

Item Number: 7

Name of Presenter: Rachel Potts

Meeting of the Governing Body

7 April 2016



Vale of York

Clinical Commissioning Group

Corporate Risk Update Report

**Purpose of Report
To Receive**

1. Rationale

To present the corporate risk registers for review for March 2016, identifying risk trends and highlighting the most significant risks to the delivery of programmes of work and the organisations objectives.

2. Strategic Initiative

- | | |
|--|---|
| <input type="checkbox"/> Integration of care | <input type="checkbox"/> Planned care |
| <input type="checkbox"/> Person centred care | <input type="checkbox"/> Transforming MH and LD services |
| <input type="checkbox"/> Primary care reform | <input type="checkbox"/> Children and maternity |
| <input type="checkbox"/> Urgent care reform | <input type="checkbox"/> Cancer, palliative care and end of life care |
| <input checked="" type="checkbox"/> Effective and Efficient Organisation | <input type="checkbox"/> System resilience |

3. Local Authority Area

- | | |
|---|---|
| <input checked="" type="checkbox"/> CCG Footprint | <input type="checkbox"/> East Riding of Yorkshire Council |
| <input type="checkbox"/> City of York Council | <input type="checkbox"/> North Yorkshire County Council |

4. Actions / Recommendations

That the Governing Body notes the corporate risks identified that may impact delivery of corporate objectives and consider:

- the corporate risk appetite in these areas; and
- whether controls need to be strengthened or further mitigating action(s) need to be planned/implemented.

5. Engagement with groups or committees

In compiling this report risk owners and operational leads were circulated full detailed team risk registers. Risks are reported monthly to the Quality and Finance Committee. A bi-monthly report is also made to the Audit Committee

6. Impact On 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 are in development through engagement with Primary Care Delivery Group and as such are yet to be agreed and embedded.

7. Significant issues for consideration

Six additional risks have materialised as the end of the financial year approaches. These are primarily related to financial and financial governance risks. Risk controls and mitigating actions are a priority for review for 2016-17. The CCG will monitor risks through the revised programme virtual teams to provide regular cross-CCG review of thematic risks. A full review of financial risks has been undertaken, with updated actions for 2016-17 to be in place for the new financial year. A list of events is provided at Annex A.

A risk heat map of corporate risks is provided on the following page, (Annex B); highlighting key “red” risks in each area.

Significant (“Red”) risk areas identified this period are profiled at Annex C. Significant risks continue to be reported for the financial position, performance on urgent care, Business Intelligence capacity, reputational issues and assurance in relation to primary care quality and York Teaching Hospitals NHS Trust management of Serious Incidents.

New red risks have been reported as a result of Turnaround, including financial governance processes, planning for 2016-17 to meet NHS England requirements and cost pressures from the CS transition. Actions are being developed in response to the planning risk.

Action plans to manage risks identified are documented through the Covalent system and monitored by Team Leads.

A summary of “Red” risks is provided at Annex C; and with full details of “Red” risks, along with a progress update, effectiveness of controls and mitigating actions provided at Annex D.

Note: Due to the volatile nature of risk, where a risk has not been reviewed in the current month there is no assurance that the risk remains the same. Any “Red” risks are rated as significant to the organisation and the details recorded should be specific regarding the source/cause/exact nature of the risk and the approach adopted to addressing the risk.

8. Implementation

The effectiveness of controls in place to manage and monitor risks have been evaluated and actions to mitigate risks have been identified as detailed in Annex D.

9. Monitoring

Risks are reported to the Quality and Finance Committee on a monthly basis, reported bi-monthly to the Audit Committee and included in the corporate assurance framework.

10. Responsible Chief Officer and Title

Rachel Potts
Chief Operating Officer

11. Report Author and Title

Pennie Furneaux
Policy and Assurance Manager.

12. Annexes

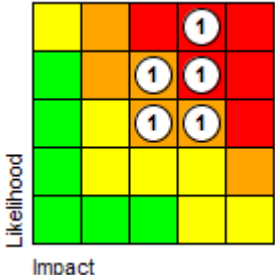
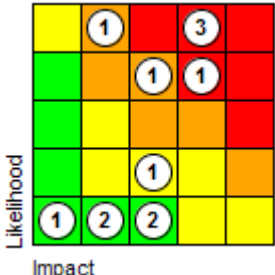
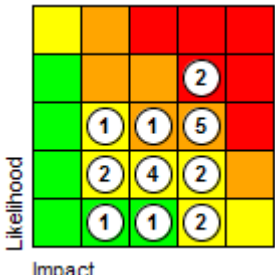
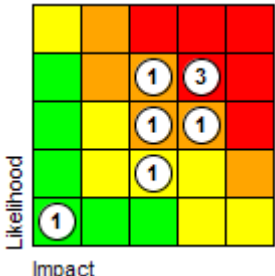
Annex A: List of Events
Annex B: Team Risk matrix
Annex C: Red Risk Summary
Annex D: Full Details Of “Red” Risks With Details Of Mitigating Controls, Mitigating Actions, And Progress Update

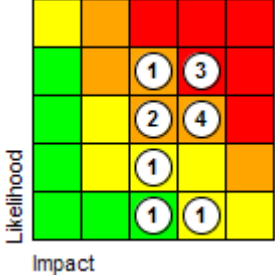
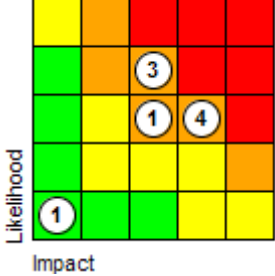
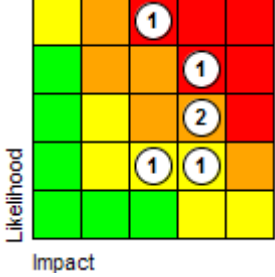
Annex A: Events - Risks that have materialised

Risk Summary	Operational Lead	Lead Director	Last Reviewed Date	Latest Note	Latest Note Date
QIPP - Failure to deliver QIPP plans and address financial gap	Michael Ash-McMahon	Tracey Preece	11-Mar-2016	The forecast outturn for M9 now shows no achievement against the unallocated QIPP of £9.91m.	11 Mar 2016
Risk of main providers overtrading	Michael Ash-McMahon	Tracey Preece	11-Mar-2016	Year end deals have now been agreed with our main providers, in particular York Teaching Hospital NHS Foundation Trust, Leeds Teaching Hospital NHS Trust and other some other smaller contracts. Whilst others are in development this has now fixed the bulk of the overtrades	11 Mar 2016
Better Care Fund	Michael Ash-McMahon	Tracey Preece	11-Mar-2016	The planned non-elective reductions have delivered at a significantly reduced level, which has a material impact on the financial position. The CCG has agreed the Section 75 agreement with relevant local authorities. Planning for 2016-17 is underway to seek to reduce risks for future years.	11 Mar 2016
Financial Governance process and procedures are not clearly defined and robust and monitored through the appropriate committees	Natalie Fletcher	Tracey Preece	11-Mar-2016	The PWC report identified areas for improved financial governance, including additional time on financial issues at Quality and Finance Committee and Governing Body. The agenda has been revised in line with the Turnaround Action Plan with the Chair to ensure sufficient time and analysis on financial issues at the Committee. The risk reporting of financial risks continues to be an area for improvement. The organisation is formally in financial turnaround.	11 Mar 2016
The CS arrangements do not represent value for money and may be a cost pressure for 2015-16	Michael Ash-McMahon; Natalie Fletcher	Rachel Potts	11-Mar-2016	The CS changes will be a cost pressure for 2015-16 due to NHS England agreed policy for stranded costs and that the CCG cannot pull back the costs for the full service line value of in-housed services. This is reflected in our financial position. The CCG has secured additional resource where required and requested compensating credits for this from the CS.	11 Mar 2016
The CCG is unable to release the anticipated savings from the CS Transition	Lynette Smith	Rachel Potts	11-Mar-2016	The CS changes will be a cost pressure for 2015-16 due to NHS England agreed policy for stranded costs and that the CCG cannot pull back the costs for the full service line value of in-housed services. This is reflected in our financial position.	11 Mar 2016
Judicial Review relating to the "closure" of Bootham Park Hospital	Michelle Carrington; Paul Howatson; Stacey Marriott	Mark Hayes; Rachel Potts	10-Mar-2016	The CCG is an 'interested party' in this claim for a judicial review.	10 Mar 2016
CQC do not allow the use of BPH for inpatient services	Paul Howatson	Dr. Louise Barker	10-Mar-2016	Work continues to progress on the conversion of Peppermill Court into the two acute working age adults wards	10 Mar 2016

Risk Summary	Operational Lead	Lead Director	Last Reviewed Date	Latest Note	Latest Note Date
				and Section 136 suite and is on schedule for summer 2016 and this will see the completion of the interim plan for fit for purpose accommodation in the Vale of York until the new hospital is completed in 2019.	
Constitution target – Urgent Care - VoYCCG failure to meet 4 hour A&E target	Fliss Wood	Michelle Carrington	03-Mar-2016	The Trust are not expected to meet the 95% target until September 2016. Full detail is provided in the March 16 Quality and Performance Intelligence Report. Latest York Trust data shows January performance of 86.8%, performance has been affected by a large number of beds closed due to infection.	03 Mar 2016

Annex B: Risk Summary

Teams	Current Risk Matrix	Commentary
Communications and Engagement	 <p>Likelihood</p> <p>Impact</p>	<p>Increased local and national media interest continues in relation to the CCG's work. The current pressures to react and to complete planned work during periods of high media interest remains an issue</p>
Finance & Contracting	 <p>Likelihood</p> <p>Impact</p>	<p>At the time of writing this report the revised risk structure and additional risks have now been agreed, captured and detailed within Covalent. The risks have been clearly described and rated and work is on-going to fully populate the associated controls and actions that will be required to manage them. The 2015-16 risks have been updated in this report to provide a consistent summary. Many of the risks have materialised as events.</p>
Governance	 <p>Likelihood</p> <p>Impact</p>	<p>The CCG continues in implement the Turnaround Action Plan, with the format of Quality and Finance Committee and reporting templates reviewed. Governing Body job roles are in development and the PMO arrangements moving forward have been agreed and are in the process of implementation. The CCG continues with robust processes including policies, Freedom of Information, business continuity, however additional training and awareness for staff has been identified as a priority and is included in the staff engagement plan. Following the PWC report, risks around financial governance processes have been increased.</p>
Innovation and Improvement	 <p>Likelihood</p> <p>Impact</p>	<p>The whole system is currently under strain due to increasing levels of demand and the greater dependency on other key stakeholders to assist in scheme delivery when they are too facing increased demands. Risks concerning delivery of non-elective admissions targets and financial savings remain significant. The team continues to work hard to deliver a reduction in admissions and savings in terms of finance to the CCG. NHS Property Services, Tees, Esk and Wear Valley NHS Foundation Trust and Vale of York Clinical Commissioning Group continue to work on both an interim and permanent solution. Following the successful reopening of the S136 suite before Christmas Outpatients Department has reopened. Work is on schedule at Peppermill Court so that the two inpatient units will reopen in Summer</p>

		<p>2016. The request for a Judicial Review regarding the "closure" of Bootham Park Hospital continues and the CCG has been reclassified as an 'interested party' rather than a defendant.</p>
<p>Quality & Performance Register</p>		<p>Two key constitutional targets are not being met on an on-going basis. The implication of failing to deliver constitutional targets over the longer term is that there may be increased risk to patient safety, reduced quality of service, poor patient experience and poor patient satisfaction. The CCG may not receive the total quality premium payment if its providers do not meet the NHS Constitution rights or pledges for patients. Due to the timing of the monthly NHSE data publication, the constitutional target data for data is not available until after papers have been submitted and will be updated when available.</p>
<p>Partner Organisation-PCU</p>		<p>A meeting was held with colleagues at the PCU to agree a way forward and the timescales for the timely reporting of both PCU risks which impact on the CCG. The CCG is currently awaiting an updated version of the report as the latest information is from October. From next month regular updates will be provided.</p>
<p>Governance-CSU</p>		<p>The mobilisation process has been extended for an additional month to support payroll deadline queries and contract signature. The discovery phase is complete and the CCG is working with eMBED and NECS to transition to the new services for 1st April.</p>

Annex C: Profile Report of Red Risks

Communications and Engagement

Risk ID	Risk Summary	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
CE.02	Twitter-tweets naming the CCG may not be responded to on a timely basis.	Sharron Hegarty	Rachel Potts	16	16	16		11-Mar-2016
CE.04	Proactively managing reputation	Sharron Hegarty	Rachel Potts	8	20	8		11-Mar-2016

Finance & Contracting

Risk ID	Risk Summary	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
F.02	QIPP - Failure to deliver QIPP plans and address financial gap	Michael Ash-McMahon	Tracey Preece	8	20	4		11-Mar-2016
F.04	Risk of main providers overtrading	Michael Ash-McMahon	Tracey Preece	9	20	3		11-Mar-2016
F.06	Prescribing overspend	Michael Ash-McMahon	Tracey Preece	6	16	3		11-Mar-2016
F.09	Better Care Fund	Michael Ash-McMahon	Tracey Preece	15	20	8		11-Mar-2016

Governance


Risk ID	Risk Summary	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
G.11	Financial Governance process and procedures are not clearly defined and robust and monitored through the appropriate committees	Natalie Fletcher	Tracey Preece	8	16	4		11-Mar-2016
G22.	Failure to achieve an assured position for the 2016-17 operational plan<new risk>	Helena Nowell; Lynette Smith		12	16	12		11-Mar-2016

Innovation and Improvement

Risk ID	Risk Summary	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
I&I.01	QIPP - Transformational changes fail to achieve target savings	Paul Howatson	Rachel Potts	16	16	9		10-Mar-2016
I&I.02	Failure to reduce non-elective admissions to planned levels	John Ryan	Rachel Potts	12	16	12		08-Mar-2016
I&I.04	Delivery of BCF targets is dependent on partners and outside the immediate control of the CCG	John Ryan	Rachel Potts	16	16	9		08-Mar-2016

Quality & Performance Register

Risk ID	Risk Summary	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
Q&P.02	Constitution target – Urgent Care - VoYCCG failure to meet 4 hour A&E target	Fliss Wood	Michelle Carrington	16	16	8		03-Mar-2016
Q&P.07	YTHFT Serious Incident processes may not be effectively managed	Michelle Carrington	Michelle Carrington	16	16	8		03-Mar-2016

Risk ID	Risk Summary	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
Q&P.10	Lack of assurance on quality and performance monitoring in Primary Care.	Michelle Carrington	Michelle Carrington	16	16	8		03-Mar-2016


Governance-CSU

Risk ID	Risk Summary	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
G15.2	Business Intelligence capacity is reduced during the transition, impacting on the organisation's ability to effectively plan for 2016-17.	Lynette Smith	Rachel Potts	20	16	9		11-Mar-2016
G15.6	The CCG is unable to release the anticipated savings from the CS Transition	Lynette Smith	Rachel Potts	12	15	9		11-Mar-2016

Detailed Red Risk Report





Communications and Engagement



CE.04 Proactively managing reputation

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Sharron Hegarty	Rachel Potts	07-Jan-2016		

Given the difficult decisions that the CCG / Governing Body has made and will continue to make, this is an issue that needs to be addressed. The impact of not managing this is negative publicity, difficulty in recruitment and credibility



Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	2	8	4	5	20		4	2	8	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status	
Monitoring by Communications Manager	Twitter feeds monitored by Communications Manager during office hours	No agreed or contractual cover at weekends or out of hours		Partially Effective
Communications Manager / Innovation and Improvement Lead sign off of public information		Only effective if CCG staff follow the protocol to get sign off from Communications Manager / Innovation Lead.		Partially Effective
Media relations	Review and agreement of media statements / releases / interviews	Only effective if CCG SMT/ Governing Body / staff follow the protocol		Partially Effective
Web / Digital / Social Media	Web content, Tweets are correct. Other's tweets are responded too / actioned asap.	No agreed or contractual cover at weekends or out of hours		Partially Effective


Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
CE.04a Communication Strategy refreshed	31-Mar-2016	Sharron Hegarty		On Track	Sharron Hegarty: <i>The CCG's management of issues has a direct impact on perceived public perception and interest from the media. Proactive management of all media is a key function to uphold the CCG's reputation and promotion of its work. The CCG's operational plan for 2016-17 and STP for 2016 to 20-21 will be the basis for the Communications Strategy and subsequent plans.</i>		In Progress



Latest Update	11 Mar 2016	Plan is complete - requires SMT agreement / approval. Once approved the plan will be embedded to the CCG's daily activities and monitored on a monthly basis.
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CE.02 Twitter-tweets naming the CCG may not be responded to on a timely basis.

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Sharron Hegarty	Rachel Potts	07-Jan-2016		

Negative or inappropriate tweets may damage the organisation's reputation. Reputational risk monitoring needs to be 7 days a week

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		4	4	16	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status	
Web content uploaded by CSU		Some uploading by CCG staff-Admin Team		Partially Effective
Monitoring by Communications Manager	Twitter feeds monitored by Communications Manager during office hours	Twitter is 24/7. Effectiveness of control in mitigating overall risk needs to be assessed.		Partially Effective

Action	Due Date	Assigned To	Expected Outcome	Latest Update	Status
CE.02a Assess resourcing needs and availability of resources	31-Mar-2016	Sharron Hegarty	 On Track	A review to sufficiently resource the website has been completed. Staffing is to be aligned to provide specific responsibility of online content to one member of staff. Others will be trained to update sites in periods of absence. Out of hours emergency updates to the public facing site remains an issue.	 In Progress

Latest Update	11 Mar 2016	Monitoring Twitter during out of hours is required to ensure any negative publicity is managed. This is particularly necessary during periods such as recent announcements, decisions etc.
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Finance & Contracting

F.02 QIPP - Failure to deliver QIPP plans and address financial gap

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Michael Ash-McMahon	Tracey Preece	07-Apr-2016		

2015/16 plan has a financial gap of £19.5m, £9.9m of this is represented as unidentified QIPP in final submitted plan

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	2	8	4	5	20		4	1	4	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status	
Internal Audit Programme	Agreed Internal Audit programme for 15-16	Internal Audit review to be scheduled.		Partially Effective
Standard Programme/Project Management Approach	An agreed standardised programme/project management approach has been agreed and implemented	Standard programme/project approach under development		Partially Effective
Area Team Review	Area Team review of arrangements			Partially Effective
Identification of additional mitigations and contingencies				Partially Effective
Financial Recovery Plan	Financial Recovery Plan submitted to Area Team	Recovery plan submitted to NHS England September 2015		Partially Effective

Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
F.02a Implement joint working between nominated individuals in the Innovation and Improvement Team and Finance and Contracting team	31-Mar-2016	Michael Ash-McMahon		Unlikely to be Completed on Time	15.05.15 Ensure finance team support is in place for I&I team as new potential QIPP schemes are identified and developed.		In Progress
F.02b Covalent Implementation-manage QIPP programme through Covalent	30-Sep-2015	Michael Ash-McMahon		Completed	Programme management build in Covalent is underway		Completed
F.02d Identify potential mitigations for financial plan submission	14-May-2015	Natalie Fletcher		Completed			Completed
F.02e Identify further mitigations to offset risks additional to those included in plan	18-Sep-2015			Completed	Additional mitigations have been identified however these have been offset by other pressures.		Completed

Latest Update	11 Mar 2016	13.01.16 The forecast outturn for M9 now shows no achievement against the unallocated QIPP of £9.91m.
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F.04 Risk of main providers overtrading

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Michael Ash-McMahon	Tracey Preece	07-Apr-2016		

Acute provider actual activity above planned levels due to growth and/or case mix



Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
3	3	9	4	5	20		3	1	3	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status	
Area Team Review	Area Team review of arrangements			Partially Effective
Main Provider Contract	Included in agreed contract with service providers	Contract with main provider now signed, discussions with main acute provider around application of overtrade and penalties		Fully Effective
Contract Monitoring Process	Internal contract monitoring system and procedures	Robust procedure in place		Fully Effective
Associate Contracts	Review of Associate Contracts	Associate Contracts have been fully reviewed		Fully Effective
Financial Recovery Plan	Financial Recovery Plan submitted to Area Team			Partially Effective


Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
F.06c Confirm quarterly sign off of contract positions	31-Mar-2016	Michael Ash-McMahon		On Track			In Progress
CSF.3.A.1 SRG Planning: System plan	31-Mar-2016	Lynette Smith		Completed	Initial plan completed, the SRG plan has been redeveloped to focus on Urgent Care		Completed
F.06a Early engagement with main providers	31-Mar-2016	Michael Ash-McMahon		Completed			Completed
F.06b Vale of York CCG engagement with Contract Management Board	31-Mar-2016	Michael Ash-McMahon		Completed			Completed
F.06d Additional analysis of forecast position with main acute provider between contracting and finance teams	31-Mar-2016	Natalie Fletcher		Completed			Completed






Latest Update	11 Mar 2016	Year end deals have now been agreed with our main providers, in particular York Teaching Hospital NHS Foundation Trust, Leeds Teaching Hospital NHS Trust and other some other smaller contracts. Whilst others are in development this has now fixed the bulk of the overtrades
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F.09 Better Care Fund

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Michael Ash-McMahon	Tracey Preece	07-Apr-2016		

Savings and outcomes not delivered as planned


Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
5	3	15	4	5	20		4	2	8	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status	
Area Team Review	Area Team review of arrangements	Review by team pending		Partially Effective
Joint Delivery group	Monitoring by Joint Delivery Group	Ongoing monitoring		Partially Effective
Detailed Financial Modelling		Assumptions and profiles reviewed		Partially Effective
Performance monitoring	Track activity and financial performance through JDG			Partially Effective
NHS Accelerate support	Access to additional support, sharing of best practice and unblocking of issues			Partially Effective
Financial Recovery Plan	Financial Recovery Plan submitted to Area Team			Partially Effective

Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
F.16a Draft detailed breakdown of schemes	31-Mar-2015	Michael Ash-McMahon		On Track			Completed
F.16d Provide finance and contracting support to ongoing monitoring of BCF schemes	31-Mar-2016	Natalie Fletcher		Completed			Completed

Latest Update	11 Mar 2016	The planned non-elective reductions have delivered at a significantly reduced level, which has a material impact on the financial position. The CCG has agreed the Section 75 agreement with relevant local authorities. Planning for 2016-17 is underway to seek to reduce risks for future years.
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F.06 Prescribing overspend

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Michael Ash-McMahon	Tracey Preece	07-Apr-2016		

Growth included in plan at 4%, but this may not be sufficient due to actual prescribing being in excess of this or unforeseen pressures arising in year

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
3	2	6	4	4	16		3	1	3	31-Mar-2016



Control	Control Description	Control Assurance(s)	Status
Medicines Management Team CSU	Oversight by CSU Medicines Management Team	Concerns over lack of resources in this area	 Partially Effective


Action	Due Date	Assigned To	Expected Outcome	Latest Update	Status
CSF.2.H.5 Research: PrescQIPP	31-Mar-2016	Laura Angus	 On Track		 In Progress
F.13a Additional investment in in-house Medicines Management resources to enable more detailed work at practice level	30-Jun-2014	Michael Ash-McMahon	 Completed		 Completed







Latest Update	11 Mar 2016	April - December data now available. FOT at month 11 is £1.41m overspend. This improved due to benefits from Category M price changes

Governance

G.11 Financial Governance process and procedures are not clearly defined and robust and monitored through the appropriate committees



Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Natalie Fletcher	Tracey Preece	07-Apr-2016		

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	2	8	4	4	16		4	1	4	Mar 16


Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
GTWP.05B Support the Annual Report and the annual governance statement under the direction of the CFO	30-Mar-2016	Pennie Furneaux; Helena Nowell; Lynette Smith		On Track	Initial governance statement completed in January with detailed programme plan to be developed at Audit Committee 8th March.		In Progress
GTWP.05C Provide reports to the audit committee as required	30-Mar-2016	Pennie Furneaux; Lynette Smith		On Track			In Progress
GTWP.05A Ensure the review and refresh the detailed financial policies and scheme of delegation	31-Dec-2015	Michael Ash- McMahon; Lynette Smith		Completed	Revised scheme of delegation approved by Governing Body in February, following review at Audit Committee to take account of in-year changes, PCCC and PCU.		Completed





Latest Update	11 Mar 2016	The PWC report identified areas for improved financial governance, including additional time on financial issues at Quality and Finance Committee and Governing Body. The agenda as been revised in line with teh Turnaround Action Plan with the Chair to ensure sufficient time and analysis on financial issues at the Committee. The risk reporting of financial risks continues to be an area for improvement. The organisation is formally in financial turnaround.
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G22. Failure to achieve an assured position for the 2016-17 operational plan

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Lynette Smith	Rachel Potts	07-April 16		

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.

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	3	12	4	4	16		4	3	12	April 14

Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
G22.01 Planning coordination	11-Apr-2016	Lynette Smith					Assigned
G22.02 Engagement with the STP development	30-Jun-2016	Lynette Smith					Assigned
G22.03 Submissions completed as per planning timetable	30-Jun-2016	Natalie Fletcher; Lynette Smith; Liza Smithson					Assigned
G22.04 Agreed processes for BCF planning framework	22-Mar-2016	Lynette Smith					Assigned

Latest Update	10 March 2016	The actions to support this risk are in development and delivered through Assurance and Delivery Group
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Innovation and Improvement

I&I.01 QIPP - Transformational changes fail to achieve target savings

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Paul Howatson	Rachel Potts	07-Apr-2016		

Details of individual schemes contributing to QIPP are reported separately.


Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		3	3	9	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status	
Quality and Finance Committee	Review and oversight of progress/arrangements by Quality and Finance Committee (Monthly Committee)	Regular agenda item, update provided monthly		Partially Effective
Senior Management Team	Review at weekly SMT meetings	Update provided at weekly SMT meetings		Partially Effective


Action	Due Date	Assigned To	Expected Outcome		Latest Update	Status	
I&I.01a Review of existing projects which contribute to QIPP	31-Mar-2016	Paul Howatson		On Track	Some schemes have been brought forward from 2014/15 and new schemes are in the pipeline for delivery in year. There is still a gap between those which are delivering and the actual QIPP target required for delivery. There is a possibility that the RAIDR tool could help to identify new schemes as well as working alongside Finance and Contracting colleagues to identify opportunities for new transactional schemes.		In Progress




Latest Update	10 Mar 2016	Other than those already known there are no further additional schemes for the current financial year (2015/16). Due to the significant financial pressures the CCG has agreed a turnaround plan with NHS England over the next four years to bring the local health and social care system back into financial balance. The Finance and Contracting Team are regularly reviewing the activity and financial delivery of the schemes and feeding back to the wider CCG. The system has been under significant pressure which is a pattern across the whole NHS and care system. Evidence of delivery is tempered by significant tranches of unprecedented additional activity.
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I&I.02 Failure to reduce non-elective admissions to planned levels

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
John Ryan	Rachel Potts	07-Apr-2016		



A failure to achieve the agreed 11.7% reduction in nonelective admissions as outlined in the BCF Plan will have a detrimental impact on the CCG financial plan and the S75 pooled budget with CYC.

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
3	4	12	4	4	16		4	3	12	

Control	Control Description	Control Assurance(s)	Status	
Health and Wellbeing Board by Scrutiny	The overall purpose of the Board is to bring together key partners from the NHS, public health and local government, including Healthwatch as the patient's voice to jointly plan how best to meet local health and care needs. Bi-monthly meetings. No decision making powers.	BCF is a standing agenda item.		Partially Effective
Collaborative Transformation Board	No longer meeting-under review	The role and purpose of CTB is currently under review.		Not Effective
Joint Delivery Group	Bi-monthly meeting, co-chaired by CCG and CYC with representatives from other provider organisations as required.	Meeting well-attended. July meeting cancelled, next meets end of October 2015		Partially Effective




Latest Update	08 Mar 2016	NEL admission rates have not reduced at planned trajectories. This has been recognised in planning for 16/17 and beyond
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I&I.04 Delivery of BCF targets is dependent on partners and outside the immediate control of the CCG

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
John Ryan	Rachel Potts	07-Apr-2016		


Cost and activity pressures within the system impact on partner abilities to deliver their agreed trajectories.

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		3	3	9	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status	
Health and Wellbeing Board by Scrutiny	The overall purpose of the Board is to bring together key partners from the NHS, public health and local government, including Healthwatch as the patient's voice to jointly plan how best to meet local health and care needs. Bi-monthly meetings. No decision making powers.	Regular bi-monthly meetings, well attended with representatives of all partner organisations. BCF is a standing agenda item.		Partially Effective
Collaborative Transformation Board	No longer meeting-under review	The role and purpose of CTB is currently under review.		Partially Effective
Joint Delivery Group	Bi-monthly meeting, co-chaired by CCG and CYC with representatives from other provider organisations as required.	Planned to meet monthly, co-chaired by CCG and CYC, with representatives from other provider organisations as required. Good attendance. The meeting has been reconfigured to make best use of attendees time and a new schedule of meetings was agreed for 15-16.		Partially Effective




Quality & Performance Register





Q&P.02 Constitution target – Urgent Care - VoYCCG failure to meet 4 hour A&E target

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Fliss Wood	Michelle Carrington	16-Apr-2016		

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.


Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		4	2	8	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status
Monitoring Plan in place with York Hospital Trust	Regular monitoring plans in place with York Trust.	ED performance data is received daily from the Trust.	 Partially Effective
Contract Management Board Review	Regular Contract Management Board Review meetings	ED performance, mitigation and plans are discussed at sub CMB and escalated to CMB as required	 Partially Effective
System Resilience Group	Regular System Resilience Group meetings	A&E performance is discussed at the urgent care working group. Further development is needed to feed updates into the weekly SRG level urgent care update.	 Partially Effective

Action	Due Date	Assigned To	Expected Outcome	Latest Update	Status
Q&P_A_01 Monitoring of YTHFT Recovery Plan	31-Mar-2016	Fliss Wood	 On Track	Recovery plan continues to be monitored.	 In Progress
Q&P_A_02 Implementation of SRG Workstreams through UCWG	31-Mar-2016	Fliss Wood	 On Track	Quarter 3 summary has been submitted to UCWG along with request for decision on which schemes to continue through to 2016/17. To be discussed at March UCWG.	 In Progress


Latest Update	03 Mar 2016	The Trust are not expected to meet the 95% target until September 2016. Full detail is provided in the March 16 Quality and Performance Intelligence Report. Latest York Trust data shows January performance of 86.8%, performance has been affected by a large number of beds closed due to infection.
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Q&P.07 YTHFT Serious Incident processes may not be effectively managed

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Michelle Carrington	Michelle Carrington	07-Apr-2016		

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.


Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		4	2	8	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status
Contract Management Board Review	Regular Contract Management Board Review meetings	Serious incidents are discussed at sub CMB and CCG SI group and escalated to CMB as required	 Partially Effective

Action	Due Date	Assigned To	Expected Outcome	Latest Update	Status
Q&P_A_05 Monitor the number of SIs reported	31-Mar-2016	Michelle Carrington	 On Track	SIs are monitored with regular reports.	 In Progress
Q&P_A_06 YTHFT Review of Governance Structure to internally manage process	31-Mar-2016	Michelle Carrington	 On Track	Trust has convened new internal SI group.	 In Progress


Latest Update	03 Mar 2016	YTHFT secured increased capacity to deliver improvement in falls and pressure ulcers which will lead to a closure of their legacy serious incidents. Closure not yet achieved, will be dependent on receipt of refreshed strategic plan for reduction of falls and pressure ulcers. Update March 2016 - not yet closed as additional assurance required
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Q&P.10 Lack of assurance on quality and performance monitoring in Primary Care.

Operational Lead	Lead Director	Next Review Date	Current RAG Status	Direction of Travel
Michelle Carrington	Michelle Carrington	07-Apr-2016		

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.

Original Risk			Current Risk				Target Risk			
Impact	Likelihood	Rating	Impact	Likelihood	Rating	Movement	Impact	Likelihood	Rating	Target Date
4	4	16	4	4	16		4	2	8	31-Mar-2016

Control	Control Description	Control Assurance(s)	Status
Quality and Finance Committee	Review and oversight of progress/arrangements by Quality and Finance Committee (Monthly Committee)	Regular discussions at Quality and Finance Committee.	 Partially Effective

Action	Due Date	Assigned To	Expected Outcome	Latest Update	Status
Q&P_A_07 Investigate current processes in place and assess efficacy	31-Mar-2016	Michelle Carrington	 Unlikely to be Completed on Time	To agree preferred method with primary care following engagement.	 In Progress

Latest Update	03 Mar 2016	The first 'artist groups' have met from Council of Representatives, with emerging themes for metrics for quality and performance.
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