Lead Director / Owner	Risk Ref	Potential Risk Should be high-level potential risks that are unlikely to be fully resolved and require mitigation	Risk Level			Previous Risk Level			Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan	Expected date of completion	Anticipated Risk Score after Action Plan Completed			Review Date
			Impact	Likelihood	RAG Status	Impact	Likelihood	RAG Status							Impact	Likelihood	RAG Rating	
Critical Success Factor 1: Improving health outcomes for the local population (Domains: 1,3, 5)																		
CCO	1.1	Failure to influence Health Well Being Boards to achieve reduction in health inequalities	2	2	Yellow (4)	2	2	Yellow (4)	Low	a. IOP aligned to JSNA themes b. Appropriate VOY representation at committees and Boards c. Equalities Impact Assessment for each decision/ policy d. Communication strategy to support health and well-being messages alongside partners e.Implementation of 'health champions'	JSNA Assessment	e.Implementation of 'health champions	Communications Strategy re-fresh ongoing Clinical representation on each HWB Officers nominated to attend JSNA development	ongoing	2	1	Green	Aug-13
CCO	1.2	Failure to maintain the current rate of admissions - unplanned hospitalisation etc.	4	3	Amber (12)	4	3	Amber (12)	Medium	a. Engagement in the Long-Term Conditions and Older People Programme Board b. CCG Long-Term Conditions Programme (see QIPP Risk Register) c. Urgent Care pathways for ambulatory care and falls (See QIPP)	Internal Audit of QIPP CCG Assurance Framework - local priorities	Gap in BI data for Q1 on unplanned admissions	BI review of SUS data to provide Q1 data Urgent Care Programme - additional capacity through IIT	Mar-14	4	2	Amber (8)	Aug-13
CCO	1.3	Potential Risk: The CCG does not increase diagnosis rates of dementia	3	3	Amber (9)	3	3	Amber (9)	Low	a. Dementia Awareness Programme (in partnership with Local Authority) b. Dementia Champion in each GP practice	CCG Assurance Framework	BI unable to access prevelance data from the Area team. This has been escalated to Senior Management, and raised through the CCG Assurance pre-checkpoint meeting VACCU SLA and priorities for work	BI Request for data Quartely monitoring of actions Development of VACCU SLA and prioritisation of action to be negotiated in September	Mar-14	3	3	Amber (9)	Aug-13
CCO	1.4	Potential Risk: The CCG does not achieve a eduction in unnecessary emergency admissions for acute conditions	4	4	Red (16)	4	4	Red (16)	Medium	a. Partnership approach with public health to promote healthy lifestyles and reduce alcohol, tobacco and illegal drug use b. Emergency Care plans c. Urgent Care Pathway d. Care Home Workstream	CQC Internal Audit of QIPP	Gap in BI data for Q1 on unneccesary emergency conditions Care Home to progress	BI review of SUS data to provide Q1 data Smoking Cessation and Obesity Programmes under development Urgent Care Programme	Mar-14	3	3	Amber (9)	Aug-13
CCO	1.5	Potential Risk: The CCG does not receive assurance that children and vulnerable adults health outcomes are improved.	5	3	Red (15)	5	4	Red (20)	Medium	a. Mental Health and Learning Disability Programme Board b. VACCU c. Improving access to Psychological Services Review d. VACCU risk register	Ofsted Inspection Care Quality Commission CCG Assurance Framework	a. Reporting schedule from VACCU on VoY CCG performance, risks and issues b. Performance management arrangements with VACCU	Governance & SLA group established Review of VACCU priorities to align with CCG planning Identification of KPI for the service specification	Mar-14	4	3	Amber (12)	Aug-13
CCO	1.6	Potential Risk: The CCG does not comply with statutory duties in relation to Section 136	4	4	Red (16)	4	5	Red (20)	Low	a.Programme manager appointed b. Collaboration with other CCGs via VACCU c. Regular reporting to Governing Body d. Improving access to Psychological Services Review	CQC NHS England Area team	Lack of consitent data on IAPT prevelance Lack of clarity on VACCU goverance/ reporting	Crisis Care Centre - site identified and implementation plan proceding BI review of IAPT data Engagement in Mental Health Re Commissioning Process	Mar-14	4	2	Amber(8)	Aug-13
Critical Success Factor 2: Improve the quality and safety of commissioned services (Domains: 1, 2, 3, 5)																		

Lead Director / Owner	Risk Ref	Potential Risk Should be high-level potential risks that are unlikely to be fully resolved and require mitigation	Risk Level Impact	Likelihood	RAG Status	Previous Risk Level Impact	Likelihood	RAG Status	Inherent Risk Level Is a risk which is impossible to manage or transfer away	Key Control Mechanisms What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?	Independent Assurance External evidence that risks are being effectively managed (e.g. planned or received audit reviews)	Gaps in Controls or Assurance Where an additional system or process is needed, or evidence of effective management of the risk is lacking	Action Plan	Expected date of completion	Anticipated Risk Score after Action Plan Completed Impact	Likelihood	RAG Rating	Review Date
EN	2.1	Potential Risk: The CCG does not ensure patients have a positive experience of care	3	2	Yellow (6)	3	2	Yellow (6)	Medium	a. Contract Monitoring Boards b. Monitoring of NHS patient Surveys c. Benchmarking of provider performance d. Promotion of patient participation groups for GP practices e. Monthly review of complaints f. Friends and Family Test (CQUIN) g. Patient Forums h. Patient and Public Engagement Steering Group i. Carers Strategy Group N Yorks & York	NHS Patient Surveys PALS report Healthwatch Friends and Family data CCG Assurance Framework	Enhance patient engagement Carers needs taken into account in planning and commissioning services Full roll out of Friends and Family Lack of analysis of complaints/ trends	Engagement Strategy refresh in progress Review of ContactUs & Complaints processes to monitor and challenge user experience Maternity roll out of F&F in Oct Review of Quality & performance structures	Ongoing	3	2	Yellow (6)	Aug-13
EN	2.2	Potential Risk: The CCG does not secure improved provider performance on Red flagged areas	4	4	Red (16)	4	3	Amber (12)	Medium/ High	a. Contract Monitoring Boards b. Collaborative Improvement Board c. Monthly Performance Monitoring of providers	CQC NHS England Area team	Access to SUS data	Use of SLAM data as an interim measure YAS Joint Improvement Plan Winter Planning (A&E impact) Urgent Care Review (A&E impact)	Ongoing	4	3	Amber (12)	Aug-13
EN	2.3	Potential Risk: The CCG does not deliver quick access to services as prescribed in the NHS constitution	4	3	Amber (12)	4	2	Amber (8)	Medium/ High	a. Contract Monitoring Boards b. Quality Requirements Schedule c. Monthly analysis of provider waiting lists d. Focus on surgical, diagnostic and outpatient pathways in respect of 18 week delivery e. Joint remedial plan for A&E waiting times f. Contribution to the development of Y&H plans to deliver ambulance	External data validation Area Team Review	Access to SUS data b. Quality Requirements Schedule Delay in BI validation of data - time lag impedes prompt response	Use of SLAM data as an interim measure Review of BI functions Service Reviews for 'red' performance areas	Ongoing	4	2	Amber (8)	Aug-13
EN	2.4	Potential Risk: The CCG does not treat and care for people in a safe environment and protecting them from harm.	5	4	Red	5	2 or 3	Amber/ High	Medium/ High	a. Contract Monitoring Boards b. Quality Requirements Schedule c. Performance monitoring arrangements on KPI d. Collaborative Improvement Board to plan performance improvements e. Implementation of national guidance, recommendations and best practice Relationship with CQC to alert to failing service	CQC CCG Assurance Framework	a. Assurance on the Early Warning system to identify a failing independent service through VACCU b. Assurance from VACCU on Safeguarding c. Winterbourne full assurance against assessments. Identified, but queries over assessments in Community. D. SI assurance	Governance & SLA group established for VACCU to include regular reporting and assurance requirements Review of VACCU priorities to align with CCG planning Identification of KPI for the service specification Assurance on winterbourne - confirm and challenge Review of SI processes	ongoing	5	2 or 3	Amber/ High	Aug-13
EN	2.4.1	Potential Risk: A tier 4 CAMHS bed will not be supplied by NHS England at the point of need	4	5	20				High	a)Monitoring pressure on tier 3 services within the local area b) Communication with NHS England on pressure and demand to help inform NHS England planning	NHS England communication on bed availability	The CCG and PCU are not commissioners of tier 4 services and as such there is a limited amount of control or assurance locally.			4	5	Red (20)	

Lead Director / Owner	Risk Ref	Potential Risk Should be high-level potential risks that are unlikely to be fully resolved and require mitigation	Risk Level			Previous Risk Level			Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan	Expected date of completion	Anticipated Risk Score after Action Plan Completed			Review Date
			Impact	Likelihood	RAG Status	Impact	Likelihood	RAG Status							Impact	Likelihood	RAG Rating	
COO	2.5	Potential Risk: The CCG does not secure maintenance of, or improvements in, quality of service through the QIPP programmes	3	2	Yellow (6)	3	2	Yellow (6)	Medium	a. Collaborative Improvement Board b. Programme Management Structure with appropriate internal controls and escalation to Q&P Committee c. Staffing structure to support GPs in leading reform d. Efficiency led, using Business Process Re-engineering e. QIPP Risk Register and Risk log for each contributing project and programme f. Serious incident reporting Confirm and Challenge on service proposals through Management Team and Council of Representatives	Contract Monitoring Boards Performance Review CCG Assurance Framework	KPIs/ quality impact as part of the IVA process Case for Change to quantify any service risks	Review IVA and Case for Change process to ensure quality risks are embedded	ongoing	3	2	Yellow (6)	Aug-13
EN	2.6	Potential Risk: The main Provider will exceed its target for Healthcare Acquired Infections resulting in increased harm to patients.	4	4	Red (16)					Performance is monitored through the Contract Monitoring Board sub group. Working group set up to review RCAs.	Contract Management Board Quality and Performance Committee Checkpoint Meetings		Review Root Cause Analysis to deterimine if additional actions can reduce infections	Ongoing				Sep-13
Critical Success Factor 3: Achieving Financial Balance																		
CFO/ COO	3.1	Potential Risk: The CCG will be unable to realise QIPP Programme savings	4	4	Red (16)	5	4	Red (20)	High	Work in partnership with providers to lever changes Manage contract changes Robust programme management & service reviews to support delivery Ongoing review of financial assumptions Effective decision making to support implementation plans	Internal Audit CCG Assurance Framework QIPP Programme Governance structure Monthly programme performance reports to the Business Committee, Quality & Performance Committee Monthly Contract review	b. Comprehensive, timely budget and performance data to VoYCCG and individual practices Projects fail to deliver due to providers passively resisting changes, market changes etc	Confirm and Challenge session Review of governance and decision-making processes to ensure robust case for change Identification of additional QIPP projects	Mar-14	4	4	Amber (16)	Aug-13
COO	3.2	Potential Risk: The CCG does not have an adequate level of resouce within the Programme Delivery groups & Workstream may impact on the ability to deliver the level of transformation necessay to delier the £10.7m savings target	4	3	Amber (12)	4	4	Red (16)	High	b. Programme Management and robust programme plan Additional resource to support reviews and implementation Structure with appropriate internal controls and escalation to Q&P Committee c. Staffing structure to support GPs in leading reform d. Efficiency led, using Business Process Re-engineering e. QIPP Risk Register and Risk log for each contributing project and programme f. Quality and performance Committee	Internal Audit CCG Assurance Framework Monitoring of programme plan Monitor and evaluation of reource plans Performance plans to Business Committee	Conflicting/ competing pressures on team resource Sickness & absence Limited control over external project team	Reallocate project delivery. Additional support staff brought in to support delivery If fail to deliver savings, will start mitigation to achieve	Mar-14	4	3	Amber (12)	Aug-13

Lead Director / Owner	Risk Ref	Potential Risk Should be high-level potential risks that are unlikely to be fully resolved and require mitigation	Risk Level			Previous Risk Level			Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan	Expected date of completion	Anticipated Risk Score after Action Plan Completed			Review Date
			Impact	Likelihood	RAG Status	Impact	Likelihood	RAG Status							Impact	Likelihood	RAG Rating	
COO	3.2.1	Potential Risk: The CCG does not deliver target efficiency of £10.7m due to lack of engagement from its providers	4	4	16	4	4	16	High	Work in partnership with providers to lever changes Clincally led negotiation and discussion to deliver changes Open, honest and transparent Develop effective partnership working that enables confirm and challenge Public and user engagement in changes	Join Board to Board meetings Collaborative Improvement Board CEO 1:1	The ability of acute providers to lever change at pace	Partnership working with Monitor and CQC. Support from LAT Development of mitigation plan than impacts on demand	Mar-14	4	3	Amber (12)	Aug-13
CFO	3.3	Potential Risk: The CCG's key financial planning assumptions are not realised resulting in additional costs	4	4	Red (16)	5	3	Red (15)	High	a. Detailed assessment of unavoidable cost pressures incorporated into financial plan b. Finance and Contracting Committee c. Contract Management Boards d. Collaborative Improvement Board e. Monthly review of devolved budgets f. Contracts register	Internal Audit	Full set of detailed financial policies and procedures	Detailed Financial Procedures draft and going to Governing Body in September Capacity identified to complete supporting financial procedures Revised financial plan to achieve balance, risk of not achieving surpluss and full contingency	Mar-14	4	4	Red (16)	Aug-13
CFO	3.4	Potential Risk: Contractual Overtrades	4	3	Amber (12)	4	3	Amber (12)		a. Contract Management Boards b. Finance and Contracting Committee	Internal Audit		Identification of pressure points Pressures factored into revised financial plan to enable overall balance to be achieved	Mar-14	4	3	Amber (12)	Aug-13
CCO	3.5	Potential Risk: The CCG is not able to control prescribing costs	4	4	Red (16)	4	4	Red (16)	Medium	a. Prescribing Programme b. Collaborative Improvement Board c. Quality and Performance Committee	Internal Audit	Lucentis costs	Prescribing programme in development to deliver prescribing savings	Mar-14	4	2	Amber (8)	Aug-13
COO/ CFO	3.6	Potential Risk: The CCG does not implement efficient ways of working resulting in high running costs	2	2	Yellow (4)	2	2	Yellow (4)	Low	a. Budget management training b. Better payment practice code c. Mandatory Training for staff, including Information Governance	Internal Audit	a. maximise the use of technology b. BI contingency Budget holders and allocated payment thresholds	Budget Managers identified and cost centre management to be re-instated Increase capacity through the Finance and Contracting Team	Mar-14	2	1	Green (3)	Aug-13
Critical Success Factor 4 : Working collaboratively with all stakeholders in service development and decision making. (Domains: 2, 5)																		
CCO	4.1	Potential Risk: The CCG does not secure positive reputation amongst stakeholders	2	2	Yellow (4)	2	2	Yellow (4)	Low	a. Vision, Mission and Values b. Communication Strategy c. Effective representation at key meetings	CCG Assurance Framework 360 Stakeholder Assessment	CCG Prospectus	Comms and Engagement Manager Induction embedding values	Mar-14	2	1	Green (3)	Aug-13
CCO	4.2	Potential Risk: The CCG does not achieve consensus across all parties in service re-design and resources allocation to enable integrated care planning	5	3	Red (15)	4	3	Amber (12)	Medium/ High	a. Collaborative Improvement Board b. Strategic Collaborative Commissioning Board c. Programme Management approach to service re-design and commissioning, based on the healthcare reform process d. Patient engagement structures (see below)	LAT CCG Assurance Framework	Planning for Integrated Transformation Fund Shadow year and agreed funding priorities	Council of Representatives discussion and challenge sessions Integrated Transformation Fund development HWB Representation Engagement on JNSA Steering Group to develop shared knowledge and needs	Mar-14	4	3	Amber (12)	Aug-13

Lead Director / Owner	Risk Ref	Potential Risk Should be high-level potential risks that are unlikely to be fully resolved and require mitigation	Risk Level			Previous Risk Level			Inherent Risk Level *Is a risk which is impossible to manage or transfer away*	Key Control Mechanisms *What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?*	Independent Assurance *External evidence that risks are being effectively managed (e.g. planned or received audit reviews)*	Gaps in Controls or Assurance *Where an additional system or process is needed, or evidence of effective management of the risk is lacking*	Action Plan	Expected date of completion	Anticipated Risk Score after Action Plan Completed			Review Date
			Impact	Likelihood	RAG Status	Impact	Likelihood	RAG Status							Impact	Likelihood	RAG Rating	
COO	4.3	Potential Risk: The CCG does not secure patient engagement to support change	3	3	Amber (9)	3	2	Yellow (6)	Low	a. Public & Patient Engagement Steering Group b. Public and Patient Forum c. Patient Engagement Continuum approach d. Dedicated CSU engagement support e. Programme Management approach to service re-design and commissioning, based on the healthcare reform process	Internal Audit of QIPP	Active Engagement Strategy	Refreshed Engagement Strategy Equality objectives and Impact Assessment review	Mar-14	3	2	Yellow (6)	Aug-13
CCO	4.4	Potential Risk: The constituent GP practices do not adequately engage with the CCG in its work plans and programmes	4	3	Amber (12)	4	3	Amber (12)	Medium	a. Council of Representatives b. GP Forum c. Remuneration Committee	CCG Assurance Framework	GP intranet Impact of engagement as a result of changes through RSS and Follow-Ups	Council of Representatives discussion and challenge sessions. GP intranet Additional capacity to make best use of clinical leads	Ongoing	4	2	Amber (8)	Aug-13
Critical Success Factor 5: Ensuring the CCG has the capacity and processes to deliver its statutory duties (Domains, 3,4,6)																		
COO	5.1	Potential Risk: Lack of CCG capability and capacity to deliver strategic priorities and legal responsibilities	4	3	Amber (12)	4	3	Amber (12)	Low	a. Robust staffing structure b. Use of interim staff to manage transitional arrangements c. Budget profile for CCG running costs d. Organisational Development Plan e. Mandatory Training f. SLA monitoring with CSU to ensure effective infrastructure and maximising value from SLA	Internal Audit - CSU SLA LAT CCG Assurance Framework	a. Business continuity planning b. Emergency Preparedness Plan c. Third Party Assurance CSU d. Significant restructure of the Finance and Contracting department, resulting in a number of new appointments and change of Head of Contracting could result in a lack of organisational/ contextual knowledge	Business Continuity Plans from CSU to provide assurance. Action plan for CCG BCP. Third party assurance negotiations on specific areas Enhanced capacity in structures for Finance & Contracting, Q&P	Mar-14	4	2	Amber (8)	Aug-13
COO	5.2	Potential Risk: The CCG does not manage the real and public perception of conflict of interest resulting in lack of public confidence in the CCG	4	1	Yellow (4)	4	1	Yellow (4)	Low	a. Management of conflicts of interest within the Constitution b. Agreed conflicts of interest policy and Standards of Business Conduct c. Register of Interests d. Code of Conduct for the management of conflicts in relation to the commissioning of services from GP practices approved	a. Audit Committee annual report b. Internal audit review on conflict of interest policy and code of conduct	a. Published Declarations of Interest from all Council of Representatives and other memebers working on projects	Declarations in progress for all additional GPs and Interims. Published document on internet Refresh of Business Conduct and Conflict of Interest policies	Mar-14	3	1	Green (3)	Aug-13

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