


<b>Item Number: 7</b>											
<b>Name of Presenter: Rachel Potts</b>											
<b>Meeting of the Governing Body</b> <b>4 February 2016</b>											
<b>Corporate Risk Update Report</b>											
<b>Purpose of Report To Receive</b>											
<p><b>1. Rationale</b> To present the corporate risk registers for review, as of January 2016, identifying risk trends and highlighting the most significant risks to the delivery of programmes of work/ organisations objectives.</p> <p>The CCG is currently reviewing all project management and risk management arrangements and reporting on the risk management system. The information is presented as at January 2016.</p>											
<p><b>2. Strategic Initiative</b></p> <table border="0"> <tr> <td><input type="checkbox"/> Integration of care</td> <td><input type="checkbox"/> Planned care</td> </tr> <tr> <td><input type="checkbox"/> Person centred care</td> <td><input type="checkbox"/> Transforming MH and LD services</td> </tr> <tr> <td><input type="checkbox"/> Primary care reform</td> <td><input type="checkbox"/> Children and maternity</td> </tr> <tr> <td><input type="checkbox"/> Urgent care reform</td> <td><input type="checkbox"/> Cancer, palliative care and end of life care</td> </tr> <tr> <td><input checked="" type="checkbox"/> Effective and Efficient Organisation</td> <td><input type="checkbox"/> System resilience</td> </tr> </table>		<input type="checkbox"/> Integration of care	<input type="checkbox"/> Planned care	<input type="checkbox"/> Person centred care	<input type="checkbox"/> Transforming MH and LD services	<input type="checkbox"/> Primary care reform	<input type="checkbox"/> Children and maternity	<input type="checkbox"/> Urgent care reform	<input type="checkbox"/> Cancer, palliative care and end of life care	<input checked="" type="checkbox"/> Effective and Efficient Organisation	<input type="checkbox"/> System resilience
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<p><b>4. Actions / Recommendations</b> That the Governing Body notes the corporate risks identified that may impact delivery of corporate objectives and consider:</p> <ul style="list-style-type: none"> <li>the corporate risk appetite in these areas; and</li> <li>whether controls need to be strengthened or further mitigating action(s) need to be planned/implemented.</li> </ul>											
<p><b>5. Engagement with groups or committees</b> In compiling this report risk owners and operational leads were circulated full detailed team risk registers. A monthly report is provided to Quality and Finance Committee and a bi-monthly report is also made to the Audit Committee.</p>											
<p><b>6. Impact On Primary Care</b> The CCG accepted full delegation of primary care co-commissioning from 1 April 2015. As for other providers, the CCG will need to ensure services are safe and high quality. Quality and Performance monitoring processes are in development through engagement with Primary Care Delivery Group and as such are yet to be agreed and embedded</p>											
<p><b>7. Significant issues for consideration</b> A list of events is provided at Appendix A. (Events are risks that have materialised.) Action plans in place for each event commensurate with identified impact and additional risks arising have been considered.</p>											

Additional events that have materialised since the last report are as follows:

- The CCG’s financial position has deteriorated and NHS England has given formal notification to the CCG that it is classed as an organisation in turnaround. The CCG has developed a financial recovery strategy and is in the process of finalising the detailed plans behind this for submission to NHS England on 8 February. The CCG has also developed a turnaround action plan in response to the current situation and the key recommendations of the PWC report. The CCG has also invited three experienced NHS colleagues to support the CCG during this period and provide a further level of challenge and help in developing and delivering transformation and savings plans.
- There has been a file of claim for the Judicial Review of the “closure” of Bootham Park Hospital. The CCG has instructed Hempsons Solicitors who have engaged counsel to act on behalf of the CCG. The CCG has established a Project Office to manage the documentation and co-ordinate the response to the claim and a Project Manager has been appointed. The Project Office is triangulating information between Hempsons, the Partnership Commissioning Unit (PCU) and the CCG.
- In a separate incident, the CCG experienced the loss of a significant number of emails, (over two hundred); that were being collated and prepared for release to Irwin Mitchell solicitors who are representing the claimant in the above case. This has been logged as an Information Governance incident through the CCG incident reporting system, however, the outcome of assessing the incident against the HSCIC “Checklist Guidance for Reporting, Managing and Investigating Information Governance and Cyber Security Serious Incidents Requiring Investigation,” found that this incident is not reportable under Information Governance guidance as no loss of personal data was involved.

Significant (“Red”) risk areas identified this period are profiled at Annex B. Current “Red” risks relate to delivery of financial plans, delivery of Better Care Fund plans, transition of back office support services and pro-active management of corporate reputation. (Risks in relation to the delivery of the CCG’s recovery plans will be assessed and an updated position will be reflected in the risk management system as this becomes available.)

A report providing full details of “Red” risks, along with a progress update, effectiveness of controls and mitigating actions is provided at Annex C.

A list of all corporate risks relating to delivery of corporate objectives is provided at Annex D. Note: strategic PCU risks have been added to the CCG risk register. This reflects the importance of PCU services in delivering CCG key objectives.

### **8. Implementation**

The effectiveness of controls in place to manage and monitor risks have been evaluated and actions to mitigate risks have been identified as detailed in Annex C.

### **9. Monitoring**

Risks are reported to the Quality and Finance Committee on a monthly basis, reported bi-monthly to the Audit Committee and included in the corporate assurance framework.

<b>10. Responsible Chief Officer and Title</b>	<b>11. Report Author and Title</b>
Rachel Potts, Chief Operating Officer	Pennie Furneaux, Policy and Assurance Manager.

**12. Annexes**

Annex A: List of Events and Profile Report of Significant (“Red”) Risks

Annex B: List Of “Red” Risks

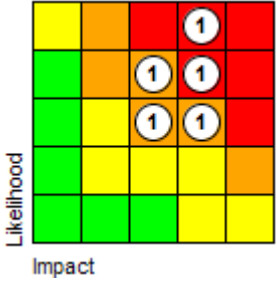
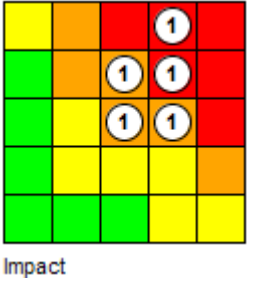
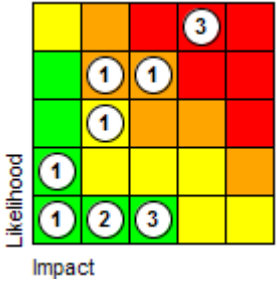
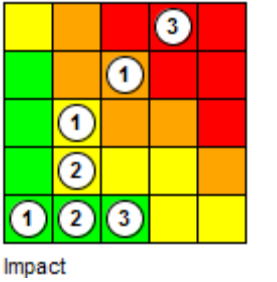
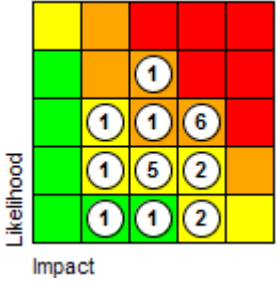
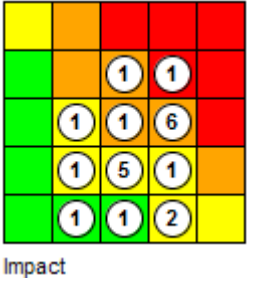
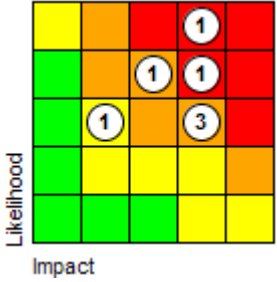
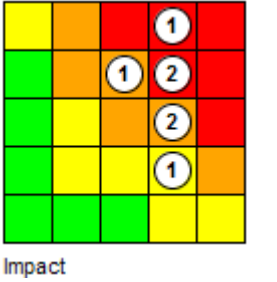
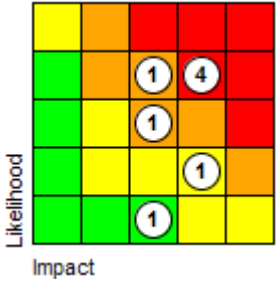
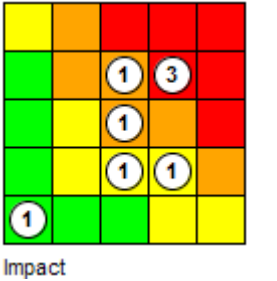
Annex C: Full Details Of “Red” Risks With Details Of Mitigating Controls, Mitigating Actions, And Progress Update.

Annex D: List of All Corporate Risks

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# Events Report-Risks that Have Materialised

New/ On-going	Risk Summary	Operational Lead	Lead Director	Last Reviewed Date	Latest Note	Latest Note Date
On-going	Delivery of Financial Savings	John Ryan	Dr. Andrew Phillips	25-Nov-2015	The impact of the Selby Hub against plan is reviewed bi-monthly at the Joint Delivery Group. The provision of agreed and robust data sets continues to be an issue and it is difficult at this stage to quantify the return on investment this scheme is having. This will be addressed in the forthcoming 16/17 planning round.	06 Jan 2016
<b>New</b>	Judicial Review relating to the "closure" of Bootham Park Hospital	Michelle Carrington; Paul Howatson; Stacey Marriott	Mark Hayes; Rachel Potts	15-Jan-2016	The CCG has instructed Hempsons and established a project office.	15 Jan 2016
On-going	CQC do not allow the use of BPH for inpatient services	Paul Howatson	Dr. Louise Barker	11-Jan-2016	Peppermill Court will be developed to house Wards 1 and 2 and the Section 136 suite from late summer 2016. Service users currently housed in in-patient facilities across the Tees Esk and Wear Valley's other facilities will then be considered for transfer back to York subject to clinical approval and the satisfactory completion of the building works.	11 Jan 2016
On-going	CQC do not allow the use of BPH for outpatient services	Paul Howatson	Dr. Louise Barker	11-Jan-2016	The Care Quality Commission have been back to Bootham Park and have been in discussion with Tees Esk and Wear Valley NHS Foundation Trust (TEVV) on the option to use Bootham for Outpatients	13 Jan 2016
On-going	Constitution target – Urgent Care - VoYCCG failure to meet 4 hour A&E target	Fliss Wood	Dr. Andrew Phillips	12-Jan-2016	At time of writing (12th Jan), November performance is not yet available, but the Trust are not expected to meet the 95% target based on local data.	14 Jan 2016

Teams	Current Risk Matrix	December's Risk Matrix
<p><b>Communications and Engagement</b>            Increased local and national media interest continues in relation to the CCG's work. The current pressures to react and to complete planned work during periods of high media interest remains an issue. Recent flooding in York and the surrounding areas highlighted the need for formalising out of hours communications to handle media and social platforms (Jan 2015).</p>		
<p><b>Finance &amp; Contracting</b>            The finance and contracting team are currently in the process of a full review of risks from both a team and corporate perspective. This was presented to the Audit Committee on the 8th December and reviewed with the Governance Team in the week before Christmas. These and their associated controls and mitigations will be fully implemented for the Quality and Finance meeting in February.</p>		
<p><b>Governance</b>            A new risk has been included for the 2016-17 planning round. Progress has been made on most of the supporting actions with the governance work plan on track overall. Additional work to increase briefings to staff on corporate responsibilities such as HR policy, training and FOIs are key actions for the coming month.</p>		
<p><b>Governance-CSU</b>            Risk remains fluid for the organisation with some increased risk in relation to data during transition to a new provider and the capacity within the Business Intelligence teams for planning.</p>		
<p><b>Innovation and Improvement</b>            Risks concerning delivery of non-elective admissions targets and financial savings remain significant. The team continues to work hard to deliver a reduction in admissions and savings in terms of finance to the CCG. The whole system is currently under strain due to increasing levels of demand and the greater dependency on other key</p>		

Teams	Current Risk Matrix	December's Risk Matrix
<p>stakeholders to assist in scheme delivery when they are too facing increased demands.  NHS Property Services, Tees, Esk and Wear Valley NHS Foundation Trust and Vale of York Clinical Commissioning Group continue to work on both an interim and permanent solution. It is hoped that the Outpatients Department should reopen late January and plans for the other interim solutions should now progress at pace at Peppermill Court to bring inpatient wards back to York during the second half of 2016.  An additional significant risk has been added in relation to the filing of a claim at the High Court relating to the "closure" of Bootham Park Hospital requesting a Judicial Review.  Two corporate risks have been removed in relation to the Information Governance project which was completed in October as was the procurement of mental health and learning disability services.</p>		
<p><b>Partner Organisation-PCU</b>  A meeting was held with colleagues at the PCU to agree a way forward and the timescales for the timely reporting of both PCU risks which impact on the CCG. The CCG is currently awaiting an updated version of the report as the latest information is from October. From next month regular updates will be provided.</p>		
<p><b>Quality &amp; Performance Register</b>  Two key constitutional targets are not being met on an on-going basis. The implication of failing to deliver constitutional targets over the longer term is that there may be increased risk to patient safety, reduced quality of service, poor patient experience and poor patient satisfaction. The CCG may not receive the total quality premium payment if its providers do not meet the NHS Constitution rights or pledges for patients.</p>		

# Red Risks Profile Report

## Communications and Engagement

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Last Reviewed Date	Latest Note	Event?
Twitter-tweets naming the CCG may not be responded to on a timely basis.	Sharron Hegarty	Rachel Potts	16		12-Nov-2015	This is an on-going situation. Out of hours cover to manage media requests and social media activity is recommended.	No
Proactively managing reputation	Sharron Hegarty	Rachel Potts	20		12-Nov-2015	If unmanaged, this will generate negative national media attention and attention from peers. Serious damage to the organisation's reputation is expected without an agreed approach to manage this internally and externally.	No

## Finance & Contracting

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Last Reviewed Date	Latest Note	Event?
QIPP - Failure to deliver QIPP plans and address financial gap	Michael Ash-McMahon	Michael Ash-McMahon	20		13-Jan-2016	13.01.16 The forecast outturn for M9 now shows no achievement against the unallocated QIPP of £9.91m.	No
Risk of main providers overtrading	Michael Ash-McMahon	Michael Ash-McMahon	20		13-Jan-2016	Month 9 reported position shows forecast overtrade on York Teaching Hospital contract of £8.64m which is offset by applying penalties (£1.35m) and discussions around a potential year end agreement (£1.040m) leaving a total forecast outturn of £6.25m over contract.	No
Better Care Fund	Michael Ash-McMahon	Michael Ash-McMahon	20		13-Jan-2016	14.08.15 Detailed review of original plans now undertaken resulting in reprofiling of associated savings for 15/16. The impact of this is NEL admissions reduction target of 4.9% (was 11.7%).	No

## Governance-CSU

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Last Reviewed Date	Latest Note	Event?
Business Intelligence capacity is reduced during the transition, impacting on the organisation's ability to effectively plan for 2016-17.	Lynette Smith	Rachel Potts	20		14-Jan-2016	Status maintained.	No
The CS arrangements do not represent value for money and may be a cost pressure for 2015-16	Michael Ash-McMahon; Natalie Fletcher	Rachel Potts	16		09-Dec-2015	The financial implications of the CS closure are in progress. Clarification of return costs for in-house services are in development, however there will be an impact of stranded costs and any additional support required	No

## Innovation and Improvement

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Last Reviewed Date	Latest Note	Event?
QIPP - Transformational changes fail to achieve target savings	Paul Howatson	Rachel Potts	16		11-Jan-2016	Evidence of delivery from the integration schemes/major system transformation plans is lacking which, as with other organisations across the country, is taking longer than planned to deliver expected benefits. Other than those already known there are no further additional schemes for the current financial year (2015/16).	No
Failure to reduce non-elective admissions to planned levels	John Ryan	Dr. Andrew Phillips	16		06-Jan-2016	Non Elective admissions across the system have not reduced by the amount planned through the BCF process. Whilst some schemes have seen small decreases in NEL activity, overall the impact is significantly below plan. This will be addressed through the Operational Planning process (including BCF) for 16/17 and beyond.	No
Delivery of BCF targets is dependent on partners and outside the immediate control of the CCG	John Ryan	Dr. Andrew Phillips	16		06-Jan-2016	Whilst this risk remains current, the work being undertaken around reablement and intermediate care is building more robust commissioning and delivery models across partners. It is unlikely, however, that this work will have any direct financial or quality impact in FY15/16 with a more likely impact start of Q2 in FY 16/17.	No
Judicial Review relating to the "closure" of Bootham Park Hospital	Michelle Carrington; Paul Howatson; Stacey Marriott	Mark Hayes; Rachel Potts	16		15-Jan-2016	Initial response to the letter before claim has been submitted by Hempsons' to the Claimants' Solicitors - Irwin Mitchell. Currently, we are awaiting their response. Further documentation is being collated in terms of e-mails, correspondence and minutes of meetings.	Yes

## Quality & Performance Register

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Last Reviewed Date	Latest Note	Event?
Constitution target – Urgent Care - VoYCCG failure to meet 4 hour A&E target	Fliss Wood	Dr. Andrew Phillips	16		12-Jan-2016	At time of writing (12th Jan), November performance is not yet available, but the Trust are not expected to meet the 95% target based on local data. Full detail is provided in the January 16 Quality and Performance Intelligence Report.	Yes
YTHFT Serious Incident processes not effectively managed	Michelle Carrington	Michelle Carrington	16		12-Jan-2016	YTHFT secured increased capacity to deliver improvement in falls and pressure ulcers which will lead to a closure of their legacy serious incidents. Closure not yet achieved, will be dependent on receipt of refreshed strategic plan for	No





Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Last Reviewed Date	Latest Note	Event?
						reduction of falls and pressure ulcers.	
Lack of assurance on quality and performance monitoring in Primary Care	Michelle Carrington	Michelle Carrington	16		12-Jan-2016	Work continues to engage with Primary Care regarding agreement of Quality and Performance measures. The next meeting of the Primary Care Delivery Group is scheduled for 28th January.	No

# Detailed Red Risk Report





## Communications and Engagement





**CE.04 Proactively managing reputation**

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Sharron Hegarty	Rachel Potts	03-Dec-2015		

*Given the difficult decisions that the CCG / Governing Body has made and will continue to make, this is an issue that needs to be addressed. The impact of not managing this is negative publicity, difficulty in recruitment and credibility*



Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	2	8	4	5	20		4	2	8	31-Mar-2015

Control	Control Description	Control Assurance(s)	Status	
Monitoring by Communications Manager	Twitter feeds monitored by Communications Manager during office hours	No agreed or contractual cover at weekends or out of hours		Partially Effective
Communications Manager / Innovation and Improvement Lead sign off of public information		Only effective if CCG staff follow the protocol to get sign off from Communications Manager / Innovation Lead.		Partially Effective
Media relations	Review and agreement of media statements / releases / interviews	Only effective if CCG SMT/ Governing Body / staff follow the protocol		Partially Effective
Web / Digital / Social Media	Web content, Tweets are correct. Other's tweets are responded too / actioned asap.	No agreed or contractual cover at weekends or out of hours		Partially Effective

Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
CE.04a Communication Strategy refreshed	31-Mar-2016	Sharron Hegarty		On Track	The Communications Manager is refreshing the CCG's strategy. This includes a review of how the CCG communicates its messages to internal and external stakeholders.		Overdue
CE.04b Proactive press management	On-going	Sharron Hegarty		On Track	The Innovation and Improvement Team links with the Communications Team to share important updates and developments with service improvement projects and any procurement work.  The Communications Manager meets with the Chief Operating Officer on a weekly basis to receive updates and briefings about the CCG's work.		Overdue



<b>Latest Update</b>	<b>28-Jan-2016</b>	The CCG's management of issues has a direct impact on perceived public perception and interest from the media. Proactive management of all media is a key function to uphold the CCG's reputation and promotion of its work. The CCG's operational plan for 2016-17 and STP for 2016 to 20-21 will be the basis for the Communications Strategy and subsequent plans.
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**CE.02 Twitter-tweets naming the CCG may not be responded to on a timely basis.**

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Sharron Hegarty	Rachel Potts	03-Dec-2015		

*Negative or inappropriate tweets may damage the organisation's reputation. Reputational risk monitoring needs to be 7 days a week*

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		4	4	16	31-Mar-2015

Control	Control Description	Control Assurance(s)	Status	
Web content uploaded by CSU		Some uploading by CCG staff-Admin Team		Partially Effective
Monitoring by Communications Manager	Twitter feeds monitored by Communications Manager during office hours	Twitter is 24/7. Effectiveness of control in mitigating overall risk needs to be assessed.		Partially Effective

Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
CE.02a Assess resourcing needs and availability of resources	31-Mar-2016	Sharron Hegarty		On Track	There is no official cover after hours or at weekends, however the Communications Manager and Chief Operating Officer are looking at ways where this could be possible, especially as the CCG's Communications Manager is the nominated Communications Lead for the SRG.  In the absence of an official arrangement, the Communications Manager keeps on top of this where possible.		Overdue

Latest Update	28 Jan 2016	Situation remains however the feasibility of this is under review.
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## Finance & Contracting

### F.02 QIPP - Failure to deliver QIPP plans and address financial gap

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Michael Ash-McMahon	Michael Ash-McMahon	04-Feb-2016		

2015/16 plan has a financial gap of £19.5m, £9.9m of this is represented as unidentified QIPP in final submitted plan

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	2	8	4	5	20		4	1	4	31-Mar-2015

Control	Control Description	Control Assurance(s)	Status	
Internal Audit Programme	Agreed Internal Audit programme for 15-16	Internal Audit review to be scheduled.		Partially Effective
Standard Programme/Project Management Approach	An agreed standardised programme/project management approach has been agreed and implemented	Standard programme/project approach under development		Partially Effective
Area Team Review	Area Team review of arrangements			Partially Effective
Identification of additional mitigations and contingencies				Partially Effective
Financial Recovery Plan	Financial Recovery Plan submitted to Area Team	Recovery plan submitted to NHS England September 2015		Partially Effective

Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
F.02b Covalent Implementation-manage QIPP programme through Covalent	30-Sep-2015	Michael Ash-McMahon		On Track	Programme management build in Covalent is underway		Overdue
F.02e Identify further mitigations to offset risks additional to those included in plan	18-Sep-2015			On Track			Overdue
F.02a Implement joint working between nominated individuals in the Innovation and Improvement Team and Finance and Contracting team	31-Mar-2016	Michael Ash-McMahon		On Track	15.05.15 Ensure finance team support is in place for I&I team as new potential QIPP schemes are identified and developed.		In Progress
F.02d Identify potential mitigations for financial plan submission	14-May-2015	Natalie Fletcher		Completed			Completed

<b>Latest Update</b>	<b>13 Jan 2016</b>	13.01.16 The forecast outturn for M9 now shows no achievement against the unallocated QIPP of £9.91m.
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## F.04 Risk of main providers overtrading

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Michael Ash-McMahon	Michael Ash-McMahon	04-Feb-2016		

Acute provider actual activity above planned levels due to growth and/or case mix

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
3	3	9	4	5	20		3	1	3	31-Mar-2015

Control	Control Description	Control Assurance(s)	Status	
Area Team Review	Area Team review of arrangements			Partially Effective
Main Provider Contract	Included in agreed contract with service providers	Contract with main provider now signed, discussions with main acute provider around application of overtrade and penalties		Fully Effective
Contract Monitoring Process	Internal contract monitoring system and procedures	Robust procedure in place		Fully Effective
Associate Contracts	Review of Associate Contracts	Associate Contracts have been fully reviewed		Fully Effective
Financial Recovery Plan	Financial Recovery Plan submitted to Area Team			Partially Effective

Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
F.06e Health & social care economy recovery plan	30-Sep-2015	Michael Ash-McMahon; Natalie Fletcher; Tracey Preece					Overdue
F.06a Early engagement with main providers	31-Mar-2016	Michael Ash-McMahon		On Track			In Progress
F.06b Vale of York CCG engagement with Contract Management Board	31-Mar-2016	Michael Ash-McMahon		On Track			In Progress
F.06c Confirm quarterly sign off of contract positions	31-Mar-2016	Michael Ash-McMahon		On Track			In Progress
CSF.3.A.1 SRG Planning: System plan	31-Mar-2016	Lynette Smith			Initial plan completed and submitted to NHSE. Further work to establish impact analysis of proposed actions and specific leads.		Assigned
CSF.3.A.2 SRG Planning: Trust Recovery Plan	31-Mar-2016	Lynette Smith; Fliss Wood		On Track	Weekly reports received from Trust, reviewed at SMT and supporting Working Groups		Assigned
F.06d Additional analysis of forecast position with main acute provider between contracting and finance teams	31-Mar-2016	Natalie Fletcher		On Track			Assigned

<b>Latest Update</b>	<b>13 Jan 2016</b>	Month 9 reported position shows forecast overtrade on York Teaching Hospital contract of £8.64m which is offset by applying penalties (£1.35m) and discussions around a potential year end agreement (£1.040m) leaving a total forecast overrun of £6.25m over contract.
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## F.09 Better Care Fund

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Michael Ash-McMahon	Michael Ash-McMahon	03-Mar-2016		

*Savings and outcomes not delivered as planned*

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
5	3	15	4	5	20		4	2	8	31-Mar-2015


Control	Control Description	Control Assurance(s)	Status	
Area Team Review	Area Team review of arrangements	Review by team pending		Partially Effective
Joint Delivery group	Monitoring by Joint Delivery Group	Ongoing monitoring		Partially Effective
Detailed Financial Modelling		Assumptions and profiles reviewed		Partially Effective
Performance monitoring	Track activity and financial performance through JDG			Partially Effective
NHS Accelerate support	Access to additional support, sharing of best practice and unblocking of issues			Partially Effective
Financial Recovery Plan	Financial Recovery Plan submitted to Area Team			Partially Effective


Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
F.16e Health & social care economy recovery plan	30-Sep-2015	Michael Ash-McMahon; Natalie Fletcher; Tracey Preece					Overdue
F.16d Provide finance and contracting support to ongoing monitoring of BCF schemes	31-Mar-2016	Natalie Fletcher		On Track			In Progress
F.16a Draft detailed breakdown of schemes	31-Mar-2015	Michael Ash-McMahon		On Track			Completed




<b>Latest Update</b>	<b>14 Aug 2015</b>	14.08.15 Detailed review of original plans now undertaken resulting in reprofiling of associated savings for 15/16. The impact of this is NEL admissions reduction target of 4.9% (was 11.7%).
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## Governance-CSU

**G.15.2 Business Intelligence capacity may be reduced during the transition, impacting on the organisation's ability to effectively plan for 2016-17.**

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Lynette Smith	Rachel Potts	03-Feb-2016		


Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	5	20		3	3	9	

Control	Control Description	Control Assurance(s)	Status	
CSU Service Provided Under SLA. KPIs defined for each service.	Services provided under contract by CSU and subject to SLA and KPIs	SLAs may not be fully effect during transition period. KPI performance may diminish.		Partially Effective
Internal Performance Risks Meeting Convened	First meeting taken place			Partially Effective
CSU Transition Board-Under Control of NHS England				Partially Effective


Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
CSF.1G.09 Commissioning Support: CSU Transformation: Procurement	31-Mar-2016	Lynette Smith		On Track	ITT issued for LPF services. Service specifications reviewed and cap set against each area. Working groups established to manage risks in relation to transition.		In Progress
G.15.2a Establish internal group to map in-house resource and review business continuity	30-Sep-2015	Lynette Smith		Completed	Group convened and inaugural meeting held.		Completed
G.15.2c Identify QIPP schemes during Q2	31-Jul-2015	Paul Howatson		Completed	QIPP analysis completed by I&I, reviewed by whole CCG workshop and programme delivery steering group. Priority areas now in development		Completed


<b>Latest Update</b>	<b>14 Jan 2016</b>	Status maintained.
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**G.15.5 The CS arrangements may not represent value for money and may be a cost pressure for 2015-16**

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Michael Ash-McMahon; Natalie Fletcher	Rachel Potts	06-Jan-2016		

The service provided is declining, with vacancies in key services including NCA, BI, IT and equalities support. The CCG may have to source alternative provision for key requirements if the CS do not deliver in-year.

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
3	5	15	4	4	16		2	4	8	

Control	Control Description	Control Assurance(s)	Status
CSU Transition Board-Under Control of NHS England		The Transition Board has oversight of contract arrangements. The CCG is one of several CCG organisations managed under transition processes.	 Partially Effective

Action	Due Date	Assigned To	Expected Outcome	Latest Update	Status
G.15.5b Negotiation on service credits and payment for internal capacity	31-Dec-2015	Michael Ash-McMahon; Tracey Preece	 On Track		 Overdue
G.15.5a CCG assessment of impact completed and returned to the CS for negotiation	04-Sep-2015	Michael Ash-McMahon; Natalie Fletcher	 Completed		 Completed

Latest Update	09 Dec 2015	The financial implications of the CS closure are in progress. Clarification of return costs for in-house services are in development, however there will be an impact of stranded costs and any additional support required






## Innovation and Improvement



### I&I.01 QIPP - Transformational changes may fail to achieve target savings

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Paul Howatson	Rachel Potts	04-Feb-2016		

Details of individual schemes contributing to QIPP are reported separately.



Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		3	3	9	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status	
Quality and Finance Committee	Review and oversight of progress/arrangements by Quality and Finance Committee (Monthly Committee)	Regular agenda item, update provided monthly		Partially Effective
Senior Management Team	Review at weekly SMT meetings	Update provided at weekly SMT meetings		Partially Effective


Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
I&I.01a Review of existing projects which contribute to QIPP	31-Mar-2016	Paul Howatson		On Track	Some schemes have been brought forward from 2014/15 and new schemes are in the pipeline for delivery in year. There is still a gap between those which are delivering and the actual QIPP target required for delivery. There is a possibility that the RAIDR tool could help to identify new schemes as well as working alongside Finance and Contracting colleagues to identify opportunities for new transactional schemes.		In Progress




<b>Latest Update</b>	<b>11 Jan 2016</b>	Evidence of delivery from the integration schemes/major system transformation plans is lacking which, as with other organisations across the country, is taking longer than planned to deliver expected benefits. Other than those already known there are no further additional schemes for the current financial year (2015/16).
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**I&I.02 Failure to reduce non-elective admissions to planned levels**



Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
John Ryan	Dr. Andrew Phillips	04-Feb-2016		

A failure to achieve the agreed 11.7% reduction in nonelective admissions as outlined in the BCF Plan will have a detrimental impact on the CCG financial plan and the S75 pooled budget with CYC.

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
3	4	12	4	4	16		4	3	12	




Control	Control Description	Control Assurance(s)	Status	
Health and Wellbeing Board by Scrutiny	The overall purpose of the Board is to bring together key partners from the NHS, public health and local government, including Healthwatch as the patient's voice to jointly plan how best to meet local health and care needs. Bi-monthly meetings. No decision making powers.	BCF is a standing agenda item.		Partially Effective
Collaborative Transformation Board	No longer meeting-under review	The role and purpose of CTB is currently under review.		Not Effective
Joint Delivery Group	Bi-monthly meeting, co-chaired by CCG and CYC with representatives from other provider organisations as required.	Meeting well-attended. July meeting cancelled, next meets end of October 2015		Partially Effective
<b>Latest Update</b>	<b>06 Jan 2016</b>	Non Elective admissions across the system have not reduced by the amount planned through the BCF process. Whilst some schemes have seen small decreases in NEL activity, overall the impact is significantly below plan. This will be addressed through the Operational Planning process (including BCF) for 16/17 and beyond.		

**I&I.04 Delivery of BCF targets is dependent on partners and outside the immediate control of the CCG**



Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
John Ryan	Dr. Andrew Phillips	04-Feb-2016		

Cost and activity pressures within the system impact on partner abilities to deliver their agreed trajectories.



Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		3	3	9	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status	
Health and Wellbeing Board by Scrutiny	The overall purpose of the Board is to bring together key partners from the NHS, public health and local government, including Healthwatch as the patient's voice to jointly plan how best to meet local health and care needs. Bi-monthly meetings. No decision making powers.	Regular bi-monthly meetings, well attended with representatives of all partner organisations. BCF is a standing agenda item.		Partially Effective
Collaborative Transformation Board	No longer meeting-under review	The role and purpose of CTB is currently under review.		Partially Effective
Joint Delivery Group	Bi-monthly meeting, co-chaired by CCG and CYC with representatives from other provider organisations as required.	Planned to meet monthly, co-chaired by CCG and CYC, with representatives from other provider organisations as required. Good attendance. The meeting has been reconfigured to make best use of attendees time and a new schedule of meetings was agreed for 15-16.		Partially Effective
<b>Latest Update</b>	<b>06 Jan 2016</b>	Whilst this risk remains current, the work being undertaken around reablement and intermediate care is building more robust commissioning and delivery models across partners. It is unlikely, however, that this work will have any direct financial or quality impact in FY15/16 with a more likely impact start of Q2 in FY 16/17.		

**I&I.10 Judicial Review relating to the "closure" of Bootham Park Hospital**


Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Michelle Carrington; Paul Howatson; Stacey Marriott	Mark Hayes; Rachel Potts			

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	3	12	4	4	16		4	1	4	31-Mar-2017

Control	Control Description	Control Assurance(s)	Status	
Project Management Office	A formal project management office function has been established. Formal project management standards are applied.	A project office has been established and a secure document management system has been implemented		Partially Effective
Legal Advice Support	Professional legal advice and/or counsel has been sought	Hempsons has been engaged to provide advice and support		Fully Effective




## Quality & Performance Register







### Q&P.02 Constitution target – Urgent Care - VoYCCG failure to meet 4 hour A&E target

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Fliss Wood	Dr. Andrew Phillips	16-Feb-2016		

The % of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge should equal or exceed 95%. This is a constitution target and failure to meet this target could result in patient safety concerns and financial penalties. Data source is the monthly core KPI set produced by the CSU. Note – this measure applies to the VoYCCG performance, not the performance of YTHFT.


Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		4	2	8	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status
Monitoring Plan in place with York Hospital Trust	Regular monitoring plans in place with York Trust.	ED performance data is received daily from the Trust.	 Partially Effective
Contract Management Board Review	Regular Contract Management Board Review meetings	ED performance, mitigation and plans are discussed at sub CMB and escalated to CMB as required	 Partially Effective
System Resilience Group	Regular System Resilience Group meetings	A&E performance is discussed at the urgent care working group. Further development is needed to feed updates into the weekly SRG level urgent care update.	 Partially Effective

Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status
Q&P_A_01 Monitoring of YTHFT Recovery Plan	31-Mar-2016	Fliss Wood		On Track	Recovery plan continues to be monitored.	 In Progress
Q&P_A_02 Implementation of SRG Workstreams through UCWG	31-Mar-2016	Fliss Wood		On Track	Quarter 2 summary has been submitted to urgent care working group for review. Monthly data collection and monitoring continues.	 In Progress
Implementation of the ECIP priority plans: Assess to Admit, Trust action plan, Discharge to Assess, Early Supported Discharge, DT&C, Intermediate Care review	31 <sup>st</sup> March 2017	Lynette Smith Becky Case		On track	The SRG leads on the implementation of the ECIP priority plans. Progress has been made against all areas, with some performance impact in flow and A&E attendances	 In Progress


<b>Latest Update</b>	<b>14 Jan 2016</b>	At time of writing (12th Jan), November performance is not yet available, but the Trust are not expected to meet the 95% target based on local data. Full detail is provided in the January 16 Quality and Performance Intelligence Report.
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**Q&P.07 YTHFT Serious Incident processes not effectively managed**

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Michelle Carrington	Michelle Carrington	04-Feb-2016		

Good management of serious incidents when they occur is a marker of safe, transparent practice to learn from mistakes and prevent reoccurrence. At YTHFT, there are concerns regarding the internal process management, quality of investigations and repeat incidents occurring.


Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		4	2	8	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status
Contract Management Board Review	Regular Contract Management Board Review meetings	Serious incidents are discussed at sub CMB and CCG SI group and escalated to CMB as required	 Partially Effective

Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
Q&P_A_05 Monitor the number of SIs reported	31-Mar-2016	Michelle Carrington		On Track	SIs are monitored with regular reports.		In Progress
Q&P_A_06 YTHFT Review of Governance Structure to internally manage process	31-Mar-2016	Michelle Carrington		On Track	Trust has convened new internal SI group.		In Progress

<b>Latest Update</b>	<b>14 Jan 2016</b>	YTHFT secured increased capacity to deliver improvement in falls and pressure ulcers which will lead to a closure of their legacy serious incidents. Closure not yet achieved, will be dependent on receipt of refreshed strategic plan for reduction of falls and pressure ulcers.
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**Q&P.10 Lack of assurance on quality and performance monitoring in Primary Care**

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Michelle Carrington	Michelle Carrington	04-Feb-2016		

The CCG accepted full delegation of primary care co-commissioning from 1 April 2015. As for other providers, the CCG will need to ensure services are safe and high quality. Quality and Performance monitoring processes will need to be developed, agreed and embedded.

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		4	2	8	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status
Quality and Finance Committee	Review and oversight of progress/arrangements by Quality and Finance Committee (Monthly Committee)	Regular discussions at Quality and Finance Committee.	 Partially Effective

Action	Due Date	Assigned To	Expected Outcome	Latest Update	Status
Q&P_A_07 Investigate current processes in place and assess efficacy	30-Nov-2015	Michelle Carrington	 Unlikely to be Completed on Time	To agree preferred method with primary care following engagement.	 Overdue

<b>Latest Update</b>	<b>14 Jan 2016</b>	Work continues to engage with Primary Care regarding agreement of Quality and Performance measures. The next meeting of the Primary Care Delivery Group is scheduled for 28th January.
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