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| Item Number: 6 | |
| Name of Presenter: Rachel Potts | |
| Meeting of the Governing Body 2 February 2017 |  Vale of York Clinical Commissioning Group |
| Corporate Risk Update Report | |
| Purpose of Report To Receive | |
| Rationale To present the corporate risk registers for review, as of the 24 January 2016, identifying risk trends and highlighting the most significant risks to the delivery of programmes of work/ organisations objectives. | |
| Strategic Priority Links <input checked="" type="checkbox"/> Primary Care/ Integrated Care <input checked="" type="checkbox"/> Planned Care/ Cancer <input checked="" type="checkbox"/> Urgent Care <input checked="" type="checkbox"/> Prescribing <input checked="" type="checkbox"/> Effective Organisation <input checked="" type="checkbox"/> Financial Sustainability <input checked="" 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 Chief Officer and Title Rachel Potts, Chief Operating Officer | Report Author and Title Pennie Furneaux, Policy and Assurance Manager |

Annexes:

Annex A: Corporate Events Report

Annex B: Corporate Risk Heat Map

Annex C: Detailed Corporate “Red” Risks Report

Governing Body Assurance Framework and Risk Report

2 February 2017

1. Summary

1.1. The CCG's Internal Assurance Framework, (IAF) and risk reporting is aligned to the NHS England Improvement and Assessment regime, with all Operating Plan actions, QIPP delivery, risks and KPIs monitored against the four core areas. Critical success factors are aligned to the framework to support the corporate risk assessment.

1.2. Critical Success Factors for 16-17:

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|--|
| Well led organisation, with the skills and capacity to drive system transformation and deliver statutory functions (Leadership) |
| Address health inequalities to improve population health outcomes for the Vale of York (Better Health) |
| Effective commissioning and contractual arrangements to ensure the quality, safety and timeliness of commissioned services (Better Care) |
| Financial sustainability supported by effective financial management and effective use of assets and enablers (Sustainability) |

1.3. Risks are reviewed on a monthly basis in line with the CCG's Risk Management Strategy. This paper provides a summary of the current significant risks to the CCG's functions and duties for the population of the Vale of York and asks the Governing Body to consider any additional mitigation to reduce the impact and/or likelihood of the significant risks.

2. Events this Period

2.1. There are currently five risks that have materialised as corporate events.

2.2. One of these has an impact score of 5, indicating that the impact is catastrophic and may involve one or more of the following:

- Unacceptable level or quality of treatment/service Gross failure of patient safety if findings not acted on Inquest/ombudsman inquiry Gross failure to meet national;
- Non-delivery of key objective
- Key objectives not met

The event identified relates to the current restructure of the Partnership Commissioning Unit (PCU); which is an NHS shared service arrangement across the four North Yorkshire CCGs. The PCU incorporates Case Management (Continuing Healthcare, Funded Nursing Care and Mental Health & Vulnerable Adults), Adult Safeguarding and commissioning teams for Mental Health & Vulnerable Adults and Children, Young People & Maternity Services.

2.3. Four of these events have an impact score of 4, indicating that the impact is "serious" and may involve one or more of the following consequences:

- Enforcement action, multiple breeches in statutory duty Improvement notices, low performance rating/critical report;

- National media coverage with <3 days, service well below reasonable public expectation, damage to an organisation's reputation;
- Non-compliance with national standards, 10–25 per cent over project budget, slippage key objectives/not met; or
- Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million.

Events that have been identified as having a “serious” impact are:

- Failing to achieve an assured position for the 2016/17 plan. Failure to be assured for planning for 2016/17 impacts on the CCG's assessment rating by NHSE and involves a higher level of scrutiny and external involvement.
 - Action: The CCG is working to an Improvement Plan agreed with and overseen by NHS England.
- Failing to achieve 67% dementia coding target in general practice, (impact score of 4, new event June 2016 and flagged as an area of failure on the IAF performance Quarter 1).
 - Action continues to address coding rates.
- Failing to manage Partnership Commissioning Unit, (PCU) areas of spend.
 - Action: a review of PCU areas of expenditure has been completed. The restructure of the PCU is subject to staff consultation which will commence 1 February 2017.
- Constitution target – Urgent Care –The CCG's on-going failure to meet 4 hour A&E target, (impact score of 4 for more than a year).
 - Action: measures undertaken have resulted in improved performance, currently 92.7% (against a target 95%). This is an increase from the June figure of 87.2%.

2.4. The ongoing nature of many of these events implies a significant impact; action plans are in place to manage the impact of these events.

2.5. A detailed list of events is provided at Annex A that includes the latest update note and mitigating actions.

3. Corporate Risks

3.1. Corporate risks are risks against the organisation's critical success factors, defined in the internal Assurance Framework. Risks are grouped by assurance domain. A risk heat map of significant, (“Red”) corporate risks is provided at Annex C; this highlights key “red” risks in each area.

3.2. Action plans are in place to manage risks identified and are documented through the Covalent system and monitored by Team Leads. Due to the number of actions the detail can be found at:
<https://valeofyorkccg.covalentcpm.com/portalgroups/view/1002/ccg-risk->

[portal-group](#) . A hard copy can be provided on request.

- 3.3. A summary of the significant risks can be found at Annex D. Significant risks continue to be reported in all areas, including:
- Better Care Fund: Care Hub- release of anticipated savings;
 - QIPP schemes delivery of planned savings;
 - CCG end of year financial out-turn;
 - performance in areas of urgent care; and
 - delivery of Partnership Commissioning Unit led services.
- 3.4. The Governing Body is receiving the following reports on progress to manage these risks:
- Finance Performance Report;
 - QIPP Update; and
 - Quality and Performance Intelligence Report.
- 3.5. The Accountable Officer Report provides progress reports regarding Better Care Fund, however, there is no specific update regarding Partnership Commissioning Unit, (PCU) commissioned services and Continuing Healthcare. The Governing Body may wish to seek further assurance on these risks.






Developing Risk Systems

- 3.6. The CCG has implemented a Risk Management Policy and Strategy which is published on the CCG website:
<http://www.valeofyorkccg.nhs.uk/data/uploads/publications/policies/new-logo-jan-17/cor03-risk-management-strategy-and-policy-new-logo-jan-17.pdf>
Implementation is supported by a risk standard operating procedure. The structure of risk reporting to sub-committees of the Governing Body and ownership of risk at groups reporting to these committees is currently under review to ensure that it remains robust and fit for purpose.
- 3.7. During the period of intense change within the CCG it is important that the CCG's portfolio of risk is kept under review and that risk appetite is formally accepted. Responsible committees are requested to review risks that have been accepted at a high level over a period of months and ensure that actions in hand to mitigate risk are adequately robust to manage risks.

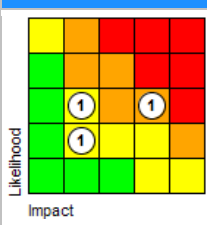
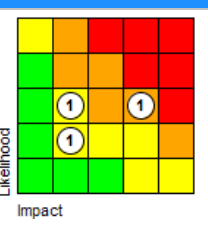
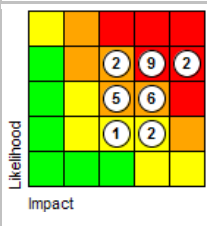
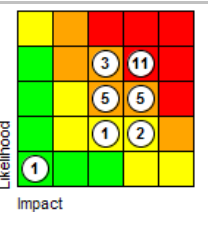
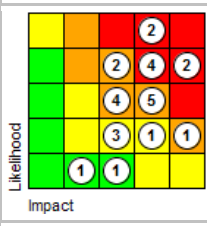
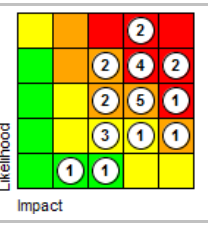
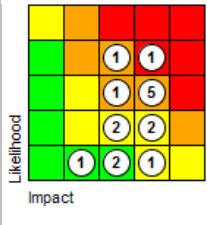
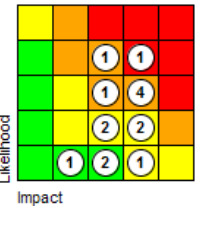
4. Recommendations

The Governing Body is requested to review the current portfolio of risk and propose or request additional mitigation or assurance where necessary.

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. | 19 Jan 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. A telcon is planned for 26th January and a GP bulletin highlighting the importance of coding for dementia will be circulated prior to 31st January 2017. | 19 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 and the revised governance arrangements have been fully. | 25 Jan 2016 | 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. | 20 Jan 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 November 2016. Performance against 4 hour target for Vale of York was 81.9%(target 95%). This is an decrease from the October figure of 85.5%. A full update will be available in the Performance Report. | 13 Jan 2017 | 4 |  |





Corporate Risk Matrix Report

| Area | Current Risk Matrix | Historical Matrix | Latest Note | Date |
|--------------------------------------|---|---|---|-------------|
| Better Health Risk Register 2016/17 |  |  | The 2017-18 Operational Plan is being finalised, and prevention will continue to form a major part of the CCG's priorities to reduce demand on the system. BMI thresholds have been introduced and smoking cessation encouraged prior to elective surgery. | 24 Jan 2017 |
| Better Care Risk Register 2016/17 |  |  | <ul style="list-style-type: none"> • Better Care Fund: Financial risk in relation to the £1.2M risk share remains although slightly improved in that £200K efficiency savings have been identified meaning a £500K pressure each for the CCG and City of York Council. This has been accounted for in the financial plan and year end forecast and will be reported as such to the Finance and Performance Committee on 25/1/17. A report to York Health and Well Being Board on 18/1/17 also outlined the position for partners. National guidance for 17/19 plans is still awaited. • Continuing Health Care/Partnership Commissioning Unit: Cost of packages has remained at the same level for the latest reporting period. Additional resource from an external partner has been secured to undertake a deep dive in January to identify areas that could provide the greatest opportunity for improvement. Capacity within the clinical teams means that a focus is being placed on new assessments of potential cases which is managing the delayed transfers of care position but increasing the length of review periods. Review of arrangements within the PCU is underway with a staff consultation being developed on the CHC service line. • Clinical network: The accountable care system arrangements continue to develop on the basis of 3 localities within the CCG footprint. A programme of work that reflects the CCGs 6 priorities as set out in the operational plan is being developed linking STP/CCG and locality project areas together in order to manage resource clearly and effectively. | 19 Jan 2017 |
| Sustainability Risk Register 2016/17 |  |  | The Vale of York CCG continues to face a significant challenge in achieving financial sustainability in the short, medium and long term. The CCG is working closely with NHS England, who are providing both challenge and additional capacity, to build on the detail of the financial plan. The overall level of financial risk has been reported in the increased forecast deficit of £28.1m in Month 9. The CCG has agreed with York Teaching Hospital NHS Foundation Trust the in-year arbitration paperwork and submitted this to NHS England and NHS Improvement for the outstanding contract issues. | 24 Jan 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 it is expected that this will be implemented on 1 February 2017 with alignment of resources to priorities set out in the CCG Operational plan. The Governance structures have been approved by Governing Body. Project management office 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. | 24 Jan 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. | Paul Howatson | Michelle Carrington | 20 | 20 | 9 | | 19-Jan-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 Wylie | 20 | 20 | 9 | | 19-Jan-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 | | 19-Jan-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 | | 19-Jan-2017 |
| PCU17.1 CHC Fast Track - There is a | (PCU3) PCU difficulty in finding Fast Track providers is | Tender process underway. Internal process is being reviewed | The CCG is currently undertaking a review of commissioned palliative | Paul Howatson | Michelle Carrington | 20 | 16 | 9 | | 19-Jan-2017 |

| 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 |
|--|---|--|--|------------------------------------|---------------------|---------------------|---------------------|--------------------|---|--------------------|
| potential risk of failure to fulfil packages of care which result in delayed transfers or limited choice for patients | an on-going issue. | via a Fast Track SOP. | and end of life care services and a report will be submitted to the SMT by the end of January. A new provider is taking an increased number of cases which is reducing the pressure on the local system. This is under constant review and escalated to the Chief Nurse as required. | | | | | | | |
| 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 |  | 19-Jan-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. | Michelle Carrington | Michelle Carrington | 16 | 16 | 4 |  | 19-Jan-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 |  | 19-Jan-2017 |
| SMT17.03 Failure to adequately collaborate and incorporate mental health and learning disability services | | Strategic discussions are underway to ensure that mental health and learning disability services are part of the future development of the "hub" models. | With a new Engagement Lead in place and once the consultation period for the new hospital is completed an event will be held to develop the next phases of improvement and transformation of | Dr. Louise Barker; Paul Howatson | Dr. Louise Barker | 16 | 16 | 9 |  | 19-Jan-2017 |

| 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 |
|--|--|--|--|------------------|---------------------|---------------------|---------------------|--------------------|-------|--------------------|
| into the wider hub models | | | mental health services. | | | | | | | |
| 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 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 is now working closely with local authority and health partners to address the concerns highlighted by recent reviews and these should be implemented during 2017. | Paul Howatson | Michelle Carrington | 20 | 16 | 3 | | 19-Jan-2017 |

Better Care Escalated 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 needs to be agreed separate to the reasonable waiting list of patients that would have been handed over at the beginning of a | The new wheelchair provider, NRS, has completed a full assessment of the backlog. The 1,142 open referrals inherited have been reviewed and over 50% of them closed following thorough housekeeping of the BEST system. There are 498 patients who require assessment/equipment (the true backlog). The 498 figure is across all providers. 253 of these patients are Vale of York patients. Approximate costs for managing the backlog have been proposed by NRS. A paper is due to be presented to both clinical executive and executive committees in February; seeking agreement for funding to fund the backlog with analysis of associated risks if the backlog is not funded. | Lindsay Springall | Elaine Wyllie | 16 | 16 | 12 | | 24-Jan-2017 |

| 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 |
|---------------------|-------------|---|-------------|------------------|---------------|---------------------|---------------------|--------------------|-------|--------------------|
| | | 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. | | | | | | | | |

Better Care Escalated from BCF 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 |
|--------------------------|--|--|---|------------------|---------------------|---------------------|---------------------|--------------------|-------|--------------------|
| BCF.01.01 Care Hub Selby | There is a risk that the scheme will not deliver the savings as required through the BCF plan. | Ensure robust data collection against agreed KPI's and review impact of scheme and savings at regular intervals. | The CCG is exploring opportunities for combining the funding for the Integration Hubs with spend on Community Services and BCF, to develop an outcomes based, out-of-hospital contract that would enable Providers to work collaboratively across localities. | Shaun Macey | Dr. Andrew Phillips | 9 | 16 | 9 | | 24-Jan-2017 |

Better Care Escalated from Mental Health & Learning Disabilities Transformation Programme

| 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. A teleconference is planned for 26th January and a GP bulletin highlighting the importance of coding for dementia will be circulated prior to 31st January 2017. | Paul Howatson | Dr. Louise Barker | 16 | 16 | 9 | | 19-Jan-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. | Paul Howatson | Dr. Louise Barker | 12 | 16 | 9 | | 19-Jan-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 |
|---|--|--|---|------------------------------------|---------------|---------------------|---------------------|--------------------|-------|--------------------|
| F17.11-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. | As required by the Legal Directions, the CCG has also developed a wider Medium Term Financial Strategy which will be finalised and launched during the final quarter of 2016-17. It underpins and informs the 2017-2019 Financial Plan, the final draft of which was submitted to NHSE on 23rd December in line with the national timetable. The CCG is yet to receive formal feedback on the submitted financial plan, but continues to work closely with NHS England on developing and refining the plan and the contract assumptions that underpin it. | Natalie Fletcher | Tracey Preece | 20 | 20 | 5 | | 24-Jan-2017 |
| 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 returns to a sustainable financial position. | 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. Work is on-going regarding the development of a financial plan to return the CCG to financial balance over the medium to long-term. | Michael Ash-McMahon | Tracey Preece | 20 | 20 | 5 | | 20-Jan-2017 |
| 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. | Work is on-going regarding the development of a financial plan to return the CCG to financial balance over the medium to long-term. With regards to delivering the 2016/17 forecast outturn this is subject to the outcome of the arbitration process with York Teaching Hospital on the outstanding contract challenges for unbundled rehab, sepsis and ambulatory care unit. | Michael Ash-McMahon | Tracey Preece | 20 | 20 | 5 | | 20-Jan-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 | There remains a shortfall on the 2016/17 schemes and the SMT have only identified schemes to partly off-set this. The I&I team are currently scoping new schemes for 2017/18 from the | Michael Ash-McMahon; Tracey Preece | Tracey Preece | 16 | 20 | 4 | | 20-Jan-2017 |

| 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 |
|--|--|--|---|---------------------|---------------|---------------------|---------------------|--------------------|-------|--------------------|
| | | 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. | pipeline list and these have all been through a confirm and challenge session with NHSE so that each area now has an agreed target for 2017/18 | | | | | | | |
| 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 a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure 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. In terms of the ability to deliver the 2016/17 forecast outcome this will largely be dependent on the outcome of the arbitration process the CCG is going through with York Teaching Hospital with regards to the outstanding contract challenges on unbundled rehab, sepsis and the ambulatory care unit. | Michael Ash-McMahon | Tracey Preece | 16 | 16 | 4 | | 20-Jan-2017 |
| 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 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 | | 20-Jan-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 | 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 | Michael Ash-McMahon | Tracey Preece | 16 | 16 | 4 | | 20-Jan-2017 |

| 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 |
|---|-------------|--|--|---------------------|---------------|---------------------|---------------------|--------------------|-------|--------------------|
| | | over the medium term. | 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. | | | | | | | |
| 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 | | 19-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 17.02 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 for implementation on 1 February and key priorities and delivery for 2016-17. The revised governance arrangements have been fully implemented. | Rachel Potts | Rachel Potts | 12 | 16 | 12 | | 24-Jan-2017 |