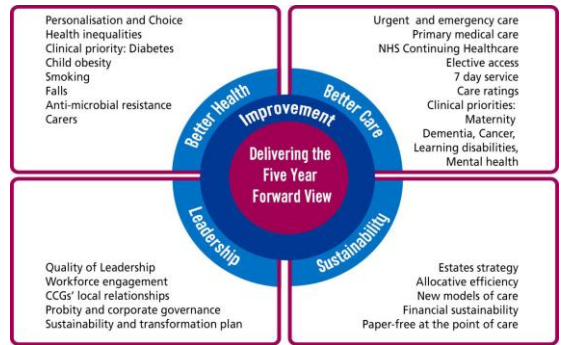


<b>West Norfolk CCG Corporate Risk Register</b>
24/05/2019
<b>Lead : Assistant Director - Corporate Services</b>
Status Change → - same ↑ - increased ↓ - decreased

<b>West Norfolk CCG Strategic Objectives</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	

<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 19.73

Strategic Objective	CCG Improvement and Assessment Framework	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
at the heart of everything we do	CCG Improvement and Assessment Framework	1.1 (1.2)	The waiting time for ASD diagnosis is greater than 18 weeks across Norfolk. Patients in West Norfolk are not seen in a timely manner, particularly within the neurodevelopmental disorders pathway for ASD assessment and diagnosis resulting in negative publicity, family complaints and children's needs not being met (in particular educational needs).	4 x 4 = 16 (R)	An ASD pathway trajectory plan is in place and monitored in contract meetings by lead commissioner (NCCG). Additional investment received by the community provider to improve ASD diagnostic services. A county wide forum to discuss children's commissioning is in place. The Nursing and Quality team will monitor and report to the commissioning team any concerns that are linked to this service from Sis, QIRs, complaints and quality indicators.	<b>Internal:</b> Monthly monitoring of the waiting list and overview of complaints from parents and children and young people. <b>External:</b> Additional capacity has been commissioned.	4 x 4 = 16 (R) →	3 x 3 = 9 (A)	31/12/2019	27/03/2017	20/03/2019	There is no countywide joint commissioning strategy which would support a joined up approach to this issue.	Norwich and GYWCCG are leading this specific MH/CYP commissioning issue across the CCGs. 1. WNCCG to participate in countywide forum to support commissioning of children's services 2. Continue to monitor at quality and contract meetings. 12.03.19 risk reviewed no update for this risk from GYW at this time	31/12/2019 31/12/2019	PSCQ	SJW
		1.2 (1.3)	Operational pressure at QEH continues to result in not achieving the 4 hour A&E performance. As a result patients are receiving a poor patient experience and there is potential for increased clinical risk. Additional risk of further deterioration as a result of demand as we approach winter.	4 x 4 = 16 (R)	Daily silver calls to identify and take specific actions to support patient flow through the hospital to improve performance and patient care Daily OPEL reports. CCG daily reporting to NHSE which includes DTOC figures. Platinum calls running twice per week. Range of QIPP schemes being implemented to support urgent care in the community and reduce demand on QEH. Additional funding allocated from winter monies to support increased demand over winter period. Range of enhanced schemes offered to Primary care to reduce demand on QEH, improved access in place from 1st Oct 2018. GP Streaming funded to support flow through A&E department and stream patients away from the trust as appropriate. Daily calls with community providers to escalate delayed discharges for social or health reasons. System representation at QEHKL Reset week commencing 23/11/19-30/01/19 6 month NEAT pilot implemented to support admission avoidance (Nov 18 - May 19) STP NHSE Winter Assurance processes in place	<b>Internal:</b> Outputs from Silver and Platinum calls followed up by system partners and fed back at next call Monitoring of performance at F&P, Daily delayed discharge call with community providers <b>External:</b> Monitoring of performance at System Operations and Resilience Group and STP System A&E Delivery Board, daily NHSE assurance reporting	4 x 4 = 16 (R) →	4 x 3 = 12 (A)	31/03/2019	15/11/2016	18/01/2019	Capacity within commissioning team, recruitment taking place.	1. Delivery of QIPP programme 2. Implementation of substantive CCG structure to support performance and assurance 3. UTC business plan to be presented at CCG committee level 4. Winter debrief and review of winter schemes 5. Review Frailty Service to determine system wide approach to patient care	31/03/2019 31/03/2019 31/01/2019 31/03/2019 31/03/2019	F&P	RC (FRS)
		1.3 (1.4)	Operational pressure at QEH continues to result in poor referral to treatment times and increasing waiting list times. As a result patients are receiving a poor patient experience and there is potential for increased clinical risk. Risk to the CCG meeting NHSE planning guidance requirements for 18/19. Additional risk of further deterioration as a result of urgent care demand as we approach winter.	4 x 4 = 16 (R)	Remedial Action Plan has been submitted to the CCG. Validation of inpatient and outpatient lists continues Capacity alerts established with GP Practices so that referral to shorter waiting times are made available to patients Planned Care Programme Board established to review RAPs and remedial action plans	<b>Internal :</b> TIFG, SPQRG, Fortnightly RAP meetings with Trust, Fortnightly RTT meetings with Trust <b>External:</b> NHSE Performance Meetings	4 x 4 = 16 (R) →	4 x 2 = 6 (Y)	31/03/2019	15/11/2016	22/01/2019	Trust not meeting revised trajectories. Expectation is that planning guidance will not be met by 31/3/19. CCG awaiting narrative to support assumptions	1. Undertake scoping of additional capacity within the independent sector 2. Planned care programme Board approved by CCG and Trust, ToR and membership to be agreed. 3. QEHKL to submit revised Remedial Action Plan	Complete Complete Complete	F&P	RC (RE)
		1.4 (1.5)	Operational pressure at QEH continues to result in non achievement of performance against the cancer waiting time target. As a result patients are at risk of receiving a poorer quality service and increased likelihood of harm	4 x 4 = 16 (R)	Remedial Action plan to improve performance currently no plan and no actions to develop one Cancer Board monthly (from Feb 19)	<b>Internal:</b> TIFG, SPQRG, Monthly data, Cancer Board <b>External:</b> NHSE Performance Meetings	4 x 4 = 16 (R) →	4 x 2 = 8 (A)	31/03/2019	15/11/2016	16/01/2019	Aligned recovery plan between commissioners, regulators and the cancer alliance. Development of RAP	1. First monthly cancer meeting	31/12/2018	F&P	RC (RE)
		1.5 (1.6)	Primary care diagnosis levels are not meeting the required dementia diagnosis target. Resulting in non achievement of IAF target.	4 x 4 = 16 (R)	Action plan in place to improve the rate of diagnosis which includes additional input from GB GP with dedicated portfolio for dementia. 6 weekly calls with NHSE to monitor progress. From October practices are incentivised financially to improve diagnosis rates, with improvement from some individual practices already noted.	<b>Internal:</b> TIFG, SPQRG, monthly data <b>External:</b> NHSE Performance Meetings, 6 weekly calls between NHSE and CCG	4 x 3 = 12 (A) ↓	4 x 2 = 8 (A)	31/03/2019	15/11/2016	18/01/2019	Clearly defined post diagnostic pathway.	1. GB GP to engage with practices sharing good practice following the use of the financial incentive scheme and its impact in some practices. 2. Commissioning of post diagnostic pathway. 3. QEHKL leading on establishment of a group to develop a multiagency Improvement Plan 4 Business cases being developed for Admiral Nurse and Post Diagnostic Dementia Support (awaiting Programme Board approval)	31/01/2019 31/01/2019 31/01/2019 28/02/2019	F&P	RC (RJ)
		1.6 (1.9)	The provider of TOPS in Norfolk (BPAS) does not have a permanent surgical site in the county. This could result in women having to travel out of county for all but early medical terminations if the temporary site ceases to be available.	3 x 3 = 9 (A)	Quarterly monitoring meetings with the provider. Regular contact between co-ordinating commissioner and BPAS' Development Manager and Treatment Unit Manager. Lease signed until April 2019. Process in place for vulnerable people if required to go out of county. Oct 2018 Director of Nursing written to regional director of BPAS for assurance and plans on their reaching a suitable site for surgical procedures. Dec 2018 site identified and negotiations taking place. The Nursing and Quality team will monitor and report to the commissioning team any concerns that are linked to this service from Sis, QIRs, complaints and quality indicators. Ongoing dialogue taking place regarding the service and location, with surgical service continuing from current site.	<b>Internal:</b> Quarterly monitoring meetings to receive updates. <b>External:</b> Update to QSG.	3 x 3 = 9 (A) →	2 x 2 = 4 (Y)	30/06/2019	24/11/2017	07/05/2019	No permanent premises. Notice been given to BPAS to vacate premises.	1. Risk reviewed- BPAS were expecting to finalise a site, however this has not materialised as landlord has pulled out. Issue escalated to N&W CCGs to support BPAS 2. Meeting to review options with commissioning team	31/05/2019 30/06/2019	PSCQ	SJW
		1.7 (1.10)	WNCCG are shown to be outliers across England in the use of antimicrobials, particularly cephalosporins. The use of antimicrobials is considered a risk in regards to antibiotic resistance which could limit treatment options for patients	4 x 3 = 12 (A)	RCGP guidance on antimicrobials prescribing, NICE guidance on treating common infections. Support an advice from the medicines management team. Meds optimisation team review monthly data and support reports to CLEX. Usage is reducing slowly.	<b>Internal:</b> CLEX, prescribing leads meeting, one to one visits to practices. <b>External:</b> Antimicrobial stewardship committee, NHSE.	3 x 3 = 9 (A) →	3 x 2 = 6 (Y)	31/03/2020	25/06/2018	07/05/2019	Further work to take place with prescribers to support their decision making when considering use of antimicrobials.	1. Keep primary care informed of improvements in the use of antimicrobials i.e. the current reduction in usage. 2. Additional training sessions provided to primary care and added within 2019/20 quality prescribing scheme 3. New strategy to be developed with prescribing lead.	Complete Complete 01/08/2019	PSCQ	SJW

Better Health/Better Care/Leadership

1.8 (1.11)	Children who are looked after (LAC) in West Norfolk are at risk of not receiving their statutory health assessment within timescales continues to be a significant challenge. This relates to the Local Authorities providing timely notification to transfer care and the responsible CCG is required to agree payment for that child's health care and treatment.	4 x 3 = 12 (A)	LAC nurse in post within the hosted safeguarding children team LAC nurse working with LA to improve notification/assessment of children within provider organisations All children who are placed in Norfolk but who are from out of area will have their health assessment undertaken by the GP. Children's services will pay for the initial assessment and recharge the commissioners The Nursing and Quality team will monitor and report to the commissioning team any concerns that are linked to this service from Sis, QIRs, complaints and quality indicators.	<b>Internal:</b> WNCCG DoFN sits on NSCB Health Sub Group <b>External:</b> Report of GY&W Chief Nurse/Director of CYP Norfolk and Waveney. Children's Commissioning Board and NSCB Health Sub Group	4 x 3 = 12 (A) →	3 x 2 = 6 (Y)	30/04/2019	25/06/2018	20/03/2019	Further monitoring and support to the provider LAC health teams to manage the demand to complete the statutory health assessments in a timely way.	1. Norfolk and Waveney Action Plan to monitor the sustainability of the current improved performance 2. Provider's August 2018 performance report indicates that at a Norfolk & Waveney level they are meeting the contract KPIs with (i) 96% of initial assessments undertaken in 15 working days and (ii) 95% of review assessments undertaken within 12 months. 3. WNCCG DoFN to review status of health checks for West Norfolk children for Q3 & Q4	Complete Complete	31/03/19	PSCQ	SJW
1.9 (1.12)	Risk due to high demand of services there are approx. 1700 children awaiting an assessment by Point 1 (CAMHS Tier 2) services Impact on safety of patients / public Quality, complaints and adverse publicity Human resources / organisational development / staffing Statutory duty	4 x 5 = 20 (R)	Quality review being undertaken by the CYP Team and the LA working with the provider to try and address and understand the capacity issues. Quality review being planned for the approximate 1700 currently on the waiting list to ascertain need, whether other services may be involved already etc. Reviewing waiting list management and risk assessment processes. Senior officers in both health and social care informed of current waiting list numbers and agreement given to undertake the quality review. The Nursing and Quality team will monitor and report to the commissioning team any concerns that are linked to this service from Sis, QIRs, complaints and quality indicators.	<b>Internal:</b> Commissioning Manager links to GYWCCG as co-ordinating commissioner <b>External:</b> CAMHS Strategic Group	4 x 5 = 20 (R) →	3 x 2 = 6 (Y)	31/07/2019	18/07/2018	20/03/2019	Service currently has a significant number of children on the waiting list resulting in potential harm to CYP. Update from GYW being sought to discuss target date of Oct 2018 and expected revised target date	1. Quality review tool being developed and further meeting planned to understand current provider process re management of referrals etc. 2. Provider producing information on the current waiting list (no PID information being included). 3. CAMHS Strategic Commissioner submitted a paper to the 1st October JCC meeting with an update on the current position and request for additional funding to reduce the waiting list. It is understood that funding was agreed, but formal outcome awaited. 4. WNCCG to receive regular updates from GY&WCCG and support with the commissioning work.	Complete Complete	31/05/2019 31/05/2019	PSCQ	SJW
1.10 (1.13)	Risk due to potential commissioning gap in services for children and young people aged 12-18 who present with ADHD Quality, complaints and adverse publicity	4 x 3 = 12 (A)	1) Co-ordinating commissioners (SNCCG – NSFT and GYWCCG – CYP) informed. 2) SNCCG have formally requested that NSFT (who had been receiving referrals for this patient group) continue on an interim basis while investigations continue. The Nursing and Quality team will monitor and report to the commissioning team any concerns that are linked to this service from Sis, QIRs, complaints and quality indicators.	<b>Internal:</b> Commissioning Manager links to GYWCCG as co-ordinating commissioner <b>External:</b> CAMHS Strategic Group	4 x 3 = 12 (A) →	2 x 2 = 4 (Y)	31/05/2019	19/07/2018	20/03/2019	NSFT had stated intention to cease receiving referrals for this patient group. This is in process of being resolved on interim basis.	1. Review of contracts of relevant services (NSFT and NCHC) being undertaken to establish potential issue 2. Meeting to be arranged by lead commissioner with providers to discuss issue and solutions. 3. NCH&C have agreed to provide this service on an NCA basis, with a view to formally commissioning as part of the upcoming contracting round.	Complete Complete	30/04/19	PSCQ	SJW
1.11 (1.14)	There are no commissioned Tier 3 weight management services for children and young people in West Norfolk, therefore some children and young people may be at risk of health issues if they are not supported with their current weight management plan	3 x 3 = 9 (A)	1. All universal services work with families to support weight management issues The Nursing and Quality team will monitor and report to the commissioning team any concerns that are linked to this service from Sis, QIRs, complaints and quality indicators.	<b>Internal:</b> The CCG is in contact with GYWCCG and will support the progress of the report being drafted through internal meetings for consideration. <b>External:</b> Providers have the opportunity to raise issues via the usual meetings e.g. CQRG.	3 x 3 = 9 (A) →	2 x 2 = 4 (Y)	31/12/2019	17/09/2018	20/03/2019	There is no countywide joint commissioning strategy which would support a joined up approach to this issue – but this is being addressed through the work of GYWCCG previously mentioned. West Norfolk has a high level of childhood obesity as highlighted by the Public Health child measurement programme. Lack of paediatric consultant (or other appropriate health professional) capacity.	1. GYWCCG are drafting a report for CCGs to consider in terms of county-wide children's weight management commissioning, gaps and opportunities. 2. WNCCG to receive and review the report 3. WNCCG will need to consider action required to respond to this in terms of gaps identified.	Complete Complete	30/04/2019	PSCQ	SJW
1.12 (1.15)	There is a risk that adult patients will be adversely affected by the current capacity issues in eating disorder services. The service is accepting urgent referrals only and primary care have been asked to manage all but urgent high risk patients. There is a further commissioning gap for WNCCG in terms of medical/physical monitoring for eating disorder patients – and this is applicable to both adult and children and young people's services.	3 x 5 = 15 (A)	This is being monitored by the co-ordinating commissioner via SPRG and is kept under review by the WNCCG commissioning and quality teams. Head of Primary Care developing a LES to enable GPs to undertake the medical monitoring.	<b>Internal:</b> Email updates following monthly teleconference (involving Clinical Lead, WNCCG Chair & co-ordinating commissioner), SPRG	3 x 5 = 15 (R) →	1 x 4 = 4 (Y)	30/06/2019	17/12/2018	18/01/2019	Date to achieve target risk is outside the CCGs control unless it decides to make a local policy/take local approach. Central CCGs have a medical monitoring LES in place. Need to develop a local medical monitoring LES	1. Monthly teleconferences have been scheduled between WNCCG Commissioning Team and the co-ordinating commissioner (SNCCG). 2. Develop Medical monitoring LES with West Norfolk Health - Circulate service spec to WNH for review and approval	Complete	31/01/2019	CLEX	RC (RJ)
1.13 (1.16)	Crisis Resolution Home Treatment (CHRT) - the team is insufficient to meet patient need leading to increased levels of mental distress, attendances at ED and inappropriate admissions to mental health inpatient units.	3 x 3 = 9 (A)	Existing contracting levers and assurance processes The Nursing and Quality team will monitor and report to the commissioning team any concerns that are linked to this service from Sis, QIRs, complaints and quality indicators.	<b>Internal:</b> None <b>External:</b> Monthly contract meetings (lead by co-ordinating commissioner)	3 x 3 = 9 (A) →	2 x 2 = 4 (Y)	31/03/2019	18/01/2019	18/01/2019	Business case requires review and approval by CCG	1. CCG to consider business case	Complete	31/03/2019	CLEX	RC (RJ)
1.14 (1.17)	Extensive physio waiting list for MSK service leading to impact on quality of patient service and patient wellbeing	4 x 3 = 12 (A)	Contract Performance Notice issued (Aug 18) Remedial Action Plan in place The Nursing and Quality team will monitor and report to the commissioning team any concerns that are linked to this service from Sis, QIRs, complaints and quality indicators.	<b>Internal:</b> Weekly review meetings with provider, <b>External:</b> NCHC SPRG	4 x 3 = 12 (A) →	2 x 3 = 6 (Y)	31/07/2019	18/01/2019	18/01/2019	Staffing capacity	1. Exec to Exec discussion (CCG/Norwich CCG) to agree temporary transfer of staffing resource.	Complete	31/01/2019	CLEX	RC (RJ)
1.15 (1.18)	Wheelchair Services - With the transfer of legacy patient caseload from Bartrams to NCHC there has been a delay in accessing and analysis of legacy data. Although there are initial plans for the validation of this data they are yet to be fully agreed or implemented leading to no current understanding of the health needs and potential clinical risk of these patients.	4 x 4 = 16 (R)	Weekly performance information for service. Recovery Action Plan in relation to validation of the legacy data. Planned Exec level discussion between CCG & NCHC completed The Nursing and Quality team will monitor and report to the commissioning team any concerns that are linked to this service from Sis, QIRs, complaints and quality indicators.	<b>Internal:</b> SMT <b>External:</b> Fortnightly Wheelchair Mobilisation meetings (CCG / Trust).	4 x 4 = 16 (R) →	2 x 3 = 6	30/04/2019	18/01/2019	22/01/2019	Not assured by timescales or capacity for current Recovery Plan for validation. Concern raised that staff assigned to West service from Central will be pulled back due to lack of capacity within NCHC.	1. Executive discussion to take place 2. Ongoing monitoring of progress via fortnightly meetings 3. Urgent meeting to be convened to discuss staffing capacity to delivery service	Complete	19/01/2019 30/04/2019 31/01/2019	F&P	RC (RE)
1.16 (1.19)	There is no Designated Dr for Safeguarding Children in Norfolk. This is a statutory role in regards to advising safeguarding board and Named safeguarding children professionals as a source of expertise in complex safeguarding issues.	3 x 5 = 15 (R)	Named doctors are providing support and advice to the designated nurses for safeguarding children. The designated nurse team has been increased. Support from the RCPCH and the Safeguarding Network in recruitment advice to this very specialised role. Recruitment currently taking place. Longer term working on a pipeline for paediatricians to undertake this role.	<b>Internal:</b> PSCQ <b>External:</b> GY&W CCG as the host, NHSE, Norfolk Safeguarding Children Board	3 x 4 = 12 (A) →	3 x 3 = 9 (A)	30/09/2019	20/03/2019	07/05/2019	Substantive postholder in place	1. Discuss the shortage of paediatricians and therefore the lack of a postholder in Norfolk with the required skills or workplan availability with NHSE and other colleagues to seek a way forward. 2. Support GY&W CCG in the work to develop a pipeline of paediatrician. 3. Working with regional network to identify potential candidates 4. GY&W developing guidance in accountability in the absence of a suitable candidate.	Complete	31/01/2019 31/10/2019	PSCQ	SJW
1.17 (1.20)	For some operational processes within the CCG patients names may need to be used as anonimisation will cause potential safety concerns if the incorrect patient is discussed.	4 x 3 = 12 (A)	IG Dataflow and asset register. IG Annual Training. Caldicott Guidance. Scrutiny by the IG Committee.	<b>Internal:</b> IG Committee <b>External:</b> None	4 x 2 = 8 (A) →	3 x 2 = 6 (Y)	30/06/2019	20/03/2019	07/05/2019	Review of processes, assurance on staff awareness.	1. DON&Q will discuss with non clinical staff who are receiving PID for operational reasons ensuring information governance standards are maintained. 2. Review policies and procedures to ensure they support staff in these actions. 3. Review induction pack to ensure guidance on access to PID in these roles is covered.	Complete	31/05/2019 31/05/2019	IG	SJW

2. To lead the long term sustainability of health & care services for the people of West Norfolk	Better Health/Better Care/Leadership/Sustainability	2.1	WN Health development not universally supported by GP membership which will impact on our ability to develop primary care networks to deliver GPFV.	4 x 4 = 16 (R)	Increased capacity from GY&W Primary Care team to support development of WN Health Reduced opportunities for single Practice funding, or future investment in primary care non-core services is routed through WN Health to support their development. Substantive, joint post between WNCCG and West Norfolk Health recruitment project manager taking place. All STP GPPOs have bid for and successfully won approx. 500k to develop primary care network infrastructure. Distribution of funds to be agreed by STP Primary Care Director.	Internal: Exec, PCCC External: NHS England through the monitoring of the GP Forward View implementation, engagement of WN Health in delivering services in the West to whole population	3 x 2 = 6 (Y) ↓	3 x 2 = 6 (Y)	31/03/2019	16/06/2017	30/04/2019	1. Further investment from £3 per head in 18/19 will help accelerate WN Health as a Provider. WNH now well embedded across patch; Paper to SMT in May for final allocation of £3/hd, finances approved. 2. NHS standard contract re-drafted and signed by mid-February 19. Completed & signed 3. APMS contract to be signed by end of Nov 18 Awaiting waivers, to Audit committee April 19 4. Band 7 recruitment JD being re-drafted as Band 6 (joint) post as recruitment was unsuccessful. Position has been subsumed in structure, no longer required. <b>Risk Reached target score and to be removed</b>	Complete Complete Complete	PCCC	RC (BH)	
		2.2 (2.4)	QEH financial position impacts delivery of performance against Better Health / Better Care - operational performance and ability to invest	4 x 4 = 16 (R)	Monitoring of QEH performance through SPQRG Investment in transformation (QIPP) to reduce demand on acute to support reduction in cost Investment in transformation (QIPP) to deliver services in acute setting more cost effectively and in integrated way Engage QEH in the Local Delivery Group to support system integration and improved productivity	Internal: Exec, SPQRG, Programme Board External: JSCC, STP Executive	4 x 3 = 12 (A) →	3 x 2 = 6 (Y)	31/03/2019	20/08/2018	23/01/2019	None	1. Delivery of CCG QIPP Plan 2. Development of LDG 3. Establishment of Progression of alternative contracting arrangements with QEH	21/03/2019	F&P	RC
		2.3 (2.5)	Risk of failure to achieve elements of the CCG Improvement and Assessment Framework due to community and social care providers workforce challenges and working practices.	4 x 4 = 16 (R)	Fortnightly "senior huddle" to support joint working and shared ownership at West System level Contract meetings through lead commissioners to ensure performance metrics are monitored and met Engage Providers in the Local Delivery Group to support system integration and improved productivity STP Work stream Delivery Group	Internal: SMT, SPQRG, Programme Board External: JSCC, STP Executive	4 x 3 = 12 (A) →	3 x 2 = 6 (Y)	31/03/2019	20/08/2018	18/01/2019	Unsure if STP Work stream Delivery Group are sufficiently cited on this and what actions are being taken.	1. Delivery of CCG QIPP Plan 2. Development of LDG 3. Progression of alternative contracting arrangements with QEH	31/03/19 Complete 31/03/19	F&P	RC (RJ)
		2.4 (2.6)	Insufficient capacity and capability within the CCG to monitor and procure Enteral feeds contract. Risk of legal challenge from suppliers regarding lack of competition as the current contract has been extended beyond its contract term	4 x 4 = 16 (R)	JSCC agreed extension to existing contract. Development of specification paper at JCCE complete	Internal: WNCCG Audit Committee, Quarterly contract meetings External: JSCC/JCCE	4 x 3 = 12 (A) ↓	2 x 3 = 6 (Y)	30/06/2019	17/08/2018	18/01/2019	Agreement from JCCE on additional support to WNCCG or agreement on procurement. CSU Meds management support required	1. Paper to JCCE jointly authored by CFO and Director of Commissioning (not approved). 2. Updated proposal to be presented to JCCE	Complete 04/03/2019	Audit	RC (RJ)
		2.5 (2.7)	Failure to deliver phase 2 of the Locally Commissioned Services project	4 x 3 = 12 (A)	1. Weekly discussions through STP wide primary care team meeting 2. Regular briefing of Chief Officers 3. Development of firm project plan, mapping out responsibilities and milestones to ensure work stays on track	Internal - Reporting to Primary Care Commissioning Committee (PCCC) External - Reporting to STP Chief Officers	4 x 3 = 12 (A) ↑	3 x 2 = 6 (Y)	31/07/2019	20/11/2018	24/05/2019	None	1. Roll over of current contracts from April 2019 Contracts drawn up, issued to practices and signatories sending direct to PM 2. New way of working tested through prime provider model in Oct 2019 Due to strategic change of direction by NHSE, project will consider pausing due to current landscape implications. Paper to be submitted to committee in July. 3. New LCS's being proposed across STP which will result in cost pressure to WNCCG see above	Complete 31/07/2019 30/06/2019	PCCC	RC (BH)
		2.6 (2.9)	Delays to International GP Recruitment has created a gap in the STP Primary Care workforce trajectory and GP capacity numbers	4 x 4 = 16 (R)	Risk of not hitting trajectory raised with NHS E and Dr Alistair Lipp (email dated 23/07/18) and noted on the CCG Primary Care, STP and LWAB risk registers.  Re-focus of delivery on GP retention plans to meet trajectory gap and awaiting approval from five CCGs for STP Primary Care Workforce Project Manager (band 7) to provide project support and capacity to the implementation of the GP retention bid.	Internal - Reporting to Primary Care Commissioning Committee (PCCC) External - NHSE, STP Primary Care Workforce	4 x 4 = 16 (R) →	1 x 4 = 4 (Y)	31/03/2020	20/11/2018	30/04/2019		1. GP international team continues to support other workforce initiatives during this interim period. Nationally there is a very limited number of recruits. At this stage trajectory have not been revised. Detailed project plan to be drafted. Trajectory revised to 4 across N&W, 1 appointed, on track for 31/3/20 2. STP governance has been revised to replace the working group with an assurance group. Leads are being reassigned to working group functions. Work is ongoing to test trajectories and being clear on risks and assumptions being used. Complete - BAU 3. 1 GP International (Stage 1) interview to take place in October 19. A further GP International (Stage 1) interview to take place November 19 - subject to qualification process being completed. Trajectories across Norfolk and Waveney for this scheme are below the expected level, which is replicated nationally. Absorbed into element one, remove.	Complete 31/03/2020 Remove	PCCC	RC (BH)
		2.7 (2.10)	Meeting the national Improved Access Implementation target by 1st October 2018 (3 remaining core requirements).	5 x 3 = 15 (R)	1. Core requirements 1 (inequality) and 2 (integration in to wider system) 2. Plans in place for delivery 3. 3rd requirement - digital to enable direct booking from NHS 111 into IA hubs. National issue - recognised no national solution. Manual workaround in place from 01/07/19 onwards if national problem not resolved.	Internal - Reporting to Primary Care Commissioning Committee (PCCC) External - Monthly SDS GPFV returns to NHSE NHSE assurance meetings GPFV assurance meetings	5 x 3 = 15 (R) →	4 x 3 = 9 (A)	31/07/2019	23/01/2019	30/04/2019	WNH Service Improvement Plan STP process mapping in progress	1. Direct booking by IC24 into improved access appointments, West and GY&W leading programme to find IT solution. GPConnect has gone live for its test phase in S1 practices, project to enable across county use within 2 months 2. Delivering the remaining core criteria as set by NHSE. GPConnect (see above) will be solution, but risk already flagged to NHSE. Not in local control and NHSE will wait 31/7/19 before need to implement manual workaround.	31/07/2019 31/07/2019	PCCC	RC (BH)
3. Collaborate in partnerships that promote and deliver demonstrable improvements in the health & wellbeing of the people of West Norfolk	Leadership/Sustainability	3.1 (3.4)	West Norfolk health economy not fully engaged in the development of an local ICO within the wider STP ICS.	3 x 4 = 12 (A)	The development of the Local Delivery Group. Development of West Norfolk Health to become the primary care network for our local health economy	Internal: Exec, GB, LDG, External: JSCC, STP Executive, NHSE	3 x 3 = 9 (A) ↓	2 x 4 = 8 (A)	31/12/2019	20/08/2018	23/01/2019	None	1. Monthly LDG meetings established and has good engagement across all Stakeholders. WNCCG will continue to monitor attendance at these meetings. Next LDG is a workshop to focus on vision and purpose. 2. Development of local population health plans to support QIPP planning and operational planning.	Complete 31/03/2018	F&P	RC
		4.1	Risk of breach of patient confidentiality - failure to comply with Data Protection Act and Data Security and Protection Toolkit	4 x 4 = 16 (R)	NHS AGEM CSU provides IG and IM&T services, including support with IG toolkit. A Governing Body GP is the nominated Caldicott Guardian. CG training has been attended by appropriate staff. IG Mandatory training for all staff. Training monitored as part of TNA. IG Committee monitors IG toolkit action plan. DPIA added to QIPP process. IAO asset register and flows monitored and updated. SIRO training completed by appropriate staff. Substantial Assurance in IG Toolkit Audit. Staff attended training on new toolkit. Substantial Assurance GDPR Audit. Policies updated IAA/IAO training taken place	Internal: IG Committee reporting to Audit Committee via IG Committee Chair and SIRO report. Caldicott Guardian manages requests; IG toolkit V14.1 level 2 compliance. IG action plan monitored by IG Committee. Data encryption, separate data bases for patients data. External: Any IG breaches reported to ICO as required; NHS England monitors CCG performance. External Audit review of Annual Governance Statement.	3 x 2 = 6 (Y) →	2 x 1 = 2 (G)	31/03/2019	10/04/2014	06/03/2019	Updating IG Policies, planning for new toolkit.	1. IG Policies drafted 2. Toolkit submission	Complete 31/03/2019	IG	HF



4. To meet statutory financial duties	Leadership/Sustainability	4.2	Lack of a signed agreement both for some of the CCG office space	3 x 3 = 9 (A)	Draft licence with AGEM for approval and signing, NHSE required to sign. Lease agreed and completed with Borough Council. Licence agreed and completed with NCCP/NCCG	Internal: Verbal agreement in place with AGEM . External: None	2 x 2 = 4 (Y) →	2 x 1 = 2 (G)	31/03/2019	29/02/2016	06/03/2019	No agreement in place with AGEM leaving risks - legal, insurance, rights and responsibilities, use, income and termination.	1. Signed agreement with NCCP (NCCG) in place - update requested from Legal.	31/03/2019	Audit	HF
		4.3 (4.6)	Risk of failure be compliant with General Data Protection Regulations	3 x 4 = 12 (A)	NHS AGEM CSU provides IG support with GDPR including on-going guidance and templates. Corporate Services staff well informed on requirements. GDPR implementation being monitored by IG and Audit Committee. Action plan presented and approved, with good progress being made to achieve all outstanding requirements DPO in place. Substantial Assurance GDPR Audit. DPIA training taken place	Internal: IG Committee reporting to Audit Committee via IG Committee Chair and SIRO report. IG action plan monitored by IG Committee. External: ICO Resource and Guidance; IG Forum guidance and support; IG Toolkit Audit to GDPR readiness	3 x 2 = 6 (Y) →	2 x 2 = 4 (Y)	31/03/2019	15/09/2017	06/03/2019	Outstanding actions from plan to be completed. Policies to be updated.	1. Actions on work plan to be completed 2. Policies updated	31/03/2019 Complete	IG	HF
		4.4 (4.9)	There are concerns about the ability of the CCG to influence premises costs in relation to Primary Care Facilities Budgets.	3 x 3 = 9 (A)	The CCG has a full list of the premises costs as provided by NHS England as part of the due diligence process.	Internal: Financial Reports to Primary Care Commissioning Committee from NHS England External: Internal Auditor did a review on the due diligence process for Delegated Commissioning.	3 x 2 = 6 (Y) →	2 x 2 = 4 (Y)	31/01/2019	18/09/2017	05/03/2019		1. Ask NHS England to provide updates to the committee on the rates review, request made awaiting response. <b>Full awareness of risk and this is noted by the finance team, however there is no ability for the CCG to influence the costs. As these are based on district valuer assessments. Therefore this risk is low and noted and will be removed.</b>	Complete	PCCC	HM
		4.5 (4.10)	Risk that the lack appraisals carried out within the CCG will lead to poor motivation for staff, lack of clarity of expectations on staff and reputational risk for the organisation.	3 x 4 = 12 (A)	Training taken place with managers and staff. Appraisal form reviewed and updated. Appraisals and objective setting complete	Internal: Exec oversight External: Part of Deloitte plan reporting to NHSE	2 x 3 = 6 (Y) →	1 x 4 = 4 (Y)	31/03/2019	15/09/2017	06/03/2019	PDPs to be reviewed from appraisals.	1. PDPs reviewed and plan for 2018-19 agreed.	31/03/2019	Audit	HF
		4.6 (4.11)	Risk of failure to achieve QIPP - failure of service transformation to achieve financial savings, improve outcomes, quality and productivity, reduce variation and inequalities	4 x 4 = 16 (R)	2018/19 QIPP 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 a programme board (formerly financial recovery group) that meets weekly to ensure schemes stay on course to deliver their objectives.	Internal: Programme Board review progress on schemes on a weekly basis and SMT review matters which required escalation. Programme Board review on a monthly basis; CCG Governing Body receives overview of QIPP performance each meeting. External: 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. NHSE are providing robust challenge to Senior Management about the delivery of the plan.	4 x 4 = 16 (R) →	3 x 4 = 12 (A)	30/06/2019	01/01/2013	03/05/2019	2018/19 schemes are embedded within the CCGs financial plan but are incorporated in provider contracts. As a result this may create a shortfall on the 18/19 target due to the slipping of the start date. 2019/20 schemes that are not in the block contract with QEH will require authorisation through the QIPP/CIP system Board	1. System approach to signing off QIPP with clinical sign off via CLEX and representation at the CCG Programme Board. 2. QIPP/CIP Board (Trust and CCG) has been re-established 3. Pipeline of QIPP schemes will need to be seen to be delivering and varied into the QEH contract	Complete Complete 30/06/2019	F&P	HM
		4.7 (4.12)	Risk of significant over-performance on acute contracts - risk to delivery of breakeven duty and planned surplus- Moved to GBFAF	4 x 4 = 16 (R)	Contracts with acute providers are on a Payment by Results basis i.e. activity-based. Main controls are based on active monitoring of variances by the CSU on a monthly basis and associated challenges to acute provider billing. Reductions in acute activity are a key focus for a number of QIPP schemes as is the requirement to reduce referrals through demand management schemes. Enhanced claims service commissioned from the CSU to support robust validation and challenge of charging by all acute providers. CCG is exploring the use of a Guaranteed Income Scheme for QEH that may fix a significant proportion of the financial risk to both parties.	Internal: There is a TIFG monthly meeting to discuss activity with providers which is escalated through SPQRG and ultimately escalated to dispute resolution for unresolved material issues. Programme Board reviews financial performance each month, including acute activity. Acute activity and financial over-performance is reflected in monthly Finance Reports to Gov Body. Over performance is discussed at each FPC. External: NHSE are providing robust challenge to Senior Management about the delivery of the plan.	4 x 4 = 16 (R) →	3 x 3 = 9 (A)	31/10/2019	17/09/2015	03/05/2019	The CCG has seen significant over performance across most acute providers (especially QEH, NNUH and the independent sector). Collaborative approach to CIP/QIPP delivery is not embedded in the system. System approach to closing down claims validation disputes. Clarity required on 19/20 acute contracting	1. Implement block contracts as per NHSE directions to the N&W STP, currently Trust counter proposal is not acceptable to CCG. Ability to agree block contracts requires acceptance from QEH which has not been forthcoming based on the proposals put forward by the CCG. Current status - contract is on a default payment by results basis. 2. Offer made to Trust to resolve block issue and outstanding disputes 3. Ongoing contract negotiations for 2019/20 to agree ED block, this has now been agreed for 18/19. 4. ED Block agreed for 2019/20 with QEH, remaining activity risk is on elective activity and with non QEH providers which are currently on standard PBR contracts (NNUH and CUHFT)	Complete Complete Complete	F&P	HM
		4.9 (4.14)	Risk of vulnerability to a cyber attack due to lack of clear policy and processes	3 x 4 = 12 (A)	Robust measure in place from CSU to prevent cyber attacks. Regular communication with staff on preventing cyber incidents. Transfer to NHSD training which includes cyber security awareness elements. Cyber Audit received a good level of assurance Cyber table exercise held with Executives	Internal: IG Committee, Audit Committee. Training oversight by Audit Committee External: A&G CSU, NHSD, NHSE support	3 x 4 = 12 (A) →	2 x 4 = 8 (Y)	31/03/2019	17/07/2018	06/03/2019	Policies for update, increased cyber training	1. Policies Update 2. Actions from Audit	Complete 31/03/2019	IG	HF
		4.10 (4.16)	Risk of NCCP acting as Data Processor for the CCG not being compliant with GDPR and invoice validation guidance	3 x 2 = 6 (Y) →	Reduced amount of detail contained within invoice (Broadcare number only) Information contained in secure/locked environment	Internal: IG Committee	3 x 2 = 6 (Y) →	2 x 1 = 2 (G)	31/03/2019	07/12/2018	06/03/2019	Once approval received from NCCP the NCCP FPN will be removed and replaced with a revised CCG FPN updated with NCCP items. Invoice Validation - NHSE issued revised Consent Form, waiting on national approval as part of CHC framework which will provide mitigation under Article 9(2)(h) of GDPR	1. Update NCCP FPN 2. Conduct review of invoice process	31/03/2019 31/03/2019	IG	HF
		5.1	Risk that Better Care Fund will not deliver greater efficiencies through integration - impact on finance and patient outcomes	4 x 4 = 16 (R)	Section 75 agreement approved by Governing Body in March 2015 and signed off in June 2016. West Norfolk BCF Partnership Board met on a monthly basis to address issues arising and performance against targets, in March 2017, the Boards responsibilities were transferred into the STP.	Internal: To be reviewed. External: A&E delivery board monitors urgent care & A&E targets; Quarterly NHS England assurance reviews; HWB, county-wide Programme Group. Internal Audit review of BCF Governance.	3 x 3 = 9 (A) →	2 x 4 = 8 (A)	31/10/2019	15/08/2014	03/05/2019	Review of BCF reporting and outcomes	1. Commissioning team to review current BCF provision to ensure VFM. 2. Ensure full engagement at STP level for future BCF negotiations. 3. Formal review of the BCF will require authorisation from the new CCG single Executive	31/03/2019 31/03/2019 31/10/2019	F&P	HM
		5.2	There is not alignment between STP and local in terms of integration agenda	3 x 3 = 9 (A)	CCG Engaged with the STP, promoting local requirements at STP Exec and JSCC	Internal: QIPP Plans aligned to STP and national strategic direction	2 x 2 = 4 (Y) →	1 x 3 = 3 (G)	31.03.19	16/06/2017	23/01/2019	None	Continue to have CCG representation at STP meetings to ensure the West Norfolk picture is maintained. Senior CCG representation at STP Board is maintained. <b>Exec to discuss where this sits, move to GBFAF and be crafted as strategic risk</b>		Exec	RC
6. To ensure that the resources and capability are available to commission services efficiently and effectively	Leadership/Sustainability	6.1	Risk of poor performance from CSU impacting on the CCGs ability to deliver strategic and operational plans	4 x 4 = 16 (R)	Transfer to AGEM taken place 01/04/2018	Internal: SMT monitors CSU performance, monthly performance meetings between AD - Corp. Services and Norfolk CCG CSU Lead. Regular attendance by AD - Corp Services at review meetings External: Service Auditor Reports on third parties e.g. CSU, SBS. NHS England quarterly reviews of performance	3 x 3 = 9 (A) →	3 x 2 = 6 (Y)	31/03/2019	15/12/2014	06/03/2019	A number of outstanding issues with ICT. Signed Contract	1. Ensure smooth transition of IT services 2. Completion of large amount of outstanding issues. 3. Signed contract	31/03/2019 31/03/2019 31/03/2019	Exec	HF
6.2 (6.4)	Insufficient capacity within commissioning team to commission effectively	3 x 4 = 12 (A)	Structure agreed by Executive Consultation complete with staff Posts advertised with a number recruited to.	Internal: Exec External: NHSE Performance meetings	3 x 3 = 9 (A) →	2 x 2 = 4 (Y)	31/03/2019	20/08/2018	06/03/2019	None	1. Recruitment to posts See GBFAF 4.4	31/03/2019	Exec	JW		