

NHS Norwich CCG Assurance Framework - 13 November 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.

NCCG Strategic Objectives	Risk Ref	Risk Description (and Implication)	Inherent Risk Rating (LxC)	Existing Controls (measures in place to reduce likelihood)	Assurances on controls	Nov 2015 Risk Rating LxC	Gaps in controls/ assurance	Target Risk Rating	Progress with actions to address gaps	Date for Action	Lead Committee	Lead
	1.1	<b>Risk of failure of NNUH to provide Referral to Treatment</b> for patients within the 18 weeks contractual requirement.	R 4x4=16	15/16 signed contract has clear contract levers in place. Robust contract monitoring (monthly groups); monthly CACB. Monthly reports to CCG GB. Delivery plans monitored by NNUH and SRG.	<b>Internal</b> - SPRG, Executive Ctee, escalated to GB as required; CACB. <b>External</b> - JCE reviews contract performance, ECIST, NHSE regular reviews of CCG performance	A 3x4=12 ➔	Delivery of trajectory required once agreed. Review of demand and capacity available to be completed. Impact on winter pressures	A 2x4=8	1. Agreement of revised RAP and RTT trajectory - still not agreed, contractual measures applied 2. Delivery of RTT trajectory. 2. Status analysis of demand v capacity to be confirmed. 3. Review findings and agree action where appropriate.	end November	Executive Committee	NC
	1.4	<b>Risk of NNUH not meeting stroke best practice targets,</b> and impacting on patient care.	R 4x4=16	15/16 signed contract has local quality requirements in place. Monitored via CQRM. Active membership of Norfolk Stroke network. Local Quality Improvement Incentive Scheme (LQIIS) for Atrial Fibrillation (AF) introduced to reduce demand.	<b>Internal</b> - SPRG & CQRM monitor delivery of targets, escalate to Exec Committee and GB as necessary, Implementation of plan is being monitored via CCG Quality Committee. <b>External</b> - accountability reviews of CCG by NHSE. Monitoring and sharing of intelligence with the cardio-vascular network	A 3x4=12 ➔	Not all stroke quality requirements being met in line with national stroke best practice guidelines	Y 1x4=4	1. CCG reviewing radiology services through monthly contract performance 2. CCG have agreed revised target with provider 15/16 with an improvement trajectory agreed. Running until the end of Q4.	On-going monthly review March 2016	Executive Committee	SG
	1.10 & 2.3	<b>Risk of increasing unplanned activity at NNUH</b> impacting on patient care and CCG finances and delivery of Transformation Programme  Merged with Risk 2.3 13th November 2015	R 4x4=16	Project Domino implemented to improve patient flow. Implementation of Home Ward. Your Norwich work programme - focus on integrated care in the community.	<b>Internal</b> - Acute Commissioning Network, CCG Quality Committee, NNUH CQRM and SPRG. Internal Audit on System Transformation planned Q4 <b>External</b> - Operational issues actioned at system wide Capacity Planning Group, JCE reviews contract performance, System Resilience Group, NHS England Assurance Reviews	R 4x4=16 ➔	Unplanned activity continues to grow	Y 1x4=4	CCG, through coordinating commissioner NNCCG, issued CQNs and expecting RAPS from NNUH. Medium/longer term, CCG working with provider to understand why the emergency activity has increased. CCG participated in "Breaking the Cycle" week; findings to be reviewed by SRG. Rationalising discharge processes iwth provider, procured 2 more beds to improve flow. Pre Hospital Improvement board established with clinical and managerial input from all CCGs and provider identifying key issues and short term measures to address. 5 work streams – falls, care homes, 111OOH, primary care, EAST 999. Your Norwich programme – looking at all alternative pathways out of hospital. Phase 1 Home Ward delivered, moving into Phase 2 community gateway with NCH&C. Longer term vision for primary care - Summit held on 11th November with practices to look at new models of care and primary care commissioning; developing roadmap to be reviewed by Council of Members	tbc  November  report end December  November 2015	Executive Committee	JE

1.13	<b>Risk to Sustainability of General Practice</b> due to the pressure on GPs re increasing workload and reducing income.	R 4x4=16	Responsibility sits with NHS England, with supporting role by CCG. Regular Council of Members meetings. Locality Meetings. Regular LMC liaison. CCG supporting the set up of clinical practice based pharmacist. Established Primary Care Development Group	<b>Internal</b> - CCG SMT, Executive Committee, Lay -chaired Primary Care Development Group; CoM meeting, Locality Meetings <b>External</b> - NHSE assurance reviews	R 4x4=16 →	Clarification of roles between NHS England and CCG	A 2x4=8	1. Confirming primary care commissioning arrangements with NHSE. 2. Working with practices to identify the most appropriate use of released funds of PMS review to support sustainability. 3. Draft Primary Care Strategy shared with NHSE. Primary Care Summit on 11th November; themes from event to be presented to Council of Members in November. Draft proposal of future direction and roles to be produced by end of December	January 2016  end December 2015	Executive Committee	JE
1.14	<b>Looked After Children</b> 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 4x4=16	Contracts in place monitored by CCG. Children's & Maternity Network (C&MN). Support for children's commissioning from NELCSU. Designated Doctor and Nurse now recruited. CCG monitoring timeliness of assessments	<b>Internal</b> - Monitoring of performance through meeting with health providers and Children's Services, C&MN <b>External</b> - CQC and Ofsted inspections of Children's Services 2015 identified issues, JCC monitoring LAC issues as part of workplan	R 4x4=16 →	NCH&C continues to breach 28 day statutory requirement for assessment of LAC. Ofsted inspection identified gaps: a) IHA timescales not being met b) Quality of assessments poor c) Health provision for leaving care poor d) Review service specification for meeting child an mental health CAHMS relating to LAC e) Out of Area placements health assessments. CQC Inspection identified gaps:- a) issues relating to consent given by young people b) issues with capacity and overarching service delivery. Sustainability of the service due to workforce	Y 1x4=4	1. CCG continues to monitor NCC remedial action plan alongside CQC & OFSTED and Children's Social Care Improvement Board through CQRM and CCG Quality Committee 2. Norwich CCG facilitated workshop with all CCGs to propose model on 25th September 2015. Model selected, further work with work steams 3. NCH&C gave assurance at Sept 2015 CQRM regarding their current position there are members of the children's team that can be called upon to support. To remain as a standing CQRM agenda item. 4. LAC on Joint Commissioning Committee (JCC) workplan and associated clinical network	On-going in accordance to RAP timescales  November	Quality Committee	SG
1.16	<b>Risk to NNUH meeting the Cancer waiting times</b> -leading to poor outcomes for cancer positive patients.	R 4x4=16	15/16 Contract has clear contract levers in place. Monitored via SPRG and CQRM. And Cancer Network. Monthly reports to CCG GB.. Recovery plans in place and on track to delivery by August (31 day) and October (62 day). Trust is undertaking RCAs for each individual breach monitored by CCG	<b>Internal</b> - monitored monthly by SPRG & CQRM, escalated to Executive Committee and GB <b>External</b> - Monitor, NHSE assurance reviews and Cancer Network, JCE monitoring contract performance	A 3x4=12 →	NNUH not meeting cancer waiting times	Y 1x4=4	1. CCG reviewing revised RAPS from NNUH with revised dates 2. CCG meeting being arranged to clinically review individual Norwich patient position. 3. CCG has noted progress with 31 day standard in some specialties 4. CQRM and Quality Committee reviews impact on patient care	end November	Executive Committee	NC/SG
1.18	<b>Risk of lack of assurance for quality and safe provision of individual patient packages:</b> i.e. Mental Health Neurological rehabilitation Care homes, Children and Young People, LD, CHC etc	R 5x4=20	Monitored via Quality Committee with escalation to Governing Body via GBAF. CCG picking up cases through Complex Care panel and monitoring Winterbourne Transforming Care action plan and cases. Work stream 3 and 4 of Continuing Care QIPP plan for 2015/16 proposed NCC LD service specification and pricing framework into NHS standard contract for residential care with QIA	<b>Internal</b> - Quality Committee, Governing Body. <b>External</b> - Norfolk Quality Group, Quality Surveillance Group	A 3x4=12 →	CCG and LA process not aligned - no shared/agreed framework No case management	A 2x4=8	1. Action Plans managed by QIPP Programme Manager and Dir Quality, Strategy and Innovation. 2. Head of Continuing Care Improvement and Assurance has commenced in post 2. NEL CSU are recruiting an interim Director 3. CV raised to adopt service specification and pricing framework for learning disability	end November 15  December 15	Quality Committee	SG

1.20	<b>Risk of failure to implement the new provisions for joint commissioning under the Children &amp; Families Act</b>	R 4x4=16	Joint Commissioning Intentions agreed, overseen by newly established (September 15) Joint Commissioning Committee (JCC) Children's & maternity Network. Commissioning support from NELCSU	<b>Internal</b> - Executive Committee, Governing Body. <b>External</b> - Children's & Maternity Network, Joint Commissioning Committee, HMCN, Children and Young Peoples Partnership hosted by NCC	A 3x3=9 →	New Act has brought new requirements regarding joint commissioning which have not been put in place.  Joint commissioning being undertaken without underpinning strategy.	A 2x4=8	Joint Commissioning Committee established following review of collaborative commissioning across central CCGs and across all networks. Future meetings will discuss children's commissioning arrangements, paper going to JCC 17th November. Working with NCC to establish joint commissioning arrangements. New designated Clinical Officer for Children's & Families Act appointed.	end November 15	Executive Committee	JE
1.21	<b>Risk of poor service and lack of compliance with CQC standards at NSFT- impact on quality &amp; Safety of patient care , failure to deliver targets (MERGER OF RISKS 1.7 &amp; 1.17)</b>	R 5x4 = 20	Monthly monitoring at CQRM, CQPS, SPRG, DTOC and PISG MH and LD Network meetings. Mandatory Safer staffing requirements re Francis. QIR and SI reporting system. On-going CQC inspections review. Close monitoring of workforce data and out of area placements. NSFT completed internal review of Out of Area Placements and introduced process changes re patient flow. New service model implemented 01/06/2015 to address breach of 28 day assessment. Trust has 'buddied' with Nottingham Mental Health Service.	<b>Internal</b> - CCG Quality Committee & CQRM monthly escalated to Executive Committee and Harvest report to GB <b>External</b> NHS assurance reviews with CCG, JCE monitoring contract performance, Trust CQC inspection and external review and Monitor	R 4x4=16 →	Caseloads still above optimum. Not meeting all targets CQC Report rated Trust Inadequate - remains in special measures Vacancies remain high Concerns regarding lack of pace of change	Y 1x4 = 4	1. CCG closely monitoring Improvement plan. Mock CQC visit by CCG planned 2. CCG continue to monitor 'out of area placements'. 3. Trust has formally escalated difficulty with Tier 4 bed availability to NHSE. 4. CCG reviewing monthly NSFT current workforce and skills set and staff engagement. 6. CCG have escalated concerns regarding the pace of change to Area Team 8. Stakeholder meeting to discuss progress continue.	December 2015  On-going  November	Quality Committee	SG
1.22	<b>Risk to the provision of primary care to new care/nursing homes</b>	R 4x4=16	Care / Nursing Homes LCS in place aligning GP Practices to homes. Primary Care Development Group and Council of Members monitoring progress	<b>Internal</b> - Primary Care Development Group leading work, Executive Committee and Governing Body receive regular reports, Council of members <b>External</b> - NHSE assurance meetings, progressing as part of primary care co-commissioning application with NHSE	A 4x3=12 →	Confirmation of new Bowthorpe Care Home GP cover	Y 2x3=6	1. Have discussed plan of action with with NHSE confirmed practices allocated patients by NHSE 2. Commencing Bowthorpe Care Village as exemplar project pilot. Meeting 12th November agreed programme of work. Links to Pre Hospital Improvement Board Care homes workstream.	end November 15	Primary Care Development Group/ Executive Committee	JE
1.23 & 1.19	<b>Risk of lack of agreed process for commissioning children's complex cases</b> - impacting on CCG finances, on patient care, on performance  <b>Merged with risk 1.19 16/10/15</b>	R 4x4=16	Norfolk & Waveney Children's Complex Cases panel reviews eligibility. NELCSU managing the packages. CCG Complex Case Review Panel reviews these packages. Children's and Maternity Commissioning Network. The Children & Young People Continuing Care Business Case approved by CCG's Clinical Reference Group, QIPP Group & Executive Committee Aug 2015. Chief Officers still to approve. SMT proposed NELCSU take 2 deliverables forward and CCGs take the other 2 forward.	<b>Internal</b> - QIPP Group monitoring CHC project, Executive Committee, escalating to Governing Body as required; <b>External</b> - Children's & Maternity Network reporting to JCC, NHS England Assurance reviews	R 4x4=16 ↑	Lack of governance of panels, lack of policy and lack of partnership agreements and lack of service specifications and contracts with providers	G 1x2=2	Business Case approved by CCG but not approved by Norfolk & Waveney Chief Officers. Norwich SMT has proposed that both CCGs and CSU take forward two deliverables each. NELCSU reviewing/producing service specifications and contract documentation. Establish robust contractual framework for Children & young People's continuing care. Sheila Glenn is raising the two deliverables with CSU. Awaiting further updates. Norwich CCG is taking Chair of CCRP and reviewing Terms of Reference	end Nov 2015  end Nov 2015  Mar 2016	Executive Committee	JS

	1.24	<b>Risk to provision of safe urgent care in regard the re-procurement of walk in centre</b>	<b>A</b> 4x2=8	Responsible commissioner is NHSE who are working with the CCG on re-procurement project. PIN produced. PID Agreed. Project plan underway. Task and Finish Group being established. CRG consulted & HOSC. Market engagement process complete. Revised specification complete.	<b>Internal</b> - CCG Executive Committee and GB <b>External</b> - NHSE Primary Care Oversight Group (PCOG)	<b>A</b> 4x2=8 ➔	Pre-planning for procurement and mobilisation timeline is very tight. Robust project management needed to keep to schedule. Financial envelope needs to be reviewed closely by NCCG to confirm affordability	<b>Y</b> 3x2=6	CCG working with NHSE to agree options for ensuring safe re-procurement exercise. NHSE moving forward with procurement and CCG will input from a service delivery and clinical quality basis	end June 2016	Executive Committee	JE
	1.25	<b>The implementation of the IT Lorenzo system has had a significant impact on the reporting of clinical and performance information. Impacting on patient safety and service delivery .</b>	<b>R</b> 4x4=16	Monthly monitoring at CQRM, CQPS, SPRG.	<b>Internal:</b> CQRM, Quality Committee <b>External:</b> CQC, NHS England assurance reviews	<b>R</b> 4x4=16 ➔	Lack of robust validated clinical and performance information from NSFT and lack of interoperability of systems across agencies - Trust depending on manual input of data Training of staff on new IT system	<b>Y</b> 1x4=4	1. CCG requested assurance in interim. Clinical reports now partially available but not validated as yet. Clinical information now visible. 2. CCG issued CQN - still outstanding - NSFT assured that reporting will improve by November 3. IT update at October CQRM - progress with implementation although data not validated as yet. Due end November.	end November 2015 end November	Quality Committee	SG
Continuously improve the Health & Wellbeing of the Population	2.3	<b>Risk to delivery of the transformation programme</b> which will not be affordable if acute activity cannot be reduced. <i>Propose to merge with risk 1.10 as mitigation is the same</i>				➔						
Reduce Health inequalities - the Health Gap between different communities												
	4.1	<b>Risk of failure to achieve QIPP</b> - duty to promote innovation, failure of service transformation to achieve financial savings, improve outcomes, quality and productivity, reduce variation and inequalities	<b>R</b> 4x4=16	15/1 Financial Plan agreed by GB with target of £7.2m (reduced from £8.2m originally). QIPP plan in place for 15/16. Additional finance resource recruited Mar-15. QIPP Programme Management Process in place that supports idea generation, development and approval; delivery of initiatives; and monitoring and control of plan.	<b>Internal</b> - CCG Exec and GB; Weekly QIPP Group, Finance Committee and Audit Committee <b>External</b> - NHSE assurance reviews, Internal and External Audit.	<b>A</b> 3x4=12 ➔	Some QIPP initiatives are pan-central Norfolk - looking to work together with other 2 CCGs as much as possible to achieve savings.	<b>Y</b> 1x4=4	Collaborative working established across the 3 central Norfolk CCGs on joint initiatives. QIPP is part of remit of Joint Contracting Executive, who have developed Central Norfolk Joint Work Plan 2016/17.	30/11/15	Finance Committee	JS

Manage our resource responsibly and ethically, and deliver value for money for the taxpayer

4.2	<b>Financial risk re Continuing Healthcare</b> - growing demand/cost and lack of evidence of grip.	R 4x4=16	Norwich CCG is coordinating commissioner for CHC from 1/7/14. High Cost cases reviewed and authorised by CCG CO & Director of Quality. CHC Operational Group, for 4 CCGs, agreed a action plan to tighten existing contractual mechanisms. This sits alongside CSU transformation programme. Case management of the most active LD cases has moved to NCH&C LD team. Further reviews at case by case level within Norwich CCG, supported by the implementation of the Action Plan for NHS CHC (adult) agreed by Executive Committee in February 2015.	<b>Internal</b> - CCG Exec Team and GB, Chief Officers Group, Finance Committee, Audit Committee. <b>External</b> - NHSE accountability review.	A 2x4=8 →	Clear plan to underpin expected savings. Monitoring process to ensure accuracy of QIPP Reporting. Financial reporting on a monthly basis remains volatile.	Y 1x4=4	CHC Dashboard is already embedded in the QIPP monthly reporting process as at end of July. CHC Quality manager has commenced in post and is taking this work forward	30/11/15	Finance Committee	JS
4.3	<b>Risk of insufficient capacity and capability for support services (via CSU)</b>	R 4x4=16	Monthly performance meeting at director level. Signed SLA in place.	<b>Internal</b> - monthly performance meetings with CSU, Chief Officers Group, CCG GB and Executive Cttee. <b>External</b> - Service Auditor Reports on third parties e.g. CSU, SBS. NHS England assurance reviews, BDU	A 2x4=8 →	Agreement of a revised CHC specification; and CSU implementation of the revised structure.	Y 1x4=4	1. Revised CHC specification close to agreement with CSU including KPIs. Once this agreed, the risk will be reviewed with intention of reducing to target risk rating. 2. KPIs drafted for each service for embedding in SLA	30/11/15	Executive Committee	NC
4.4	<b>Risk to Financial Resources</b> as a result that decision to cease funding the clinical academic reserve - has been challenged by NHSE and Medical Schools	A 3x4=12	On-going discussions with UEA regarding alternative models of support for local research. Dialogue with Area Team about risks and mitigations. Now (June) in dialogue with Medical School over disputed funding.	<b>Internal</b> - SMT and escalated to GB as necessary <b>External</b> -NHSE assurance reviews	A 3x4=12 →	Project not yet stabilised. No contingency plan in place.	Y 1x4=4	On-going discussion with NHS England over the way forward. GB discussed in private session on 29/9/15. Joint letter from CCGs based on legal advice sent to NHS England	30/11/15	Governing Body	JS
4.5	<b>Risk to Financial Resources</b> 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. CFO discussion re risk share and apportionment.	<b>Internal</b> - SMT and escalated to GB as necessary <b>External</b> -NHSE assurance reviews	A 3 x 3 = 9 ↑	need to agree how to manage property portfolio to reduce costs with NHS PropCo and Community Health Partnership	G 1x3=3	Initiation of NHS estates group with commissioners and providers to rationalise NHS estates in Norfolk and minimise costs for unused estates. Successful challenge to Propco invoices identified £491k refund. CCGs interest in Norwich Community Hospital has been transferred to NHS PropCo which should reduce charges, but new issue over Turnstone Court vacated by NCH&C; CCG disputing the charge	30/11/15	Finance Committee	RK
4.6	<b>Risk to seamless delivery of 111/OOHs service</b> at contract end 31/08/14)	A 4x3=12	Contract signed. Mobilisation plan agreed; robust process in place. All 4 CCGs engaged. Assurance links with NHSE in place. Go live successful.	<b>Internal</b> - SPRG & CQRM, Executive Committee, escalated to GB as necessary and to newly established Joint Contracting Executive <b>External</b> - NHSE assurance review, SRG	R 4x4=16 →	Post mobilisation issues; broader issue of reduced GP resource to be addressed	Y 1x3=3	Post mobilisation issues are being addressed through regular communications with the provider. Issue re limited GP is monitored by SRG. GP resource plan to be agreed with commissioners	end November	Executive Committee	NC

**Key to Initials**

5 year forward plan  
Atrial Fibrillation  
Better Care Fund  
Child and Adolescent Mental Health Services  
Capacity Planning Group  
Care Quality Commission  
Chief Finance Officer

**5YFP**  
**AG**  
**BCF**  
**CAMHS**  
**CPG**  
**CQC**  
**CFO**

Jo Smithson  
James Elliott  
Nikki Cocks  
Sheila Glenn  
Robert Kirton

**JS**  
**JE**  
**NC**  
**SG**  
**RK**

Clinical Action Teams	<b>CAT</b>
Clinical Commissioning Group	<b>CCG</b>
Clinical Quality and Patient Safety	<b>CQPS</b>
Clinical Quality Review Meetings	<b>CQRM</b>
Collaborative Commissioning Boards	<b>CCB</b>
Emergency Care Intensive Support Team	<b>ECIST</b>
East of England Ambulance Service NHS Trust	<b>EEAST</b>
Governing Body	<b>GB</b>
Health and Overview Scrutiny Committee	<b>HOSC</b>
Integrated Care Coordinator	<b>ICCs</b>
Looked after children	<b>LAC</b>
Local Quality Improvement Incentive Scheme	<b>LQIIS</b>
Multi-Disciplinary Team	<b>MDT</b>
Mental Health	<b>MH</b>
NHS England	<b>NHSE</b>
Norfolk & Norwich Hospital	<b>NNUH</b>
Performance Management Office	<b>PMO</b>
Quality, Innovation, Prevention, Productivity	<b>QIPP</b>
Referral to Treatment	<b>RTT</b>
Senior Management Team	<b>SMT</b>
Service & Performance Review Group	<b>SPRG</b>
Urgent Care Network	<b>UCN</b>