Item Number: 12	
Name of Presenter: Rachel Potts	
Governing Body	NHS Vale of York
4 June 2015	Clinical Commissioning Group
Assurance Update: Risk Report	
Purpose of Report To Receive	
1. Rationale	
To present the corporate risk registers for review, a trends and highlighting the most significant risks to organisations objectives.	
☐ Person centred care ☐ Primary care reform ☐ Urgent care reform ☐ ☐	Planned care Transforming MH and LD services Children and maternity Cancer, palliative care and end of life care System resilience
3. Actions / Recommendations	

That the Governing Body notes the risks identified that form the Corporate risk register 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.

### 4. Engagement with groups or committees

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

## 5. Significant issues for consideration

The review of corporate and team risk registers continues to evaluate ongoing risks and assess risk arising that are new for 15-16.

Areas of high risk are identified as:

- Delivery of the financial plan;
- · Delivery of constitutional performance targets;
- Delivery of BCF plans;
- · Management of Serious Incidents; and
- Primary Care Co-Commissioning.

A risk heat map of corporate risks is provided on the following page, (Appendix 1); highlighting key "red" risks in each area. A summary of "Red" risks is provided at Appendix 2.

#### 6. Implementation

The effectiveness of controls in place to manage and monitor risks have been evaluated and actions to mitigate risks have been reviewed at Quality and Finance Committee.

## 7. Monitoring

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

## 8. Responsible Chief Officer and Title

Rachel Potts

**Chief Operating Officer** 

## 9. Report Author and Title

Pennie Furneaux

Policy and Assurance Manager

### 10. Annexes

Annex 1: Heat Map of Risks

Annex 2: Summary of "Red" Risks

Teams	Current Risk Matrix	April 15 Matrix	Total No. of Risks /Trend	
Team Risk Register (Finance and Contracting) Financial risks have been reviewed and the financial impact of failure to deliver BCF plans has increased.  The final version of the financial plan for 2015/16 was submitted on 14 <sup>th</sup> May. The plan includes a financial gap of £19.2m - £7.1m of this is identified as BCF related schemes and £2.4m of other QIPP schemes are included. The remaining gap therefore stands at £9.7m. The financial plan includes an assessment of risks and mitigations – the net position is £1.2m unmitigated risk. Risks include failure to close the remaining gap (risk adjusted value £5.8m) and non-delivery of BCF schemes (risk adjusted value £3.6m). Both of these are assessed as high risk on the CCGs risk register. Mitigations include use of the CCGs 1% contingency fund (£2.0m), use of BCF performance funds (£2.1m), contract management (£1.2m), deferred investments (£1.1m) and other mitigations (£1.8m).	230	2 2 1 1 2 1 1 2 1 1 Impact	14	
<b>Team Risk Register (Innovation and Improvement)</b> A number of risks have been archived since the last report relating to Better Care Fund, (BCF) planning. BCF Plans are now operational and new risks have been identified and assessed.	Exemple 2	5 2 2 3 2 1 Impact	7	

#### ANNEX 1: HEAT MAP OF RISKS

## Team Risk Register (Quality and Performance)

There are no new risks and the overall risk profile remains static. There are five high risks identified that are being pro-actively managed as follows:

#### **Constitution targets**

Performance against delivery of some constitutional targets remain high risk:

- YAS 8 minute target;
- A&E 4-hour wait;
- 18 week RTT;
- · Diagnostic waiting times; and
- Cancer waiting times.

A full analysis of Constitutional target risks is detailed in the Quality and Finance report

#### **Management of Serious Incidents**

New serious incident and never event national framework now launched, working through with providers impact and processes as less SI are likely to be declared.

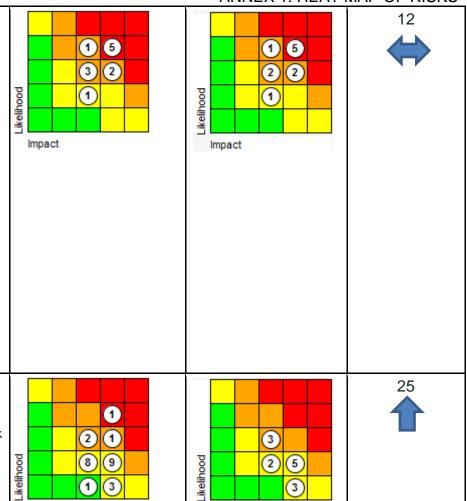
### Primary care co-commissioning

A primary care co-commissioning workshop is planned for May 2015 to agree priorities. There is potential for RAIDR to be used to monitor primary care information, this will be looked at in coming weeks.

## Team Risk Register (Governance)

Governance risks have been reviewed and re-assessed. There are two new risks included in the register this month relating to the CS transition and continuity of quality and standards in services has been evaluated as high risk at this time.

Sub-risks have been added to Information Governance to reflect government concerns over cyber security and aspects of the Caldicott agenda. A sub-risk has also been added to the ability of the CCG to deliver the operational plan. Four of the risks listed refer to sub-risks.



Impact

Impact

## ANNEX 1: HEAT MAP OF RISKS

Team Risk Register (Communications and Engagement) There are no "Red" risks recorded in the heat map. The overall risk trend is static	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	1 1 1 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1 2 1	5
	Impact	Impact	

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# **Team Risk Register( Finance and Contracting)**

Risk ID	Risk Summary	Operationa I Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
F.16	Better Care Fund	Michael Ash- McMahon	Michael Ash- McMahon	15	16	8		15-May- 2015

# **Team Risk Register (Governance)**

Risk ID	Risk Summary	Operationa I Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
G.22	The support to the CCG from the Commissioning Support Services are reduced during the transition period	Lynette Smith	Rachel Potts	16	16	6	New	14-May- 2015

# **Team Risk Register (Innovation and Improvement)**

Risk ID	Risk Summary	Operationa I Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
BCF.01	Failure to reduce non-elective admissions to planned levels	Mark Luraschi; John Ryan	Dr. Andrew Phillips	12	16	12		14-May- 2015
BCF.03	Delivery of BCF targets is dependent on partners and outside the immediate control of the CCG	Mark Luraschi; John Ryan	Dr. Andrew Phillips	16	16	9		14-May- 2015

# **Team Risk Register (Quality and Performance)**

Risk ID	Risk Summary	Operationa I 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	Dr. Andrew Phillips	16	16	8		13-May- 2015
Q&P_03	Constitution target – Planned Care - VoYCCG failure to meet 18 week RTT target	Fliss Wood	Dr. Shaun O'Connell	16	16	8		13-May- 2015
Q&P_04	Constitution target – Planned Care - VoYCCG failure to meet Diagnostics target	Fliss Wood	Dr. Shaun O'Connell	16	16	8		13-May- 2015
Q&P_07	YTHFT Serious Incident processes not effectively managed	Michelle Carrington	Michelle Carrington	16	16	8		14-May- 2015
Q&P_10	Lack of assurance on quality and performance monitoring in Primary Care	Michelle Carrington	Michelle Carrington	16	16	8		14-May- 2015