

CCO	1.4	Potential Risk: The CCG does not achieve a reduction in unnecessary emergency admissions for acute conditions	4	4	Red (16)	4	4	Red (16)	Medium	a. Partnership approach with public health to promote healthy lifestyles and reduce alcohol, tobacco and illegal drug use b. Emergency Care plans c. Urgent Care Pathway d. Care Home Workstream e. Urgent Care Working Group f. Winterbourne Plan	CQC Internal Audit of QIPP		Implementation of the Frequent Flyer audit Implementation of the Winter Resilience Plan Urgent Care Programme implementation	Mar-14	3	3	Amber (9)	Mar-14
CCO	1.5	Potential Risk: The CCG does not receive assurance that children and vulnerable adults health outcomes are improved.	5	3	Red (15)	5	3	Red (15)	Medium	a. Mental Health and Learning Disability Programme Board b. VACCU c. Improving access to Psychological Services Review d. VACCU risk register e. PCU Management Board and Governance arrangements f. PCU Risk share arrangements in place	Ofsted Inspection Care Quality Commission CCG Assurance Framework	Scheme of delegated authority to PCU	Governance & SLA group established Review of VACCU priorities to align with CCG planning Identification of KPI for the service specification Implementation of the PCU Management Board Action plan and recommendations from the Winterbourne Review IAPT service improvement plan CQC Inspection planning for children	Mar-14	4	3	Amber (12)	Mar-14
COO	1.7	Potential Risk: Underestimating needs of future provision (including IAPT) for mental health services	4	4	Red (16)				Low	Regular discussions with PCU and co-production of service specifications, using validated data from BI	Area Team		Use evidence of modelling from other areas to guide developments to meet local needs	Oct-15	4	3	Amber (12)	Monthly
COO	1.8	Potential Risk: Underestimating needs of future provision through the Community services review	4	4	Red (16)				Low	Regular discussions with CSU and co-production of service specifications, using validated data from BI	Area Team		Use evidence of modelling from other areas to guide developments to meet local needs	Mar-15	4	3	Amber (12)	Weekly
COO	1.9	Potential Risk: Not procuring Out of Hours provision at an effective safety and cost level	5	3	Red (15)				Medium	Well managed project with regular team input and escalation of non-adherence to any of key milestones	NE procurement team managing the tender process and clinical external advisors to manage conflicts of interest		Full project plan, milestones and timescales well mapped. Key project meetings in place.	Mar-15	5	3	Red (16)	Mar-14
EN	2.2	Potential Risk: The CCG does not secure improved provider performance on Red flagged areas	4	4	Red (16)	4	4	Red (16)	Medium/ High	a. Contract Monitoring Boards b. Collaborative Improvement Board c. Performance monitoring of providers	CQC NHS England Area team	Access to SUS data	Use of SLAM data as an interim measure YAS Joint Improvement Plan Winter Planning (A&E impact) Urgent Care Review (A&E impact)	Ongoing	4	3	Amber (12)	Mar-14
EN	2.4	Potential Risk: The CCG does not treat and care for people in a safe environment and protecting them from harm.	5	3	Red (15)	5	3	Red (15)	Medium/ High	a. Contract Monitoring Boards b. Quality Requirements Schedule c. Performance monitoring arrangements on KPI d. Collaborative Improvement Board to plan performance improvements e. Implementation of national guidance, recommendations and best practice Relationship with CQC to alert to failing service	CQC CCG Assurance Framework	a. Assurance on the Early Warning system to identify a failing independent service through VACCU b. Adult Safeguarding Governance arrangements to be confirmed D. SI assurance	Governance & SLA group established for VACCU to include regular reporting and assurance requirements Review of VACCU priorities to align with CCG planning Identification of KPI for the service specification Assurance on winterbourne - confirm and challenge Review of SI processes	ongoing	5	3	Red (15)	Mar-14

CN	2.4.1	Potential Risk: That the CCG are not assured on the Safeguarding Vulnerable Adults	4	4	Red (16)			High	Current service hosted by PCU. Regular monthly 1:1 meetings with team and VoY PCU Management Board	CQC		Accountability arrangements are being reviewed. Discussions with key commissioners. Paper presenting changes to structure and governance being taken to Quality and Performance Committee Governance & SLA group established for VACCU		2	2	Yellow (4)	Mar-14
CN	2.4.2		4	4	Red (16)			High	Performance management through Quality and Performance Committee. 1:1 -meetings with team (VoY) PCU Management Board	CQC Ofsted		Accountability arrangements are being reviewed. Discussions with key commissioners. Paper presenting changes to structure and governance being taken to Quality and Performance Committee		2	2	Yellow (4)	Mar-14
EN	2.6	Issue: The main Provider will exceed its target for Healthcare Acquired Infections resulting in increased harm to patients.	4	5	Red (20)	4	5	Red (20)	Performance is monitored through the Contract Monitoring Board sub group. Working group set up to review RCAs.	Contract Management Board Quality and Performance Committee Checkpoint Meetings		This risk has now occurred, and is an active Performance Issue.	Ongoing	3	4	Amber (12)	Mar-14
CN	2.7	Potential Risk: Ambulance Turnaround Times may not be met in ED	4	5	Red (20)	4	5	Red (20)	A&E Recovery Plan Winter Monies Plan Weekly Winter Teleconfs SitRep/Ambulance Handover Reports	UCWG Area Team	Validation of data	YHFT to extend the Ambulance Assessment Area to provide an additional 7 cubicles. Build to commence January 2014	Jun-14	4	3	Amber (12)	Mar-14
CN	2.8	Potential Risk: The Winter Resilience Plan does not result in the achievement of the expected A&E targets.	4	4	Red (16)	4	5	Red (20)	A&E Recovery Plan Winter Monies Plan Weekly Winter Teleconfs SitRep/Ambulance Handover Reports	UCWG Area Team	YHFT failure to recruit to fill identified gaps in resourcing at weekends and out of hours Failure to deliver against the plans	ECIST Review of ED UCWG holding stakeholders to account	A&E target	3	3	Amber (9)	Mar-14
CN	2.9	Potential Risk: Failure to comply with Cat 1 (8 minute) ambulance response times	4	5	Red (20)	2	4	Amber (8)	YAS Action Plan Contract Management Board Quality and Performance Group		Associate Commissioner Role	Ambulance Trust are trialling different ways of working in rural areas. Outcome of the trial to be shared with VOYCCG	ongoing	2	2	Yellow (4)	Mar-14
CN	2.10	Potential Risk: Providers do not deliver improvement plans in response to CQC compliance concerns in a timely manner to ensure patient safety	4	4	Red (16)				Board to Board Meetings Executive Management Oversight	CQC		Action plan in place to address workforce and interim estate compliance Longer term strategy in conjunction with the Local Authority and NHS Property Services being explored	ongoing	2	2	Yellow (4)	Mar-14
CN	2.11	Potential Risk: Gaps identified in information and intelligence for quality and performance	4	4	Red (16)				Monitored by Executive Team, Governing Body sighted on this issue.	Area Team		CSU meetings to resolve. Mitigation in place through CSU	Jun-14	2	2	Yellow (4)	Mar-14
CN	2.12	Potential Risk: Risk to patient safety around slip trips and falls within the York Teaching Hospitals Foundation Trust	4	4	Red (16)				Monitored through Q and P Group. CMB and VoYCCG Performance and Finance Committee	CQC		RCA - Action plan in progress with review February 14	Mar-14	2	2	Yellow (4)	Mar-14
CN	2.13	Potential Risk: Delayed Transfers of Care pose a risk to an individuals health and wellbeing and deterioration	4	4	Red (16)				SITREP monitoring, VoYCCG oversight and scrutiny. CMB/Q and P Group. Performance and Finance Committee	CQC		Working with LA/YHFT and utilising winter funding to ensure that there is increased capacity in the health and social care system to decrease DTOC numbers		2	2	Yellow	Mar-14

CFO/ COO	3.1	Potential Risk: The CCG will be unable to realise QIPP Programme savings	4	4	Red (16)	4	4	Red (16)	High	Work in partnership with providers to lever changes Manage contract changes Robust programme management & service reviews to support delivery Ongoing review of financial assumptions Effective decision making to support implementation plans Mitigation plans in place to cover identified shortfall in savings in-year Review of QIPP process and weekly monitoring of progress QIPP Report to Performance and Finance Committee	Internal Audit CCG Assurance Framework QIPP Programme Governance structure Monthly programme performance reports to the Business Committee, Quality & Performance Committee Monthly Contract review Area Team deep dive	b. Comprehensive, timely budget and performance data to VoYCCG and individual practices c. Identification of sufficient QIPP schemes to deliver identified schemes. Projects fail to deliver due to providers passively resisting changes, market changes etc.	Maintain close monitoring of progress and financial profiling Identify contingencies	Mar-14	4	4	Red (16)	Mar-14
CCO	3.5	Potential Risk: The CCG is not able to control prescribing costs	4	4	Red (16)	4	4	Red (16)	Medium	a. Prescribing Programme b. Collaborative Improvement Board c. Quality and Performance Committee	Internal Audit		Forecast Outturn shows overspend c£600k Prescribing programme continues to deliver prescribing savings	Mar-14	4	2	Amber (8)	Mar-14
CCO	4.2	Potential Risk: The CCG does not achieve consensus across all parties in service re-design and resources allocation to enable integrated care planning	5	3	Red (15)	5	3	Red (15)	Medium/ High	a. Collaborative Improvement Board b. Strategic Collaborative Commissioning Board c. Programme Management approach to service re-design and commissioning, based on the healthcare reform process d. Patient engagement structures (see below)	LAT CCG Assurance Framework	Planning for Integrated Transformation Fund Shadow year and agreed funding priorities	Council of Representatives discussion and challenge sessions Integrated Transformation Fund development HWB Representation Engagement on JNSA Steering Group to develop shared knowledge and needs	Mar-14	4	3	Amber (12)	Mar-14
COO	5.3	Potential Risk: Unavailability of IT infrastructure may impact the ability of the organisation to deliver key objectives	4	5	Red (20)				High	SLA with the Commissioning Support Unit		Multiple incidents. Senior staff and staff fundamental to the delivery of key organisational objectives unable to access electronic systems. No formal SLA with COY IT Services. Frequency of infrastructure downtime. Extent of outage: whole organisation Response to outages unclear. Lack of visibility re: root cause analysis, possibility of single point of failure. Lack of independent review and assurance	Monitoring and escalation of incidents to Head of service at CSU. Follow up of Review Root Cause Analysis Reports and IT Performance Reports. Review of alternative provision regarding resilience and performance with CSU IT Services.	Jun-14	4	2	Amber (8)	Mar-14