NHS
North Yorkshire
Clinical Commissioning Group

Title of Meeting:	**NY CCG Governing Body**	**Agenda Item: 8.4**
Date of Meeting:	**24 March 2022**	
Paper Title:	**Significant Risk Report**	

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:

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. Committees of the Governing Body receive risks aligned to them.

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:

- The Governing Body Assurance Framework (GBAF) – See appendix A
- The Corporate Risk Register (CRR) – See Appendix B

The report provides assurance that effective controls are in place to manage and monitor CCG risks.

Recommendations

The Governing Body is being asking to:

- Review and approve the Governing Body Assurance Framework.
- 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.

Monitoring

The Governing Body receives the GBAF and CRR twice per year 'in public' and once per year at a development session. The Audit Committee receives all risks twice per year.

CCG Strategic Objectives Supported by this Paper

	CCG Strategic Objectives	X
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.	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? This report includes the GBAF.

YES	X	NO	

Any statutory / regulatory / legal / NHS Constitution implications	As detailed within the NY CCG Constitution, the CCG has delegated authority to the Governing Body to oversee and provide assurance of strategic risk. 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.
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 for 2020/21 and 2021/22.

The Corporate Risk Review Group continues to meet monthly 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 and in February 2022 , the Board Secretary / Senior Governance Manager met with each of the individual risk leads / teams 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 in Quarter 3 of 2021/22 and noted their assurance that processes are in place to manage and monitor risks effectively.

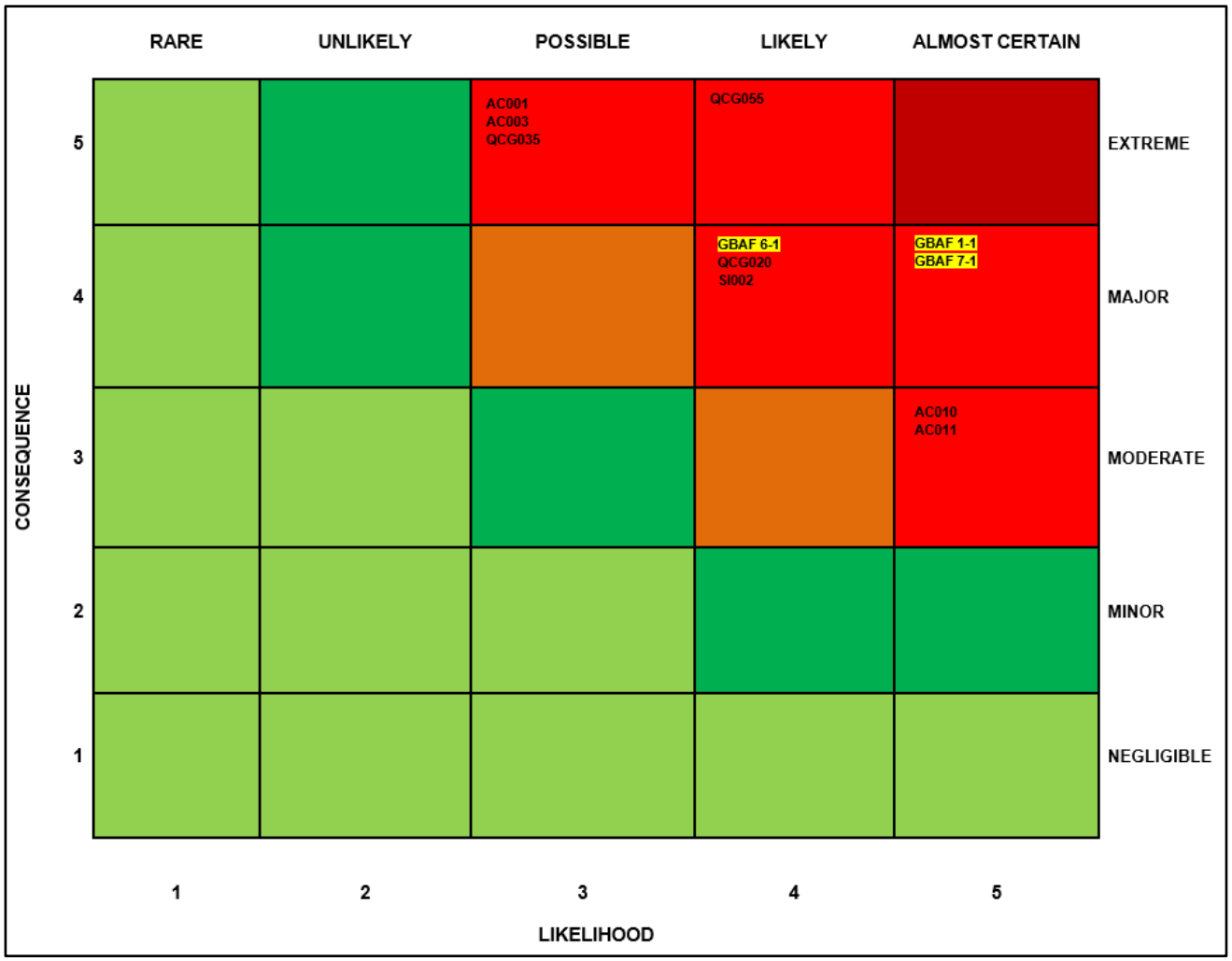
The Governing Body Assurance Framework (GBAF) and Corporate Risk Registers are documents that continuously change according to environment that the CCG faces at any one time. As such the risks are monitored regularly in several ways, as detailed within the CCG's Risk Management Strategy (figure 1).

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	**At least 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 and Directorate Risk Register, risks that may support the outcome of the GBAF risks.**	**Monthly**
The Director of Corporate Services, Governance and Performance, Senior Governance Manager / Board Secretary and teams from across the directorate have undertaken a deep dive of all risks.	**Twice in 2021/22**

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).



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.

There is currently **THREE** risks on the GBAF – snapshots are detailed below, and full descriptions of the risks can be found at **Appendix A.**

Risk ID: GBAF 1-1
Executive Risk Owner: Director of Strategy and Integration
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.

Summary of Risk Management

TIME	Q1(21/22)	Q2 (21/22)	Q3 (21/22)	Q4 (21/22)
Initial Risk Rating	20	20	20	20
Current Risk Rating	20	20	20	20
Target Risk Rating	2	2	2	2

Risk ID: GBAF 6-1
Executive Risk Owner: Chief Nurse
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.

Summary of Risk Management

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

Risk ID: GBAF 7-1
Executive Risk Owner: Director of Corporate Services, Governance and Performance
Insufficient workforce, talent management and succession planning system wide could lead to inability to deliver statutory duties and organisational objectives and priorities.

Summary of Risk Management

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

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 **EIGHT** 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
Executive Risk Owner: Director of Acute Commissioning
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	Q1(21/22)	Q2 (21/22)	Q3 (21/22)	Q4 (21/22)
Initial Risk Rating	12	12	12	12
Current Risk Rating	12	16	15	15
Target Risk Rating	4	4	4	4

Risk ID: AC-003
Executive Risk Owner: Director of Acute Commissioning
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	Q1(21/22)	Q2 (21/22)	Q3 (21/22)	Q4 (21/22)
Initial Risk Rating	12	12	12	12
Current Risk Rating	12	12	15	15
Target Risk Rating	4	4	4	4

Risk ID: AC-010
Executive Risk Owner: Director of Acute Commissioning
Risk that the increase in patient numbers presenting at ED impacts on patient flow, resulting in poor patient outcomes and potentially increased risk from delayed handover and ongoing review (particularly in regard to ambulance attendance).

Summary of Risk Management

TIME	Q1(21/22)	Q2 (21/22)	Q3 (21/22)	Q4 (21/22)
Initial Risk Rating	12	12	12	12
Current Risk Rating	12	12	12	15
Target Risk Rating	3	3	3	3

Risk ID: AC-011
Executive Risk Owner: Director of Acute Commissioning
Risk that the increase in staffing absence at Acute Trusts, GP OOHs services and YAS (999/111) impacts on the level of service these providers are able to offer resulting in poor patient outcomes as a consequence of delays. (Risk that re-deployment of specialist nursing staff into ward cover to bridge gaps as part of winter planning process could impact quality of care and waiting times.)

Summary of Risk Management

TIME	Q1(21/22)	Q2 (21/22)	Q3 (21/22)	Q4 (21/22)
Initial Risk Rating	12	12	12	12
Current Risk Rating	12	12	12	15
Target Risk Rating	3	3	3	3

Risk ID: QCG-020
Executive Risk Owner: Chief Nurse
Risk to operational delivery and sustainability of MH and LD services due to Trust provider challenges which is in Quality Board Process overseen by NHSE/I, could impact on patient safety and quality and on the ability to deliver services effectively.

Summary of Risk Management

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

Risk ID: QCG-035
Executive Risk Owner: Chief Nurse
Hydroxychloroquine (and chloroquine) treatment now requires annual retinal screening (from Y1 on CQ, Y5 on HCQ but Y1 on HCQ with risk factors), plus early baseline records in all cases. As a shared care drug, this monitoring is seen as an essential function of secondary care. Most trusts are well advanced in embedding but a number of providers' ophthalmology do not have capacity, despite stated need for this by rheumatology and dermatology.

Summary of Risk Management

TIME	Q1(21/22)	Q2 (21/22)	Q3 (21/22)	Q4 (21/22)
Initial Risk Rating	8	8	8	8
Current Risk Rating	6	15	15	15
Target Risk Rating	5	5	5	5

Risk ID: QCG-055
Executive Risk Owner: Chief Nurse
Lack of Residential provision:
Due to the closure of 3 residential provisions by Ofsted, 4 of the most complex and vulnerable children are without a residential placement. Of these, 2 of the young people are currently accommodated in NYCC Respite Units, which is having a negative impact on other young people and families as they are unable to access respite services, and the other 2 are at risk of inpatient admission due to lack of provision.

Summary of Risk Management

TIME	Q1(21/22)	Q2 (21/22)	Q3 (21/22)	Q4 (21/22)
Initial Risk Rating	-	-	20	20
Current Risk Rating	-	-	20	20
Target Risk Rating	-	-	1	1

Risk ID: SI-002
Executive Risk Owner: Director of Strategy and Integration
In a third wave community services to be unable to meet patient demand due to volumes of patients with Covid-19 and / or high staff absence, exacerbated.

Summary of Risk Management

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

3.0 Recommendations

The Governing Body is asked to:

- Review and approve the Governing Body Assurance Framework.
- 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.

Sasha Sencier
Board Secretary and Senior Governance Manager

North Yorkshire CCG

Governing Body Assurance Framework

V3.2

NHS
North Yorkshire
Clinical Commissioning Group

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

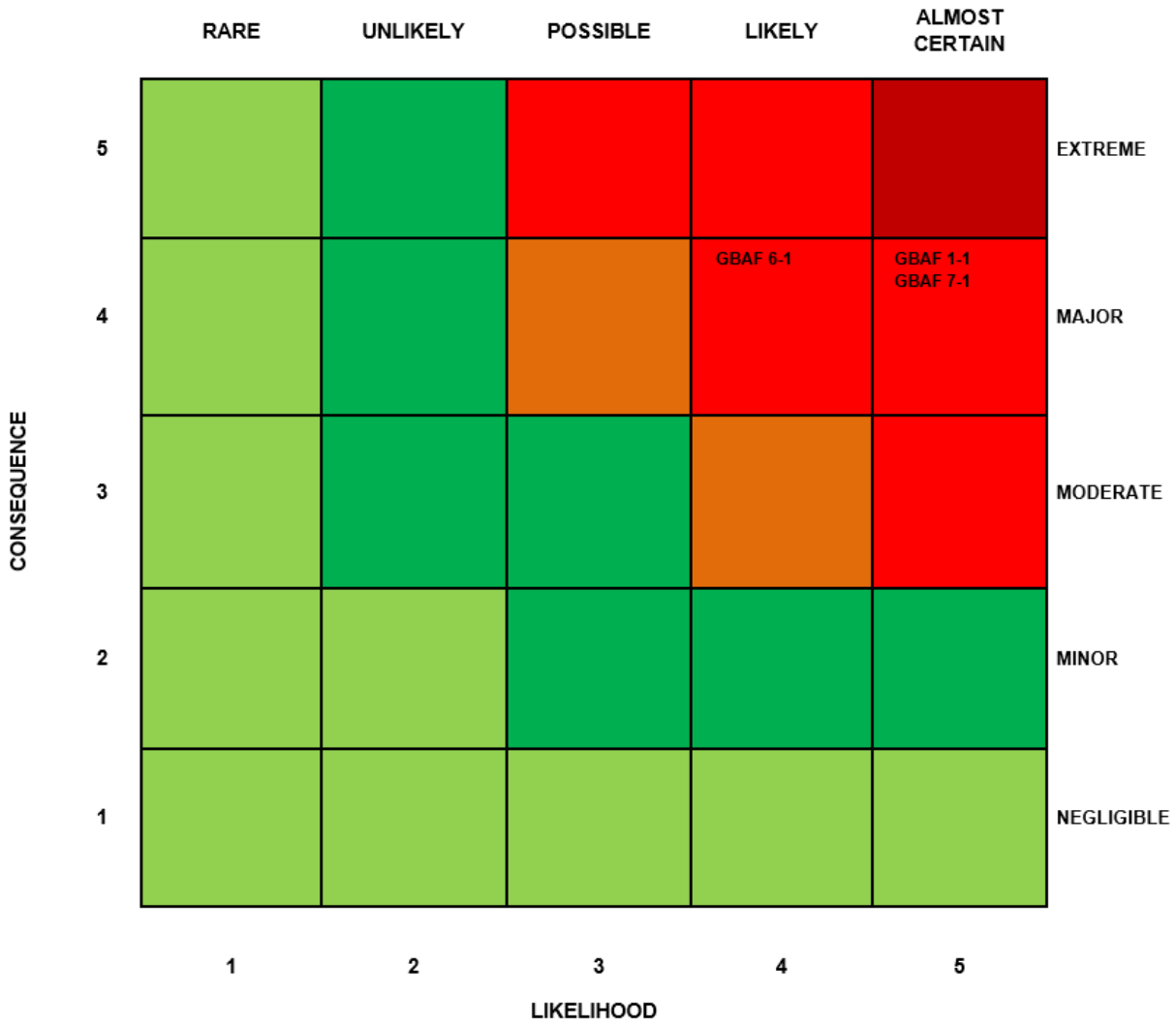
"Working Together for Healthier Lives in North Yorkshire"

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 by GB: March 2022 (TBC)

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.

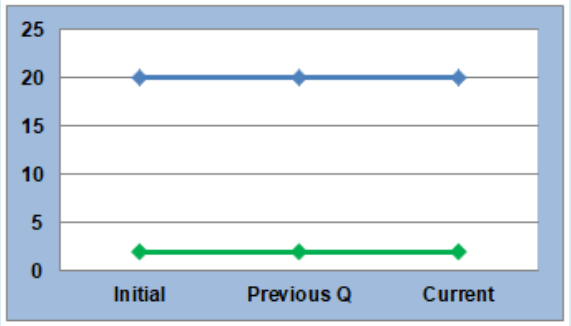
Positive Assurance and Existing Controls in Place

- 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.
- Additional COVID waves 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	Q1 (21/22)	Q2 (21/22)	Q3 (21/22)	Q4 (21/22)
Initial Risk Rating	20	20	20	20
Current Risk Rating	20	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 providers 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 by GB: March 2022 (TBC)

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.

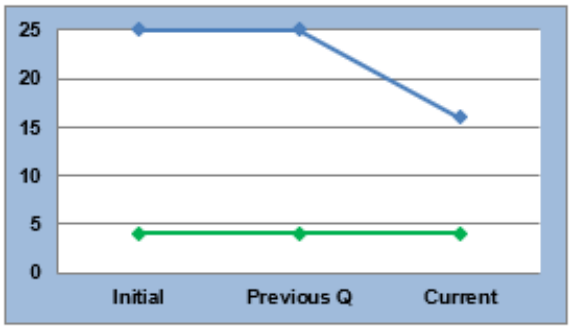
Positive Assurance and Existing Controls in Place

- 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



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

Mitigating Action	Action Target Date	CCG Action Lead
'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.	Ongoing	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
		Date Added to GBAF: June 2020
		Date Last Reviewed by GB: March 2022 (TBC)

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.

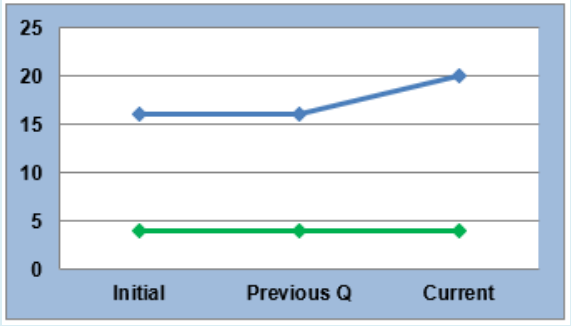
Positive Assurance and Existing Controls in Place

- 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.
- Cross working across teams where possible to build resilience.

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



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

Mitigating Action	Action Target Date	CCG Action Lead
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 frequenctly.	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	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.	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 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 / 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 that 5 people afected or risk assessed as low, eg files were not encrypted.	Potential serious breach and risk assessed as high, eg unencypted 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		

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		

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 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		

NY CCG Corporate Risk Register (Risks Scored 15 and Above)

Assurance Committee	Other Committees Aligned	Risk ID	Date Risk Added	Risk Description	Executive Risk Owner	Lead Officer	Quantifiable Financial Risk	Positive Controls & Existing Assurance in Place	Likelihood (L) X Consequence (C) = Risk Score: Initial L 1-5	Initial C 1-5	Initial Score (1-25)	Current L 1-5	Current C 1-5	Current Score (1-25)	GBAF	Gaps in Control and Assurance	Actions Required / Observations and Action Lead Identified	Target Month for Action Completion	L X C = Risk Target: L 1-5	C 1-5	RA (1-25)	Date Last Reviewed
Quality & Clinical Governance Committee		AC-001	13/07/20	Risk that there will be increased morbidity due to increasing number of patients waiting beyond 52 weeks for routine elective procedures.	Simon Cox, Director of Acute Commissioning	Vanessa Burns, Deputy Director of Acute Commissioning	N/A	- Elective surgery will be coming on line slowly and green theatres are established. - Trusts embedding WL review following the RCS guidance for surgical prioritisation. - Independent Provider capacity needs to be maximised. - Note these are routine referrals and patients can still return to GP if condition or symptoms worsen so can be highlighted by GP to secondary care - Trusts looking at how national surgical prioritisation scoring / RAG ratings can be used for waiting list with re-review over time to mitigate risk on the extended waiting list. ICSs looking at Clinical Risk review so that common guidance is used. Maximise capacity through elective care hubs and virtual hubs. - New WL review mandate from NHSE and EBI review will mitigate the risk in some part but needs to be embedded - New framework for CCGs and ISPs issued. NYCCG working with ISPs to ensure sustained increase in capacity to assist with elective surgery. - CCG linking into to Acute Provider recovery groups.Clinical review of harm has been raised at provider meetings and any incidences to be highlighted. 78w waiter review as well as 104 day for cancer being undertaken. Weekly reviews of PTL ongoing with NHSE oversight too. - Regular feedback to GPs as to waiting list length in specialties - Comms to patients regarding waits and how to manage condition while waiting. - Referrals continue to be triaged on receipt. - ISP providers still in place. Review of the waiting list in place at each provider and safety netting of patients. - The CCG is working with the HCV ICS on developing a programme to enable patients to 'wait well' targeting those patients who are waiting longer for their routine surgery. - ISP Framework now published - working with both acute and ISP providers to clearly understand the amount of activity required from ISP and the clinical mix to maximise capacity. - Waiting well initiatives being rolled out to patients on Priority 4 (and others). - ISP planning guidance now published and now working with Trusts and ISPs to maximise capacity across the system for H2.	3	4	12	3	5	15		Surgical capacity and resource issues. Risk of workforce burnout. Risk of patients choosing not to attend or to delay their surgery due to Wave 3.	Situation under constant monitoring by risk lead.		2	2	4	18/01/22
Quality & Clinical Governance Committee		AC-003	07/08/20	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.	Simon Cox, Director of Acute Commissioning	Vanessa Burns, Deputy Director of Acute Commissioning	N/A	- 2ww referrals accepted and urgent referrals being triaged by secondary care either virtual or face to face. - 2ww and Urgent referrals and treatment prioritised. FIT testing being used to assist prioritisation in some localities. - CT being used instead of endoscopy to mitigate the highest risk patients during period when endoscopy ceased (April/May) New changes to isolation guidance and testing 48-72 hours pre procedure should help throughput - Capacity is improving with most 80% or above. Backlog is still significant. New pressure is patient cancellations. - NY and VoY Covid Cancer Recovery Plan is being monitored on a monthly basis and will be considered at the monthly cancer meeting between these two CCGs.The Recovery Plan (and assurance report) includes services at HDFT, YTHT and STHT. Content will be used to provide update to Service Delivery Executive as and when required. - Focus for Cancer Alliances. - HCV Cancer Alliance and York Trust working together to focus on early cancer diagnosis. - HDFT offering mutual aid to York and Leeds. - FIT now in use for triage of both 2ww and routine/urgent endoscopies to enable prioritisation. - HCV Cancer Alliance developed an overview of restoration and recovery of cancer services. - Still in progress: capsule endoscopy and cytosponge as alternative to endoscopy. -York, Harrogate and STHT are involved in Capsule Endoscopy (which will have a positive impact on endoscopy waits). Work on diagnostic blood tests (Pinpoint and possibly GRAIL) will also lead to reduction in diagnostic waits and subsequent imaging/ endoscopy demand. Working with Cancer Alliances and Trusts to understand data.	3	4	12	3	5	15		YFT have significant risk and backlog in the Endoscopy pathway, previous changes to capacity on lists and C-19 restrictions exacerbate this although new guidance should assist (see positive assurance re: mutual aid). Due to IPC continues to be an area under pressure in terms of capacity. Some Endoscopy staff have been redeployed to other areas due to high COVID and non-COVID staff absences.	Situation under constant monitoring by risk lead.		1	4	4	18/01/22
Quality & Clinical Governance Committee		AC-010	12/07/21	Risk that the increase in patient numbers presenting at ED impacts on patient flow, resulting in poor patient outcomes and potentially increased risk from delayed handover and ongoing review (particulary in regard to ambulance attendance).	Simon Cox, Director of Acute Commissioning	John Darley, Head of Acute Commissioning / Sam McCann /Nikki Henderson	N/A	Patients remain under ongoing clinical observation and review. Daily review of ED performance occurs with exception reporting as required to NHSE. Bronze system calls held every day and introduced a new ambulance pathway so crew can access hospital services without having to join the ED queue, ie Frailty and SDEC - looking to expand further on York and Scarborough site and looking at how this could benefit Harrogate site.	4	3	12	5	3	15		Exiting wave 2 of CV19 has seen a further significant increase in patient demand to ED through both walk in and 999 ambulance now consistently above pre COVID levels despite introduction of initiatives to rechannel urgent patient demand to other pathways (e.g. local HCV CAS) - impacts on the urgent and emergency care system of such initiatives hard to cllobrate in context of other wider system demand drivers (e.g. availble access to some other services).	Situation is closely monitored.		1	3	3	18/01/22

Assurance Committee	Other Committees Aligned	Risk ID	Date Risk Added	Risk Description	Executive Risk Owner	Lead Officer	Quantifiable Financial Risk	Positive Controls & Existing Assurance in Place	Initial L 1-5	Initial C 1-5	Initial Score (1-25)	Current L 1-5	Current C 1-5	Current Score (1-25)	GBAF	Gaps in Control and Assurance	Actions Required / Observations and Action Lead Identified	Target Month for Action Completion	L 1-5	C 1-5	RA (1-25)	Date Last Reviewed
Quality & Clinical Governance Committee		AC-011	12/07/21	Risk that the increase in staffing absence at Acute Trusts, GP OOHs services and YAS (999/111) impacts on the level of service these providers are able to offer resulting in poor patient outcomes as a consequence of delays. **(Risk that re-deployment of specialist nursing staff into ward cover to bridge gaps as part of winter planning process could impact quality of care and waiting times.)**	Simon Cox, Director of Acute Commissioning	John Darley, Head of Acute Commissioning / Sam McCann /Nikki Henderson	N/A	Patients remain under clinical observation and review. Daily review of all service providers KPIs and wider performance occurs with exception reporting as required to NHSE.	4	3	12	5	3	15		Wave 3 of CV19 has seen an increase in staff absence and a consequential impact on the ability of services to fully staff services (e.g. acute hopsitals in Scarborough, Harrogate and York as well as 999/111 and Vocare which are not all routinely reported.	Situation is closely monitored		1	3	3	18/01/22
Quality & Clinical Governance Committee		QCG-020	11/08/20	Risk to operational delivery and sustainability of MH and LD services due to Trust provider challenges which is in Quality Board Process overseen by NHSE/I, could impact on patient safety and quality and on the ability to deliver services effectively.	Sue Peckitt, Chief Nurse	Kirsty Kitching, Assistant Director Mental Health & LD Partnership		Regular review through TEWV forecasting / modelling group TEWV 'Build Back Better' programme developed to support a level of surge Links with HCV ICS Quality Board Process in place, overseen by NHSE/I and attendance by Chief Nurse, regular updates to CQC improvement action plan Partnership approach continues to enable oversight of the full MH/LDA services including budget Regular NY&Y Quality meetings and processes in place to pick up local issues Partnership approach to delivery of the Mental Health Investment Standard Agreement to fund additional inpatient staffing as a result of the CQC action plan. Fully committed 21/22 non-recurrent spending review funding to support impact of Covid and to contribute towards delivery of LTP.	4	4	16	4	4	16		Starting from low baseline position for investment despite committment to MHIS + over the last 3 years. CQC Action plan in place but significant gaps in safe staffing and skill mix for adult in-patient unit lack of evidence/assurance of embedding learning from SI and management of SI process Worforce and recruitment pressures across a number of services	Continue with partnership arrangements 22/23 - MHIS planning and prioritisation process to commence to support quality and delivery of LTP. Workforce strategy to be developed under the ICS.	Mar-22	3	2	6	02/02/22
Quality & Clinical Governance Committee		QCG-035	21/08/20	Hydroxychloroquine (and chloroquine) treatment now requires annual retinal screening (from Y1 on CQ, Y5 on HCQ but Y1 on HCQ with risk factors), plus early baseline records in all cases. As a shared care drug, this monitoring is seen as an essential function of secondary care. Most trusts are well advanced in embedding but a number of providers' ophthalmology do not have capacity, despite stated need for this by rheumatology and dermatology.	Sue Peckitt, Chief Nurse	Ken Latta, Deputy Director: Medicines Management (with Susan Broughton, Lead Pharmacist)	Nil but may influence AIC discussions	Processes established and functioning at HDFT. Highlighted need at YSTHFT and STHFT D&TC and supported by members, including pharmacy. - escalated to QCGC and Chief Nurse for discussions with trust. RMOC document out to consultation that identifies and therefore reaffirms national RCO requirements. This also recognsies the pressures on hospital services but will be useful to reinforce need to comply. Have engagement of South Tees NHS FT and YSTHFT ophthalmology (and rheumatology) trust to take responsibility on identifying patients in prioritisation. Also further changed to RCO guidance that will mean less demand on screening service of trusts. Also accessing IS providers in association with VoYCCG to provider the service. Paper highlighting risk and plans was taken to the Clinical Transformation FR Exec and supported.	2	4	8	3	5	15		STeesHFT and YSTHFT is not delivering to defined national safety standards (RCOphthalmologists)	North Yorkshire and VoY identifying IS providers to work in partnership with Trusts' ophthalmology partners. Testing practice system searches to capture patient data to allow risk stratification for partners to prioritise highest risk patients.	Mar-22	1	5	5	01/02/22
Quality & Clinical Governance Committee		QCG-055	17/12/21	**Lack of Residential provision**: Due to the closure of 3 residential provisions by Ofsted, 4 of the most complex and vulnerable children are without a residential placement. Of these, 2 of the young people are currently accommodated in NYCC Respite Units, which is having a negative impact on other young people and families as they are unable to access respite services, and the other 2 are at risk of inpatient admission due to lack of provision. .	Sue Peckitt, Chief Nurse	Suzanne Bennett, Head of Children, Young People		Meeting with with NYCC at least weekly to identify any residential placements for these young people.	4	5	20	4	5	20		Due to the closure of the 3 specialist residential placements there are no placements for our most complex special needs children. Also due to the national Carers crisis, there is currently difficulty in recruitment affecting the out of area placement availability.	Weekly meeting with Local Authority to continue to scope for suitable placements across the country. Regular updates from CCC team leader to CYP Lead Commissioners and in North Yorkshire and York.	Mar-22	1	1	1	26/01/22

Assurance Committee	Other Committees Aligned	Risk ID	Date Risk Added	Risk Description	Executive Risk Owner	Lead Officer	Quantifiable Financial Risk	Positive Controls & Existing Assurance in Place	Initial L 1-5	Initial C 1-5	Initial Score (1-25)	Current L 1-5	Current C 1-5	Current Score (1-25)	GBAF	Gaps in Control and Assurance	Actions Required / Observations and Action Lead Identified	Target Month for Action Completion	L 1-5	C 1-5	RA (1-25)	Date Last Reviewed
Finance, Performance, Contracting & Commissioning Committee	Primary Care Commissioning Committee	SI-002	03/09/20	In a third wave community services to be unable to meet patient demand due to volumes of patients with Covid-19 and / or high staff absence, exacerbated.	Wendy Balmain, Director of Strategy and Integration	Sam Haward, Head of Community Services and Transformation		- Prioritisation matrix for community service workload still in place from first wave - Designated discharge co-ordinator for North Yorkshire in place. - Discharge Command Centres in place at all 5 District General Hospitals - Home First national discharge policy produced and supported by national discharge fund - North Yorkshire and York wide tactial group in place to oversee system pressures and discharge processes - Block-booked beds in place with a range of nursing and residential support to ensure rapid discharge and safe management of Covid positive patients Discussions on capacity required for autumn / winter 2021/22 to continue as required. Ageing Well capacity is currently being put in place to strengthen services. A number of plans have been put in place to support discharge including discharge enabling grants (personal health budgets), system flow co-ordinators, discharge facilitators at Scarborough and the Friarage hospitals and designated beds through re-opening Peppermill Court and for James Cook University Hospital through Brownlee Court. Various processes are in place to facilitate discussions between community providers, social care, primary care and acute providers to manage demand.	3	4	12	4	4	16		Workforce capacity particularly in social care to meet demand. There is no community bed provision for covid positive patients which is leading to increased numbers of Covid patients within hospitals.	Revised operating model for discharge from 1 Apr 22 when the national discharge funding ceases. Discussions on capacity to continue as required.	Mar-22	3	2	6	24/01/22