


Item Number: 6	
Name of Presenter: Rachel Potts	
Meeting of the Governing Body 2 March 2017	 Vale of York Clinical Commissioning Group
Corporate Risk and Assurance Update Report	
Purpose of Report To Receive	
Rationale To present the corporate risk registers for review, as of the 21 February 2017. This report <ul style="list-style-type: none"> identifies risk trends and highlights the most significant risks to the delivery of programmes of work/ organisations objectives; reviews the CCG's Improvement and Assurance Framework national indicator performance and links this to known corporate risk priorities. 	
Strategic Priority Links <input checked="" type="checkbox"/> Primary Care/ Integrated Care <input type="checkbox"/> Planned Care/ Cancer <input type="checkbox"/> Urgent Care <input type="checkbox"/> Prescribing <input checked="" type="checkbox"/> Effective Organisation <input type="checkbox"/> Financial Sustainability <input type="checkbox"/> Mental Health/Vulnerable People	
Local Authority Area <input checked="" type="checkbox"/> CCG Footprint <input type="checkbox"/> East Riding of Yorkshire Council <input type="checkbox"/> City of York Council <input type="checkbox"/> North Yorkshire County Council	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	Covalent Risk Reference and Covalent Description G.17.2 The risk and assurance framework may not be kept current and relevant and operate effectively.
Recommendations The Governing Body is requested to: a) receive the Risk Register report, b) note the strategic and corporate risk portfolio and the burden of risk in specific areas c) Consider whether controls need to be strengthened or further mitigating action(s) needs to be planned/implemented.	

Responsible Executive Director and Title	Report Author and Title
Rachel Potts, Executive Director of Planning and Governance	Pennie Furneaux, Corporate Services and Assurance

Annexes

Annex A: Improvement and Assessment PIs in the Lowest Quartile

Annex B: Corporate Events Report

Annex C: Profile of Corporate Risk Heat Map and Corporate “Red” Risks Report

Assurance Framework and Risk Report

1. CCG Improvement and Assessment Framework

1.1. In the previous quarter CCG performance fell into the lowest quartile for eight of the 42 indicators. The CCG now falls into the lowest quartile for thirteen of the published as outlined below. An action update is provided.

- Diabetes, achievement of all three of the NICE-recommended treatment targets. (Two out of six CCGs in the Humber Coast and Vale STP are also in the lowest quartile.)

Update: Review of the performance figures found that errors in recording had led to inaccurate data being reported. Corrected figures place the CCG as one of the highest achievers in the region. The CCG is working with the Community Diabetes Service (who provide training) on strategies to improve coding accuracy. (Quarter 2 performance data shows steady state).

- Quality of Life of Carers

Action: The CCG acknowledges the current position in relation to support for carers. Our developing integration hubs are designed to look after the needs of complex/vulnerable patients and their immediate carers. This work will be scaled up through plans to develop locality based services involving greater integration of health and social care during 17/18.

- Children's and Young People Mental Health Services

Action: The CCG has been working with TEWV and NHS England to address the current performance for access to and waiting times for CYPMHS.

Update: TEWV are regularly updating the CCG in relation to the Waiting List Initiative and data validation of first appointment lists. NHS England have set an expectation that the local waiting lists will be improved by 31st March and have committed some non-recurrent funding to enable the local system to achieve this. The CCG reports regularly on the progress towards meeting this trajectory.

- Out of Area Placements

Action: The CCG is working closely with the PCU and TEWV to address the issue of out of area placements. As an organization TEWV regard out of organization placements for commissioned services as a serious matter.

Update: Due to using Peppermill Court as an interim facility, there are a reduced number of mental health beds for working age adults in the local system. This will continue until such time as the new hospital is built and commissioned during 2019. In the meantime, people will only be admitted to hospital beds for acute mental health treatment when absolutely necessary. When the local beds are full admissions will be made to other facilities within TEWV as appropriate within the organization but out of the Vale of York locality. Numbers are regularly reported to the Quality

meeting from a service user experience perspective as part of the contract monitoring activity. This is an area of close assurance monitoring by NHSE currently at national level and the CCG Executive Director of Nursing and Quality is working closely with the NHSE quality team to monitor this.

- Proportion of People with Learning Disability receiving Annual Health Check

Action: The CCG is aware of this requirement to increase the number of annual health checks and to develop Health Action Plans, where appropriate. The CCG will engage with members of the learning disability community to co-produce and develop a number of key actions to improve on this position during the final quarter of 2016/17 and into 2017/18.

- Diagnosis rate for people with dementia.

Action: Coding of dementia diagnoses across Vale of York CCG remains below the national expectation of 67%. The current rate is 55.7%. In response to NHS England the clinical and commissioning leads continue to work through the action plan with support from NHS England's regional dementia quality manager.

Update: During the final quarter of 2016/17 and with support from NHS England all practices will be encouraged to run the dementia toolkit, review practice records for coding validation and to nominate a practice lead (GP, Nurse or Practice Manager) to establish a primary care dementia network. Dementia was the focus of one of the workshops at the pre-Christmas Clinical Summit with consultants from YHFT and GPs. Ideas for improvement were generated from this workshop and the CCG will continue to follow these up. Current dementia diagnosis rates by practice were shared with all practices

- A&E 4 hour Performance

Action: The Acute and Emergency Care Recovery Plan has been revised into a single coherent plan that is aligned to the A&E Delivery Board. The plan has now been collated and task and finish groups are being led by the programme leads. Work continues to finalise the new nursing model across both sites with on-going recruitment up to the new nursing numbers underway. Recruitment of Senior ED Consultants is on-going. The A&E Delivery Board met in February to begin a review of the winter/ Xmas & New Year period and considered immediate actions for improvements during the remaining 6 weeks of Q4 in order to support a agreeing a refreshed STF trajectory for 2017/18 – 18/19 (80-85% still TBA).

Update: Validated data available for Vale of York (December 2016) shows that performance against 4 hour target for Vale of York was 81.1% (target 95%). This is a further decrease from the previous month.

- Delayed Transfers of Care per 1,000 population

Action: The CCG meets monthly with care partners to work together to minimise delayed transfers of care. .

Update: the complex discharge programme is now established to identify how best to develop supported discharge pathways and this reports to the A&E Delivery Board

- Population Use of Hospital Beds Following Emergency Admission

Update: This indicator focuses on the extent of utilisation of healthcare resources from emergency sources and is used to indicate the extent of local health and care integration. A lower rate of emergency bed days indicates that services are in place which support people to remain independent and support timely discharge if they do have to be admitted to hospital. Action to address indicator performance links to work detailed above in A&E targets and delayed transfers of care.

- Primary Care Access

Action: In NHS Vale of York CCG the majority of practices are signed up to the NHS England Enhanced Service for providing extended hours of access. Although not all practices provide this the majority are providing some access in the evenings and on Saturday mornings. The CCG is working with groups of practices to agree how additional access to General Practice can be provided as General Practice Forward View funding for this is made available from 18/19.

- Outcomes in Areas Identified for Improvement

Update: This indicator refers to a composite portfolio of indicators that support delivery of RightCare healthcare objectives. The CCG continues to develop models of care that have been identified by RightCare for areas of improvement, (i.e. MSK, Circulation and Gastrointestinal). The CCG is now in Phase 2 of the RightCare programme and these work streams are now embedded within the 2017/18 planned care programme and linked to the STP collaborative programme around RightCare. Recent feedback from the national RightCare team has been positive for the CCG work in delivering Phase 1.

- Expenditure in Areas Identified for Improvement

Update: The CCG continues to develop plans for implementation for the three priority areas identified (i.e. MSK, Circulation and Gastrointestinal). A new MSK service is expected to come on stream in April 2017. All three priority areas are included within the Planned Care programme for 2017/18.

- Effectiveness of working relationships in the local system

Update: The CCG's governance and committee arrangements have been reviewed in order to further develop collaborative working relationships across the local healthcare system. This has included the recruitment to the Executive Director of Joint Commissioning. Additionally, the CCG is enabling the development of the VoY Accountable Care System (ACS) as part of its local Place Based Plan for the STP and this is a significant enabler for the delivery of the CCG Operational Plan which is based on collaborative working across the system with all partners (Note: This indicator is an annual indicator and will be updated March 2017)

1.2. Full details of performance against all National IAF performance indicators is provided at Annex A.

2. Risk Management

- 2.1. The CCG's corporate risks are kept under review and, as a minimum, are reviewed on a monthly basis in line with the CCG's Risk Management Strategy. Corporate risks pose a risk to the delivery of the Improvement and Assurance Framework and legal requirements for the CCG. Reducing the likelihood of the risk improves the CCG's likelihood of achieving improvement in its national rating and therefore forms a key part of the CCG Improvement Plan.
- 2.2. This report provides assurance that all risks to the CCG's functions and duties for the population of the Vale of York are effectively managed and that appropriate and proportionate action is in hand.
- 2.3. Reports of all red corporate risks, and events is routinely provided to the Governing Body and managed through it's sub-committees.

Events this Period

- 2.4. There are currently six corporate events. One of these has a corporate impact score of 5 ("catastrophic") and five have an impact score of 4, ("serious"). This indicates that the likely impact will be "serious." This indicates that the possibility of one or more of the following consequences:
- Enforcement action, low performance rating/critical report;
 - National media coverage, service well below reasonable public expectation, damage to an organisation's reputation;
 - Non-compliance with national standards, projects exceeding budget, slippage in delivery of key objectives/not met; or
 - Uncertain delivery of key objective.

Events relate to:

- Impact of the PCU re-organisation on the CCG;
 - Managing PCU areas of spend;
 - Failing to achieve an assured position for the 2016-17 plan, breach of NHS England legal directions;
 - Failing to achieve 67% dementia coding target in general practice;
 - Insufficient resources allocated to Estates and Technology Transformation Fund Strategy to enable the CCG to access funding streams; and
 - Ongoing breach of the A & E 4 hour constitutional target.
- 2.5. A detailed list of events is provided at Annex B that includes the latest update note.

Corporate Red Risks

- 2.6. The CCG's "red" risk portfolio includes risks impacting delivery of corporate objectives including, significant financial objectives, mental health services and achievement of Constitutional targets.
- 2.7. Action plans are in place, captured in the Covalent risk management system to manage the risks identified. Actions are summarised in the report at Annex C.
- 2.8. A profile of "red" risks and summary details is provided at Annex C.
- 2.9. There are a number of corporate risks below the 'significant risk threshold' with supporting actions. A list of all risks and actions can be found at: <https://valeofyorkccg.covalentcpm.com/portalgroups/view/1002/ccg-risk-portal-group> or on request.

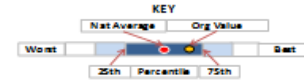
Annex A: Improvement and Assurance Framework KPIs

Improvement and Assessment Indicators	Latest Period	CCG	England	Trend	Better is...	Range
						Worst
Better Health						
▼ Maternal smoking at delivery	Q2 16/17	9.7%	10.4%		L	
↔ Percentage of children aged 10-11 classified as overweight or obese	2014-15	30.0%	33.2%		L	
▲ Diabetes patients that have achieved all the NICE recommended treatment targets: Three (HbA1c, cholesterol and blood pressure)	2014-15	35.4%	39.8%		H	
▼ People with diabetes diagnosed less than a year who attend a structured education course	2014-15	1.0%	5.7%		H	
▼ Injuries from falls in people aged 65 and over	Jun-16	1,926	1,985		L	
▲ Utilisation of the NHS e-referral service to enable choice at first routine elective referral	Sep-16	65.7%	51.1%		H	
▲ Personal health budgets	Q2 16/17	4.2	18.7		H	
▼ Percentage of deaths which take place in hospital	Q1 16/17	46.1%	47.1%		<>	
▼ People with a long-term condition feeling supported to manage their condition(s)	2016	65.1%	64.3%		H	
▲ Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	Q4 15/16	821	929		L	
▲ Inequality in emergency admissions for urgent care sensitive conditions	Q4 15/16	2,461	2,168		L	
▲ Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	Sep-16	1.0	1.1		<>	
▲ Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	Sep-16	4.4%	9.1%		<>	
▼ Quality of life of carers	2016	0.77	0.80		H	
Better Care						
↔ Provision of high quality care	Q3 16/17	55.0			H	
↔ Cancers diagnosed at early stage	2014	55.9%	50.7%		H	
▼ People with urgent GP referral having first definitive treatment for cancer within 62 days of referral	Q2 16/17	83.7%	82.3%		H	
▲ One-year survival from all cancers	2013	70.8%	70.2%		H	
▲ Cancer patient experience	2015	8.7			H	
▲ Improving Access to Psychological Therapies recovery rate	Sep-16	46.6%	48.4%		H	
↔ People with first episode of psychosis starting treatment with a NICE-recommended package of care treated within 2 weeks of ref:	Nov-16	86.7%	77.2%		H	
▲ Children and young people's mental health services transformation	Q2 16/17	30.0%			H	
▲ Crisis care and liaison mental health services transformation	Q2 16/17	85.0%			H	
▲ Out of area placements for acute mental health inpatient care - transformation	Q2 16/17	25.0%			H	
▲ Reliance on specialist inpatient care for people with a learning disability and/or autism	Q2 16/17	55			L	
▼ Proportion of people with a learning disability on the GP register receiving an annual health check	2015/16	29.0%	37.1%		H	
↔ Neonatal mortality and stillbirths	2014-15	6.9	7.1		L	
↔ Women's experience of maternity services	2015	78.8			H	
▲ Choices in maternity services	2015	65.8			H	
▲ Estimated diagnosis rate for people with dementia	Nov-16	55.7%	68.0%		H	
▼ Dementia care planning and post-diagnostic support	2015/16	78.5%			H	
↔ Achievement of milestones in the delivery of an integrated urgent care service	August 2016	3			H	
▼ Emergency admissions for urgent care sensitive conditions	Q4 15/16	2,299	2,359		L	
▼ Percentage of patients admitted, transferred or discharged from A&E within 4 hours	Nov-16	81.9%	88.4%		H	
▲ Delayed transfers of care per 100,000 population	Nov-16	18.7	15.0		L	
▼ Population use of hospital beds following emergency admission	Q1 16/17	1.2	1.0		L	
▲ Management of long term conditions	Q4 15/16	762	795		L	
▼ Patient experience of GP services	H1 2016	88.2%	85.2%		H	
↔ Primary care access	Q3 16/17	0.0%			H	
↔ Primary care workforce	H1 2016	1.2	1.0		H	
▼ Patients waiting 18 weeks or less from referral to hospital treatment	Nov-16	90.8%	90.6%		H	
▲ People eligible for standard NHS Continuing Healthcare	Q2 16/17	32.9	46.2		<>	
Sustainability						
↔ Financial plan	2016	Red			<>	
↔ In-year financial performance	Q2 16/17	Red			<>	
↔ Outcomes in areas with identified scope for improvement	Q2 16/17	50.0%			H	
▼ Expenditure in areas with identified scope for improvement	Q2 16/17	50.0%			H	
↔ Local digital roadmap in place	Q3 16/17	Yes			<>	
▼ Digital interactions between primary and secondary care	Q3 16/17	67.8%			H	
↔ Local strategic estates plan (SEP) in place	2016-17	Yes			<>	
Well Led						
↔ Probity and corporate governance	Q2 16/17	Fully comp			H	
↔ Staff engagement index	2015	3.8	3.8		H	
↔ Progress against workforce race equality standard	2015	0.2	0.2		L	
↔ Effectiveness of working relationships in the local system	2015-16	54.4			H	
↔ Quality of CCG leadership	Q2 16/17	Red			<>	

Please Note: If indicator is highlighted in GREY, this indicator will be available at a later date







If indicator is highlighted in BLUE, this value is in the lowest performance quartile nationally.

KEY
H = Higher
L = Lower
<> = N/A



Annex B

Events Report-Risks that Have Materialised

Risk Summary	Operational Lead	Lead Director	Latest Note	Latest Note Date	Impact	Status
Risk of PCU restructure delaying implementation of new ways of working to accommodate the required changes	Paul Howatson	Michelle Carrington	Restructure considerations and a consultation process are now underway and conclude in early March.	15 Feb 2017	5	
Dementia - Failure to achieve 67% coding target in general practice	Paul Howatson	Dr. Louise Barker	The CCG continues to expedite the work to improve the level of clinical coding for dementia diagnoses in primary care.	15 Feb 2017	4	
Estates and Technology Transformation Fund Strategy	Shaun Macey	Rachel Potts	Estates, Workforce and Technology are key enablers in shifting activity into out of hospital services - and system business intelligence and data are vital to enable strategic planning. There is a lack of system wide vision to agree a Local Estates and IT Strategy at this stage. The CCG needs to allocate dedicated resource to these work streams, with senior level sponsorship across Provider organisations.	13 Jan 2017	4	
There is a risk that the CCG may fail to achieve an assured position for the 2016-17 plan.	Rachel Potts	Rachel Potts	NHSE has approved the CCG Improvement Plan and is supporting work on the Financial Recovery Plan. The CCG is progressing the new Executive Structure for implementation on 1 February and is undertaking exercises with all staff to align capacity to key priorities and delivery for 2016-17. The revised governance arrangements have been fully implemented.	02 Feb 2017	4	
There is a potential risk of failure to manage Partnership Commissioning Unit areas of spend	Michael Ash-McMahon	Tracey Preece	Work is on-going across the North Yorkshire CCGs and the PCU with regards to the future configuration of these services. The outcome of this is subject to formal consultation and therefore it is unlikely that there will be a definitive position until early in the next financial year.	16 Feb 2017	4	
Constitution target – Urgent Care - VoYCCG failure to meet 4 hour A&E target	Fliss Wood	Dr. Andrew Phillips	The most recent validated data available for Vale of York is December 2016. Performance against 4 hour target for Vale of York was 81.2% (target 95%). This is a decrease from the November figure of 81.9%. A full update will be available in the Performance Report for February.	20 Feb 2017	4	

Corporate Risk Matrix Report

Area	Current Risk Matrix	Historical Matrix	Latest Note	Date
Better Health Risk Register 2016/17			"The management of population health will form an important strand of work for the emergent accountable care system, with the CCG working in conjunction with partners to develop means of preventing ill-health."	21 Feb 2017
Better Care Risk Register 2016/17			<ul style="list-style-type: none"> • BCF: An application for national support has been made to the Better Care Team to facilitate a discussion with CYC and NYCC on investment levels for BCF in 2017/19. In the absence of national guidance the BCF plan is being developed based on progress towards wider integration through the Accountable Care System model. • CHC/PCU: Initial informal feedback has been received from the CHC deep dive which will be followed up by a written report. Actions will be developed to address the issues identified. The PCU consultation will conclude at the end of February with transition arrangements being put in place where possible. • Clinical network: Each locality delivery group has met at least once in advance of the first formal Accountable Care Partnership Board which meets 1/3/17. 	21 Feb 2017
Sustainability Risk Register 2016/17			The Vale of York CCG continues to face a significant challenge in achieving financial stability and is forecasting a £28.1m deficit in 2016/17, this includes the impact of the outcome of the arbitration process and an assessment of all other risks. The CCG has completed its Medium Term Financial Strategy ready for formal sign off at the March Governing Body alongside the associated engagement plan. The 2017/19 financial plan covering the first two years of the MTFs, is being submitted on the 27 th February. This plan meets the requirements for deficit organisations in 2017/19 with a view to returning the CCG to financial balance over the medium to long term. QIPP schemes for 2017/19 have been through a confirm and challenge session with NHSE and where required included within the Heads of Terms with YHFT as part of a joint programme of work to support delivery.	21Feb 2017
Leadership Risk Register 2016/17			The CCG is implementing the Improvement Plan, following approval from NHSE. A full staff consultation concluded on 8 December on a proposed new Executive Structure and this was implemented on 1 February 2017. Work is on-going with alignment of resources to priorities set out in the CCG Operational plan. The Governance structures have been approved by Governing Body. Work is on-going with staff, Governing Body and the senior management team to develop and implement the organisational development plan. PMO arrangements are in place. Additional capacity has been secured for operational planning and on System Resource. Conflict of Interest processes are in place. This has seen an overall reduction in risk for this section. One significant risk remains on the CCG's assurance rating for 2016-17.	21 Feb 2017

Profile Report of Red Risks

Better Care Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
PCU17.10 Risk of PCU restructure delaying implementation of new ways of working to accommodate the required changes	Following on from the CCG restructure, the PCU is currently undergoing a staff consultation regarding restructure.	CCG executive team working with counterparts at the other CCGs to resolve and expedite the restructure.	Restructure considerations and a consultation process are now underway and conclude in early March.	Paul Howatson	Michelle Carrington	20	20	9		15-Feb-2017
PCU17.11 There is a risk that the provider market does not have capacity or capability to meet the needs of emerging and increasingly complex needs of service users.	There is a need to work jointly with local authority colleagues and locality teams to ensure that the market develops appropriately to meet the needs of the local population.	Executive team to work with STP and local authority colleagues to better understand the local needs and stimulate the market accordingly.	Lack of specific areas of care provision within the local market, leading to delay in transfers of care, have initiated early conversations to progress market stimulation and development and this work now continues.	Paul Howatson	Elaine Wyllie	20	20	9		15-Feb-2017
I&I17.01 There is a potential risk that QIPP - transformational changes fail to achieve target savings	Details of individual schemes contributing to QIPP are reported separately.	QIPP schemes in delivery are regularly reviewed at weekly assurance and delivery meetings, and at the monthly programme delivery steering group meetings. Where planned savings do not materialise the Finance and Contracting team raise a concern with the relevant project manager. Variations are reported and discussed, and escalated to both the weekly and monthly monitoring meetings.	Delivery of the 2016-17 QIPP plans is considered to be challenging. Very close monitoring of progress is reported through the Governance structure and the CCG is working to deliver additional schemes to contribute to the overall target.	Paul Howatson	Jim Hayburn; Tracey Preece	16	16	16		15-Feb-2017
I&I17.04 Delivery of BCF targets is dependent on partners and outside the immediate control of the CCG. There is a potential risk that partners are unable to deliver agreed trajectories	Cost and activity pressures within the system impact on partner abilities to deliver their agreed trajectories.	Continue multi-agency approach to delivery, be it at operational scheme level, or through the newly formed Integrated Transformation Board (ITB) which succeeds the JDG, to ensure maximum impact is made against BCF metrics and targets.	Work continues to progress performance on the BCF metrics through the performance and delivery group and escalated to the Integration and Transformation Board, accordingly.	Paul Howatson	Dr. Andrew Phillips	16	16	9		15-Feb-2017

Annex C

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
PCU17.1 CHC Fast Track - There is a potential risk of failure to fulfil packages of care which result in delayed transfers or limited choice for patients	(PCU3) PCU difficulty in finding Fast Track providers is an on-going issue.	Tender process underway. Internal process is being reviewed via a Fast Track SOP.	A new provider is taking an increased number of cases which is reducing the pressure on the local system. As at 14/02/2017 the number of outstanding Home Care cases was ZERO. The CCG is currently undertaking a review of commissioned palliative and end of life care services and this will be reviewed by the Executive Team during March 2017.	Paul Howatson	Michelle Carrington	20	16	9		15-Feb-2017
PCU17.2 CHC Retrospective Cases - There is a potential threat of judicial review and appeals relating to recent PUPOC CHC decisions.	PCU Risk Register Ref: 1	Reporting progress status to CCG in the monthly operational reports. Extensive work has been carried out by external consultants and long waiters have all been allocated. The PCU is working on a process to prevent any future backlogs occurring again.	A number of appeals have already been received and depending on the outcome, a number may lead to Judicial Review. PCU to keep the CCG updated.	Michelle Carrington; Paul Howatson	Michelle Carrington	12	16	4		15-Feb-2017
PCU17.9 Disaggregation of Special School Nursing.	The CCG is now the Responsible Commissioner for Special School Nursing. The City of York Council are withdrawing funding from the current provider (YHFT) from September 30th 2016. The CCG is rolling over the current contract until at least April 2017. Further development is needed to improve the service specification and the quality of service. Transfer of funding from CYC to the CCG is not agreed.	The Chief Nurse is now developing the service specification.	Service specification will be developed following consultation with schools, children and families, review of best practice and evaluation of current paediatric community nursing team and the interface with special schools. The CCG also waits the offer from CYC re: 0-19 service into special schools. The issue regarding transfer of the budget from CYC to the CCG is still unresolved. Engagement with partners continues.	Michelle Carrington	Michelle Carrington	16	16	4		15-Feb-2017
SMT17.02 QIPP projects to reduce costs across the system fail to deliver the predicted saving.	Failure of projects to deliver savings associated with QIPP, impacting on the financial recovery plan.	Individual projects to address service improvement have an identified clinical lead and senior programme manager lead (Senior I&I Manager). Projects are monitored weekly through assurance and delivery group, monthly through Programme Delivery Steering Group and monthly by exception at Quality and Finance Committee.	All QIPP projects in delivery are constantly reviewed and other planned QIPPs are in a pipeline for development and scoping. All programme areas have currently been through a rigorous confirm and challenge exercise with NHS England as part of the financial recovery plan.	Fiona Bell	Jim Hayburn	16	16	16		15-Feb-2017
SMT17.03 Failure to adequately collaborate and		Strategic discussions are underway to ensure that mental health and learning disability	The new hospital consultation report and recommendations were approved by the CCG's Governing	Dr. Louise Barker; Paul Howatson	Dr. Louise Barker	16	16	9		15-Feb-2017

Annex C

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
incorporate mental health and learning disability services into the wider hub models		services are part of the future development of the "hub" models.	Body at their February meeting. Mental health and learning disability services are in discussion with other partners regarding the development of place based locality care.							
SMT17.04 CHC Failure to deliver well-managed, effective pathways for assessment and review of people with enduring or acute care needs	Resourcing issues in relation to regular and timely assessments in accordance with best practice guidance.	PCU have now got a plan in place and additional resource to tackle the historic backlog of cases and have a deadline of 31st October 2016 to achieve the clearance of the backlog.	PCU continues to work closely with local authority and health partners to address the concerns highlighted by recent reviews. Progress may be impeded by the consultation process taking place regarding the future of the PCU.	Paul Howatson	Michelle Carrington	20	16	3		15-Feb-2017

Escalated to Better Care Corporate Risks From Integrated Care Programme Risk Register

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
IC.14.22 Wheelchair Service: Backlog of patients handed over from incumbent	The volume of patients that were handed over from the incumbent was more than double the figures presented before go live. This is a combination of people awaiting assessment and who have been assessed and are waiting for equipment. There needs to be a cleansing of the clinical system to understand the full picture regarding the activity and what costs are related to this activity. This is being done by the new provider. There has been agreement in principle that the urgent cases need to be seen ASAP. However, there is a risk that there could be reputation damage for the CCG if patients waiting times continues to increase and if managing the backlog impacts on the new service.	December 2016 - This issue was flagged by the new service providers once the clinical system has been handed over from the incumbent. It was highlighted that the previous figure of patients on this list was approx 500; on handover it was found to be 1,142. The new provider is working through this list to cleanse the data (a significant proportion of patients are on the backlog due to poor housekeeping of records). The new provider are working on the provision of a clear data set detailing the numbers of patients who need clinical input, the cost of this input and splitting it by CCG. There has been an agreement in principle to treat all patients who are of an urgent clinical need straight away. By the end of January there will be an action plan put forward and an agreement from all CCGs as to how these patients will be managed and what additional payments are required. The backlog is outside of the contract that was tendered and this activity				16	16			31-Jan-2017

Annex C

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
		needs to be agreed separate to the reasonable waiting list of patients that would have been handed over at the beginning of a new contract. Vale of York CCG have withheld a substantial portion of the last two months payment of the contract with the incumbent, while this situation is resolved. Jan, 17: New provider has no provided full details of numbers of patients who are on the backlog, following an extensive piece of work to up-date the housekeeping for the clinical records handed over from the incumbent provider. This has now been split by CCG and an agreement to have a decision around funding will be given by each CCG by the 17th Feb.								

Escalated to Corporate Risk Register From Mental Health & Learning Disabilities Transformation Programme Risk Register

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
MH.10.01 Dementia - Failure to achieve 67% coding target in general practice	Without agreement to provide support for practices to run reports of patients with potential memory loss, cognitive impairment or dementia for clinical review and coding accordingly, it is unlikely that the target will be met.	CCG/PCU leads have devised a comprehensive action plan. CCG to provide focussed support targeting the larger practices with the lowest coding rates. All practices will be encouraged to re-run the toolkit and review all records identified.	The CCG continues to expedite the work to improve the level of clinical coding for dementia diagnoses in primary care.	Paul Howatson	Dr. Louise Barker	16	16	9		15-Feb-2017
MH.11.01 IAPT - Failure to achieve sustainable access and recovery targets within acceptable waiting times	National IAPT targets which the provider needs to deliver sustainably.	Regular performance monitoring at formal CMB and Quality and Performance meetings. Provider is aware that failure to achieve will lead to a Performance Improvement Notice. Provider submits regular assurance, action plans and updates to the CCG. NHS England seek further assurance from the CCG on a monthly basis.	A date for the NHS England Intensive Support Team for IAPT has now been agreed as 23rd February 2017. Information requested by the IST has now been submitted to them in preparation for the review date. A performance improvement notice will be issued to the provider in relation to the lack of reliable and sustainable delivery of the IAPT targets.	Paul Howatson	Dr. Louise Barker	12	16	9		15-Feb-2017

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Escalated to Corporate Risk Register From Primary Care Reform Programme Risk Register

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
PrC.PROGRAMME.05 Estates and Technology Transformation Fund Strategy		Identify Executive leads for Workforce, Premises and Technology strategies to drive this programme forward	Estates, Workforce and Technology are key enablers in shifting activity into out of hospital services - and system business intelligence and data are vital to enable strategic planning. There is a lack of system wide vision to agree a Local Estates and IT Strategy at this stage. The CCG needs to allocate dedicated resource to these workstreams, with senior level sponsorship across Provider organisations.			9	16			13-Jan-2017

Leadership Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
SMT 17.13 There is a risk that the CCG may fail to achieve an assured position for the 2016-17 plan.	The CCG is required to produce an annual operational plan for 2016-17, with challenging requirements in relation to performance improvement and financial position. Failure to be assured for planning for the 2016-17 round will impact upon the CCG's assessment rating by NHSE and involve a higher level of scrutiny and external involvement.	Revised governance arrangements and executive structure to respond to and deliver the required Improvement Plan.	NHSE has approved the CCG Improvement Plan and is supporting work on the Financial Recovery Plan. The CCG is progressing the new Executive Structure which was implemented on 1 February and is undertaking exercises with all staff to align capacity to key priorities and delivery for 2016-17. The revised governance arrangements have been fully implemented. Work is on-going with staff, the Governing Body and the senior management team to develop and implement the organisational development plan.	Rachel Potts	Rachel Potts	12	16	12		02-Feb-2017



Sustainability Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
F17.1-ORG There is a potential risk of failure to deliver a 1% surplus	The CCG is unable to deliver the annual 1% surplus in-year or in future years	The financial plan agreed with NHS England includes a deficit plan for 2016/17. Development of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure	This has already occurred for 2016/17 and the CCG's plans for 2017/19, whilst tackling the deficit, do not achieve this in the coming years.	Michael Ash-McMahon	Tracey Preece	20	20	5		16-Feb-2017

Annex C

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
		returns to a sustainable financial position.	Work is on-going regarding the development of a financial plan to return the CCG to financial balance over the medium to long-term.							
F17.3-ORG There is a potential risk of failure maintain expenditure within allocation	The CCG is unable to maintain expenditure within its notified allocations for Core CCG services, Primary Care or Running costs	Work on the development of further QIPP programmes and mitigations is in progress to ensure that the planned deficit position for 2016/17 is effectively managed. In addition, the CCG is developing of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	<p>This risk has already been realised in 2016/17.</p> <p>It is unlikely that the CCG's financial plan for 2017/19 will achieve this, although it will be in line with the national planning requirements for deficit organisations to deliver an in-year improvement equivalent to 1% of allocation.</p> <p>Work is on-going regarding the development of a financial plan to return the CCG to financial balance over the medium to long-term.</p>	Michael Ash-McMahon	Tracey Preece	20	20	5		16-Feb-2017
F17.9-OP There is a potential risk of failure to deliver the required QIPP savings	Savings and outcomes not delivered as planned	Programme groups implemented to support and co-ordinate integrated approach to delivering prioritised projects. Regular review and feedback to Governing Body, SMT and sub-committees of the Governing Body. Further deterioration in delivery will require added focus on the development of further schemes or mitigating courses of action. In addition, the CCG is developing a Financial Recovery Plan, designed to return the organisation to financial balance over the medium term. This will include the identification of longer term QIPP schemes.	<p>There remains a shortfall on the 2016/17 schemes. The CCG is now focussed on delivering the QIPP as part of the forecast outturn.</p> <p>QIPP schemes for 2017/19 have all been through a confirm and challenge session with NHSE so that each area now has an agreed target for these years. Where required these have been included within the Heads of Terms with YTHFT, as part of a joint programme of work to support the delivery of the required savings.</p>	Michael Ash-McMahon; Tracey Preece	Tracey Preece	16	20	4		16-Feb-2017
F17.2-ORG There is a potential risk of failure to deliver planned financial position	The CCG is unable to deliver the planned financial position in-year or in future years	Work on the development of further QIPP programmes and mitigations is in progress to ensure that the planned deficit position for 2016/17 is effectively managed. In addition, the CCG is developing of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a	<p>In terms of 2016/17 the CCG remains on track to deliver the Month 9 forecast deficit position.</p> <p>Work is on-going regarding the development of a financial plan to return the CCG to financial balance over the medium to long-term.</p>	Michael Ash-McMahon	Tracey Preece	16	16	4		16-Feb-2017

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Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
		sustainable financial position.								
F17.6-ORG There is a potential risk that the CCG receives a qualified external audit opinion	The CCG's final accounts may receive a qualified external audit opinion depending on the financial performance of the organisation	Work on the development of further QIPP programmes and mitigations is in progress to ensure that the planned deficit position for 2016/17 is effectively managed. In addition, the CCG is developing of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	The CCG will fail to manage expenditure within current allocation, it is likely that a qualified VFM audit opinion will be given in 2016/17 for failure to achieve financial duties. Work is on-going to return the CCG to financial balance over the medium term.	Michael Ash-McMahon	Tracey Preece	16	16	4		16-Feb-2017
F17.7-OP There is a potential risk of Acute (Incl. NCAs, AQP and YAS) overtrades	Additional, unplanned overspends with acute providers as a result of genuine activity growth and / or coding and counting changes	Robust contract management processes in place to enable management of overtrades. Any overtrades that cannot be mitigated through contract management, will require off-set by further delivery of QIPP programmes or constraint of spending in other areas. In addition the CCG is developing a Financial Recovery Plan to address the overall financial position with an aim to return the organisation to financial balance over the medium term.	The CCG is currently forecasting a number of overtrades in these areas as a result of genuine activity growth, coding and counting changes and non-delivery of QIPP. These are monitored in detail as part of the contract management process. The cCG has formally entered into the arbitration process with York Teaching Hospital on the outstanding contract challenges for unbundled rehab, sepsis and the ambulatory care unit. The full value of these challenges are c£5m, although a risk adjustment of this has been factored into the forecast outturn.	Michael Ash-McMahon	Tracey Preece	16	16	4		20-Jan-2017
SMT17.3.06 There is a potential risk of failure to adequately control services and functions provided by other teams and agencies which are the responsibility of the CCG		1) Potential to request further involvement of North Yorkshire Audit Services into the operations and activities conducted at the PCU. 2) Management of agreed action plans through PCU CMB 3) Establish CMBs for eMBED and NECS	Following senior management discussions across all four CCGs the PCU is now undergoing a restructure and staff consultation.	Michael Ash-McMahon	Tracey Preece	20	16	3		15-Feb-2017
F17.11-PLAN There is a potential risk of inability to create sustainable financial plan	Financial modelling of allocation, demographics, tariff changes, business rules, investments, cost pressures, inflation and outturn creates an unaffordable financial challenge.	Development of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	The CCG continues to work through the planning round with the support and input of NHSE finance colleagues and in accordance with the national planning timetable and guidance. The final submission is due on the 23rd February. The CCG has now finalised a draft Medium Term Financial Strategy	Natalie Fletcher; Caroline Goldsmith	Tracey Preece	20	15	5		16-Feb-2017

Annex C

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
			document. This will be shared for formal approval at the relevant committees, Governing Body and with senior NHSE finance staff prior to sharing with external stakeholders and partners as part of the proposed engagement programme.							