

Item Number: 6

Name of Presenter: Rachel Potts

Meeting of the Governing Body

2 April 2015



Vale of York

Clinical Commissioning Group

Assurance Framework Report

**Purpose of Report
To Receive**

1. Rationale

To ensure that the CCG has the capacity and processes in place to deliver its statutory duties.

NHS Vale of York Clinical Commissioning Group (CCG) are implementing the Covalent system for managing the integrated assurance framework across the organisation. The format of the current Assurance Framework was approved by Governing Body in June 2013.

The outcomes of the Area Team Assurance Framework has been reported quarterly to the Governing Body. The outcomes of the Quarter 2 review are available and summarised per Annex 1. The Quarter 3 assurance review will be held on the 15th April with NHS England.

The CCG is now in the process of reviewing the corporate Assurance Framework, aligning the risk reporting in Covalent to the CCG Assurance Framework and refreshing the corporate risk register. This was discussed by the Quality and Finance Committee in March, with a view to implementation for the next financial year. This will enable all activity, associated risk and mitigating actions across the CCG to be mapped against the CCG Assurance Framework domains, CCG priorities within the 15-16 Operational Plan and at team level. This will provide a greater level of transparency in reporting and accountability. A Governing Body Workshop will facilitate implementation, proposed to be held in Spring 2015.

Risk reports are provided monthly to the Quality and Finance Committee and significant risks are escalated to the Governing Body and reported in the minutes of the Quality and Finance Committee. The risk profile and significant risks have been attached for information at Annex 2, 3 and 4.

2. Strategic Initiative *(relevant across all initiatives)*

- | | |
|---|--|
| <input checked="" type="checkbox"/> Integration of care | <input checked="" type="checkbox"/> Planned care |
| <input checked="" type="checkbox"/> Person centred care | <input checked="" type="checkbox"/> Transforming MH and LD services |
| <input checked="" type="checkbox"/> Primary care reform | <input checked="" type="checkbox"/> Children and maternity |
| <input checked="" type="checkbox"/> Urgent care reform | <input checked="" type="checkbox"/> Cancer, palliative care and end of life care |
| | <input checked="" type="checkbox"/> System resilience |

3. Actions / Recommendations

That the Governing Body receives the Assurance Update Report and considers if any additional mitigation action are required to address the significant risks.

That the Governing Body notes the proposal of an Assurance Framework Workshop early in 2015-16.

4. Engagement with groups or committees

Monthly presentation of risk map and significant risks to the Quality and Finance Committee

5. Significant issues for consideration

High risks areas are identified as:

- Failure to meet constitutional performance targets;
- Availability of business intelligence to inform strategic decisions;
- Fitness for purpose of provider estate, (Bootham Park Hospital and Community Units); and
- Delivery of BCF plans that will result in anticipated financial savings

A risk heat map of corporate risks is provided on the following page, (Appendix 1); highlighting key “red” risks in each area and providing detailed commentary of the impact and proximity of the risk. A summary of “Red” risks is provided at Appendix 2; and with full details of “Red” risks, along with a progress update, effectiveness of controls and mitigating actions provided at Appendix 3.

6. 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 Appendix 3.

7. 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.

8. Responsible Chief Officer and Title

Rachel Potts, Chief Operating Officer

9. Report Author and Title

Pennie Furneaux, Policy and Assurance Manager

10. Annexes

Annex 1: Area Team Assessment of the CG Assurance Framework

Annex 2: Heat Map of Corporate Risks

Annex 3: Summary of “Red” Risks

Annex 4: Full details of “Red” Risks with details of mitigating controls, mitigating actions, and progress update.

Annex 1: Area Team Assessment of the CG Assurance Framework-Quarter 2







Area Team assessed the CCG against the six domains of the CCG Assurance Framework as follows:

- Domain 1: Are patients receiving clinically commissioned high quality services?
- Domain 2: Are patients and the public actively engaged and involved?
- Domain 3: Are CCG plans delivering better outcomes for patients?
- Domain 4: Does the CCG have robust governance arrangements?
- Domain 5: Are CCGs working in partnership with others?
- Domain 6: Does the CCG have strong and robust leadership?


The tables below set out the current position showing the CCG's status against the assurance domains within the national CCG assurance framework. This is intended to provide the Governing Board with assurance that the CCG is on track to deliver its long term strategy as well as overall CCG performance that defines an effective commissioner.

Summary of Latest Area Team Assessment

A high level view of the latest Area Team Assessment against the progress against the national CCG assurance framework domains is shown below. Further detail is provided within the report for each domain.

Domain 1	Are patients receiving clinically commissioned, high quality services?	
Domain 2	Are patients and the public actively engaged and involved?	
Domain 3	Are CCG plans delivering better outcomes for patients?	
Domain 4	Does the CCG have robust governance arrangements?	
Domain 5	Are CCGs working in partnership with others?	
Domain 6	Does the CCG have strong and robust leadership?	

Domain 1 Are patients receiving clinically commissioned, high quality services?

Area Team Assessment	Assured with Support 
<p>Good Practice noted: All Winterbourne patients have a plan of care in place</p> <p>Issues identified for further action:</p> <ul style="list-style-type: none"> . Level of primary care focus for the Care Hubs . Continue engagement and focus on ensuring high quality care to reduce mortality rates . Cancer peer review concerns . IVF . Winterbourne: lack of local community capacity for complex needs . PCU decision making Risk sharing agreement 	

Annex 1: Area Team Assessment of the CG Assurance Framework-Quarter 2

Further Work Identified

Description
Continue work to secure a safe and sustainable resolution to Bootham Park Hospital, CQC reported on LYP FT highlighted some assurance concerns. CCG meeting with CQC and Monitor to discuss quality concerns
Continued implementation of HCAI Action Plan
Although an improving picture, continued focus on Out of Hospital SHIMI and take action to reduce the observed range of variation
Continue to work as a system to resolve A&E performance
Monitor review of York Trust


Domain 2 Are patients and the public actively engaged and involved?

Area Team Assessment	Assured 
Issues identified for further action: <ul style="list-style-type: none"> . Continue to influence the development of the HWBBs . Re-procurement of MH service informed by Discover Programme – 1,000 responses . Continued engagement with stakeholders on the interim solution for Bootham Park 	

Further Work Identified

Description
Ensure clarity on what the public needs consulting upon

Domain 3 Are CCG plans delivering better outcomes for patients?

Area Team Assessment	Assured with Support 
Good Practice noted: <ul style="list-style-type: none"> . £2 million surplus . Appreciative enquiry (CHP case reviews reduced from 90 days to 30 days) Improvement to Ambulance Handover times at York Hospital following opening of Ambulance Assessment Unit 	
Issues identified for further action: <ul style="list-style-type: none"> . RTT: <ul style="list-style-type: none"> o Delivery and system wide action plan o Provider capacity to deliver . QIPP not fully reflected in contracts . IAPT confidence with delivery of the CCG target that is below national expectation . BCF delivery . Not planning to achieve IAPT national target by end of Q4 . Failure of the Q1 A&E standard at York Trust . No formal agreement of the North Yorkshire Risk Share Agreement . CCG running costs currently at 90%. Working with CSU to release savings . Parity of Esteem 	

Annex 1: Area Team Assessment of the CG Assurance Framework-Quarter 2

Further Work Identified

Description
Continue to work as a system to resolve A&E performance
Share iterated improvement plans with AT. NB individual improvement plan required to include both CCG and provider actions
Revision of Better Care Fund plans
IAPT Trajectories and plans to improve performance


Domain 4 Does the CCG have robust governance arrangements?

<i>Area Team Assessment</i>	Assured	
Issues identified for further action: Parity of Esteem		

Further Work Identified

Description
AT attendance of CCG local performance meetings


Domain 5: Are CCGs working in partnership with others?

<i>Area Team Assessment</i>	Assured	
<p>QUARTER 2 Good Practice noted: . Relationship developed with providers, other CCGs, PCU and the Safeguarding boards</p> <p>Issues identified for further action: . BI support from CSU . Co-commissioner relationship with NHS England (Specialist Commissioning and Primary Care) . Discussions taking place regarding North Yorkshire Risk Sharing Arrangement</p>		

Further Work Identified

Description
Support with development of co-commissioning including primary care

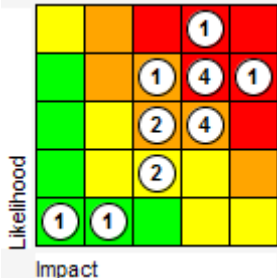
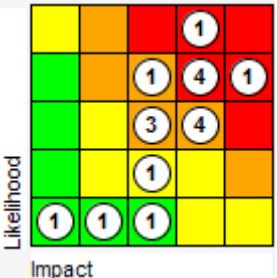

Domain 6: Does the CCG have strong and robust leadership?

Area Team Assessment	Assured	
<p>Good Practice noted: . Fast Follower of NHS Accelerate Programme</p> <p>Issues identified for further action: . Relationship with practices . Potential for conflict of interests being managed regarding – Chief Officer/Parliament</p>		

Further Work Identified

Description
Establish relationship with the Local Professional Network
CCG to address the Conflict of Interest position at next Governing Body Meeting

ANNEX 1: Heat Map Of Corporate Risks as at March 2014/15

TEAMS	FEB 15 RISK MATRIX	CURRENT RISK MATRIX	TOTAL NO. OF RISKS /TREND
<p>TEAM RISK REGISTER (QUALITY & PERFORMANCE) There are several areas of high risk areas as detailed below.</p> <p>DELIVERY OF CONSTITUTIONAL PERFORMANCE TARGETS Risks around delivery remain high and are increasing. The risks identified are immediate and impact patient management.</p> <p>Diagnostics This area continues to be high risk. The CT scanner replacement programme is not expected to be completed until June 2015 and consultant sickness is delaying reporting of CT colonoscopy results. Around 50 MRI scans per month are being outsourced to Nuffield Hospital.</p> <p>RTT backlog The backlog is increasing due to pressures from non-elective patients. The latest figures (8th March) show that there are:</p> <ul style="list-style-type: none"> • 2,017 patients waiting over 18 weeks (list size: 24,471); • Admitteds 843 waiting over 18 weeks, (list size 5,366); <p>Ophthalmology, General Surgery, Neurology and Urology are key areas of concern. The Trust is undertaking detailed capacity and demand work.</p> <p>Ambulance Handovers Ambulance handovers are impacted by A&E performance. York Teaching Hospital FT has consistently failed to meet the 4 hour A&E target in Q3 and are expected to also fail in Q4. Staff shortages in ED at York Hospital has also meant that the ambulance assessment are has not been fully operational and this also impacts on handover times.</p> <p>During January there were 7 x 12 breaches at York ED and 4 breaches at Scarborough week beginning 2nd March. Scarborough ED performance during March has been poor and this also impacts on the overall ambulance handover figures.</p> <p>Mitigating actions York ED have recruited additional nurses and are also up skilling HCAs so they are able to assist with patient observations and COMFE rounds.</p>			<p>18</p> 

ANNEX 1: Heat Map Of Corporate Risks as at March 2014/15

TEAMS	FEB 15 RISK MATRIX	CURRENT RISK MATRIX	TOTAL NO. OF RISKS /TREND
<p>SGH are looking at innovative ways to improve Consultant cover in ED by involving Speciality Doctors from the wards. Both sites are working on improving patient reviews and assessments in a more timely manner to speed up the discharge process and reduce the length of stay of patients.</p> <p>Capital work is about to commence on Phase 2 of the improvements to the ambulance handover physical area. There has also been the commencement of an ambulatory care pilot in an area of ED which is also available for handovers during the OOH period and this scheme has been given high priority for continued SRG funding.</p> <p>UNPLANNED CARE An increase in non-elective admissions is noted due to the number of frail, elderly acutely unwell patients.</p> <p>AVAILABILITY OF BUSINESS INTELLIGENCE TO INFORM COMMISSIONING There is a large volume of unstructured data from a range of sources and systems which are not effectively shared between the CCG teams that need the information. An internal data group is meeting fortnightly to map data sources and define data available. The potential impact is that strategic decisions may not take account of all relevant data.</p> <p>FITNESS FOR PURPOSE OF THE ESTATE AT BOOTHAM PARK HOSPITAL AND COMMUNITY UNITS Mitigating actions are in place under the management of estates and are monitored through Contract Management Board. The contract for mental health services is currently out to tender. Financial plans and building work is on track and due for completion September 2015.</p>			
<p>TEAM RISK REGISTER (INNOVATION AND IMPROVEMENT) “Red” risks relate to Better Care Fund plans and initiatives. BCF plans are based around supporting an overarching aim of producing a reduction in non-elective hospital admissions by 11.7% in the financial year 15/16. Delivery of BCF plans are monitored and reported via the BCF dashboard. The Innovation and Improvement Team is working with providers to formalise delivery trajectories. However, the impact of failure to deliver financial savings through BCF plans will impact CCG Quarter 1 2015-16 budgets. The scope and scale of this impact will be clearer at the end of Quarter 1.</p>			<p>15</p>

ANNEX 1: Heat Map Of Corporate Risks as at March 2014/15







TEAMS	FEB 15 RISK MATRIX	CURRENT RISK MATRIX	TOTAL NO. OF RISKS /TREND
<p>TEAM RISK REGISTER(FINANCE & CONTRACTING) The Level of “Red” risk relating to delivery of Better Care Fund project has been reduced. This reflects that there is a contingency in place that will mitigate the effect of non-delivery of the plans for some of the schemes.</p>			<p>14 </p>
<p>TEAM RISK REGISTER (COMMS. AND ENGAGEMENT) There are no “Red” risks recorded in the heat map. The overall risk trend is static</p>			<p>5 </p>
<p>TEAM RISK REGISTER (GOVERNANCE) No “Red” risks recorded in heat map. Overall risk trend is slightly down as mitigating actions are completed.</p>			<p>16 </p>

Quality and Finance Committee Risks Profile

Team Risk Register (Innovation and Improvement)



Risk ID	Risk Summary	Lead Organisation	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
BCF.01	Plans may not deliver financial savings necessary to make them sustainable	Vale of York CCG	Mark Luraschi; John Ryan	Dr. Andrew Phillips	12	16	8		15-Jan-2015
BCF.02	Non-Elective admissions do not reduce in line with expectations	Vale of York CCG	Mark Luraschi; John Ryan	Dr. Andrew Phillips	12	16	12		15-Jan-2015

Team Risk Register (Quality & Performance)


Risk ID	Risk Summary	Lead Organisation	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
Q&P.09	LYPFT as a provider and compliance with quality standards -clinical risk -in relation to CQC compliance	Leeds and York Partnership Foundation Trust	Christine Pearson	Michelle Carrington	16	20	4		03-Mar-2015
Q&P.11	BI Intelligence to inform intelligent commissioner	Vale of York CCG	Sheena White	Michelle Carrington	16	16	4		03-Mar-2015
Q&P.14	Failure to meet unplanned care targets: A&E-4 hour breach. Patient care is compromised	York Hospitals NHS Foundation Trust	Becky Case	Dr. Andrew Phillips	12	16			03-Mar-2015
Q&P.16A	Planned Care-York Hospitals Foundation Trust, failure to meet performance targets in RTT		Fliss Wood	Dr. Shaun O'Connell	12	20	8		14-Jan-2015
Q&P.16B	Planned Care-York Hospitals Foundation Trust, failure to meet performance targets in Diagnostics	York Hospitals NHS Foundation Trust	Fliss Wood	Dr. Shaun O'Connell	16	16	8		14-Jan-2015
Q&P.18	Unplanned Care failure to meet performance targets in ambulance handovers.	Yorkshire Ambulance Services	Becky Case	Dr. Andrew Phillips	16	16			14-Jan-2015



ANNEX 3: Full details of “Red” Risks as at March 2014/15





Q&P.09 LYPFT as a provider and compliance with quality standards -clinical risk -in relation to CQC compliance

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Christine Pearson	Michelle Carrington	06-Apr-2015		

Since January 2014 and since the CQC visit to LYFPT we have become aware of issues related to the estate (fit for purpose) and workforce. Partners including NHS Property Services, CYC and the CCG have been working to rectify and resolve these issues in partnership with LYFPT. Whilst progress is ongoing clinical risks remain.

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	5	4	20		2	2	4	31-Mar-2015



Control	Control Description	Control Assurance(s)	Status	
Q&P.09a Leeds and York Partnership Trust Bootham Programme Board		Monthly meeting, well attended		Partially Effective
Q&P.09b Leeds and York Partnership Trust/VOYCCG Executive Meetings		Quarterly meeting, well-attended		Partially Effective


Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
Q&P.09a Quality Improvement Action Plan	31-Dec-2014	Sheena White; Fliss Wood		On Track	Decision to retain BPH MH services by governing body, LYFPT and English Heritage		Overdue
Q&P.09b Develop longer term strategy in conjunction with LA/Propco	30-Sep-2014	Sheena White; Fliss Wood		On Track	Plans for new build within next three years.		Overdue



Latest Update	Update from Chief Nurse: Working closely with the provider to minimise risk and agreed CQC action plan monitored through Quality and Performance contract meetings.
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ANNEX 3: Full details of “Red” Risks as at March 2014/15

Q&P.11 BI Intelligence to inform intelligent commissioner

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Sheena White	Michelle Carrington	06-Apr-2015		

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		2	2	4	31-Mar-2015

Control	Control Description	Control Assurance(s)	Status	
VOY.INT.06 Quality and Finance Committee	Review and oversight of progress/arrangements by Quality and Finance Committee (Monthly Committee)	Monthly exceptions report goes to Q&F		Partially Effective
VOY.EXT.15 Scrutiny by Governing Body	Reports to Governing Body			Partially Effective

Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
Q&P.11a Dashboard	31-Aug-2014	Sheena White		On Track	CSU working with VOYCCG to develop dashboard		Overdue
Q&P.11a Finalise CSU BI Service Specification	30-Sep-2014	Sheena White		On Track			Completed

Latest Update	Various working groups are in place to review data processes, once all currently available data has been identified we can see where there are gaps and develop plans to resolve. Longer term discussions need to be had following the announcement that the CSU are no longer on the lead provider framework. Buy, Share, Leave progress underway for future BI services.
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ANNEX 3: Full details of “Red” Risks as at March 2014/15



**Q&P.14 Failure to meet unplanned care targets:
A&E-4 hour breach. Patient care is compromised**

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Becky Case	Dr. Andrew Phillips			

Patient

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

Control	Control Description	Control Assurance(s)	Status	
VOY.INT.06 Quality and Finance Committee	Review and oversight of progress/arrangements by Quality and Finance Committee (Monthly Committee)	Regular agenda item		Fully Effective
VOY.INT.22 Review by Contract Management Board.	Review and oversight of progress/arrangements by Contract Management Board (Monthly Committee)	Monthly meeting, well-attended , regular agenda item		Partially Effective
VOY.EXT.19 System Resilience Group	Review and oversight of progress/arrangements by Resilience Group (Monthly Meeting)	Monthly meeting, well-attended , regular agenda item		Partially Effective


Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
Progress IMAS work from Trust translating into contracting and finance plans	30-Jun-2015	Caroline Alexander		On Track			Assigned



Latest Update



ANNEX 3: Full details of “Red” Risks as at March 2014/15

Q&P.16A Planned Care-York Hospitals Foundation Trust, failure to meet performance targets in RTT

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Fliss Wood	Dr. Shaun O'Connell			

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	3	12	4	5	20		4	2	8	

Control	Control Description	Control Assurance(s)	Status	
VOY.INT.06 Quality and Finance Committee	Review and oversight of progress/arrangements by Quality and Finance Committee (Monthly Committee)	Monthly meeting, well-attended , regular report item		Partially Effective
VOY.INT.22 Review by Contract Management Board.	Review and oversight of progress/arrangements by Contract Management Board (Monthly Committee)	Monthly meeting, well-attended , regular agenda item		Partially Effective

Action	Due Date	Assigned To	Expected Outcome	Latest Update	Status
Development of recovery plans in conjunction with the Trust	30-Sept-2015	Michelle Carrington	 On Track	Plans being worked through to identify schemes for continued funding.	 Assigned




Latest Update	YTHFT has significant RTT backlog in certain specialties and breaches in the NHS Constitution target have been noted since July 2014. Significant work has been undertaken through system resilience processes managed by the Planned Care Working Group in order to deliver additional lists and reduce the backlog. Additional central resilience funding was made available. Certain specialties including neurology, dermatology and ophthalmology require longer term recover plans and potential pathway transformation due to the significant medical staffing capacity issues. Not expected to return to sustainability levels until Autumn 2015.
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ANNEX 3: Full details of “Red” Risks as at March 2014/15

Q&P.16B Planned Care-York Hospitals Foundation Trust, failure to meet performance targets in Diagnostics

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Fliss Wood	Dr. Shaun O'Connell			

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	

Control	Control Description	Control Assurance(s)	Status	
VOY.EXT.19 System Resilience Group		Regular meetings, multiple stakeholders across the healthcare footprint. Group well-attended.		Fully Effective
VOY.EXT.37 System Resilience Group-Planned Care Working Group		Regular meetings, set agenda, ToR in place, well-attended.		Fully Effective
VOY.EXT.38 System Resilience Group-Unplanned Care Working Group		Regular meetings, set agenda, ToR in place, well-attended.		Fully Effective

Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
Q&P.16B MRI Scanner Replacement (Planned)	28-Feb-2015	Fliss Wood		On Track			Overdue



Latest Update	The system resilience planned care working group monitors NHS Constitution target performance around diagnostic 6-week access target on a monthly basis as a fixed agenda item. The CCG monitors diagnostic performance weekly. Recent breaches have been around MRI and cystoscopy both of which have mitigation plans now in place and monitored by the planned care working group. There is a planned CT scanner replacement during January and February and again mitigation plans are in place and discussed at Planned Care Working Group. Mitigation plans in line with RTT work overall.
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ANNEX 3: Report Of “Red” Risks as at March 2014/15

Q&P.18 Unplanned Care failure to meet performance targets in ambulance handovers.

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Becky Case	Dr. Andrew Phillips			

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16	—				



Control	Control Description	Control Assurance(s)	Status	
VOY.EXT.38 System Resilience Group- Unplanned Care Working Group		ToR agreed, Group well attended		Fully Effective
VOY.EXT.36 Weekly Winter Teleconference	Teleconference held every Friday. Attendance by CCG, YHFT and YAS	Group well attended		Fully Effective


Action	Due Date	Assigned To	Expected Outcome	Latest Update	Status




Latest Update	Deteriorating position linked directly to pressures in A&E
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ANNEX 3: Report Of “Red” Risks as at March 2014/15

BCF.01 Plans may not deliver financial savings necessary to make them sustainable

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Mark Luraschi; John Ryan	Dr. Andrew Phillips	05-Mar-2015		

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	2	8	


Control	Control Description	Control Assurance(s)	Status	
VOY.EXT.10 Scrutiny by the Health and Wellbeing Board		Regular meetings, well-attended with representatives of all partner organisations. BCF is a standing agenda item.		Partially Effective
VOY.EXT.22 Collaborative Transformation Board				Partially Effective
VOY.EXT.23 Joint Delivery Group		Monthly Meeting, co-chaired by CCG and CYC, with representatives from other provide organisations as required. Good attendance.		Fully Effective


Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
BCF.01 Planning should identify an exit strategy for each element should it be necessary to decommission them.	31-Dec-2014	Mark Luraschi; John Ryan		Will be Overdue	Delayed start, now being addressed through NHS Accelerate programme		Overdue




Latest Update	The BCF process is designed to shift funding from secondary care to support integrated community services. There is a real and present risk that the services we put in place to provide the business & activity shift towards the community do not deliver enough of a transfer out of acute to fund themselves.
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ANNEX 3: Report Of “Red” Risks as at March 2014/15

BCF.02 Non-Elective admissions do not reduce in line with expectations

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Mark Luraschi; John Ryan	Dr. Andrew Phillips	05-Mar-2015		

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	
VOY.EXT.10 Scrutiny by the Health and Wellbeing Board		Regular monthly meetings, well-attended with representatives of all partner organisations. BCF is a standing agenda item.		Partially Effective
VOY.EXT.22 Collaborative Transformation Board				Partially Effective
VOY.EXT.23 Joint Delivery Group		Monthly Meeting, co-chaired by CCG and CYC, with representatives from other provide organisations as required. Good attendance.		Partially Effective

Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
BCF.02.01 Develop activity monitoring metrics to seek early signs of failure	31-Dec-2014	Mark Luraschi; John Ryan		On Track			Overdue
BCF.02.03 Agree communication process to inform alternative models of care that provide clear alternatives to admission	31-Dec-2014	John Ryan		On Track			Overdue
BCF.02.04 Agree clear procedures and training	31-Dec-2014	John Ryan		On Track			Overdue
BCF.02.02 Engage staff, GPs, providers and public	31-Mar-2015	Mark Luraschi; John Ryan		On Track			Assigned
BCF.02.05 Monitor effectiveness of process	31-Mar-2015	John Ryan		On Track			Assigned
BCF.02.06 Develop alternative models of care that provide alternatives to admissions	31-Mar-2015	John Ryan		On Track			Assigned
Objective 09: Sustainable & High Quality Local Hospital	31-Mar-2016	John Ryan		On Track	A task and finish group is being established in the context of urgent care system resilience to gain an understanding of workforce issues. (Source: SMT notes, 20 Jan, 2015)		Assigned

Latest Update Although the BCF schemes have been modelled and we are as confident as we can be that they are capable of delivering the 11.7% reduction in non-elective admissions to acute care in York, there is still a very significant risk that target will not be met.