

APPENDIX 1: High Level Risk Log for Governing Body as at 5th March 2015

Risk ID	Date Created	Committee, Risk Category	Current Risk Rating	Target Rating	Risk Owner (Senior Manager)	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	Score Movement this Cycle
556	03/02/2015	Quality - Quality of Care	16	4	Rhona Radley (Penny Woodhead)	There is a risk that the needs of service users and their families will not be adequately met in terms of waiting times and patient experience by the CAMHS service in Kirklees and Calderdale. This is due to slippage against the recovery plan including a failure to clear the historical back log in the agreed timescales, slower than anticipated establishment of new working practices and pathways and a change in culture. This is resulting in long waiting times for service users with potential escalation of need, variation in care received and poor service user and family experience.	The recovery plan is being progressed, including an activity recovery plan, processes and working practices established to ensure caseload management and regular supervision is provided to existing team members, production of appropriate literature for use with service users and families. Additional clinical support to work with service users and families who have had a long wait or are unwilling to engage with the current team. Where required, individuals are being managed through HR processes with a review being presented to the executive group on a monthly basis	This has been escalated to senior management and a meeting between SWYMFT and CCG Chief Officers is being arranged to discuss and agree next steps. Risk score agreed across C&K to remain at 16. This was reviewed at the January Quality Committees. Significant progress has been made regarding data submission and this gap in control has been closed Provider recruited in December an interim dedicated Director and Manager to oversee the CAMH services for the next 6 months	Achievement against the plan will be monitored and measured at the monthly CAMHS contract management group with the providers, NHS and Local Authority. An overarching governance board (Executive Steering Group) has been established to assure the delivery of and quality of the service and provide challenge to the system. Concerns/slippage against plan will be escalated to the Executive Steering Group (members include Head of Quality and Senior Service Improvement Manager). Performance against plan will be reported into this board at each meeting (frequency of governance board to be confirmed).	CAMHS monthly contract meeting CAMHS Governance Board - monthly Monthly report into Quality Committee, escalated to Governance Body as recommended by the Quality Committee Weekly telephone meetings between provider and commissioners	Fully operational single criteria being produced for Tiers 2&3 to support access and referral into both services Fully controlled and managed referral to discharge process in place. The lack of clear pathways and systems in place within the wider CAMHS service is causing disruption for T2 services. Robust data reporting into contract meeting by provider in line with requirements of the recovery plan.	New Risk (replaces Risk 356)

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549	30/01/2015	F&P - Service Improvement	16	12	Jen Mulcahy (Matt Walsh)	There is a risk that we do not deliver coordinated change across hospital and community services at sufficient pace and scale to address the significant quality, finance and workforce issues in our case for change, due to the <u>Right Care, Right Time, Right Place Programme</u> not delivering, resulting in poor services being established/maintained and financial benefits not being realised.	The Quality Committee are managing current Trust Quality and Safety Risks First Draft of the Financial Case for change to quantify shift of activity and quantify projected finance impact has been completed. Our approach to commissioning Community Services has been signed off by Governing Body on 11 Dec Quality assurance process in place for workforce changes to CHFT as a result of recent MARs and VR schemes.	The CCG will work with the Provider to plan short/ long term solutions to address any issues We will develop a clear communications plan and stakeholder management approach. We will set out the plans that show we are getting ready for Consultation as soon as possible We will finalise the Financial Case for Change and get it approved. We need to draft the Quality and Safety Case for Change by the end of February We need to baseline current workforce and establish our future requirements	We are tracking issues relating to Quality and safety through the Quality and Safety dashboard at Quality committee. We are monitoring medical staff levels via CHFT Quality Board, particularly nursing staff. We are reporting progress on a monthly basis to the Hospital Services Programme Board, the Calderdale Care Closer to Home Programme Board and the Kirklees Care Closer to Home Programme Board.	None at present	None yet identified	New Risk
542	28/01/2015	F&P - Corporate	16	8	Jen Mulcahy (Penny Woodhead)	There is a risk that public consultation will be delayed due to the transition between the dedicated Comms resource coming to an end and the core Comms support commencing which will result in the CCG not being ready for the NHSE assurance process for the <u>Hospital Service Programme</u>	Interim arrangements in place from the CSU Further resources to be brought in as required	Commissioning of new service for Communications and Engagement from 1 April, 2015 We are refreshing our Communications plan for the Hospital Services Board on 11th February We are developing our Engagement Plan for Phase two for the Care Closer to Home Programme Board on 26th February	Development and delivery of plans for Programme Boards	None identified at present	None identified at present	New Risk

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515	26/11/2014	F&P - Performance	16	4	Sarah Antemes (Martin Pursey)	There is a risk that the CHC team may not be able to deliver the level of performance that is expected by the CCG due to the increasing workload demands upon the team from all areas of activity.	Regular update and notification of pressures by Head of Commissioning Continuing Care to the Head of Contracting as part of line management processes. Process underway to rationalise workload by identification of key priorities and reallocation of workloads Processes within the team to identify and escalate concerns to the manager Scoping work and gap analysis currently underway to be shared with SMT for information and action, to allow decision around workload responsibility and resource allocation	Insufficient capacity to cope with increasing workload Insufficient capacity to manage the increasing number of very complex Insufficient capacity to cope with crisis situations that require immediate attention such as nursing homes.	Analysis of patient contacts and reviews (core work)	Up-to-date on reviews for Older People, Adults and mental health.	Staff are reporting serious concerns about workload pressures and their ability to continue. Workload pressures arising from NHS England e.g. Care and treatment reviews (post Winterbourne) ,the volume and complexity of cases, the requirement for case management, the unpredictable nature of demands and pressures caused by Adult Health and Social Care. This could mean that the team is unable to carry out all its existing responsibilities which will affect the quality and performance of the service Under such pressure staff may become unwell and sickness absence rates may increase. There is no tolerance within current staffing to absorb the impact of staff sickness.	Risk Score Increasing

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356	03/03/2014	F&P - Performance	16	4	Rhona Radley (Penny Woodhead)	<p>There is a risk that the needs of service users and their families will not be adequately met both in terms of waiting times and patient experience by the CAMHS service in Kirklees and Calderdale. These are due to historical issues around the working practices and culture within the service that have recently been uncovered and have resulted in long waiting times and dissatisfaction with the clinical team.</p> <p>Calderdale are also experiencing an impact from T3 services on T2 which is causing severe disruption and potential reputational risk. This impact is across the whole service and area aligned with the problems related above.</p>	<p>A new clinical lead and management team have recruited and implemented. A recovery plan has been devised, including an activity recovery plan, processes and working practices established to ensure caseload management and regular supervision is provided to existing team members, production of appropriate literature for use with service users and families. Additional clinical support to work with service users and families who have had a long wait or are unwilling to engage with the current team. Where required, individuals are being managed through HR processes with a review being presented to the executive group on a monthly basis</p>	<p>Risk score agreed across C&K to remain at 16. The score reflects two of the significant risks identified as RED in the July Quality Committee paper still remaining at RED. This means there are now four significant risks across the T2/T3 system.</p> <p>Commissioners have received assurance in the level of data provided at the monthly CAMHS contract meeting, although some teething problems remain. This is being scored on a RAG rating basis at the meetings. Achievement against the plan will be monitored and measured at the monthly CAMHS partnership meeting with the providers, NHS and local authority commissioners. 18/11/14 - Significant progress has been made regarding data submission and this gap in control has been closed.</p>	<p>Achievement against the plan. Feedback from service users and families to the provider. Achievement against the plan will be monitored and measured at the monthly CAMHS contract management group with the providers, NHS and Local Authority. An overarching governance board (Executive Steering Group) has been established to assure the delivery of and quality of the service and provide challenge to the system. Concerns/slippage against plan will be escalated to the Executive Steering Group (members include Head of Quality and Senior Service Improvement Manager). Performance against plan will be reported into this board at each meeting (frequency of governance board to be confirmed).</p>	<p>CAMHS monthly contract meeting CAMHS Governance Board - monthly Monthly report into Quality Committee, escalated to Governance Body as recommended by the Quality Committee Weekly telephone meetings between provider and commissioners</p>	<p>Fully operational and managed Single Point of Access in place to support access and referral into both T2/T3 services Fully controlled and managed referral to discharge process in place. The lack of clear pathways and systems in place within the wider CAMHS service is causing disruption for T2 services. Robust data reporting into contract meeting by provider in line with requirements of the recovery plan.</p>	Closed Risk - replaced by Risk 556
198	24/05/2013	F&P - Service Improvement	16	4	Debbie Graham (Matt Walsh)	<p>The CCG is not fully sighted on the work being undertaken by NHS England on Specialised Commissioned Services in terms of; finance; service pathway development, commissioning policies and implications locally.</p>	<p>(a) Agreement that NHSE (SY) are an active participant in Partnership Board arrangements for CHFT (b) 10 CCGs forum presents opportunity to have an informal view from the LAT (c) Dialogue with NHSE as part of Assurance Arrangements, as an individual CCG and with other CCGs. (d) Update on Specialised Commissioning to the F&P Committee through the Contract Report (e) Terms of Reference of West Yorks CCG collaborative</p>	<p>(a) Formal process through which the CCG remains sighted on issues and risks, and evidence of that sightedness presented through our governance arrangements (b) Need for clarity on routes of communications regarding pathway and policy development (c) Late notification of financial impact on CHFT contract for 15/16</p>	<p>(a) 10 CC to provide forum for identification of issues - regular reports by CO into GB, F&P and SMT</p>	<p>(a) Minutes of 10 CCG to GB (b) Chief Officer report to GB</p>	<p>(a) Clarity on operational arrangements for pathway work and agreement on how local impact will be known and risk mitigated (b) Clarity on emerging financial risk and how this is communicated to CCGs.</p>	Score static for 5 risk cycles

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62	13/06/2013	F&P - Performance	16	8	Debbie Graham (Matt Walsh)	In relation to urgent care the local system does not deliver A&E performance targets in reporting periods across they year. Thereby failing to provide NHS England with assurance on the stability and safety of the local system.	(a) Urgent Care Board meeting monthly (b) UCB Chaired by GHCCG CO. NHSC CCG active membership through head of service improvement and UC clinical lead. (c) New work programme agreed by all partners (d) Dashboard developed by CSU and shared weekly - scrutinised by UCB monthly (e) Agreement on non-recurrent investment to deliver Action Plan for 14/15 base on learning from Winter Schemes (f) Resilience arrangements in place to further strengthen delivery through winter - reporting into F&P as part of review of Terms of Reference.	No gaps in controls currently	(a) Minutes of UCB - considered at Finance and performance committee (b) Minutes of UCB shared at CCG Development sessions (c) Daily SITREP and A&E performance data shared with system (d) ECIST recommendations received and adopted - plan being refreshed for 15/16 (e) Penalties for non-delivery of monthly performance set within 15/16 CHFT contract	(a) Performance delivered in Q1, Q2, Q3 and Q4 for 13/14 (b) 2014/15 Q1 and Q2 delivered	(a) Q3 not delivered (a) No assurance yet around delivery of Q4 and end of year position due to variability of performance	Score static for 1 risk cycle
484	03/10/2014	Quality - Quality Improvement	15	6	Rhona Radley (Debbie Graham)	Risk that outstanding IT issues/CSU capacity issues in the Quest for Quality in Care Homes project are not resolved resulting in staff not being able to access clinical records	a) Fortnightly meetings between CCG and CSU IT, Customer Relationship Manager and IG b) Escalated to the CSU monthly from April 2014 c) Issue escalated to QIPP SMT and F&P monthly from May 2014 d) Serious Incident (near miss) reported to SMT November 2014 - Corporate Governance Manager undertaking investigation with CSU e) Escalation meeting held with CCG/ CSU 22/01/15 and Recovery Plan due from CSU 30.01.15.	A) Project plan awaited - not yet received - escalated - September, October, November, December 2014 and January 2015.	none at present	(a) Draft Project Plan arrived - February 2015 (4 months delay) - being reviewed by team	(a) Final version of Plan, plus confidence that actions to be taken	Score static for 1 risk cycle

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547	30/01/2015	F&P - Financial	15	8	Jen Mulcahy (Julie Lawreniuk)	There is a risk of not meeting the <u>Right Care, Right Time, Right Place Programme</u> financial savings due to new model of care not being delivered in time or the benefit not being fully realised, resulting in the financial benefits not making the expected contribution to the £154.5 million gap over the next five years.	We have quantified the financial Gap in our financial case for change. We have a Finance Assurance Group that meets on a monthly basis We have identified the financial contribution from Phase One Care Closer to Home	We have not identified the financial contribution from Phase two Care Closer to Home We have not identified the financial contribution from the Hospital Services Programme	The Hospital Services Programme Board meets on a monthly basis	The first draft of the Financial Case for Change has been reviewed at the Hospital Services Programme Board	The Financial Case for Change needs to be approved by the Hospital Services Programme Board	New Risk

Risks Report Summary

CCG: NHS Calderdale CCG

Archive Deadline: 13/03/2015

New Risks: 14

Total Risks: 59

Old Risks: 45

Marked for Closure: 4