

<b>West Norfolk CCG Governing Body Assurance Framework</b> 09/05/2018	<b>West Norfolk CCG Strategic Objectives</b>
<b>Lead : Head of Corporate Affairs</b>	1. To ensure the needs of the people of West Norfolk and clinical quality are at the heart of everything we do
	2. To lead the long term sustainability of health & care services for the people of West Norfolk
	3. To collaborate in partnerships that promote and deliver demonstrable improvements in the health & wellbeing of the people of West Norfolk
	4. To meet statutory financial duties
	5. To be innovative and to use integration as a means to deliver improvements in care
	6. To ensure that the resources and capability are made available to commission services efficiently and effectively

Status Change
→ - same
↑ - increased
↓ - decreased

<b>RISK MATRIX:</b>	<b>Likelihood</b>				
<b>Consequence</b>	1 – Rare	2 – Unlikely	3 – Possible	4 – Likely	5 – Almost Certain
1 - Negligible	1	2	3	4	5
2 - Minor	2	4	6	8	10
3 - Moderate	3	6	9	12	15
4 - Major	4	8	12	16	20
5 - Catastrophic	5	10	15	20	25



Item 18.42

Strategic Objective	CCG Improvement and Assessment Framework	Area & Indicator Ref	Ref	Risk Description (and implication)	Inherent Risk Rating (LxC)	Existing Controls (measures in place to reduce likelihood)	Assurances on Control	Current Risk Rating (LxC)	Target Risk Rating (LxC)	Date to achieve Target Risk	Date Risk Added	Date Risk Updated	Gap in Controls/Assurance	Action plan and Progress Report	Date to Complete Action(s)	Committee	Lead
	Better Health/Better Care/Leadership	Provision of high Quality Care	1.1 (1.2)	QEH: non-delivery of constitutional targets leading to a potential risk of poorer health outcomes for the patient population	5 x 4 = 20 (R)	Daily monitoring of operational performance where appropriate, with escalation to senior officers where performance is below expected levels. Review of performance at monthly contractual and quality meetings where appropriate action is taken e.g. requesting of remedial action plans, levying of fines, management support from commissioners. External operational and contract performance meetings with a range of stakeholders whose services will support the delivery of the constitutional targets within the QEH. Transformation work taking place through QIPP to improve outcomes and provide the CCG with the ability to support the delivery of the targets.	<b>Internal:</b> Notes and minutes from operational daily silver calls. Notes and action logs from TIFG, CQRM and SPRG. Formal performance and quality reports presented to F&PC, CLEX, PSCQ and GB. <b>External:</b> NHSE seek formal assurance through regular meetings and reports as required, dictated by operation pressures. West Norfolk system led programme board meetings where operational performance and mitigating actions are agreed with a range of stakeholders, contributing to a range NHS constitutional targets.	5 x 3 = 15 (R) →	3 x 3 = 9 (A)	30/09/2018	11/01/2014	09/05/2018	Substantive posts are currently being filled by interims within the CCG for contractual and operational management processes.	1. Organisational review to be undertaken to identify an affordable substantive structure that meets the needs of commissioning and provides appropriate controls and assurance. 2. Where there are gaps or perceived gaps in the substantive structure, these are being filled by interim staff with appropriate specialist knowledge. 3. Structure to be signed off by SMT and new CFO.	Complete On going 31/05/2018	FPC	RC
		Provision of high Quality Care/ Mental Health	1.2 (1.3)	Having been re-inspected in Oct. 2017, NSFT have been rated 'inadequate' leading to a possible risk of impact on clinical quality and patient safety	5 x 4 = 20 (R)	Monthly CQRGs by contract holder. QIR and SI reporting system. On-going CQC inspections review. Close monitoring of workforce data and out of area placements. Contract and performance meetings. Joint stakeholder NSFT and Monitor assurance meeting monthly. Acute adult pathway funding agreed.	<b>Internal</b> – Local Quality contract review meeting. Mock CQC inspections in conjunction with provider. Monthly CCG Patient Safety & Clinical Quality Committee. CCG Governing Body. <b>External</b> – CQRG monitors Trust Quality Improvement Plan. CQC inspections, HSE monitor compliance, Quality accounts, regular NHSI updates via Quality Surveillance Group	4 x 4 = 16 (R) →	1 x 4 = 4 (Y)	31/12/2018	03/11/2017	02/05/2018	Trust ability to meet CQC deadlines for improvement. Potential dissemination time lag of action plans from lead commissioner to local commissioners	1. Quality team to support SNCCG to undertake announced visits for all NSFT service with the lead commissioner.	Ongoing	PSCQ	SJW
2. To lead the long term sustainability of health & care services for the people of West Norfolk	Better Health/Better Care/Leadership/Sustainability	CCG's Local Relationships/ Financial sustainability	44 & 49 2.1	Risk of failure to deliver system sustainability - impact on finance, reputation, patient outcomes	4 x 4 = 16 (R)	Sustainable Transformation Plan in place, clinically driven, overseen by Director of Operations. System Transformation Delivery Board in place with membership of key partners and independently chaired. Memorandum of Understanding in place between key partners, setting out expectations for delivery. Detailed work plans developed with key milestones to deliver sustainable models of care. STP Engagement events led by Healthwatch taking place during Nov 17. Joint Strategic Commissioning Committee operating in shadow form from October 2017. AO Chairs bi-monthly STP Urgent Care Delivery Board. CCG represented at STP Chair's meeting. CCG fully contributed to development of Norfolk and Waveney STP. Joint Executive and Chairs meeting on 19/01/18 drawing together work of STP Executive and STP Chairs meetings	<b>Internal:</b> Reporting to SMT, FPC and to Governing Body. Oversight by Council of Members. <b>External:</b> Norfolk and Waveney STP meetings. NHSE monthly STP oversight meetings.	3 x 4 = 12 (A) →	1 x 4 = 4 (Y)	01/04/2019	01/07/2014	11/05/2018	Lack of tested, agreed system wide models of care. System transformation capacity and capability to deliver models of care. Being discussed Nov GB and Dec CofM for agreement.	1. Discussions have begun with system partners around the development of an ICS (Integrated Care System) model for West Norfolk. 2. System partners met again 10/04/18 and have agreed to establish a system wide workshop to develop the vision for a new model of care. We also agreed to reconvene the West Norfolk Alliance to formalise partnership working arrangements. 3. System partners are meeting on the 15 & 16 May. Discussions are progressing to conclude the action by 30th June.	30/06/2018 30/06/2018 30/06/2018	FPC	JW
3. Collaborate in partnerships that promote and deliver demonstrable improvements in the health & wellbeing of the people of West Norfolk	Leadership/Sustainability	CCG's Local Relationships/ Financial sustainability	44 & 49 3.1	Inability to take commissioning decisions or commit resources without clinical engagement and clinical leadership from general practice	4 x 3 = 12 (A)	Constitutional requirement for all practices to be a member of WNCOG. Substantive Head of Primary Care leads engagement with and support to practices on commissioning decisions of the CCG. Postholder regularly engages through Practice Managers Forum. Seven GB member positions open to constituents to apply for, currently two are vacant but have been appointed to subject to references. Membership of formal committees as part of the constitution, in addition the CCG has introduced a Members Forum to improve wider engagement with primary care beyond the formal Council of Members. Regular updates sent via primary care team including practice dashboard and bulletins. Support to establish West Norfolk Health which is a GP led organisation set up to deliver contracts delivering health care within West Norfolk. GP GB Members assigned as clinical leads to CCG QIPP programme to improve clinical engagement in commissioning decisions	<b>Internal:</b> Five of seven GB post currently filled. Good engagement at Members Forum. Quorate attendance at CofM. Good engagement with practices on commissioning projects and QIPP schemes developed by Commissioning Team. <b>External:</b> Internal Audit, quarterly assurance and demand management plan reviews by NHS England includes member engagement; annual stakeholder survey	3 x 3 = 9 (A) ↓	2 x 3 = 6 (Y)	30/06/2018	01/04/2013	09/05/2018	Lack of engagement from some practices at Council of Members. Not all GP Member posts filled on GB. Lack of engagement by some practices in CCG work streams	1. Review and amendment structure of Council of Members linked to the Members Forum. 3. Regular and detailed comms continuing from primary care team to encourage engagement from primary care. 4. GP Members posts interviewed	Complete On going Complete	GB	RC
		CCG's Local Relationships/ Financial sustainability	44 & 49 3.2	There is a risk that the collaborative partnerships could come under pressure due to the relationships being negatively affected by financial, organisation, staff change and strategic pressures.	5 x 4 = 20 (R)	We encourage regular and open dialogue with commissioners and providers. We support providers where ever possible.	<b>Internal</b> : Weekly commissioning team meeting. <b>External</b> : Regular stakeholder meetings.	2 x 3 = 6 (Y) →	4 x 1 = 4 (Y)	30/06/2018	15/11/2016	09/05/2018	Meetings take place with individual providers but the West Norfolk Alliance is not currently meeting. A wider piece of work is needed on how we apportion our available funds/fair shares based on need across the West Norfolk system.	1. Internal discussion on the West Norfolk Alliance to take place 2. Wider review on fair shares has been commissioned. A report is expected.	Complete 31/05/2018	SMT	RC
		Financial sustainability	44 4.1	Risk of failure to achieve Best Value - failure of service transformation to achieve financial savings, improve outcomes, quality and productivity, reduce variation and inequalities	4 x 5 = 20 (R)	2018/19 Best Value plan has been developed to a level of detail for inclusion within the main contracts. This will include monitoring workbooks and detailed PIDs to ensure full implementation of the schemes. The CCG have established a financial recovery group that meets weekly to ensure schemes stay on course to deliver their objectives.	<b>Internal:</b> FRG review progress on schemes on a weekly basis and SMT review matters which required escalation. FPC review on a monthly basis; CCG Governing Body receives overview of Best Value performance each meeting. <b>External:</b> Annual Audit completed to provide assurance on the processes in place. The CCG's PMO team is currently working with the STP partners to ensure that all available schemes are considered and best practice adopted.	4 x 3 = 12 (A) ↓	3 x 4 = 12 (A)	31/03/2019	01/01/2013	12/04/2018	2018/19 schemes are embedded within the CCGs financial plan but not yet fully embedded within provider contracts. As a result this may create a shortfall on the 18/19 target due to the slipping of the start date.	1. The FRG meet weekly to ensure schemes progress. 2. Negotiations continue to embed schemes in provider contracts. 3. Additional schemes will be developed to cover any shortfall in the 18/19 programme.	Ongoing 30/06/2018 30/06/2018	FPC	MW

