


Item Number: 6											
Name of Presenter: Rachel Potts											
Meeting of the Governing Body 1 October 2015	 Vale of York Clinical Commissioning Group										
Assurance Report											
Purpose of Report To Receive											
1. Rationale To present the corporate risk registers for review, as of the 22 September 2015, identifying risk trends and highlighting the most significant risks to the delivery of programmes of work/ organisations objectives.											
2. Strategic Initiative <table border="0" style="width: 100%;"> <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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4. Actions / Recommendations That the Governing Body notes the corporate risks identified that may impact on the 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. A bi-monthly report is also made to the Audit Committee.											
6. Impact On Primary Care Risks relating to performance of other partners may directly impact on patient in primary care, for example risks relating to waiting times.											
7. Significant issues for consideration The following significant (“Red”) risks have materialised as follows: <ul style="list-style-type: none"> • On-going failure to achieve constitutional targets; • 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.; and 											

A list of events is provided at Annex A. (Events are risks that have materialised.) An action plan will be agreed for each event commensurate with identified impact. Where a “red” risk materialises plans will be signed off by senior management. There may be additional risks resulting from these events that need to be recognised and included in risk registers

The significant (“Red”) risk areas identified this period are identified as follows:

- The delivery of, and achievement of planned financial savings associated with, QIPP schemes for the CCG
- Financial impact of providers overtrading
- Financial and delivery impact of the Better Care Fund, including increases in non-elective admissions
- Performance against constitutional requirements, namely the 4 hour target for A&E waits.
- Support to the CCG during the transition of Commissioning Support Services and associated impact of a reduced Business Intelligence service
- Assurance on the reporting of Serious Incidents from York Teaching Hospital and monitoring arrangements of quality within the primary care.

Action plans to manage risks identified are documented through the Covalent system and monitored by Team Leads.

Four risks around the implementation of the new Mental Health Contract were escalated to the Corporate Risk Register from underlying risk registers this period. Mitigating actions are in place and risks are being monitored. The risk in relation to Ambulatory Care provision has been incorporated into the financial risks as the service is now in place.

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 are rated as significant to the organisation and the details recorded 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. These are reviewed in detail at the Quality and Finance Committee .

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.

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: Red Risk Profile Summary
- Annex C: List of All Corporate Risks

NHS Vale of York Clinical Commissioning Group Governing Body

1 October 2015

1.0 Background

- 1.1 The NHS Vale of York Clinical Commissioning Group (CCG) has national and local assurance processes to ensuring it is delivering its required functions effectively and efficiently. The national CCG Assurance Framework provides an assessment rating for CCGs, ranging from Outstanding to Not Assured, against five domains (Well-led organisation, finance, performance, planning and delegated functions). This is led by NHS England and measures CCGs against the delivery of constitution standards, financial planning, legal duties and national planning requirements.
- 1.2 Within the CCG, the internal Assurance Framework identifies critical success factors for the organisation and monitors risks against the delivery of these factors. A number of controls are implemented by the CCG to ensure risks are identified, monitored and managed.

2.0 National Clinical Commissioning Group Assurance Framework

At the time of writing this report the CCG is awaiting the formal notification from NHS England of the outcome of the Quarter 4 review. The quarter 1 Assurance Checkpoint meeting has been scheduled for October 7th with NHS England.

3.0 Internal CCG Assurance Framework

- 3.1 In June 2015 the Governing Body approved the review of the internal Assurance Framework and the revised critical success criteria. These take into account the new domains from the national CCG Assurance Framework and the key local priorities identified in the Integrated Operational Plan. The critical success factors for the organisation provide the basis for the corporate risk register and are as follows:
- Well led organisation with the skills and capacity to deliver statutory functions. Effective clinical and quality assurance improving the quality and safety of commissioned services
 - Resilient health care system, improving health outcomes for the local population
 - Financial sustainability supported by effective financial management
 - Transforming local healthcare services
- 3.2 A risk workshop was held with the Governing Body in July 2015. A number of developments have been implemented following the workshop to enhance the risk management process. These include:
- A full review of the Covalent system and development of 'events' recording
 - All risks to be linked to the new assurance domains

- All work programmes within the integrated operation plan to be aligned to the assurance domains
- Covalent task and finish group established to enhance the quality of risk reporting and access to finance and performance information to effectively assess risks and project progress
- Re-focussed support capacity to use Covalent to manage conflicts of interest
- Creating tailored reporting for the assurance framework

3.3 The CCG has a range of controls for each critical success factor. The table below summarises the main controls (not exhaustive) and the current significant risks against each domain.

Assurance Framework Domain (Internal)	Controls
Well led organisation with the skills and capacity to deliver statutory functions	<ul style="list-style-type: none"> • Corporate governance, including the constitution, committees and decision making bodies and associated procedures • Internal Audit • External Audit • Monthly risk review • Recruitment processes, induction, including security measures and workforce reporting • Information Governance & security and Incident reporting • Risk & Programme management system • Freedom of Information processes • Sustainability and Equalities assessments • Conflicts of interest processes • Emergency preparedness and business continuity plans • Stakeholder engagement processes
Effective clinical and quality assurance improving the quality and safety of commissioned services	<p>As above</p> <ul style="list-style-type: none"> • Serious Incident management • Clinical audit • Contract Management Board • Safeguarding protocols and mandatory training
Resilient health care system, improving health outcomes for the local population	<ul style="list-style-type: none"> • Quality and Finance performance reporting and dashboards • System Resilience Groups • Contract Management Board • System-wide structures and recovery programme
Financial sustainability supported by effective financial management	<ul style="list-style-type: none"> • Internal Audit • External Audit • Prime Financial Policies • Detailed Financial Policies • Detailed Scheme of Delegation • Financial control assessment • Annual reports and self-assessment • Financial and budgetary management system

Transforming local healthcare services	<ul style="list-style-type: none"> • IVA and Business Case templates and approval process • Detailed scheme of delegation for managed approval of programmes • Procurement strategy and regulations • Conflicts of Interest management
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4.0 Significant Risks and Mitigating Actions

4.1 The current Risk to the NHS Vale of York CCG that are assessed as 'significant' are as follows.

There is a risk that the CCG will not deliver QIPP plans and address financial gap (20)
Lead Director: Chief Finance Officer
Operational Lead: Deputy Chief Finance Officer
Associated Actions: <ul style="list-style-type: none"> • Development of financial information in flash reports and within the QIPP tracker • Identify further schemes and mitigations to offset any additional risks not included in the original plan • Implementation of financial information to support programme management within Covalent
There is a risk of main providers overtrading (20)
Lead Director: Chief Finance Officer
Operational Lead: Deputy Chief Finance Officer
Associated Actions: <ul style="list-style-type: none"> • Detailed review of activity against contracts • Early engagement with main providers including robust contract management arrangements • Quarterly sign off of contract positions • Development of the financial recovery plan to identify any additional mitigations • Additional analysis of forecast position with the main acute provider between contracting and finance.
There is a risk that the Better Care Fund will not deliver as expected (20)
Lead Director: Chief Finance Officer
Operational Lead: Deputy Chief Finance Officer
Associated Actions: <ul style="list-style-type: none"> • Re-profiling of BCF schemes based on latest available information to determine accurate impact • Provision of finance and contracting support to the on-going monitoring of BCF schemes • Additional support targeted at Business Intelligence analysis and project management of partnership schemes • Close monitoring of the implementation of schemes and their impact

There is a risk that York Teaching Hospital Foundation Trust Serious Incident processes are not effectively managed (20)
Lead Director: Chief Nurse
Operational Lead: Chief Nurse
Associated Actions <ul style="list-style-type: none"> • Review of internal performance and reporting of harm at Contract Management Board • Monitor the number and nature of SIs reported • Review of governance structure around SI to manage the process of review within the CCG
There is a risk of lack of assurance on the monitoring and reporting of quality in Primary Care (20)
Lead Director: Chief Nurse
Operational Lead: Chief Nurse
Associated Actions <ul style="list-style-type: none"> • Increase capacity through the practice nurse role • Review current process and assess efficacy • Enhance education and engagement with primary care • Implement of relevant practice improvement projects
There is a risk that Business Intelligence capacity is reduced during the transition, impacting on the organisation's ability to effectively plan for 2016-17 (16).
Lead Director: Chief Operating Officer
Operational Lead: Head of Corporate Assurance and Strategy
Associated Actions: <ul style="list-style-type: none"> • Establishment of the internal data group to map in-house resource and review business continuity • Review potential to access to alternative suppliers for data comparison analysis • Engagement in the CSU transition process • Identify potential QIPP schemes during Q2/3 to reduce impact during the planning period.
There is a risk the CCG fails to meet the Constitution target - 4 hour waits in A&E target (16)
Lead Director: Deputy Chief Clinical Officer
Operational Lead: Performance Manager
Associated Actions <ul style="list-style-type: none"> • Implementation of system resilience schemes through the Urgent Care Working Group • Review of clinical capacity within the Emergency Department at York • Implementation of the system recovery plan, incorporating the Trust Recovery Plan • Identify best practice from across the Country and access national support teams
There is a risk as delivery of BCF targets is dependent on partners and outside the immediate control of the CCG (16)
Lead Director: Deputy Chief Clinical Officer
Operational Lead: Service Delivery Lead
Associated Actions <ul style="list-style-type: none"> • Regular reporting and discussion at the Health and Wellbeing Board(s)

<ul style="list-style-type: none"> • Joint Delivery Group partnership arrangements to monitor progress • Identification of joint project resource to support implementation
There is a risk the that CCG fails to reduce non-elective admissions to planned levels (16)
Lead Director: Deputy Chief Clinical Officer
Operational Lead: Service Delivery Lead
<p>Associated Actions</p> <ul style="list-style-type: none"> • Regular reporting and discussion at the Health and Wellbeing Board(s) • Joint Delivery Group partnership arrangements to monitor progress • Identification of joint project resource to support implementation • Review of impact of BCF schemes to inform commissioning decisions
There is a risk that transformational changes fail to achieve target savings (16)
Lead Director: Chief Operating Officer
Operational Lead: Senior Improvement and Innovation Manager
<p>Associated Actions</p> <ul style="list-style-type: none"> • Weekly review of QIPP progress and effective reporting arrangements to Committee • Implementation of the Programme Delivery Group to support and challenge transformation projects • Review of all QIPP schemes • Implementation of RAIDR to help identification of additional schemes, and to improve targeting of work. • Close working across Innovation and Finance teams to identify opportunities for new transactional schemes
There is a risk that Commissioning Support arrangements may not represent value for money and may be a cost pressure in 2015-16 (15)
Lead Director: Chief Operating Officer
Operational Lead: Deputy Chief Finance Officer/ Head of Finance
<p>Associated Actions</p> <ul style="list-style-type: none"> • CCG assessment on impact on 2015-16 Service Level Agreement (SLA) completed and returned to the Commissioning Support (CS) for negotiation • Negotiation on service credits and payment for additional internal capacity • On-going monitoring of service provision against the 2015-16 SLA.




4.2 The actions are reported as on-track, with additional mitigating actions considered at each monthly review, or as the risk changes.

Events Report-Risks That Have Materialised



Risk Summary	Operational Lead	Lead Director	Last Reviewed Date	Latest Note
There is a risk the CCG fails 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.	Lynette Smith Michael Ash-McMahon	Rachel Potts Tracey Preece	04-Sep-2015	The system recovery plan has been submitted to strengthen the CCG's operating plan for managing the financial and risk position. The CCG is working to establish the 'Systems Leader's Group' to oversee the longer term sustainable health care system for the local area
Q1 Constitution target - failure to meet 4 hour A&E target	Becky Case	Dr. Andrew Phillips	22-Sep-2015	July performance for VOYCCG was 93.0%. significantly improved from 89.4% in June and the highest performance since June 2014.
Q1 Constitution target –failure to meet Diagnostics target	Fliss Wood	Dr. Shaun O'Connell	22-Sep-2015	July performance almost at target with 1.2% against 1.0% target.

Red Risks Profile Report




Risk Register Finance & Contracting

Title	Impact	Likelihood	Risk Score	Assigned To	Status
QIPP - Failure to deliver QIPP plans and address financial gap	4	5	20	Michael Ash-McMahon	
Risk of main providers overtrading	4	5	20	Michael Ash-McMahon	
Better Care Fund	4	5	20	Michael Ash-McMahon	

Risk Register Governance




Title	Impact	Likelihood	Risk Score	Assigned To	Status
Business Intelligence capacity is reduced during the transition, impacting on the organisation's ability to effectively plan for 2016-17.	4	4	16	Lynette Smith	
The CS arrangements do not represent value for money and may be a cost pressure for 2015-16	3	5	15	Michael Ash-McMahon; Natalie Fletcher	

Risk Register Innovation and Improvement

Title	Impact	Likelihood	Risk Score	Assigned To	Status
QIPP - Transformational changes fail to achieve target savings	4	4	16	Paul Howatson	
Failure to reduce non-elective admissions to planned levels	4	4	16	Kat McCann; John Ryan	
Delivery of BCF targets is dependent on partners outside the immediate control of the CCG	4	4	16	Kat McCann; John Ryan	

Annex B

Team Risks Quality & Performance Register

Title	Impact	Likelihood	Risk Score	Assigned To	Status
Constitution target –failure to meet 4 hour A&E target	4	4	16	Fliss Wood	
YTHFT Serious Incident processes not effectively managed	4	4	16	Michelle Carrington	
Lack of assurance on quality and performance monitoring in Primary Care	4	4	16	Michelle Carrington	

Summary of All Corporate Risks

Communications and Engagement

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Event?
Risk of ineffective communication with public and staff	Sharron Hegarty	Matt Neligan; Rachel Potts	3		No
Risk of failure to proactively manage reputation	Sharron Hegarty	Matt Neligan; Rachel Potts	12		No

Finance & Contracting

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Event?
Risk CCG fails to deliver QIPP plans and address financial gap	Michael Ash-McMahon	Michael Ash-McMahon	20		No
Risk of main providers overtrading	Michael Ash-McMahon	Michael Ash-McMahon	20		No
Risk of failure to deliver Better Care Fund	Michael Ash-McMahon	Michael Ash-McMahon	20		No

Governance

Risk Summary,	Operational Lead	Lead Director	Current Risk Rating	Trend	Event?
There is a risk that the organisation's governance structures are not efficient and effective.	Pennie Furneaux	Rachel Potts	8		No
There is a risk that the risk and assurance framework may not be kept current and relevant and operate effectively.	Pennie Furneaux	; Rachel Potts	8		No
There is a risk that the Constitution may not be fit for purpose and adequately define statutory duties.	Lynette Smith	Rachel Potts	4		No
There is a risk that FOIs are not appropriately managed and responded to	Pennie Furneaux	Rachel Potts	3		No
There is a risk that: Health and Safety statutory responsibilities may not be adequately discharged	Helena Nowell; Mary Skelton	Rachel Potts	6		No
There is a risk that: Conflict of Interests statutory requirements may not be adequately discharged and managed	Pennie Furneaux	; Rachel Potts	8		No
There is a risk of inadequate governance arrangements to support Primary Care Co-Commissioning	Lynette Smith	Rachel Potts	6		No
There is a risk the CCG fails to achieve the required level of compliance with Information Governance Toolkit requirements	Pennie Furneaux	Rachel Potts	6		No
There is a risk that financial Governance process and procedures are not clearly defined and robust and monitored through the appropriate	Natalie Fletcher	Tracey Preece	8		No

Annex C

Risk Summary,	Operational Lead	Lead Director	Current Risk Rating	Trend	Event?
committees					
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	16		Yes
There is a risk that the CCG fails to adequately discharge its Equalities and Health inequalities duties	Helena Nowell	Rachel Potts	9		No
There is a risk that CCG may fail to adequately discharge its sustainability statutory duties.	Pennie Furneaux	Rachel Potts	2		No
There is a risk that the CCG is not able to secure effective commissioning support services to deliver the full range of CCG requirements for 2015-16	Lynette Smith	Rachel Potts	12		No
There is a risk that Business Intelligence capacity is reduced during the transition, impacting on the organisation's ability to effectively plan for 2016-17.	Lynette Smith	Rachel Potts	16		No
There is a risk that the CCG does not deliver the required standard for the Better Payment Code in 2015-16	Michael Ash-McMahon	Tracey Preece	12		No
There is a risk that the CCG is unable to secure sufficient capacity and expertise to effectively evaluate LFP bids	Lynette Smith	Rachel Potts	8		No
There is a risk that CS arrangements do not represent value for money and may be a cost pressure for 2015-16	Michael Ash-McMahon; Natalie Fletcher	Rachel Potts	15		No
There is a risk that the CCG is unable to release the anticipated savings from the CS Transition	Lynette Smith	Rachel Potts	12		No
There is a risk that the CCG is unable to secure excellent quality and value for money support services through the LFP process	Michael Ash-McMahon; Lynette Smith	Rachel Potts; Tracey Preece	8		No
There is a risk that the CCG is unable to access key files and folders required to deliver the work of the CCG	Lynette Smith	Rachel Potts	8		No
There is a risk that Business Continuity arrangements may not be sufficiently robust.	Pennie Furneaux	Rachel Potts	4		No
There is a risk that Partnership Commissioning Unit may fail to deliver its contractual obligations	Lynette Smith; Angie Walker	Rachel Potts	12		No
There is a risk that Partnership Commissioning Unit may fail to deliver services in line with quality standards	Michelle Carrington	Michelle Carrington	12		No
There is a risk that GP Rotas will impact out of hours services	Becky Case	Dr. Andrew Phillips	8		No

Information Governance

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Event?
There is a risk of unavailability of IT infrastructure which may impact the ability of the organisation to deliver key objectives and may lead to key staff members being unable to access information when needed.	Mary Skelton	Rachel Potts	8		No

Annex C

Innovation and Improvement

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Event?
There is a risk that transformational changes fail to achieve target savings	Paul Howatson	Rachel Potts	16		No
There is a risk the CCG fails to reduce non-elective admissions to planned levels	Kat McCann; John Ryan	Dr. Andrew Phillips	16		No
There is a risk the CCG fails to reduce delayed transfers of care	Kat McCann; John Ryan	Dr. Andrew Phillips	9		No
There is a risk as delivery of BCF targets is dependent on partners outside the immediate control of the CCG	Kat McCann; John Ryan	Dr. Andrew Phillips	16		No
There is a risk on Information Governance-Data Flow Mapping risks identified by Internal Audit regarding data transfers	Carl Donbavand; Shaun Macey	Rachel Potts	3		No
There is a risk that if there is insufficient engagement with clinicians and the public/patients service developments may not deliver anticipated benefits	Andrew Bucklee; Becky Case; Sharron Hegarty; Paul Howatson; Shaun Macey	Rachel Potts	8		No
There is a risk that Procurement fails to deliver innovation and improvement to MH&LD services	Paul Howatson	Dr. Louise Barker	6		No
There is a risk that Procurement fails to deliver innovation and improvement to MSK services	Andrew Bucklee; Stacey Marriott	Dr. Shaun O'Connell	6		No

Mental Health & Learning Disabilities Procurement

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Event?
There is a risk that the CCG fails to deliver new contract as required	Paul Howatson	Dr. Louise Barker	8		No








Mental Health & Learning Disabilities Transformation

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Event?
There is a risk that IAPT do not have capacity to support delivery of target	Paul Howatson	Dr. Louise Barker	6		No
There is a risk that the CCG fails to improve Dementia primary care coding rates and pathway development	Paul Howatson	Dr. Louise Barker	6		No
There is a risk around Bootham Park - Interim Solutions Project	Paul Howatson	Dr. Louise Barker	12		No

Quality & Performance Register

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Event?
Constitution target – risk of failure to meet 8 minute red combined ambulance response time	Fliss Wood	Dr. Andrew Phillips	9		No
Constitution target – risk of failure to meet 4 hour A&E target	Fliss Wood	Dr. Andrew Phillips	16		Yes
Constitution target – risk of failure to meet 18 week RTT target	Fliss Wood	Dr. Shaun O'Connell	12		No

Annex C

Risk Summary	Operational Lead	Lead Director	Current Risk Rating	Trend	Event?
Constitution target -risk of failure to meet Diagnostics target	Fliss Wood	Dr. Shaun O'Connell	12		Yes
Constitution target –risk of failure to meet Cancer 2 week wait target	Fliss Wood	Dr. Shaun O'Connell	12		No
There is a risk of lack of assurance on quality standards with regards to safeguarding children	Michelle Carrington	Michelle Carrington	9		No
There is a risk that York Teaching Hospital Foundation Trust Serious Incident processes are not effectively managed	Michelle Carrington	Michelle Carrington	16		No
There is a risk the CCG doesn't adequately monitor and respond to patient queries and complaints	Daniel Blagdon	Michelle Carrington	6		No
There is a risk of lack of assurance on quality and performance monitoring in Primary Care	Michelle Carrington	Michelle Carrington	16		No
There is a risk that EPRR arrangements may not be reviewed, maintained and may prove ineffective	Pennie Furneaux; Fliss Wood	Rachel Potts	4		No