

RISK MATRIX:	Likelihood				
	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

West Norfolk CCG Strategic Objectives	
1.	To ensure the needs of the people of West Norfolk and clinical quality are at the heart of everything we do
2.	To ensure that the resources and capability are made available to commission services efficiently and effectively
3.	To meet statutory financial duties
4.	Collaborate in partnerships that promote and deliver demonstrable improvements in the health & wellbeing of the people of West Norfolk
5.	To lead the long term sustainability of health & care services for the people of West Norfolk
6.	To be innovative and to use integration as a means to deliver improvements in care

Status Change
→ - same
↑ - increased
↓ - decreased

WNCCG Strategic Objectives	Risk Ref	Risk Description (and Implication)	Inherent Risk Rating (LxC)	Existing Controls (measures in place to reduce likelihood)	Assurances on controls		Current Risk Rating	Target Risk Rating	Date Risk Added	Date Risk Updated	Gaps in controls/ assurance	Action plan and progress report & Timeframe	Lead Committee	Lead
					Internal	External								
1. To ensure the needs of the people of West Norfolk and clinical quality are at the heart of everything we do	1.1/1.2/1.5a	QEH: risk of lack of compliance with CQC standards- impact on quality & Safety of patient care	5x4=20 (R)	Monitoring via CQRM meetings. Trust has implemented internal rolling programme of CQC audits across the Trust and mock CQC Audits. Good engagement between CCG & QEH. On-going recruitment process in place to improve and maintain staffing levels. Honorary contracts allow movement of staff across organisations. A lot of work has been done by the Trust re staffing. Monitor CPT in place.	Internal – Monitored by CCG at monthly CQRM meetings and reported to Governing Body. Regular reports to Patient Safety & Clinical Quality Committee. Heightened profile of QIR with all GP practices. System Resilience Group monitors weekly. External – CQC inspection beginning of July - still concerns. Monitor process underway with QEH, CPT team working with CCG; Quarterly assurance meetings with NHS England; HOSC report on Stroke	4x4=16 (R)	1x4=4 (Y)	09/09/2013	20/01/2015	QEH remains in special measures. Latest CQC report still shows level of concern, much improvement by Trust, but not yet sustainable	CQC report from July visit rating "requires improvement" but CQC found significant areas of improvement. QEH action plan monitored by CQRM monthly. Making progress with actions. Some concerns remain with medicines management, still staff vacancies. Closer working with Trust and much improvement but not yet sustainable. Risk remains red until next CQC visit (likely early in the new year).	PSCQ C	MC	
	1.3/2.3	QEH: Risk of lack of choice of maternity care and potential legal challenge due to QEHKL termination of the Home Birth service	5x4=20 (R)	Continued close working with the QEHKL to review Maternity pathway and explore opportunities to expand provision and choice. Clinical review group (Alliance programme) reviewing Maternity pathway to inform the Contingency Planning Team intervention from Monitor. Dialogue with legal representatives to ensure appropriate response to external legal interest. All patients affected by the service have been contacted and alternatives put in place. June Governing body approved next steps: 1. Contract Escalation, not to withdraw payment, 2. Formally report to Monitor QEH unilateral decision to end the Home Birth service, 3. To ask QEH for reasons, 4. Proceed with CCG's own review of maternity services. CCG's 2 and 5 year plan focuses on sustainability to ensure patient choice	Internal: monthly CQRM meetings enforcing contractual measures. Regular reports to Patient Safety & Clinical Quality Committee and CLEX. Quality Dashboard to each Governing Body meeting. Full report on Homebirth service issues at June GB meeting and monthly updates. Clinical Reference Group (Alliance project) reviewing Maternity clinical pathway External: Monitor CPT reviewing QEH; CCG Quarterly assurance meetings with NHS England	4x4=16 (R)	1x4=4 (Y)	13/01/2014	14/01/2015	Continued suspension of Home birth service by QEHKL	A Prior Information Notice (PIN) was released and expressions of interest received from interested providers. The next steps will be developed alongside the Monitor Contingency Planning Team's (CPT) plan, which is prioritising Maternity Services within the initial stages of their work.	PSCQ C	MC/KE/SC	
	1.4	Risk of potential risk of delays in specimen transport from GP practices to NNUH - potential for deterioration in sample integrity pre-analysis and impact on test results	4x4=16 (R)	GP blood science services transferred to Eastern Pathology Alliance at NNUH 14th April 2014. EPA Lead Commissioner GYW CCG). CCG contract lead (Stephen Wells) and clinical lead (Dr Pallavi Devapalli) reviewed arrangements with EPA in preparation for service transfer. GP practices raising QIRs relating to high potassium results etc. Delays in signing contract. Formal notification of GYW CCG contract review meeting to formally log issues through the contract mechanism. CCG contract lead continues to update PSCQ and Governing Body.	Internal: CCG contract lead and clinical lead continue to monitor issues raised by GPs. Reports to CLEX, PSCQ and Governing Body. QIR system continues to receive QIR reports from GP practices, reviewed by CQRM and PSCQ Committee. External: WNCCG feedback to GYW CCG (lead commissioner) for formal contract review. Quarterly assurance meetings with NHS England	4x4=16 (R)	1x4=4 (Y)	17/12/2013	20/01/2015	QIRs continue to highlight problems in general practice with delays and impact on sample integrity, lack of assurance from contractor	SW attended Jan PSCQ . Formal sign off contract by NNUH. CCG is receiving performance reports now but awaiting reports on the 3 CQUINS. EPA is keen to receive complaints from CCGs; WNCCG passing complaints to them. Reviewing activity and looking at CQUINS for next financial year. Following recent logistics procurement, there are more collections from practices. The issue of raised potassium levels discussed at contract meetings but still awaiting feedback on all QIRs. SW will update GPs via GP newsletter. Report to January Governing Body	PSCQ C	PD	
	1.5a	QEH: Risks to patient care and operation performance as a result of the changes in leadership and governance gaps - risk to A&E targets, referral to treatment time, workforce levels	4x5=20 (R)	Monitor oversight, assurances from regular liaison between CCG Chief Officer & QEH/Monitor/NHS England. Appointed to substantive posts of Director of Nursing and Chair.	Internal: Monthly CCG PSCQ Committee. Monthly CQRM meetings. Quality dashboard to Governing Body. CCG undertakes announced visits. Chair to Chair meetings. Heightened profile of QIR with all GP practices. Urgent Care Board monitors weekly. External – CQC inspection beginning of July. Monitor process underway with QEH; CCG Quarterly assurance meetings with NHS England	3x5=15 (R)	1x5=5 (Y)	24/10/2013	20/01/2015	CQC enforcement notice still in place. Monitor to sign off action plan.	Substantive CEO and Chief Operating Officer now in post. risk now links to 1.1	PSCQ C	MC	
	1.5b	QEH: risk to delivery of performance targets - particularly A&E 4 hour wait, Referral to Treatment (RTT) waiting times, infection control	4x4=16 (R)	Monitoring via contract meetings. Issued Contract Query Notices. System Resilience Group monitoring Emergency Flow Improvement Plan. Penalties are being applied in line with the national standard contract. Additional non-recurrent funding of £1.2m has been made available by NHS England to support additional initiatives relating to the Urgent Care system. Public Health monitoring c.diff concerns - improvement plan in place, reviewed by PSCQ. New locum microbiologist in post.	Internal: monthly CQRM meetings enforcing contractual measures. Regular reports to Patient Safety & Clinical Quality Committee, CLEX, Executive Team and Governing Body. External: Monitor process underway with QEH; CCG Quarterly assurance meetings with NHS England - Q1 letter lifted condition on RTT due to progress made, but continued concerns on sustainable changes made; HOSC report on Stroke	4x4=16 (R)	1x4=4 (Y)	11/01/2014	20/01/2015	Sustainability of A&E 4 hour wait performance RTT targets not achieved in a number of specialities in 2013/14 High number of c.diff cases	A&E - breach levels had improved in September following joint investigation and implementation of an emergency flow improvement plan monitored by SRG. CCG remains concerned with overall performance of urgent care, in particular high levels of breaches on certain days with performance as low as 57%. CCG working closely with discharge team and community providers to support timely discharge of medically fit patients. RTT - Trust did not achieve target in Q1 and Q2. Contractual action has been pursued, and additional funding secured from NHS England to support work to clear backlogs. Performance monitored weekly. Trust currently reporting they have achieved standard at aggregate level for December (subject to validation). Infection control- high number of C.diff cases. The Trust has recently appointed a Consultant in Infection Prevention and Control to review RCA's and to formulate a revised trajectory. Ward staff implementing action plans following Infection Control Team review. CCG monitoring monthly. Case numbers plateaued, but still over trajectory.	CLEX	KE	
	1.7 & 1.14	NSFT: Risk of service failure and potential Patient harm during period of high operational change within the Trust - impact on beds at Fermoyle and introduction of community based services for dementia potentially replacing beds at Chase Ward	4x4=16 (R)	Service strategy working re group. Monthly monitoring at CQRM. QIR and SI reporting system. On-going CQC inspections review. CCG & CSU undertaking heightened focused monitoring of AA service. CQN in place from October 2013. Presentation at May Governing Body by NSFT. Dementia action plan approved with implementation underway. Awaiting evaluation of DIST prior to potential public consultation on closure of Chase and Tennyson Ward. Close monitoring of workforce data and out of area placements	Internal – monitored by CSU CQPS team, provider CQRM standing agenda item contract meetings, reported in monthly quality report at commissioning Board mock CQC inspection in conjunction with provider. Monthly CCG Patient Safety & Clinical Quality Committee. CCG Governing Body. dementia events, External – CQC inspections, HSE monitor compliance, Quality accounts.	2x4=8 (A)	1x4=4 (Y)	16/05/2013	20/01/2015	Caseloads remain high. Not meeting all targets	Close monitoring of workforce data continues, caseloads still remain high, sickness and absence rates remain high The Trust received a CQC inspection during October 2014 and has received confidential draft report. Awaiting final CQC report before re-evaluating risk rating. Update on DIST project at January Governing Body	PSCQ C	MC	
	1.8	NCH&C: Risk of impact on quality and safety of patient care due to organisational transformational change - high number of vacancies	4x4=16 (R)	Monthly CQRM monitoring transformation. Monitoring of complaints and all performance data. Extraordinary Council of Members meeting held in April with executive & senior management from NCH&C to discuss. Regular meetings between CCG and NCHC locality manager taking place. Practice Manager survey. Workforce data now being received. Meetings between CCG, NCH&C and practice managers taking place to review workforce issues. CQC visit to NCH&C; noted concerns with vacancies. Trust being proactive with job fairs etc and they are sending workforce data regularly to CCG.	Internal: Monthly (local) clinical quality meetings and feedback from NCH&C. QIR process for GPs to raise concerns External: county wide clinical quality meetings and feedback from NCH&C. Feedback from lead CCG commissioner. Quality Surveillance Group also monitoring	3x4=12 (A)	1x4=4 (Y)	17/12/2013	20/01/2015	Establishment improved but still high number of vacancies and risk to implementation of transformation challenging because of embedding new working arrangements.	NCH&C has removed any vacancy control processes and are over-recruiting. They have put on hold their transformation programme until March to resolve workforce issues. Continuing to monitor monthly at CQRMs. Recruitment Plan is in place and submitted to WNCCG on a weekly basis. Positive CQC report.	PSCQ C	MC	

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2. To ensure that the resources and capability are made available to commission services efficiently	1.12	Care Homes: Risk to clinical quality and patient safety as proactive monitoring of care homes is not carried out due to the large number of care homes in the area, lack of staffing resources and comprehensive information on commissioned care homes.	4x4= 16 (R)	Weekly review of published CQC reports undertaken to identify homes failing to meet standards. Close working and regular meetings with county council care home teams, safeguarding leads and other health professionals. E.g. District Nurses & other health professionals working in the community. Information re pressure ulcers, SI's. Quarterly meetings with local CQC compliance inspectors. Proactive monitoring is now occurring. Audits have taken place in 10/11 nursing homes. Quality team aware of risks and working closely with CHC team. Clinical RAG in place and overall action plan. 3 Care homes now CQC compliant	Internal: care home visits reports to CCG monthly. Monthly quality network meetings. CQC weekly reports updated in the extranet available to CCG's. Internal audit on care homes Jan 15 External: CQC inspections, NTA, working with ASSD,	3x4= 12 (A) ▲	1x4 = 4 (Y)	10/06/2014	09/01/2015 risk rating increased in line with Limited Assurance internal audit	Internal Audit on Care Homes Jan 15 - Two priority 1 recommendations - providers not returning quarterly reports and not complying with incident reporting requirements, and the agreement / management of Care Home contracts. 5 priority 2 recommendations - proactive visits to Care Homes, issues relating to training support, establishing working protocols with the county council and dashboard monitoring	Contractual issues being addressed by CCG leads and CSU. Working with NCC team re monitoring quality of care homes. At the time of the audit the visits were re-active, however with the new Care Home Quality Lead in post visits are very much pro-active with a schedule of visits having been established. CSU are developing a dashboard around the Care homes. All nursing homes in West have had the QIR template form for completion and these are starting to be used. The Care Home forum is now in place and meets quarterly. More funding for infection control nurses to support care home audits of infection control. Internal Audit action plan reviewed by Audit Committee and PSCQ.	PSCQ C	MC
	1.13	EEAST: Risk of failure to meet ambulance response times and turnaround - impact on patient care	4x4= 16 (R)	Contract monitoring and use of contract levers continues. Reviewing incident trends to ensure no impact on patient care. Commissioning consortium investigating ambulance turnaround times across EoE. Tripartite agreement signed in West. Urgent Care network is reviewing data validation regarding ambulance handover and this is a key component of 2014/15 contract. Negotiations to improve performance across all Norfolk CCGs is being led by North Norfolk CCG. Commissioners across EoE agreed to support EEAST with non-recurrent funding in respect of a business case for delivering sustainable improvements in performance.	Internal - monthly reports to CCG Executive Team and Governing Body, Urgent Care Board External - NHS England quarterly assurance meetings - Q2 Assurance meeting, Area Team will write to EEAST about poor performance	4x4=16 (R) ▶	1x4 = 4 (Y)	01/01/2013	20/01/2015	Failure to meet targets	Response times remain below the required standards, with West Norfolk significantly below the averages for the East of England Ambulance Service NHS Trust (EEAST). However category red 1 calls achieved in November for WNCCG. Commissioners have agreed to support EEAST with non-recurrent funding in respect of a business case for delivering sustainable improvements in performance, and a remedial action plan has been implemented to deliver achievement by March 2015. Agreement to provide local data. In future months, the response times will be monitored and reported against the locally agreed standards that reflect the geographical and rural challenges of West Norfolk.	CLEX	KE
	1.13	Safeguarding (children's) - resignation of Designated Doctor - impact on strategic work, not an operational post	5 x 3 = 15 (R)	Interim arrangements - Designated Dr for Suffolk is offering support. Lucy McLeod is Chairing the CDOP with support from Designated Nurse. The team have access to the on-call paediatrician, for a e.g. Serious Case Review Group are attended by the Des Nurse. Team have prioritised workload to ensure all priority areas are covered. Appointed to named GP role and no vacancies with nurse team.	Internal: PSCQC scrutinise quality reports, Quality dashboard to CLEX and GB, GP safeguarding lead, regular review of hosting arrangements, Internal Audit of Adult Safeguarding and Children's Safeguarding third party assurance External: NHS England balanced scorecard (quarterly). Children's & maternity Commissioning board	2 x 3 = 6 (Y) ▼	1 x 3 = 3 (G)	15/08/2014	20/01/2015	Resignation of Designated Doctor for Safeguarding Children	National problem of recruiting to safeguarding doctor posts. NHS England aware. CCGs have put in place appropriate cover - experienced safeguarding nurse with support from Cambridgeshire and Suffolk. Internal audit of children's safeguarding gave reasonable assurance opinion, with a number of minor actions. MoU needs to be refreshed to take account the different tasks and priorities that national policy now places upon safeguarding team e.g. Prevent, FGM. MoU will also explain how the safeguarding role will be covered. PSCQ Committee continues to monitor. Risk to be moved to Corporate Risk Register	PSCQ C	MC
3. To meet statutory financial duties	2.6	Risk of performance issues with CSU and contract unsigned whilst awaiting KPIs and monitoring Service Improvement Plans (SIP) - impact on organisational capacity and provider contract monitoring	3x4 = 12 (A)	Monthly performance meetings with NELCSU. Regular meetings between CFO and Anglia POD Director. SIP in place for number of service lines: Contract support, Finance, CHC.	Internal: SMT monitors CSU performance, monthly performance meetings between CFO and CAM and with Anglia POD Director. External: Service Auditor Reports on third parties e.g. CSU, SBS, NHS England quarterly reviews of performance	3x4 = 12 (A) ▶	1x4 = 4 (Y)	15/12/2014	Escalated from CRR by Audit Committee 14/1/15	Gaps in controls: CSU SLA remains unsigned. SIPs not satisfactorily completed Gaps in assurances: Lack of KPI reporting by CSU.	Continuing with SLA discussions with NELCSU. Proposing KPIs for CSU to incorporate into SLA which reflect CCG requirements. Reviewing service specs. Pushing for recruitment into MDT. Regular calls with CSU MD. Chief Officer meetings discussing in January to resolve.	SMT	JI
	3.1	Risk of failure to achieve QIPP - failure of service transformation to achieve financial savings, improve outcomes, quality and productivity, reduce variation and inequalities	4x4=16 (R)	CCG QIPP plans monitored by CLEX monthly. CCG has recruited PMO role. Refreshed QIPP schemes. All schemes have GP clinical lead and senior management lead and weekly meetings. PIDs signed off with clearly identified clinical and management leads. Executive Team agreed mitigations to address gap in 2014/15 - some non-recurrent mitigations have been found. Pipeline of new schemes for 2015/16 has already started	Internal - CCG Clinical Executive and Exec Team review progress on schemes; CCG Governing Body receives overview of QIPP performance each month. Audit Committee received report on QIPP governance at July meeting. External - Internal Audit of QIPP October 2014 gave opinion of "Reasonable Assurance". NHS England quarterly assurance reviews	3x4=12 (A) ▶	1x4 = 4 (Y)	01/01/2013	21/01/2015	Revised assessment of forecast QIPP delivery indicates £1.1m gap against requirement 2014/15 2015/16 initial financial plan indicates QIPP target £7.5m (3.3%) in excess of levels delivered in previous years	2014/15 gap is covered by non recurrent slippage on reserves. 2015/16 QIPP plans are being developed as part of refreshed on-going approach to QIPP initiation and implementation. Longer term success of QIPP is part of CPT. However, further measures are needed to bridge the QIPP gap in 2015/16.	Exec Team	JI
	3.2	Continuing care growing demand and cost - impacts on CCG ability to deliver planned surplus	4 x4=16 (R)	A weekly panel established to review all high cost packages. Norfolk wide QIPP project overseen by fortnightly CHC Steering Group. CCG has investigated GY&W CCG's approach in delivering CHC QIPP savings. Further initiative to reduce costs of care home placements implemented from April 2014. WNCCG obtaining CCG-specific data on reviews to understand impact of backlog in assessments, and implementation of policy on Domiciliary Care placements. Working with CSU to eliminate backlog. CHC vacancies in West recruited to	Internal - CCG Exec Team receives regular updates. CCG engaged in Norfolk-wide work on CHC. CCG monitoring contract with CSU CHC team. External - Internal Audit on CHC Q3, building on audit on CHC 2013/14 and follow up of those recommendations. NHS England Quarterly assurance reviews.	4 x4=16 (R) ▲	1x4 = 4 (Y)	01/01/2013	22/01/2015	No clear delivery of CHC QIPP savings Recruitment of social worker to CHC team	PSCQ reviews CHC dashboard monthly. Backlog now addressed. Working with providers to progress Discharge to assess. Discharge to assess process to be put in place with QEH by April 2015. CHC policies under review by county steering group for consultation in 2015. CCG specific group established to review new packages on weekly basis.	Exec Team	MC/JI
4. Collaborate in partnerships that promote and deliver demonstrable improvements in the health & wellbeing of the people of West Norfolk	4.1	Risk of failure to engage member practices with CCG financial challenge.	4x3= 12 (A)	Some engagement with all 23 member practices. Regular updates via CCG GP bulletin. Oversight by Council of Members. Prescribing visits held with all practices to progress specific QIPP initiatives and discuss financial information. Roll out of Eclipse across practices continues. Refreshed QIPP plans and improvements to PMO increasing member engagement. GP leads for each QIPP scheme, encouraging peer support and review. Update of CCG financial position and CPT work at CoM meeting 11th November, engaging members.	Internal - CCG Executive team receive monthly updates on QIPP, as does Governing Body. CCG prescribing group oversees practice achievement of prescribing QIPP. PMO function External - Internal and External Audit, Quarterly assurance reviews by NHS England includes member engagement	3x3 = 9 (A) ▶	1x3 = 3 (G)	01/04/2013	21/01/2015	No practice dashboards being distributed to inform relative performance against peers. Practice-level financial reporting not yet embedded due to competing priorities in recent months.	Practice split of CCG budgets being developed for April 2015 to facilitate monthly monitoring to practice level. Meetings with practices to discuss used of £5 per head for commissioning services for over 75s and to discuss future of Primary Care, including consideration of new approaches to education and referral management.	Exec Team	JI
	4.2	Risk of failure of CCG to respond to emergency - failure of Emergency Preparedness, Resilience and Response e.g. to local and national emergencies, Viral Haemorrhagic Fever (VHF), flu	3x5= 15 (R)	Business continuity plan ratified by Governing Body March 2014. CCG engaged with EPRR at county level - new EPRR Lead hosted by GYW CCG. Emergency on-call register. Plans in place for testing scenarios and training. Senior managers have undertaken EPRR training. Operational management handed to Governance Team in September, Dir Ops retains exec lead. Public Health support	Internal: Executive Team and Governing Body monitor business continuity plan. And EPRR risks. Audit committee receives EPRR assurance reports. Performance monitoring of SLA with emergency planning officer External: Internal audit reviews system of internal control which includes EPRR; Norfolk Local Health Resilience Partnership and NHS England reviews assessment against core standards	2x5=10 (A) ▶	1x5 = 5 (Y)	22/10/2014	08/01/2015	gaps in controls - refresh incident plan and BCP gaps in assurances - from all third parties	Full Assurance given for assessment against NHS England EPRR core standards - signed off by LHRP. Working with EPRR County lead (Steve Grundell). Participating in local and national testing exercises, public Health support (co-chairing LHRP). Work of Urgent Care and System Flow Manager. Silver calls and weekly System Resilience Group. Update to November Governing Body.	CLEX	KE

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5. To lead the long term sustainability of health & care services for the people of West Norfolk	5.1 (2.4)	Risk of failure to deliver system sustainability - impact on finance, reputation, patient outcomes	4x4=16 (R)	System Sustainability programme in place, clinically driven, overseen by Director of Operations. Part of 2 and 5 year CCG plans, linked to West Norfolk Alliance work and National Pioneer programme. Informing the future development of clinical services for Monitor's CPT. Care pathway groups (Frail Elderly, Maternity and Paediatrics) led by Governing Body members. Reviewing workforce and IM&T needs. Focus on integrated working and linked to renewed QIPP delivery plans. PMO and robust reporting in place. Public engagement events held in September. Alliance Operational Group is turning the outputs from the Clinical Pathway sub-groups into outcomes that can populate a comprehensive programme plan. Alliance chief executives group have explored early work	Internal - Care pathway groups report to Clinical Reference Group fortnightly and provide weekly update to PMO operational group. Monthly reports to Executive Team and to Governing Body. Oversight by Council of Members. External - Monitor and NHS England receive weekly highlight reports. Monitor's CPT working with CCG	3x4=12 (A) ➔	1x4 = 4 (Y)	01/07/2014	22/01/2015	Lack of tested, agreed system wide solution. Full engagement with Commissioner Requested Services Need for further detailed planning with Monitor and NHS England and CPT to ensure timely consensus is achieved on options	CCG continues with collaborative approach, assisting Monitor's CPT and ensuring that the work completed by the System Sustainability programme provides a starting point informed by locally developed intelligence. Further public engagement events held in January. Case for Change developed. Update to January Governing Body.	Exec Team	KE
	6.1	Risk of failure to take forward integration for system sustainability - refer to risk 5.1	4x4 = 16 (R)										
6. To be innovative and to use integration as a means to deliver improvements in care	6.2	Risk that Better Care Fund won't deliver the target reduction in emergency admissions - impact on finance, patient outcomes	4x4 = 16 (R)	Better Care Fund Plan. A proportion of the additional NHS contribution for 15/16, whilst remaining in the BCF, will now be either commissioned by the NHS on out-of-hospital services or be linked to a reduction in total emergency admissions. BCF Plan agreed and signed off by HWB in September 2014.	Internal - Executive Team receives regular update reports; Monthly oversight by Governing Body. Internal audit planned on collaborative commissioning and BCF Q3 External : System Resilience Group monitors urgent care & A&E targets; Quarterly NHS England assurance reviews; HWB, county-wide Programme Group	3x4=12 (A) ➔	1x4 = 4 (Y)	15/08/2014	21/01/2015	Demonstrate delivery of local targets to reduce A&E activity (headline metric of 3.5%) and local metrics Robust governance arrangements	Creation of pooled budget with NCC at CCG level, effective from April 2015. Section 75 agreement between CCG and NCC will be signed before March 2015. Governance - BCF Programme Group established to support the co-ordination and monitoring of the implementation of the BCF plan on a county basis. The delivery of the Plan is also overseen at the CCG level as one of the work streams under the West Norfolk Alliance "System Sustainability" programme. Governance arrangements in development and to be reviewed by internal audit in February 2015	Exec Team	JI
	6.3	Risk of provider organisational transformation reduces ability to innovate services - refer to risks 1.7/1.8	4x4 = 16 (R)										

Glossary

PSCQC	Patient Safety & Clinical Quality Committee
QEHKL	Queen Elizabeth Hospital NHS Foundation Trust
MoU	Memorandum of Understanding
SDIP	Service Development Improvement Plan
CRS	Commissioner Requested Service
NNUH	Norfolk & Norwich University Hospital
QIR	Quality Issue Reporting
CORM	Clinical Quality Review Meeting
NSFT	Norfolk & Suffolk Foundation Trust
QIPP	Quality Innovation Productivity & Prevention
CPT	Contingency Planning Team
NCC	Norfolk County Council
HWB	Health & Wellbeing Board
EPRR	Emergency Preparedness, Resilience and Response
VHF	Viral Haemorrhagic Fever
SRG	System Resilience Group
LHRP	Local Health Resilience Partnership