

NHS Norwich CCG Assurance Framework - 27th January 2015

NHS Norwich CCG aims to improve health outcomes and quality of services year on year for all the people of greater Norwich, with patients at the heart of its decision making process

The Assurance Framework forms the key document for the CCG in ensuring all principal risks to the CCG's objectives are controlled, that there is sufficient assurance as to the effectiveness of these controls, supporting the CCG's system of internal control. The Assurance Framework supports the CCG to mitigate risks to as low a level as practicable. Risks that are controlled to an agreed target level are then moved to a sub-folder, with regular review to ensure controls do not alter and risks therefore do not increase. The Assurance Framework informs the Governing Body and Audit Committee agendas. The CCG Risk Management Strategy and Framework detail how the Assurance Framework is populated and maintained.

Assurances on controls are provided by a range of sources including clinical audit, patient feedback, surveys and complaints, public and patient engagement, internal and external audit reviews, performance reports to the Governing Body, local counter fraud work, staff surveys, SI investigations, CQC inspections, Monitor reports, IG toolkit evidence, benchmarking, the work of CCG Committees, HealthWatch, The Health & Well Being Board. The CCG should regularly scrutinise the quality of assurances.

Strategic Objectives Authorisation Domains & NHS Norwich CCG objectives	Risk Ref	Risk Description (and Implication)	Unmitigated Risk Rating (LxC)	Existing Controls (measures in place to reduce likelihood)	Assurances on controls	Gaps in controls/assurance	January 2015 Risk Rating L&C	Target Risk Rating	Action plan and progress report	Date for Action	Lead
	1.1	Risk of failure of NNUH to provide Referral to Treatment for patients within the 18 weeks contractual requirement.	R 4x4=16	13/14 signed contract has clear contract levers in place. Monitored via SPRG (JE chairs) and CACB. Monthly reports to CCG GB.	Internal - CCG GB; SPRG; CACB. External - Monitor, NHSE	Delivery of RTT Backlog plans. Assurance that NNUH now compliant for all specialties.	R 4x4=16 ➔	A 2x4=8	Plans to clear backlog agreed with NHSE were not achieved by required deadline. Linked to recent increase in emergency demand resulted in an internal major incident declaration (post 25/12). NHSE working with CCGs to agree recovery position (reviewing weekly).	31/01/15	NC
	1.4	Risk of NNUH not meeting stroke best practice targets, and impacting on patient care.	R 4x4=16	14/15 signed contract has local quality requirements in place. Monitored via CQRM.	Internal - CCG GB, SPRG, CACB External - accountability reviews; NHSE. Monitoring and sharing of intelligence with the cardio-vascular network	Implementation of plan is being monitored via Quality Committee. Norfolk Stroke network now established.	A 3x4=12 ➔	Y 1x4=4	Two new consultants have been recruited, increasing the level of senior medical cover including on-call. Regional discussion of stroke services continue via the Norfolk Stroke Network. Internal CQC audit HASU undertaken 05/14, fully compliant against all standards assessed. 10/14 CQUIN negotiations continue. Oct '14 performance has improved but admission to HASU remains a challenge due to patient flow issues. Nov 14 performance shows an improvement in meeting stroke standards.	Review 31/01/15	SG
	1.7	Risk to negatively impacting on patient safety and quality of patient care during NSFT transformation of services -Trust Service Strategy (TSS) -Experienced staff leaving -Low morale -High sickness levels -High vacancy levels -Increased use of agency/bank staff - Low levels of training compliance	R 4x4 = 16	Monthly monitoring at CQRM/CQPS -Safer staffing requirements	Internal - CCG GB, MHCCB, Quality Committee	Data not broken to service lines and inaccurate	R 4x4=16 ➔	Y 1x4 = 4	To improve recruitment, retention of staff and reduce usage of temporary staff. Improve training compliance to 90% remedial action plans in place monitored monthly through dashboard at CQRM. Discussed at 10/14 CQRM. NSFT to bring a presentation to November. Awaiting outcome of CQC inspection which is due end of Jan early Feb 2015.	Review 06/02/15	SG

1.8	Risk to provision of safe urgent care - lease negotiations remain unconcluded for Timberhill Health Centre service	R 4x4=16	Responsible commissioner is NHSE who are in dialogue with Timberhill. NHSE agreed to extend contract to July 2016 with move to Rouen House agreed Feb 2015	Internal - CCG GB. External - NHSE Primary Care Oversight Group (PCOG)	Review of walk in services prior to formal procurement in July 2015	R 3x4=16 ↑	Y 1x4=4	Planning consent agreed for restaurant at site. NPL identified alternative City Centre premises. Contract extension to July 2016. plan to relocate service by 2015, AT leading discussions with NPL, CCG monitoring through PCOG. Review group established November. NHSE = SRO will include all central CCGs. 2013 PH review to be referenced. Transition to new premises moving forward, expected move date earmarked as 28th February 2015. Expected move now earmarked as the end of April due to final negotiations between NHS E and NPL.	31/01/15	JE
1.10	Risk to NNUH meeting the needs of unplanned and planned care admissions - due to the high level of growth in emergency activity and high bed occupancy.	R 4x4=16	Monitored at System Resilience Group/Central Norfolk Acute Commissioning Network, CQRG and escalation to SPRG. Operational issues actioned at system wide Capacity Planning Group. Your Norwich work programme - focus on integrated care in the community.	Internal - Central Norfolk Acute Commissioning Network, Quality Committee, NNUH CQRG and SPRG. External - System Resilience Group.	Increase in A&E attendances continuing.	R 4x4=16 →	Y 1x4=4	Work via Systems Resilience Group to address. Urgent Care Centre was opened in December. Approval by Your Norwich Programme Board for virtual ward and rapid response team - mobilisation now underway. Other Your Norwich workstreams progressing - contributing to an integrated Out of Hospital service in Norwich. Dialogue between NNUH and GP Practices ongoing following presentation at October Council of Members. ECIST review carried out in first week of December, awaiting report which should be available at end of December 2014. Report not received should be available end of January	31/01/15	JE
1.11	Risk to the provision of safe high quality services during transformation where patient pathways are redesigned.	R 4x4=16	Monitored at CQRG Meetings and escalation to SPRG, Collaborative Commissioning Boards and Unplanned Care Network	Internal - Collaborative Commissioning Boards, Quality Committee, CQRG and SPRG. External - Unplanned Care Network.	Implementation of patient pathway changes monitored via provider CQRG, patient experience and Quality and Patient Safety Committee,	A 4x3=12 →	Y 1x4=4	The CCG has a planned and systematic process for quality assuring the management of transformation of clinical services. Assurance is gained by the measurement and analysis of metrics, process improvement and quality standards. The information is triangulated with patient and staff experience to provide assurance and an early warning system. There is a clear process for escalation of concerns with individual providers through CQRG, Committee and Board governance frameworks. July risk unchanged - transformation of NCH&C services to hub model monitored closely via CQRM. Dec risk unchanged. Jan risk remains unchanged.	Review 31/01/2015	SG
1.13	Risk to Sustainability of General Practice due to the pressure on GPs re increasing workload and reducing income.	R 4x4=16	Responsibility sits with Area Team. Supporting role within CCG. Regular Council of Members meetings. Establishing Locality Meetings. Regular LMC liaison	Internal - CCG SMT, CoM meeting, Locality Meetings External - NHSE Area Team	Translating the 5 year and 2 year vision; and implementing projects. Further discussion with the Area Team.	R 4x4=16 →	A 2x4=8	Developing options at Locality level to provide integrated community care. Translation of Operating Plan into operational deliverables underway. Now meeting with PM group to discuss package of CCG support for Primary Care. Support package to be considered at CoM in January and application to PM Challenge Fund to be completed and considered end of January.	31/01/15	JE

1.14	Looked After Children Risk in timeliness of statutory health assessments for LAC - A steady increase in the numbers of children being accommodated year on year in Norfolk (LAC). Due to recent improvements in identification of children to receive their statutory health assessment this has placed an increased pressure on the provider LAC health teams to manage demand to complete the statutory health assessments in a timely way.	R 5 x 4 =20	Children's services agreed to temporarily pay for some of the assessments to be undertaken that were identified as a result of improved tracking and notification. This is a temporary solution and this needs to be managed by CCG's to ensure a substantive process to manage the increased demand.	External - Monitoring of performance through meeting with health providers and Children's Services	Ability of staff to meet significant increase in Health Assessment requests for Looked After Children.	A 3x4=12 ➔	A 3x4=12	Performance against remedial action plans monitored by Childrens Social Care Improvement Board. Continuous peer review continues with updates to Norfolk Health Safeguarding Children Advisory Group. 09/14 - Ofsted review identified progress made. 10/14 - CQC inspection undertaken October 2014 awaiting feedback. Verbal feedback received awaiting full report. Initial action plan in progress. Priorities to be discussed at the Strategic Alliance meeting to be held in January.	Review 31/01/2015	SG
1.15	Tracheostomy Risk to the provision of care for Trachyostomy and Neck Breathing patients due to lack of skills/ education set for staff in Community and Care Home environments. Shortage of rehabilitation/ongoing care beds -duty to act with a view to enabling patients to complete rehabilitation and meet ongoing health needs; risk to CCG reputation	R 5 x 4 =20	Monitored via Quality Committee with escalation to Governing Body, pan Norfolk Quality Group and Quality Surveillance Group.	Internal - Central Acute Commissioning Board, Quality Committee, CQRG and SPRG. External - NHS England	Implementation of patient pathway changes monitored via provider CQRG, patient experience and Quality and Patient Safety Committee.	A 3x4=12 ➔	A 2x4=8	July 2014 - Multidisciplinary meeting between NNUH and NCCG held in June 2014 to scope extent of problem. SG identify immediate funding resource to support identified training needs. Escalation of issues to Chief Officers 07/14. 09/14 - Ongoing discussion between NNUH & NNCCG Co-ordinating Commissioner. 10/14 Tracheostomy business case approved, capacity issues to be discussed at next tracheostomy summit 10/14. Oct trachyostomy summit held and has identified need for a network, lead by NNUH outreaching community services and a Proposal for a development of a register.	Review 31/01/2015	SG
1.16	Risk to NNUH meeting the Cancer waiting times -leading to poor outcomes for cancer positive patients.	R 4x4=16 (NEW)	Contract has clear contract levers in place. Monitored via SPRG and CACB. Monthly reports to CCG GB.	Internal - CCG GB; SPRG; CACB. External - Monitor, NHSE	Confirmation that NNUH now compliant for all specialities.	R 4x4=16 ➔	Y 1x4=4	Cancer waiting times are not being met in; Specialities affected 62 day capacity; gynaecology, urology, head and neck cancers. 31 day subsequent surgery; plastic surgery and urology. some specialities. Plan daily management of cancer waiting list, additional CT capacity, locum Consultant to under take sentinel node biopsy. 10/14 monitor through CQRM and SPRG. Dec @14 Trust sourcing additional capacity for gynaecology patients. Remedial action plans monitored through CQRM/SPRG	Review 31/01/2015	SG
1.17	Risk to patient safety due to inadequate mental health service provision leading to high number of patients placed out of Trust due to non-availability of local beds High usage of section 136 suites Inadequate community provision with high case loads resulting in people not seen before crisis . 12 A&E breech/CHRT not able	R 4x4 = 16 (NEW)	NSFT has weekly DTOC meetings. Monthly monitoring at CQRM/CQPS meetings Monitored through QIR and SI processes Monthly PISG MH&LD Network Quality meeting and SPRG	Internal - CCG GB, MHCCB, Quality Committee	Service model unclear	R 4x4=16 ➔	Y 1x4=4	31 people placed out of Trust 23/10/14. Discussed at October CQRM remains a standing agenda and MH & LD network. Dec '14 the number of OOH placements remains high, escalated to CQRM/SPRG. CCG meeting planned to review how community Health and crisis resolution teams are functioning. Awaiting outcome of CQC inspection due end of Jan early Feb.	Review 31/01/2015	SG

	1.18	Risk to the provision of individual patient packages: Mental Health Neurological rehabilitation Care homes Learning Disability Children and Young People	R 5x4=20 (NEW)	Monitored via Quality Committee with escalation to Governing Body via GBAF.	Internal - Quality Committee, Governing Body. External - Norfolk Quality Group, Quality Surveillance Group	There is no assurance of robust clear, local systems for the assessment and on-going review of patients placed in and out-of-area. We are not assured of the quality and performance due to limited contracts and comprehensive individual care agreements.	A 4x4=16 ➔	A 2x4=8	Desk top reviews have identified issues relating to; contracts, Individual Care Agreements, activity finance and performance monitoring and gaps in governance and the management of the process. Dec '14 regular meeting with CSU cont. NCCG interim project manager appointed to determine future arrangements for cont care services. Jan 15 work ongoing.	Review 31/01/2015	SG
Continuously improve the Health & Wellbeing of the Population	2.1	Risk to the provision of some integrated services as a result of efficiency measures made by Norfolk County Council in response to significant budgetary pressures	A 4x3=9	Feedback from Norfolk NHS organisations has been submitted to NCC - intended to highlight risks and seek to mitigate impact. On-going dialogue with senior officers in NCC. Longer term Integration Transformation Fund arrangements may enable service efficiencies across health and social care.	Internal - CATs are reviewing individual proposals in NCC document, and considering potential impact on elements of local health services.	CATs to review the potential impact of the proposed cuts.	Y 2x3=6 ➔	Y 2x3=6	Response provided on behalf of Central System and also Norwich highlighting concerns. Action to be picked up through the Better Care Fund process and picked up through operating plan 14/15.	31/01/15	JE
	2.3	Risk to delivery of the transformation programme which will not be affordable if acute activity cannot be reduced.	R 4x4=16	Monitored at Unplanned Care Network, Acute Commissioning Board, Unplanned Care Network, CQRG and escalation to SPRG.	Internal - Central Acute Commissioning Board, Quality Committee, CQRG and SPRG. External - Unplanned Care Network.	System wide issues addressed through Project Domino workstreams and Unplanned Care Network.	A 3x4=12 ➔	Y 1x4=4	Translation of Operating Plan into operational deliverables is underway. Options for permanent Urgent Care Unit being drafted. Operating Plan on track, report to be taken to GB with update and risks. UCC now in place.	31/01/15	JE
Reduce Health inequalities - the Health Gap between different communities	3.1	Risk of not delivering weight management strategy (re lack of continuation of Tier 2 service) due to changing commissioning landscapes.	A 3x3=9	September Governing Body approved a 9 month extension to the Tier 2 weight management service. Extension will allow joint working with health trainer service to help meet service needs. Approval also given to undertake review of impact of service at 2 years. Tier 3 service now operational and monthly contract meeting taking place. Weight and physical activity is 1 of 3 priority areas of the Healthy Norwich work programme.	Internal-CCG SMT, Executive Committee/Governing Body. Monthly Contract meeting with Tier 3 provider	Need to review tier 2 provision before June 2015	Y 2x3=6 ➔	Y 1x3=3	Evaluation for 2 years to be organised. Joint working with Public Health commissioned Health Trainer service will continue c/o Health Norwich work programme.	31/01/15	JE
xpayer	4.1	Risk of failure to achieve QIPP - duty to promote innovation, failure of service transformation to achieve financial savings, improve outcomes, quality and productivity, reduce variation and inequalities	R 4x4=16	14/15 Financial Plan agreed by GB with £5.3m QIPP Target and £1.1m of this unidentified. Operating Plan covers identified QIPP schemes. Regular finance/QIPP reports to GB. Process for monitoring Op Plan and QIPP delivery now in place.	Internal - CCG Exec and GB; Finance Committee and Audit Committee External - NHSE, Internal and External Audit.	Unidentified QIPP reduced to £950k. Further schemes identified. Balanced QIPP plan anticipated for Sept GB	R 4x4=16 ➔	Y 1x4=4	Dedicated QIPP Programme Manager appointed and in post. Specific QIPP Group established reporting in to Executive Team and Governing Body on a regular basis. Work is underway to identify schemes to meet the gap. UPDATE - CHC achievement at risk, CCG responding by reviewing options, one of which is to bring CHC clinical service in-house within the quality directorate.	31/01/15	JF/JS

4.2	Financial risk re Continuing Healthcare - growing demand/cost and lack of evidence of grip.	R 4x4=16	NHS Norwich CCG take on coordinating commissioner role on CHC from 1/7/14. Refresh underway of Central system QIPP Project to deliver improved quality, and QIPP. CHC nurses ensuring quality of placements. High Cost cases reviewed and authorised by CCG CO.	Internal - CCG Exec Team and GB, Chief Officers Group, Audit Committee. External - accountability review.	Clear plan to underpin expected savings. Monitoring process to ensure accuracy of QIPP Reporting. Financial reporting on a monthly basis remains volatile.	A 3x4=12 ➔	Y 1x4=4	CHC Central System Group to meet monthly. Project plan with identified responsible officers being finalised for 14/15. Task & Finish QIPP Group established to develop clear plan for QIPP savings and the monitoring process to support it. Three workstreams from 13/14 to be reviewed for continuation into 14/15. New contract bandings in place from 1 April 2014. CSU/CCGs workshop planned for 19th January 2015 with objective that clear QIPP plans are in place 2015/16 and these will have an impact on the management of CHC expenditure	Review March 2015	JS/IP
4.3	Risk of insufficient capacity and capability for support services (via CSU)	R 4x4=16	CCG recruited to all key posts. 12/13 SLA in place with CSU. CSU passed checkpoint 2 of 3. 13/14 SLA signed. BDU/CCG/CSU Project Steering Group established.	Internal - Chief Officers Group, Project Steering Group, CCG GB and SMT. External - NHSE, BDU	Confirmation of action to address concerns required. Successful agreement of revised SLA.	A 3x4=12 ➔	Y 1x4=4	Reviewing progress in agreeing remedial action in 4 key areas to inform proposed commissioning decisions. Proposed KPIs drafted but revised SLA has not yet been signed.	31/01/15	NC
4.4	Risk to Financial Resources as a result that decision to cease funding the clinical academic reserve may be challenged by NHSE and Medical Schools	A 3x4=12	Ongoing discussions with UEA regarding alternative models of support for local research. Dialogue with Area Team about risks and mitigations	Internal - SMT and escalated to GB as necessary External -NHSE	Project not yet stabilised. No contingency plan in place.	A 2x4=8 ➔	Y 1x4=4	Contingency of CCG 0.5% will be used if reduction in expenditure is not possible.	Review March 2015	JS/IP
4.5	Risk to Financial Resources as a result of Norwich being held financially liable for void and underused NHS estates within its geography by NHS Property Services	A 3x3=9	Initial discussions with NCH&C and NHS Property Services	Internal - SMT and escalated to GB as necessary External -NHSE	CFO discussion re risk share and apportionment.	A 3x3=9 ➔	Y 1x3=3	Initiation of NHS estates group with commissioners and providers to rationalise NHS estates in Norfolk and minimise costs for unused estates. Discussions taking place with PropCo on charges being applied and means of reducing them. Meeting planned with AT and Propco at the end of January 2015.	Review March 2015	JS/IP
4.6	Risk to seamless delivery of 111/OOHs service at contract end 31/08/14)	A 4x3=12 (NEW)	Formal procurement started. All CCGs engaged. Project support in place.	Internal - SMT and escalated to GB as necessary External -NHSE	Successful completion of procurement and identification of preferred bidder. Contract signature. Successful mobilisation. Go live service	A 3x3=9 ➔	Y 1x3=3	PQQ complete with 4 potential bidders. ITT issued and bidders now considering response (due 09 Feb 15. Robust plans for mobilisation required	28.02.2015	NC

Key to Initials

Better Care Fund
Capacity Planning Group
Care Quality Commission
Central Acute Commissioning Board
Chief Finance Officer
Clinical Action Teams
Clinical Commissioning Group
Clinical Quality and Patient Safety
Clinical Quality Review Meetings
Collaborative Commissioning Boards
Governing Body
Mental Health
NHS England
Norfolk & Norwich Hospital
Overview & Scrutiny Committee
Performance Management Office
Quality, Innovation, Prevention, Productivity
Senior Management Team
Service & Performance Review Group
Urgent Care Network

BCF
CPG
CQC
CACB
CFO
CAT
CCG
CQPS
CQRM
CCB
GB
MH
NHSE
NNUH
HOSC
PMO
QIPP
SMT
SPRG
UCN

James Elliott
Jonathon Fagge
Jo Smithson
Nikki Cocks
Sheila Glenn
Indira Patel

JE
JF
JS
NC
SG
IP

Risk Matrix

		Likelihood				
		Rare 1	Unlikely 2	Possible 3	Likely 4	almost certain 5
Consequence (impact)	Negligible 1	1	2	3	4	5
	Minor - 2	2	4	6	8	10
	Moderate- 3	3	6	9	12	15
	Major - 4	4	8	12	16	20
	Catastrophic- 5	5	10	15	20	25

Low risk	normal risks which can be managed by routine procedures
Moderate Risk	responsibility for assessment and action planning allocated to a named individual
Significant Risk	urgent senior management attention with action plan
High Risk	immediate action required by a Director

N.B. if controls are inadequate or uncertain, the residual risk stays the same as the original risk rating. If they are perceived as adequate, then the residual risk drops

change in status since last report



same



increased risk



decreased risk

Norwich CCG Assurance Framework Holding Risk Register as at 25th November 2014

Norwich CCG aims to improve health outcomes and quality of services year on year for all the people of greater Norwich, with patients at the heart of its decision making process

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Strategic Objectives <i>Authorisation Domains & Norwich CCG objectives</i>	Risk Ref	Risk Description (and Implication)	Unmitigated Risk Rating (LxC)	Existing Controls (measures in place to reduce likelihood)	Assurances on controls	Gaps in controls/ assurance	Mar Risk Rating LxC	Target Risk Rating	Action plan and progress report	Lead
Continuously improve and assure the quality and safety of healthcare	1.1	Risk of having insufficient engagement from member practices	A 3x4=12	23 member practices meet as Council of members; Elected Governing Body has majority of clinical members; Clinical Action Teams (CATs). Constitution signed by all 23 members. Good stakeholder survey received. Terms of Reference for CoM agreed.	Internal - CCG Council of Members; CCG GB monitors progress with authorisation and ongoing engagement with members; Clinical Co-chairs; CATs External - NCB, 360° stakeholder survey; LINKS/HealthWatch	Terms of Reference to be reviewed annually.	Y 1 x 4 = 4 ↓	Y 1x4 = 4		JE
	1.1	Risk of having insufficient multi-disciplinary, clinical involvement in CCG	A 3x4=12	4 CATs each chaired by Clinical lead and focused on particular population, care pathway or major current expenditure. CAT membership is primarily clinical from Norwich practices (Clinical Architects). Secondary Care doctor and Registered Nurse appointed to GB.	Internal - CCG Council of Members; CCG GB; CATs provide clinical direction External - NHSE, 360° stakeholder survey		Y 1x4=4 ↓	Y 1x4 = 4	The Leadership Development offer was signed off by the June CoM and will shortly be launched. Sufficient interest from members for stage 1 training session. Dates now being planned	JF
	1.2	Risk of poor ambulance turnaround times impacting on patient care.	R 4x4=16	13/14 signed contract has contract levers in place and performance significantly improved. System wide work (Domino 2) continuing to ensure sustained performance in the medium term). Monitored via UCN, SPRG and CACB.	Internal - CCG GB, SPRG, CACB External - accountability reviews; NHSE Performance Committee.		A 2x4=8 →	A 2x4=8	Work to maintain delivery of this standard ongoing. Work to reduce A&E attendances integral to the CCG Operating Plan.	NC
	1.3	Risk of NNUH not meeting A&E targets, and impacting on patient care.	R 4x4=16	13/14 signed contract has clear contract levers in place. On-going full system engagement to identify and address key issues via Domino and CPG. Monitored via UCN, SPRG and CACB.	Internal - CCG GB, SPRG, CACB External - accountability reviews; NHSE	Increase in A&E attendances continuing. Work to reduce A&E attendances integral to the CCG Operating Plan.	A 2x4 = 8 ↓	A 2x4=8	Work via Systems Resilience Group to address. Urgent Care Unit due to open end October 2014. Work on NCCG Your Norwich underway	NC
	1.5	Risk that the 111 element of the OOHs service will not fully deliver.	R 4x4=16	Signed contract in place. Lead CCG for 111/OOHs confirmed. Active discussions with provider about performance. Clinically led formal Governance Board. Regular reporting to CCB.	Internal - CCG GB, Community CCB, 111 Clinical Governance Board. External - NHSE, national 111 team.		Y 1x4 = 4 ↓	Y 1x4 = 4	Sustained performance and more robust contract management regime; Community Collab Comm Board regularly review performance. Service continuing to perform well.	NC
	1.5	Risk of NNUH not meeting C-Diff target for 2013/14, and impacting on patient care.	R 3x4 = 12	Monitoring at CQRG meetings	Internal - Monitored by ET, Board & CQSPEC; contract meetings, Board Reports, IP&C Team and RCA for all cases. External - CQC inspections, and Public Health.		A 2x4=8 →	A 2x4=8	The C-Diff annual threshold for 2014/15 is 50 cases, with an internal ceiling of 31 set by the Trust. Implementation of learning is underway and monitored via CQRM.	SG
	1.6	Risk of not enabling patient choice - duty to promote involvement of patients, carers and representatives in decisions about their healthcare, duty to act with a view to enabling patients to make choices; risk to CCG reputation	A 3x4=12	CATs; Governing Body, Choose & Book LES (13/14). Introduction of Patient Opinion service into main provider contracts. Rollout of AQP in Audiology, MRI, and Ultrasound	Internal - CCG GB; Complaints and PALs feedback External - , NHSE, 360° stakeholder survey; HealthWatch; HOSC		A 2x4=8 →	Y 2x4 = 8	Review of orthopaedic pathways has been initiated.	JE
	1.7	Risk of not engaging with patients, public and their communities - duty to secure ; impact on reputation, failure to promote red decision making "no decision about me without me"	A 3x4=12	Strategic plan published to which stakeholders input. Engagement strategy in place, implementation underway. Input into development of HealthWatch, launched 01/04/13, GB meeting in public.	Internal - CCG Council of Members; CCG GB; CATs; External - , NHSE, 360° stakeholder survey; HealthWatch; Health & Wellbeing Board; HOSC		Y 1 x 4=4	Y 1x4 = 4	NCDP review will be shared with CCG 18/6. Ongoing review of effectiveness of GB meetings in public. Regular press releases and social media outlets in place	JE
	1.7	Failure to commission safe, effective and efficient clinical services and to improve the quality.	R 4x4=16	CATs chaired by Clinical lead. Clinically led central System UCN. CORMs for main providers. CCBs for Acute, Community & Mental Health in place. Norfolk CQPS committee. CCG Quality Committee in place. Quality Issues Log (capture primary care clinician issues). Formal action plan for delivery of CCG response to Francis being monitored via Quality Committee.	Internal - Unannounced visits, monitoring CQC reports; CORMs, CCG Quality Committee; Norfolk CQPS Committee; External - national patient survey; NHSE, 360° stakeholder survey; HealthWatch, CQC	Delivery of CCG action plan compiled in response to Francis Report.	Y 1x4 = 4	Y 1x4 = 4	Action plan 'RAG' rated, and monitored via Quality Committee. Updates via QC report. More robust clinical risk monitoring process now in place. Quality and safety strategy being revised in light of Berwick report. Paper to Sept board.	SG

	1.12	Risk to the provision of safe high quality services at smaller multiple providers and out of county placements. (Risk amended see GBAF 1.18)	R 4x4=16	Monitored via CQRG meetings and escalation to SPRG, Collaborative Commissioning Boards and unplanned Care Network.	Internal - Quality Committee, Governing Body. External - Norfolk Quality Group, Quality Surveillance Group	There needs to be a more robust clear, local systems for the assessment and review of service users placed in out-of-area placements with repatriation asap when appropriate. Insufficient resource to proactively quality assure all small providers.	A 3x4=12 ↓	Y 1x4=4	Minimise the use of out-of-area placements wherever possible. A risk versus benefits assessment must be undertaken when considering an out-of-area placement, taking into consideration the individuals clinical and social factors and civil liberties. There must be appropriate clinical follow up within the placement. CCGs need to assured that any planned placement is managed through a transition process and that repatriation occurs whenever services can be commissioned to meet the needs of the individual locally. It should be acknowledged this is not always feasible. CCG monitors and advises other CCGs of any issues relating to their placements. The CSU has a dedicated post, currently vacant, to re-actively manage concerns raised within care homes.	SG
Continuously improve the Health & Wellbeing of the Population	2.1	Risks associated with duty to work in partnership with local authority to develop JSNA and Joint Health & Wellbeing Strategy- duty to promote integration, failure to achieve CCG objectives, pooled budgets, risk ring	A 3x4=12	JSNA for Norwich. CCG attends Health & Well Being Board. HWB Strategy drafted in partnership with Norwich City and Norfolk County Councils. HWB Strategy launched. Healthy Norwich initiative launched.	Internal - Council of Members; dow CCG GB External - , NCB, 360° stakeholder survey; HOSC; Health & Wellbeing Board	(Health & Wellbeing Board in development). Delivery of HWB Strategy.	Y 1 x 4 = 4 ↓	Y 1x4 = 4	Ongoing delivery of the HWB Strategy.	JF
	2.2	Risk to delivery of 2 and 5 year planning requirements in NHSE guidance - central planning footprint complex with large number of stakeholder organisations	A 3x4=12	Chief Officers have agreed a process with NCC Officers. Central Norfolk CCG Planning leads identified and are meeting regularly. Standing item of Chief Officer Agenda. Norwich CCG Planning leads identified for 2 & 5 year workstreams. Support secured from Deloitte to provide facilitation and modelling across the central Norfolk system	Internal - CCG SMT, May CoM meeting, formal submission of 5yr plan to June public GB External - NHSE Area Team has set out regular contact points within overall assurance process	5 year planning submission currently being drafted by Deloitte following system workshops - will require further assurance and review when draft provided in May (week 3)	Y 1x4=4 ↓	Y 1x4=4	Both 2 year plan and 5 year plan signed of by GB and submitted to NHSE.	JF
Reduce Health Inequalities - the Health Gap between different communities	3.1	Risk of not tackling health inequalities - duty to reduce inequalities	A 3x4=12	JSNA for Norwich identified local population needs e.g. drug & alcohol misuse, teenage pregnancy, smoking and mental health problems; Public Health support, health/social care integrated commissioning team; HWB strategy (now launched) incl successful WHO Healthy City application.	Internal - dow CCG GB monitors performance; CATs External - , NCB; HOSC; Health & Wellbeing Board	Delivery of HWB Strategy.	Y 1 x 4 = 4 ↓	Y 1x4 = 4	Ongoing delivery of the HWB Strategy.	JF
	3.1	Risk of not mobilising the new Termination of Pregnancy service by 01/01/13.	A 4x3=12	Mobilisation plan in place. Lead CCG (West Norfolk) identified for mobilisation. Existing contracts with incumbent service providers extended to 30/09/13.	Internal - CCG SMT, C&F CAT.		Y 1x3=3 ↓	Y 1x3 = 3	Service live from 01 October. Contract signed and new service mobilised.	JE

Manage our resource responsibly and ethically and deliver value for money for the taxpayer	4.1.2	Risk of failure to engage member practices with QIPP	R 4x4=16	Council of Members, all 23 represented. CATs members primarily clinical from Norwich practices. Operating Plan including QIPP integrated with CAT work programme. Good discussion at CoM.	Internal - CCG GB, Council of Members. External - , NHSE		Y 1x4 = 4 ↓	Y 1x4 = 4	QIPP is integrated within the Operating Plan which will be delivered via the CATs, and formally monitored by SMT and this GB.	JS
	4.3	Risk of failure to collaborate with other CCGs	A 3x4=12	Two-weekly Chief Officers Group and quarterly Chiefs & Chairs Group. CCAs signed with all 5 N&W CCGs. Central CCGs commission their main provider by CCBs (Acute, MH and Community).	Internal - Council of members; CCG GB; SMT. External - NHSE; 360° stakeholder survey	Review of Collaboration post 13/14 contract negotiations. Review and sign off of CCA by each GB then CCBs.	Y 1x4=4 ↓	Y 1x4 = 4	Revisions to CCA to be drafted and signed off by GB in January. Rotation of commissioning responsibilities agreed in principle. CSU requirements aligned. CCG collaboration has been tested and is robust, particularly in central Norfolk	JF
	4.5	Risk that 13/14 Plans not deemed sufficiently credible to discharge remaining 3 authorisation conditions.	R 4x4=16	13/14 Operating Plan signed off by NHSE, including QIPP proposals. Local Quality Premium signed off by NHSE.	Internal - Council of Members; CCG GB, Audit Committee External - NHSE; Health & Wellbeing Board	Response from Authorisation Committee due on 15 July 2013 .	Y 1x4 = 4 ↓	Y 1x4 = 4	Submission to request remaining conditions discharged made with Area Team support.	NC
	4.6	Risk of amendment to CCG Financial Baseline due to separate on-going national, regional and local discussions about accuracy of original baseline.	R 4x4=16	Norwich CCG CFO has set a balanced budget in line with current allocations and national guidance. Weekly Norfolk & Waveney CFOs meeting, regular CFOs/Area Team FD meeting to share current intelligence.	Internal - SMT and escalated to GB as necessary External -NHSE (Area Team, External and Internal Audit.		Y 1x4=4 ↓	Y 1x4 = 4	Significant allocation changes as there are some small ones happening that are immaterial to the Board	JS
	4.7	Risk of failure to achieve authorisation	R 4x4=16	CCG submitted authorisation evidence. Constitution agreed by Council of Members; shadow CCG GB; OD Plan. Key officers incl Chief Officer, Chief Finance Officer and GB Chair in place. CCG authorised with 6 conditions.	Internal - Council of Members; shadow CCG GB monitors progress with authorisation application; Cluster PCT Board regular updates External - SHA; NCB; Health & Wellbeing Board	Deliver Action Plan to clear outstanding conditions.	Y 1 x 4 = 4 ↓	Y 1x4 = 4	6 conditions remain, 3 evidence submitted to remove, and remaining 3 will be discharged once 13/14 Operating Plans (incl QIPP) agreed by the Area Team.	NC
	4.6	Risk of failing to innovate / develop research within the region. Impact on reputation; finances; team morale & stability; patient access to research	R 5 x 3 = 15	Building Collaborations: collaborative work with local Trusts & academic partners to develop ideas & innovate. Proactive in liaising with academic partners to develop research of interest to primary & community care. Research Infrastructure: Team are proactive in developing research capabilities within primary & community care. Annual round of bidding for funding for CLRN to support new developments. Team has mixed portfolio of funding to give freedom to innovate and reduce risk. Creation of a research culture conducive to innovation Quality Assurance: IP policy drafted & R&D policy working group set up	Internal: Research Senior Team Meetings; External: Research Steering Group; NIHR Peer review committee & UEA	Building Collaborations: Multiple parties in the system is time consuming to manage leading to less room/time to innovate. Gaps in translation of evidence into practice & building on research findings. Workload levels on the team are unmanageable in parts. Research Infrastructure: Network changes are unknown leading to uncertainty over funding streams and constraints on freedom to act. No long term plans in place due to short term funding streams Quality Assurance: IP policy still to be finalised.	A 4x3=12	2 x 3 = 6	Building Collaborations: 2 new posts being created - Evidence adoption post & Reserach Facilitator post. Job descriptions being drafted. Research Infrastructure: Plan in place to ensure primary care representative on CLRN Board with view to following this through to membership of the LCRN to champion primary care through the network changes Quality Assurance: IP policy on workplan of policy group	JF
	4.4	Risk that the CCG will not meet its Information Governance requirements	R 4x4=16	Baseline submission made by 31/03/13. Action plan in place to deliver the required compliances. Expert advice provided by CSU.	Internal - SMT, GB and Audit Committee, External -NHSE, External and Internal Audit		Y 1x4 = 4 ↓	Y 1x4 = 4	Evidence submitted and approval of achieving level 2 reached.	NC
	4.5	Risk of ISFE project failing and so may not be able to make payments.	A 3x4=12	Norwich CFO on project board and Norwich CCG Finance rep part of the PCT/CCGs ISFE project team. Project has delivered for 01/04/13	Internal - SMT and escalated to GB as necessary External -NHSE		Y 1x4 = 4	Y 1x4 = 4	Year end accounts produced. Remove and place on holding risk register.	JS

	4.2.2	Financial risk re Restitution Costs of Continuing Healthcare being passed to CCGs.	R 4x4=16	Deadline for claims (past costs 30/09/12; more recent cases 31/03/13). Provision in 13/14 Finance Plan for Restitution Costs. CCGs agreed risk share on weighted population.	Internal - CCG GB receives updates; CFO via CFOs network. External - , NHSE.		Y 1x4 = 4	Y 1x4 = 4	Matter addressed as part of 13/14 year end accounts. Risk now at lowest level. Remove and place on holding risk register.	JS
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NHS Norwich CCG Assurance Framework - 15 May 2014

NHS Norwich CCG aims to improve health outcomes and quality of services year on year for all the people of greater Norwich, with patients at the heart of its decision making process

The Assurance Framework forms the key document for the CCG in ensuring all principal risks to the CCG's objectives are controlled, that there is sufficient assurance as to the effectiveness of these controls, supporting the CCG's system of internal control. The Assurance Framework supports the CCG to mitigate risks to as low a level as practicable. Risks that are controlled to an agreed target level are then moved to a sub-folder, with regular review to ensure controls do not alter and risks therefore do not increase. The Assurance Framework informs the Governing Body and Audit Committee agendas. The CCG Risk Management Strategy and Framework detail how the Assurance Framework is populated and maintained.

Assurances on controls are provided by a range of sources including clinical audit, patient feedback, surveys and complaints, public and patient engagement, internal and external audit reviews, performance reports to the Governing Body, local counter fraud work, staff surveys, SI investigations, CQC inspections, Monitor reports, IG toolkit evidence, benchmarking, the work of CCG Committees, HealthWatch, The Health & Well Being Board. The CCG should regularly scrutinise the quality of assurances.

Strategic Objectives <small>Authorisation Domains & NHS Norwich CCG objectives</small>	Risk Ref	Risk Description <small>(and Implication)</small>	Unmitigated Risk Rating <small>(LxC)</small>	Existing Controls <i>(measures in place to reduce likelihood)</i>	Assurances on controls	Gaps in controls/ assurance	Mar Risk Rate <small>LxC</small>	Target Risk Rating	Action plan and progress report	Date for Action	Lead
	4.6	Risk to Financial Resources as a result that decision to cease funding the clinical academic reserve may be challenged by NHSE and Medical Schools	A 3x2=6	Ongoing discussions with UEA regarding alternative models of support for local research. Dialogue with Area Team about risks and mitigations	Internal - SMT and escalated to GB as necessary External -NHSE	Project not yet stabilised. No contingency plan in place.	A 3x2=6 ➔	Y 1x2 = 2	Invoice backlog is reducing. Daily monitoring in place with CSU.		JS