

1 Quality

Risk Description	Risk Owner	Risk Sponsor	Existing Controls in Place	Assurances	Gaps	I	L	Current Score	Treatment Action	I	L	Target Score	Target Date
Variation in quality of healthcare services remains - primary care	Francine Thorpe	Jeremy Tankel	Quality and Safety Strategy in place. Governing Body lead for quality in place supported by a team of staff. Limited data available regarding quality of services	Limited primary care quality data available and shared through the Governing Body quality report on primary care	Primary care quality scheme and dashboard under development	4	3	12	Implement Quality and Safety Strategy. Implement Primary Care Quality Scheme and quality dashboard, working closely with primary care colleagues. Work with NHS England as the commissioner of primary care services to further improve quality	4	1	4	01-Mar-2017
Variation in quality of healthcare services remains - commissioned services	Francine Thorpe	Jeremy Tankel	Quality and Safety Strategy in place. Governing Body lead for quality in place supported by a team of staff and CSU service. Significant data available regarding quality of services	Significant data available regarding the performance of commissioned services and shared through the Governing Body quality report on commissioned services. Regular meetings with providers to discuss quality matters	Quality information for commissioned services for which Salford CCG is not the lead commissioner	4	2	8	Implement Quality and Safety Strategy, working in particular with main local providers. Work with others who commission services for the people of Salford to further improve quality	4	1	4	01-Mar-2016

2 Community Based Care

Risk Description	Risk Owner	Risk Sponsor	Existing Controls in Place	Assurances	Gaps	I	L	Current Score	Treatment Action	I	L	Target Score	Target Date
Lack of an effective primary care provider organisation working across Salford to provide federated primary care services	Karen Proctor	Alan Campbell	Salix Health (a GP provider company for Salford) is established and ready to accept contracts for some work. Various plans for greater joint working within neighbourhoods, particularly linked to 7 day opening	Regular meetings with Salix Health directors to discuss potential CCG work. Salix Health Portfolio Plan. Plans from neighbourhoods for greater federated working	Final agreement of work to be undertaken by Salix Health supported by formal contract	3	3	9	Ongoing discussions with Salix Health to undertake commissioned work. Continue to support other federated working within neighbourhoods	3	1	3	01-Mar-2016

3 Integrated Care

Risk Description	Risk Owner	Risk Sponsor	Existing Controls in Place	Assurances	Gaps	I	L	Current Score	Treatment Action	I	L	Target Score	Target Date
Partnership working including arrangements such as the Alliance Agreement (covering integrated care) do not deliver shared plans	Karen Proctor	Paul Bishop	Good working relationships in place. Clear Alliance Agreement in place. Clear Integrated Care Plan including the Better Care Fund Plan in place	Regular reports to Governing Body regarding Integrated Care		4	3	12		4	2	8	01-Mar-2016

**4 In Hospital Care**

Risk Description	Risk Owner	Risk Sponsor	Existing Controls in Place	Assurances	Gaps	I	L	Current Score	Treatment Action	I	L	Target Score	Target Date
Partnership working including arrangements such as Healthier Together (covering in hospital care) do not deliver shared plans	Paul Bishop	Hamish Stedman	Good working relationships in place. Clear governance arrangements in place. Staff in place to support Association of GMCCGs and Healthier Together.	Regular reports to Governing Body regarding Healthier Together		4	3	12		4	2	8	01-Mar-2016

**7 Effective Organisation**

Risk Description	Risk Owner	Risk Sponsor	Existing Controls in Place	Assurances	Gaps	I	L	Current Score	Treatment Action	I	L	Target Score	Target Date
Capacity and capability of workforce is insufficient - CCG staff	Hannah Dobrowolska	Alan Campbell	Clear staff structure which is regularly reviewed by the Executive Team together with other workforce data. Clear appraisal system. Training available to staff including line management training	Workforce data reported to Governing Body including low staff turnover and largely positive staff survey results.	Unclear arrangements and staff capacity for co commissioning of primary care. Organisational Development Plan.	4	2	8	Develop Organisational Development Strategy (due to Governing Body in November 2014).	4	1	4	01-Sep-2015
Capacity and capability of workforce is insufficient - clinical leaders	Hannah Dobrowolska	Alan Campbell	Clear clinical leadership structure which is reviewed by Programme Management Group	Workforce data reported to Governing Body including low staff turnover and largely positive staff survey results	Some vacancies for clinical lead roles. Appraisals yet to be fully embedded. Organisational Development Plan	4	3	12	Recruit to all clinical leadership positions. Develop Organisational Development Strategy (due to Governing Body in November 2014)	4	1	4	01-Mar-2015
Capacity and capability of workforce is insufficient - CCG members	Hannah Dobrowolska	Alan Campbell	Engagement with CCG members supported by engagement payments through neighbourhood meetings, strategic events and other ad hoc and workstream specific arrangements. Strategic Programme of work associated with Community Based Care, supported by investment and appropriate governance arrangements	360 stakeholder feedback results	Understanding of capacity within primary care	4	4	16	Develop Primary Care Development Plan and Community Based Care Strategy	4	2	8	01-Mar-2017
Capacity and capability of workforce is insufficient - CSU	Hannah Dobrowolska	Alan Campbell	Regular meetings with CSU Account Manager and Executive Team to ensure service delivery to CCG	Monthly performance scores. Internal Audit review of arrangements for management of this contract completed in 2013/14 providing significant assurance	SLA not yet in place (due August 2014). KPI report not yet received (first due September 2014)	4	3	12	Continue to work with CSU to ensure high quality service received by CCG	4	2	8	01-Sep-2015

APPENDIX 5 – Covalent SAMPLE Risk Register

Risk Description	Risk Owner	Risk Sponsor	Existing Controls in Place	Assurances	Gaps	I	L	Current Score	Treatment Action	I	L	Target Score	Target Date
Capacity and capability of workforce is insufficient - NHS England (in relation to primary care commissioning), Public Health and wider NHS	Hannah Dobrowolska	Alan Campbell	Good working relationships with a range of public sector partners			3	3	9	Maintain good working relationship with a range of public sector partners	3	2	6	01-Mar-2016
Partnership working including arrangements such as the Health and Wellbeing Board do not deliver shared plans	Paul Bishop	Hamish Stedman	Good working relationships in place. Clear Health and Wellbeing Strategy in place	Regular reports to Governing Body from the Health and Wellbeing Board		4	3	12		4	2	8	01-Mar-2016
Partnership working including arrangements such as the Association of GMCCGs	Paul Bishop	Hamish Stedman	Good working relationships in place. Clear governance arrangements in place. Staff in place to support Association of GMCCGs and Healthier Together.	None		4	3	12		4	2	8	01-Mar-2016
Changes in patient behaviour fail to materialise resulting in ongoing health inequalities and ever increasing demand for services	Hannah Dobrowolska	Alan Campbell	Health and Wellbeing Strategy in place aimed at prevention. Significant work programme associated with self care, particularly linked to long term conditions. Significant work programme associated with mental health. Regular campaigns associated with appropriate use of services. Good availability and use of health inequalities data to guide commissioning decisions. Clear communications and engagement plan in place	Health inequalities and service usage data	Implementation of Health and Wellbeing Plan, and work associated with long term conditions and mental health ongoing. Further work regarding promoting self care and appropriate use of services ongoing	4	3	12	Implement Health and Wellbeing Plan and CCG Strategic Plan (which includes objectives associated with prevention, long term conditions, mental health, self care and communications/engagement)	4	2	8	01-Mar-2016
Inability to maximise opportunities of R&D to improve patient care	Matt Dixon	Francine Thorpe	Engagement in a range of local and regional research arrangements. Dedicated staff and clinical leadership posts to support innovation and R&D	Minutes from the meetings of relevant R&D arrangements to Governing Body	R&D/Innovation Clinical Lead post vacant. R&D/Innovation lead manager post currently in transition. Clear CCG plan for R&D not in place.	3	3	9	Recruit to R&D/Innovation Clinical Lead role again. Fully transition R&D/Innovation lead manager into this role. Develop R&D plan for the CCG	3	2	6	01-Mar-2016
Commissioning decisions are influenced by conflicts of interest and do not represent the best solutions for the people of Salford	Hannah Dobrowolska	Alan Campbell	Conflicts of Interest Policy approved and implementation commenced. Training delivered to Governing Body members	Conflicts of Interest Registers for Governing Body members, staff and CCG members available and shared at Governing Body meetings held in public. Internal Audit review of Conflicts of Interest in 2013/14 gave limited assurance however good progress has been made in	Full implementation of the Conflict of Interest Register for CCG members.	3	2	6	Implementation of the CCG members Conflict of Interest Register ongoing. Further Governing Body training in Conflict of Interest scheduled for August 2014	3	1	3	01-Jul-2015

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				implementing the recommendations, all of which were accepted by management.									
Potential impact of national political changes including changes to public services	Hannah Dobrowolska	Alan Campbell	Horizon scanning takes place to be as aware as possible of potential impact of political changes on the CCG, with information shared with the Governing Body through the Chief Accountable Officer's report were appropriate	Chief Accountable Officer's report to Governing Body	None	3	2	6	None - accept risk	3	1	3	01-Jul-2014
Potential impact of local political changes including changes to public services	Hannah Dobrowolska	Alan Campbell	Robust arrangements for engagement with local political leaders, Salford City Council colleagues and other partners to ensure as early awareness as possible of any changes, with information shared with the Governing Body through the Chief Accountable Officer's report were appropriate	Chief Accountable Officer's report to Governing Body	None	3	2	6	Maintain and improve already robust arrangements for engagement with local political leaders, Salford City Council colleagues and other partners	3	1	3	01-Jul-2014