

West Norfolk CCG Corporate Risk Register	West Norfolk CCG Strategic Objectives
01/09/2017	1. To ensure the needs of the people of West Norfolk and clinical quality are at the heart of everything we do
Lead : Head of Corporate Affairs	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
Status Change	4. To meet statutory financial duties
→ - 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	

RISK MATRIX: Consequence	Likelihood				
	1 – Rare	2 – Unlikely	3 – Possible	4 – Likely	5 – Almost Certain
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



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 will be 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.	Internal: SMT, F&P, PCCC External: NHS England through the monitoring of the GP Forward View implementation	3 x 3 = 9 (A) →	3 x 2 = 6 (Y)	31/08/2017	16/06/2017	13/09/2017	Elements of the business case for West Norfolk Health need to be fully developed. This business case must provide assurance on capacity and capability. 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.	31/10/2017 31/10/2017 31/10/2017	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 ETTF funding to develop business cases for consideration	Internal: SMT, F&P, PCCC, Heads of Primary Care meeting External: NHS England	3 x 3 = 9 (A) →	3 x 2 = 6 (Y)	31/10/2017	16/06/2017	13/09/2017	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	30/09/2017	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	Internal: SMT, F&P, PCCC External: NHS England through the monitoring of the GP Forward View implementation	3 x 3 = 9 (A) →	3 x 2 = 6 (Y)	31/10/2017	16/06/2017	13/09/2017	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.	31/10/2017 31/10/2017	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	Internal: SMT, PCCC External: 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	13/09/2017	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	30/09/2017 31/12/2017	PCCC	RC/SL