


Item Number: 6	
Name of Presenter: Rachel Potts	
Governing Body 1 December 2016	 Vale of York Clinical Commissioning Group
Assurance Framework and Corporate Risk Update Report	
Purpose of Report To Receive	
Rationale To present the corporate risk registers and Assurance Framework for review. Corporate risks were last updated on 17 November 2016. 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 review the current portfolio of risk and propose or request additional mitigation or assurance where necessary.	

Responsible Chief Officer and Title Rachel Potts Chief Operating Officer	Report Author and Title Pennie Furneaux Policy and Assurance Manager
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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

1 December 2016

Assurance Framework and Risk Report

1. CCG Improvement and Assessment Framework

- 1.1. The CCG Improvement and Assessment Framework (IAF) draws together the NHS Constitution and other core performance and finance metrics, outcome goals and transformational challenges. The CCG IAF embeds the ‘triple aim’ of the Five Year Forward View: better health for their local populations, better care for patients and better value for the taxpayer. It is intended to fit with the Sustainability and Transformation Plan (STP) approach, recognising that the NHS can only deliver the Five Year Forward View through partnerships.
- 1.2. The NHS Vale of York CCG’s Internal Assurance Framework and risk reporting is aligned to the IAF, 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.
- 1.3. There are 60 indicators that underpin the CCG IAF. Progress against the indicators is published quarterly by NHS England. The purpose is to aid transparency for the public and to support CCG benchmarking against peers. The framework presents both overall ratings for CCGs and relative performance on metrics. Metrics are published on the MyNHS website.
- 1.4. For some of the areas where published data shows the CCG to be below national average, there may be other local intelligence that needs to be taken into account and the age of the data on which the PI is assessed.

Domain	Total No. of indicators	CCG performance meets requirement/ above national average	Below national average or required threshold	Target not defined	More information pending regarding metric
Better Health	14	4	7	3	
Better Care	32	12	7	7	6
Sustainability	8	2	3		3
Leadership	6	2	2		2

- 1.5. Key themes in regard to low performing PIs are:

- Mental Health: Improving Access to Psychological Therapies
- Mental Health-working closely with key partners that contribute to building sustainable system wide transformation to deliver improvements in children and young people's mental health outcomes.
- Mental Health: reducing out of area placements
- Diagnosis rate for people with dementia

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- Population use of hospital beds following emergency admission
- Quality of lives of carers
- Achievement of Diabetes treatment targets
- Effectiveness of working relationships, (based on key stakeholder groups): local authority; health and wellbeing board; Healthwatch and patient groups; GP member practices; NHS providers; other CCGs and key wider stakeholders

Risks in relation to these PIs have been identified, included in the CCG's corporate risk register and action is being taken to manage the risk.

- 1.6. The CCG has eight PIs that fall into the lowest quartile. Securing improvements on these measures will help the CCG improve its assurance rating across the Better Care and Leadership expectations. A key theme for improvement is mental health services. The areas for improvement align to the identified corporate risks.
- 1.7. It should be noted other CCGs in the STP footprint have a greater number of PIs in the lowest quartile.
- 1.8. A report of the CCG's lowest performing 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 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 assurance provided regarding action in place to mitigate risks and if any additional mitigation is required to reduce the impact and/or likelihood of the significant risks.

Events this Period

- 2.3. There are currently seven corporate events, (one less than last month.) Five of these have an impact score of 4, indicating that the impact will be "serious" and may involve one or more of the following consequences:
 - Enforcement action, multiple breaches 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.

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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 Improvement Plan has been submitted to respond to our legal directions.
- 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).
 - An agreement has been reached with the NHS England Clinical Network for dementia in relation to the small budget for additional clinical input to improve the rates of coding in primary care. An action plan has been submitted to Finance and Performance in relation to the next steps to achieve the target.
- Failure by the Partnership Commissioning Unit to provide timely update of risks impacting the CCG.
 - A series of meetings has been established to confirm risks impacting delivery of the CCG objectives.
- Failing to manage Partnership Commissioning Unit areas of spend.
 - Action: Process and reporting work has started. The CCG is exploring opportunities around "brokerage" with CYC. Work is being led by the council. In addition the CCG is looking into integration opportunities local authorities. There is a meeting in December to discuss.
- Failing to fulfil CHC Fast Track packages, (impact score of 4 for last four months), the CCG's provider currently does not have the nursing capacity to complete all 12 week reviews in a timely manner.
 - Action: The CCG is currently undertaking a review of commissioned palliative and end of life care services, including options for Fast Track after the second failed procurement exercise. The report is due in December.

2.4. Three events impacting the CCG involve the Partnership Commissioning Unit performance and may indicate significant impact to patients or the organisation. The Finance and Performance Committee has considered if they are assured that the actions in place are sufficient to minimise the impact on patients and the CCG.

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











2.6. The level of corporate risk across domains remains mainly unchanged from the October position and action plans are in place, captured in the Covalent risk management system to manage the risks identified. There has been a reduction in risk levels against the Leadership domains as the Improvement

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Plan starts implementation. Two new significant risks have been identified, one escalated from the Wheelchairs and Equipment procurement mobilization and one on CAMHS waiting times. The actions are summarized in the report at Annex C.



- 2.7. Due to the number of corporate risks below the 'significant risk threshold' and supporting actions, the significant risks have been escalated for reporting. However the detail of all risks and actions can be found at: <https://valeofyorkccg.covalentcpm.com/portalgroups/view/1002/ccg-risk-portal-group> . A hard copy can be provided on request.
- 2.8. The summary of the significant risks can be found at Annex C. Significant risks continue to be reported for the Better Care Fund and associated schemes, financial position, performance on urgent care, delivery of the QIPP plan, dementia coding, Partnership Commissioning Unit spend and CHC delivery. The Committee is receiving the following reports on progress to manage these risks:
- Finance Performance Report;
 - QIPP Update; and
 - Performance Intelligence Report.

National IAF Performance Indicators-Lowest Quartile

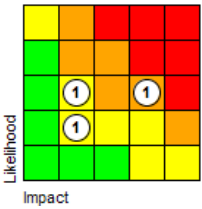
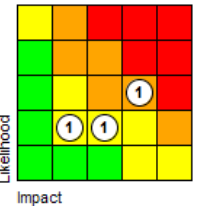
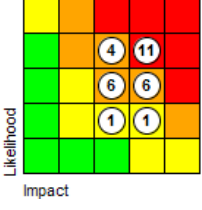
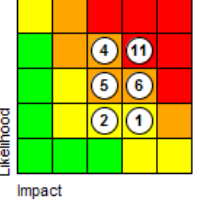
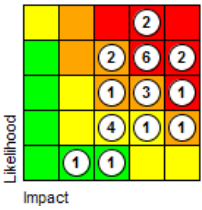
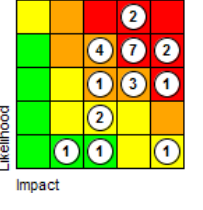
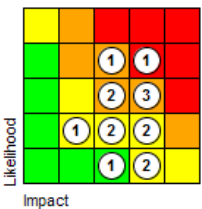
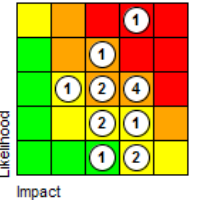
Code	Indicator	Description	Target	Current Value	Status	Short Term Trend Arrow	England Av.	Aim	Other Notes
103a.BH	Diabetes - Treatment Targets	Diabetes patients that have achieved all the NICE-recommended treatment targets: Three (HbA1c, cholesterol and blood pressure) for adults and one (HbA1c) for children.	39.8	35.4			39.8%	Aim to Maximise	Indicator data not refreshed this period. Data Period: 2014/15 Three out of six CCGs in Coast Humber and Vale STP are in the lowest quartile for this indicator.
108a.BH	Carers	108a. Quality of life of carers	1.00	0.79			0.80	Aim to Maximise	Refreshed this report. Data Period: 2016 Four out of six CCGs in Coast Humber and Vale STP are in the lowest quartile for this indicator.
123a.BC	Improving Access to Psychological Therapies	The percentage of people who finished treatment within the reporting period who were initially assessed as "at caseness", have attended at least two treatment contacts and are coded as discharged, who are assessed as moving to recovery.	50.0	42.5			48.9%	Aim to Maximise	Refreshed this report. Data Period: Jun 2016 Four out of six CCGs in Coast Humber and Vale STP are in the lowest quartile for this indicator.
123c.BC	Children's and young people's mental health services transformation	To what extent has the CCG [working closely with key partners] contributed to building sustainable system wide transformation to deliver improvements in children and young people's mental health outcomes.		30.00				Aim to Maximise	Refreshed this report. Data Period: Q1 2016/17. Included following the Mental Health Moment Three out of six CCGs in Coast Humber and Vale STP are in the lowest quartile for this indicator.
123e.BC	Out of area placements for acute mental health inpatient care - transformation	Does the CCG have plans in place to reduce the usage of out of area placements for mental health inpatient care?		25.00				Aim to Minimise	Refreshed this report. Data Period: Q1 2016/17. Included following the Mental Health Moment Three out of six CCGs in Coast Humber and Vale STP are in the lowest quartile for this indicator.
126a.BC	Diagnosis rate for people with dementia	Number of people on the dementia register divided by the estimated prevalence rate from the CFAS II study and ONS population figures.	66.4	54.9			67.3%	Aim to Maximise	Refreshed this report. Data Period: Aug 2016 Four out of six CCGs in Coast Humber and Vale STP are in the lowest quartile for this indicator.
127f.BC	Population use of hospital beds following emergency admission	Total length of all Finished Consultant Episodes where the patient's episode finished in the quarter and their admission was from a source coded as an emergency, excluding midwifery, mental health and day cases, per 1000 population, adjusted for age, sex and need.	0.72	1.26			1.0	Aim to Minimise	Refreshed this report. Data Period: Q4 2015/16. Data based on four quarters One out of six CCGs in Coast Humber and Vale STP are in the lowest quartile for this indicator.
164a.WL	Effectiveness of working relationships in the system	This metric would be taken from the annual CCG stakeholder 360 survey and would draw on the responses to 2 questions.	70.51	54.37				Aim to Maximise	Indicator data not refreshed this period. Data Period: Q1 2015/16 Two out of six CCGs in Coast Humber and Vale STP are in the lowest quartile for this indicator.

Events Report-Risks that Have Materialised

Rows are sorted by Risk Score

Risk Summary	Operational Lead	Executive Lead	Latest Note	Latest Note Date	Impact	Status
PCU timely update of risk register	Lynette Smith	Rachel Potts	Risks area reported by the PCU although not in a timely manner direct to the CCG. Assurance concerns have arisen during the summer which were not included in risk registers. The CCG's new Executive Team will review communication and SOPs between the CCG and PCU in Q4.	16 Nov 2016	4	
Failure to manage Partnership Commissioning Unit areas of spend	Michael Ash-McMahon	Tracey Preece	Process and reporting work has started. The CCG is exploring opportunities around "brokerage" with CYC. Work is being led by the council. In addition the CCG is looking into integration opportunities local authorities. There is a meeting in December to discuss.	17 Nov 2016	4	
Dementia - Failure to achieve 67% coding target in general practice	Paul Howatson	Dr. Louise Barker	An agreement has been reached with the Clinical Network for dementia in relation to the small budget for additional clinical input to improve the rates of coding in primary care. An action plan has been submitted to Finance and Performance in relation to the next steps to achieve the target.	16 Nov 2016	4	
Failure to fulfil CHC Fast Track packages	Paul Howatson	Michelle Carrington	The CCG is currently undertaking a review of commissioned palliative and end of life care services, including options for Fast Track after the second failed procurement exercise. The report is due in December.	16 Nov 2016	4	
Failure 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 and has undertaken exercises with Chief Officers and all staff to determine key priorities and delivery for 2016-17. Revised reporting arrangements are in place to ensure progress is transparent momentum is maintained on delivering the 2016-17 requirements. Responses to the Leadership and Governance arrangements will be fully implemented by end of December 2016.	16 Nov 2016	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 September 2016. Performance was 91.0% against a 95% target. This was an increase from August's performance at 90.6%. A full update will be available in the Performance Intelligence Report for November. Performance against 4 hour target for Vale of York was 91.0% (target 95%). This is a decrease from the August figure of 90.6%	16 Nov 2016	4	
Judicial Review relating to the "closure" of Bootham Park Hospital	Michelle Carrington; Paul Howatson	Michelle Carrington	The risk has been re-scored for November as higher than the previous month due to the Judicial Review proceedings to be held on 22nd and 23rd November 2016 in Leeds Combined Court which may generate some media coverage.	16 Nov 2016	3	

Corporate Risk Matrix Report





Area	Current Risk Matrix	Historical Matrix	Latest Note	Date
Better Health Risk Register 2016/17			STPS have now been submitted. Work on prevention at a local level is being developed in conjunction with public health teams.	17 Nov 2016
Better Care Risk Register 2016/17			<p>The Better Care domain of the CCG risk register relates to potential threats to achieving care redesign and potential failure to achieve constitutional standards and outcomes in key clinical areas. Risk assessments have identified a number of on-going and high scoring risks that potentially may have significant impact as follows:</p> <p>BCF: The impact of BCF risks refer principally to service development plans in the CYC and NYCC footprint. Both plans have been submitted and approved by NHS England and the first quarterly returns have been submitted. The Section 75 documentation has been signed off and work has now commenced on completing the 2nd quarterly BCF return.</p> <p>QIPP: The QIPP risk profile shows a small improvement however a gap still remains to achieve the total QIPP savings required under the recovery plan. The CCG is considering other schemes and options relating to demand management to reduce the gap. Monitoring of schemes occurs on a weekly and monthly basis, reporting exceptions to the Finance and Performance Committee.</p> <p>CHC: Due to a lack of provision across the Vale of York there are some unacceptable waits for care packages, particularly at the end of life. A second procurement exercise failed to attract a provider to lead on the provision of Fast track Continuing Health Care. The CCG is now considering potential future options to improve access for those in greatest need.</p> <p>School Nursing. CCG agreed to roll over contract with YHFT until March 2018 and develop service specification in the meantime with partners, children and families. Discussion relating to the transfer of financial resources from CYC to the CCG is on-going.</p> <p>Clinical Network: The primary care clinical network is not sufficiently mature to permit bidding for service contracts. Lack of development in this area may limit care redesign options and may potentially result in failure to deliver the level of anticipated savings.</p>	17 Nov 2016
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 is providing both challenge and additional capacity, to build on the detail of the Financial Recovery Plan. Risks remain, however, in delivering the planned deficit position for 2016/17 and will require support from system partners across both health and social care, which has now formally requested. The key risks to achievement of the plan relate to acute services contract over trade, increasing mental health costs due to the new contract, under delivery of QIPP schemes and Continuing healthcare.	17 Nov 2016
Leadership Risk Register 2016/17			The CCG is implementing the Improvement Plan, following approval from NHSE. A full staff consultation is underway to support the new Executive Structure and alignment of resources to priorities. The Governance structures have been approved by Governing Body for formal ratification in November. PMO arrangements are in place. Additional capacity has been secured for planning and on System Resource. The STP was submitted and is due for publication on the 21st November 2016. 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.	16 Nov 2016

Profile Report of Red Risks

Better Care Risk Register 2016/17



Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Executive Lead	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
I&I17.01 QIPP - There is a risk that 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.	QIPP schemes are reviewed weekly and monthly at various meetings. Any schemes in delivery that fail to save money are reported by Finance and Contracting to the appropriate project manager and escalated to the appropriate meeting on a weekly basis.	Paul Howatson	Tracey Preece	16	16	9		15-Nov-2016
I&I17.04 Delivery of BCF targets is dependent on partners and outside the immediate control of the CCG	There is a risk that 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) to ensure maximum impact is made against BCF metrics and targets.	Currently, the quarter 2 performance return is being completed for submission to NHS England. The BCF Performance and Delivery Group reviews and acts on performance each month.	Paul Howatson	Dr. Andrew Phillips	16	16	9		16-Nov-2016
PCU17.1 There is a risk of failure to fulfil CHC Fast Track packages	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.	The CCG is currently undertaking a review of commissioned palliative and end of life care services, including options for Fast Track after the second failed procurement exercise. The report is due in December.	Paul Howatson	Michelle Carrington	20	16	9		16-Nov-2016
PCU17.9 Disaggregation of Special School Nursing-there is a risk that school attendance may be impacted.	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	The Chief Nurse is now considering the next steps	CCG agreed to roll over contract with YHFT until March 2018 and develop service specification in the meantime with partners, children and families. Discussion relating to the transfer of financial resources from CYC to the CCG is on-going.	Michelle Carrington	Michelle Carrington	16	16	4		16-Nov-2016

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Executive Lead	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
	service. Transfer of funding from CYC to the CCG is not agreed.									
Q&P17.07 There is a risk that YTHFT Serious Incident processes may not be effectively managed	Good management of serious incidents when they occur is a marker of safe, transparent practice to learn from mistakes and prevent reoccurrence. At YTHFT, there are concerns regarding the internal process management, quality of investigations and repeat incidents occurring.	Monitoring the number of SIs reported and YTHFT review of governance structure to internally manage process.	<p>York Trust updated their processes for reviewing and managing Serious Incidents related to falls and pressure ulcers in conjunction with revised care practices. The management of Serious Incidents is the responsibility of the Patient Safety Team. The CCG still lacks assurance of embedded learning necessary to close the large number of historical incidents. e. An updated draft plan to reflect suggested improvements has been submitted to the sub-contract managing board in September.</p> <p>CCG attendance at the York Trust Falls and Pressure Ulcer SI Review Panel is providing insightful evidence into areas requiring improvements as well as examples of good practice. Evidence has been collated which is in the process of being mapped to the strategic action plan which has just been received. A meeting has taken place between YTH Deputy Director for Patient Safety and the Head of Quality Assurance and more information, background and context was provided on strategic action plans. A summary and plan to progress this and obtain assurance is underway.</p> <p>The CCG Serious Incident review process is demonstrating significant improvements. Providers attended for the first time in October and whilst there are many issues to be resolved it is hoped this will provide increased assurance and allow more timely closing of SI's.</p>	Michelle Carrington; Debbie Winder	Michelle Carrington	16	16	8		16-Nov-2016
Q&P17.10 There is a risk of lack of	The CCG accepted full delegation of primary care co-	Investigating current processes in place and assessing efficacy	Quality Outcome Framework indicators are scheduled for	Michelle Carrington	Michelle Carrington	16	16	8		16-Nov-2016

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Executive Lead	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
assurance on quality and performance monitoring in Primary Care.	commissioning from 1 April 2015. As for other providers, the CCG will need to ensure services are safe and high quality. Quality and Performance monitoring processes will need to be developed, agreed and embedded.		discussion at next PCCC, A workshop with the Council of Representatives regarding quality is planned for next year.							
SMT17.01 There is a risk that the Vale of York Clinical Network may not operate effectively to deliver the anticipated transformation of healthcare services	The Vale of York Clinical Network may not produce a fully functional integrated model of working that will deliver transformational services and anticipated savings for 16/17.	The development of the organisational form of General Practice will be picked up through delivery of the General Practice Forward View - with NHSE requiring that this is included in STP level plans with investment plans and timescales.	Member practices have agreed not to become a provider organisation. The CCG will be working with practices to take plans forward.	Shaun Macey	Dr. Tim Maycock	20	16	8		16-Nov-2016
SMT17.02 There is a risk that QIPP projects identified 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.	QIPP projects being led by the I&I team are being reviewed weekly at Assurance and Delivery meeting, monthly at Programme Delivery Steering Group and monthly at Quality and Finance meeting to ensure that delivery remains on track. Financial reporting mechanisms are being reviewed to closely align implementation to the financial monitoring of individual schemes with plans to align the two reports. The majority of QIPP schemes are on track in terms of implementation, but financial values still need to be validated once schemes are in actual delivery with mitigating actions to be reviewed on a project by project basis.	Fiona Bell	Rachel Potts	16	16	6		16-Nov-2016
SMT17.03 There is a risk of failure to adequately collaborate and incorporate mental health and learning disability services into the wider hub models		Strategic discussions are underway to ensure that mental health and learning disability services are part of the future development of the "hub" models.	A CEO to CEO meeting was held 4/11/2016 to discuss direct inclusion of mental health and learning disability services in the developing care hub models.	Dr. Louise Barker; Paul Howatson	Dr. Louise Barker	16	16	4		16-Nov-2016
SMT17.04 There is a risk of failing to	Resourcing issues in relation to regular and timely	PCU have now got a plan in place and additional resource to tackle	PCU is working with local authority and health partners to address the	Paul Howatson	Michelle Carrington	20	16	3		16-Nov-2016

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Executive Lead	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
deliver well-managed, effective pathways for assessment and review of people with CHC needs	assessments in accordance with best practice guidance.	the historic backlog of cases and have a deadline of 31st October 2016 to achieve the clearance of the backlog.	concerns highlighted by recent reviews and these should be implemented once an agreement is reached for the provision of additional resource.							
SMT17.06 There is a risk that provision of system resilience funding may be insufficient to maintain on-going schemes during 2016-17	System resilience funding will not be provided in 2016-17 however, schemes will continue	1. Formal communication to scheme providers of continuation of direct contractual relationship for 2016/17, but move towards Provider Alliance Board (PAB) contracting arrangements 2. Formal communication of funding arrangements for 2017/18 onwards to be issued to Provider Alliance Board	As previous; on-going support at present.	Michael Ash-McMahon	Tracey Preece	16	16	6		16-Nov-2016

Project Risks Escalated to Corporate Risk Register

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Executive Lead	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.	Shaun Macey	Dr. Andrew Phillips	9	16	9		17-Nov-2016
IC.14.14 The incumbent providers may not assist with the mobilisation phase of the community equipment and wheelchair services	There is a risk that the procurement process/mobilisation fails if incumbents do not comply with mobilisation; i.e. transfer of data, TUPE, access to information.	The commissioners have maintained good relationships with existing providers by ensuring open communications. All information has been requested within agreed legal timeframes for the procurement process i.e. TUPE and estates information. Weekly mobilisation meetings are in place with new providers and incumbents providers to ensure triangulation of service implementation.	Mobilisation of new services for start date of 1 st December 2016 is on track.	Lindsay Springall	Fiona Bell	12	16			01-Nov-2016

MH.08.02 Potential failure to lead an effective consultation process in relation to the New Mental Health Hospital		Visible clinical leadership at the Consultation events (Governing Body GP/Chief Nurse). Direct engagement and consultation with groups specifically identified in the EIA. Formal approval from NHS North of England and input from senior NHS England colleagues to support and endorse the progress of the process.	To date each event has been fronted by a clinician or senior manager from the CCG and a representative from TEWV.	Paul Howatson	Dr Louise Barker	16	16			16-Nov-2016
MH.10.01 There is a risk that VOYCCG fail to achieve expected Dementia 67% coding targets 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.	National focus on dementia coding. CCG/PCU leads to devise a comprehensive action plan. CCG to provide focussed support targeting the larger practices with the lowest coding rates.	An agreement has been reached with the NHS England Clinical Network for dementia in relation to the small budget for additional clinical input to improve the rates of coding in primary care. An action plan has been submitted to Finance and Performance in relation to the next steps to achieve the target.	Paul Howatson	Dr. Louise Barker	16	16	4		16-Nov-2016
MH.PROGRAMME.02 There is a risk that there is inadequate access to children and young people's mental health services	From a report submitted to NHS England in relation to waiting list management a high number of service users were found to be on the waiting list.	The provider is validating waiting list information and splitting this into cohorts. The PCU and CCG are holding the provider to account on performance and access to timely assessment and treatment.	NHS England, Governing Body and SMT are aware of issues accessing children and young people mental health services. Progress is monitored weekly.	Paul Howatson	Dr. Louise Barker; Michelle Carrington	16	16	4		16-Nov-2016

Sustainability Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Executive Lead	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
F17.11-PLAN There is a risk that the CCG is unable to create a 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 is working through the planning round in accordance with the national planning timetable and guidance. The CCG has agreed with NHSE additional finance capacity to be placed with the CCG on a more day to day basis during the planning round including the local area team's Head of Finance and Assistant Head of Finance to produce a joint financial plan.	Natalie Fletcher	Tracey Preece	20	20	5		14-Nov-2016
F17.1-ORG There is a risk that the CCG fails 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)	Work is on-going regarding the development of a financial plan to return the CCG to financial balance over the medium to long-term. This	Michael Ash-McMahon	Tracey Preece	20	20	5		14-Nov-2016


Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Executive Lead	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
		including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	involves increased work with the NHSE finance team who are providing additional capacity into the CCG on a day to day basis during the planning period and continued and increased participation within the STP footprint, in part facilitated by the new executive team structure.							
F17.3-ORG There is a risk of failure to 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.	NHS Vale of York CCG is facing a difficult financial position and current year to date financial position is challenging. QIPP scheme delivery will be difficult and may not ensure delivery of the planned financial position. Work is on-going to identify additional mitigations to manage any further variation beyond the current plan in order to close the gap and ensure delivery of planned schemes. In addition, the CCG is developing a Financial Recovery Plan (FRP) with assistance from NHS England and PWC. The aim of this plan will be to deliver the 2016/17 planned financial position and return the CCG to financial balance over the medium term.	Michael Ash-McMahon	Tracey Preece	20	20	5		14-Nov-2016
F17.9-OP There is a 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.	In terms of schemes administered by the I&I team - all schemes are being reviewed through Finance and Performance Committee to refresh status and identify any risks and mitigating actions. Team are currently scoping new schemes for 17/18 from the pipeline list.	Michael Ash-McMahon; Fiona Bell; Rachel Potts; Tracey Preece	Tracey Preece	16	20	4		14-Nov-2016
CR.S.17.03 There is	The CCG has commissioned	Meetings with PCU management,	Risks area reported by the PCU	Lynette Smith	Rachel Potts	12	16	8		16-Nov-2016

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Executive Lead	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
a risk that PCU fail to update of risk registers on a timely basis	the Partnership Commissioning Unit to manage a number of specialist commissioning areas on their behalf. If the PCU fails to provide timely updates to risks then the CCG may not be fully aware of its risk exposure in specialised commissioning areas managed by the PCU as follows; Continuing Health Care; Children, young people and maternity; Vulnerable Adults (Learning Disabilities and Mental Health); Adult Safeguarding	review of processes in place.	although not in a timely manner direct to the CCG. Assurance concerns have arisen during the summer which were not included in risk registers. The CCG's new Executive Team will review communication and SOPs between the CCG and PCU in Q4.							
F17.02.6-OP There is a risk of failure to manage Partnership Commissioning Unit areas of spend	Additional, unplanned overspends within areas currently managed at arm's length through the Partnership Commissioning Unit (PCU) manage in particular Mental Health and Continuing Healthcare	Work is being undertaken by Neil Lester in conjunction with PCU colleagues to review all PCU areas of expenditure in order to strengthen reporting, communication and early warning.	Process and reporting work has started. The CCG is exploring opportunities around the brokerage of care packages with CYC. Work is being led by the council. In addition the CCG is looking into integration opportunities local authorities. There is a meeting in December to discuss.	Michael Ash-McMahon	Tracey Preece	16	16	4		17-Nov-2016
F17.2-ORG There is a 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. This involves increased work with the NHSE finance team who are providing additional capacity into the CCG on a day to day basis during the planning period and continued and increased participation within the STP footprint, in part facilitated by the new executive team structure.	Michael Ash-McMahon	Tracey Preece	16	16	4		14-Nov-2016
F17.6-ORG There is a 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	Given that the assessment is that 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	Michael Ash-McMahon	Tracey Preece	16	16	4		14-Nov-2016

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Executive Lead	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
		Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	implement the Financial Recovery Plan to limit this exposure and to return the CCG to financial balance over the medium term.							
F17.7-OP Acute (Incl. NCAs, AQP and YAS) overtrades	There is a risk of 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. This are monitored in detail as part of the contract management process and a number of formal Activity Query notice challenges have been issued to the main provider YTHFT and are in the process of being worked through.	Michael Ash-McMahon	Tracey Preece	16	16	4		14-Nov-2016
SMT17.3.06 There is a risk of failure to adequately control services and functions provided by other teams and agencies on behalf 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	With regards to PCU reporting the CCG is now in the process of implementing the agreed action plan. A comprehensive update report, including options around future provision, is being taken to the next Finance and Performance meeting. The CCG continues monthly contract management and service line meetings with eMBED, with a continued increase in the number of KPIs agreed and now monitored as part of this process. NECS have now been contacted with a view to establishing the same reporting cycle.	Michael Ash-McMahon	Tracey Preece	20	16	3		18-Nov-2016
F17.04.2 There is a risk that the CCG may be unable to access relevant information and data flows	Without the appropriate data flows and information governance the finance and contracting department will not be able to provide the analysis, planning or contract changes that are a key function of the commissioning process and the CCG's core	Ensure arrangements are in place with provider of information flows for business continuity	Risk remains static due to experience of restoration of support functions and the developing relationship with eMBED and NECS as the provider of source information. Contract Management Board arrangements being established with NECS.	Michael Ash-McMahon; Lynette Smith	Tracey Preece	20	15	5		14-Nov-2016

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Executive Lead	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
	business									

Leadership Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Executive Lead	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
SMT D4.02 There is a risk of failure 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.	Assurance and Delivery Group established to coordinate the CCG response to the plan Engagement in national planning support, including logic modelling, activity and demand training and Rightcare SMT reporting	NHSE has approved the CCG Improvement Plan and is supporting work on the Financial Recovery Plan. The CCG is progressing the new Executive Structure and has undertaken exercises with Chief Officers and all staff to determine key priorities and delivery for 2016-17. Revised reporting arrangements are in place to ensure progress is transparent momentum is maintained on delivering the 2016-17 requirements. Responses to the Leadership and Governance arrangements will be fully implemented by end of December 2016.	Rachel Potts	Rachel Potts	12	16	12		16-Nov-2016