


Item Number: 16									
Name of Presenter: Rachel Potts									
Meeting of the Governing Body 1 September 2016	 NHS Vale of York Clinical Commissioning Group								
Governing Body Assurance Framework and Risk Report									
Purpose of Report To Approve									
Rationale <p>The paper provides an update on the national rating for the NHS Vale of York CCG.</p> <p>The report proposes revised critical success factors for the organisation to support effective reporting of corporate risk and associated controls aligned to the new Improvement and Assessment Regime.</p> <p>The paper provides a summary of the current significant risks to 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.</p>									
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Recommendations

The Governing Body is asked to:

- a) Note the current rating for the NHS Vale of York CCG and work to improve the rating for 2016-17
- b) Approve the revised 'critical success factors' to improve alignment of corporate risk reporting to the new Improvement and Assessment Framework
- c) 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	Lynette Smith, Head of Corporate Assurance and Strategy

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NHS Vale of York CCG Governing Body Governing Body Assurance Framework and Risk Report

1 September 2016

1. Summary

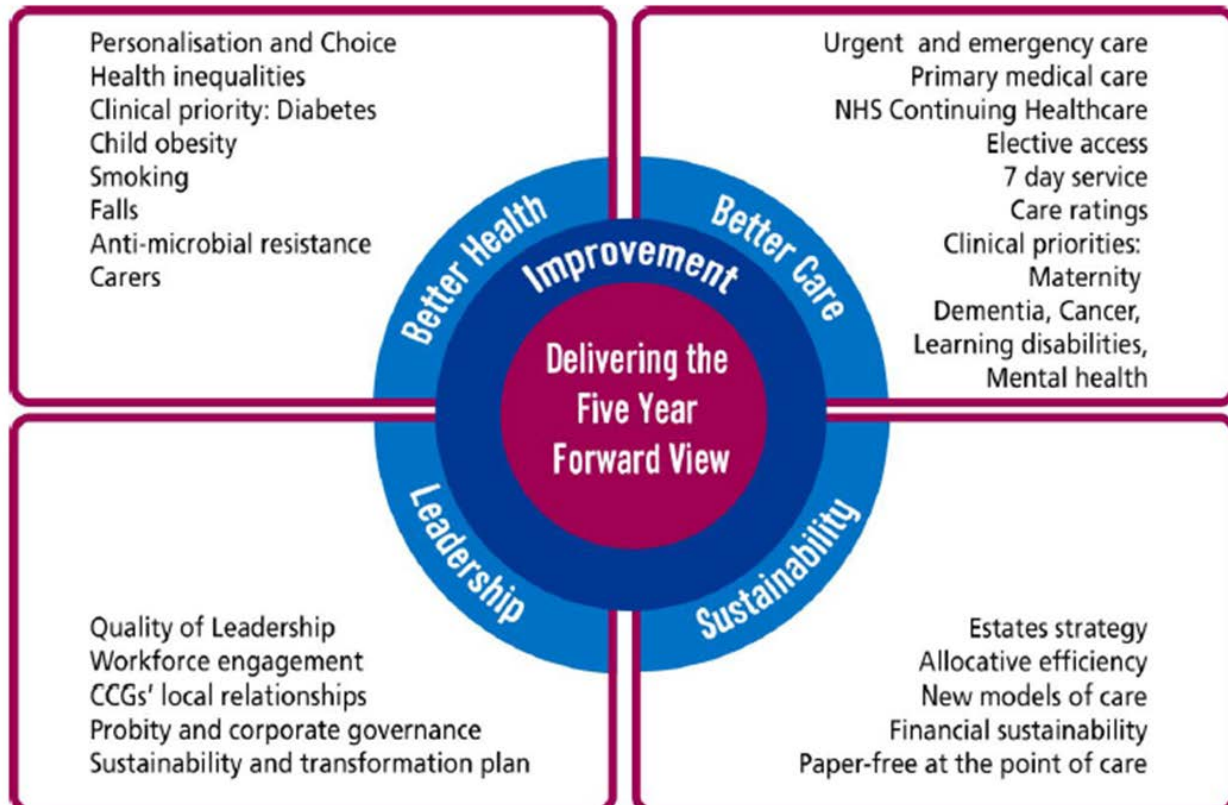
- 1.1 The paper provides an update on the national ratings for the NHS Vale of York CCG and an overview of the current risk portfolio against the thematic areas in the Improvement and Assessment Regime.
- 1.2 The report proposes revised critical success factors for the organisation to support effective reporting of corporate risk and associated controls aligned to the new Improvement and Assessment Regime.
- 1.3 The paper provides a summary of the current significant risks to 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. NHS Vale of York CCG 2015-16 assurance rating

- 2.1 NHS England holds Clinical Commissioning Groups (CCGs) to account to ensure all required statutory duties are carried out effectively, efficiently and economically. For 2015-16 this was done through a national CCG assurance process against five domains. These domains were:
 - Well-led organisation
 - Performance
 - Delegated Functions (Primary Care Commissioning and Out of Hours provision)
 - Financial Management
 - Planning
- 2.2 The CCG started 2015-16 as 'Assured with Support'. During the year the CCG faced financial and operational challenges which resulted in a deteriorating assurance position. The CCG was assessed as 'Not Assured' in late 2015. As previously reported to Governing Body, the CCG undertook a capability and capacity review and has made progress on the Turnaround Action Plan implemented in January 2016.
- 2.3 The CCG was confirmed for 2015-16 as 'Not Assured' for the Well-led organization, financial management and planning domains and providing limited assurance for performance and delegated functions. This resulted in NHS England assessing that the CCG was 'Not Assured' for 2015-16 overall. The national CCG ratings for 2015-16 were published on the 21st July 2016 under the categorization for the new Improvement and Assessment regime. The 'Not Assured' position translates to the 'Inadequate' rating in the new regime. The CCG has been placed in special measures for the start of 2016-17 and will be subject to legal directions. These have not been formally received by the CCG at the time of writing the report. The CCG is working to recover the position during 2016-17 as detailed in the 2016-17 Operational Plan and associated Financial Recovery Plan. The latter is currently being refreshed.

3. Improvement and Assessment Framework 2016-17

- 3.1 NHS England has introduced a new approach to assessing CCGs in the Improvement and Assessment Framework. The Governing Body received an update on this Framework in the spring. The framework marks a significant shift towards the clinical and quality agenda and aligns to the NHS Five Year Forward View. The new framework includes the development of the Sustainability and Transformation plan within the leadership domain.
- 3.2 The CCG's performance is published on MyNHS. This will include the six clinical priority areas, which for this year are listed in the diagram below 'Better Care' section.



4. NHS Vale of York CCG Governing Body Assurance Framework

- 4.1 The NHS Vale of York CCG Assurance Framework assesses the risks to delivering the CCG's requirements and puts control measures in place to identify, minimise and mitigate those risks. The approach is described in the CCG's Risk Management Strategy¹. Corporate risks are assessed against the 'critical success factors' for the organization, those things that must happen for the CCG to meet its requirements.
- 4.2 The internal Assurance Framework and risk reporting has been reconfigured to the new Improvement and Assessment regime, with all operating plan actions, QIPP delivery, risks and KPIs monitored against the four core areas. To support this it is proposed that the

¹ <http://www.valeofyorkccg.nhs.uk/data/uploads/publications/policies/20-02-15/voy-ccg-risk-management-strategy-and-policy-2.0-approved-feb-2015.pdf>

CCG's internal critical success factors are updated to support effective corporate risk assessment.

2015-16 Critical Success Factors:

Well led organisation with the skills and capacity to deliver statutory functions
Resilient health care system, improving health outcomes for the local population
Effective clinical and quality assurance improving the quality and safety of commissioned services
Financial sustainability supported by effective financial management
Transforming local healthcare services

Proposed Critical Success Factors for 16-17:

Well led organization, 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)

- 4.3 These revised descriptors will improve alignment of the corporate risk register to the NHS England assessment process for CCGs.

Internal Monitoring

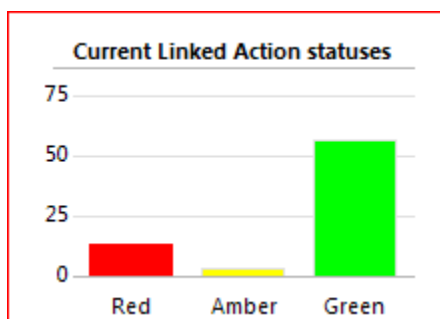
- 4.4 The internal corporate system 'Covalent' has been fully updated and Governing Body members have access to the Assurance Framework portal for the CCG at <https://valeofyorkccg.covalentcpm.com/portalgroups/view/3061/assurance-framework>. The portal provides the CCG's strategic overview including projects in hand to deliver its strategic objectives, financial position benchmarks and performance against national CCG Improvement and Assurance indicators.
- 4.5 The CCG has a high level of risk in the Better Care and Sustainability domains as reported in the section 5.
- 4.6 Risk registers are being reviewed for the outcomes of the publication of Improvement and Assurance indicators Quarter 1. This shows that CCG performance falls into the lowest quartile for seven of the 42 indicators published. These relate to:
- Diabetes, achievement of all three of the NICE-recommended treatment targets
 - Personal health budgets
 - Diagnosis rate for people with dementia
 - Emergency bed days per 1,000 population
 - Eligibility for NHS Continuing Healthcare
 - Financial plan
 - Effectiveness of working relationships in the local system

15 indicators were not published in quarter 1.

- 4.7 The CCG risk profile is being reviewed to ensure that all appropriate risks have been identified and if there is a need for further articulation of risk. This will be assessed and scoped as appropriate.

5. Corporate Risks

- 5.1 A risk heat map of corporate risks is provided at Annex B; The summary of the significant risks can be found at Annex C. Annex D provides an overview of all corporate risks.
- 5.2 A significant risk (score of 15 or greater), if it occurred, would have serious or catastrophic impact on either the organization or local services for the population; and is likely, highly likely or almost certain to happen. A risk score of 15 can be attributed to risks with a moderate impact, where it is almost certain to happen.
- 5.3 A risk cannot always be managed, for example if it is out of local control, but mitigation should be considered. The Governing Body is asked to consider whether they are assured that sufficient action is being taken to address the risks and what additional action could be taken to manage the risk.
- 5.4 Current significant risks to the quality of patient services include performance on urgent care, local mental health in-patient facilities, assurance on serious incidents, dementia coding and Continuing Health Care delivery.
- 5.5 Current significant risks to the organisation include a range of financial position risks, delivery of the QIPP plan and the assurance position.
- 5.6 The number of significant risks has reduced from 27 in July to 26 in August following the submission of an agreed Better Care Fund plan. Mitigations have been considered and there are 74 specified actions in place to manage the corporate risks identified. These are documented through the Covalent system and monitored by Team Leads. The detail can be found to support the paper at:
<https://valeofyorkccg.covalentcpm.com/portalgroups/view/1002/ccg-risk-portal-group> .



Of the 74 current actions, 57 are assessed as green 'on track', and 17 are assessed as not completed on time. The latter actions include approval of the financial recovery plan, identification of additional QIPP mitigation and actions relating to risk procedures and training, which is scheduled for September.

- 5.7 The Governing Body will receive the following reports at the September meeting addressing these risks including:
- Quality and Performance reports

- Financial Report
- QIPP Report
- Mental Health in-patient facility consultation







The Governing Body is asked to consider in these reports whether additional mitigation is possible and appropriate to reduce likelihood or impact of the identified risk. The Governing Body may wish to gain further assurances on significant risks

7. Recommendations

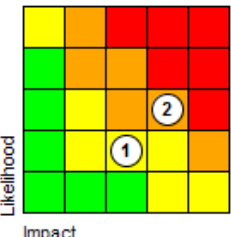
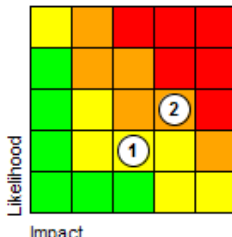
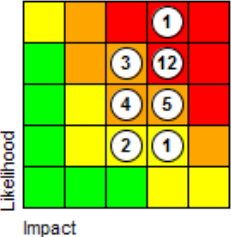
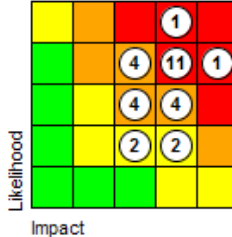
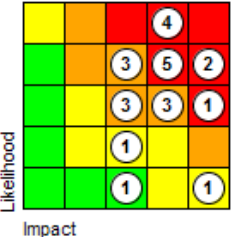
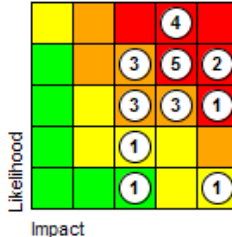
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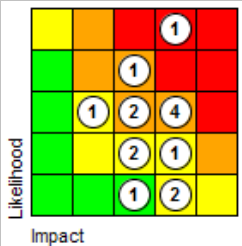
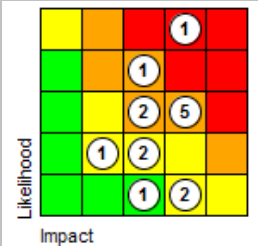
Annex A Corporate Events Report (Risks that Have Materialised)

Summary	Operational Lead	Oversight By:	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 been classified as Inadequate for 2015-16 and has been placed in special measures. Additional capacity has been brought into the CCG with specialist expertise on BCF, Programme management and finance. A review of performance functions is now underway. The CCG has appointed a new Accountable Officer to start in October.	05 Aug 2016	4	
Failure to manage Partnership Commissioning Unit areas of spend	Michael Ash-McMahon; Neil Lester	Tracey Preece	Neil Lester has completed a review of PCU areas of expenditure. Action will now be taken on recommendations. There are still concerns however, regarding deliverability of QIPP programmes and the impact of changes to national rates for Funded Nursing Care, which potentially pose a £1.3m pressure for the CCG in 2015/16.	08 Aug 2016	4	
Lack of locally-based adult acute mental health inpatient services	Paul Howatson	Dr. Louise Barker	TEWW have confirmed that Peppermill Court will begin receiving new inpatient admissions from the end of August 2016.	09 Aug 2016	4	
Failure to fulfil CHC Fast Track packages	Paul Howatson	Michelle Carrington	Fast track CHC is currently out for procurement. Details sought on timescales from the PCU. New contract likely to start in December if successful.	09 Aug 2016	4	
Constitution target – Urgent Care - VoYCCG failure to meet 4 hour A&E target	Fliss Wood	Dr. Andrew Phillips	York Trust performance for June is 87.18% A full update will be available in the Quality & Performance Intelligence Report for August.	08 Aug 2016	4	
Judicial Review relating to the "closure" of Bootham Park Hospital	Michelle Carrington; Paul Howatson; Stacey Marriott	Michelle Carrington	The Judicial Review regarding the closure of Bootham Park Hospital will be held on 11th and 12th October 2016. The defendants in this review are the Care Quality Commission. As the CCG is an 'interested party' it will not be formally represented at the meeting.	13 Jul 2016	3	

Annex B Corporate Risk Matrix Report

Domain	Current Risk Matrix	Last Month	Latest Note	Updated
Better Health Risk Register 2016/17			The Clinical and Research Effectiveness Committee has discussed the initial approach to an overall prevention strategy and work to develop this further is continuing.	13 Jul 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>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.</p> <p>CHC- unacceptable waits for care packages at end of life due to a lack of provision. A new procurement exercise will be recommencing shortly.</p> <p>Provision of the special school nursing service leading to a potential gap in provision and safety risks to children.</p> <p>The Vale of York Clinical Network is in early stages of development and may not be in a position to respond to CCG commissioning agendas at this stage.</p>	10 Aug 2016
Domain	Current Risk Matrix	Last Month	Latest Note	Updated
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 current financial plan forecasts 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 surround 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. It is too early in the financial year to accurately predict forecast outturn positions, although 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 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.	10 Aug 2016

Annex B Corporate Risk Matrix Report

Leadership Risk Register 2016/17	 <p style="text-align: center;">Impact</p>	 <p style="text-align: center;">Impact</p>	<p>The Governing Body workshop in August focussed on actions to improve the leadership assessments in the Improvement and Assessment regime. Recommendations on constitutional reform, decision-making meeting membership and structures will be proposed to Council of Representatives in September. The CCG has appointed a new Accountable Officer to commence in October. The CCG is implementing the review Conflict of Interest guidance. The CCG continues to engage in the development of the Sustainability and Transformation Plan.</p>	<p>05 Aug 2016</p>
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Annex C Profile Report of Red Risks

Better Care Fund New Models of Care

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
BCF.01.01 Care Hub Selby	There is a risk that the scheme will not deliver the savings as required through the BCF plan.	Ensure robust data collection against agreed KPI's and review impact of scheme and savings at regular intervals.	Shaun Macey	Dr. Andrew Phillips	9	20	9		05-Aug-2016

Better Care Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
SMT17.04 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.	Paul Howatson	Michelle Carrington	20	20	3		09-Aug-2016
I&I17.01 QIPP - Transformational changes fail to achieve target savings	Details of individual schemes contributing to QIPP are reported separately.	The Senior Management Team and Council of Representatives are reviewing priorities for 2016/17. Some schemes in delivery from 2015/16 will continue into 2016/17 and some other schemes have been identified although they do not currently meet the size and scale of the challenge facing the CCG. The sustainability and transformation plan footprint will stretch to cover both the Vale of York and Scarborough and Ryedale CCGs as well as four other CCGs.	Paul Howatson	Rachel Potts	16	16	9		09-Aug-2016
I&I17.02 Failure to reduce non-elective admissions to planned levels	A failure to achieve the agreed 11.7% reduction in non-elective admissions as outlined in the BCF Plan will have a detrimental impact on the CCG financial plan and the S75 pooled budget with CYC.	Work continues to focus on the individual BCF schemes with a view to sharing and spreading the successful elements across the whole of the Vale of York. The CCG continues to work on identifying opportunities for further NEL reduction impact and these will now be monitored through the newly formed Integration and Transformation Board (ITB).	Paul Howatson	Dr. Andrew Phillips	12	16	12		09-Aug-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), to ensure maximum impact is made against BCF metrics and targets.	Paul Howatson	Dr. Andrew Phillips	16	16	9		09-Aug-2016
PCU17.1 Failure to fulfil CHC Fast Track packages	PCU difficulty in finding Fast Track providers is an on-going issue.	Procurement process has stalled. PCU partner organisations are reviewing their strategy and next steps required to mitigate this risk. Internal process reviewed via Fast Track Standard Operating Procedures. Approved Provider List reviewed and work in hand to expand list. No providers have bid for the	Paul Howatson	Michelle Carrington	20	16	9		09-Aug-2016

Annex C Profile Report of Red Risks

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
		Fast Track service following procurement exercise.			16	16	4		
PCU17.9 Disaggregation of Specialist School Nursing.	The CCG is now the Responsible Commissioner for Special School Nursing. The City of York Council are withdrawing funding from the current provider (YHFT) from September 30th 2016. The CCG is rolling over the current contract until at least April 2017. Further development is needed to improve the service specification and the quality of service. Transfer of funding from CYC to the CCG is not agreed.	The Chief Nurse 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	Michelle Carrington	Michelle Carrington	16	16	4		08-Aug-2016
Q&P17.02 Constitution target – Urgent Care - VoYCCG failure to meet 4 hour A&E target	The % of A&E attendances where the patient spent 4 hours or less in A&E from arrival to transfer, admission or discharge should equal or exceed 95%. This is a constitution target and failure to meet this target could result in patient safety concerns and financial penalties. Data source is the monthly core KPI set produced by the CSU. Note – this measure applies to the VoYCCG performance, not the performance of YTHFT.	As stated in the Quality and Performance Intelligence Report which provides full update every month: Mitigating actions include: <ul style="list-style-type: none"> • ED Consultant roles are being advertised • Recruiting overseas nurses to fill vacancies – all staff recruited to start in September 2015 have their PIN numbers, and further recruitment has happened from the EU with staggered start dates. • As mentioned in the YAS section above, as part of the Winter Plan, 20 beds were opened on Ward 24 at York Hospital on 7th December • The Older People's Assessment Lounge (OPAL) has not opened as planned, the Trust report this is due to not being able to staff the winter escalation beds and OPAL. However, the plan is to in-reach elderly consultants to ED and to admit elderly patients directly to elderly wards instead of going through AMU • Nurse in Charge and Doctor in Charge roles have been introduced in ED. They undertake hourly board rounds and progress/chase patients through the department • Senior Manager is now working 2pm-10pm shift, 7 days per week, which is helping to address patient flow issues • ECIP Safer Start campaign is being undertaken week commencing 11th January 2016, to identify blockages in the current system 	Fliss Wood	Dr. Andrew Phillips	16	16	8		08-Aug-2016
Q&P17.07 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	Monitoring the number of SIs reported and YHFT review of governance structure to internally manage process.	Michelle Carrington; Charlotte Sheridan-Hunter	Michelle Carrington	16	16	8		08-Aug-2016

Annex C Profile Report of Red Risks

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
	concerns regarding the internal process management, quality of investigations and repeat incidents occurring.								
Q&P17.10 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	Michelle Carrington	Michelle Carrington	16	16	8		08-Aug-2016
SMT17.01 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 of £333.76k, 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.	Shaun Macey	Dr. Tim Maycock	20	16	8		22-Aug-2016
SMT17.02 QIPP projects to reduce costs across the system fail to deliver the predicted saving.	Savings and outcomes may not be delivered as expected.	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. Improved performance monitoring of delivery through the implementation of a dedicated Project Management Office.	Fiona Bell	Rachel Potts	16	16	6		09-Aug-2016
SMT17.06 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	Discussions are on-going with the Provider Alliance Board regarding managing schemes within available resource or decommissioning where this is not possible	Michael Ash-McMahon; Neil Lester	Tracey Preece	16	16	6		09-Aug-2016

Risks escalated to Corporate Better Care Risk Register from Team Risk Register

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
MH.10.01 Dementia - Failure to achieve 67% coding target in general practice	Without agreement to provide support for practices to run reports of patients with potential memory loss, cognitive impairment or dementia for clinical review and coding accordingly, it is unlikely that the target will be met.	National focus on dementia coding. CCG/PCU leads to devise a comprehensive action plan.	Paul Howatson	Dr. Louise Barker	16	20	4		09-Aug-2016

Annex C Profile Report of Red Risks

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
MH.PROGRAMME.01 Lack of locally-based adult acute mental health inpatient services	Further to CQC inspections, the CQC will not register a new provider at existing premises which fall short of the current inspection requirements. TEWV has worked with NHS Property Services to redevelop Peppermill Court and reopen it as the new adult inpatient unit for York.	TEWV has worked very hard to reprovide inpatient facilities in existing units within their control - albeit out of VoY area. They have also put in plans augmented community teams to prevent/reduce the need for admissions and to support discharges as a result of CQC enforcement notice.	Paul Howatson	Dr. Louise Barker	16	16	4		09-Aug-2016








Leadership Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
SMT D4.02 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. The plan must be complete by March 31 2016 and align to the development of a broader system 'Sustainability and Transformation 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	Lynette Smith	Rachel Potts	12	20	12		05-Aug-2016

Sustainability Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
F17.11-PLAN Inability to create sustainable financial plan	Financial modelling of allocation, demographics, tariff changes, business rules, investments, cost pressures, inflation and outturn creates an unaffordable financial challenge.	QIPP Plans to be fully developed over the medium to long-term to ensure return to a sustainable financial position.	Natalie Fletcher	Tracey Preece	20	20	5		08-Aug-2016
F17.1-ORG 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. Work on-going regarding medium to long-term QIPP programmes to return to a surplus position over the 5 year planning cycle.	Michael Ash-McMahon; Neil Lester	Tracey Preece	20	20	5		08-Aug-2016
F17.3-ORG Failure maintain	The CCG is unable to maintain expenditure within its notified	The financial plan agreed with NHS England includes a deficit plan for 2016/17. Work on-going	Michael Ash-McMahon; Neil Lester	Tracey Preece	20	20	5		08-Aug-2016

Annex C Profile Report of Red Risks

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
expenditure within allocation	allocations for Core CCG services, Primary Care or Running costs	regarding medium to long-term QIPP programmes to return to a surplus position over the 5 year planning cycle.							
F17.9-OP 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.	Michael Ash-McMahon; Fiona Bell; Neil Lester	Tracey Preece	16	20	4		08-Aug-2016
F17.02.6-OP 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.	Michael Ash-McMahon; Neil Lester	Tracey Preece	16	16	4		08-Aug-2016
F17.10-OP Failure to deliver Better Care Fund requirements	Savings and outcomes not delivered as planned	On-going dialogue with partners aimed at closing the financial gap within Better Care Fund expectations.	Michael Ash-McMahon; Fiona Bell; Neil Lester	Tracey Preece	20	16	5		08-Aug-2016
F17.2-ORG 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.	Michael Ash-McMahon; Neil Lester	Tracey Preece	16	16	4		08-Aug-2016
F17.6-ORG 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	A deficit financial plan has been agreed with NHS England for 2016/17. Work on-going regarding medium to long-term QIPP programmes to return to a surplus position over the 5 year planning cycle and ensure that the planned position is delivered to mitigate against a qualified vfm audit opinion.	Michael Ash-McMahon; Neil Lester	Tracey Preece	16	16	4		08-Aug-2016
F17.7-OP 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.	Michael Ash-McMahon; Neil Lester	Tracey Preece	16	16	4		08-Aug-2016
F17.04.2 Inability 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	Michael Ash-McMahon; Neil Lester; Lynette Smith	Tracey Preece	20	15	5		08-Aug-2016

Annex D

Profile Report of All Other Corporate Risks (Current Risk Score 12 or Lower)

Better Health Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
PCU.1.5 PCU Management of Personal Health Budgets, (PHB)	PHB is a new service; the PCU is identifying the risks associated with implementation and third party management. Confirming provider performance management arrangements. PCU is looking for inclusion of appropriate escalation arrangements for risks and issues associated with provider performance Local Offer for Mental Health and LD who are not in receipt of CHC.	Project to work on increasing the uptake of Personal Health Budgets across the North Yorkshire CCGs.	Paul Howatson; Angie Walker	Michelle Carrington; Tracey Preece	12	12	8		09-Aug-2016
SMT1.01 Failure to collaborate effectively with public health and lack of engagement with the public	Need to improve self care and self management improvement initiatives to ensure system sustainability	Conversations between clinical colleagues and the public health team	Fiona Bell	Rachel Potts	16	12	6		09-Aug-2016
G.17.17 Community mobilisation campaign-partnership involvement	Failure of partnership working and shared resources to mobilise to deliver campaigns and therefore there are no changes in behaviour and patient self-care.	Working with STP partners to define scope of activity. (6 CCGs across STP footprint)	Helena Nowell	Rachel Potts	6	6	3		16-Jun-2016

Better Care Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
I&I17.06 If there is insufficient engagement with patients and the public on CCG priorities and service developments may lead to decisions that do not fully meet service needs; and/or service changes where there is insufficient clinical engagement may not reflect best practice.	Insufficient engagement with patients and the public on CCG priorities and service developments may lead to decisions that do not fully meet service needs; and/or service changes where there is insufficient clinical engagement may not reflect best practice.	All project and programme managers are aware of the need to include engagement plans within the project documentation and SMT papers for approval.	Andrew Bucklee; Becky Case; Sharron Hegarty; Paul Howatson; Shaun Macey	Rachel Potts	8	12	4		02-Aug-2016
I&I17.09 Transition of Meds Management Team	The team previously employed by YHCS have moved across to HaRD CCG and there are several vacancies	HaRD CCG are reviewing current structures and service needs as well as the interim line management arrangements. Facilities at West Offices are being reviewed for embedded staff.	Laura Angus	Rachel Potts	12	12	4		02-Aug-2016
PCU17.2 Retrospective cases-there is a backlog of assessments leading to threat of judicial review	Colleagues are working through an historic backlog of cases to meet the revised national timescales of 31st October 2016.	Reporting progress status to CCG in the monthly operational reports. Extensive work has been carried out by external consultants and long waiters have all been allocated. The PCU is working on a process to prevent any future backlogs occurring again.	Michelle Carrington; Paul Howatson	Michelle Carrington	12	12	4		09-Aug-2016
PCU17.3 PCU services may not provide a timely	Difficulty in finding Fast Track providers, this remains on-going issue.	Internal process All FT now co-ordinated by CHC team. Responsibilities taken from	Michelle Carrington; Paul	Michelle Carrington; Tracey	20	12	8		09-Aug-2016

Annex D
Profile Report of All Other Corporate Risks (Current Risk Score 12 or Lower)

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
response to Fast Track referrals into CHC. There may be inadequate nursing capacity to complete all 12 week reviews in a timely manner.		District Nurses. Internal process reviewed via the Fast Track SOP. Monitored and reported on weekly to Deputy Director PCU partner organisations are to review the strategy in light of the procurement failure.	Howatson; Angie Walker	Preece					
PCU17.8 PCU: Children's Autism Assessments	Lack of sustainable solution for commissioning assessments in North Yorkshire. Resulting delays in accessing appropriate care.	Phase 2 of the quality review to commence. Professional stakeholder engagement. Projection that assessments will be NICE compliant by end March 2016.	Paul Howatson	Michelle Carrington	12	12	4		09-Aug-2016
Q&P17.03 Constitution target – Planned Care - VoYCCG failure to meet 18 week RTT target	The % of patients on a completed admitted pathway within 18 weeks should equal or exceed 90%. This is a constitution target and failure to meet this target could result in patient safety concerns and financial penalties. The constitution splits this measure into three parts for admitted, non-admitted and incomplete pathways; this internal measure for the risk register is based on admitted adjusted pathways. Data source is the monthly RTT report produced by the CSU.	Monitoring YHFT Recovery Plan	Sheena White; Fliiss Wood	Dr. Shaun O'Connell	16	12	8		08-Aug-2016
Q&P17.05 Constitution target – Planned Care - VoYCCG failure to meet Cancer 2 week wait target	The % of patients seen within 2 weeks of an urgent GP referral for suspected cancer should equal or exceed 93%. This is a constitution target and failure to meet this target could result in patient safety concerns and financial penalties. Data source is the monthly cancer report supplied by the CSU.	Monitoring YHFT Recovery Plan	Sheena White; Fliiss Wood	Dr. Shaun O'Connell	12	12	12		08-Aug-2016
I&I17.03 Failure to reduce delayed transfers of care	Failure to achieve the agreed reductions in delayed transfers of care outlined in the BCF Plan will have a negative impact on the financial position of both the CCG and CYC.	Work across the health and social care system is trying to address the home of choice and the delays in the system. This is a growing problem and local market conditions are not helpful.	Paul Howatson; Fliiss Wood	Dr. Andrew Phillips	9	9	4		09-Aug-2016
Q&P17.01 Constitution target – Urgent Care - VoYCCG failure to meet 8 minute red combined ambulance response time	For 75% or above of category A Red incidents which resulted in an emergency response arriving at the scene of the incident, arrival time should be within 8 minutes. This is a constitution target and failure to meet this target could result in patient safety concerns and financial penalties. The constitution splits this measure into two with Red 1 and Red 2 calls, this internal measure for the risk register is based on Red Combined figures. Data source is the monthly YAS CCG report.	Monitor Performance at YAS Q&P Group	Fliiss Wood	Dr. Andrew Phillips	12	9	6		08-Aug-2016
Q&P17.15 Constitution Target - Planned Care - Cancer 62 day waits	85% or above of patients should receive their first definitive treatment within 62 days of an urgent GP referral for suspected cancer. Those waiting longer than 62 days are appropriately reviewed and managed.	Vale of York have met the 62 day GP referral target for the 5 th consecutive month, with 85.1% in June 2016. June data is not yet available for York Trust but they have also been meeting the target for the	Fliiss Wood	Dr. Shaun O'Connell	9	9	6		08-Aug-2016

Annex D
Profile Report of All Other Corporate Risks (Current Risk Score 12 or Lower)

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
		past 3 months with good performance in March, April and May 2016. Both the CCG and York Trust benchmark well against national performance which is consistently around 81/82%. Performance will continue to be monitored in coming months.							
Q&P17.16 Lack of assurance with regards to safeguarding adults	There is the potential for the service to not be adequately covered. There is also a possibility that the current service model is not fit for purpose.	Current service covered by Deputy Designated Adults Nurse from VoYCCG acting into the role. New model agreed with North Yorkshire Chief Nurses - awaiting HR processes.	Christine Pearson	Michelle Carrington	16	9	6		08-Aug-2016
Q&P17.04 Constitution target – Planned Care - VoYCCG failure to meet Diagnostics target	The % of patients waiting 6 weeks or more for a diagnostic test should be less than 1%. This is a constitution target and failure to meet this target could result in patient safety concerns and financial penalties. Data source is the monthly Diagnostics report produced by the CSU.	Monitoring YHFT Recovery Plan	Sheena White; Fliss Wood	Dr. Shaun O'Connell	16	8	8		08-Aug-2016
I&I17.10 Judicial Review relating to the "closure" of Bootham Park Hospital	The CCG has been named as a defendant in a claim relating to the "closure" of Bootham Park Hospital which potentially could affect the reputation of the organisation and incur significant costs in defending the case.	An independent lessons learned report has been compiled and will be published.	Michelle Carrington; Paul Howatson	Michelle Carrington	12	6	4		04-Aug-2016
PCU17.6 PCU Autism Assessments (Adults)	Newly commissioned service with the Tuke Centre at The Retreat - 2 year contract plus one year.	VoY part of block contract with new provider (start date October2015)	Michelle Carrington; Paul Howatson; Angie Walker	Michelle Carrington; Tracey Preece	15	6	6		09-Aug-2016

Corporate Risks Escalated from Programme Risk Registers

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
MH.08.01 Bootham Park - New Facilities Project	As part of the remodelling of mental health services in York there is a new project to cover the consultation, engagement and development of plans to secure the relevant site and funding for the building of a new mental health facility.	Tripartite working between VoY CCG, NHS PS and TEWV to initiate plans to expedite the work for a new inpatient facility for York.	Michael Ash-McMahon; Paul Howatson; Neil Lester	Dr. Louise Barker	12	12	3		09-Aug-2016
MH.07.01 Bootham Park - Interim Solutions Project	With the other interim projects having now been completed the final phase of works relates to the redevelopment of Peppermill Court to house two 12 bedded adult inpatient units and the Section 136 facility which is due for completion in July 2016.	Implementation of the plan to improve Bootham Park facilities.	Paul Howatson	Dr. Louise Barker	12	6	6		09-Aug-2016
MH.09.01 Estates Review Programme - Mental Health and Learning Disabilities	As a result of the commissioning of a new provider of mental health and learning disability services together with the national focus on parity of esteem (MH) and building the right support (LD), the estates review programme is making the right facilities fit for the future.	A number of projects are on-going with the mental health and learning disability estates. These are overseen by the Mental Health Estates Programme Board that meets alternate months whilst the interim solutions are delivered.	Paul Howatson	Dr. Louise Barker	8	6	4		09-Aug-2016

Annex D
Profile Report of All Other Corporate Risks (Current Risk Score 12 or Lower)
Leadership Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
CE17.01 Ineffective communication with public and staff	The CCG website and intranet may not be effectively designed and maintained to inform members of the public and staff regarding CCG strategy, policy, procedures and standards, increasing the risk of reputation management and avoidable contact	Draft communications plan re CCG's financial position, operational plan, QIPP needs to be formalised and put into action. The Comms Team is updating the web content on the public facing site and issuing media releases, newsletters and tweets	Sharron Hegarty	Rachel Potts	3	12	3		16-Jun-2016
G.17.01 The organisation's governance structures are not efficient and effective	Include management of policies, committees, Terms of Reference, Training for Committee members, governance support for internal teams. The impact of the risk would be delayed or ineffective decision making.	The CCG is implementing the Turnaround Action Plan to address recommendations from the capacity and capability review. The CCG will be reviewing the constitution in line with the annual refresh and to take account of Sustainability and Transformation Plan arrangements. Each committee will be reviewed in line with annual refresh requirements to make improvements where required. The focus this year will be on clarity on delegated decision making through system structures.	Pennie Furneaux; Helena Nowell	Rachel Potts	8	12	4		05-Aug-2016
G.17.03 The Constitution may not be fit for purpose and adequately define statutory duties.	The CCG governance arrangements may not be updated to meet the needs of the organisation.	Review of the CCG's Constitution is pending.	Lynette Smith	Rachel Potts	8	12	4		05-Aug-2016
G.17.06 Conflict of Interests statutory requirements may not be adequately discharged and managed	Failure to implement appropriate systems and procedures may lead to challenge and regulatory action.	Review of Relevant Policies - Review of COI Policy due Q4. Implementation of Managing COI procedures. Communication of policy and procedures to staff.	Pennie Furneaux	Rachel Potts	8	12	4		08-Aug-2016
PCU.17.2 PCU Contract Documentation	Lack of contract documentation – no formal NHS contracts in place with providers resulting in the inability to challenge service provision and safety	PCU to review all procedures and documentation during 2016/17.	Michelle Carrington; Paul Howatson; Tracey Preece	Michelle Carrington; Tracey Preece	12	12	4		09-Aug-2016
F.17.10-ORG Appropriate financial governance and controls not in place or complied with	Detailed Financial Policies, Scheme of Delegation and Financial Procedure Notes are not kept up to date or complied by the CCG or organisation who provide services on behalf of the CCG e.g. Commissioning support services or the Partnership commissioning unit	Review of Detailed Financial Procedures Implementation of ESR Manager Self-Service functionality is imminent. This will feed into financial procedures.	Neil Lester; Chris Park	Tracey Preece	6	9	3		13-Jul-2016
G.17.08 Inadequate arrangements to support Primary Care Co-Commissioning	Insufficient capacity and capability within the CCG to deliver the required functions and organisational changes to support primary care co-commissioning	Review of supporting arrangements Review of the Committee arrangements and creation of a dedicated committee Establishment of a task and finish group on Primary Care Co-Commissioning	Helena Nowell	Rachel Potts	6	9	4		05-Aug-2016

Annex D
Profile Report of All Other Corporate Risks (Current Risk Score 12 or Lower)

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
G.17.02 The risk and assurance framework may not be kept current and relevant and operate effectively.	Inability to appropriately identify sources of risk, understand risk dependencies and effectively manage risks. This may result in unexpected significant events.	Review and development of risk management systems using Covalent Integrated Governance Software. Introduction of risk guidance and procedures for reporting and recording risk systematically. Governing Body review of assurance processes. Internal Audit review of risk processes.	Pennie Furneaux	Rachel Potts	9	8	4		05-Aug-2016
G.17.05 Health and Safety statutory responsibilities may not be adequately discharged	Failure to comply with Health and Safety legislation can potentially have serious implications, Legislation: Leading health and safety at work. Sanctions include fines, imprisonment and disqualification. The Corporate Manslaughter and Corporate Homicide Act 2007 applies.	Completion of Statutory HSE assessment. Review of Health and Safety Policy.	Pennie Furneaux; Mary Skelton	Rachel Potts	8	6	3		08-Aug-2016
G.17.13 The CCG fails to adequately discharge its Equalities and Health inequalities duties	Compliance with equalities legislation is a legal duty for the CCG. Failure to discharge the duties would place the CCG in breach of its obligations and potentially have a negative impact on vulnerable groups.	Completion of actions contained in the Equalities Implementation Plan (annexed to the Equalities Strategy). Work on the current year's actions is in progress.	Helena Nowell	Rachel Potts	6	6	3		05-Aug-2016
G.17.14 The CCG may fail to adequately discharge its sustainability statutory duties.	Failure to meet statutory obligations in line with the Act may result in reputational damage and media attention. Financial implications may occur as a result of failure to comply with related obligations eg Civil Contingencies Act 2004.	Refresh of the Sustainability Development Unit Return and refresh of the Sustainability Development Plan in hand.	Pennie Furneaux	Rachel Potts	2	6	2		05-Aug-2016
G.17.16 CCG Business Continuity arrangements may not be sufficiently robust.	The CCG may not have appropriate business continuity plans in place to ensure the continuity of business in the event of a treat or emergency.	Annual review of arrangements. Approved action plan. Monitoring by NHSE.	Pennie Furneaux	Rachel Potts	9	4	3		10-Aug-2016
Q&P17.14 EPRR Assurance & Self-Assessment	NHSE/LHRP may not agree with compliance rating and they instigate quarterly performance monitoring.	The NHSE EPRR Assurance Plan has been completed and Pandemic Flu arrangements tested. Work plan in place for 2016/17.	Pennie Furneaux; Floss Wood	Rachel Potts	4	4	4		08-Aug-2016
G.17.09 Failure to achieve the required level of compliance with Information Governance Toolkit requirements	Failure to achieve the Department of Health mandated level 2 compliance with the toolkit may compromise the ability of the organisation to receive business intelligence data.	Compliance checked by governance team and reminders sent.	Pennie Furneaux	Rachel Potts	8	3	3		08-Aug-2016

Sustainability Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
CR.S.17.02 Lack of allocated staff resource and	The impact may be a submission that does not meet national requirements or attract funding.	CCG needs to clarify STP and local level Governance arrangements, exec	Shaun Macey	Tracey Preece	12	12	9		10-Aug-2016

Annex D

Profile Report of All Other Corporate Risks (Current Risk Score 12 or Lower)

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
technical expertise with the CCG to deliver the Local Digital Roadmap within required deadlines		sponsorship, and implementation resource to ensure delivery of the Local Digital Roadmap.							
CR.S.17.03 PCU Timely update of risk register	The Partnership Commissioning Unit manages a number of specialist commissioning areas on behalf of the CCG. 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	Meetings with PCU management, review of processes in place.	Lynette Smith	Rachel Potts	12	12	8		10-Aug-2016
F17.02.5-OP Failure to manage estate provision costs	Current cost of service provision as a result of closure of Bootham, NHS Property Services void issues and charging mechanism, plus identification / affordability of interim and permanent solutions	Ensure robust management of estates strategy and financial implications is in place with regular review.	Michael Ash-McMahon; Neil Lester	Tracey Preece	12	12	4		08-Aug-2016
F17.10-PLAN Inability to secure appropriate service provider following each procurement undertaken by the CCG	There is a risk within any procurements undertaken by the CCG that the CCG is unable to identify and / or mobilise a new provider effectively, putting at risk service delivery and the ability to deliver the CCG's strategy and financial plan and potentially exposing the organisation to additional cost and reputational damage	Ensure robust process is in place for all procurements undertaken and that this is consistently applied.	Natalie Fletcher; Neil Lester; Liza Smithson	Tracey Preece	12	12	4		08-Aug-2016
F17.8-OP Prescribing overspend	Additional, unplanned overspends on prescribing as a result of genuine activity growth or changes in prescribing habits	Undertaking of robust financial monitoring of prescribing and ensuring the delivery of Prescribing QIPP programmes.	Michael Ash-McMahon; Neil Lester	Tracey Preece	12	12	4		08-Aug-2016
PCU.2.1 PCU Management of CHC Retrospective Cases – PCU resources may be insufficient to manage the number of cases in a timely manner and this may result in judicial review.	Failure to meet NHS England expectations of clearing the backlog.	Exam works and LK Shaw are working to complete all Decision Support Tool's Previously Un-assessed Periods of Care by September 30th 2016 as per directive by NHSE. Monthly trajectory figures fed back to NHSE. Bi weekly retro panels for decision making purposes in order to generate outcome letters to claimants.	Michelle Carrington; Paul Howatson; Angie Walker	Michelle Carrington; Tracey Preece	20	12	8		09-Aug-2016
CR.S.17.01 Failure to submit a Local Digital Roadmap owned by all providers which secures the resource required to move to paperless by 2020	A lack of system vision and provider sign up to deliver the vision of the local digital roadmap may result in failing to access funding opportunities and delays in delivering the national requirements	CCG needs to clarify STP and local level Governance arrangements, exec sponsorship, and implementation resource to ensure delivery of the Local Digital Roadmap.	Shaun Macey	Tracey Preece	9	9	4		10-Aug-2016
F17.02.7-OP Failure to manage risk shares	Inadequate or complete lack of appropriate risk share documentation		Michael Ash-McMahon; Neil Lester	Tracey Preece	9	9	3		08-Aug-2016

Annex D
Profile Report of All Other Corporate Risks (Current Risk Score 12 or Lower)

Risk ID and Summary	Description	Mitigating Actions	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
F17.02.8-OP Failure to deliver Service Development or Data Quality Improvement plans	Development of SDIP and DQIP plans that support the delivery of the CCG's operational plan without which there is a risk the CCG cannot deliver its overall strategy and financial plan	Ensure robust contract management processes are in place to track performance and identify mitigating courses of action.	Liza Smithson	Tracey Preece	9	9	3		08-Aug-2016
F17.5-ORG Failure to maintain sufficient cash balances	The CCG is unable to adjust its maximum cash drawdown either in value or in a timely manner to allow it to maintain appropriate cash flow	Ensure pro-active management of cash balances on a weekly and monthly basis.	Chris Park	Tracey Preece	6	6	3		08-Aug-2016
F17.12-PLAN Inability to agree provider contracts	Failure to conclude contract negotiations in line with CCG strategy and financial plan	Unsigned contracts to be managed on the basis of 2015/16 contract values uplifted as per financial plan.	Liza Smithson	Tracey Preece	15	5	5		08-Aug-2016
F17.4-ORG Failure to achieve the Better Payment Practice Code	The CCG is unable to meet the requirement to pay more than 95% of its invoices in terms of both numbers and value within 90 days	Ensure prompt review of invoices requiring authorisation within relevant timescales.	Chris Park	Tracey Preece	6	3	3		08-Aug-2016

