


Item Number: 6											
Name of Presenter: Rachel Potts											
Meeting of the Governing Body 3 December 2015											
Corporate Risk Update Report											
Purpose of Report To Receive											
1. Rationale To present the corporate risk registers for review, as of November 2015, identifying risk trends and highlighting the most significant risks to the delivery of programmes of work/ organisations objectives.											
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4. Actions / Recommendations That the Governing Body notes the corporate risks identified that may impact delivery of corporate objectives and consider: <ul style="list-style-type: none"> • the corporate risk appetite in these areas; and • whether controls need to be strengthened or further mitigating action(s) need to be planned/implemented. 											
5. Engagement with groups or committees In compiling this report risk owners and operational leads were circulated full detailed team risk registers. The detailed report with mitigating actions and progress is reported to Quality and Finance Committee monthly. A bi-monthly report is also made to the Audit Committee.											
6. Impact On Primary Care There is a risk of insufficiently robust quality performance monitoring in primary care which may result in lack of assurance. However, the structure to determine metrics is in development with engagement from primary care.											
7. Significant issues for consideration There are currently six events, a decrease of one since last month, (performance against diagnostic constitutional target has improved). Other events relate to: <ul style="list-style-type: none"> • Delivery of the CCG operational plan; • The closure of Bootham Park Hospital continues to impact on local delivery of mental health services. The CCG is working closely with the provider to resolve issues; 											

- On-going failure to meet the constitutional 4 hour A&E target; and
- As a result of the decision not to proceed to contract signature, delivery of MSK services is being affected. Risks are being evaluated.

A list of events is provided at Appendix A. Action plans have been agreed.

Significant (“Red”) risk areas identified this period are profiled at Annex B. These 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. Two new red risks have emerged relating to communications. These are currently being evaluated.

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. Strategic PCU risks have been added to the CCG risk register. This reflects the importance of PCU services in delivering CCG key objectives.

Note: Due to the volatile nature of risk, where a risk has not been reviewed in the current month there is no assurance that the risk remains the same. Any “Red” risks that are rated as significant to the organisation should be specific regarding the source/cause/exact nature of the risk and the approach adopted to addressing the risk.

8. Implementation

The effectiveness of controls in place to manage and monitor risks have been evaluated and actions to mitigate risks have been identified. This is reported in detail to the Quality and Finance Committee

9. Monitoring

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

10. Responsible Chief Officer and Title

Rachel Potts, Chief Operating Officer

11. Report Author and Title

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

Events Report-Risks that Have Materialised

Risk Summary	Operational Lead	Lead Director	Last Reviewed Date	Latest Note	Latest Note Date
Failure to deliver an integrated Operational Plan for Year 2 of the CCG's 5-Year Strategic Plan in line with the fundamental planning requirements from NHSE.	Fiona Bell; Lynette Smith	Rachel Potts	12-Nov-2015	This is being treated as an event. A lessons learned process is underway to inform the planning round for 2016-17.	12 Nov 2015
CQC do not allow the use of BPH for inpatient services	Paul Howatson	Dr. Louise Barker	12-Nov-2015	This has been marked as an event/issue. TEWW are working closely with NHS Property Services to come up with a suitable set of options for the interim period. Once received these will be endorsed for approval and progressed at pace to return inpatient units back to York.	12 Nov 2015
CQC do not allow the use of BPH for outpatient services	Paul Howatson	Dr. Louise Barker	12-Nov-2015	This has been marked as an event/issue. TEWW are working closely with NHS Property Services to come up with a suitable set of options for the interim period. Once received these will be endorsed for approval and progressed at pace to return outpatient units back to York.	12 Nov 2015
CQC do not allow the use of BPH for Section 136 facilities	Paul Howatson	Dr. Louise Barker	12-Nov-2015	This has been marked as an event/issue. TEWW are working closely with NHS Property Services to come up with a suitable set of options for the interim period. Once received these will be endorsed for approval and progressed at pace to ensure that York has a Section 136 unit open for Christmas 2015.	12 Nov 2015
Stakeholder engagement	Andrew Bucklee; Stacey Marriott	Dr. Shaun O'Connell	10-Nov-2015	The decision for the MSK tender was taken not to proceed to contract signature. In the next reporting month this project will be discontinued as a consequence of the above.	10 Nov 2015
Constitution target – Urgent Care - VoYCCG failure to meet 4 hour A&E target	Fliss Wood	Dr. Andrew Phillips	11-Nov-2015	As at time of writing (11th November), September performance data is not yet available. However target is not expected to be met for this month, there have been significant bed closures due to Norovirus at York hospital which has impacted on patient flow and subsequently ED performance. Full update provided in Q&P Intelligence report for November 15.	11 Nov 2015

Teams	Current Risk Matrix	Last Month's Risk Matrix
<p>Communications and Engagement Risk has increased to 'serious' in relation to the management of the CCG's reputation. Increased local and national media interest continues in relation to commissioning decisions, procurements, individual members of staff and the CCG's relationships with its partners.</p> <p>There also is a current issue around pressures to react and to complete planned work during periods of high media interest.</p> <p>It is also advised that the out of hours monitoring of media and social platforms is addressed.</p>		
<p>Finance & Contracting The CCG financial position for April to September includes significant risks against the financial plan. The CCG has reported a forecast deficit of £0.35m which is £5.05m below plan. Further risks of £6.76m have been reported with mitigations identified to partially offset the full risk amount (£3.86m) leaving an unmitigated risk of £2.90m. The CCG are therefore reporting a risk adjusted deficit of £4.00m against a planned surplus of £3.95m. The main areas of deterioration from month 6 is Mental Health out of area placements.</p>		
<p>Governance Risk is on-going in relation to securing future back office support; however, the procurement is progressing. There are currently two dates for transfer of in-housed services, beginning of December and beginning of March. The risk of reduced services during transition remains high but is being closely monitored.</p> <p>Risk in relation to member engagement within the effective and efficient organisation remains high; the action plan for the Council of Representatives is in place to prioritise this work for the CCG.</p>		
<p>Innovation and Improvement Risks concerning delivery of non-elective admissions targets and financial savings remain significant. The team continue 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 levels of demand and the greater dependency on other key stakeholders to assist in scheme delivery. Much work has gone into generating QIPP schemes and a series of prioritisation events are being held during November will create the foundations for 2016/17 and the direction of travel to reach ever challenging QIPP targets.</p>		

Teams	Current Risk Matrix	Last Month's Risk Matrix
<p>In respect of events that have occurred, there are on-going concerns relating to mental health estates resulted in a formal enforcement notice from CQC to remove patient services from Bootham Park Hospital. Our new service provider swiftly stepped in to provide alternative accommodation and all stakeholders have worked diligently to ensure that patient safety is paramount and that disruption is kept to an absolute minimum. That said, 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 with some additional works the Section 136 Suite may be reopened by Christmas and plans for the other interim solutions should have been agreed by December to bring inpatient wards back to York.</p>		
<p>Quality & Performance Register 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>		
<p>Partner Organisation-PCU PCU colleagues continue to work hard to mitigate risks to the Vale of York CCG. Progress is being made in managing the backlog of CHC cases as well as with other areas that they directly manage on our behalf. The impact on the CCG has been reviewed and further in depth discussions will take place at the next risk evaluation meeting in November.</p>		

Red Risks Profile Report

Communications and Engagement


Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Last Reviewed Date	Latest Note
There is a risk that Twitter-tweets naming the CCG may not be responded to on a timely basis.	Sharron Hegarty	Rachel Potts	16		12-Nov-2015	Situation remains. Out of hours cover to manage media requests and social media activity is recommended.
In relation to reputational risk approaches to manage media enquiries and the organisation's reputation need to be reviewed.	Sharron Hegarty	Rachel Potts	20		12-Nov-2015	Potential adverse media coverage further to FOI received about recent procurement of services. If unmanaged, this will generate negative national media attention and attention from peers. Serious damage the organisation's reputation is expected without an agreed approach to manage this internally and externally.

Finance & Contracting





Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Last Reviewed Date	Latest Note
There is a risk that QIPP plans may fail to deliver expected outcomes which may negatively impact financial plans.	Michael Ash-McMahon	Michael Ash-McMahon	20		12-Nov-2015	12.11.15 Month 6 financial return to area team reports 100% non-delivery. £3.84m non delivery is represented in forecast outturn position and £6.07m is represented as further risk. Overall position now shows £5.0m deterioration against plan and £2.9m further unmitigated risk.
There is a risk that main providers may overtrade	Michael Ash-McMahon	Michael Ash-McMahon	20		12-Nov-2015	12.11.15 Month 7 reported position shows full value of forecast overtrade on York Teaching Hospital contract of £10.0m without penalties. Several mitigations have been identified to offset this including applying penalties (£1.28m) and early outturn discussions with provider (£2.44m) leaving a net risk of £6.3m
There is a risk that the Better Care Fund may fail to deliver expected outcomes.	Michael Ash-McMahon	Michael Ash-McMahon	20		12-Nov-2015	14.08.15 Detailed review of original plans now undertaken resulting in re-profiling of associated savings for 15/16. The impact of this is NEL admissions reduction target of 4.9% (was 11.7%).

Governance

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Last Reviewed Date	Latest Note
There is a risk that the CCG may not be able to secure effective commissioning support services to deliver the full range of CCG requirements for 2015-16.	Lynette Smith	Rachel Potts	20		12-Nov-2015	The BI service is experiencing significant impact and services preparing for in-housing are moving to handover arrangements which is impacting on day to day delivery.
There is a risk that Business Intelligence capacity may be reduced during the transition, potentially impacting on the organisation's ability to effectively plan for 2016-17.	Lynette Smith	Rachel Potts	20		12-Nov-2015	The BI service is experiencing limited capacity. The CSU is sourcing additional capacity through the transition period for back office functions. The embedded manager is reviewing all current work to reprioritise and additional capacity has been approved by the CCG.
There is a risk that the CS arrangements may not represent value for money and which may result in cost pressures for 2015-16	Michael Ash-McMahon; Natalie Fletcher	Rachel Potts	15		12-Nov-2015	The CSU has now entered the transition period, with some services planned for in-house transfer from the 1st December. The model for financial return for these services is underway.

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Last Reviewed Date	Latest Note
There is a risk that Commissioning Support Services may deteriorate during the transition process and new services may not provide the expected scope of service or sufficient value for money	Lynette Smith	Rachel Potts	16		12-Nov-2015	The transition process is underway with in-house services transferring from the 1 st December. It is likely that there will be a short period of adjustment as new processes bed in across the system.

Innovation and Improvement

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Last Reviewed Date	Latest Note
There is a risk that QIPP transformational changes may fail to achieve target savings	Paul Howatson	Rachel Potts	16		10-Nov-2015	The CCG has had a workforce development day to realign strategy and delivery. This will be followed by a prioritisation day later this month. A full list of projects in and for scoping has been drafted for input and consideration,
There is a risk that non-elective admissions may not be reduced to planned levels	John Ryan; Becky Case	Dr. Andrew Phillips	16		10-Nov-2015	Whilst in some areas Non Elective admissions are slowing, the overall trend is upwards. In addition to pressures in the hospital urgent care system, this is also creating pressure on the BCF pooled budget which is being addressed through finance discussions between CCG and CYC. This is also impacting on completion of S75 agreement
There is a risk that as delivery of BCF targets are dependent on partners outside the immediate control of the CCG risk sharing arrangements may not be adequate or risk treatment plans sufficiently robust.	John Ryan	Dr. Andrew Phillips	16		10-Nov-2015	Partnership working continues to be strengthened and a new work package, agreed between CYC and CCG, to maximise impact of additional BCF resource, will help further strengthen this.
There is a risk that the MSK procurement process fails to deliver innovation and improvement to MSK services.	Andrew Bucklee; Stacey Marriott	Dr. Shaun O'Connell	15		12-Nov-2015	Given the discussions around MSK this risk is to be deactivated and for future reports new risks will be defined and managed.

Quality & Performance Register

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Last Reviewed Date	Latest Note
There is a risk that VOYCCG may fail to meet the NHS Constitution target for 4 hour A&E waits.	Fliss Wood	Dr. Andrew Phillips	16		11-Nov-2015	As at time of writing (11th November), September performance data is not yet available. However target is not expected to be met for this month, there have been significant bed closures due to Norovirus at York hospital which has impacted on patient flow and subsequently ED performance. Full update provided in Q&P Intelligence report for November 15.
There is a risk that YTHFT Serious Incident processes may not effectively managed	Michelle Carrington	Michelle Carrington	16		12-Nov-2015	Discussion paper is going to November Executive Board. Trust has submitted detailed assurance - this is being worked through by ER, VOY and SR CCGs.
There is a risk of insufficiently robust quality and performance monitoring in Primary Care which may result in a lack of assurance around delivery of corporate objectives.	Michelle Carrington	Michelle Carrington	16		11-Nov-2015	Primary Care Strategy group is undergoing review of terms of reference and membership. Council of reps to agree best way to start to develop and test.