Item Number:614

Meeting Title: Governing Body (Public)	
Meeting Date: 23 January 2019	
Report's Sponsoring Governing Body Member: Philip Hewitson, Lay Member for Audit and Governance	**Report Author:** Head of Corporate Services

1. Title of Paper: Corporate Risk Register

2. Strategic Objectives supported by this paper:

To create a viable & sustainable organisation, whilst facilitating the development of a different, more innovative culture.	☒
To commission high quality services which will improve the health & wellbeing of the people in Scarborough & Ryedale.	☒
To build strong effective relationships with all stakeholders and deliver through effectively engaging with our partners.	☐
To support people within the local community by enabling a system of choice & integrated care.	☐
To deliver against all national & local priorities including QIPP and work within our financial resources.	☒

Executive Summary:

The Clinical Commissioning Group (CCG) has many statutory responsibilities and the risk register is a tool for the CCG to identify where there are risks associated with meeting these duties and the organisation's objectives, whether they be associated with the quality of care, safety of patients, financial plans, national performance targets and /or patient and public involvement in the commissioning of health care services.

The CCG will work to manage risks in a proactive way and where appropriate work with stakeholders and partners

This register supports the CCG's value of being open and honest in our transactions, and accountable to our communities. It demonstrates that the Nolan principles underpin the CCG business.

The Quality and Performance Committee, Finance and Contracting Committee, Communication and Engagement Committee, Business Committee Senior Management Team and Primary Care Co Commissioning Committee all maintain risk registers which are reviewed monthly.

The CCG Risk Management Strategy sets out how the CCG identifies rates and reports risks. Those risks rated with a score of 15 and above when assessed against the scoring matrix are escalated to the Corporate Risk Register and brought to the attention of the Governing Body.

It should be noted that all committees have a membership of at least three Governing Body members and the Corporate Risk Register is a mechanism to ensure all Governing Body members are aware of all risk rated above a score of 15.

3. Risks relating to proposals in this paper:

The Corporate Risk Register identifies the risks identified at the latest Committee meetings. The chair or deputy of committees will report verbally to the Governing Body any changes or additional risk identified during March meetings. Members should always be aware that risks can emerge at any time.

4. Summary of any finance / resource implications:

The Corporate Services Team co-ordinate the risk registers

5. Any statutory / regulatory / legal / NHS Constitution implications:

Without a Corporate Risk Register the CCG is likely to fail to recognise the risk of breach of statutory / regulatory / legal requirements, fail to comply with the NHS Constitution and fail to deliver the CCG objectives.

A Corporate Risk Register and the associated process for managing it can be audited and will provide assurance that the CCG is able to meet all the statutory requirements

6. Equality Impact Assessment Completed? (Yes/No/Not Relevant):

Risk associated with the outcome of policy and project Equality Impact Assessments will be recorded on committee risk registers and brought onto the Corporate Risk Register as per the strategy

7. Quality Impact Assessment Completed? (Yes/No/Not Relevant): Not relevant

8. Any related work with stakeholders or communications plan:

The Corporate Services team will continue to collate corporate risks onto the register

9. Recommendations / Action Required:

The Governing Body is asked to:

1. Confirm the Corporate Risk Register reflects their view of the operational risks presented to the CCG.
2. Challenge or confirm the risk ratings
3. Confirm assurance is given as to the controls and actions taken to mitigate and manage the risk

10. Assurance:

The Governing Body, staff, Senior Management Team and committees all have responsibility to ensure the implementation of the Risk Management Strategy and the recording of committee risk registers to allow for collation of the Corporate Risk Register for presentation to the Governing Body.

The Audit and Governance Committee will review the register at quarterly meetings.

For further information please contact:

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NHS
Scarborough and Ryedale
Clinical Commissioning Group

Corporate Risk Register

14 January 2019

This report provides a summary Risk Profile of this committee's risk register for the risks that require further work to provide assurance that they are being managed effectively and any gaps in assurance or controls are being addressed

Risk Summary

Committee	Risk #	Risk Description	Actions Required	Lead Person (Initials)	Initial Risk			Current Risk		
					C	L	Rating (CxL)	C	L	Rating (CxL)
F&C Committee	115/18	Inability to achieve QIPP and capped expenditure savings resulting in recurring deficit.	• Comprehensive, timely budget and performance data to be available for SRCCG and individual practices. • Adequate capacity and resources to work on work streams that impact on delivery. • Credible plan over 1- 5 years. • Areas of additional savings to mitigate against risk of non-delivery. • Continued work to identify expenditure savings and change how services are delivered Risk reduced to 20 from 25 at December 17 Committee Risk increased to 25 at Committee on 21/11/18. Risk decreased to 20 at Committee on 19/12/18.	SC PG RM	5	3	15	5	4	20
F&C Committee	122/18	Managing the impact of the aligned incentive contract	Revised QIPP plan on a cost basis to manage contract risk. Review of Acute Services at Scarborough.	RM	4	4	16	4	4	16
Q&P Committee	135/18	Potential for patient safety issues and business continuity issues caused by staff vacancy levels at YFT, SGH site (in particular medical and specialist staffing) and TEWV Trust	Trust action plan in place A cohort of newly registered nurses (118) will be starting across the Trust in the Autumn Need further assurance re medical staffing recruitment, retention and succession planning. Regular meetings with Medical Staffing team at YFT to gain assurance regarding workforce plans and contingency plans. plan re addressing medical staffing has been requested through sub CMB Monitoring in place via CMB will be replaced with monitoring via teh Acute Services Transforation Team. Supporting alternative care roles and the development of alternative nurse training facilities (Coventry University) (long term solutions)	SP	4	4	16	4	4	16
Q&P Committee	136/18	There is a risk to patients waiting in excess of 18 weeks for treatment.	CCG will continue to monitor RTT waiting times through the contract management board and joint planned care programme	SP	2	3	6	5	4	20
Q&P Committee	137/18	Insufficient capacity within YFT to manage follow up appointments for patients with Glaucoma and AMD in a timely and safe manner	CCG will continue to liaise with YFT and explore options to commission additional private sector capacity 22/11/18 Risk increase as discvered 40k more patients previously unknown BB	SP	4	4	16	5	4	20

Committee	Risk #	Risk Description	Actions Required	Lead Person (Initials)	Initial Risk			Current Risk		
					C	L	Rating (CxL)	C	L	Rating (CxL)
Q&P Committee	139/18	Appears to be a higher than expected number of never events / incidents at theatres in BDH in relation to invasive procedures	SP to pull together report of all reported incidents over the past 2 years linked to theatres and including action plans. Discussion with the Trust (AR & safety lead in the first instance) and ask for all DATIX reporting for the same. Raise at Q&P sub-group – completed and NatSSIPs Action plan shared. 4th Never event in 5 months identified, theme of mis-identification of patients identified. Escalation to Executives/ CMB made Letter to YFT Medical Director /DoN requesting meeting to discuss increased number of Never events and gain assurance re previous requested actions and lack of pace re implementation of NatSSIPs action plan August 2018 - further meeting with Trust and Commissioners to seek assurance. Positive meeting. Operating Theatre Assurance visits to be conducted and new Patient Safety Lead from Trust will join the SI panel to provide clinical imput to cases being reviewed.	SP	4	3	12	4	4	16
Q&P Committee: CHC &FNC	142/18	Transition: Significant delays in Transition assessments in CHC resulting in lack of time to proactively plan for support Lack of provision available for complex LD support packages. Gaps is service provision due to above High cost financial back payments	review issues and scope prior to review of risk	JMcG	4	4	16	4	4	16
F&C Committee	153/18	Finanical viabilty of 18/19 plans	Revised finanical recovery plan and financial strategy. Continuing work on recovery plan. Include elements from CHC. Look at ways to mitigate impact. Management focued on resources for 18/19. Risk decreased to 20 (from 25) at Committee on 19/12/18.	RM	5	4	20	5	4	20

The Following Risks have been deleted from the risk register since the last Corporate Report

Committee	Risk #	Risk Description	Lead Person	Initial Risk			Current Risk			Key Controls	Key Assurances (Internal and external)	Gaps in Control and Assurance	Actions required	Date Removed
F&C Committee	117/18	Financial viability of 17/18 and 18/19 plans	RM	5	4	20	5	4	Deleted Risk	Financial monitoring, contract management.	External and internal audits.	Inability to set a balanced plan.	Creation of a financial recovery plan 15 November 2017 – Continuing work on the recovery plan 19 September 2018 - Include elements from CHC. Look at ways to mitigate the impact. 20/11/18: Risk removed due to relating to previous financial years.	Nov-18
F&C Committee	153/18	Financial viability of 18/19 plans	RM						Deleted Risk				20/11/18: Risk removed due to actual deterioration in forecast position.	Nov-18
F&C Committee	119/18	CCG finance team – Capacity	RM	3	2	6	0	4	Deleted Risk	Temporary staff in place. Additional resource for annual accounts.	Monitoring of resource, management of workload.	Risk of notice from temporary staff.	Contingency plans for staff to cover sickness, short notice departures. 15 March 2017 – 1 member of the team has left, 1 of the temporary members is finishing soon and 1 member is retiring in July. CFOs need to decide whether to split the function before recruiting. Risk could be mitigated with more temporary staff. Removed due to capacity being managed with temporary staff. 20 December 2017 – Most functions have now been transferred to the CCG; this risk will soon be able to be removed. 17 January 2018 – Louise Engledow will remain in post until 22.03.18. The risk will be reviewed following this date. 18 April 2018 – We no longer have a PCU finance team but there is still a risk involved with the fact that our finance team is now much smaller than it used to be so that risk will replace this one.	Nov-18
F&C Committee	121/18	Contractual over-spend for 2017-18	RM	3	5	15	3	5	Deleted Risk	Contract management board Contract analysis and challenges Referral Support system, clinical triage, clinical thresholds	Regular reporting to contract management board, Finance and contracting committee QIPP reporting, Service improvement schemes	Limited control over demand, Time delays in activity information BI constraints,	Performance of demand management schemes, thresholds, admission avoidance schemes, primary and community care support Prioritisation of contract review and analysis 15 November 2017 – The CCG is trying to agree an early year end position with YFT Removed as last year's risk.	Nov-18
F&C Committee	116/18	Lack of robust intelligence to support and deliver financial objectives from CSU Business Intelligence impacting on capacity for CCG officers	SC	4	3	16	4	5	Deleted Risk	Clear Specification Measurement of delivery Management review. Potential for staff to leave; issues with back fill of Hub team. Risk of CMR's going forward. Data quality issues remain.	Internal monitoring Escalation processes CSU reporting Regular meetings between CCG/CSU	Sep 14 – current service does not correlate to what the CCG pays for. Meeting has been arranged to discuss the contract and improvement of service 17.6.2015 – James Mearns has now joined the team and has completed checks and validation to mitigate the impact of the lack of BI data.	Performance review with CSU. Monitoring reviews and formal logging of requests with a work reference number 15 November 2017 – More capacity is now available; the risk was more around their interim recruitments, now contracted for another 2 years and continuing links with VOYCCG. 20 December 2017 – Self-service tools are now available and should assist with improvements soon to be seen. 19 September 2018 - Support from Embed being provided for changes in work with the Trust. Risk removed on 21/11/18 due to eMBED providing a better service.	Nov-18

Committee	Risk #	Risk Description	Lead Person	Initial Risk			Current Risk			Key Controls	Key Assurances (Internal and external)	Gaps in Control and Assurance	Actions required	Date Removed
PCCC Committee	124/18	Risk to maintaining a sustainable workforce with appropriate skills due to difficulties in recruiting GPs and PNs at a time when the retirement rate will increase over next 2 years	PG	4	4	16	4	4	Deleted Risk	CCG is member of workforce planning Group and attends Y&H HEE meetings from Jan 2016. LMC acting as a coordinator of output from different groups and committees PCDG work stream established with GP and PN leads. Practices submitting work force data through Y&H HEE and CCG receives quarterly reports but all practices need to be encouraged to use this portal. Workforce development plan includes multidisciplinary recruitment plan. Complaints and Patient Relations reports PTL schedule of events commenced for 2016-17 Branded recruitment plan being developed	Access reports Patient satisfaction surveys Health watch survey being carried to assess access to primary care Patient Participation Group work and planned engagement events CQC reports Work plan and progress reports provided to PCDG. Retirement plans assessment completed in May 2017 and informs recruitment and retention plan Member of LWAB Y&H HEE workforce strategy in place	Strategic workforce plan for 2015-2020 against which to measure progress	Establish updated position of staffing issues (present and planned) of all practices during visits Q1/2 2018-19 to inform recruitment plan for CCG from Q3. Establish workforce steering group with primary care /practice representatives to drive through recruitment plan. Attend CUS strategic partnership meetings ensure practices are aware of different initiatives and funding streams support the international GP recruitment scheme across HCV STP Develop career portfolios for GPs Oct 2018- Risk remains at 16 whilst Workforce Stragey is developed. 21/11/18 Phil Garnett closed this risk due to it being no longer applicable.	Nov-18
Q&P Committee	134/18	There is risk that children and adolescents requiring access to Tier 4 beds cannot be accommodated either in a timely or geographically appropriate location	SP	5	5	25	4	2	Deleted Risk	Children's Commissioning Team attending TEWV contract monitoring and quality meetings. Cross agency pathway development meetings with T4, NYCC and Health Providers taking place. SGH escalate incidents to CCG SMT on call. Exceptional placement panel refresh of ToR (high cost Health, Education and Social Care panel to discuss individual CYP and a strategic forum).	Responsibility for commissioning tier 4 beds delegated to TEWV from NHSE for 2017/18 Funding received to pilot community crisis team to reduce numbers of patients requiring admission Project implementation group chaired by CCG Accountable Officer. NHSE have commissioned further capacity which reduces risk TEWV to pilot new single point of access (all ages) Monthly progress reports to Associate Director of Commissioning Quarter reports from NHSE on T4 beds shared with SR CCG and analysis by Children's Commissioning Team	Sufficient beds are not available nationally	Further bed capacity commissioned by NHSE. Review Tier 3 admissions to try and prevent escalation to Tier 4 Implementation group established 21st August 2017 There was a workshop on 1st June with Scarborough Hospital, TEWV and SRCCG to review the Out of Hours pathway for urgent CAMHS assessments for Children & Young People in mental health crisis. Agreed at the workshop that the new model of care pilot will work towards addressing the Out of Hours issue. The service will go live with a 9-5 service, 7 days a week from 1st July 2017 and aim for an 8-8 service from 1st September 2017 June 2018 The service currently consists of WTE 3.8 wte registered clinical staff and 1 wte unregistered staff, presently working 10am to 10pm, 7 days a week. The team are now based at Cross lane Hospital. T4 bed admissions and current T4 patients from SR CCG, continue to remain low and SRCCG is not an outlier within the STP. 22/11/18: RI discussion with BB agreed to closed the risk as no longer relevant.	Nov-18

Committee	Risk #	Risk Description	Lead Person	Initial Risk			Current Risk			Key Controls	Key Assurances (Internal and external)	Gaps in Control and Assurance	Actions required	Date Removed
Q&P Committee	138/18	(PCU risk 15)) Backlog of DoLS applications with patients who are living in their own home or in supported living. Where a patient is fully funded but living at home or in supported living the responsibility is on the CCG to apply to the Court for a DoLS authorisation. Risk -The risk to you is of a claim for compensation under the Human Rights Act if we are depriving patients of their liberty without a proper authorisation. Such claims tend to be high in value. There is also a risk that patients are being restrained without appropriate protection	CP	4	4	16	2	2	Deleted Risk	Cases being identified through care reviews and prioritised. Best interests' meetings are taking place. Process in place with legal team.	Reporting through CCG quality and performance meeting. Monitoring at CHC meetings. CCG executive nurse meetings to monitor	Unknown numbers at the moment. So the full risk and cost cannot be scoped.	Scope the numbers involved. CHC systems and processes being reviewed. Prepare schedule of work to manage the application to Court of Protection (CoP) Negotiate schedule of fees to support work going forward More staff trained to chair best interest meetings JUNE 18 - Safeguarding Designated Professional discussed with Legal Manager. All CHC nurses have had MCA/DoLS training by legal team. Recruitment to new legal post has been completed. Applications to CoP are being progressed. July 2018 - CHC Programme Director and Head of Service have embedded clear processes. 22/11/18: RI discussion with BB agreed to closed the risk as no longer relevant.	Nov-18
Business Committee	101/18	There is a risk that the CCG is unable to improve the CCG's rating against the improvement and assessment framework	RM/ SC	3	4	12	3	4	Deleted Risk	Monitoring methodology agreed and in place Monthly Performance Improvement Group meets to review performance and agree actions. If required escalation to Quality & Performance Committee	Governance processes in place	Conflicting directions from NHSI and NHSE Short and long term objectives not always aligned due to current financial pressure	Continual assessment and development of action plans as required. BC agreed to reduce risk to 12 7/11/18 Review performance at Q&P committee monthly. Review regular governing body Q&P report bi- monthly. Attendance by SMT members at quarterly NHSE assurance meetings. 22/11/18: RI discussion with RM agreed risk no longer relevant.	Nov-18
Business Committee	105/18	General Practice will not have the clinical and administrative capacity to deal with increased work load secondary to the outpatients transformation program.	RI	4	4	16	4	4	Deleted Risk	To bring Patients inot community and they have not got the necessary workforce or estates to support this to be treated by secondary care not primary care.	Workforce reports by practice. Membership workforce STP meeting.	Practices doing productivity plan (relaese Time. GP forward view action plan around releasing time	Work up Business plan 22/11/18: RI discussion with RM agreed risk no longer relevant.	Nov-18
CEC	106/18	Risk of national media interest in CCG commissioning decisions	RI	4	2	8	2	2	Deleted Risk	Media interest log and process for managing contacts so that all SMT and Gov Body informed as required Proactive planning for potential interest Appropriate engagement prior to any decisions C&E team across NY and A4H and STP communicate potential issues. Clinical leads agreed for service improvement projects	Reports escalated to CEC and SMT around BMI, Smoking Sessation Gov Body notified of potential issues.	-	Continue to monitor interest in other areas of the country. Likelihood of risk increased at August 17 CEC in light of the Capped Expenditure programme Risk increased from 8 to 12 - 09.08.17 Risk reduced from 12 to 8 - 09.05.18 22/11/18: RI discussion with RM agreed risk no longer relevant.	Nov-18

Committee	Risk #	Risk Description	Lead Person	Initial Risk			Current Risk			Key Controls	Key Assurances (Internal and external)	Gaps in Control and Assurance	Actions required	Date Removed
CEC	107/18	Risk to reputation of the CCG with failure to meet business rules and declaration of deficit.	RM/RI	4	2	8	4	2	Deleted Risk	Continue with stakeholder newsletters and staff briefings Governing Body briefings at public meetings	F&C committee provide reports to Governing Body CCG Integrated Assurance Framework meetings with NHSE		Risk reviewed, current risk redefined, decision taken to remain on register; risk score not changed but level of scrutiny increased. Bed capacity reduced due to high numbers of admissions and inadequate discharge planning. Likelihood of risk increased at August 17 CEC in light of the Capped Expenditure programme Risk increased from 8 to 12 - 09.08.17 Removed from register - 08.11.17 Re-instated on register - 13.12.17 Risk reduced from 4x3 - 4x2 11.07.18 22/11/18: RI discussion with RM agreed risk no longer relevant.	Nov-18
CEC	111/18	Risk that the CCG will not maintain a level of compliance to ensure Customer Service Excellence Status	RI	3	2	6	3	2	Deleted Risk	Delivery plan in place and briefing given to CCG teams to encourage them to identify and submit evidence Reminder to staff at CCG team meetings Countdown to CSE item in each staff bulletin	Ongoing item on CEC agenda to review progress, 22/11/18 GP lead taking overall control fro IAF, Each indicator allocated to Eec, or SMT lead also Programme lead in place, Governing Body to receive quarterly reports.		Regular review of evidence Commence the categorizing of evidence early to identify gaps at an early stage Senior leadership to emphasise importance **11/07/18** Meet with SI teams to help collate evidence 22/11/18: RI discussion with RM agreed risk no longer relevant.	Nov-18
PCCC Committee	127/18	Risk associated with the change in funding formulae which means practices need to contribute 66% of funding and that all practices may not be able to raise this level of funding Note: Three funding streams required - NHSE capital - Practice contribution - Revenue costs- CCG	RM	3	3	9	3	3	Deleted Risk	Strategic Feasibility study carried out to assess CCG area requirements alongside individual bids NHS PS engaged to work up detailed business case for Scarborough South Schedule of meetings with partners and landlords to progress projects Updates provided to PCCC	F&C committee over see submissions and impact on revenue assessed.	Timeline chart required for each project against which to monitor delivery	Review impact of revenue following DV valuation Work with practices and architects to ensure cost efficient design and delivery of projects 22/11/18: RI discussion with RM agreed risk no longer relevant.	Nov-18
SMT	147/18	Uncertainty about quality of services delivered by eMBED and achievement of KPIs 9.10.2017 – Issues with IT and technical support continue. More and more work is undertaken in house as Embed does not provide proactive support. Issues have been reported with GP core IT, the service IT to the CCG and project management.	RM	4	3	12	4	3	Deleted Risk	SLA in place for service delivery Primary and secondary KPIs agreed with CCGs Service review meetings arranged Internal changes to provide additional BI analysis Informal progress meetings twice a month with workforce team and log of actions maintained	KPI reports for services delivered Transition board	Comprehensive eMBED dashboards available regularly to inform service review meetings	Ensure all CCG staff feed into service review meetings Head of IM&T at SRCCG links with wider IT leads in particular HCV STP to assess future intentions. Robust contract management and devolvement of PIDs Continue to press for dashboard and update reports from eMBED. 22/11/18: RI discussion with RM agreed risk no longer relevant.	Nov-18
SMT	148/18	The impact on viability of commissioners and providers following the introduction of the minimum wage in particular care homes and primary care providers. 9.10.2017 uplift letters received from providers. SRCCG to decide how to deal with this in liaison with other CCGs.	RM	3	3	9	3	2	Deleted Risk	CCG aware of providers which have adopted the living wage (NYCC adopted , YFT have not adopted) CHC reports and access to services CQC reports	-	Risks remain.	To review workforce plans for commissioners. To discuss impact at appropriate meetings 22/11/18: RI discussion with RM agreed risk no longer relevant.	Nov-18

Committee	Risk #	Risk Description	Lead Person	Initial Risk			Current Risk			Key Controls	Key Assurances (Internal and external)	Gaps in Control and Assurance	Actions required	Date Removed
SMT	150/18	Staff levels and structure The development of closer collaboration with other agencies and the resulting changes to staffing structures and workplaces may risk staff seeking alternative employment or pursuing other career choices. When recruiting if there is not a clear statement as to the continuity of the CCG, there may be increasing difficulty in recruiting staff to the CCG.	SC	3	3	9	3	3	Deleted Risk	Workforce Reports received quarterly by SMT including staff turnover and absence. Staff survey annually with action plan Staff newsletter to ensure staff are aware of changes. Policies in place to support change management Appraisal process 1.1 meeting proforma		Leavers and exit interviews to inform reasons for leaving.	Formal restructured being completed through recruitment to new posts during Q2/3 Clear communication about organisational charts for SRCCG and including shared teams with clear line management Appraisals to be completed by June 2018	Nov-18
Business Committee	104/18	There is a risk CCG will not be able to implement Future in Mind: transformation plan for CYP emotional and mental health services: - Failure of delivery of key programmes - NHSE may claw back funds if programmes not delivered as per plan	Jayne Hill	3	3	9	3	4	Deleted Risk	HWBB CTB Contract monitoring CAMHS Executives: monitor projects funded through monies to local authority NHSE monitoring returns: activity and finance Funding provided by NHSE	ED service implemented through contract variation Local Transformation Plan 2015 and refresh on October 2016 to set direction for 2017.	Await finalising of contract for NYCC well being workers Assurance to NHSE that programmes are on track: project delay and consequences of CCGs resolving to not allocate full resource to FiM	Implementation and monitoring of plan 29/11/18: Agreed for risk to be removed as HRW CCG have received positive feedback from Dr David Black at NHSE on the implementation of Future in Mind Transformation.	Nov-18
Business Committee	100/18	There is a risk that the CCG's reputation will be damaged due to the imposition of cost reducing schemes within the QIPP and Capped Expenditure Process	SC	3	4	12	3	4	Deleted Risk	All proposals are debated by clinical members of the committee. Evidence to support the schemes is sourced	Business Committee ensures scrutiny of all proposals Governing Body sign off COCR sign off	Conflicting directions from NHSI and NHSE Conflicting short and long term objectives	Implementation of QIPP Implementation of Finanical Recovery Plan All staff to ensure robust business cases are presented. Business Committee to take into account clinical impact of proposals and ensure fit with strategic priorities. 3/12/18 - RI and RM agreed to close as old and no longer relevant.	Dec-18
Q&P Committee	138/18	(PCU risk 47) There is a risk to the Quality of ADHD paediatric service which is not NICE compliant. Applies to SR and HRW (Whitby patients accessing services)	SP JH	4	3	12	4	2	Deleted Risk	Strategic discussions at Ambition for Health Steering Group propose shift of ADHD service to mental health provider. Discussions between YFT, TEWV and CCG held 5th October 2017. Agreement to source a NICE compliant and determine how this activity should be shared between providers.	NICE Guidance on ADHD	Clearly drafted and agreed specification with targets and KPIs and control mechanisms No agreement yet to transfer service to TEWV Clearly drafted specification with targets and KPIs and control mechanisms	ADHD revised pathway being discussed at business committee on 6 Sept 2017. Agreement to develop sleep study clinic. Positive discussions between providers on 5 October 2017. JH to lead pathway development with TEWV and YFT to agree clinical pathway. Ongoing review of ADHD services needs to take place with NYCC to ensure there is an integrated pathway. CAMHS have commenced training for parents with NYCC prevention service. For YFT a new service specification was developed which included this pathway but throughout 2017 attempts to negotiate and agree the specification have not progressed. This will now form part of the Community Paediatric review in 2018 and the Children's Commissioning Team will be supporting. June 2018 This will form part of the Community Paediatric review and recommendations. 3/12/18: Risk closed by Barbara Buckley as no longer relevant.	Dec-18

Risk Scoring Matrix Methodology

Table 1 Consequence score (C)

Choose the most appropriate domain for the identified risk from the left hand side of the table. Then work along the columns in same row to assess the severity of the risk on the scale of 1 to 5 to determine the consequence score, which is the number given at the top of the column.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Domains	Negligible	Minor	Moderate	Major	Extreme
Patient and staff safety (Physical/Psychological)	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	Moderate injury requiring professional intervention Requiring time off work for 4-14 days. RIDDOR 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 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	Peripheral element of treatment or service suboptimal Informal complaint/ inquiry	Overall treatment or service suboptimal Formal complaint 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 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	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	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 No staff attending mandatory/ key training	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 training /key training on an ongoing basis
Statutory duty / inspections	No or minimal impact or breech of guidance/ statutory duty	Breech of statutory legislation Reduced performance rating if unresolved	Single breech in statutory duty Challenging external recommendations / improvement notice	Enforcement action Multiple breeches in statutory duty Improvement notices Low performance rating Critical report	Multiple breeches in statutory duty Prosecution Complete systems change required Zero performance rating Severely critical report
Adverse publicity / Reputation	Rumours Potential for public concern	Local media coverage – short-term reduction in public confidence Elements of public expectation not being met	Local media coverage – long-term reduction in public confidence	National media coverage with <3 days service well below reasonable public expectation	National media coverage with >3 days service well below reasonable public expectation. MP concerned (questions in the House) Total loss of public confidence
Business Objectives	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	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 **Impact on environment**	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 day1 Moderate impact on environment	Loss/interruption of >1 week Major impact on environment	Permanent loss of service or facility Extreme impact on environment
Reputational	Event, incident, or CCG change which could lead to a one-off negative media report, limited to a single entity (either media organization or group)	Event, incident, or CCG change which could lead to one-off negative media interest pursued by multiple media entities and communities	Event, incident, or CCG change with the potential to lead to negative media coverage and adverse community reaction over the course of a number of weeks	Event, incident, or CCG change with the potential to lead to negative media coverage, adverse community reaction and parliamentary interest over a prolonged period of time which restrains the ability of the CCG to carry out its functions and/or results in disciplinary action for senior staff	Event, incident, or CCG change with the potential to destroy the reputation of the CCG and undermine all future actions, such as incident leading to death, multiple permanent injuries or irreversible health effects impacting on a large number of patients

Table 2 Likelihood score (L)

What is the likelihood of the consequence occurring?
The frequency-based score is appropriate in most circumstances and is easier to identify. It should be used whenever it is possible to identify a frequency.

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Descriptor	**Negligible**	**Minor**	**Moderate**	**Major**	**Extreme**
Frequency How often might it / does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen / recur, possibly frequently
Probability Percentage likelihood of occurrence	0-5%	6-20%	21-50%	51-80%	81-100%

RI Proposed Likelihood scoring

	Consequence score (severity levels) and examples of descriptors				
	1	2	3	4	5
Descriptor	**Rare**	**Unlikely**	**Possible**	**Likely**	**Almost Certain**
Frequency How often might it / does it happen	Not expected for years	Occur at least annually	Occur at least monthly	Occur at least weekly	Occur at least daily
Probability Percentage likelihood of occurrence	<1% will only occur under exceptional circumstances	<1.5% unlikely to occur	6-20% - reasonable chance of occurring	21-50% likely to occur	>50% almost certain to occur

Table 3 Risk scoring = consequence x likelihood (C x L)

Calculate the risk score by multiplying the consequence score by the likelihood score.

Risk Matrix		Likelihood				
		(1) Rare	(2) Unlikely	(3) Possible	(4) Likely	(5) Almost certain
Consequence	(1) Negligible	1	2	3	4	5
	(2) Minor	2	4	6	8	10
	(3) Moderate	3	6	9	12	15
	(4) Major	4	8	12	16	20
	(5) Catastrophic (Extreme)	5	10	15	20	25

1 - 3	Low
4 - 6	Moderate
8 - 12	High
15 - 25	Extreme

Table 4
Risk Appetite

	Level of acceptance/action required	Timescale - Immediate. Action Plan	Minimum time for review/report
Extreme 15 - 25	CCG Senior management team (SMT) agree action plan. Next available Governing Body to review. Consider convening meeting if 25.	Immediate - Implementation.	1 month and monthly thereafter
High 8 - 12	SMT action/service plan. Director to reivew and agree. Report to next SMT.	Immediate action. Implementation within 3 months.	2 Months
Moderate 4 - 6	Team/Service Action Plan. Acceptance - Head of Service.	Routine review at team meeting with local action plan - report to relevant committee on progress.	6 Months
Low 1 - 3	Local team meetings acceptable.	Manage by routine procedures - no additional costs. Report to relevant committee within 6 months if not closed.	6 months

Committee Roles and Responsibilities

Senior Management Team	Business	Quality & Performance	Finance & Contracting	Communications & Engagement	PCCC
Business continuity	Delivery of operational plans (including QIPP , and OD, plans)	Safeguarding	IFR process	Patient Experience	To undertake reviews of primary [medical] care services in Scarborough and Ryedale CCG
Policy management	Service redesign and project delivery (CCG objectives and priorities)	Infection Control	AQP	Media Management	To co-ordinate a common approach to the commissioning of primary care services.
Information governance	Winter planning	NICE guidance	Ability to make direct payments to patients	Consultation	To receive reports on service providers.
Freedom of Information	National Strategy Implementation (e.g. autism, dementia)	Serious Incident Reviews	Power to generate income	Equality & Diversity	To manage the budget for commissioning of primary medical care services in Scarborough and Ryedale CCG
Corporate records keeping	NHS 111	Quality & Patient Safety- provider reports	Data Quality – policies / strategy (inc data group)	Satisfaction surveys (staff)	Carry out the functions relating to the commissioning of primary medical services under Section 83 if the NHS Act including the following:
Access to Health Records	Medicines Management	Quality of 1^0 care (support to NHS CB)	Partnership Contracting	Complaints (commissioning)	GMS, PMS and APMS contracts (including the design of PMS and APMS contracts, monitoring of contracts,
SIRO	Recommendations to Governing Body	Quality of specialist commissioning	Medicines Management (financial)		Overseeing the work of the Primary Care Development Group
Caldicott Guardian	Emergency Planning MAJAX	NHS Outcomes Framework and delivery against domains	Continuing Care Funding		Supporting practices wanting to work at scale
Employment rights	Risk Management	Continuing Health Care	Monitoring delivery of QIPP initiatives		Approving submissions to NHSE for capital investment in primary care.
Training provision for persons working in – lead for liaison with Deanery & WFP	Choice Agenda	Complaints (providers)	Monitoring delivery of financial plan (commissioning and management budgets)		Reviewing GGP Patient Satisfaction surveys results.
Equality & Human Rights	End of Life				Overseeing delivery of NHS England's General Practice Forward View Plan
Whistle blowing	Autism strategy				
Health & Safety					
Human Resources					
Co-operation with Prison Service					
Vehicles for Disabled (section 5)					
Sustainability					
Research Governance					
Security					
Crime & Disorder Act – work with Police on strategy for drugs & alcohol					
NHS Outcomes Framework and delivery against domains					
Compliance with Children's Acts					
Compliance with Mental Health Act					