheral element of treatment or service suboptimal Informal complaints /inquiry	Overall treatment or service suboptimal Formal complaint (stage 1) Local resolution Single failure to meet internal standards Minor implications for patient safety if unresolved Reduced performance rating if unresolved	Treatment or service has significantly reduced effectiveness Formal complaint (stage 2) complaint Local resolution (with potential to go to independent review) Repeated failure to meet internal standards Major patient safety implications if findings are not acted on	Non-compliance with national standards with significant risk to patients if unresolved Multiple complaints/ independent review Low performance rating Critical report	Totally unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest / ombudsman inquiry Gross failure to meet national standards
Human resources / organisational development / staffing / competence	Short-term low staffing level that temporarily reduces service quality (< 1 day)	Low staffing level that reduces the service quality	Late delivery of key objective/ service due to lack of staff Unsafe staffing level or competence (>1 day) Low staff morale Poor staff attendance for mandatory/key training	Uncertain delivery of key objective/service due to lack of staff Unsafe staffing level or competence (>5 days) Loss of key staff Very low staff morale	Non-delivery of key objective/service due to lack of staff Ongoing unsafe staffing levels or competence Loss of several key staff No staff attending mandatory
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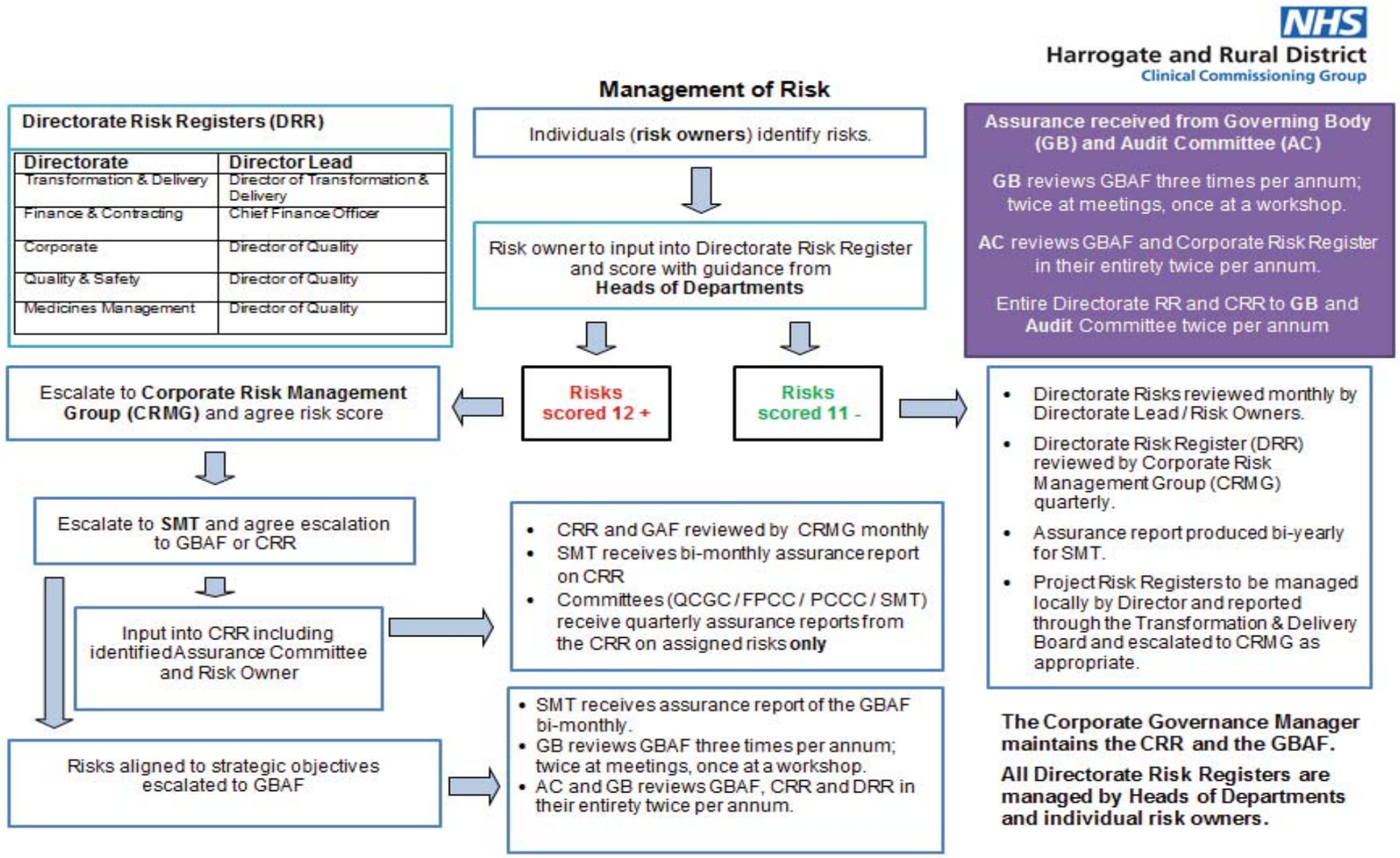
Adverse publicity / reputation	Rumours Potential for public concern / media interest Damage to an individual's reputation.	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met Damage to a team's reputation	Local media coverage – long-term reduction in public confidence Damage to a services reputation	National media coverage with <3 days service well below reasonable public expectation Damage to an organisation's reputation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence (NHS reputation)
Business objectives / projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service / business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment
Data Loss / Breach of Confidentiality	Potentially serious breach. Less than 5 people affected or risk assessed as low e.g. files were encrypted	Serious potential breach and risk assessed high e.g. unencrypted clinical records. Up to 20 people affected	Serious breach of confidentiality e.g. up to 100 people affected	Serious breach with either particular sensitivity e.g. sexual health details or up to 1000 people affected	Serious breach with potential for ID theft or over 1000 people affected

Risk Flow Chart



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
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	17/08/18	Head of Business Change	SMT		80 days of NECS Support in place (40 on CHC, 40 on other Transformation programme). Specialist 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 opportunjty to share resource with other CCGs. Head of Business Change	30/09/2018	2	4	8	Open	
CRR8	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	22/06/18	Senior MH Commis Mgr	QCGC	£2.5 million cost pressure across NY&Y footprint. Refreshed finance plan was submitted to NHSE on 14/6/18	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. Monthly teleconference undertaken with all clinical leads to discuss discharge planning process for all individuals included in the programme.	4	4	16	4	3	12	**QS23**	Gap in case management being addressed through CHC Programme although CTR manager will start in July 2018 and this is believed to significantly reduce this gap. Financial risk - implementing plan incurs a cost pressure to TCP area.	May 18. Work continues to ensure that we offer the least restrictive environment to those in the TCP cohort. As of end of May three patients above trajectory (33 patients against 30). Remains high risk as often unpredictable in terms of required admissions. Managed through Transforming Care Partnership. NHSE RAG rated our plan as Red in June 18. Require further work on funding, housing plan, 5 year + discharges, enhanced community services, and forensic service implementation. Work is ongoing to fully map the needs of each person in the TCP cohort and those of their families via individual "pen pictures. Alongside this we are mapping the costs associated with the expected level of care needed to support each person on discharge to the community. This will be reported in the next monthly report. From April there is agreement of a financial flow of £180k per "net" inpatient in this cohort. Half of this money is expected be allocated to developing a FOLs service. Significant work is underway to understand how we would best use this resource to meet the needs of the individuals in the TCP cohort.	Program completes 31.3.19 Actions are reviewed and submitted to NHSE at least monthly	2	3	6	Open	
CRR10	09/04/18	Failure to identify and implement sufficient schemes to deliver QIPP 18/19 plan	17/07/18	Director of Transformation and Delivery	FPCC	£5.6m	Transformation & Delivery (T&D) Programme Board established to take oversight of all change projects including QIPP Aligned incentive contract in place with HDFT with and agreed value of £94m (equating to a £2.6m saving) Demand management programme refresh underway to manage primary care demand effectively CHC programme board established with identfied programme areas including data cleansing Deep dive and business case process in place to assess project viability before committing to implementation The two largest RightCare opportunities have been developed as part of the AIC programme - MSK and Gastro Medicines Management QIPP programme in place and further opportunities being identified Review of 'Difficult Decisions' undertaken by SMT in prep for August Governing Body	3	5	15	3	5	15	**TD19**	Additional schemes ready for implementation that will support delivery of savings above the QIPP requirement.	Review of "Difficult Decisions" Governing Body Complete Value for Money Review and agree actions required Analysis of observced increase in primary care referrals and refreshed approach Continue to work existing programme areas to maximise opportunities	2/08/2018 30/08/2018 Ongoing	2	5	10	Open	
CRR11	14/05/18	Failure to implement schemes that will achieve the HDFT contract value of 94m in 2018/19 creating additional cost pressures to be managed through the financial plan.	16/07/18	Director of Transformation and Delivery	FPCC	£2.6m	Contract signed at £94m Governance arrangements developed supported by agreed cost reduction and management principles Primary and secondary care AIC workshop completed Agreed thresholds and triggers which enable CCG and HDFT to proactively monitor and manage system costs in place Planned, unplanned and high cost drugs groups established and schemes identified.	3	5	15	3	4	12	**TD21**	Communications programme for wider stakeholder group Clear mechanisms identified for removing or off-setting costs in the system Implementation plans for some confirmed schemes to meet cost management requirements not complete	Analysis of detailed technical information to underpin plans Confirmation by provider of actual costs of delivery in a given pathway and scheme Allocation of resource to priority schemes using a 'decision tree' formula Testing of new advice and guidance pathway in Urology with a view to wider adoption Plan on a page to be completed for each priority scheme	31/07/18 31/07/2018 Ongoing	3	3	9	Open	

CRR12	16/07/18	Failure to manage the growth in demand for healthcare services within the given budget.	16/07/18	Director of Transformation and Delivery	FPCC		- Demand management strategic priority - GP Variation programme in place - Use of RightCare analysis to identify opportunities. - Developing an integrated care offering - Aligned incentive contract with main secondary care provider	3	5	15	3	4	12	**TD25**	Further work with other secondary care providers to identify new ideas Not all opportunities have been fully explored	Engage with other providers Continue to develop demand managements schemes across the healthcare system Implement Demand Management strategic framework within AIC programme.	30/09/2018	2	4	8	Open	

Corporate Risk Register - CLOSED AND DE-ESCALATED

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: 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	Revised L X C = Risk Appetite: L 1-5	C 1-5	RA (1-25)	Status	Date Closed	Closure comment
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 HDFT. * 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	Closed		REDUCED - SEE DIRECTORATE RISK REGISTER TD6 - NOW CLOSED FEB 2018

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	Closed		REDUCED - SEE DIRECTORATE RISK REGISTER FC2 and NOW CLOSED
CRR9	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	**DE-ESCALATED TO DIRECTORATE RISK REGISTER**	4	3	12	3	3	9	**QS21**	**DE-ESCALATED TO DIRECTORATE RISK REGISTER**	**DE-ESCALATED TO DIRECTORATE RISK REGISTER**		1	4	4	Open		
CRR6	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 managment 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	**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	2	5	10	Open		The risk has been accepted as the deadline has now surpassed. A new risk regarding 18-19 financial position will be raised. Risk has been closed and moved to the issues log

Directorate Risk Register Guidance

Please read prior to completing this document

Introduction

The Directorate Risk Register is used for evaluating and managing low and medium level risks with a score of 11 and below.

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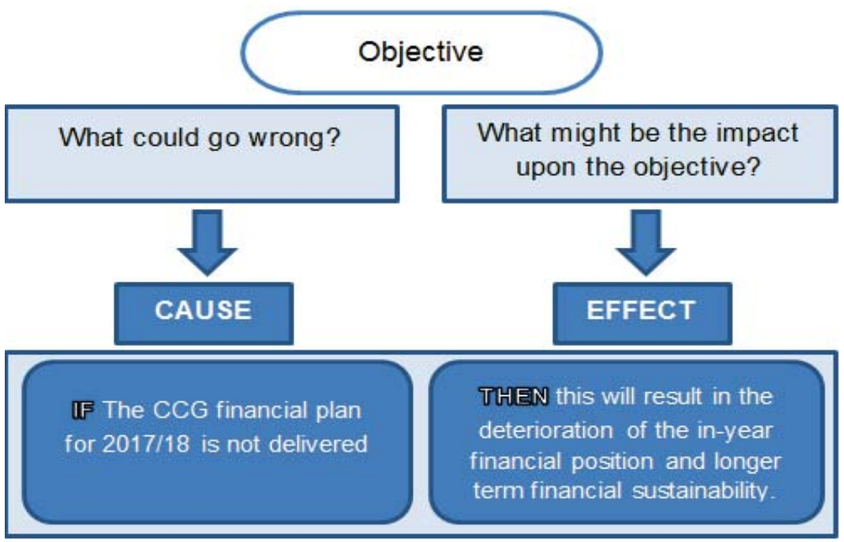
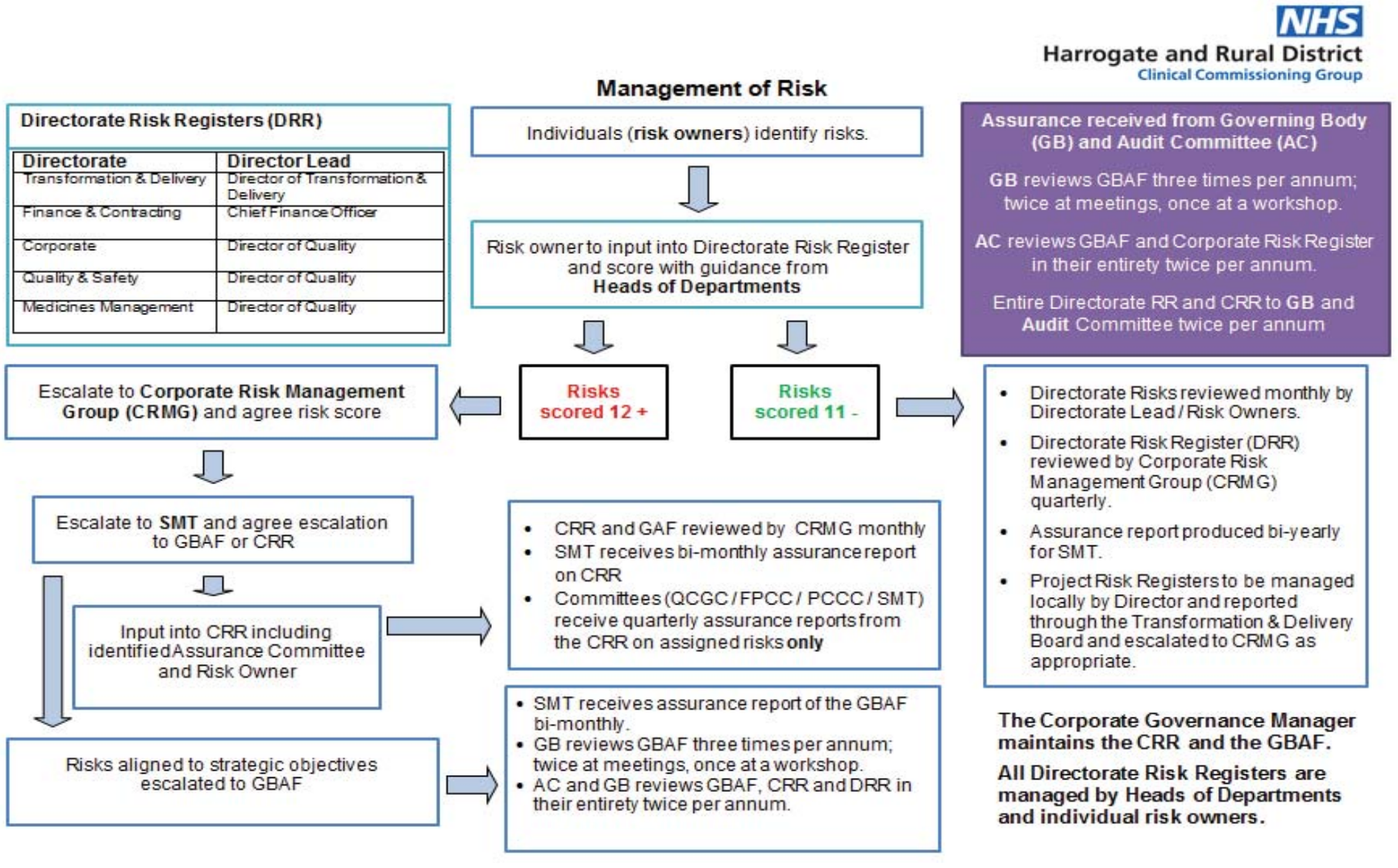


Risk Flow Chart



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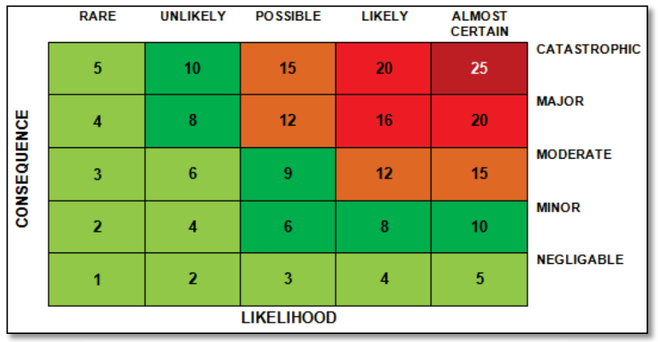

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Adverse publicity / reputation	Rumours Potential for public concern / media interest Damage to an individual's reputation.	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met Damage to a team's reputation	Local media coverage – long-term reduction in public confidence Damage to a services reputation	National media coverage with <3 days service well below reasonable public expectation Damage to an organisation's reputation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence (NHS reputation)
Business objectives / projects	Insignificant cost increase/ schedule slippage	<5 per cent over project budget Schedule slippage	5–10 per cent over project budget Schedule slippage	Non-compliance with national 10–25 per cent over project budget Schedule slippage Key objectives not met	Incident leading >25 per cent over project budget Schedule slippage Key objectives not met
Finance including claims	Small loss Risk of claim remote	Loss of 0.1–0.25 per cent of budget Claim less than £10,000	Loss of 0.25–0.5 per cent of budget Claim(s) between £10,000 and £100,000	Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million Purchasers failing to pay on time	Non-delivery of key objective/ Loss of >1 per cent of budget Failure to meet specification/ slippage Loss of contract / payment by results Claim(s) >£1 million
Service / business interruption Environmental impact	Loss/interruption of >1 hour Minimal or no impact on the environment	Loss/interruption of >8 hours Minor impact on environment	Loss/interruption of >1 day Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Catastrophic impact on environment
Data Loss / Breach of Confidentiality	Potentially serious breach. Less than 5 people affected or risk assessed as low e.g. files were encrypted	Serious potential breach and risk assessed high e.g. unencrypted clinical records. Up to 20 people affected	Serious breach of confidentiality e.g. up to 100 people affected	Serious breach with either particular sensitivity e.g. sexual health details or up to 1000 people affected	Serious breach with potential for ID theft or over 1000 people affected

Directorate Risk Register - Finance & Contracting

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: 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	Revised L X C = Risk Appetite: L 1-5	C 1-5	RA (1-25)	Status	Date Closed	Closure comment
FC3	June 17	Impact of implementing the Transforming Care Plan (TCP) for Learning Disabilities is inadequately funded by NHSE	05/07/18	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 * TCP Joint Programme Managers and Finance Leads workshops established to ensure consistency	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) * Development of ring fence budget with phase 1 including TCP (Head of Contracting)	30.9.18	2	2	4	Open		
FC4	July 17	Insufficient capacity within contracting and finance teams as Mental Health commissioning is hosted by the CCG	05/07/18	Head of Contracting & Head of Finance	SMT	n/a	Contract manager vacancy to be advertised (internal only). Head of contracting providing more support into ACP (different ways of working) * Interim finance manager appointed to assist on the mental health agenda (across 3 NY CCGs)	3	3	9	3	3	9		* Long-term integrated solution to be developed across finance and contracting (including financial envelope)	* Development and implementation of a permanent solution (Head of Contracting & Head of Finance) that considers the development of the mental health ACP.	30.9.18	2	3	6	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)	31/08/2018	1	4	4	Open		
FC11	April 18	Growth in the number of cases and the cost per case in MH/CHC/FNC exceed planned leves, impacting on the CCG's financial position	18/04/18	Head of Nursing and Quality	FPCC		* experienced programme manager in post * CHC board established across NY	2	4	8	2	4	8		* Increased transparency on financial reporting required * Increased transparency on QIPP schemes and their impact required * Internal scrutiny of data and internal reporting required			1	1	1	Open		
FC12	April 18	Final reconciliation of 2017/18 contracts exceeds expectations, resulting in additional costs impacting on the CCG's financial position	05/07/18	Head of Finance	FPCC	£1m	* strong & experienced contract management team * robust year-end mechanisms in place within the finance team to capture known risks	1	2	2	3	3	9		* Increased transparency on financial reporting required with regards to MH Other, CHC and FNC	Final reconciliations to be undertaken (Head of Finance and Head of Contracting)	30/09/2018	1	1	1	Open		
FC14	June 18	Change in patient flows from HDFT to providers not covered by the AIC, resulting in additional PbR costs.	05/07/18	Head of Contracts	FPCC	£0.5m	* 1:1 meetings with main provider. * Effective contract management, with oversight through contract management board and subgroups * Reporting to GB, FPCC & CMB * Agreed workplan and focus around demand managment including and number of workstreams seeking to reduce activity and spend.	2	2	4	2	2	4		11/6/18 None identified.			2	1	2	Open		
FC15	June 18	Failure to reduce OOH costs to the value within the community contract, resulting in additional costs recharged to the CCG.	05/07/18	Head of Contract	FPCC	£0.5m		3	2	6	3	2	6		* OOH working group to be re-established * Options models to be updated	* Working group to be re-established (Head of Contracting)	31/07/2018	2	1	2	Open		
FC16	12/06/2018	If the delivery of QIPP MM financial target of £1,151K is not met this will result in a deterioration of the in-year financial position for the CCG.	11/06/2018	Head of Medicines Management	FPCC	£300K	* Monthly data monitoring + validation (v ePACT) * QIPP monitoring tool with MM/BI/Finance input * Itemised planning within and shared across CCGs	2	4	8	2	4	8		* Relies on timely delivery in primary care with resource to deliver and expected benefits being realised. * 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	* recruitment and induction of new staff progressing. * horizon scan, screen and plan for additional opportunities * no control on prices or NICE decisions	31/07/2018	1	3	3	open		

Directorate Risk Register - Quality & Safety

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: 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	Revised L X C = Risk Appetite: L 1-5	C 1-5	RA (1-25)	Status	Date Closed	Closure comment
QS2	Historic	Patients who require Fast Track packages of care do not receive care in a timely manner	09/04/18	Head of Nursing and Quality	QCGC		* Data discussed weekly and C&E meeting. * Fast track team working closely with local providers to develop relationships. * Discussions ongoing with Exec Nurse re future options * Oversight from CHC Program Board . Local hospice commenced as preferred provider of packages from July 2017.	3	3	9	2	3	6		* Lack of confidence in stability of current provider market Long term approach to commissioning model to be agreed.	* Further discussion and development required to determine current provider market **Sept 17**. Work also commenced to review process jointly with Acute Trust. **Jan 2018 -** Evaluation of SMH providing packages undertaken. New draft model developed along with service specification. Awaiting final stages to commission new pathway. **May 18.** Feedback remains positive regarding current hospice provider. Meeting held to determine commissioning plan. Aim to complete in next 2 months. **June 18 -** No change.	Jul-18	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.	09/04/18	Head of Nursing and Quality	QCGC		* Performance monitoring to Exec Nurses *Managing cases within substantive workforce. *Weekly CHC backlog reports	2	3	6	2	3	6		* Slippage in other work streams due to managing cases within substantive workforce * Await confirmation from NHSE re further PUPOC dates & confirmation of any funding that will be available to CCGs to support this work □	Supervision of staff Skill mix review Review of SOPs in line with CHC framework. CHC Program Board now established with work streams to address all key areas within CHC process. **May 18.** Actions above implemented. Require continued embedding. **June 18** - No change	Jul-18	1	3	3	Open		
QS8	Historic	Patients may not be discharged from hospital when medically fit and no longer require acute hospital care.	09/04/18	Head of Quality and Nursing	QCGC	£200 per day post trim point	* Multi-agency Strategic Discharge Group meets monthly. * Daily SitRep to CCG that highlights DTOC. + Daily tel calls to progress patients through D2A	4	3	12	3	3	9		* Further understanding regarding rationale for DTOCs required. Need to maintain assurance that any harm associated with avoidable hospital stay is evidenced and escalated.	* No evidence of harm caused to a patient with a DTOC. **Sept 17.** Head of Nursing & Quality to commence attending weekly Long stay meeting at HDFT and Discharge Steering group. Aim to understand key blocks. Number of DTOCS has risen. **April 2018.** D2A established to reduce DTOCS - however not yet sustainable model. Further work agreed reporting to A&E Delivery Board to determine out of hospital options / capacity required. **May 18** - No further change. **June 18** - 3 workstreams identified to feed into A&E Delivery Board (Action on A&E) a) Workforce to support out of hospital care b) Bed requirements to support out of hospital care c) continued progression of D2A process.	Sep-18	2	3	6	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. 2016/18 Q4 81% attainment against a National target of 90%	09/04/18	Head of Nursing and Quality	QCGC		* Ofsted /CQC Joint Inspections. * Quarterly reports to CCG's * Audit of late returns Dec 2016 to identify causes. * Action Plan monitored through DMO Network.	4	3	12	3	3	9		* Continue to progress upon Action Plan developed and monitor through DMO network.	* Need to consider level of risk acceptance. Reasons outwith professional control i.e. appointments changed by parent. 2017/18 Q1 figures awaited. **Jan 18** - Now at 77% against a target of 90%. **April 2018**. Reduce risk rating to 6. Q3 attainment is 84%. Update to QCGC in March 18. Factors remain outwith control recognised. HDFT continuing to work with partners. **June 18** - Q4 position deteriorated to 69%. Children's commissioner meeting with HDFT to understand barriers & support needs.	Jul-18	1	3	3	Open		
QS12	Historic	Failure to make joint commissioning arrangements for CYP with SEND.	09/04/18	Head of Nursing and Quality	QCGC		* NHSE SEF. * Local Area Inspections. * CQC / Ofsted Inspections. * Ofsted /CQC Joint Inspections.	4	2	8	3	2	6		To develop joint arrangements with NYCC.;	*Meeting with NYCC to commence development on 14/06. Continuing to progress. **Jan 18** - Full day meeting with Director of Children Services NYCC 12.1.18 to commence planning. **April 2018** - Outcome of this day resulted in the mapping and work to understand autism services. **June 18.** Meeting undertaken May 21st with NYCC to agree pathways. To review in August to determine if can be removed.	Aug-18	1	2	2	Open		
QS15	Historic	Risk to quality within adult community services due to lack of agreed contract specification. Impacts upon workforce and service delivery.	09/04/18	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 KPIs. Need to understand detail of current contract	**April 2018** Joint investigation commenced to understand issues within Community capacity and ability to meet needs. To develop interim specification and feed into the 'Integrated Community' work program. **May 18** - Remains unchanged. Due date changed to Sept 18. **June 18** - No change.	Sep-18	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	09/04/18	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.	* Understanding of Barriers within both practice and patient / carer perspective to attendance. * Education for carers **April 2018**. All practices requested to provide information regarding their level of performance, actions being taken to improve and any barriers. **May 18.** Review undertaken to understand variation in processes for inviting and uptake of reviews. To be discussed at CoM 15.5.18 and shared with Practices at Cluster meetings to consider further actions needed. **June 18** - GPs going to own practices to review internal processes and escalate any support requirements.	Sep-18	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.	09/04/18	Head of Nursing and Quality	QCGC		Local course is Scarborough (by Coventry University) but all courses are full.	3	3	9	2	3	6		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.	**April 2018.** More dates / places now available. To continue to monitor and repeat training needs analysis in Autumn. **May 18 -** Training places shared with all practices. Offer of West Yorkshire Screening lead to attend local meeting with Practice Nurses. **June 18** Continued work to develop more capacity. Updates gained from QLM. No impact currently on screening uptake.	Oct-18	1	3	3	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	3	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. **May 18** Plan in place for all retrospective reviews to be completed by July 2018. **June -** No change.	Jul-18	1	4	4	Open		
QS22	Historic	Risk that people with low level perinatal mental health needs do not receive the care they require in the community.	10/04/18	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 national funding bid for. Outcome known at end of April.	3	4	12	2	3	6		*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 work streams. 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.	**May 18**. STP funding awarded. Implementation of new service to commence.	01/09/2018	1	3	3	Open		
QS23	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	22/06/18	Senior MH Commis Mgr	QCGC	£2.5 million cost pressure across NY&Y footprint. Refreshed finance plan was submitted to NHSE on 14/6/18	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. Monthly teleconference undertaken with all clinical leads to discuss discharge planning process for all individuals included in the programme.	4	4	16	4	3	12	**CRR8**	Gap in case management being addressed through CHC Programme although CTR manager will start in July 2018 and this is believed to significantly reduce this gap. Financial risk - implementing plan incurs a cost pressure to TCP area.	May 18. Work continues to ensure that we offer the least restrictive environment to those in the TCP cohort. As of end of May three patients above trajectory (33 patients against 30). Remains high risk as often unpredictable in terms of required admissions. Managed through Transforming Care Partnership. NHSE RAG rated our plan as Red in June 18. Require further work on funding, housing plan, 5 year + discharges, enhanced community services, and forensic service implementation. Work is ongoing to fully map the needs of each person in the TCP cohort and those of their families via individual "pen pictures. Alongside this we are mapping the costs associated with the expected level of care needed to support each person on discharge to the community. This will be reported in the next monthly report. From April there is agreement of a financial flow of £180k per "net" inpatient in this cohort. Half of this money is expected be allocated to developing a FOLs service. Significant work is underway to understand how we would best use this resource to meet the needs of the individuals in the TCP cohort.	Program completes 31.3.19 Actions are reviewed and submitted to NHSE at least monthly	2	3	6	Open		
QS25	Jul-17	Failure to achieve Mental Health 5YFV to have no patients in out of area beds by 2021.	22/06/18	Senior MH Commis Mgr	QCGC	Nil (internal TEWV beds)	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 housing stock with supported care support to support discharge from beds. Original request was a trajectory reduction over STP footprint but this has been agreed with NHSE to be delivered at provider footprint level.	10% year on year reduction over three years of out of area beds submitted to NHSE. Review work has been undertaken and solutions, including developing a housing plan. Is underway to provide the appropriate care in areas.	01/01/2021	1	3	3	Open		
							Patients currently diagnosed receive initial post								Currently unknown proportion of patients to	At present there is a 4 CCG contract to provide autism / ADHD services via the Tuke Centre which was due to expire in December 2018. Re-procurement has							

QS26	Jul-17	Patients diagnosed with autism do not have access to post-diagnostic treatment and support	22/06/18	Senior MH Commis Mgr	QCGC		diagnosis support through TOKE centre in York, however patients report insufficient support when referred back to GP. All requests managed through IFR process. The financial cost of this is being reviewed to see if there is sufficient money spent to allow us to commission a service without additional investment.	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. IFR funds are not a separate budge line so further financial analysis is needed.	started. Consideration will be given to including post diagnostic support in new tendering exercise which Vale of York are leading. This is dependant on the money being identified and sufficient resource being available to facilitate a service. Work to be undertaken to understand level of need for post-diagnostic specialist support. Commissioning strategy will need to be developed and brought to April FPCC	01/08/2018	1	3	3	Open		
QS27	09/04/2018	Risk that CCG fails to meet the NHSI target of reduction in E.coli blood stream infections by at least 10% in 2018-19 (tiered payments in line with QP)	09/04/2018	Head of Quality and Performance	QCGC	Failure to achieve Quality Premium payment (10-30%)	* 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 uro-sepsis 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.	4	2	8	4	2	8		Positive progress at HCAI District meeting but process and work streams need to embed. Education in care homes to continue with highlighting of hydration and nutrition. 'Don't be Dipstick' campaign to be rolled out.	**May 18** Work plan to be updated and top three actions to be focussed on. To include: * Hydration and Nutrition * Raising of Awareness * Catheter care and removal To explore iBCF funds to assist **July 18** Risk appetite increased to reflect local position. Continued work with HCAI group on resources and actions to reduce incidence. Bid to LWAB to support cross sector work to reduce Current incidence above trajectory for Apr-Jun 18	Oct-18	3	2	6	Open		
QS28	09/04/2018	Risk that the CCG cannot put new PHB in place as there is currently no identified capacity and capability. PHB's offer greater flexibility for patients / carers - so potential impact upon patient experience. Risk to ability to meet NHSE trajectory to increase number of care packages supported by PHB.	09/04/2018	Head of Nursing and Quality	QCGC		* STP has signed up to new 'Personal Care Planning' and staff will be put in place to help with this planning.	3	3	9	3	3	9		Lack of provider to coordinate.	Business case for PHB coordination by NYCC on behalf of CCG developed. Once in place will require review of existing PHBs / processes prior to supporting new packages.	Sep-18	1	3	3	Open		
QS29	09/04/2018	Risk that there will be an impact on patient experience due to quality concerns identified with current community equipment provider by other NY CCGs.	09/04/2018	Head of Quality and Performance	QCGC	Not known but inefficiencies exist	Equipment contract hosted by VoY CCG.	2	4	8	2	4	8		Lack of clear Governance structure to monitor the contract including KPIs and ensure appropriate decision making regarding catalogue options.	First meeting April 18. Follow up meeting June 18. Action plan and formal reporting process to be agreed. **May 18** - Workshop scheduled for June 7th - CCG and Provider reps from HaRD confirmed attendance. **July 18** - Outputs from workshop now form work streams to provide formal Governance oversight, catalogue development and rationalisation, PIN access rationalisation, Q&P reporting and monitoring of KPIs. Risk will be reduced when these in place. Next meeting 16th July. HaRD have fed into process.	Sep-18	1	4	4	Open		
QS30	14/05/2018	Risk that Hyper Acute Stroke patients will not be seen in a timely manner due to capacity issues with specialism and diagnostics at HDFT	09/04/2018	Head of Quality and Performance	QCGC		Patients currently receive initial scans and treatment at local acute trust. YTHFT will provide divert facility if required in times of pressure. Service is monitored through SSNAP reviews and through CSU specialist commissioning oversight. No incidents due to lack of capacity have been reported	2	4	8	2	4	8		Local provider capacity for scanning and treatment is stretched with the potential for delays Due to limited personnel the service is not robust and suffers in times of absence	WYAAT programme director responsible for bringing HDFT, LTHT and YTHT together to discuss, model and cost viable options for delivery post December. 4 main options identified for more detailed work up including operational, workforce, costs and SWOT analysis. For discussion on 18 July. Model aims to ensure hyper-acute stroke treated quickly in a specialist unit with ongoing recovery and rehab in a local setting.	Sep-18	1	4	4	Open		Needs risk rating calculating following discussion
QS32	14/05/2018	Risk that processes and protocols to respond to an outbreak or pandemic flu are not fully commissioned and embedded	09/04/2018	Head of Quality and Performance	QCGC		Pandemic Flu plan is in place at the acute trust and NYCC. CCG would support these plans if required. LHRP and NY Health Group meet bi-monthly and pandemic flu is an agenda item.	2	4	8	2	4	8		CCG does not have a comprehensive pandemic flu plan with commissioned arrangements for stand-up/down facilities in the event of pandemic and the need for mass treatment and vaccination. There is no LES for mass vaccination or treatment of flu and clinicians have not yet been approached	HaRD CCG Pandemic flu plan to be updated and circulated. Discussion on the level of response to be commissioned to be scheduled for SMT Discussed with NHSE OD manager to highlight issues. Paper to be sent July18	Sep-18	1	4	4	Open		
QS33	20/01/1900	Risk of not delivering the level of IAPT services required to meet expectations of the Mental Health 5Y Forward view.	22/06/2018	Lead for Mental Health Commissioning	QCGC		IAPT service in place delivered by TEWV. Activity monitored via Performance & Quality forums.	3	3	12	2	3	6		Insufficient capacity commissioned to meet the new national target - investment in the service has been agreed through the developing Accountable Care Partnership (ACP).		Sep-18			0	Open		Needs risk rating calculating following discussion

Directorate Risk Register - Transformation & Delivery

Risk	Date Risk	Risk Description	Date Last	Risk Owner	Assurance	Quantifiable	Positive Controls & Existing Assurance in	Likelihood (L) X Consequence (C) = Risk Score						Risk	Gaps in Control and Assurance	Actions Required and Action Lead	Target Date for	Revised L X C = Risk Appetite			Status	Date	Closure comment
								Initial	Initial	Initial	Current	Current	Current					L	C	RA			
TD1	Historic	INTEGRATED CARE Failure to develop and implement a sustainable integrated primary and community (health, mental health and social care) delivery model, impacting on the quality, safety and cost effectiveness of services .	16/07/18	Head of Integration	FPCC		Commissioning strategy developed, Your community, your care. Integrated Care Delivery Group established and meeting on a monthly basis. Checkpoint plan agreed as assurance process and monitored through the Integrated Care Delivery Group. Collaborative engagement with key partners through the Harrogate Integrated Health and Social Care Programme Board. Governance agreed including an operational Joint Management Team. Progress to be monitored and reported at a system level by the Harrogate System Leadership Executive and the CCG's Transformation & Delivery (T&D) Board. Potential conflicts of interest managed through Governing Body delegated operational decision making to Finance, Performance and Commissioning Committee (FPCC).	3	4	12	3	3	9		Communication and engagement strategy and plan. Primary Care Home model at early stage of development across 17 practices.	Further work planned through Summer/Autumn 2018 to engage primary care community developing primary care home hub model.	30/10/2018	2	3	6	Open		
TD16	12/07/2017	Failure to keep PMO approach applied consistently impacting on CCG ability to effectively plan and deliver projects.	04/06/18	Head of Business Change	FPCC		PMO approach established 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. Project management handbook being developed Milestone monitoring at T&D Board.	3	3	9	2	3	6		Formalised approach to project prioritisation and progress	Resource allocation process and project prioritisation to be reviewed at SMT	30/08/2018	2	3	6	Open		
TD19	09/04/18	Failure to identify and implement sufficient schemes to deliver QIPP 18/19 plan	17/07/18	Director of Transformation and Delivery	FPCC	£5.6m	Transformation & Delivery (T&D) Programme Board established to take oversight of all change projects including QIPP Aligned incentive contract in place with HDFT with and agreed value of £94m (equating to a £2.6m saving) Demand management programme refresh underway to manage primary care demand effectively CHC programme board established with identfied programme areas including data cleansing Deep dive and business case process in place to assess project viability before committing to implementation The two largest RightCare opportunities have been developed as part of the AIC programme - MSK and Gastro Medicines Management QIPP programme in place and further opportunities being identified Review of 'Difficult Decisions' undertaken by SMT in prep for August Governing Body	3	5	15	3	5	15	**CRR10**	Additional schemes ready for implementation that will support delivery of savings above the QIPP requirement.	Review of "Difficult Decisions" Governing Body Complete Value for Money Review and agree actions required Analysis of observced increase in primary care referrals and refreshed approach Continue to work existing programme areas to maximise opportunities	2/08/2018 30/08/2018 Ongoing	2	4	8	Open		
TD21	14/05/18	Failure to implement schemes that will achieve the HDFT contract value of 94m in 2018/19 creating additional	16/07/18	Director of Transformation	FPCC	£2.6m	Contract signed at £94m Governance arrangements developed supported by agreed cost reduction and management principles Primary and secondary care AIC workshop completed	3	5	15	3	4	12	**CRR11**	Communications programme for wider stakeholder group Clear mechanisms identified for removing or off-setting costs in the system	Analysis of detailed technical information to underpin plans Confirmation by provider of actual costs of delivery in a given pathway and scheme Allocation of resource to priority schemes using a 'decision tree' formula Testing of new advice and guidance	31/07/18 31/07/2018	3	3	9	Open		

		2018/19 creating additional cost pressures to be managed through the financial plan.		and Delivery			Agreed thresholds and triggers which enable CCG and HDFT to proactively monitor and manage system costs in place Planned, unplanned and high cost drugs groups established and schemes identified.									Implementation plans for some confirmed schemes to meet cost management requirements not complete	Testing of new advice and guidance pathway in Urology with a view to wider adoption Plan on a page to be completed for each priority scheme	Ongoing						
TD23	16/07/18	Failure of the healthcare system to maintain A&E performance levels in winter 2018/19.	16/07/18	Director of Transformation and Delivery	FPCC		Discharge Pathways in place Multi disciplinary discharge team hub to be in place by October '18 Discharge to assess capacity being spot purchased as required Potential for funding from STP WYAZ 2 Draft winter plan in place for the system Week-long "Every Hour Matters" approach used at peak winter times,	3		4	12	2	4	8		Analysis of actual winter costs excluding capital STP funding not yet confirmed STP funding will not cover full cost of winter pressure	STP funding to be confirmed Decisions on allocating HaRD CCG funding to be taken by A&E Delivery Board Analysis of impact of current schemes to be confirmed Winter plan to include all system costs	30/09/2018	2	4	8	Open		
TD24	16/07/18	Failure to ensure and effective place based integrated urgent care (IUC) service is available and aligned with Yorkshire and Humber 111 procurement	17/07/18	Director of Transformation and Delivery	A&E Delivery Board	N/A	System wide workshop held 03/07/18 to engage with all partners Urgent Care Strategy to be agreed by October 2018 Delivery of 111 and IUC monitored through STP U&EC Programme Board. HaRD CCG is member of STP IUC Task & Finish Group	3		2	6	3	2	6		Technical solutions to ensure a joined up patient care record and seamless handover between services is not yet in place.	Works with regional NHSE teams and STP to resolve technical issues	01/10/2018	3	2	6	Open		
TD25	16/07/18	Failure to manage the growth in demand for healthcare services within the given budget.	16/07/18	Director of Transformation and Delivery	FPCC		- Demand management strategic priority - GP Variation programme in place - Use of RightCare analysis to identify opportunities. - Developing an integrated care offering - Aligned incentive contract with main secondary care provider	3		5	15	3	4	12	**CRR12**	Further work with other secondary care providers to identify new ideas Not all opportunities have been fully explored	Engage with other providers Continue to develop demand managements schemes across the healthcare system Implement Demand Management strategic framework within AIC programme.	30/09/2018	2	4	8	Open		

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	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	Closure comment
CM2	Historic	The risk of an Information Governance data breech (including receiving Personal Identifiable Information without a legal basis.)	09/07/18	Head of Finance	SMT	None	* Data Protection and Confidentiality Policy. * Information Security Policy. * Information Governance Steering Group. * Incident Reporting on Ulysses (2000) Ltd. * IG training mandatory training for all staff. * Appointment of Caldicott Guardian, SIRO and Data Protection Officer. * Robust systems and monitoring. * Internal Audit assured of IG practices via the IG Toolkit. * Quarterly review of dataflows completed to ensure any Personal Identifiable information received has a legal basis.	2	3	6	2	3	6		*Current custom and practice working methods of the Medicines Management team in undertaking medicines reviews in GP practices. * Replacement to the IG toolkit to be understood (incorporates Cyber security and IT security)	* Understand implications of Medicines Mgt custom and practice methods and amend as required to conform with data protection regulations (Head of Finance) * Understand the replacement IG toolkit.	30/09/2018 31/07/2018	1	3	3	Open		
CM3	Historic	Lack of adherence to Statutory guidance for Clinical Commissioning Groups and NHS England on involving patients and the public - incluidng ensuring all	19.06.18	Head of Quality and Nursing	SMT / Patinet and Public Involvement Steering Group	None	Partners Established with links to Practice Participation Groups. Patient engagemnet built into commisisoning cycle and PMO reporting arrangements. Equlaity & Diversity Stratgey supports approach to engagement. Patient and Public Involvemnet STeering Group - with representatives form Partner organisations to enable outreach. Gap analysis undertaken against the statutory guidance. Annual NHSE desktop assessment undertaken - utilises evidence within website. Training for commissioning team / project leads re role of Patient Partners and how to involve.	3	3	9	2	3	6		To Strengthe CCG 'window' of the website to ensure opportunities for feedback / engagement are simple and clear. Ensuirng appropraite partner orgnaoisations utilsied to obtain feedback / engagement represnettaive of our community.	* To strengthen engagement with Patient Partners. Linking imdividuals to project leads within CCG workplans. Workplan developed to include review of website, HaRD Net as a vehicle for communication and feedback. Work plan developed to address gaps in the gap analaysis against the Statutory Guidance.	31/03/2018	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		* Mental Health Commissioning vacancies to be recruited to. * Workforce planning to ensure clarity of gaps in capacity and capability.	* SMT to monitor capacity to ensure objectives can be delivered. * Ensure a supportive working environment for staff though reinvigorated staff engagement group - Review and implement recommendations of PWC Capacity and Capability review	01/08/2018	1	3	3	Open		
CM8	06/12/017	The risk of a cyber attack, either on the CCG and on primary care (GPIT responsibility lies with the CCG)	09/07/18	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	3	4	12	2	3	6		* Old unsupported (by microsoft) servers in 16 out of 17 GP practices * NHS Digital cyber security 10 must do programme not yet completed	* eMBED to replace all out-of-date servers in practices * Complete the NHS Digital cyber security 10 must do programme * Consider undertaking a simulated cyber attack within the CCG to ensure staff are fully prepared	30/09/2018 31/08/2018 31/12/2018	1	3	3	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	17/07/18	Head of Business Change	SMT		80 days of NECS Support in place (40 on CHC, 40 on other Transformation programme). Specialist 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 opportunjty to share resource with other CCGs. Head of Business Change	30/09/2018	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	01/08/2018	2	3	6	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: Initial L 1-5	Initial C 1-5	Initial Score (1-25)	Current L 1-5	Current C 1-5	Current Score (1-25)	CRR / GBAF REF	Gaps in Control and Assurance	Actions Required and Action Lead Identified	Targe Date for Action	Revised L X C = Risk: Revised L 1-5	Revised C 1-5	Risk Appetite (1-25)	Status	Date Closed	Closure comment
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	SMT feel assused with the controls in place to effectively manage COI and feel this risk is now 'business as usual'
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	Risk now minimised.DUBS scheme closed. May require revisiting in case of further changes.
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	Risk closed as reworded . See risk QS15
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		**CLOSED AFTER ESCALATION TO CORPORATE RISK REGISTER**	3	3	9	5	3	15	CRR 3	**CLOSED AFTER ESCALATION TO CORPORATE RISK REGISTER**	**CLOSED AFTER ESCALATION TO CORPORATE RISK REGISTER**		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.
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	Closed. Comfirmation of service commencement.
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 BoardChief 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	Risk no longer deemed relevant as superceded by risks elsewhere.
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	Risk no longer deemed relevant as superceded by risks elsewhere.
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	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	Risk was agreed as a gap and merged with TD13.

							NHS England RightCare Delivery Partner working with HaRD CCG to identify opportunities																							
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	Risk agreed as duplication - see FC5
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	Risk agreed as at an acceptable risk level (risk appetite met)
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		* Multioagency 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 achive plan by 2020 including engagement of wider services. PM to update	* Target to complete plan by October LTP resubmission. **Sept 17.** 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		No longer a risk as described. New risks relating to PCU outcome have been added.
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 opportunjty to share resource with other CCGs. [BCM]	31/01/2018	2		2		4	Open		TRANSFERRED TO THE CORPORATE MANAGEMENT TAB
TD9	12/07/17	Failure to ensure procurement procedures and process are correcly applied leading to successful procurement challenges and failure to achive best valure 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	Risk accepted as procurement process remains constant. Procurment steering group in place and forward procurment plan being prepared.
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 plance 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		No longer a risk as described. New risks described in GBAF 3-1
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	**QS22**	*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.	9.3.18 to submit bid. Roll out subject to successful bid 31.3.18	1	3	3	Open		TRANSFERRED TO THE QUALITY AND SAFETY TAB QS22
MH2	Jul-17	Risk that the NHSE trajectory to reduce the number of patients with Learning diability 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		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 succesful 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. New executive board will review actions and progress monthly. Meeting with NHSE re progress 6.3.18	Program completes 31.3.19 Actions are reviewed and submitted to NHSE at least monthly	2	3	6	Open		TRANSFERRED TO THE QUALITY AND SAFETY TAB QS23
QS24	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 succesful 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	31.3.18	1	2	2	Closed		TRANSFERRED TO THE QUALITY AND SAFETY TAB QS24
							Work being undertaken with TEWV to reduce out of area placement								Lack of beds and type for specialist area.	10% year on year reduction over three						

QS25	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	Nil (internal TEWV beds)	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		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 sumbitted to NHSE. Meeting to be held in January. To begin 2018	1.4.18	1	3	3	Open		TRANSFERRED TO THE QUALITY AND SAFETY TAB QS25
QS26	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		Curently 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. Commissioning strategy will need to be developed adn brought to April FPCC	8.3.18	1	3	3	Open		TRANSFERRED TO THE QUALITY AND SAFETY TAB QS26
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	QCGC		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	Closed	26.2.18	Monitoring for 2/3 months with no negative feedback around referral timescales or dates to be assessed. Therefore risk appetite reached and closed
MM01	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	Closed	26.2.18	* KL proposes this be closed. * Measured QIPP delivery now exceeds £1.03M target with further savings anticipated. * However, this does not guarantee financial balance in prescribing, especially with influence of national problem of NCSO drug costs.
MM02	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 knowledgable 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 vaccancies. KL: HaRD tech 5 expected to start early Mar'18, which will impact on 18/19 QIPP delivery.	01/10/2017	2	2	4	Closed	26.2.18	* KL proposes this be closed. * Immediate risk to haRD QIPP delivery reduced by being on target and staff due to begin Mar'18. * Other staff changes have interim plans in place to take us through and beyond development of new SLA with five CCGs.
MM03	Historic	Insuffient 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		* unpredicatable 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	Closed	26.2.18	* KL asks CRRG to consider closing as current scoring matches appretite (and has not changed)
MM04	Historic	Clinical decisions and recommendations from MMT have detrimental consequences on patient care	11/09/17	Head of Medicines Management	QCGC	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	Closed	26.2.18	* KL asks CRRG to consider closing as current scoring matches appretite (and has not changed) * Recent evidence of robustness of decision making process gives greater assurance to low likelihood.
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	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	Evlauation report to FPCC imminently.	31/01/2018	2	4	8	Closed	26.2.18	Evaluation has been tabled at FPCC

		expected cost savings					and outcomes Outpatient activity monitored weekly Financial impact monitored monthly Practice Based Budget and Cluster meetings with practices to discuss referral management. Evalauation completed and positive impact in terms of referral numbers identified.								arising from the HOP programme.									
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 Delivey Plans and KPIs	3		3		9		2		3		6		- Implementation plans to be updated to reflect the joint recovery plan and the demand manamgement priority	- Reivew implemenation plans [Business Change Manager] - ongoing	31/03/2018	2		3		6	Closed	26.2.18	Not been asked to provide evidence from rightcare as to the level in which we have acheved 40% saving. Evidence will be monitored via the QIPP returns.
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	Closed	26.2.18	Risk is now at appetite score. Issues continue but are not seen as true risks to operational management.
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 effeciencies and alternative staffing models	* Re-establish working group with HDFT (Head of Contracting)	31.1.18	1		2		2	Closed	26.2.18 Risk has materialised	To review whether is established as new risk for 18/19 as mitigation may be difference.
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)	31.3.18	2		4		8	Closed	26.2.18	Has met the risk appetite
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		* NYY Strategy 'No Wrong Door'. * Refresh of LTP due with Self Evaluation Framework Oct 17 for all partners. * Assurance via IAF. * Delayed transfers of Care monitored.	3		3		9		1		3		3		*Joined Up Plan / Strategy required across health and NYYCC. Progress is being made in taking this forward. Dependent on assessment from NHSE upload - PM to update with joined up plan	* Continue to progress joined up working between health & NYCC. **Sept 17** - remains ongoing. **Jan 18** - good progress against the action plan. Risk now reduced. **March 2018.** Closed. Plan submitted and meets requirements.	Oct-17	1		3		3	Closed	01.03.18	Revised plan submitted. Feedback received and meets requirements. Will continue to be monitored. Risk now closed.
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		* Transformational Delivery Board and IG lead will have oversight of Quality Impact Assessments * Health Optimisation Policy approved by Governing Body and published on website * No impact on children and frail elderly * Quality Impact Assessments * Soft intelligence monitored and reports to QCGC quarterly * Complaints monitored and reports to QCGC monthly	2		3		6		1		3		3		* Method of evaluation and acertaining uptake of Health Optimisation services required. Review currently happening for HOP - ~PM to udate	* Continue to monitor level of complaints / patient feedback.		1		3		3	Closed	01.03.18	Agreed to close in March 2018. Risk reduced. Evaluation completed. Occasional patient contacts which have influenced ammendments to policy.
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.	M 11 position is 114 cases against max of 108 cases. However we are not outliers within Yorkshire and The Humber. Whilst failed year end trajectory recognition that prev work has reduced ability to make significant reduction in year. Commitment and action continues. New guidance piblished for 2018/19	Apr-18	1		2		2	Closed		Risk closed as year ended. New risk added for 2018/19. See QS27
FC7	May 17	Unforseen impact of service delivery (inc financial) of newly awarded contracts experience initial unplanned problems	11/06/18	Head of Finance	FPCC	£0.3m	* Contractual management for Equipment Store undertaken by VoY CCG. * Contractual management for wheelchair services undertaken by VoY CCG.	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)	30.6.18	2		1		2	Closed		CLOSE

FC10	April 18	Elective and Non-Elective activity growth exceeds contracted levels with acute providers, impacting on the CCG's financial position	11/06/18	Head of Contracting	FPCC		* 1:1 meetings with main provider. * Effective contract management, with oversight through contract management board and subgroups * Reporting to GB, FPCC & CMB * Agreed workplan and focus around demand managment including and number of workstreams seeking to reduce activity and spend. * Weekly referral & activity updates to SMT for main provider	2	4	8	2	4	8					1	1	1	Closed		CLOSE
FC13	April 18	Growth in the number of prescriptions and the cost per prescription exceed planned levels, impacting on the CCG's financial position	11/06/18	Head of Finance	FPCC		* strong & experienced medicines management team * robust QIPP schemes already established and reporting to T&D board * rebust financial reporting mechanisms in place within the finance team	1	2	2	1	2	2					1	1	1	Closed		CLOSE
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.	09/04/18	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	1	3	3		*No funded DMO.	* Position paper to CCG to make further informed decision regarding risk. Work being undertaken with Acute provider regarding service specification for children's services. **Jan 2018** - Children's commissioning Lead acting as temporary DMO for 3 month pilot. **April 2018** - Accepted model of working. Risk now relates to capacity to undertake in a sustained way. To monitor. **May 18** - Risk closed	Apr-18	1	3	3	Closed		The risk of not having a DMO has been filled by the Children's Commissioning Lead. Capacity to maintain will be monitored separately.
QS24	Jul-17	Risk that people with Long Term Conditions (LTC) will not have timely access to a specialist IAPT service after March 2018.	10/04/18	Senior MH Commis Mgr	QCGC	circa 350k per annum	HaRD were successful in bidding for national money to implement long term conditions IAPT service which expires March 18. TEWV are reviewing all of IAPT services, to mainstream LTC work and ensure that the new targets are met. Proposal due in April.	3	2	6	2	2	4		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. **June 18.**	01/05/2018	1	2	2	Closed		Risk closed as new risk created overarching IAPT. See new risk no.QS31
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 Pratice numbers to ensure contact can be made. *CCG has an identified operational lead for EPRR who attends the LHRF meetings and other related	2	4	8	1	4	4		*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	Closed	14.5.18	Actions completed except DPH New risk re Flu to be added
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	2	4	8	1	4	4		*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 **May 18** Desktop exercise not completed due to capacity pressures. Senior management attending desktop scenarios June 18 - JC, CH, AD, RD, Risk felt to be reduced now and Cyber attack risk continues to be actioned separately (CM8)	Mar-18	1	4	4	Closed	14.5.18	
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	31/03/2018	2	2	4	Closed		Closed. Communications and Engagement Officer in post. Risk redefined to focus upon overall patient and public engagement statutory responsibilities.

TD15	12/07/17	Failure to identify underlying causes of increase in referrals for Gastro, Dermatology, Resp, Opt	04/06/18	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 specialities - to take account of demand management priority.	Ensure findings and plans are within aligned incentive contract [Head of Business Change]	30/06/2018	2	3	6		Closed	16/07/18	Recognition that there is growth in demand and this is to be managed and monitored within the AIC contract. The GP variation work is looking at vartation in referall levels across GP practices to understand the causes of variation. Demand management is now a key CCG priotity and it is recognised that this will be a key approach within the AIC contract with HDFT.
TD8	12/07/17	Failure to deliver a long-term OOH service that meets the better care and best value criteria	17/07/18	Business Change Manager	FPCC	£1m	Completed a review of OOH service against better care and best value criteria and made recommendations to FPCC. Delivery Group established PIN Notice issued and engagement with market undertaken. Workshop with system stakeholders to understand how out of hours could be delivered alongside integrated urgent care requirements. (Planned for 3/7/18)	3	3	9	2	3	6		Clear understanding how OOH can complement and support requirements of integrated urgent care (to be addressed in the workshop on 3/7/18)	Review risk with Head of Commissioning as this is now linked with IUC and 111 work [Head of Business Change]	30/06/2018	2	3	6		Closed	17/07/18	Risk is now being addressed as part of TD 24
TD14	12/07/17	Failure to identify sufficient schemes to deliver QIPP 18/19 requirements	16/07/18	Head of Business Change	FPCC		Planning for 18/19 has begun through Heads of Service Meetings. Business Change Manager leading on planning review. New schemes identified through Demand Management Programme Savings from 2017/18 actively monitored and reviewed by Head of Business Change and Head of Finance.	3	4	12	2	4	8		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 sc**hemes.	Agree forecast requirements at Heads of Service (Heads of Service) Present to FPCC end of March	31.3.18	2	4	8		Closed	17/07/18	Risk now replaced with TD19
FC8	Historic	The CCG financial plan for 2017/18 will not be delivered resulting in deterioration in the in-year financial position and longer term financial sustainability.	08/01/18	Chief Finance Officer	FPCC		• The Finance, Performance and Commissioning Committee (FPCC) provides assurance to the Governing Body on the CCG's financial position and performance against existing contracts, agreeing service performance actions and timescales to mitigate and recover performance as required. • The Contract Management Board with Harrogate District Foundation Trust addresses all contractual concerns and in 2017/18 oversees the implementation of the Service Development Improvement Plan through the Joint Recovery Plan with HDFT that has responsibility for delivering £6M of the CCG's savings requirements • Transformation & Delivery (T&D) Programme Board established to lead all change projects including QIPP, reporting to FPCC • CHC Programme Board established to deliver savings and operational changes within both CHC, FNC and MH areas of spend • Programme management expertise in place and the new PMO approach is being embedded within the CCG to support change projects. • Robust Operational Scheme of Delegation exists within the CCG	4	4	16	3	4	12	**GBAF 2-3**	• CCG Savings/QIPP programme has identified risks to delivery which will impact on financial position. • Potential that actual demand growth in acute services, prescribing and continuing healthcare exceed planned levels • Impact of national prescribing issues not within the control of the CCG	1. Transformation & Delivery Programme Board leads the delivery of all change projects including QIPP and provides assurance on delivery to FPCC. 2. Renewed focus on contract management to ensure that demand risks and non-delivery of savings schemes are identified and highlighted to FPCC in order to identify mitigating actions.		3	2	6		Closed		Closed and new risks for financial year have been raised.