

Lead Director / Owner	Risk Ref	Potential Risk Should be high-level potential risks that are unlikely to be fully resolved and require mitigation	Risk Level			Previous Risk Level			Inherent Risk Level <i>Is a risk which is impossible to manage or transfer away</i>	Key Control Mechanisms <i>What we are doing to manage the risk and how this is evidenced – how and when will this be reported to the Board ?</i>	Independent Assurance <i>External evidence that risks are being effectively managed (e.g. planned or received audit reviews)</i>	Gaps in Controls or Assurance <i>Where an additional system or process is needed, or evidence of effective management of the risk is lacking</i>	Action Plan	Expected date of completion	Anticipated Risk Score after Action Plan Completed			Review Date
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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)				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'								
CCO	1.2	Failure to maintain the current rate of admissions - unplanned hospitalisation etc.	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							
CCO	1.3	Failure to increase diagnosis rates of dementia	3	3	Amber (9)				Low	a. Dementia Awareness Programme (in partnership with Local Authority) b. Dementia Champion in each GP practice								
CCO	1.4	Reduction in unnecessary emergency admissions for acute conditions	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							
CCO	1.5	Failure to receive assurance that children and vulnerable adults health outcomes are improved.	5	3	Red (15)				Medium	a. Mental Health and Learning Disability Programme Board b. VACCU c. Improving access to Psychological Services Review d. VACCU risk register	Ofsted Inspection Care Quality Commission	a. Reporting schedule from VACCU on VoY CCG performance, risks and issues b. Performance management arrangements with VACCU						
CCO	1.6	Failure to comply with statutory duties in relation to Section 136	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	Crisis Care Centre Improving access to Psychological Services Review						

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Critical Success Factor 2: Improve the quality and safety of commissioned services (Domains: 1, 2, 3, 5)																		
EN	2.1	Failure to ensure patients have a positive experience of care	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	BI contingency plan (in case of CSU BI failure) b. Carers needs taken into account in planning and commissioning services						
EN	2.2	Failure to secure improved provider performance on Red flagged areas	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	BI contingency plan (in case of CSU BI failure)						
EN	2.3	Failure to deliver quick access to services as prescribed in the NHS constitution	4	2 or 3	Amber				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								
EN	2.4	Failure to treat and care for people in a safe environment and protecting them from harm.	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		a. Early Warning system to identify a failing service						
COO	2.5	Failure to secure maintenance of, or improvements in, quality of service through the QJPP programmes	3	2	Yellow (6)				Medium	a. Collaborative Improvement Board b. Programme Management Structure with appropriate internal controls and escalation to Q&P Committee c. Staffing structure to support GPs in leading reform d. Efficiency led, using Business Process Re-engineering e. QJPP Risk Register and Risk log for each contributing project and programme f. Serious incident reporting								

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<b>Critical Success Factor 3: Achieving Financial Balance</b>																		
CFO/ COO	3.1	The CCG will be unable to realise QIPP Programme savings	4	4	Red (16)				Medium	a. Benchmarking data to evidence QIPP savings assumptions b. Comprehensive, timely budget and performance data to VoYCCG and individual practices c. Contract review with main provider d. Adequate capacity and resources for delivery work-streams e. Areas of additional savings to mitigate against risk of non-delivery f. Credible work plan for QIPP	Internal Audit							
COO	3.2	Failure to deliver QIPP programmes within the required timescales	4	4	Red (16)				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. Quality and performance Committee	Internal Audit							
CFO	3.3	Failure to realise key financial planning assumptions resulting in additional costs	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	Q. CHC assurance						
CFO	3.4	Contractual Overtrades	4	3	Amber (12)					a. Contract Management Boards b. Finance and Contracting Committee	Internal Audit		Identification of pressure points					
CCO	3.5	Failure to control prescribing costs	4	4	Red (16)				High	a. Prescribing Programme b. Collaborative Improvement Board c. Quality and Performance Committee	Internal Audit							
COO/ CFO	3.6	Failure to implement efficient ways of working resulting in high running costs	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						

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<b>Critical Success Factor 4 : Working collaboratively with all stakeholders in service development and decision making. (Domains: 2, 5)</b>																		
CCO	4.1	Failure to secure positive reputation amongst stakeholders	2	2	Yellow (4)				Low	a. Vision, Mission and Values b. Communication Strategy c. Effective representation at key meetings								
CCO	4.2	The CCG fails to get consensus across all parties in service re-design and resources allocation to enable integrated care planning	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)								
COO	4.3	Failure to secure patient engagement to support change	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								
CCO	4.4	The constituent GP practices do not adequately engage with the CCG in its work plans and programmes	4	3	Amber (12)				Medium	a. Council of Representatives b. GP Forum c. Remuneration Committee								

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Critical Success Factor 5: Ensuring the CCG has the capacity and processes to deliver its statutory duties (Domains, 3,4,6)																		
COO	5.1	Lack of CCG capability and capacity to deliver strategic priorities and legal responsibilities	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		a. Integrated Governance Strategy b. Business continuity planning c. Emergency Preparedness Plan d. Assurance on IT disaster recovery						
COO	5.2	The CCG fails to manage the real and public perception of conflict of interest resulting in lack of public confidence in the CCG	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							

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