

Audit Committee - risk register for risk cycle 3 (25th July - 15th August 2016)

Risk ID	Date Created	Risk Type	Risk Rating	Risk Score Components	Target Risk Rating	Risk Score Components	Senior Manager	Principal Risk	Key Controls	Key Control Gaps	Assurance Controls	Positive Assurance	Assurance Gaps	Risk Status
709	17/08/2015	Quality	20	(14xL5)	4	(14xL1)	Matt Walsh	Risk that patients being discharged from hospital are subject to delays in their transfer of care due to (a) a lack of service capacity in NHS and non-NHSE services outside hospital, and (b) health and social care systems and processes are not currently optimised, resulting in a poor patient experience, additional pressure on the current acute bed base and the system being benchmarked as a national outlier.	(a) DTOC Action Group established under the SRG governance structure to provide oversight of improvement in systems, processes and performance. (b) TOC Plan based on 8 high impact changes agreed at SRG (c) Trajectory set for formal DTOC (d) Critical risk report generated, oversight by SMT, shared with F&P and GB	(a) Lack of systematic intelligence about real-time status of patients in the system - now in development	(a) Minutes to show DTOC is a standing item at SRG and BCF Board meetings (b) Updates to F&P as part of Performance Report (c) Updates to GB as part of Performance Report (d) NHSE updates on performance as part of Assurance Framework (e) System now part of new Ambulatory Care Network and will reviewing patient flow processes across both CCGs (f) Formal DTOC performance improvement has been sustained below 5%	(a) Commissioners to take leadership of the DTOC Board (b) Service Improvement capacity identified to focus on the issue across C and GH (c) Development of new dashboard underway - one version of position relating to non-DTOC delays - will form part of assurance once developed (d) Report to Governing Body August 2016	(a) Lack of systematic operational approach across CHFT and CMBC - now in development but not completed (c) Provider relationship is not well-managed (d) Issues relating to delays other than formal DTOC - now in development but not completed (e) Ability of system to meet/sustain new target for formal DTOC at 2.5%	Static - 2 Archive(s)
849	22/06/2016	Finance	16	(14xL4)	6	(12xL3)	Martin Pursey	There is a risk that the main acute and community contract with Calderdale and Huddersfield NHS Foundation Trust (CHFT) over-trades significantly by the end of the year due to increased levels of A&E attendances and emergency admissions and increased demand in terms of GP referrals, outpatient and diagnostic activity with the potential to convert into daycase or elective inpatient activity. This could result in a detrimental effect on the CCG financial position. The forecast outturn based on Month 3 is £6.1m (assuming that higher levels of critical care activity do not continue and including an adjustment for high cost drugs).	The contract position is discussed at: a) the monthly Contract Management Group and bi-monthly Partnership Board with CHFT b) the CCG Commissioned Services meeting c) the QIPP meeting. d) A new Transformation Group has been established working with CHFT to better align QIPP and CIP plans. e) System pressures are discussed at the monthly System Resilience Group. f) Analysis is being undertaken in relation to key pressure areas by contracting, performance and service improvement.	Only high level conversations are taking place and responses to queries often take very long or continue to be outstanding. Analysis can only be undertaken two months after the activity taking place due to delays in the availability of SUS data in line with the national timetable. Issues with appropriate support and intelligence to be provided through the BI service contribute to a further delay in obtaining a comprehensive understanding of pressures in the system.	The monthly contract position is reported to the Finance and Performance Committee. Minutes are taken at all meetings. The contract position is presented at the QIPP meeting and pressures are aligned to existing QIPP schemes. The Transformation Group has a jointly agreed workplan which also focusses on addressing issues in key pressure areas.	The over-trade is continuing month on month. There is no demonstrable effectiveness of the Contract Management Group and Transformation Group as only initial meetings of these new governance arrangements have taken place. The over-trade in relation to emergency admissions would have been greater if the QIPP adjustment of £1.2m at the bottom of the contract would have been applied at individual points of delivery on the contract which relate to areas where QIPP schemes are expected to have an impact.	New - Open	
829	07/06/2016	Finance	16	(14xL4)	3	(13xL1)	Lesley Stokey	The risk is the CCG fails to deliver our 16/17 planned financial surplus. The 16/17 financial plan includes a number of pressures/risks which will need mitigating to ensure delivery. These risks include activity pressures on acute contracts, prescribing and under-delivery of QIPP. This may result in the CCG not achieving its financial targets.	The 2016/17 financial plan has been approved by Governing Body. A Quality Innovation Productivity and Prevention (QIPP) plan has been agreed but there is a £1.5m gap. There is a monthly budget monitoring process in place which reviews all expenditure against budgets and is shared with budget holders. In addition reports are produced monthly to the Finance & Performance Committee and Governing Body and also to NHS England. The financial plan includes a £2.3m contingency budget to manage in year risk.	It is too early in the financial year to make robust financial forecasts however the CCG is aware of significant acute cost pressures in April and May. The CCG has a £2.3m contingency to help mitigate risk, predicated on full delivery of QIPP. The CCG has a prescribing reserve budget in relation to Cat M drug repricing which may be able to be released in year. The CCG may receive some Quality Premium payments which may also mitigate in year pressures.	Internal and external audit reports. Role of Audit Committee. Quarterly Area Team Assurance Process where the CCG financial position is assessed. Monthly reporting to Finance and Performance Committee and Governing Body.	Financial Plan assured by Area Team. Significant assurance received on internal audit financial transactions report reviewed by Audit Committee from past audit reports and in year audit review plan.	None at this stage	Static - 1 Archive(s)

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826	07/06/2016	Finance	16	(14xL4)	4	(14xL1)	Lesley Stokey	The risk is that Calderdale CCG may not have the appropriate QIPP schemes in place to ensure the system model is affordable going forward. This may result in the non achievement of control total and/or failure to achieve QIPP targets	a) Monthly QIPP tracker reporting to QIPP Group, SMT, F and P and Governing Body. b) Clinical engagement in QIPP programmes c) Medium term financial planning process in place d) Financial and contracting reporting arrangements in place through Senior Management Team, Finance and Performance Committee, and Governing Body	a) Currently there is a QIPP gap on cash releasing schemes of £1.5m- if this is not achieved the CCG is at significant risk of not delivering its financial targets. b)Controls not fully embedded and effective - these have improved through the QIPP meetings c) QIPP plans need further development to ensure granularity - plans have improved in terms of development and reporting d) Work underway in identifying measurement of schemes - significant improvements have been made through QIPP meetings e) Work is on-going with the Right Care team to go through additional QIPP opportunities	a)Internal audit reports b)Finance, contracting and QIPP reports c) Area Team assurance role d)16/17 plan signed off	Area Team Assurance process Right Care rating as "Green"	none	Static - 1 Archive(s)
62	13/06/2013	Finance	16	(14xL4)	8	(14xL2)	Matt Walsh	There is a risk that the system will not deliver the NHS Constitution 4-hour A&E target for the next quarter due to pressures associated with demand, capacity and flow, resulting in patient care and patient experience being compromised and an inability to provide NHSE with assurance on the stability and resilience of the system.	(a) Sanctions for non-delivery of monthly performance set within 2016-17 CHFT contract. (b) Daily SITREP and A&E performance data monitored. (c) Action plan developed for Delayed Transfers for Care to support improved flow. (d) Strategic direction of Care Close to Home is shift from unplanned hospital admissions.	(a) Hospital Services Board developing future models of urgent and emergency care - sustainable delivery remains challenging. (b) System did not deliver the constitutional target for 2015/16 - loss of £0.25m quality premium funding to the system (c) Q1 performance did not meet target (d) Additional risk that the system will not deliver this due to delivery trajectory agreed between CHFT and NHSI that will not deliver the standard for 16-17.	(a) Performance dashboard shared weekly, with monthly scrutiny at SRG (b) Performance reviewed at F&P and GB (c) Friends and Family Test in place at both A&Es	(a) SRG schemes for 15/16 fully evaluated	(a) Lack of information on patients experience on delay (b) Confirmation of SRG investment in schemes based on evaluation and ECIP work (c) Q2 performance continues to be challenging.	Static - 7 Archive(s)
864	29/07/2016	Quality	15	(15xL3)	6	(13xL2)	Penny Woodhead	There is a risk of harm for patients to increasing concerns around the assurance of the quality of maternity services, this is identified by the deteriorating position against the performance indicators and the CQC visit carried out in March 2016 which highlighted a number of issues within Maternity.	Maternity services forms part of the Quality and Safety Dashboard reported quarterly. External review by Royal College carried out w/c July 25th 2016, awaiting outcome. Escalation to Clinical Quality Board	There is a lack of a formal monitoring and assurance due to the recent removal of the Children and Maternity Quality meetings. CQC action plan, not yet received	Dashboard reviewed at Quality Committee and issues escalated to Clinical Quality Board. CQC action plan will be discussed at Clinical Quality Board. Discussed at Quality Surveillance group	CHFT have requested an external review of maternity services from The Royal College of Obstetrics and Gynaecology	Deteriorating performance.	New - Open

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240	10/06/2013	Finance	15	(13xL5)	3	(13xL1)	Martin Pursey	There is a risk that the lack of availability of Appointment Slots at Calderdale and Huddersfield Foundation Trust (CHFT) exceed the agreed 5% due to CHFT having fewer outpatient appointments available for patients to book into. This potentially results in patients being unable to access their provider of choice, poor patient experience and reputational damage to both provider and commissioner.	<ul style="list-style-type: none"> a) Standing agenda item of the CHFT Partnership Steering Group b) Responsibility of the monthly Planned Care Board within CHFT Partnership Arrangements, which will reconvene in August 2016. c) ASI's filled where possible each day in CHFT Appointment Centre d) Reported within CHFT to their Executive Board meetings within integrated performance report. 	<ul style="list-style-type: none"> a) CHFT trajectory and recovery ASI plan has not been shared. b) ASI related complaints reported via DATIX c) HSCIC have supplied ASI reports up to April 2016. They continue to work on improving the reporting function. 	<p>Regular updates on performance against the ASI target included in the Service Development Improvement plan, F&P report (target is maximum 5% of patients awaiting an appointment) and discussed at the following monthly meetings -</p> <ul style="list-style-type: none"> a) GH CCG / CHFT Partnership Steering Group (and quarterly Partnership Board) b) GH CCG / CHFT Commissioned Services Meeting 	<p>Jan 2015 - 19%. Feb 2015 - 13%. March 2015 - 16.9%. April 2015 - 13.1%. May 2015 - 13%. June 2015 - 13.2%. July 2015 - 36%. August 2015 - 35%. Sept 2015 - 20%. Oct 2015 - 19%. Nov 2015 - 17%. Dec 2015 - 13%. Jan 2016 - 9%. Feb 2016 - 16%. Mar 2016 - 17%. April 2016 - 16%.</p> <p>Sourced from HSCIC on a monthly basis.</p>	<p>CHFT ASI recovery plan promised November 2015 - not yet shared received. Another plan has been promised.</p>	Static - 1 Archive(s)