

Strategic Objective	Principal Risks	Inherent Risk Score													Acceptable risk score	Agenda item		
			Mar-18	Apr-18	May-18	Jun-18	Jul-18	Aug-18	Sep-18	Oct-18	Nov-18	Dec-18	Jan-19	Feb-19	YES/NO			
SO1: To commission healthcare services which achieve good outcomes for patients  Lead Owner - Directors of Operations	1 a. System-wide or specific provider problems prevent delivery of services as commissioned.	4 x 4	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	YES (progress being made through performance management and ACS)	CCG Chair's Report Chief Officer's Report Locality Updates Finance Report	
	1 b. The CCG will not meet the requirements of the CCG outcomes framework and CCG assurance framework	2 x 4	2 x 4	2 x 4	2 x 4	2 x 4	2 x 4	2 x 4	2 x 4	3 x 4 ↑	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4		YES (but monitoring financial performance closely)
	1 c. The CCG does not commission services that address the population health needs identified in the JSNA	2 x 4	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3		YES (not currently an issue)
	1 d. The CCGs fail to model the future requirements for services and commission services that meet this demand	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3		YES (not currently an issue)
	1 e. The lack of effective commissioning support services compromises the ability of the CCG to deliver its functions and meet its strategic objectives	3 x 4	3 x 4	3 x 3 ↓	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3		YES (close monitoring in place)
SO2: To commission services that provide safe, high quality care and a positive patient experience  Lead Owner Nurse Director	2 a. Providers fail to deliver high quality, safe and timely care, resulting in potential harm or a poor experience for patients and non-achievement of quality and performance targets for the CCG.	5 x 4	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	YES (progress being made through performance management and ACS)	Integrated Quality & Performance Report PPE Report	
	2 b. Healthcare is provided in wrong setting resulting in a poor care experience for the patient and unintended and inefficient diversion of resources for the CCGs	3 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3		YES (progress being made with new IUC service)
	2 c. The CCG does not capture adequate patient feedback to understand their experience of care and intervene to address poor experience	3 x 4	1 x 4	1 x 4	1 x 4	1 x 4	1 x 4	1 x 4	1 x 4	1 x 4	1 x 4	1 x 4	1 x 4	1 x 4	1 x 4	1 x 4		YES (range of capture mechanisms and information flowing through to GBs via IQPR)
	2 d. The CCG does not engage with key "seldom heard" groups in our community to ensure that their needs are addressed	4 x 4	2 x 4	2 x 4	3 x 4 ↑	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4		NO (approach to be refreshed through new ICS-wide comms and engagement function)
SO3: To commission appropriate healthcare within available resources ensuring value for money  Lead Owner - Chief Finance Officer	3 a. The CCG commissions existing services rather than services that meet the needs of the local population therefore not achieving best value	3 x 4	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	YES (not currently an issue)	Chief Officer's Report Finance Report Finance Committee Report	
	3 b. The CCG cannot commission the services as currently provided within the financial allocation	3 x 3	4 x 3	4 x 3	3 x 3 ↓	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	3 x 3	NO (plan submitted to ensure existing services can be delivered in the short term)		
	3 c. Healthcare is provided in wrong setting resulting in a poor care experience for the patient and unintended and inefficient diversion of resources for the CCGs	3 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3		YES (not currently an issue)
SO4: To support the financial sustainability of the Berkshire West health and care system  Lead Owner - Chief Finance Officer/Director of Strategy	4 a. National tariff, spending policies and priorities do not support local system sustainability	3 x 4	5 x 4	5 x 4	3 x 4 ↓	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	NO (Working with FTs and NHS E to develop new payment mechanisms for 18/19)	Chief Officer's Report Finance Report Finance Committee Report	
	4 b. In year unplanned financial pressures will be created due (for example) to contractual over performance or lack of QIPP delivery.	4 x 4	2 x 4 ↓	4 x 4 ↑	3 x 4 ↓	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4		NO (Working with FTs and NHS E to develop new payment mechanisms for 18/19)
	4 c. The CCG will not meet its statutory financial duties	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4		NO (CCG has submitted a balanced plan and is working with ICS on risks and mitigations)
	4 d. Ineffective collaboration between parties to the local health and care economy compromises ability to achieve financial sustainability.	3 x 4	2 x 4	2 x 4	2 x 4	2 x 4	2 x 4	2 x 4	2 x 4	2 x 4	2 x 4	2 x 4	2 x 4	2 x 4	2 x 4	2 x 4		YES (ICS and BW10 continuing to develop)
	4 e. Failure to use technology to best effect will inhibit our ability to meet the needs of the future and also potentially make a complex system even more complex.	4 x 4	3 x 4	3 x 4	2 x 3 ↓	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3	2 x 3		YES (programme in place and local digital roadmap developed)
	4 f. The primary care sector in BW is not sustainable and cannot meet the current and future demand for care in its current form.	4 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4	3 x 4		YES (GPFV in place and provider alliances developing)