

Title of Meeting:	NY CCG Governing Body			Agenda Item: 8.1									
Date of Meeting:	7 October 2021												
Paper Title:	Significant Risk Report			<table border="1"> <tr> <th colspan="2">Session (Tick)</th> </tr> <tr> <td>Public</td> <td>X</td> </tr> <tr> <td>Private</td> <td></td> </tr> <tr> <td>Development Session</td> <td></td> </tr> </table>		Session (Tick)		Public	X	Private		Development Session	
Session (Tick)													
Public	X												
Private													
Development Session													
Responsible Governing Body Member Lead Julie Warren, Director of Corporate Services, Governance and Performance			Report Author and Job Title Sasha Sencier, Board Secretary And Senior Governance Manager										
Purpose – this paper is for:	<table border="1"> <tr> <th>Decision</th> <th>Discussion</th> <th>Assurance</th> <th>Information</th> </tr> <tr> <td>X</td> <td></td> <td>X</td> <td></td> </tr> </table>	Decision	Discussion	Assurance	Information	X		X					
Decision	Discussion	Assurance	Information										
X		X											
Has the report (or variation of it) been presented to another Committee / Meeting? If yes, state the Committee / Meeting: Yes. The Governing Body has received previous iterations of the significant risks of the organisation. The Audit Committee has also received all risk registers as part of the assurance process. Both QCGC and FPCCC receive risks aligned to the committees.													
Executive Summary The aim of this report is to provide the Governing Body with an update on the current significant risks of the organisation. Significant risks are those scored 15 and above and are either held within: <ul style="list-style-type: none"> The Governing Body Assurance Framework (GBAF) – See appendix A The Corporate Risk Register (CRR) – See Appendix B <p>The report also provides assurance that effective controls are in place to manage and monitor risks effectively.</p>													
Recommendations The Governing Body is being asking to: <ul style="list-style-type: none"> Review the significant risks detailed within the Corporate Risk Register and receive assurance that risks are monitored effectively through risk leads, the Corporate Risk Review Group and Committees where risks are aligned to them. Note that the Audit Committee has received assurance that effective controls are in place to monitor risks within the Corporate Risk Register. Review and approve the Governing Body Assurance Framework which has been reviewed by the Executive Director Leads and the risk leads. This includes the approval to close three risks that are no longer considered to have an impact on the delivery of the strategic objectives of the organisation. 													
Monitoring The Governing Body receives the GBAF and other significant risks twice per year ‘in public’ and once per year at a development session. The Audit Committee receives the GBAF and organisational risks twice per year.													
CCG Strategic Objectives Supported by this Paper													
	CCG Strategic Objectives				X								
1	Strategic Commissioning: <ul style="list-style-type: none"> To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice. To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care. To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition. 				X								
2	Acute Commissioning: We will ensure access to high quality hospital-based care when needed.				X								

3	Engagement with Patients and Stakeholders: We will build strong and effective relationships with all our communities and partners.	X
4	Financial Sustainability: We will work with partners to transform models of care to deliver affordable, quality and sustainable services.	X
5	Integrated / Community Care: With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.	X
6	Vulnerable People: We will support everyone to thrive [in the community].	X
7	Well-Governed and Adaptable Organisation: In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.	X

CCG Values underpinned in this paper

	CCG Values	X
1	Collaboration	X
2	Compassion	X
3	Empowerment	X
4	Inclusivity	X
5	Quality	X
6	Respect	X

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

YES	X	NO
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Any statutory / regulatory / legal / NHS Constitution implications	<p>As detailed within the NY CCG Constitution, the CCG has delegated authority to the Governing Body to oversee and provide assurance of strategic risk.</p> <p>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.</p>
Management of Conflicts of Interest	No conflicts of interest have been identified prior to the meeting.
Communication / Public & Patient Engagement	Not applicable.
Financial / resource implications	Not applicable.
Outcome of Impact Assessments completed	Not applicable.

Sasha Sencier
Board Secretary and Senior Governance Manager

1.0 Monitoring of Risk

The CCG continues to manage and monitor its risks as detailed within the Risk Management Strategy that was approved by the Governing Body in April 2020. It should be noted that an internal audit was conducted to provide independent assurance that the CCGs risk management and internal control processes are operating effectively, and opinion of high assurance was received.

The Corporate Risk Review Group continues to meet on a monthly basis to provide a level of scrutiny and challenge to the process of identifying and measuring risk, culminating in a cycle of continuous monitoring and review.

During Summer 2021, the Board Secretary / Senior Governance Manager met with each of the individual risk leads to complete an in-depth examination of all risks within the Corporate Risk Register (significant risks scored 15 and above) and Director Risk Register (risks scored 12 and below).

The Audit Committee received the risk registers at their meeting on 21 September 2021 and noted their assurance that processes are in place to manage and monitor risks effectively. At the time, the GBAF was still being updated but is due to go to the Audit Committee for assurance purposes in November 2021.

The Governing Body Assurance Framework (GBAF) and Corporate Risk Registers are documents that continuously change according to environment that the CCG faces at any one time. As such the risks are monitored regularly in several ways, as detailed within the CCG's Risk Management Strategy (figure 1).

Monitoring	Frequency
Governing Body Meeting 'In Public'	Twice annually
Governing Body Development Session (GBAF only)	Once annually
Audit Committee	Twice annually
Committees: Individual risks aligned to Committees	Quarterly
Corporate Risk Review Group: The Director of Corporate Services, Governance and Performance and the Board Secretary/Senior Governance Manager considers all risks, assurances, gaps in control and mitigations within Corporate Risk Register risks that may support the outcome of the GBAF risks.	Monthly

Figure 1. Monitoring of significant risks

2.0 Current Significant Risks

A heat map at Figure 2 shows the current risks on both the Governing Body Assurance Framework (GBAF) and the Corporate Risk Register (CRR).

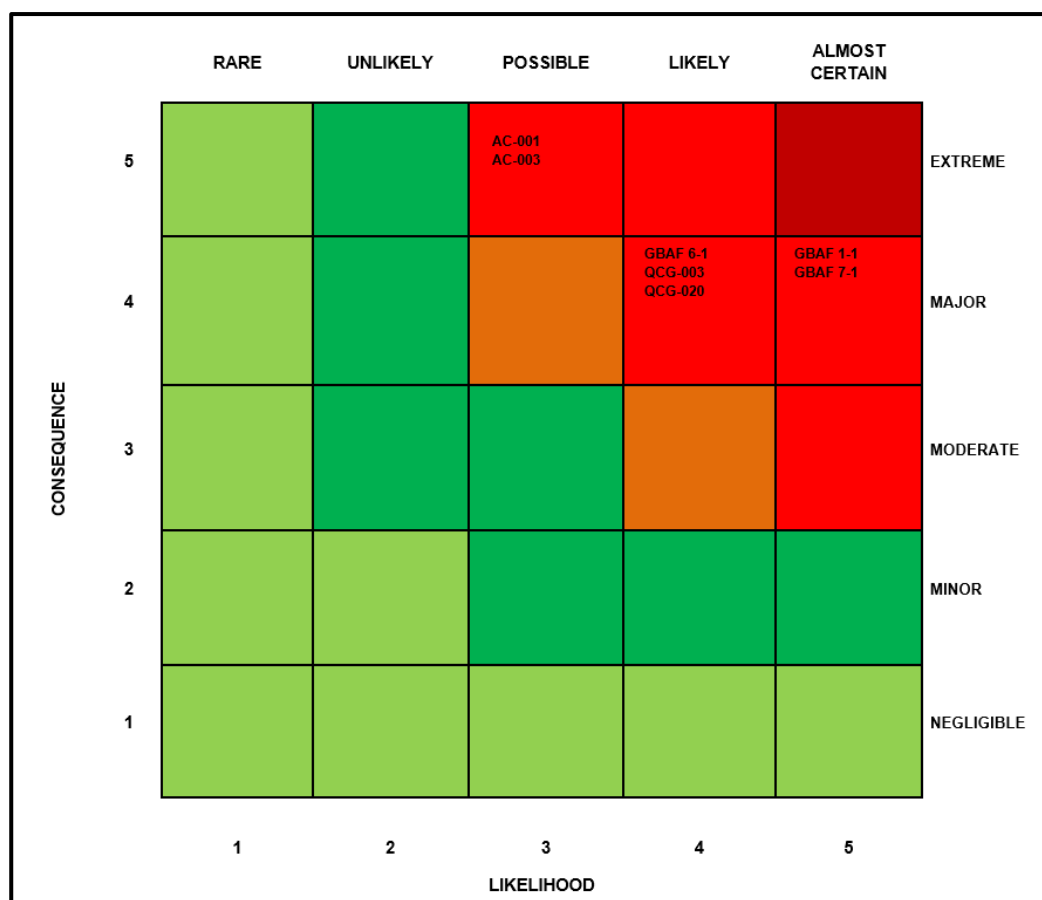


Figure 2. Significant Risks Heat Map

2.1 Governing Body Assurance Framework

The Governing Body Assurance Framework (GBAF) for NHS North Yorkshire CCG aims to identify the main risks to the delivery of the CCGs strategic objectives and its statutory obligations. The GBAF sets out the controls that have been put in place to manage the risks and the assurances that have been received that show if the controls are having the desired impact. It includes an action plan to further reduce the risks.

Risks scored 15 and above that are aligned to the CCGs strategic objectives are included in the GBAF. All other significant risks scored 15 and above are included in the CCGs Corporate Risk Register.

The GBAF is the key source of evidence that links strategic risks, controls and assurances and the main tool that the Governing Body should use in discharging its overall responsibility for internal control. The GBAF can be found in full at **Appendix A**.

2.2 Corporate Risk Register

The Corporate Risk Register contains all other risks that the CCG consider to be significant which are scored at 15 and above.

There is currently FOUR risks on the CRR – snapshots are detailed below, and full descriptions of the risks can be found at **Appendix B**.

OPEN RISKS

Risk ID: AC-001

Risk that there will be increased morbidity due to increasing number of patients waiting beyond 52 weeks for routine elective procedures.

Summary of Risk Management

TIME	Q3 (20/21)	Q4 (20/21)	Q1 (21/22)	Q2 (21/22)
Initial Risk Rating	12	12	12	12
Current Risk Rating	12	12	16	15
Target Risk Rating	4	4	4	4

Risk ID: AC-003

Risk that increased waiting times for OP endoscopy presenting as a 2ww, urgent or routine due to service changes and lack of capacity, will result in delays in diagnosis of cancer and other serious conditions.

Summary of Risk Management

TIME	Q3 (20/21)	Q4 (20/21)	Q1 (21/22)	Q2 (21/22)
Initial Risk Rating	12	12	12	12
Current Risk Rating	12	12	12	15
Target Risk Rating	4	4	4	4

Risk ID: QCG-020

Risk that increased waiting times for OP endoscopy presenting as a 2ww, urgent or routine due to service changes and lack of capacity, will result in delays in diagnosis of cancer and other serious conditions.

Summary of Risk Management

TIME	Q3 (20/21)	Q4 (20/21)	Q1 (21/22)	Q2 (21/22)
Initial Risk Rating	16	16	16	16
Current Risk Rating	16	12	20	16
Target Risk Rating	6	6	6	6

Risk ID: QCG-003

Limited external oversight of care and treatment for people who are most at risk i.e. those at home alone; and in care facilities with compromised staffing and with an increase in restrictive practices, will lead to an increased risk of abuse and neglect to vulnerable groups.

Summary of Risk Management

TIME	Q3 (20/21)	Q4 (20/21)	Q1 (21/22)	Q2 (21/22)
Initial Risk Rating	25	25	25	25
Current Risk Rating	25	25	16	16
Target Risk Rating	4	4	4	4

3.0 Recommendations

The Governing Body is asked to:

- Review the significant risks detailed within the Corporate Risk Register and receive assurance that risks are monitored effectively through risk leads, the Corporate Risk Review Group and Committees where risks are aligned to them.
- Note that the Audit Committee has received assurance that effective controls are in place to monitor risks within the Corporate Risk Register.
- Review and approve the Governing Body Assurance Framework which has been reviewed by the Executive Director Leads and the risk leads. This includes the approval to close three risks that are no longer considered to have an impact on the delivery of the strategic objectives of the organisation.

Sasha Sencier
Board Secretary and Senior Governance Manager

Governing Body Assurance Framework

V3.0



Governing Body Assurance Framework

The Governing Body Assurance Framework (GBAF) for NHS North Yorkshire CCG aims to identify the main risks to the delivery of the CCGs strategic objectives and its statutory obligations. The GBAF sets out the controls that have been put in place to manage the risks and the assurances that have been received that show if the controls are having the desired impact. It includes an action plan to further reduce the risks.

Risks scored 15 and above that are aligned to the CCGs strategic objectives are included in the GBAF. All other risks scored 15 and above are included in the CCGs Corporate Risk Register.

The GBAF is the key source of evidence that links strategic risks, controls and assurances and the main tool that the Governing Body should use in discharging its overall responsibility for internal control.

For the Risk Scoring Matrix Methodology, see Appendix A.

For Closed Risks, See Appendix B.

Governing Body Assurance Framework

“Working Together for Healthier Lives in North Yorkshire”

North Yorkshire CCG Strategic Objectives

- 1 Strategic Commissioning:**
 - To take the lead in planning and commissioning care for the population of North Yorkshire by providing a whole system approach and to support the development of general practice.
 - To make the best use of resources by bringing together other NHS organisations, local authorities and the third sector to work in partnership on improving health and care.
 - To develop alliances of NHS providers that work together to deliver care through collaboration rather than competition.
- 2 Acute commissioning:**

We will ensure access to high quality hospital-based care when needed.
- 3 Engagement with patients and stakeholders:**

We will build strong and effective relationships with all our communities and partners.
- 4 Financial sustainability:**

We will work with partners to transform models of care to deliver affordable, quality and sustainable services.
- 5 Integrated / Community Care:**

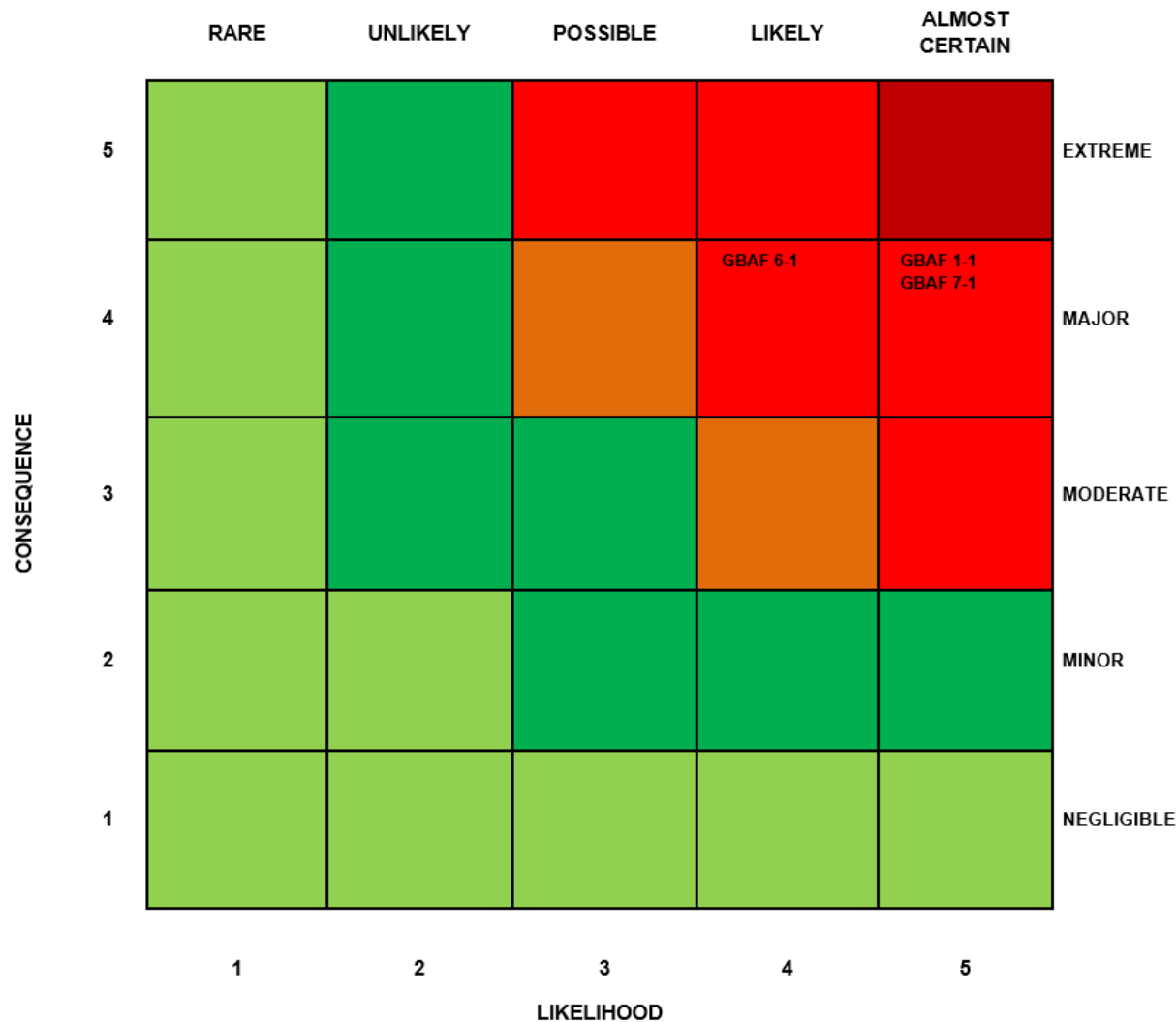
With our partners and people living in North Yorkshire we will enable healthy communities through integrated models of care.
- 6 Vulnerable People:**

We will support everyone to thrive [in the community].
- 7 Well-Governed and Adaptable Organisation:** In supporting our objectives we will be a well-governed and transparent organisation that promotes a supportive learning environment.

Governing Body Assurance Framework

Heat Map of Current Governing Body Assurance Framework Risks

Strategic Objective	Risks
1: Strategic Commissioning	1-1
2: Acute Commissioning	Nil
3: Engagement with patients and stakeholders	Nil
4: Financial Sustainability	Nil
5: Integrated / Community Care	Nil
6: Vulnerable People	6-1
7: Well-Governed and Adaptable Organisation	7-1



Governing Body Assurance Framework

Summary of Risks

1. Strategic Commissioning

REF	Strategic Objective	Principle Risk	Link to Other SOs	Risk Owner	Assurance Committee	Initial Risk			Current Risk			Risk Target		
						L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
1-1	1: STRATEGIC COMMISSIONING	1: The COVID19 pandemic and further risk of additional waves of occurring could seriously impact on the delivery of health services for the NY population.	2 5 6	Director of Strategy & Integration	FPCCC	5	4	20	5	4	20	2	1	2

2. Acute Commissioning: See Strategic Commissioning (Link to GBAF Ref 1:1)

3. Engagement with Patients and Stakeholders: Currently no risks to consider

4. Financial Sustainability: Currently no risks to consider

5. Integrated / Community Care : Currently no risks to consider

6. Vulnerable People

REF	Strategic Objective	Principle Risk	Link to Other SOs	Risk Owner	Assurance Committee	Initial Risk			Current Risk			Risk Target		
						L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
6-1	6: VULNERABLE PEOPLE	1: Limited external oversight of care and treatment for people who are most at risk i.e. those at home alone; and in care facilities with compromised staffing and with an increase in restrictive practices, will lead to an increased risk of abuse and neglect to vulnerable groups.		Chief Nurse	QCGC	5	5	25	4	4	16	2	2	4

7. Well Governed and Adaptable Organisation

REF	Strategic Objective	Principle Risk	Link to Other SOs	Risk Owner	Assurance Committee	Initial Risk			Current Risk			Risk Target		
						L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
7-1	7: WELL GOVERNED AND ADAPTABLE ORGANISATION	1: Insufficient workforce, talent management and succession planning system wide could lead to inability to deliver statutory duties and organisational objectives and priorities.	All	Director of Corporate Services, Governance & Performance	Executive Directors	4	4	16	5	4	20	2	2	4

Governing Body Assurance Framework

GBAF Ref: 1-1	STRATEGIC OBJECTIVE 1: STRATEGIC COMMISSIONING	Executive Risk Owner: Director of Strategy & Integration
		Assurance Committee: FPCCC
		Date Added to GBAF: June 2020
		Date last reviewed: September 2021

Principle Risk 1: The COVID-19 pandemic, including the further risk of additional waves of occurring, and the inability to transform and sustain services could seriously impact on the delivery of physical and mental health services for the NY population.

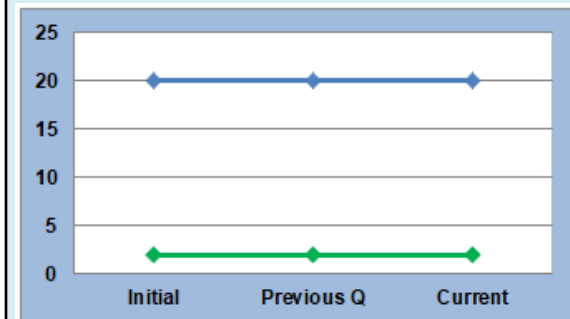
Positive Assurance and Existing Controls in Place

- Robust infection prevention and control measures in place across all health settings.
- Strong governance reporting providing good levels of assurance. Deputy Directors of Acute Commissioning report into various executive level meetings to provide assurance in this area. DDs also attend the HCV ICS Cancer Alliance Board and report into the System Delivery Executive.
- System Silver Command membership widened to provide increased focus on managing winter pressures and impacts from a second surge. Membership includes representatives from all care sectors and providers.
- Working with both acute and Independent Sector Providers (ISP) to clearly understand the amount of activity and clinical threshold required to maximise capacity through the Increasing Capacity Framework.
- Comprehensive daily information and reporting on system activity.
- Winter plans from health providers completed for 2021/22
- Surge plans prepared and enacted by acute providers, aligned with winter plans.
- Surge plans being finalised for mental health, primary care and community care.
- Primary care OPEL system agreed
- Confirmed discharge pathways and operational models/ co-ordinators all agreed
- Vaccination programme management continues, led by the AO.
- Recovery reporting to Governing Body, including Quality & Performance Dashboard to QCGC/FPCCC.
- EPRR, Business Continuity Plan and Major Incident Plan approved by Governing Body.

Gaps in Control and Assurance

- Workforce issues – isolation, fatigue, social distancing, health and wellbeing.
- Wave 2 of CV19 has presented significant risk to the workforce required to undertake transformational work as deployment to support acute services and the vaccination programme has taken priority.
- Non-urgent elective care recovery has been compromised as a result of capacity constraints due to wave 2 along with patient availability to attend appointments or procedures.

Initial Risk			Current Risk			Risk Target		
L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
5	4	20	5	4	20	2	1	2



TIME	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)
Initial Risk Rating	20	20	20	20
Current Risk Rating	20	20	20	
Target Risk Rating	2	2	2	2

Mitigating Action	Target Date	CCG Action Lead
Winter and UEC management with system partners over winter	Ongoing	Director of Acute Commissioning / Director of Transformation & Integration
Workforce planning at ICS level	Ongoing	HR Lead, ICS
Working closely with provider to monitor actively and waiting lists	Ongoing	Director of Acute Commissioning
Clinical prioritisation to mitigate risk on the extended waiting lists.	Ongoing	Director of Acute Commissioning / Director of Transformation & Integration

Governing Body Assurance Framework

GBAF Ref: 6-1

STRATEGIC OBJECTIVE 6: VULNERABLE PEOPLE

Executive Risk Owner: Chief Nurse

Assurance Committee: QCGC

Date Added to GBAF: June 2020

Date last reviewed: September 2021

Principle Risk 1: Limited external oversight of care and treatment for people who are most at risk i.e. those at home alone; and in care facilities with compromised staffing and with an increase in restrictive practices, may lead to an increased risk of abuse and neglect to vulnerable groups.

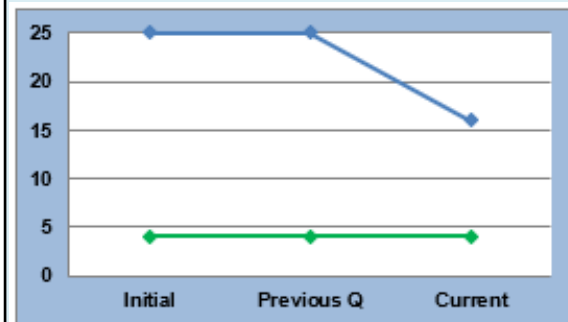
Positive Assurance and Existing Controls in Place

- SI reports / never event reports to the Chief Nurse and QCGC.
- Ongoing contact with partners including NYC Quality and Assurance Team and CQC to pick up any early indicators of concerns and to provide support
- Advice and guidance to providers when needed; telephone support; webinars; email contact; training; links to guidance and support with supplies.
- Regular virtual meetings with NYS Quality Assurance Team, CQC and CCG to discuss intelligence pertaining to care providers.
- Domestic Abuse support services have altered support arrangements to continue to provide a service to victims of Domestic Abuse.
- Daily multi provider command calls provides assurance regarding any issues with care homes and domiciliary care providers
- Acute provider trust and TEWV meetings in place
- Contract meetings: TEWV Clinical quality meeting and Harrogate quality meeting
- Links with safeguarding teams
- CRRG monthly monitoring of risks

Gaps in Control and Assurance

- Limited external oversight from CQC, reduction in Local Authority Quality Assurance visits, reduced Primary Care visits and CCG/CHC visits; reduction in external support services to carers and vulnerable individuals living in the community previously due to Covid19 restrictions. Low staffing levels in care homes due to recruitment difficulties and sickness levels, and difficulties in sourcing agency staff, increases the risk of harm to residents with finite staffing resource.
- Limited oversight from family members visiting Care Homes. The Local Authority holds the accountability for safeguarding adult arrangements under the Care Act, therefore the CCG will not be aware of all safeguarding concerns until notified by the LA.

Initial Risk			Current Risk			Risk Target		
L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
5	5	25	4	4	16	2	2	4



— Risk Score
— Risk Target

TIME	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)
Initial Risk Rating	25	25	25	25
Current Risk Rating	25	25	16	
Target Risk Rating	4	4	4	4

Mitigating Action

'The CCG Quality Team is working in partnership with the Local Authority to identify issues early and support where possible. 'The Designated Nurses will continue to work with Local Authority Safeguarding Leads, the NYSAB and CoY SAB, and CQC to identify and address safeguarding concerns as they arise, and ensure that cases requiring priority support receive this.

Action Target Date

Ongoing

CCG Action Lead

Designated Nurses

Governing Body Assurance Framework

GBAF Ref: 7-1

STRATEGIC OBJECTIVE 7: WELL GOVERNED AND ADAPTABLE ORGANISATION

Executive Risk Owner: Director of Corporate Services, Governance and Performance

Assurance Committee: Executive Directors Group / PCCC

Date Added to GBAF: June 2020

Date last reviewed: September 2021

Principle Risk 1: Insufficient workforce, talent management and succession planning system wide could lead to inability to deliver statutory duties and organisational objectives and priorities.

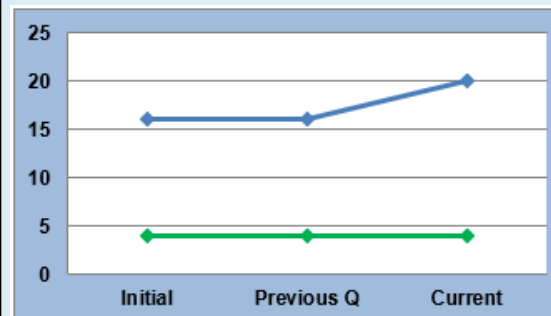
Positive Assurance and Existing Controls in Place

- Publication of The People's Plan – aims to tackle the range of workforce challenges in the NHS, recognising that this is one of the strategic risks for the NHS.
- Appraisal process in place with a focus on talent management and succession planning.
- CCG's working together on a wider footprint to align resources and functions where possible.
- Establishment of the Communication and Engagement Group which includes elements of staff engagement.
- Establishment of Primary Care Networks building on resilience within PC services.
- Winter plan in place which includes system wide mitigations.

Gaps in Control and Assurance

- Significant workforce issues across all sectors
- Skilled workforce not available to recruit
- Workforce strategy not in place
- GP International Recruitment programme will not realise full expected potential

Initial Risk			Current Risk			Risk Target		
L	C	Rating L x C	L	C	Rating L x C	L	C	Rating L x C
4	4	16	5	4	20	2	2	4



— Risk Score
— Risk Target

TIME	Q4 (2020)	Q1 (2021)	Q2 (2021)	Q3 (2021)
Initial Risk Rating	16	16	16	16
Current Risk Rating	16	16	20	
Target Risk Rating	4	4	4	4

Mitigating Action

Workforce strategy to be developed with partner organisations for a longer term solution

TBC

ICS Workforce Lead

Heads of Service to continue to discuss workforce concerns with partner organisations at system meetings and to help mitigate short term issues through collaborative working

Ongoing

All Senior Managers

Appendix A: Risk Scoring Matrix Methodology

	LIKELIHOOD	Descriptor of Frequency	Time Framed Descriptors of Frequency
1	Rare	This will probably never happen	Not expected to occur for years
2	Unlikely	Do not expect it to happen or recur	Expected to occur at least annually
3	Possible	Might happen or recur occasionally	Expected to occur at least monthly
4	Likely	Is likely to happen or recur but is not a presisting issue	Expected to occur at least weekly
5	Almost Certain	Will undoubtedly happen or recur. Possible frequently.	Expected to occur at least daily

Likelihood Score (L)
Choose the most appropriate level for the identified risk of the probability.

	Consequence score (severity levels) and examples of descriptors				
Domains	1 Negligible	2 Minor	3 Moderate	4 Major	5 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 / Complaints / Audit	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 / 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. 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.

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.

Appendix A: Risk Scoring Matrix Methodology

Domains	1 Negligible	2 Minor	3 Moderate	4 Major	5 Extreme
Statutory duty / inspections	No or minimal impact or breach of guidance/ statutory duty	Breach of statutory legislation. Reduced performance rating if unresolved.	Single breach in statutory duty. Challenging external recommendations / improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severely critical report.
Adverse publicity / Reputation	Rumours. Potential for public concern / media interest. Damage to an individuals reputation.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met. Damage to a teams 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 the organisations 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 / up to £100,000	Claims / Loss between £100,000 and £250,000	Claims / Loss between £250,000 and £500,000	Uncertain delivery of key objective/ Claims / Loss between £500,000 and £1m Purchasers failing to pay on time	Non-delivery of key Objective Claims / Loss exceeds £1m Failure to meet specification/ slippage Loss of contract / payment by results
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 day1. Moderate impact on environment.	Loss/interruption of >1 week. Major impact on environment.	Permanent loss of service or facility. Extreme impact on environment.
Data Loss / Breach of Confidentiality	Potential serious breach. Less than 5 people affected or risk assessed as low, eg files were not encrypted.	Potential serious breach and risk assessed as high, eg unencrypted clinical records. Up to 20 people affected.	Serious breach of confidentiality. Up to 100 people affected.	Serious breach with either Particular sensitivity, eg sexual health details, or up to 1000 people affected.	Serious breach with potential for ID theft or over 1000 people affected.
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.

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.

Appendix B: Closed Risks

GBAF Ref: 2-1	STRATEGIC OBJECTIVE 2: ACUTE COMMISSIONING	Executive Risk Owner: Director of Acute Commissioning
		Assurance Committee: FPCCC
Principle Risk 1: Sustainability and transformation of services to meet capacity and demand in acute settings across NY does not keep pace required leading to compromised quality of services and issues with capacity and demand.		
Reason for Closure: This risk has been combined with GBAF Risk 1:1 as the pandemic becomes part of ‘business as usual’ and acute commissioning demands is considered within strategic commissioning due to the impact across multiple areas.		
Closure Recommended by: The Director of Corporate Services, Governance & Performance and the Corporate Risk Review Group		
Date Approved for Closure by Governing Body: 7 October 2021 (TBC)		

GBAF Ref: 3-1	STRATEGIC OBJECTIVE 3: ENGAGEMENT WITH PATIENTS AND STAKEHOLDERS	Executive Risk Owner: Director of Corporate Services, Governance & Performance
		Assurance Committee: QCGC
Principle Risk 1: Insufficient system wide engagement and decision making of partner organisations could impact on the CCGs ability to work effectively to transform the way services are commissioned for the local population.		
Reason for Closure: This risk was placed on the GBAF and initially at a score of (L) 4 x (C) 4 = 16 due to the dissolution of the three North Yorkshire CCG’s and the establishment of the new North Yorkshire CCG in April 2021. There has been a significant amount of work to engage all system partners, particularly in the lead up to the establishment of the new ICB and this is therefore no longer considered to be a risk to the delivery of the strategic objectives.		
Closure Recommended by: The Director of Corporate Services, Governance & Performance and the Corporate Risk Review Group		
Date Approved for Closure by Governing Body: 7 October 2021 (TBC)		

GBAF Ref: 6-2	STRATEGIC OBJECTIVE 6: VULNERABLE PEOPLE	Executive Risk Owner: Chief Nurse
		Assurance Committee: QCGC
Principle Risk 2: Due to the government advice re social distancing/isolation there are reduced opportunities for health providers and other partner agencies to have face to face contact with vulnerable children and their families, therefore there is a greater risk that safeguarding children issues will not be identified and addressed.		
Reason for Closure: This risk was reduced significantly in Quarter 1 on 2021/22 from xxxxxxxx to a score of (L) 2 x (C) 5 = 10. The rationale given was that children are back in school, however the visibility of children can still be an issue given the number of children absent from school due to acquiring Covid infections and requirements to isolate this there is still a risk that should be monitored. It is expected that this risk to reduce further later in the summer/ early autumn as changes to isolation rules are introduced. This risk is therefore no longer considered to be a risk to the delivery of the strategic objectives.		
Closure Recommended by: The Chief Nurse and the Corporate Risk Review Group		
Date Approved for Closure by Governing Body: 7 October 2021 (TBC)		

North Yorkshire CCG - Risk Registers

GUIDANCE - Please read prior to completing this document

Introduction

The Risk Registers are used for evaluating and managing operational risks, both significant and non significant. Significant risks are detailed within the Corporate Risk Register tab (Scored 15 and above) and non significant risks are detailed within the Directorate Risk Register tab (scored 12 and below).

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.

PLEASE FOLLOW RISK RATING GUIDANCE BELOW BEFORE COMPLETING SCORES

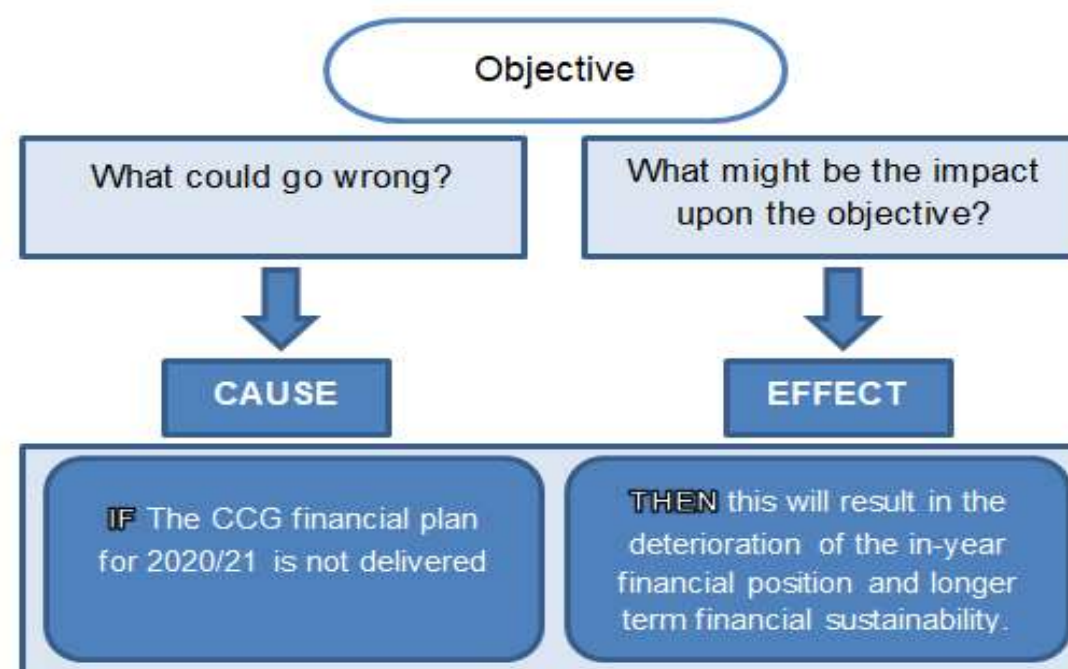
The results of the likelihood and consequence assessments can be recorded against a risk matrix (Risk scores are automatically populated in the log)

The matrix provides a visual representation of risk in relation to establishing the priority for managing each risk.

Risk assessment involved the calculation of the magnitude of potential consequences (levels of impacts) and the likelihood (levels of probability) of these consequences to occur.

Risk = LIKELIHOOD x CONSEQUENCE; where: (i) Likelihood is the Probability of occurrence of an impact that affects the environment; and, (ii) Consequence is the Environmental impact if an event occurs.

Example of Constructing a Risk



Risk Scoring Matrix Methodology

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				
Domains	1	2	3	4	5
	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 or staff.	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 / Complaints / Audit	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 / 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. 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 breach of guidance/ statutory duty	Breach of statutory legislation. Reduced performance rating if unresolved.	Single breach in statutory duty. Challenging external recommendations / improvement notice.	Enforcement action. Multiple breaches in statutory duty. Improvement notices. Low performance rating. Critical report.	Multiple breaches in statutory duty. Prosecution. Complete systems change required. Zero performance rating. Severely critical report.
Adverse publicity / Reputation	Rumours. Potential for public concern / media interest. Damage to an individuals reputation.	Local media coverage – short-term reduction in public confidence. Elements of public expectation not being met. Damage to a teams 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 the organisations 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 / up to £100,000	Claims / Loss between £100,000 and £250,000	Claims / Loss between £250,000 and £500,000	Uncertain delivery of key objective/ Claims / Loss between £500,000 and £1m Purchasers failing to pay on time	Non-delivery of key Objective Claims / Loss exceeds £1m Failure to meet specification/ slippage Loss of contract / payment by results
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 day1. Moderate impact on environment.	Loss/interruption of >1 week. Major impact on environment.	Permanent loss of service or facility. Extreme impact on environment.
Data Loss / Breach of Confidentiality	Potential serious breach. Less than 5 people affected or risk assessed as low, eg files were not encrypted.	Potential serious breach and risk assessed as high, eg unencrypted clinical records. Up to 20 people affected.	Serious breach of confidentiality. Up to 100 people affected.	Serious breach with either Particular sensitivity, eg sexual health details, or up to 1000 people affected.	Serious breach with potential for ID theft or over 1000 people affected.
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.

Risk Scoring Matrix Methodology

Likelihood Score (L)

Choose the most appropriate level for the identified risk of the probablility.

	LIKELIHOOD	Descriptor of Frequency	Time Framed Descriptors of Frequency
1	Rare	This will probably never happen	Not expected to occur for years
2	Unlikely	Do not expect it to happen or recur	Expected to occur at least annually
3	Possible	Might happen or recur occasionally	Expected to occur at least monthly
4	Likely	Is likely to happen or recur but is not a persisting issue	Expected to occur at least weekly
5	Almost Certain	Will undoubtedly happen or recur. Possible frequently.	Expected to occur at least daily

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