Item Number: 13

Name of Presenter: Rachel Potts

Meeting of the Governing Body

3 November 2016

NHS
Vale of York
Clinical Commissioning Group

Governing Body Assurance Framework and Risk Report

Purpose of Report
To Receive

Rationale
The 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.

Strategic Priority Links

☐Primary Care/ Integrated Care
☐Urgent Care
☒Effective Organisation
☐Mental Health/Vulnerable People
☐Planned Care/ Cancer
☐Prescribing
☐Financial Sustainability

Local Authority Area

☒CCG Footprint
☐City of York Council
☐East Riding of Yorkshire Council
☐North Yorkshire County Council

Impacts/ Key Risks

☒Financial
☒Legal
☒Primary Care
☒Equalities

Covalent Risk Reference
All corporate

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

Annexes

NHS Vale of York CCG Governing Body

Governing Body Assurance Framework and Risk Report

3 November 2016

1. Summary

1.1. The Risk and Assurance Report presented to the Governing Body in September briefed the Board on the CCG's performance against the 2016/17 Improvement and Assessment Regime.

1.2. The CCG has been assessed as "Inadequate," placed in special measures and is currently under legal direction from NHS England. The CCG is working to recover this position. This report provides an update to low performing National Indicators and an overview of the CCG risk portfolio.

1.3. The national Improvement and Assurance Indicators are published on a quarterly/annual basis. An updated report of published indicators is provided at Annex A. Where there is no current update, the report shows there is no trend arrow.

1.4. The CCG's Internal Assurance Framework and risk reporting is aligned to the 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.

1.5. Critical Success Factors for 16-17:

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)

1.6. 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. Action Update: Quarter One Lower Quartile Assurance Indicators

2.1. The report to the Governing Body in September reported that CCG performance fell into the lowest quartile for seven of the 42 indicators published as outlined below. An action update is provided.

- Diabetes, achievement of all three of the NICE-recommended treatment targets.
  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)
Action: The CCG is submitting a bid to the National £40M Diabetes Transformation Programme Budget, (which is available from next week) to increase uptake via an online scheme.

- Personal health budgets.
  Action: The CCG has submitting a joint bid with City of York Council to NHS England to join the national early adopter programme for integrated personal commissioning. An initial focus will be on increasing take up of integrated personal budgets for learning disabilities, mental health and people with long term conditions.
  Update: (Quarter 2 performance data shows steady state.)

- Diagnosis rate for people with dementia.
  Update: Discussion with NHS England has secured a small additional resource to assist in improving rates of coding patient records. Improvements in rates will start to be reflected in November performance outcomes. (Note: The Quarter 2 performance data shows a small improvement in performance.)

- Emergency bed days per 1,000 population
  Update: YAS continues to work with the CCG on the urgent care practitioner developments. The CCG is actively developing an out of hospital strategy which will see services out of hospital wrapping around Primary Care focused on managing people in their usual place of care. The work will see development of the care hub model for which performance is constantly being monitored. (Note: The quarter 2 performance figure shows a small improvement.)

- Eligibility for NHS Continuing Healthcare
  Update: This area remains of concern, although the Quarter 2 performance figure shows a small improvement.)

- Financial plan
  Update: The Financial Plan for 2016/17 has not been formally assured by NHS England, however the Head of Finance from the Regional Team is working with the CCG to gain assurance on delivery. The CCG has submitted a Financial Recovery Plan (FRP) with the expectation that this will return the organisation to financial balance within the medium-term. The development of the FRP was a stipulation within the legal directions issued in September 2016.

- Effectiveness of working relationships in the local system
  Update: Further to imposition of legal directions the senior management team has reviewed governance and committee arrangements in order to further develop collaborative working relationships across the local healthcare system. (Note: The next performance indicator data is due March 2017.)

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

3. Events this Period

3.1. There are currently eight risks that have materialised as corporate events. Seven 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 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 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).
  - Action is in hand to address coding rates. Improvement expected October 2016.

- Failing to manage Partnership Commissioning Unit areas of spend.
  - Action: a review of PCU areas of expenditure has been completed and recommendations are being implemented.

- Lack of locally-based adult acute mental health inpatient services.
  - Actions: There are now local facilities available within York. A temporary 24-bed facility has been opened at Peppermill Court on 26th September 2016.

- 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 contract for Fast Track CHC services is currently out to tender with the expectation that a new provider will commence December 2016.

- 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%.

- An additional risk has materialized and flagged as an event. The RSS team occupy office space that is shared with City of York Council staff who may sit on hot desks next to staff arranging confidential medical appointments. Options for resolution are being identified and evaluated.

3.2. The impact of the closure of Bootham Park Hospital resulted in legal challenge. The court date originally planned for October has been deferred. The CCG is listed as an interested party.

3.3. The ongoing nature of many of these events implies a significant impact to patients or the organisation. Action plans are in place to manage the impact of these events.

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

4. Corporate Risks

4.1. 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.

4.2. The corporate risk profile remains much the same as reported in September; although there is some improvement in the risk profiles in Better Health and Better Care domains of assurance.

4.3. 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.

4.4. The summary of the significant risks can be found at Annex D. 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 Governing Body is receiving the following reports on progress to manage these risks:

- Finance Performance Report;
- QIPP Update; and
- Quality and Performance Intelligence Report.

4.5. These reports, however, do not provide a specific update in relation to managing risks relating to Better Care Fund, Partnership Commissioning Unit, (PCU) commissioned services and Continuing Healthcare. The Quality and Finance Committee has requested an update report on the Better Care Fund to be considered at its next meeting in response to these risks. The Governing Body may wish to seek further assurance on these risks.

Developing Risk Systems

4.6. A Standard Operating Procedure for risk reporting has been updated and reviewed by Internal Audit. Internal Audit has provided risk training to staff to improve risk awareness and reporting.

4.7. 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.

5. Recommendations

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

Annex A

All National IAF Performance Indicators

NHS Vale of York Clinical Commissioning Group

Code (Red in Lower Quartile – nationally)	Indicator	Description	Target	Current Value	Meeting Target?	Short Term Trend Arrow	England Av.	Aim
CCG.101a.BH	Smoking	Maternal smoking at delivery.	10.6	12.0			10.7	Aim to Minimise
CCG.102a.BH	Child Obesity	Percentage of children aged 10-11 classified as overweight or obese.	33.2	30				Aim to Minimise
CCG.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
CCG.103b.BH	Diabetes - Structured Education Course	People with diabetes diagnosed less than a year who attend a structured education course.	5.7	1		No Q2 data		Aim to Maximise
CCG.104a.BH	Falls	Injuries from falls in people aged 65 and over.	2,027	2,023			2,001	Aim to Minimise
CCG.105a.BH	Personalisation and choice: NHS e-referral service	Utilisation of the NHS e-referral service to enable choice at first routine elective referral.	0.5	0.52		No Q2 data	0.5	Aim to Maximise
CCG.105b.BH	Personalisation and choice: Personal Health Budgets	Personal health budgets.	14	3			11	Aim to Maximise
CCG.105c.BH	Personalisation and choice: % Deaths which take place in hospital	Of people who die, the proportion who die in hospital.	46.9	45.5			47.7	Aim to Minimise
CCG.105d.BH	Personalisation and choice: Long Term Conditions	People with a long-term condition feeling supported to manage their condition(s)	64.4	65.1			64.1	Aim to Maximise
CCG.106a.BH	Health Inequalities Chronic Ambulatory Care	Inequality in unplanned hospitalisation for chronic ambulatory care sensitive conditions	1,035	821			922	Aim to Minimise
CCG.106b.BH	Health Inequalities Emergency Admissions	CCG variation in emergency admissions for urgent care sensitive conditions.	2,248	2,461			2,227	Aim to Minimise
CCG.107a.BH	Anti-microbial resistance: Antibiotic prescribing	Anti-microbial resistance: appropriate prescribing of antibiotics in primary care	1.2	0.95			1.076	Goldilocks
CCG.107b.BH	Anti-microbial resistance: Broad spectrum antibiotics	Anti-microbial resistance: Appropriate prescribing of broad spectrum antibiotics in primary care	4.4	4.4			9.2	Goldilocks
CCG.108a.BH	Carers	Quality of life of carers	0.8	0.79		No Q2 data	0.79	Aim to Maximise
CCG.121a.BC	High Quality Providers	There are three indicators: 121a Provision of high quality care – Hospitals 121b Provision of high quality care – Primary Medical Services 121c Provision of high quality care – Adult Social Care			No published data			Aim to Maximise
CCG.122b.BC	Cancer Diagnosis	New cases of cancer diagnosed at stage 1 and 2 as a proportion of all new cases of cancer diagnosed (specific cancer sites, morphologies and behaviour: invasive malignancies of breast, prostate, colorectal, lung, bladder, kidney, ovary, uterus, non-Hodgkin lymphomas, and invasive melanomas of skin).	60%	55.9%			49.8	Aim to Maximise
CCG.122c.BC	One Year Survival All Cancers	A measure of the number of adults diagnosed with any type of cancer in a year who are still alive one year after diagnosis.	70.2	70.8		No Q2 data		Aim to Maximise
CCG.122d.BC	Cancer Patient Experience	Percentage of responses to the question "Overall, how would you rate your care?" which were positive.	89.0	87.0				Aim to Maximise
CCG.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

Annex A

Code (Red in Lower Quartile – nationally)	Indicator	Description	Target	Current Value	Meeting Target?	Short Term Trend Arrow	England Av.	Aim
CCG.123b.BC	Psychosis Treatment-NICE Recommended Care Package	The percentage of people referred to service experiencing first episode psychosis or at "risk mental state" that start NICE-recommended care package in the reporting period.	50.0	77.8			72.8	Aim to Maximise
CCG.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.			No published data			Aim to Maximise
CCG.123d.BC	Crisis care and liaison mental health services transformation	Is the CCG achieving milestones towards the delivery of comprehensive crisis care and liaison mental health services by April 2017?			No published data			Aim to Minimise
CCG.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?			No published data			Aim to Maximise
CCG.124a.BC	Reliance on specialist inpatient care for people with a learning disability and/or autism	The number of inpatients for each CCG in the Transforming Care Partnership, based on CCG of origin, per million GP registered adult population in the Partnership.	58.0	51.0			58	Aim to Minimise
CCG.124b.BC	Proportion of people with a learning disability on the GP register receiving an annual health check	The proportion of people on the GP Learning Disability Register that have received an annual health check during the year. Measured as a percentage of the CCG's registered learning disability population.	47.0	51.0		No Q2 data		Aim to Maximise
CCG.125a.BC	Neonatal mortality and stillbirths	This indicator measures the rate of stillbirths and deaths within 28 days of birth per 1,000 live births and stillbirths, reported at CCG of residence level by calendar year.	07.1	06.9		No Q2 data		Aim to Minimise
CCG.125b.BC	Women's experience of maternity services	This indicator uses the CQC Maternity National Maternity survey results to specifically look at the user experience of maternity services, across the care pathway; and with regards to choice, information, confidence in staff and clinical care.	80.4	78.8			79.7	Aim to Maximise
CCG.125c.BC	Choices in maternity services	The indicator uses survey results to specifically look at the choices offered to users of maternity services throughout the care pathway (antenatal, intrapartum and postnatal).	65.7	65.8		No Q2 data		Aim to Maximise
CCG.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			69.42	Aim to Maximise
CCG.126b.BC	Dementia care planning and post-diagnostic support	The percentage of patients diagnosed with dementia whose care plan has been reviewed in a face-to-face review in the preceding 12 months.			No published data			Aim to Maximise
CCG.127a.BC	Milestone delivery of an integrated urgent care service	Assessment of progress in implementation of delivering functionally integrated, 24/7, Urgent Care Service accessed via NHS 111.	8	3		No Q2 data	3.3	Aim to Maximise
CCG.127b.BC	Emergency admissions for urgent care sensitive conditions	Rate of unplanned hospital admissions for urgent care sensitive conditions, per 100,000 registered patients.	2,651	2,299			2409	Aim to Minimise
CCG.127c.BC	Percentage of patients admitted, transferred or discharged from A&E within 4 hours	The number of patients admitted, transferred or discharged from A&E within 4 hours as a percentage of the total number of attendances at A&E (for all types of A&E).	95.00	92.70			88.9	Aim to Maximise
CCG.127d.BC	Ambulance Category A Response	The proportion of ambulances arriving at Category A Red 1 incident within 8 minutes.	75.0	69.0		No Q2 data		Aim to Maximise
CCG.127e.BC	Delayed transfers of care per 100,000 population	Average delayed transfers of care (delayed days) per day for all reasons per 100,000 population.	13.00	16.10			13.2	Aim to Minimise
CCG.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			1.04	Aim to Minimise
CCG.128a.BC	Management of long term conditions	Unplanned hospitalisation for chronic ambulatory care sensitive conditions.	819	762			806.87	Aim to Minimise

NHS Vale of York CCG Governing Body

Annex A

Code (Red in Lower Quartile – nationally)	Indicator	Description	Target	Current Value	Meeting Target?	Short Term Trend Arrow	England Av.	Aim
CCG.128b.BC	Patient experience of GP services	This indicator is the weighted percentage of people who report through the GP patient survey that their overall experience of GP services was 'fairly good' or 'very good'.	84.90	88.20			85.1	Aim to Maximise
CCG.128c.BC	Primary Care access	Percentage of practices within a CCG where patients have the option of accessing pre-bookable appointments outside of standard working hours Monday to Friday; that is on (i) weekday evenings (usually after 6.30pm), (ii) on a Saturday, (iii) on a Sunday.			No published data			Aim to Maximise
CCG.128d.BC	Primary Care Workforce	Number of GPs and Practice Nurses (full-time equivalent) per 1,000 weighted patients by CCG.	1.04	1.20				Goldilocks
CCG.129a.BC	18 week RTT	The percentage of patients waiting to start non-emergency consultant-led treatment who were waiting less than 18 weeks at the end of the reporting period.	92	91.8			91.7	Aim to Maximise
CCG.130a.BC	Clinical standards of a 7 day service	Compliance with the four priority clinical standards, 2, 5, 6, 8 for delivery of 7 day services.			No published data			Aim to Maximise
CCG.131a.BC	NHS Continuing Healthcare	Number of people eligible for standard NHS Continuing Healthcare per 50,000 population.	48	32			46.7	Aim to Maximise
CCG.141a.S	Financial Plan	The indicator assesses compliance of financial plans with business rules.	3	1		No Q2 data		Aim to Maximise
CCG.141b.S	In-year financial performance	The indicator assesses whether actual financial performance is likely to meet plans.			No published data			Aim to Maximise
CCG.142a.S	Outcomes in areas with identified scope for improvement	Improvement score based on a CCG's performance for three baskets of outcomes metrics for three programmes selected in advance by each CCG.			No published data			Aim to Maximise
CCG.142b.S	Expenditure in areas with identified scope for improvement	Improvement score for expenditure on primary care prescribing, elective admissions and non-elective admissions for three programmes selected in advance by each CCG. (RightCare)	5.7	6.7		No Q2 data	5.7	Aim to Maximise
CCG.143a.S	Adoption of new models of care	This indicator will provide a score for each CCG reflecting its progress in implementing and contracting with a multispecialty community provider (MCP) or Integrated Primary and Acute Care System (PACS) new care model.			No published data			Aim to Maximise
CCG.144a.S	Local digital roadmap in place	The CCG is a member of a footprint that has an approved Local Digital Roadmap, based on completed Digital Maturity assessments from primary and key secondary care providers.			No published data			Aim to Maximise
CCG.144b.S	Digital interactions between primary and secondary care	The indicator draws on four key measures of use of digital systems between primary and secondary care. The composite will be calculated as an un-weighted average of four underlying metrics: • Use of EPS2 (Electronic Prescription Service release 2) • Use of NHS e-referral system (eRS) • Accessing GP summary information across Ambulance, 111 and A&E • At discharge, % of care summaries shared electronically with GPs	60.64	68.1			62.4	Aim to Maximise
CCG.145a.S	Local strategic estates plan (SEP) in place	First phase of a developing indicator, to support a Department of Health (DH) led national programme to drive greater efficiency in the NHS estate.	Yes	Yes		No Q2 data		Goldilocks
CCG.161a.WL	Sustainability and Transformation plan	Key lines of enquiry will be reviewed with CCGs on a quarterly basis to review progress on establishing their Sustainability and Transformation Plans (STPs) throughout 2016/17.			No published data			Aim to Maximise
CCG.162a.WL	Probity and corporate governance	This indicator assesses CCGs' compliance with a number of requirements of the *revised statutory guidance on managing conflicts of interest for CCGs*.			No published data			Aim to Maximise

Annex A

Code (Red in Lower Quartile – nationally)	Indicator	Description	Target	Current Value	Meeting Target?	Short Term Trend Arrow	England Av.	Aim
CCG.163a.WL	Staff engagement index	The level of engagement reported by staff in the NHS staff survey for providers in the NHS footprint of the CCG weighted according to the financial flows.		3.8	No published data			Aim to Maximise
CCG.163b.WL	Progress against workforce race equality standard	A provider race equality progress indicator is created at provider level by looking at the difference between the BME and White response to four questions. The four indicators are: KF 18. Percentage of staff experiencing harassment, bullying or abuse from patients, relatives or the public in last 12 months. KF 19. Percentage of staff experiencing harassment, bullying or abuse from staff in the last 12 months KF 27. Percentage believing that trust provides equal opportunities for career progression or promotion. Q23. In the last 12 months have you personally experienced discrimination at work from any of the following? b) Manager/ team leader or other colleagues	0.2	0.3		No Q2 data		Aim to Maximise
CCG.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		No Q2 data		Aim to Maximise
CCG.165a.WL	Quality of CCG leadership	Four key lines of enquiry will be assessed to determine how robustly the senior levels of a CCG are performing their leadership role.	3	1		No Q2 data		Aim to Maximise
CCG.122b.BC	GP Referral-Receiving Cancer Treatment Within 62 Days	Measures the proportion of people with an urgent GP referral for suspected cancer that began their first definitive treatment within 62 days	85.0	86.4			82	Aim to Maximise

Annex B

Events Report

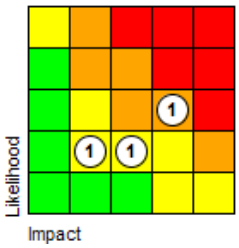
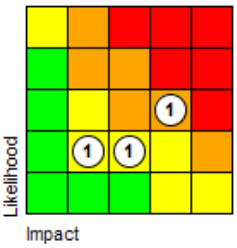
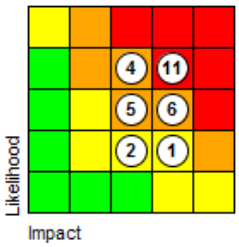
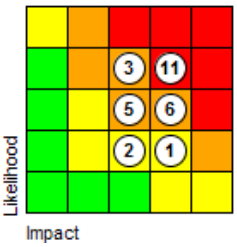
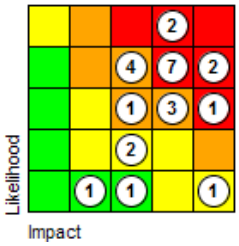
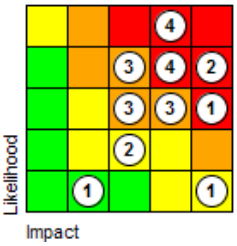
NHS Vale of York Clinical Commissioning Group

Risk Summary	Operational Lead	Lead Director	Latest Note	Latest Note Date	Impact	Status
Failure to achieve an assured position for the 2016-17 plan.	Rachel Potts	Rachel Potts	The CCG has received its legal directions and is developing the Improvement Plan to move towards an assured position.	27 Oct 2016	4	
Failure to manage Partnership Commissioning Unit areas of spend	Michael Ash-McMahon	Tracey Preece	The Finance Team has completed a review of PCU areas of expenditure. Action will now be taken on recommendations with responsibility of North Yorkshire Deputy CFOs and under the oversight of Richard Mellor, CFO Scarborough and Ryedale CCG. These include significant analysis of benchmarking data. Updates regarding implementation will be reported to SMT, Q&F and Audit Committees. Further QIPP opportunities are expected to be identified from this review and will form part of the development of the Financial Recovery Plan.	27 Oct 2016	4	
Dementia - Failure to achieve 67% coding target in general practice	Paul Howatson	Dr. Louise Barker	Although there have been capacity issues within the team, additional resource has been identified at the PCU as well as additional support from the Clinical Network team at NHS England to support a GP lead one session per week to improve the rates of primary care coding until the end of March. The Clinical and Commissioning Leads will submit a plan to NHS England to secure this funding and will endorse a Memorandum of Understanding to ensure that the target is met for the Vale of York.	13 Oct 2016	4	
Failure to fulfil CHC Fast Track packages	Paul Howatson	Michelle Carrington	This remains an ongoing issue and concern and the CCG must now consider the outcomes from the recent procurement exercise for Fast Track CHC. No bidders made a submission for either the Vale of York or Scarborough and Ryedale CCG localities.	13 Oct 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 August 2016. Performance against 4 hour target for Vale of York was 92.7% (target 95%). This is an increase from the June figure of 87.2%. The ED Front Door Model continues, and has demonstrated significant improvement in time to triage from 43 minutes in July to 35 minutes in August. In August, 784 patients were seen in the ED Front Door Primary Care area supported by Yorkshire Doctors. Root Cause Analysis is being trailed at York Hospital for each day that falls below the Sustainability and Transformation Fund Trajectory. These will outline the contributing factors and then be discussed and used to create actions in order to help performance to remain consistent. The revised nursing staff model Business Case has been finalised and has been submitted for scrutiny. The Trust continues to actively recruit into the ED workforce with specific adverts for ED staff. Continuing to use locum doctors to cover mid-grade and consultant vacancies. In the interim, ED is actively aiming to ensure that key critical roles are covered in order to reduce delay	12 Oct 2016	4	
Access to Choose and Book Office accommodation may not be adequately restricted whicy may lead to breach in confidentiality of patient information.	Andrew Bucklee; Allyson Kershaw	Rachel Potts	Hot desk arrangements implemented by CYC increases the likelihood that patient confidentiality may be breached. Persons using hot desks are not employed by the CCG and do not work for the RSS Team. Hot desks are adjacent/attached to RSS desks resulting in telephone conversations are easily overheard and associated paperwork may be viewed as it is being worked on.	27 Oct 2016	4	
Lack of locally-based adult acute mental health inpatient services	Paul Howatson	Dr. Louise Barker	From 3rd October Peppermill Court is now admitting local service users into the Ebor and Minster wards. Patients in other units will be clinically assessed to determine whether they remain at other hospitals or transferred back to York to complete their treatment.	13 Oct 2016	3	
Judicial Review relating to the "closure" of Bootham Park Hospital	Michelle Carrington; Paul Howatson	Michelle Carrington	After the approval of an adjournment on behalf of the claimants, the JR will now take place on 22nd and 23rd November in the Leeds Combined Courts. There is still the potential for reputational damage to the CCG dependent upon the outcome of the case against the CQC.	13 Oct 2016	3	

Annex C

Corporate Risk Matrix Report

NHS Vale of York Clinical Commissioning Group

Area	Current Risk Matrix	Last Month	Trend	Latest Note	Date
Better Health Risk Register 2016/17			↔	Leads for prevention work across the STP footprint are now in place, with work on shared goals due to commence this autumn.	13 Oct 2016
Better Care Risk Register 2016/17			↔	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: 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. 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 Quality and Finance Committee. 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. School Nursing· changes in the local provision of special school nursing service may lead to a potential gap in provision and safety risks to children which is currently being considered by the Chief Nurse. The Vale of York Clinical Network is undergoing organisational development to support its establishment as a provider within the market. Lack of development in this area may limit care redesign options and may potentially result in failure to deliver the level of anticipated savings.	27 Oct 2016
Sustainability Risk Register 2016/17			↔	The Vale of York CCG faces a significant challenge in achieving financial sustainability in the short, medium and long term. The Financial Recovery Plan will aim to return to achievement of all financial duties and business rules over the next four years and hence sustainability over the long term. This is contingent upon delivery of the financial plan for 2016/17. Risks remain, however, in delivering the planned deficit position for 2016/17. The key risks to achievement of the plan relate to acute services contract overtrade, increasing mental health costs due to the new contract, under delivery of QIPP schemes, primary care investment to transform services and better care fund contributions. Current indications are that variations from budget are in an adverse direction. Should this continue to be the case there will be additional financial pressures on the planned position as highlighted in the risk adjusted outturn position. Robust contract monitoring and financial forecasting processes are in	27 Oct 2016

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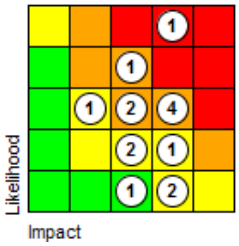
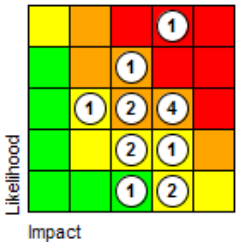
Area	Current Risk Matrix	Last Month	Trend	Latest Note	Date
				place to manage the position, however delivery of planned QIPP savings and identification of further mitigating actions are imperative to ensure achievement of the 2016/17 financial plan and support financial sustainability over the longer term	
Leadership Risk Register 2016/17				The CCG has submitted its response to legal directions in the CCG Improvement Plan and Financial Recovery Plan and is awaiting formal feedback from NHSE. The governance review is nearing completion with a revised decision making structure, terms of reference and Constitutional reform. The CCG is finalising an OD plan for the organisation to strengthen organisational leadership. Additional capacity has been secured to support with the implementation of the PMO, recovery plan and strategic commissioning.	13 Oct 2016

Annex D

Profile Report of Red Risks

NHS Vale of York Clinical Commissioning Group

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
I&I17.01 QIPP – There is a risk 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 are reviewed weekly and monthly at various meetings. Schemes in delivery but failing 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		13-Oct-2016
I&I17.04 Delivery of BCF targets is dependent on partners and outside the immediate control of the CCG	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.	Better Care Fund is being monitored by the newly established Performance and Delivery Group which reports to the Integrated Transformation Board (ITB) which succeeded the Joint Delivery Group. The focus now needs to move towards developing and expanding the pilot sites to deliver improved outcomes to more of the Vale of York CCG population.	Paul Howatson	Dr. Andrew Phillips	16	16	9		13-Oct-2016
PCU17.1 There is a risk of failure to fulfil CHC Fast Track packages	**(PCU3)** PCU difficulty in finding Fast Track providers is an ongoing issue.	Tender process is open until next Monday after which any bids received will be reviewed. Internal process is being reviewed via a Fast Track SOP.	This remains an on-going issue and concern and the CCG must now consider the outcomes from the recent procurement exercise for Fast Track CHC. No bidders made a submission for either the Vale of York or Scarborough and Ryedale CCG localities.	Paul Howatson	Michelle Carrington	20	16	9		13-Oct-2016
PCU17.9 There is a risk in relation to the 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	The Chief Nurse has been meeting with the Director of Public health and has a meeting scheduled with senior nursing and management representatives at YTH to identify gaps, risks and progress to a collaborative safe service provision	CCG now responsible commissioner. Negotiations continue regarding transfer of budget from CYC in order for the CCG to meet its statutory duties. Engagement with schools, families and children to commence in the next six to twelve weeks to develop a service specification.	Michelle Carrington	Michelle Carrington	16	16	4		13-Oct-2016

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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
	improve the service specification and the quality of 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 YHFT review of governance structure to internally manage process.	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 is scheduled between YTH Deputy Director for Patient Safety and the Head of Quality Assurance to discuss the areas where assurance and inclusion of issues are not omitted. The CCG Serious Incident review process is demonstrating significant improvements. Providers have been invited to attend from October. The Head of Quality Assurance dials in to the TEWV SI panel where VoY cases are discussed.	Michelle Carrington; Debbie Winder	Michelle Carrington	16	16	8		12-Oct-2016
Q&P17.10 There is a risk on lack of assurance on quality and performance monitoring in Primary Care.	The CCG accepted full delegation of primary care co-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.	Investigating current processes in place and assessing efficacy	Audit committee presented with the Quality Outcomes Framework for Primary Care. Indicators to be agreed at PCCC.	Michelle Carrington	Michelle Carrington	16	16	8		13-Oct-2016
SMT17.01 There is a risk that 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.	The VCN has utilised CCG monies in the last year to develop their network. They continue with their development and the CCG is anticipating providing on-going financial support to maintain their progress with a hope that this will generate savings in the future. The VCN is engaging well on Anti-Coagulation work and the CCG is looking to build on relationships.	Shaun Macey	Dr. Tim Maycock	20	16	8		27-Oct-2016
SMT17.02 There is a risk that QIPP projects to reduce costs across the	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).	QIPP projects being led by the I&I team are being reviewed weekly at Assurance and Delivery meeting, monthly at Programme Delivery	Fiona Bell	Rachel Potts	16	16	6		27-Oct-2016

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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
system fail to deliver the predicted saving.		Projects are monitored weekly through assurance and delivery group, monthly through Programme Delivery Steering Group and monthly by exception at Quality and Finance Committee.	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.							
SMT17.04 There is a risk of failure to deliver well-managed, effective pathways for assessment and review of people with CHC 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 is working with local authority and health partners to address the concerns highlighted by recent reviews and these should be implemented once an agreement is reached for the provision of additional resource.	Paul Howatson	Michelle Carrington	20	16	3		13-Oct-2016
SMT17.06 There is a risk that provision of system resilience funding may be insufficient to maintain ongoing 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		04-Oct-2016

Project Risks Escalated to Corporate

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.	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. It is hoped that an initial version of this contract could be offered through the Provider Alliance Board, or a similar group of Providers.	Shaun Macey	Dr. Andrew Phillips	9	16	9		27-Oct-2016

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MH.08.02 There is a risk of 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.	Formal approval received from NHS England in relation to the Consultation. Initial structured events to be marketed and promoted. Mailing to all contacts on the CCG database and TEWV locality database. EIA and local intelligence has identified some groups considered as potentially being disadvantaged in terms of access to a voice during the consultation. The CCG is in the process of directly contacting the groups to establish meetings. Additional resources have been identified to support the new hospital consultation process.			16	16	4		13-Oct-2016
MH.10.01 Dementia – There is a risk of 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.	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.	Although there have been capacity issues within the team, additional resource has been identified at the PCU as well as additional support from the Clinical Network team at NHS England to support a GP lead one session per week to improve the rates of primary care coding until the end of March. The Clinical and Commissioning Leads will submit a plan to NHS England to secure this funding and will endorse a Memorandum of Understanding to ensure that the target is met for the Vale of York.	Paul Howatson	Dr. Louise Barker	16	16	4		13-Oct-2016

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 D4.02 There is a risk of failure to achieve an assured position for the 2016-17 plan.	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	The CCG has received its legal directions and has developed an Improvement Plan to move towards an assured position.	Rachel Potts	Rachel Potts	12	20	12		13-Oct-2016

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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 risk the CCG is unable 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.	Submission of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term. Working Closely with NHSE on tactical financial modelling and planning.	The Financial Plan for 2016/17 has not been formally assured by NHS England, however the Head of Finance from the Regional Team is working with the CCG to gain assurance on delivery. The CCG has submitted a Financial Recovery Plan (FRP) with the expectation that this will return the organisation to financial balance within the medium-term. The development of the FRP was a stipulation within the legal directions issued in September 2016.	Natalie Fletcher	Tracey Preece	20	20	5		27-Oct-2016
F17.1-ORG There is a riks 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. Submission of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term Working Closely with NHSE on tactical financial modelling and planning.	The financial plan agreed is a deficit plan for 2016/17. The CCG has submitted a Financial Recovery Plan (FRP) with the expectation that this will return the organisation to financial balance within the medium-term Further work regarding current year QIPP delivery and identification of mitigations is on-going in order to ensure the current deficit plan is delivered.	Michael Ash-McMahon	Tracey Preece	20	20	5		27-Oct-2016
F17.3-ORG There is a risk of failure tomaintain 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. The CCG has submitted a Financial Recovery Plan (FRP) with the expectation that this will return the organisation to financial balance within the medium-term Working with STP and partners to allow financial affordability in 2016/17.	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 has developed 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		27-Oct-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,	Some QIPP programmes are behind in terms of delivery, with a requirement for development of further schemes and mitigations becoming an increasing	Michael Ash-McMahon; Fiona Bell	Tracey Preece	16	20	4		27-Oct-2016

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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
		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. PMO reporting implanted to improve clarity on position	priority The CCG has submitted a Financial Recovery Plan (FRP) with the expectation that this will return the organisation to financial balance within the medium-term. This will include the identification of further longer term QIPP schemes for delivery.							
F.17.13-ORG There is a risk of divergent strategies between main acute provider and the CCG which materially impact the CCG's financial position	There is a risk that financial strategies pursued by the York Teaching Hospitals NHS FT, in relation to managing it's own financial position will adversely impact on the CCG strategies to return to financial sustainability.	Ensure strategic dialogue maintained through regular meeting of the Provider Alliance Board Ensure regular updates and discussions managed through the Contract Management Board Explore new contractual mechanisms with the main acute provider Commissioning intentions 2017-2019 issued.	This is an opening assessment of the likelihood for the financial strategies of both NHS Vale of York CCG and York Teaching Hospitals NHS FT to diverge. Both organisations face challenge in managing and improving their own financial positions and may at times not be congruent. Given that the vast majority of the contract with YTHFT is based upon the national tariff, there is a significant risk that a divergent strategy will result in a cost pressure for the CCG.	Michael Ash-McMahon; Natalie Fletcher; Liza Smithson	Tracey Preece	16	16	4		27-Oct-2016
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 arms length through the Partnership Commissioning Unit (PCU) manage in particular Mental Health and Continuing Healthcare	Work undertaken by Finance Team in conjunction with PCU team to review all PCU areas of expenditure in order to strengthen reporting, communication and early warning. Action Plan in place for improved financial reporting (led by S&R CCG) and PCU with QIPP plans in place.	The Finance Team has completed a review of PCU areas of expenditure. Action will now be taken on recommendations with responsibility of North Yorkshire Deputy CFOs and under the oversight of Richard Mellor, CFO Scarborough and Ryedale CCG. These include significant analysis of benchmarking data. Updates regarding implementation will be reported to SMT, Q&F and Audit Committees. Further QIPP opportunities have been identified from this review and form part of the of the Financial Recovery Plan.	Michael Ash-McMahon	Tracey Preece	16	16	4		27-Oct-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. The CCG has submitted 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.	Michael Ash-McMahon	Tracey Preece	16	16	4		27-Oct-2016

NHS Vale of York CCG Governing Body

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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
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	2016/17 plan is for a deficit so the CCG will receive a qualified regulatory and VFM opinion. Regular meetings with external auditors in place to provide information and assurance on preparation accounts	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.The CCG has submitted a Financial Recovery Plan (FRP) with the expectation that this will return the organisation to financial balance within the medium-term	Michael Ash-McMahon	Tracey Preece	16	16	4		27-Oct-2016
F17.7-OP There is a 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.	The CCG is currently forecasting a £3.2m over trade on Acute expenditure. This position will continue to be monitored in detail.	Michael Ash-McMahon	Tracey Preece	16	16	4		27-Oct-2016
SMT 17.3.05 There is a risk of failure to retain key staff to ensure continuity and system-wide stability	The CCG is in a period of transition and requires a comprehensive team to deliver on the recovery of the organisation.	Staff engagement group. Whole Team sessions implemented. OD plan in development.	The CCG's new Accountable Officer started in post at the beginning of October and has commenced a review of structures and Executive support. This will be refined and implemented subject to approval of the CCG Improvement Plan by NHSE.	Rachel Potts	Rachel Potts	20	16	2		13-Oct-2016
F17.04.2 There is a risk the CCG is 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 challenges that are a key function of the commissioning process and the CCG's core business	Ensure arrangements are in place with provider of information flows for business continuity. Internal CCG analyst in post to mitigate risk impact.	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. No further issues have been identified since the previous assessment.	Michael Ash-McMahon;	Tracey Preece	20	15	5		27-Oct-2016