


Item Number: 6	
Name of Presenter: Rachel Potts	
Meeting of the Governing Body 5 January 2017	 Vale of York Clinical Commissioning Group
Corporate Risk Update Report	
Purpose of Report To Receive	
Rationale Active management of corporate risk and gaining assurance that the CCG is achieving its' objectives are central to effective management and leadership of the organisation. Corporate risks were last updated on 14 December 2016. This report: <ul style="list-style-type: none"> • identifies risk trends and highlights the most significant risks to the delivery of programmes of work/ organisations objectives; and • reviews the CCG's Improvement and Assurance Framework national indicator performance and links this to known corporate risk priorities. 	
Strategic Priority Links <input checked="" type="checkbox"/> Primary Care/ Integrated Care <input checked="" type="checkbox"/> Planned Care/ Cancer <input checked="" type="checkbox"/> Urgent Care <input checked="" type="checkbox"/> Prescribing <input checked="" type="checkbox"/> Effective Organisation <input checked="" type="checkbox"/> Financial Sustainability <input checked="" type="checkbox"/> Mental Health/Vulnerable People	
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	
Impacts/ Key Risks <input checked="" type="checkbox"/> Financial <input checked="" type="checkbox"/> Legal <input checked="" type="checkbox"/> Primary Care <input checked="" type="checkbox"/> Equalities	
Recommendations The Governing Body is requested to review the current portfolio of risk and propose or request additional mitigation or assurance where necessary.	
Responsible Chief Officer and Title Rachel Potts, Chief Operating Officer	Report Author and Title Pennie Furneaux, Policy and Assurance Manager

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Annexes (please list)

Annex A: Corporate Events Report

Annex B: Profile of Corporate Risk Heat Map with Summary Comment

Annex C: Corporate "Red" Risks Report

Assurance Framework and Risk Report

1. CCG Improvement and Assessment Framework

- 1.1. There has been no update to Improvement and Assurance Framework Indicators since the last report to the Governing Body.
- 1.2. The NHS Vale of York CCG's Internal Assurance Framework and risk and work continues to address key themes in regard to low performing Performance Indicators (PIs) which are:
 - Mental Health: Improving Access to Psychological Therapies
 - Mental Health: working closely with key partners that contribute to building sustainable system wide transformation to deliver improvements in children and young people's mental health outcomes.
 - Mental Health: reducing out of area placements
 - Diagnosis rate for people with dementia
 - Population use of hospital beds following emergency admission
 - Quality of lives of carers
 - Achievement of Diabetes treatment targets
 - Effectiveness of working relationships, (based on key stakeholder groups): local authority; health and wellbeing board; Healthwatch and patient groups; GP member practices; NHS providers; other CCGs and key wider stakeholders; and
 - Outcomes in areas with identified scope for improvement.
- 1.3. Risks in relation to these PIs have been identified, included in the CCG's corporate risk register and action is being taken to manage the risk.

2. Risk Management

- 2.1. The CCG's corporate risks are kept under review and, as a minimum, are reviewed on a monthly basis in line with the CCG's Risk Management Strategy. Corporate risks pose a risk to the delivery of the Improvement and Assurance Framework and legal requirements for the CCG. Reducing the likelihood of the risk improves the CCG's likelihood of achieving improvement in its national rating and therefore forms a key part of the CCG Improvement Plan.
- 2.2. This paper provides a summary of the current significant risks to the CCG's functions and duties for the population of the Vale of York and asks the Governing Body to consider assurance provided regarding action in place to mitigate risks and if any additional mitigation is required to reduce the impact and/or likelihood of the significant risks.

Events this Period

- 2.3. There are currently four corporate events, (three less than last month). All of these have an impact score of 4, indicating that the impact will be “serious;” and may involve one or more of the following consequences:
- Enforcement action, multiple breaches in statutory duty Improvement notices, low performance rating/critical report;
 - National media coverage with <3 days, service well below reasonable public expectation, damage to an organisation’s reputation;
 - Non-compliance with national standards, 10–25 per cent over project budget, slippage key objectives/not met; or
 - Uncertain delivery of key objective/Loss of 0.5–1.0 per cent of budget Claim(s) between £100,000 and £1 million.

The events that have been identified as having a “serious” impact are:

- Failing to achieve an assured position for the 2016-17 plan. Failure to be assured for planning for 2016-17 impacts on the CCG's assessment rating by NHSE and involves a higher level of scrutiny and external involvement.
 - Action: The CCG Improvement Plan has been submitted to respond to our legal directions.
 - Failing to achieve 67% dementia coding target in general practice, (impact score of 4, new event June 2016 and flagged as an area of failure on the IAF performance Quarter 1).
 - An agreement has been reached with the NHS England Clinical Network for dementia in relation to the small budget for additional clinical input to improve the rates of coding in primary care. An action plan has been submitted to Finance and Performance in relation to the next steps to achieve the target.
 - Failing to achieve the Urgent Care Constitution target – 4 hour A&E waiting times. This has been an area of concern throughout the year.
- 2.4. Action has been taken to address events relating to areas of service managed by the Partnership Commissioning Unit (PCU).
- 2.5. A detailed list of events is provided at Annex A that includes the latest update note.




Corporate Risk

- 2.6. The level of corporate risk across domains remains high, although work is ongoing to mitigate the level of risk:
- improvements in partnership relationships;
 - clear action plans;
 - support from NHSE leading to improve confidence; and
 - system ownership of solutions by healthcare partners.

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- 2.7. Significant risks continue to be reported for the Better Care Fund and associated schemes, financial position, performance on urgent care, delivery of the QIPP plan, dementia coding, Partnership Commissioning Unit spend and CHC delivery. The Committee is receiving the following reports on progress to manage these risks:
- Finance Performance Report;
 - QIPP Update; and
 - Performance Intelligence Report.
- 2.8. New risks are emerging in relation to delivery of projects which impact on the ability of the CCG to deliver key objectives. These are escalated to the corporate risk register for scrutiny by the CCG's executive leads. Details of all "red" corporate risks are provided in the report at Annex C.
- 2.9. Details of all risks and actions can be found at:
<https://valeofyorkccg.covalentcpm.com/portalgroups/view/1002/ccg-risk-portal-group> . A hard copy can be provided on request.

Events Report-Risks that Have Materialised





Risk Summary	Operational Lead	Lead Director	Latest Note	Latest Note Date	Impact	Status
Dementia - Failure to achieve 67% coding target in general practice	Paul Howatson	Dr. Louise Barker	<p>Work continues to improve the level of coding in primary care. Work is almost complete to secure diary appointments for the clinical lead to assist the seven practices with the largest opportunity to generate significant increases in coding. These will continue into January. Other avenues need to be explored including hosting a webinar and writing to all practices again to encourage compliance with the target.</p> <p>An agreement has been reached with the NHS England Clinical Network for dementia in relation to the small budget for additional clinical input to improve the rates of coding in primary care. An action plan has been submitted to Finance and Performance in relation to the next steps to achieve the target. A special mental health bulletin is being prepared which details the actions required to achieve this target in primary care.</p>	22 Dec 2016	4	
There is a risk that the CCG may fail to achieve an assured position for the 2016-17 plan.	Rachel Potts	Rachel Potts	NHSE has approved the CCG Improvement Plan and is supporting work on the Financial Recovery Plan. The CCG is progressing the new Executive Structure for implementation in January and has undertaken exercises with Chief Officers and all staff to determine key priorities and delivery for 2016-17. Revised reporting arrangements are in place to ensure progress is transparent momentum is maintained on delivering the 2016-17 requirements. Responses to the Leadership and Governance arrangements will be fully implemented by end of December 2016.	14 Dec 2016	4	
There is a potential risk of failure to manage Partnership Commissioning Unit areas of spend	Michael Ash-McMahon	Tracey Preece	A meeting was held on the 8th December to discuss the future management of PCU areas of spend with all of the North Yorkshire CCGs. A number of options were discussed and these are now being considered within each CCG.	13 Dec 2016	4	
Constitution target – Urgent Care - VoYCCG failure to meet 4 hour A&E target	Fliss Wood	Dr. Andrew Phillips	<p>The most recent validated data available for Vale of York is October 2016. Performance against 4 hour target for Vale of York was 85.5% (target 95%). This is an decrease from the September figure of 91.0%.</p> <p>York Trust failed to achieve the Sustainability and Transformation Fund Trajectory for October a performance of 85.46% against a trajectory of 90.0%.</p> <p>A full update will be available in the Quality & Intelligence Report for December.</p>	12 Dec 2016	4	

Corporate Risk Matrix Report

Area	Current Risk Matrix	Historical Matrix	Latest Note	Date
Better Health Risk Register 2016/17			The 2017-18 Operational Plan is under development, and prevention will continue to form a major part of the CCG's priorities to reduce demand on the system. Work this year has focused on improving signposting capabilities at primary care level.	21 Dec 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>BCF: The impact of BCF risks refer principally to service development plans in the CYC and NYCC footprint. Quarterly monitoring returns have been submitted to NHSE in line with national reporting requirements. Work has progressed in developing a local BCF dashboard for the CYC HWB although delivery against the £1.2M risk share schemes remains below target. This pressure is recognised within the overall CCG financial plans. Early discussions are underway with partners to consider requirements for 2017/18 plans although national guidance has been delayed and is not expected to be received until January at the earliest.</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. Monitoring of schemes occurs on a weekly and monthly basis, reporting exceptions to the Finance and Performance Committee.</p> <p>CHC: Costs of packages remain high across a number of patient cohorts which is impacting on the overall cost of both FNC and CHC activity. A range of options to address the specific pressures relating to this issue are being explored with partners as part of the wider system conversations.</p> <p>School Nursing. CCG agreed to roll over contract with YHFT until March 2018 and develop service specification in the meantime with partners, children and families. Discussion relating to the transfer of financial resources from CYC to the CCG is on-going.</p> <p>Clinical Network: Discussions are on-going with primary care partnerships across the VOY footprint as part of the developing narrative on an accountable care system. A model of VOY system partnership linked to a number (to be determined) of locality delivery forums has been agreed in principle. Shadow arrangements for this model are being developed for implementation in Q4.</p>	14 Dec 2016
Sustainability Risk Register 2016/17			The Vale of York CCG continues to face a significant challenge in achieving financial sustainability in the short, medium and long term. The CCG is working closely with NHS England, who are providing both challenge and additional capacity, to build on the detail of the financial plan. The overall level of financial risk reported at Month 8 has increased in terms of delivering both the original plan and the deficit position for 2016/17 outlined in the improvement plan. There is a system wide meeting with NHS England and NHS Improvement in attendance on the 19th December meeting to confirm forecast outturn positions with York Teaching Hospital NHS Foundation Trust, although further support will be required from system partners across both health and social care, which has now been formally requested. The key risks to achievement of the plan relate to acute services contract over trade, increasing mental health costs outside of the TEVV contract, under delivery of QIPP schemes and Continuing Healthcare.	21 Dec 2016
Leadership Risk Register 2016/17			The CCG is implementing the Improvement Plan, following approval from NHSE. A full staff consultation concluded on 8 December on a proposed new Executive Structure and it is expected that this will be implemented in January with alignment of resources to priorities. The Governance structures have been approved by Governing Body. PMO arrangements are in place. Additional capacity has been secured for planning and on System Resource. The STP was published on the 21st November 2016. Conflict of Interest processes are in place. This has seen an overall reduction in risk for this section. One significant risk remains on the CCG's assurance rating for 2016-17.	14 Dec 2016

Profile Report of Red Risks

Better Care Domain Corporate Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
I&I17.01 There is a potential risk that QIPP - transformational changes fail to achieve target savings	Details of individual schemes contributing to QIPP are reported separately.	QIPP schemes in delivery are regularly reviewed at weekly assurance and delivery meetings, and at the monthly programme delivery steering group meetings. Where planned savings do not materialise the Finance and Contracting team raise a concern with the relevant project manager. Variations are reported and discussed, and escalated to both the weekly and monthly monitoring meetings.	Delivery of the 2016-17 QIPP plans is considered to be challenging. Very close monitoring of progress is reported through the Governance structure and the CCG is working hard to deliver additional schemes to contribute to the overall target.	Paul Howatson	Jim Hayburn	16	16	9		13-Dec-2016
I&I17.04 Delivery of BCF targets is dependent on partners and outside the immediate control of the CCG. There is a potential risk that partners are unable to deliver agreed trajectories	Cost and activity pressures within the system impact on partner abilities to deliver their agreed trajectories.	Continue multi-agency approach to delivery, be it at operational scheme level, or through the newly formed Integrated Transformation Board (ITB) which succeeds the JDG, to ensure maximum impact is made against BCF metrics and targets.	The quarter 2 performance return was submitted to NHS England by the required deadline. The BCF Performance and Delivery Group reviews and acts on performance issues and concerns raised at the monthly meeting.	Paul Howatson	Dr. Andrew Phillips	16	16	9		13-Dec-2016
PCU17.1 CHC Fast Track - There is a potential risk of failure to fulfil packages of care which result in delayed transfers or limited choice for patients	(PCU3) PCU difficulty in finding Fast Track providers is an ongoing issue.	Tender process underway. Internal process is being reviewed via a Fast Track SOP.	The CCG is currently undertaking a review of commissioned palliative and end of life care services, including options for Fast Track after the second failed procurement exercise. The report is due in December. The issue has been de-escalated for the time-being. The local position is under constant review.	Paul Howatson	Michelle Carrington	20	16	9		13-Dec-2016
PCU17.2 CHC Retrospective Cases - There is a potential threat of judicial review and appeals relating to recent PUPOC CHC decisions.	PCU Risk Register Ref: 1	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.	A number of appeals have already been received and depending on the outcome, a number may lead to Judicial Review. PCU to keep the CCG updated.	Michelle Carrington; Paul Howatson	Michelle Carrington	12	16	4		13-Dec-2016

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Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
PCU17.9 Disaggregation of Special School Nursing.	The CCG is now the Responsible Commissioner for Special School Nursing. The City of York Council are withdrawing funding from the current provider (YHFT) from September 30th 2016. The CCG is rolling over the current contract until at least April 2017. Further development is needed to improve the service specification and the quality of service. Transfer of funding from CYC to the CCG is not agreed.	The Chief Nurse is now developing the service specification.	CCG agreed to roll over contract with YHFT until March 2018 and develop service specification in the meantime with partners, children and families. Discussion relating to the transfer of financial resources from CYC to the CCG is on going.	Michelle Carrington	Michelle Carrington	16	16	4		12-Dec-2016
Q&P17.07 YHFT 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 YHFT, there are concerns regarding the internal process management, quality of investigations and repeat incidents occurring.	Monitoring the number of SIs reported and YHFT review of governance structure to internally manage process.	<p>York Trust updated their processes for reviewing and managing Serious Incidents related to falls and pressure ulcers in conjunction with revised care practices. The management of Serious Incidents is the responsibility of the Patient Safety Team. The CCG is gaining increased assurance of improved practices, embedded learning and progress is being made to close the large number of historical incidents.</p> <p>Additional information to support the trusts strategic action plan has been obtained and CCG attendance at the York Trust Falls and Pressure Ulcer SI Review Panel is providing insightful evidence into areas requiring improvements as well as examples of good practice.</p> <p>The CCG Serious Incident review process is demonstrating improvements but still requires further development to increase efficiency and management. Providers attended for the first time in October and whilst there are many issues to be resolved it is hoped this will provide increased assurance and allow more timely closing of SIs.</p>	Michelle Carrington; Debbie Winder	Michelle Carrington	16	16	8		12-Dec-2016

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Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
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	PCCC paper deferred until February 2017. Discussion with Chair of Council of Representatives has taken place. There are plans for a workshop in the New Year. Head of Engagement is now in post and will start to link with Primary Care Patient Participation Groups.	Michelle Carrington; Charlotte Sheridan-Hunter	Michelle Carrington	16	16	8		12-Dec-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 for 16/17.	The development of the organisational form of General Practice will be picked up through delivery of the General Practice Forward View - with NHSE requiring that this is included in STP level plans with investment plans and timescales.	The VoY Clinical Network arrangements are currently under review. A further update will be provided in January once the restructure has been completed.	Shaun Macey	Dr. Tim Maycock	20	16	8		13-Dec-2016
SMT17.02 QIPP projects to reduce costs across the system fail to deliver the predicted saving.	Failure of projects to deliver savings associated with QIPP, impacting on the financial recovery plan.	Individual projects to address service improvement have an identified clinical lead and senior programme manager lead (Senior I&I Manager). Projects are monitored weekly through assurance and delivery group, monthly through Programme Delivery Steering Group and monthly by exception at Quality and Finance Committee.	All QIPP projects in delivery are constantly reviewed and other planned QIPPs are in a pipeline for development and scoping. All programme areas have currently been through a rigorous confirm and challenge exercise with NHS England as part of the financial recovery plan.	Fiona Bell	Rachel Potts	16	16	6		13-Dec-2016
SMT17.03 Failure to adequately collaborate and incorporate mental health and learning disability services into the wider hub models		Strategic discussions are underway to ensure that mental health and learning disability services are part of the future development of the "hub" models.	With a new Engagement Lead in place and once the consultation period for the new hospital is completed an event will be held to develop the next phases of improvement and transformation of mental health services.	Dr. Louise Barker; Paul Howatson	Dr. Louise Barker	16	16	4		13-Dec-2016
SMT17.04 CHC Failure to deliver well-managed, effective pathways for assessment and review of people with enduring or acute care needs	Resourcing issues in relation to regular and timely assessments in accordance with best practice guidance.	PCU have now got a plan in place and additional resource to tackle the historic backlog of cases and have a deadline of 31st October 2016 to achieve the clearance of the backlog.	PCU is now working closely with local authority and health partners to address the concerns highlighted by recent reviews and these should be implemented during 2017.	Paul Howatson	Michelle Carrington	20	16	3		13-Dec-2016

Project Risks Escalated to Corporate Better Care Domain Risk Register
Better Care Fund New Models of Care



Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
BCF.01.01 Care Hub Selby	There is a risk that the scheme will not deliver the savings as required through the BCF plan.	Ensure robust data collection against agreed KPI's and review impact of scheme and savings at regular intervals.	The CCG is exploring opportunities for combining the funding for the Integration Hubs with spend on Community Services and BCF, to develop an outcomes based, out-of-hospital contract that would enable Providers to work collaboratively. It is hoped that an initial version of this contract could be offered through a new provider body.	Shaun Macey	Dr. Andrew Phillips	9	16	9		13-Dec-2016

Mental Health & Learning Disabilities Transformation

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
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. CCG to provide focussed support targeting the larger practices with the lowest coding rates.	Work continues to improve the level of coding in primary care. Work is almost complete to secure diary appointments for the clinical lead to assist the seven practices with the largest opportunity to generate significant increases in coding. These will continue into January. Other avenues need to be explored including hosting a webinar and writing to all practices again to encourage compliance with the target. An agreement has been reached with the NHS England Clinical Network for dementia in relation to the small budget for additional clinical input to improve the rates of coding in primary care. An action plan has been submitted to Finance and Performance in relation to the next steps to achieve the target. A special mental health bulletin is being prepared which details the	Paul Howatson	Dr. Louise Barker	16	16	4		14-Dec-2016

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Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
			actions required to achieve this target in primary care.							
MH.11.01 IAPT - Failure to achieve sustainable access and recovery targets within acceptable waiting times			Discussion with the Intensive Support Team at NHS England is on-going. Provider has agreed to NHS England conducting an external review to understand granular detail of some of the underlying issues which need to be resolved in order to sustainably achieve and exceed the national performance metrics. An initial telephone conversation will be held in December before the review of services in January.			12	16	4		14-Dec-2016
MH.PROGRAMME.02 Concerns about access to children and young people's mental health services	From a report submitted to NHS England in relation to waiting list management a high number of service users were found to be on the waiting list.	The provider is validating waiting list information and splitting this into cohorts. The PCU and CCG are holding the provider to account on performance and access to timely assessment and treatment.	Currently working with the provider to explore improvement initiatives. Reporting to NHS England will continue for the foreseeable given the number of children and young people awaiting assessment and treatment.	Paul Howatson	Dr. Louise Barker; Michelle Carrington	16	16	4		14-Dec-2016

Integrated Care

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
IC.14.22 Wheelchair Service: Backlog of patients handed over from incumbent	The volume of patients that were handed over from the incumbent was more than double the figures presented before go live. This is a combination of people awaiting assessment and who have been assessed and are waiting for equipment. There needs to be a cleansing of the clinical system to understand the full picture regarding the activity and what costs are related to this activity. This is being done by the new provider. There has been agreement in principle that the urgent cases need to be seen ASAP. However, there is a	December 2016 - This issue was flagged by the new service providers once the clinical system has been handed over from the incumbent. It was highlighted that the previous figure of patients on this list was approx. 500; on handover it was found to be 1,142. The new provider is working through this list to cleanse the data (a significant proportion of patients are on the backlog due to poor housekeeping of records). The new provider are working on the provision of a clear data set detailing the numbers of patients who need clinical input, the cost of this input and splitting it by CCG. There has been an agreement in				16	16			20-Dec-2016

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Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
	risk that there could be reputation damage for the CCG if patients waiting times continues to increase and if managing the backlog impacts on the new service.	principle to treat all patients who are of an urgent clinical need straight away. By the end of January there will be an action plan put forward and an agreement from all CCGs as to how these patients will be managed and what additional payments are required. The backlog is outside of the contract that was tendered and this activity needs to be agreed separate to the reasonable waiting list of patients that would have been handed over at the beginning of a new contract. Vale of York CCG have withheld a substantial portion of the last two months payment of the contract with the incumbent, while this situation is resolved.								

Leadership Domain Corporate Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
SMT D4.02 There is a risk that the CCG may fail 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. 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.	Revised governance arrangements and executive structure to respond to and deliver the required Improvement Plan.	NHSE has approved the CCG Improvement Plan and is supporting work on the Financial Recovery Plan. The CCG is progressing the new Executive Structure for implementation in January and has undertaking exercises with Chief Officers and all staff to determine key priorities and delivery for 2016-17. Revised reporting arrangements are in place to ensure progress is transparent momentum is maintained on delivering the 2016-17 requirements. Responses to the Leadership and Governance arrangements will be fully implemented by end of December 2016.	Rachel Potts	Rachel Potts	12	16	12		14-Dec-2016

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Sustainability Domain Corporate Risk Register 2016/17

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
F17.11-PLAN There is a potential risk of 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.	Development of a Financial Recovery Plan (FRP), including QIPP Plans, over the medium-term to ensure the CCG returns to a sustainable financial position.	The CCG continues to work through the planning round with the support and input of NHSE finance colleagues and in accordance with the national planning timetable and guidance. The final submission is due on the 23rd December and currently shows a significant financial challenge that is likely to require a multi-year recovery subject to formal approval.	Natalie Fletcher	Tracey Preece	20	20	5		13-Dec-2016
F17.1-ORG There is a potential risk of failure to deliver a 1% surplus	The CCG is unable to deliver the annual 1% surplus in-year or in future years	The financial plan agreed with NHS England includes a deficit plan for 2016/17. Development of a Financial Recovery Plan (FRP), including QIPP Plans over the medium-term to ensure the CCG returns to a sustainable financial position.	Work is on-going regarding the development of a financial plan to return the CCG to financial balance over the medium to long-term. This involves increased work with the NHSE finance team who are providing additional capacity into the CCG on a day to day basis during the planning period and continued and increased participation within the STP footprint, in part facilitated by the new executive team structure.	Michael Ash-McMahon	Tracey Preece	20	20	5		13-Dec-2016
F17.3-ORG There is a potential risk of failure maintain expenditure within allocation	The CCG is unable to maintain expenditure within its notified allocations for Core CCG services, Primary Care or Running costs	Work on the development of further QIPP programmes and mitigations is in progress to ensure that the planned deficit position for 2016/17 is effectively managed. In addition, the CCG is developing of a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	Work is on-going regarding the development of a financial plan to return the CCG to financial balance over the medium to long-term. This involves increased work with the NHSE finance team who are providing additional capacity into the CCG on a day to day basis during the planning period and continued and increased participation within the STP footprint, in part facilitated by the new executive team structure.	Michael Ash-McMahon	Tracey Preece	20	20	5		13-Dec-2016
F17.9-OP There is a potential risk of failure to deliver the required QIPP savings	Savings and outcomes not delivered as planned	Programme groups implemented to support and co-ordinate integrated approach to delivering prioritised projects. Regular review and feedback to Governing Body, SMT and sub-committees of the Governing Body. Further deterioration in delivery will	There remains a shortfall on the 2016/17 schemes and the SMT are exploring alternatives to make up this difference. The I&I team are currently scoping new schemes for 17/18 from the pipeline list and these have all been	Michael Ash-McMahon;	Jim Hayburn	16	20	4		13-Dec-2016

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Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
		require added focus on the development of further schemes or mitigating courses of action. In addition, the CCG is developing a Financial Recovery Plan, designed to return the organisation to financial balance over the medium term. This will include the identification of longer term QIPP schemes.	through a confirm and challenge session with NHSE so that each area now has an agreed target for 2017/18.							
F17.2-ORG There is a potential risk of failure to deliver planned financial position	The CCG is unable to deliver the planned financial position in-year or in future years	Work on the development of further QIPP programmes and mitigations is in progress to ensure that the planned deficit position for 2016/17 is effectively managed. In addition, the CCG is developing a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	Work is on-going regarding the development of a financial plan to return the CCG to financial balance over the medium to long-term. This involves increased work with the NHSE finance team who are providing additional capacity into the CCG on a day to day basis during the planning period and continued and increased participation within the STP footprint, in part facilitated by the new executive team structure.	Michael Ash-McMahon	Tracey Preece	16	16	4		13-Dec-2016
F17.6-ORG There is a potential risk that the CCG receives a qualified external audit opinion	The CCG's final accounts may receive a qualified external audit opinion depending on the financial performance of the organisation	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. In addition, the CCG is developing a Financial Recovery Plan (FRP) including QIPP Plans over the medium-term to the CCG ensure returns to a sustainable financial position.	The CCG will fail to manage expenditure within current allocation; it is likely that a qualified VFM audit opinion will be given in 2016/17 for failure to achieve financial duties. Work is on-going to return the CCG to financial balance over the medium term.	Michael Ash-McMahon	Tracey Preece	16	16	4		13-Dec-2016
F17.7-OP There is a potential risk of Acute (Incl. NCAs, AQP and YAS) overtrades	Additional, unplanned overspends with acute providers as a result of genuine activity growth and / or coding and counting changes	Robust contract management processes in place to enable management of overtrades. Any overtrades that cannot be mitigated through contract management, will require off-set by further delivery of QIPP programmes or constraint of spending in other areas. In addition the CCG is developing a Financial Recovery Plan to address the overall financial position with an aim to return the organisation to financial balance	The CCG is currently forecasting a number of overtrades in these areas as a result of genuine activity growth, coding and counting changes and non-delivery of QIPP. These are monitored in detail as part of the contract management process and a number of formal Activity Query notice challenges have been issued to the main provider YTHFT and are in the process of being worked through. It is expected that these should be resolved in January.	Michael Ash-McMahon	Jim Hayburn	16	16	4		13-Dec-2016

NHS Vale of York Clinical Commissioning Group
Governing Body

Annex C

Risk ID and Summary	Description	Mitigating Actions	Latest Note	Operational Lead	Lead Director	Initial Risk Rating	Current Risk Rating	End of Year Target	Trend	Last Reviewed Date
		over the medium term.								
SMT17.3.06 There is a potential risk of failure to adequately control services and functions provided by other teams and agencies which are the responsibility of the CCG		1) Potential to request further involvement of North Yorkshire Audit Services into the operations and activities conducted at the PCU. 2) Management of agreed action plans through PCU CMB 3) Establish CMBs for eMBED and NECS	With regards to PCU reporting the CCG is now in the process of implementing the agreed action plan. A comprehensive update report, including options around future provision, is being taken to the next Finance and Performance meeting. The CCG continues monthly contract management and service line meetings with eMBED, with a continued increase in the number of KPIs agreed and now monitored as part of this process. NECS have now been contacted with a view to establishing the same reporting cycle.	Michael Ash-McMahon	Tracey Preece	20	16	3		13-Dec-2016
F17.04.2 There is a potential risk of 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	Risk remains static due to experience of restoration of support functions and the developing relationship with eMBED and NECS as the provider of source information. However, there have been some delays in access to information and data in a timely fashion to support an already challenging planning timetable that has impacted on some of the contracting discussions.	Michael Ash-McMahon	Tracey Preece	20	15	5		13-Dec-2016