

<b>West Norfolk CCG Corporate Risk Register</b> 15/11/2017	<b>West Norfolk CCG Strategic Objectives</b>
<b>Lead : Head of Corporate Affairs</b>	1. To ensure the needs of the people of West Norfolk and clinical quality are at the heart of everything we do
	2. To lead the long term sustainability of health & care services for the people of West Norfolk
	3. To collaborate in partnerships that promote and deliver demonstrable improvements in the health & wellbeing of the people of West Norfolk
	4. To meet statutory financial duties
<b>Status Change</b>	
→ - same	5. To be innovative and to use integration as a means to deliver improvements in care
↑ - increased	6. To ensure that the resources and capability are made available to commission services efficiently and effectively
↓ - decreased	

<b>RISK MATRIX:</b>	<b>Likelihood</b>				
<b>Consequence</b>	<b>1 – Rare</b>	<b>2 – Unlikely</b>	<b>3 – Possible</b>	<b>4 – Likely</b>	<b>5 – Almost Certain</b>
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25



Item 17.111

Strategic Objective	CCG Improvement and Assessment Framework	Ref	Risk Description (and implication)	Inherent Risk Rating (LxC)	Existing Controls (measures in place to reduce likelihood)	Assurances on Control	Current Risk Rating (LxC)	Target Risk Rating (LxC)	Date to achieve Target Risk	Date Risk Added	Date Risk Updated	Gap in Controls/Assurance	Action plan and Progress Report	Date to Complete Action(s)	Committee	Lead
2. To lead the long term sustainability of health & care services for the people of West Norfolk	Better Health/Better Care/Leadership/Sustainability	2.7	There is a risk that the development of West Norfolk Health is not quick enough to meet the wider CCG objectives, including elements of the GPFV.	4 x 4 = 16 (R)	Previously support has been given by PCCC. A business case has been presented to SMT and has been reviewed by F&P. A West Norfolk Health (WNH) engagement event was held on the 12th September where presentations were given by both WNH and the CCG. These presentations illustrated a shared direction of travel. An interim Board has been appointed	<b>Internal:</b> SMT, F&P, PCCC <b>External:</b> NHS England through the monitoring of the GP Forward View implementation	3 x 3 = 9 (A) →	3 x 2 = 6 (Y)	31/01/2018	16/06/2017	15/11/2017	Further discussion needs to take place on the business case. A contract with West Norfolk Health needs to be agreed	1. Negotiations around the development of a business case continue. 2. The business case agreement will facilitate completion of the contract 3. Key posts within West Norfolk Health have been identified and are being recruited to.	31/12/2017 31/12/2017 31/01/2018	PCCC	RC/SL
		2.8	There is a risk that potential GP premises developments do not receive approval, leading to unsustainable General Practice	4 x 4 = 16 (R)	A number of premises developments have been provided with EITF funding to develop business cases for consideration	<b>Internal:</b> SMT, F&P, PCCC, Heads of Primary Care meeting <b>External:</b> NHS England	3 x 3 = 9 (A) →	3 x 2 = 6 (Y)	31/12/2017	16/06/2017	15/11/2017	Public consultation, some revision of business cases required	1. A full understanding of the premises process needs to be gained across the STP in order for a robust process to be established 2. Meet with NHSE	31/12/2017 31/12/2017	PCCC	RC/SL
		2.9	There is a risk that the process for making decisions around proposed premises developments is unclear and that system expertise may be lost - risk to reputation	4 x 4 = 16 (R)	Applications for premises developments are submitted to the NHSE estates group. The STP will be required to set up its own estates group. CCG decision making structure to be discussed	<b>Internal:</b> SMT, F&P, PCCC <b>External:</b> NHS England through the monitoring of the GP Forward View implementation	3 x 3 = 9 (A) →	3 x 2 = 6 (Y)	31/12/2017	16/06/2017	15/11/2017	A robust handover needs to be developed in partnership with NHS England to retain expertise in the system	1. Heads of Primary Care across the STP to scope the project. 2. Once the STP wide AD for Primary Care commences in post, this will be handed over.	31/12/2017 31/12/2017	PCCC	RC/SL
		2.10	There is a risk that workforce issues in the short and medium term impact on the ability for primary care to deliver sustainable service effectively.	4 x 4 = 16 (R)	Gap analysis and baseline being established as part of GPFV work. Developing plans with partners for recruitment and retention	<b>Internal:</b> SMT, PCCC <b>External:</b> NHS England through the monitoring of the GP Forward View implementation	4 x 4 = 16 (R) →	4 x 3 = 12 (A)	31/03/2019	10/08/2017	15/11/2017	Challenges in attracting healthcare professionals to West Norfolk. Premises expansions may be required to accommodate new skill mixes of staff	1. Development of a workforce plan 2. Development of training provision	Complete 31/12/2017	PCCC	RC/SL
4. To meet statutory financial duties	Leadership/Sustainability	4.18	Finance Transition and Governance including visibility of Delegated commissioning primary care invoiced costs.	3 x 3 = 9 (A)	The CCG has full access to the Delegated Commissioning Ledger on which costs are recorded.	<b>Internal:</b> The CCG has a memorandum of Understanding with NHS England over the provision of Financial Support Services to the CCG. <b>External:</b> Internal and External Audit reports.	3 x 3 = 9 (A) →	2 x 2 = 4 (Y)	31/12/2017	18/09/2017	15/11/2017	The approval of Primary Care invoices is carried out by a third Party (NHS England) with the CCG visibility restricted to the point at which payment is requested.  Lack of controls at the point of input represents a risk that the CCG may pick up costs that it isn't liable for.	1. Ensure that the terms of the MOU are adhered to 2. Ensure that reporting of expenditure is robust and challenged where there is any doubt.	31/12/2017 31/12/2017	PCCC	MW
		4.20	There are concerns about the ability of the CCG to influence Premises costs in relation to Primary Care Facilities Budgets.	3 x 3 = 9 (A)	The CCG has a full list of the premises costs as provided by NHS England as part of the due diligence process.	<b>Internal:</b> Financial Reports to Primary Care Commissioning Committee from NHS England <b>External:</b> Internal Auditor did a review on the due diligence process for Delegated Commissioning.	3 x 3 = 9 (A) →	2 x 2 = 4 (Y)	31/12/2017	18/09/2017	15/11/2017	There was no documentary evidence to support the costs as provided by NHS England.  There are ongoing rent and rates reviews that could create cost pressures for the CCG.	1. Produce reports to show the potential financial risks for PCCC. 2.. Ask NHS England to provide updates to the committee on the rates review	30/11/2017 31/12/2017	PCCC	MW