NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

Primary Care Commissioning Committee 2018/19

Date of Meeting:	25 May 2018
Agenda Item:	3.10
Subject:	Assurance Framework
Reporting Officer:	K Hurley- Author Paul Aspin
Aim of Paper:	To provide Primary Care Commissioning Committee with an update on the Assurance Framework

Governance route prior to Primary Care Commissioning Committee	**Meeting Date**	**Objective/Outcome**
Primary Care Commissioning Committee	Select date of meeting.	Click to Select
Primary Care Contracts, Estates and Finance Sub-Committee	Select date of meeting.	Click to Select
Primary Care Innovation and Transformation Sub-Committee	Select date of meeting.	Click to Select
Primary Care Quality and Performance Sub-Committee	Select date of meeting.	Click to Select
Other	Governing Body 18th May 18	

Primary Care Commissioning Committee Resolution Required:	For Discussion
Recommendation	For the committee to review the CCG Assurance Framework as detailed within the appendix

Link to Strategic Objectives		**Contributes to:** (Select Yes or No)
SO1:	To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population.	Yes
SO2:	To deliver on the outcomes of the Locality Plan in respect of **Prevention and Access** (Prevention and Self Care)	Yes
SO3:	To deliver on the outcomes of the Locality Plan in respect of **Neighbourhoods & Primary Care** (Getting help in the Community)	Yes
SO4:	To deliver on the outcomes of the Locality Plan in respect of **In Hospital - Planned** (Getting more help)	Yes
SO5:	To deliver on the outcomes of the Locality Plan in respect of **In Hospital - Urgent Care** (Getting more help)	Yes
SO6:	To deliver on the outcomes of the Locality Plan in respect of **Children, young people and families**	Yes
SO7:	To deliver on the outcomes of the Locality Plan in respect of **Mental Health**	Yes

Risk Level: (To be reviewed in line with Risk Policy)	Not Applicable
Comments (Document should detail how the risk will be mitigated)	Click here to enter text.

NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

Content Approval/Sign Off:	
The contents of this paper have been reviewed and approved by:	Deputy Chief Officer / Executive Nurse, Karen Hurley
Clinical Content signed off by:	Not applicable
Financial content signed off by:	Not Applicable

	Completed:
Clinical Engagement taken place	Not Applicable
Patient and Public Involvement	Not Applicable
Patient Data Impact Assessment	Not Applicable
Equality Analysis / Human Rights Assessment completed	Not Applicable

Executive Summary

Aim

The Assurance Framework provides the 2017/18 Transformation and Locality Plan Strategic Objectives and associated project risks associate within the plans.

Recommendation

To review the Assurance Framework and provide any feedback/views on new risks to be added to the risk register

HMR CCG Assurance Framework

Created: 09 May 2018 14:42:55

NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

			Current								Target			
Risk	Risk Description	Risk Owner/ Editor	L	I	S	Controls	Assurance	Gaps in Controls	Gaps in Assurance	Assurance Level	Action for Further Control	L	I	S	Objective Owner
Strategic Objective 1- To be a high performing CCG, deliver our statutory duties and use our available resources innovatively to deliver the best outcomes for our population															
SO1.1 - Patient and Public Engagement and Involvement: To engage with our patients and public and promote involvement of patients, carers and their representatives															
RR.15.0070 - Support Service Transformation	Without effective communications to inform members and patients/public, service transformation cannot be fully successfully.	Karen Hurley, Alison Mitchell	1	1	1	Communications and Engagement Team have supported briefs, engagement events and patient & public involvement.	Timetable of planned engagement events and updated 7 minute briefs	None	None	Full	New initiatives and transformation schemes rely on behaviour change of patients and the knowledge of new service models, hence the need for robust communications mechanisms	1	1	1	Karen Hurley
SO1.2 - Primary Care: Securing continuous improvement in the quality of primary care services. Please note that this objective is a full theme objective within SO3: Neighbourhoods & Primary Care (Getting Help in the Community)															
SO1.3 - Quality: Securing continuous improvement in the outcomes that are achieved and, in particular, outcomes which show the effectiveness of their services, the safety of the services provided and the quality of the experience of the patient															
RR.17.0003 - Care Quality Commission Inspection - Pennine Care Foundation Trust	CQC inspection found requires improvement in 6 of 16 services rated, and also for domains of safety, effective and well led. Improvement and Transformation Board established, CQC action plan in place. Financial gaps reported by PCFT impacting on potential pace of change and achieving required improvements.	Karen Hurley, Alison Kelly	5	4	20	Quality Board and Assurance meetings to specifically review the CQC action plan, attended by exec members of HMR CCG.	On-going reviews and updates provided. Regular reporting to Governing Body.	None	None	Significant	Further to previous updates, there is on-going monitoring and escalation through the Governance process through the Quality Improvement Board chaired by PCFT Chief Executive. Assurances given in respect of ongoing improvements and close working relationships are being established and will continue with the appointment of the new Director of Nursing at PCFT.	5	3	15	Karen Hurley
RR.17.0010 - Home Oxygen Use Where Smoking Risks Have Been Identified	As at November 2017, there are 20 patients for whom HMR CCG commissions oxygen through the Home Oxygen Service who have been identified as smokers, using e-cigarettes or that another member of the household uses smoking materials. This number represents approximately 5.5% of the total number of home oxygen commissions. The average for the North West Region is 10.5%, HMR CCG now is amongst the lowest in the region.	Karen Hurley, Keith Pearson	3	3	9	Patients who are on home oxygen and smoke or have smokers in the home have been identified and action is being taken to address to remove the oxygen. Zero tolerance approach. These are flagged to the home oxygen provider who make direct contact with the patient.	Notification from oxygen team. Oxygen team aware of CCG zero tolerance approach. Receipt of data from regional oxygen lead around those who continue smoke and are on oxygen.	None	Reliance upon the home oxygen team to inform the CCG.	Significant	The CCG position on smokers within a household where oxygen is being used is now that this is not acceptable. This message has been communicated to the Home Oxygen Assessment Team at Pennine Acute. The remaining patients are being contacted as a matter of urgency and offered a final opportunity to access smoking cessation services on the basis that if smoking continues, oxygen will be decommissioned. A report is requested from the HOAS at the end of July 2018 .	2	1	2	Karen Hurley
RR.18.0027 - Pennine Acute Quality Monitoring	There is a risk that there are quality issues across Pennine Acute Hospitals in speciality areas which include both Ophthalmology and Paediatrics. At the present moment, it is unknown as to the impact of delays in treatment waits for the above specialities and the number of patients involved.	Karen Hurley, Alison Kelly	4	4	16	Site visits with Pennine Acute. Full analysis of cases and patient journey including quality and any potential misdiagnosis. Supported the Acute Trust in recognising Serious Incidents .	Monthly clinical quality lead meetings to scrutinise the issues raised and put formative challenge back into the organisation	At current time, only an awareness of quality issues in specific specialities. Further scoping across PAHT would be needed to gain full assurance. On-going at present.	Women & Childrens in the process of setting up an assurance group - further detail into any issues to be raised. Further audit work into Paediatrics required.	Significant	Work is underway with Pennine Acute to carry out site visits and interrogation of individual cases, especially in Paediatrics in order to identify and resolve the finite details of quality issues. Site visits have now commenced, with the Paediatric site visit took place on the 25th April with findings from this being taken to Quality and Safeguarding committee and Governing Body. As a result of the findings, formative challenge with will raised through Pennine Acute contracts and performance meetings. An urgent care site visit took place on the 19th April and again will be reported through the above Governance routes. Peer management visit on 24th April.	3	3	9	Karen Hurley
SO1.4 - EPRR (Emergency Preparedness, Resilience and Response): The CCG takes appropriate steps to ensure that is it is properly prepared for relevant emergencies															
RR.14.0092 - Emergency Planning Process	EPP is a formal legal duty upon CCGs under the Civil Contingency Act. The CCG must own effective up to date and deliverable EPP plans to manage any emergency situations.	Karen Hurley, Karen Hurley	1	1	1	EEP Plans in place Up to date BCP Regular resilience training and scenarios	Ongoing reviews and updates	None	None	Full	The CCG fulfils its duties and requirements	1	1	1	Karen Hurley
SO1.5 - Childrens Safeguarding: The CCG ensures its functions are discharged having regard to the need to safeguard and promote the welfare of children															

HMR CCG Assurance Framework

Created: 09 May 2018 14:42:55

NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

			Current								Target			
Risk	Risk Description	Risk Owner/ Editor	L	I	S	Controls	Assurance	Gaps in Controls	Gaps in Assurance	Assurance Level	Action for Further Control	L	I	S	Objective Owner
RR.17.0002 - CHIS Data Migration	Following the process of migration of immunisation CHIS data from the CCH2000 system to PARIS, a number of data quality issues have been highlighted which has resulted in a serious incident being declared. The CHIS holds immunisation records for individuals from birth to 19 years of age. The data backlog identified could contribute to the apparent decline in reported uptake of immunisations particularly in the older cohorts in two of the identified CCGs - Bury and HMR, mainly due to the CHIS teams prioritising data input for primary immunisations for those aged under 12 months.	Karen Hurley, Alison Kelly	3	3	9	Review of the CHIS data and ongoing comparative checks	CHIS data migration complete. No further incidents identified.	None	None	Significant	There was a risk that following the process of migration of immunisation CHIS data from the CCH2000 system to PARIS within Pennine Care Foundation Trust, a number of data quality issues had been highlighted which has resulted in a serious incident being declared. An Incident Resolution Group had been established between Pennine Care, Clinical Commissioning Groups and Greater Manchester Health and Social Care Partnership in order to thoroughly investigate the issue. The group has been reassured that the data issues do not provide definitive evidence that immunisations have been missed and that the risk of clinical impact is likely to be low. As such, the investigation into the incident is now closed, with the group now focussing upon examining lessons learned and implementing required improvements to ensure that there isnt a reoccurrence.	2	3	6	Karen Hurley
SO1.6 - Adult Safeguarding: The CCG ensures its functions are discharged having regard to the need to safeguard and promote the welfare of adults and supports all adult safeguarding functions, which include reviews, provider challenges and guidance produced by the Secretary of State															
RR.18.0025 - Mental Capacity Act and Depravation of Liberty Safeguards	There is a risk that Mental Capacity Act and Depravation of Liberty Safeguarding procedures are not adhered to within our main provider organisations leading to a risk that statutory law is breached	Karen Hurley, Karen McCormick	3	3	9	Safeguarding team at Pennine Acute are training staff and walkabouts take place to identify clinical areas where evidence of incidence/occurrence are high. Monitored within the CCG via the Serious Incident Panel. Regular meetings with PAHT and PCFT to further challenge data provided. Constant and regular monitoring and good dialogue with provider organisations. Regular meetings with NES Safeguarding Team. Planned 3 training sessions for Primary Care	MCA/DOLS policy in place. Sign up from joint Adult Safeguarding board (CCG, Social Care, Police and providers). Statutory members of the board.	Potential non-adherence from individual areas	None	Significant	Pennine Acute have increased training sessions with staff around MCA/DOLS. Ongoing training at Pennine Care Foundation Trust. The CCG supports joint training on MCA/DOLS with Adult Care which is open to attendance to all staff. The CCG now does walkabouts with both provider organisations and MCA/DOLS is a key point with discussions around consent and clinical practice.	2	2	4	Karen Hurley
SO1.7 - EDHR (Equality, Diversity, Human Rights): The CCG, as a public authority, must, in the exercise of its functions, have due regard to the need to eliminate discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010 .															
RR.15.0090 - Equality Objectives	The Public Sector Equality specific duty requires public bodies to develop and publish a set of Equality Objectives - Failure to deliver the objectives would result in the CCG being in breach of legislation.	Karen Hurley, Samina Arfan	2	2	4	Equality objectives project plan agreed at Governing Body and EMT. Timescales to delivery Quarter 1 2018/19. Regularly reviewed with Deputy Chief Officer.	Reported to Quality and Safeguarding Committee and Patient and Public Engagement Committee. Project Plan. Task and Finish Group	No gaps	None	Full	On track to be delivered by beginning of Quarter 2 2018/19. Whilst project will be completed by the end of Q1, narrative updates and reports will not be completed until early Quarter 2 2018/19	1	1	1	Karen Hurley
RR.16.0001 - EDS 2	Failure to deliver Equality Delivery System 2, would result in the CCG being in breach of an NHSE mandatory programme of work, leading to possible sanctions from NHSE and possible adverse media coverage.	Karen Hurley, Samina Arfan	1	1	1	EDS progressing with agreed engagement events and assessment. Engagement events have now been reviewed and rescheduled for 30th April 2018 and June 2018, taking into account Ramadan. Project is on track.	Timelines for completion and reporting. Task and finish group. Reports to Quality and Safeguarding Committee and Patient and Public Engagement Committee. Project plans in place	None	None	Significant	On track to be delivered by beginning of Quarter 2 2018/19. Whilst project will be completed by the end of Q1, narrative updates and reports will not be completed until early Quarter 2 2018/19.	1	1	1	Karen Hurley
SO1.8 - FOI (Freedom of Information): The CCG, as a public authority has a duty to comply with the FOI Act 2000 .															
RR.14.0128 - Freedom of Information	Failure to provide information without valid exemption could lead to a decision notice by Information Commissioners Office if a complaint is lodged, resulting in the CCG failing to meet its statutory duties with the potential for action by the regulator along with reputational damage for the CCG.	Karen Hurley, Alison Mitchell	1	3	3	Robust system in place to receive FOIs, respond within timeframes, further supported by commissioned resource from GMSS.	Monitoring system in place to ensure breaches prevented.	None	None	Full	The CCG fulfils its requirements and planned training is completed to ensure that staff are up to date	1	3	3	Karen Hurley
SO1.9 - CHC (Continuing Healthcare): The CCG fulfills its duties in respect of procedures for assessment and provision of NHS CHC, working in collaboration with Social Care .															

HMR CCG Assurance Framework

Created: 09 May 2018 14:42:55

NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

			Current								Target			
Risk	Risk Description	Risk Owner/ Editor	L	I	S	Controls	Assurance	Gaps in Controls	Gaps in Assurance	Assurance Level	Action for Further Control	L	I	S	Objective Owner
RR.17.0014 - Repatriation of Winterbourne View Cases & Action Plan	There is a risk that the failure to repatriate Winterbourne patients where possible could result in the CCG being non-compliant with NHSE directive. Furthermore, the failure to implement the Winterbourne View action plan will mean that the CCG fails to meet its duties as determined by the Department of Health and potentially impact upon the reputation of the CCG.	Karen Hurley, Mark Gibbons	2	4	8	Robust process in place to ensure regular reviews take place and on-going reporting at GM level.	Local and GM reporting with all requirements fulfilled.	None	None	Significant	All patients are reviewed on a regular basis by the NES case manager. Weekly and monthly updates are provided to NHSE. Case manager has now been appointed and is in post. This is a GM wide issue regarding out of area placements. The CCG reports regularly and to date has fulfilled its duties with regards to the action plan	1	4	4	Karen Hurley
SO1.10 - Workforce: As employers, the CCG will fulfill its duties, so far as reasonably practicable, the health and safety and welfare of employees at work															
RR.15.0134 - Finance Training: Members and Employees	There is the risk that the CCG does not deliver a finance training programme to budget holders as recommended by the Internal Auditors	Jonathan Evans, Damian Mercer	2	2	4	Finance training is in place to ensure new budget holders as well as existing budget holders understand their budgets, risks and pressures.	None	Potential non engagement from budget holders.	None	Significant	All budget holders have an identified finance link and training/updates are provided as required including training re: systems. Internal training package to be developed and delivered in 2017/18 to existing and new budget holders. Will need to consider how this is developed in view of joint posts with LA. Clinicians within the CCG have had the opportunity to receive 2 Finance training sessions to understand the Health budgets and related spend.	2	2	4	Karen Hurley
RR.16.0016 - Corporate Functions Review Programme	There is a risk that the desire to consolidate Corporate Functions across GM, including CCGs, LAs and trusts, and the anticipated significant savings, could result in the loss of corporate memory and skills required to take the CCG onto the next stage, including delivery of the locality plan, development of LCO etc.	Karen Hurley, Karen Hurley	3	3	9	Ongoing engagement with process and updates. Agreement with regards to commissioned services and transitions with GMSS.	None	None	None	Significant	CCG is currently fully engaged in the process and has provided all requested information. Where the CCG has concerns re the form of a service going forward this has been highlighted in the submission, ongoing updates will be provided via the CCG governance routes in addition to ongoing discussions and various options with Greater Manchester Shared Services. Currently awaiting a response from GMSS .	2	2	4	Karen Hurley
RR.17.0001 - IR35 Regulations	The updated IR35 regulations which apply to all public sector organisations came into force on 6th April 2017. The revised legislation changes the way NHS and Local Government organisations manage their temporary and interim resource. Whilst NHS organisations do their upmost to fill posts permanently or fixed term, there needs to be a degree of flexibility to ensure business critical positions are filled whilst taking into consideration timeframes associated with recruiting substantively. The impact of the new regulations has the potential to impact financially and on delivery. Theres an ongoing discussion and monitoring with providers to ensure this doesnt have a negative impact on patients and delivery of services, also taking into consideration all elements of financial sustainability (Control Totals, CIP etc)	Karen Hurley, Karen Hurley	3	3	9	National guidance. Updates adhered to and monitored.	None	None	None	Significant	The Governing Body will be kept up to date with any new developments which will impact on both the CCG and Local services. Updated guidance has further reduced the impact. Ongoing monitoring and reviews are in place to minimize any potential negative impact .	2	2	4	Karen Hurley
SO1.11 - Complaints: To meet the statutory requirements and national guidance within the NHS Constitution															
RR.18.0024 - Failure to Respond to Complaints	There is a risk that failure to respond to complaints/concerns/compliments would result in the CCG not fulfilling its duties in handling of complaints/concerns/compliments and MP letters relating to any service directly commissioned by NHS HMR CCG.	Karen Hurley, Robert McDougall	1	3	3	The CCG commissions GMSS (Greater Manchester Shared Services) to act as the first point of contact. Robust systems are in place to receive and respond within the required timeframes.	Excellent links and relationships between CCG Exec Team and GMSS Team. Monthly updates and formal bi-monthly reporting to Quality and Safety Committee and annual reporting to Governing Body. Up to date policy.	None	None	Significant	On-going review to improve and increase reporting. Increased visibility of GMSS staff within the CCG. Improve links between all teams and communication to improve monitoring of any recommendations and lessons learned within the HMR locality and also across NES & GM.	1	1	1	Karen Hurley
SO1.12 - Information Governance: To meet national requirements in relation to IG, Data Protection Act and preparation for GDPR. This will include the nomination and mandatory training of Caldicott, SIRO and nominated Data Protection Officer, in due course .															

HMR CCG Assurance Framework

Created: 09 May 2018 14:42:55

NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

			Current									Target			
Risk	Risk Description	Risk Owner/ Editor	L	I	S	Controls	Assurance	Gaps in Controls	Gaps in Assurance	Assurance Level	Action for Further Control	L	I	S	Objective Owner
RR.15.0093 - Information Asset Register	Failing to have a complete Information Asset Register (IAR) means that the CCG is unaware of all the information assets it has and in particular those assets which process Personal Confidential Data.	Karen Hurley, Chris Lawless	2	3	6	Processes in place to review IAR and ongoing monitoring. Staff updated regularly via staff briefs and IG briefs/newsletters.	Review of information assets at IGOG (Information Governance Operational Group) chaired by Clinical Chair/Caldicott, attended by IG Exec Lead, SIRO, IT Manager and IG Managers from GMSS.	None	None	Significant	The CCG Information Asset Register (IAR) is complete at the time of writing however regular maintenance and reviews are required by the Information Asset Owners and Information Asset Administrators to ensure it remains accurate and up to date.	1	3	3	Karen Hurley
RR.15.0094 - Information Governance Training	HMR CCG must achieve 95% compliance for staff Information Governance training, failure to achieve this could result in non-compliance of the CCG IG Toolkit. In the event of a serious IG breach, the Information Commissioner Office (ICO) could fine the CCG and this would result in a loss of public trust.	Karen Hurley, Chris Lawless	2	2	4	Alternative method, namely workbook/s based IG training supplied by NHS Digital is being used to ensure ongoing compliance with IG training.	IG Training compliance monitored on a weekly basis and reported to IGOG. All new starters identified to complete training, with process in place to ensure IG Manager informed of new starters.	None	None	Significant	HMR CCG has achieved target of 95% compliance for mandatory IG training, this has been consistent on a monthly basis	1	2	2	Karen Hurley
RR.17.0005 - Cyber Security Risk	There is an ongoing risk that software vulnerabilities can be exploited due to domain machines not being adequately patched. There is a risk that spam e-mails can introduce malware through NHS mail. This may result in unauthorised users gaining access to CCG networks.	Sam Evans, Paul Chadwick	2	4	8	Sophos SafeGuard USB Control in place on all CCG machines	None	Not currently live on GP Machines Potential for malware to be introduced on whitelisted USB drives	None	Significant	Cyber Security continues to be monitored through the GM IT Security group. The GM Code of Conduct proposal has been approved through GM Governance. All CCG USB ports have now been locked down and we will next target GP practices. GM is now part of a phishing pilot which aims to prevent malware entering the system via this means. All software updates are continuing to be rolled out on a monthly basis (sooner if the need arises). CareCERT notifications are being monitored and acted upon when raised by GMSS withe the CCG receiving notifications. From May, all CareCERT alerts will be formally reported on through IT Security Group.	2	4	8	Karen Hurley
RR.17.0006 - GP Practice Requesting and Receiving NHS Number	HMR CCG does not have access to NHS Numbers as they are classed as Personally Identifiable Data (PID) Instead, the CCG receives an artificial NHS number which identifies a patient but is NOT personally identifiable. The CCG provides information to GP Practices by way of dashboards and we also provide a way for GPs to request and receive actual NHS Numbers from these artificial NHS Numbers to make the data meaningful to them. An IG breach could result if A) Due to human error where an artificial number is mistyped, B) a provider codes an NHS Number or GP Practice coding incorrectly or C) a bug in the software, all of which may result in an NHS Number being returned for a patient not registered at the practice.	Karen Hurley, Daniel Young	3	4	12	a) Every Pseudo NHS Number requested is logged against a GP Practice. The Pseudo NHS Number / GP Practice combination is cross checked against Patient Demographics Service (PDS) (provided by North West DSCRO) to ensure that the GP Practice has a legitimate link to the patient NHS Number being requested. This helps ensure that no NHS Number is inappropriately accessed. Inappropriate access requests are auditable. b) All requests for NHS Numbers require staff usernames and passwords, and staff details/Pseudo NHS Numbers are fully audited, as such, the CCG can pro-actively monitor usage. Every request carries with it 'Terms and Conditions provided by North West DSCRO to which the staff member needs to accept, as such, staff members can be held to account for inappropriate use. c) The software has been developed by the CCG meaning that it can be amended in the future should unidentified issues arise. As the software has been written in-house, it has been subject to thorough testing	a) None b) None c) None	a) None b) None c) None	a) None b) None c) None	a) Significant b) Significant c) Significant	Outcome(s) from this Risk are to be forwarded to NHS Digital for oversight. Mitigations in place include: 1 - Every artificial NHS Number requested is logged against a GP Practice. The artificial NHS Number / GP Practice combination is cross checked against Patient Demographics Service (PDS) (provided by North West DSCRO) to ensure that the GP Practice has a legitimate link to the patient NHS Number being requested. This helps ensure that no NHS Number is inappropriately accessed. 2 - All requests for NHS Numbers require staff usernames and passwords, and all actions are fully audited, as such, the CCG can pro-actively monitor usage. 3 - Every request carries with it 'Terms and Conditions (provided by North West DSCRO) to which the staff member needs to accept, as such, staff members can be held to account for inappropriate use .4 - The software has been developed by the CCG meaning that it can be amended in the future should unidentified issues arise. As the software has been written in-house, it has been subject to thorough testing.	3	1	3	Karen Hurley

HMR CCG Assurance Framework

Created: 09 May 2018 14:42:55

NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

			Current									Target			
Risk	**Risk Description**	**Risk Owner/ Editor**	**L**	**I**	**S**	**Controls**	**Assurance**	**Gaps in Controls**	**Gaps in Assurance**	**Assurance Level**	**Action for Further Control**	**L**	**I**	**S**	**Objective Owner**
RR.17.0007 - Reidentification Software Authentications	NHS Digital prefers the use of two forms of security control to access the artificial NHS Number to NHS Number software. The two forms recommended are a username and password AND the use of a small device known as a dongle to generate a secondary passcode. The CCG is unable to deliver a hardware dongle solution and so we employ the use of two usernames and passwords as an alternative - one to identify the GP Practice, one to identify the member of staff. The risk is that both sets of usernames and password could be written down and used by someone else at the practice potentially resulting in fraudulent requests against the staff member. NHS Digital approve our approach but expect it to be acknowledged in the Risk Register.	Karen Hurley, Daniel Young	3	2	6	a) The software uses two sets of usernames and passwords - one to identify the GP Practice, one to identify the staff, and this has been accepted by NHS Digital as an alternative b) The software sits on a server which is protected by NHS network provision, with access only possible via computers that are verified with BT - The provider of the NHS N3 network. As such, the software is only accessible from GP Practice sites.	a) None b) None	a) None b) None	a) None b) None	a) Significant b) Significant	Outcomes from this Risk are to be forwarded to NHS Digital for oversight. Mitigations in place include - 1 - The software uses two sets of usernames and passwords - one to identify the GP Practice, one to identify the staff, and this has been accepted by NHS Digital as an alternative. 2 - The software sits on a server which is protected by NHS network provision, with access only possible via computers that are verified with BT - The provider of the NHS N3 network. As such, the software is only accessible from GP Practice sites .No further mitigations possible	3	1	3	Karen Hurley
SO1.13 - Finance: The CCG achieves its statutory financial duties in respect of business rules, use of resources and production and publication of annual accounts															
RR.15.0010 - Mandatory Returns	There is the risk that the CCG does not submit its mandatory returns on time.	Jonathan Evans, Damian Mercer	1	2	2	Submission calendar that highlights the key NHSE submission dates as well as expected dates for areas to be completed within the CCG and shared Services with assigned tasks and regular checks to ensure deadlines will be met.	None	None	None	Significant	All submissions up until 30th April 18 have been submitted.	1	2	2	
RR.15.0126 - Manage PCFT MH Contract	The risk to the CCG that failure by the Provider to deliver services and contractual obligations, would lead to the CCG not fulfilling its obligations for commissioning services on behalf of the population of HMR.	Sam Evans, Mui Wan	1	2	2	SLR meetings are scheduled between commissioners and PCFT to review SLR data produced by the Trust to split costs and budgets by responsible commissioner.	None	No	None	Significant	Following receipt of the CQC report an improvement Board has been set up chaired by NHS Improvement. The sharing of transparent cost allocations by CCG still remains a concern	1	1	1	
RR.17.0009 - No Cheaper Stock Obtainable (NCSO) implications for the CCG prescribing budget	The designation of No Cheaper Stock Obtainable (NCSO) status to a number of widely prescribed medicines is having a significant impact on the CCG prescribing budget. The anticipated additional costs relate to medicines currently identified as NCSO status. It is possible thet additional medicines may be added to this list during the current Financial Year and some / all of these products may continue as concessionary prices into the 2018/19 Financial Year	Karen Hurley, Keith Pearson	4	4	16	Approval in principle has been given to work collaboratively with an external provider to implement a number of measures to improve quality of prescribed items and reduce costs. Rochdale Health Alliance has been approached to give agreement to this work in local GP practices. Work is underway and nearly complete to work with 22 practices in coming weeks. Savings should be identified and delivered although May 2018 before any evidenced data. 8 practices nearing completion. Work underway and is expected to be completed at the end of Q1/early Q2. Report will be available on the outcomes in July/August 2018.	SOPs have been produced and training on consultation with patients has been delivered. Lists of co-operating practices has been supplied to Optimed and these will commence scheduling of the work with individual practices	Rochdale Health Alliance does not represent all GP practices in the Borough and so savings / improved care through medication review / optimisation may not be implementable in all GP practices locally.	None	Significant	Concessionary prices, as a result of NHSE intervention, continue to reduce in the final quarter of the financial year. The end of year impact is likely to be approximately £1.6 million. April 2018 data will be available in July 2018. This will be compared with similar data in the previous year and estimates of any impact of NCSO prices can be initiated.	4	3	12	
Strategic Objective 2- To deliver on the outcomes of the Locality Plan in respect of Prevention and Access (Prevention and Self Care)															
Strategic Objective 3- To deliver on the outcomes of the Locality Plan in respect of Neighbourhoods & Primary Care (Getting help in the Community)															
SO3.3.1 - Clinical Pharmacists: To support the reduction in over prescribing, inappropriate poly-pharmacy and improve quality of prescribing in areas where HMR CCG is identified as an outlier.															

HMR CCG Assurance Framework

Created: 09 May 2018 14:42:55

NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

			Current									Target			
Risk	Risk Description	Risk Owner/ Editor	L	I	S	Controls	Assurance	Gaps in Controls	Gaps in Assurance	Assurance Level	Action for Further Control	L	I	S	Objective Owner
RR.18.0003 - Clinical Pharmacist Recruitment	There is a risk that failure to address issues in the recruitment of Clinical Pharmacists will result in an overspend, possible under/over treatment of patients and medication not being supplied in accordance with current guidelines, as well as not having a substantial evidence base to support this.	Karen Hurley, Keith Pearson	4	4	16	Current Medicines Optimisation Team working to reduce over-prescribing. Rochdale Health Alliance have recruited Higher Education England funded pharmacists who are now in post and will be working with GP and Medicines Optimisation Team to look at clinical and cost effective prescribing. HMR CCG has recruited 1 full time pharmacist and interviewing for further pharmacists to support in the current financial year .	Primary Care Performance and Quality Committee aware of current issues and discussion held.	Recruitment through locum agencies which may result in a limited pool of potential pharmacists due to short term contract offerings.	Difficult to evidence through data and data delays.	Significant	Discussions continue with representatives from RHA as to the clinical pharmacists recruitment and the costs vs required delivery targets As budgets for primary care prescribing [for 2018/19] have not been finalised and it is believed that some the potential cost pressures have not been fully assessed centrally and remain unclear, this cannot be taken forward. At present one clinical pharmacist (in addition to the CCG Medicines Optimisation Team) is working to improve care through medication review and optimisation. Another locum pharmacist is available to work, but clarity is required on longer term prescribing optimisation plans between the CCG and Northern Care Alliance.	3	3	9	Keith Pearson
SO3.3.2 - Prescribing Efficiencies: To reduce costs in prescribing where safe and appropriate to do so. There are several areas which can be tackled. Objective areas, both nationally and locally set, to reduce costs where appropriate based upon prescribing ratios.															
RR.18.0004 - Prescribing Costs	There is a risk that GPs will continue to over-prescribe certain medications and there will be a reluctance to engage in the programme of reducing costs in prescribing where safe and appropriate to do so. Also the potential for patients being reluctant to change current medicines routine.	Karen Hurley, Keith Pearson	4	4	16	There is a consultation on limiting of prescribing over the counter medications for minor ailments (with NHS England). Our role is to get patients to engage with this programme also.	Patients views being taken via internet survey on opinions on the prescribing consultation. HMR CCG Governing Body approved the clinical needs policy in 2016. Also in place is the minor ailments scheme.	GPs free to prescribe how they choose. Strong recommendation on certain medications but GPs free to prescribe. No national mandate at present.	Local residents do not take opportunity to complete survey. No way of filtering based upon locality and so may lack influence on national policy.	Significant	The impact of NSCO stock and NHSE approved price concessions have been considerable for most CCGs. Easily identifiable savings are increasingly difficult to locate. Inhalers review will likely reduce prescribing costs, however there are no other clinical areas where significant savings can be made. GPs remain as custodians of medicines given to their patients and changes can only be made following GP agreement. The current Prescribing Work Programme has identified numbers of patients who would benefit from reductions / discontinuations of one or more medicines, although these are generally inexpensive drugs. The NHSE consultation on encouraging self care via community pharmacists, GPs will still retain the right to prescribe these drugs at NHS expense if they so choose. There are some likely cost-pressures for the next FY to improve care of patients with Type 1 diabetes, this could benefit through reduced hospital admissions. Use of biosimilar drugs offers the best opportunity for substantial costs savings in the 2018/19 FY and beyond. Pending data from April 2018, available July 2018.	3	3	9	Keith Pearson
SO3.3.4 - Focused Care Workers: Focused Care Workers will identify and support the most vulnerable patients within the locality with an aim to ensure appropriate engagement within health and social care partners.															
RR.18.0006 - Focused Care Work Data	There is a risk that there is a lack of accessible comparative data which will make cost and impact benefits difficult to prove .	Karen Hurley, Kate Hudson	4	3	12	Project meetings (fortnightly) with providers and project documentation provided. Individual data sources can be reviewed as a proxy measure. Project will be monitored via Primary Care Innovation & Transformation Sub Committee feeding up to Neighbourhood and Primary Care Board/ICB .	Monthly update reports, project plans, highlight reports all produced by provider. Pre-existing primary care governance routes (Innovation & transformation sub committee and Neighbourhood & PC Board which monitor performance of Locality Plan interventions) .	Monitoring of the evidence and benefits of the project is limited/hampered by IG constraints and access to patient level data. Ideally need to cross reference patient level data to police/ambulance/social care and acute data which is not possible at present due to restrictions around PID processing/handling.	None	Significant	The service specification has been approved through Governance routes. Phase 1 of recruitment complete. Focused Care Workers are live in 8 practices. Phase 2 recruitment will begin in February 2018 with the plan that these will be live in April 2018.	1	2	2	Kate Hudson

HMR CCG Assurance Framework

Created: 09 May 2018 14:42:55

NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

			Current								Target			
Risk	**Risk Description**	**Risk Owner/ Editor**	**L**	**I**	**S**	**Controls**	**Assurance**	**Gaps in Controls**	**Gaps in Assurance**	**Assurance Level**	**Action for Further Control**	**L**	**I**	**S**	**Objective Owner**
RR.18.0007 - Focused Care Work GP Engagement	There is a risk that borough wide coverage of the project will not extend to the full population due to refusal to engage from 2 practices - potential for other practices also to disengage.	Karen Hurley, Kate Hudson	2	3	6	Escalated to ELT/EMT for further discussions.	ELT/EMT which will become Leadership Group from February 18. The Leadership Group provides strategic direction for the organisations and determines resolution to strategic issues .	None	No formal process for issue escalation	Significant	Potential risk raised to EMT/ELT 16.01.18. Situation to be monitored for any future increase in risk.	1	2	2	Kate Hudson
SO3.3.5 - Primary Care Academy: The delivery of the Primary Care Workforce strategy (recruitment, retention, education and training of Primary Care workforce)															
RR.18.0002 - Primary Care Academy Delivery	The is a risk that there will be a significant gap in GPs, Practice Nurses and Practice Managers due to the growing number of retiring GPs and nurses. If the workforce strategy is not delivered there will be insufficient workforce to meet increasing Primary Care demand. Local infrastructure to support primary care workforce needs to be developed and established. Additionally, the programme is relatively new which further adds to the risk	Karen Hurley, Kate Hudson	4	4	16	Assurance meetings with new provider on a monthly basis with project documents presented. Creative outcomes agreed based upon current anticipated needs. International recruitment process initiated to look at attracting overseas GPs to the locality.	Monthly update reports, project plans, highlight reports all produced by provider and taken to primary care innovation & transformation sub committee and Neighbourhood and PC Board/ICB (which manage and oversee delivery and performance of Locality Plan interventions)	Confirmation of Governance routes post April 18 in terms of managing LCO interventions at an operational level. This governance is being developed and will be in place prior to April 18.	None	Significant	Service level specification has been drafted. This will be taken through Governance routes in February. Agreement at EMT/ELT that the Local Care Organisation is the preferred delivery model. The next steps after specification is approved will be to engage with the provider and develop implementation plans from 1st April. Potential for further contract negotiations in terms of set outcomes.	3	3	9	Kate Hudson
SO3.3.8 - Core+2: To improve quality and reduce variation in Primary Care performance															
RR.18.0005 - Core+2 Project Delay	There is a risk of delay in the mobilisation of the Core+2 project due to a new contracting route	Karen Hurley, Kate Hudson	2	3	6	Assurance meetings with new provider on a monthly basis. Possibility that the Primary Care Commissioning Manager will be supporting the tactical commissioning of Core+2.	Monthly update reports, project plans, highlight reports all produced by provider and taken to primary care innovation & transformation sub committee and Neighbourhood and PC Board/ICB (which manage and oversee delivery and performance of Locality Plan interventions)	Confirmation of Governance routes post April 18 in terms of managing LCO interventions at an operational level. This governance is being developed and will be in place prior to April 18.	None	Significant	Recommendation that the Local Care Organisation delivery route is the preferred option. Decision made W/C 22/01/2018. Plan initial meetings with providers W/C 29/01/2018 and instigate mobilisation plans with provider in preparation for delivery from 1st April.	1	1	1	Kate Hudson
SO3.4.1 - Integrated Neighbourhood Teams															
RR.18.0011 - Delivery of Outcomes - Integrated Neighbourhood Teams	Failure to deliver the required outcomes due to under resourcing and Local Care Organisation maturity.	Sandra Croasdale, Sandra Croasdale	4	4	16	Improved programme management now in place to ensure grip on delivery .Deflections now agreed with GMH&SCP and a performance framework is being developed.	Governance for transformation now in operation including the Neighbourhoods and Primary Care Partnership Board (now chaired by the Chief Officer of the Local Care Organisation) and the Transformation Delivery Board. Regularly reviewed at the LCO Board and Joint Executive (EMT/ELT)	None	None	Significant	To further build on performance management.	2	4	8	Sandra Croasdale
SO3.4.2 - Intermediate Tier Service															
RR.18.0012 - Delivery of Outcomes - Intermediate Tier Service	Failure to deliver the required outcomes due to under resourcing and Local Care Organisation maturity .	Sandra Croasdale, Sandra Croasdale	4	4	16	Improved programme management now in place to ensure grip on delivery .Deflections now agreed with GMH&SCP and a performance framework is being developed .	Governance for transformation now in operation including the Neighbourhoods and Primary Care Partnership Board (now chaired by the Chief Officer of the Local Care Organisation) and the Transformation Delivery Board. Regularly reviewed at the LCO Board and Joint Executive (EMT/ELT)	None	None	Significant	To further implement the improved performance management The set up operational group To continue to build on communication routes	2	4	8	Sandra Croasdale
SO3.4.7 - Palliative Care & End of Life: To meet the ambitions in palliative care requirements where there are 8 pillars and to ensure that all end of life services are joined up and working as one multi-agency provider to ensure patient pathways are streamlined, well communicated and patients are able to die in their preferred place.															

HMR CCG Assurance Framework

Created: 09 May 2018 14:42:55

NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

			Current								Target			
Risk	**Risk Description**	**Risk Owner/ Editor**	**L**	**I**	**S**	**Controls**	**Assurance**	**Gaps in Controls**	**Gaps in Assurance**	**Assurance Level**	**Action for Further Control**	**L**	**I**	**S**	**Objective Owner**
RR.18.0008 - Palliative & End of Life Care Data Sharing	There is a risk that the roll out of the ePact system will not be done in a timely manner allowing multi-agencies providing and accessing the relevant end of life data and gold standards framework information.	Charlotte Booth, Paula Rosbotham	3	2	6	Epaccs Project Manager in place who is working across the North East Sector with colleagues to review ways of data sharing. She is also working with GPs and IT Project Manager across HMR to gain signed up buy in to share data. Meeting to be held with Bolton CCG to gain insight and learning.	Project Manager working with CCG IT Lead to have a look at Boltons system and gain valuable learning. Meeting 10th may.	Capacity (IT Project Manager) who is also involved in other CCG projects	At present, the focus on rolling out epacc has changed from a GM approach to a locality approach. No top down governance.	Significant	The Project Manager is in post and speed has picked up with regards to this area. A visit to Bolton is taking place on 10th May with HMR CCG IT project Manager. Aim of the meeting is to learn from Bolton in the hope that any issues can be avoided for the roll out at HMR.	1	1	1	Paula Rosbotham
RR.18.0009 - Advanced Care Planning	There is a risk that end of life patients are admitted to hospital as a result of lack of understanding of patients wishes and failure to communicate the advance care plans. Advanced care planning is required for end of life patients, carers and health care professionals involved in their care to understand the patients end of life wishes	Charlotte Booth, Paula Rosbotham	4	4	16	As part of the end of life contract with Springhill Hospice, there is a CQUIN associated with advanced care planning which involves the training and education to go out to newly retired community groups so the benefits are understood whilst people are well and able but understanding of their future health needs and requirements are met. The success of this work will be collated and shared at contract meetings	Contract meetings. Assurance that this is being implemented in other localities where we can expect to learn and benchmark this. North Manchester being an example.	No one person to lead on advanced care planning - currently a joined up approach across a number of system partners.	Project Manager will need to work with providers to look at how this will work.	Significant	No update in this areas. Project Manager in post. Hospice are providing training and engagement with locality community and solicitors as part of a CQUIN. This is progressing well but we need establish if people are completing plans.	3	3	9	Paula Rosbotham
Strategic Objective 4- To deliver on the outcomes of the Locality Plan in respect of In Hospital - Planned (Getting more help)															
SO4.5.1 - Cancer Pathways: Living with and beyond cancer community support model for patients and carers with the aim to provide continual support from diagnosis through treatment and onwards until the patient is able to self manage, reducing overall system pressures															
RR.18.0010 - Community Cancer Support Model	There is a risk that the savings for this particular project commence from 1st April 2018, however, the funding that was expected from GM Cancer is now unavailable and the project has been on hold pending this investment, resulting in an approx. 4 month delay in service set up. The delay in the release of transformation funds has also delayed the appointment of a project manager to roll out the new service model. The expectation was that the service model would launch on 1st April and there is an approximate delay of 10 months.	Charlotte Booth, Paula Rosbotham	2	2	4	Recruitment of project manager has taken place (9th April) which will enable us to begin to understand what needs to be in place to roll out the model effectively. In the meantime, discussions are taking place with the proposed service model host (PAHT) on how they envisage providing this service effectively.	Transformation funding for 4 years, Project Manager for 18 months. Engagement from stakeholders in Primary, Secondary and Third Sector. NES Cancer Board to enable joined up working across the borough .Project Manager commenced 9th April. Work on service set up has commenced with PAHT as the provider.	Project Manager will need time to develop in role and understand full requirements	Information sharing. IT Network set up for recording patient holistic needs assessments and sharing with GPs, secondary care and providers where necessary .	Significant	Project Manager in place. Currently working with PAHT to recruit into the new service model. Gant chart completed by provider. Meeting next week to gain update on progress on training plan, premises marketing.	1	1	1	Paula Rosbotham
SO4.5.2i - Integrated Elective Care Pathways (IECP)															
RR.16.0002 - IECP mobilisation	There is a risk that Integrated Elective Care Pathways for T&O, ENT, gynaecology, urology and endoscopy will not mobilise due to the legal and financial complexities of the 4 providers who won the tender – PAHT, BMI, Care UK and GP Care – developing a partnership agreement between themselves.	Sally McIvor, Jennifer Hopes	3	4	12	a) IECP Contract Board established, chaired by Simon Wootton. The group meetings monthly with PAHT as prime providers, to review performance and mobilisation. Contract risks (shared by the CCG and PAHT) are reviewed quarterly including mitigation, using the PMO risk framework. b) The IECP partners are still forming their partnership, however they are working through the Integrating Governance Between Organisations framework and meeting monthly at IECP partnership meetings. Sub-contracts are not yet signed, which will set out transactional data expectations as well as activity plans. Triage referral criteria and operating procedures still being developed.	a) None b) None	a) IECP performance dashboard still being developed. b) IGBO framework not fully completed or adopted. Issues remain in sharing timely information between partners.	a) None b) None	a) Significant b) Significant	The IECP is focussing on improving the flow of activity and RTT data across the partnership, including resolving issues with duplicate referrals and activity. Operating procedures and directories of service for the SPA are being developed. The CCG is working with PAHT to agree remuneration of the SPA, in the context of a number of CCG and PAHT schemes to reduce demand on elective care services.	3	3	9	Jennifer Hopes
SO4.5.2ii - Integrated Elective Care Pathways 2 (IECP 2): This initiative is comprised of 5 schemes that will help improve access to elective services: 1. MSK Single Point of Access 2. Integrated elective care pathways – expansion to ophthalmology 3. Integrated elective care pathways – expansion to general surgery 4. Gastroenterology / Liver – FCP testing and exploiting RightCare potential 5. Elective referral and demand management															

HMR CCG Assurance Framework

Created: 09 May 2018 14:42:55

NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

			Current									Target			
Risk	**Risk Description**	**Risk Owner/ Editor**	**L**	**I**	**S**	**Controls**	**Assurance**	**Gaps in Controls**	**Gaps in Assurance**	**Assurance Level**	**Action for Further Control**	**L**	**I**	**S**	**Objective Owner**
RR.18.0015 - Transforming Elective Access	There is a risk that these initiatives fail to deliver the anticipated savings within the timescale expected. The main contributor is a lack of staff resource - for example (1) operational pressures within providers may mean they cannot prioritise this transformation ahead of high risk business continuity and (2) a shortage of commissioner and provider project resource to co-produce the plans and implement .There is also a risk that it will be difficult to identify appropriate governance for the new schemes within an emerging LCO .	Charlotte Booth, Jennifer Hopes	4	4	16	Separate project plans have been developed for each of the initiatives, enabling closer examination of delivery against targets. The development of a future HMR elective board will help prioritise and give traction to these schemes .	Shortlisting additional commissioning team resource to assist with delivery	Development of a HMR elective board .	Commissioning posts not yet advertised .	Limited	2 x band 6 commissioning support officers have been recruited and 1 x b7 EOL & cancer lead has commenced post.	2	2	4	Jennifer Hopes
SO4.5.3 - Long Term Acute: This initiative uses RightCare and other business intelligence to identify opportunities to improve the delivery of patient care, particularly opportunities to bring acute care into community settings. The project is phased and includes phase 1 (17-19) - cardiology, cancer, phase 2 (18-20) respiratory and phase 3 (19-21) diabetes/renal and neurology .															
RR.18.0016 - Realising RightCare Opportunities and Cashable Savings	There is a risk that these initiatives fail to deliver the anticipated savings within the timescale expected. The main contributors are (1) a lack of staff resource within commissioning and BI to prioritise this work alongside other day-to-day pressures - and (2) failure to deliver cashable savings from the RightCare opportunity areas. Reasons for this may include where variance is explained by coding errors, or because a solution requires a GM or NES approach which can significantly delay implementation .	Charlotte Booth, Jennifer Hopes	4	4	16	Separate project plans have been developed for each of the initiatives, enabling closer examination of delivery against targets. The development of a future HMR elective board will help prioritise and give traction to these schemes .	B6 commissioning posts now recruited to although awaiting start date for both .	Development of a HMR elective board .	B6 Commissioning posts now recruited to.	Significant	2xBand 6 to commence post imminently and will assist with this work	2	2	4	Jennifer Hopes
SO4.5.4 - Pain Services															
RR.16.0003 - Pain - repatriation of suitable patients from PAHT to IPMS	There is a risk that patients (1600+) being seen in the PAHT pain service are not repatriated to the new pain service delivered by PMS, meaning they continue to receive non-evidence based injection therapies. This may risk patients long term health and is not an effective use of CCG and NHS resources.	Charlotte Booth, Jennifer Hopes	3	4	12	a) The CCG has convened a new monthly meeting between the CCG and other NES CCGs, PAHT and IPMS to review the performance of the pain system and to collectively identify and mitigate capacity and demand problems, and risks. b) There has been inconsistent application of EUR policies relating to pain by all providers in the system. The CCG is working with providers and the EUR team to put controls in place that ensure a more consistent application.	a) None b) None	a) Awaiting full pain system trajectory b) Over 1600 patients affected	a) None b) None	a) Significant b) Limited	The CCG, PAHT and IPMS continue to meet frequently and are forming a more formal partnership approach to managing both operational delivery and changes to the pain system. Capacity remains a huge problem due to difficulties in recruitment at IPMS and the continued rate of transfer from PAHT to IPMS. The group are working with PALS teams in order to improve the co-ordination of patient complaints and with the EUR team to develop a more reliable process for ensuring patients have prior approval for medical procedures covered by EUR processes.	2	2	4	Jennifer Hopes
Strategic Objective 5- To deliver on the outcomes of the Locality Plan in respect of In Hospital - Urgent Care (Getting more help)															
SO5.6.1 - HEATT Car: HMR Emergency Assessment & Treatment Team (HEATT) is a system resilience pilot scheme designed to reduce A &E attendances or avoidable hospital admissions where clinically appropriate within the HMR population. The scheme is collaboration between HMR Community Services Division of Pennine Acute and the North West Ambulance Service (NWAS), with funding from HMR CCG to deflect conveyance to hospital /avoidable hospital admissions through the provision of senior therapists, advanced nurse practitioners and paramedics based in the community in a fully equipped emergency response vehicle.														

HMR CCG Assurance Framework

Created: 09 May 2018 14:42:55

NHS
Heywood, Middleton and Rochdale
Clinical Commissioning Group

			Current									Target			
Risk	Risk Description	Risk Owner/ Editor	L	I	S	Controls	Assurance	Gaps in Controls	Gaps in Assurance	Assurance Level	Action for Further Control	L	I	S	Objective Owner
RR.18.0020 - HEATT Car	Costings within the transformation plan did not include the unsocialable hours payment element which NWAS pay their workforce. Work continues with partners to come to a system wide position for this scheme. System wide engagement with all partners has been limited to date. Workforce demands on the core NWAS PES rotas puts staffing the HEATT car at risk. If the locality workforce is to staff the HEATT car access to the C3 telephone system will be required	Charlotte Booth, Charlotte Booth	3	3	9	a) Seek further investment linked to robust evaluation of the scheme to date including savings of £4.50 per £1 invested b) Support sought from Executive Level within the locality via Simon Wootton and via Jon Rouse at a GMHSCP level c) Potential of locality workforce staffing the HEATT car rather than NWAS d) Support sought from Executive Level within the locality via Simon Wootton and via Jon Rouse at a GMHSCP leve	a) Urgent Care Locality Partnership Board will review the monthly highlight reports for each project. Transformation Delivery Board will receive the monthly theme level report. Integrated Commissioning Board will receive the monthly theme level report. b) Urgent Care Locality Partnership Board will review the monthly highlight reports for each project. Transformation Delivery Board will receive the monthly theme level report. Integrated Commissioning Board will receive the monthly theme level report. c) Urgent Care Locality Partnership Board will review the monthly highlight reports for each project. Transformation Delivery Board will receive the monthly theme level report. Integrated Commissioning Board will receive the monthly theme level report. d) Urgent Care Locality Partnership Board will review the monthly highlight reports for each project. Transformation Delivery Board will receive the monthly theme level report. Integrated Commissioning Board will receive the monthly theme level report.	a) Locality financial position puts the potential of additional investment at risk b) None c) None d) None	a) None b) None c) None d) None	a) Significant b) Significant c) Significant d) Significant	Updated finances for the scheme have been received and are being taken through appropriate governance channels for discussion.	2	2	4	Charlotte Booth
SO5.6.3 - Discharge to Access Initiative: There are two elements to the discharge to assess scheme: PAHT led - where the patient is taken to their home for assessment. If the patient is assessed as being safe an individualised package of care is wrapped around them and their hospital bed is released to improve patient flow. RBC led - where the patient has more complex needs and is discharged into a locality nursing home for appropriate personalised care and support															
RR.18.0017 - Discharge to Assess Initiative - Finance	Initial costings for the D2A scheme underestimated the demand for this service across the 4 PAHT sites. The flow of patients to all PAHT sites and increased system wide winter pressures exacerbates this.	Charlotte Booth, Charlotte Booth	3	3	9	Additional resource for D2A is being funded from the SRG budget until 31.03.18. Discussions are to be held at the February Urgent Care Locality Board in relation to the continuation of some SRG schemes into 2018/19 from the 2018/19 SRG budget.	Urgent Care Locality Partnership Board will review the monthly highlight reports for each project. Transformation Delivery Board will receive the monthly theme level report. Integrated Commissioning Board will receive the monthly theme level report.	Locality financial position puts the potential of additional investment at risk	None	Significant	Finances for the scheme still need to be confirmed and taken through appropriate governance channels for discussion.	2	2	4	Charlotte Booth
SO5.6.4 - Integrated Virtual Clinical Hub: The overall concept is to provide Gtr Manchester with an operational and coordination oversight of the whole GM footprint. The longer term aim is to ensure parity of care for all patients across all providers. It will do so by collating and analysing data in realtime to monitor and proactively manage system pressures, taking early action to mitigate impact and horizon scan to provide early system warnings. Further planned work upon full moilisation includes: intelligent divert and discharge profiling															
RR.18.0018 - Integrated Virtual Clinical Hub - Deliverability of deflections	The concept underpinning the Integrated Virtual Clinical Hub was little understood during the locality transformation bid process. Until the Hub is fully mobilised the risk of deflection delivery is high.	Charlotte Booth, Charlotte Booth	3	3	9	Engage more closely as a locality with the GM team responsible for mobilising the Integrated Virtual Clinical Hub to ensure that the Rochdale Locality are considered as an early adopter for any deflection schemes.	Urgent Care Locality Partnership Board will review the monthly highlight reports for each project. Transformation Delivery Board will receive the monthly theme level report. Integrated Commissioning Board will receive the monthly theme level report.	None	Links to GM development of hub within the locality	Limited	Make contact with Colin Kelsey to understand the governance linked to this project. Ensure locality representation at appropriate meetings.	2	2	4	Charlotte Booth
SO5.6.5 - A&E Front Door Streaming: This project has become the full implementation of the Gtr Manchester 24/7 Urgent Primary Care Model which incorporates A&E streaming by October 2017 as part of a mandate for each locality to deliver an Urgent Treatment Centre in line with the national service specification. Other elements of implementation include a Single Point of Access for patients, significant revisions to 111 at a national level and access to a range of diagnostics at each urgent care centre.															

HMR CCG Assurance Framework

Created: 09 May 2018 14:42:55

Heywood, Middleton and Rochdale Clinical Commissioning Group

			Current									Target			
Risk	Risk Description	Risk Owner/ Editor	L	I	S	Controls	Assurance	Gaps in Controls	Gaps in Assurance	Assurance Level	Action for Further Control	L	I	S	Objective Owner
RR.18.0019 - A&E Front Door Streaming	The GM model for 24/7 urgent primary care was made available after the transformation bid was costed. There are additional requirements within the GM model that need to be scoped, costed and evaluated. Limited availability of space at RI until the masterplan is complete to allow for the full implementation of the GM model	Charlotte Booth, Charlotte Booth	3	3	9	a) Seek further investment b) Link into system wide estates discussions	a) Urgent Care Locality Partnership Board will review the monthly highlight reports for each project. Transformation Delivery Board will receive the monthly theme level report. Integrated Commissioning Board will receive the monthly theme level report. b) Urgent Care Locality Partnership Board will review the monthly highlight reports for each project. Transformation Delivery Board will receive the monthly theme level report. Integrated Commissioning Board will receive the monthly theme level report.	a) Locality financial position puts the potential of additional investment at risk b) None	a) None b) None	a) Significant b) Significant	Finances for the scheme still need to be confirmed and taken through appropriate governance channels for discussion.	2	2	4	Charlotte Booth
Strategic Objective 6- To deliver on the outcomes of the Locality Plan in respect of Children, young people and families															
SO6.7.5 - Paediatric Nurse Clinic Service: PNP Clinic to deflect paediatric presentation at Acute Urgent Care setting/A&E and reduce subsequent non elective admission.															
RR.18.0013 - Failure to Recruit Paediatric Nurse Practitioners	There is a risk that failure to recruit to PNP posts will affect overall timescales and the delivery of deflections from Urgent Care.	Karen Kenton, Charlotte Mitchell	4	2	8	Recruitment plan in place Robust monitoring system in place Advanced job description and person specification sign off	Monthly report and quarterly performance meeting. Bi-monthly provider operational group meeting. 1-1 assurance meeting with Service Managers.	Availability of suitable candidates	None	Significant	x2 nurses starting in Jan 2018. Provider out to 3rd round of recruitment for additional 3 posts - PNP Nurses. Also recruited x2 health care support workers for the project - in post Feb 2018. x 1 admin assistant has recently been interviewed and recruited internally.	1	1	1	Karen Kenton
RR.18.0014 - Failure to Deflect CYP from Urgent Care	There is a risk that the PNP Clinic Service fails the deflect the anticipated number of CYP from Urgent Care	Karen Kenton, Charlotte Mitchell	4	1	4	Data available to evidence deflections from PNP clinics resulting in reduction in A&E attendances from the co-hort. Regular dialogue with Primary Care regarding the availability of the service and raising awareness of its focus on deflection from Urgent Care .Robust monitoring system in place .Build on existing successful service model	Monthly report and quarterly performance meeting. Bi-monthly provider operational group meeting. 1-1 assurance meeting with Service Managers. Regular updates from Service Managers on referral source (GP surgery) and feedback sought from parents on where they would have otherwise attended .	Increased demand for urgent care Potential for PNP clinic to be oversubscribed and used inappropriately by Primary Care	None	Significant	Re-profiled deflections in Year 2 to take into account staggered recruitment.	2	1	2	Karen Kenton
Strategic Objective 7- To deliver on the outcomes of the Locality Plan in respect of Mental Health															
SO7.1.1 - Mental Health within INTs: Integrate primary care mental health services into the existing 6 adult Integrated Neighbourhood Teams.															
RR.18.0021 - Mental Health within INTs	This project is dependent on robost partnership working to ensure the full integration of primary mental health services into the INTs	Charlotte Booth, Charlotte Booth	3	3	9	Partnership working continues to progress and mature across the system.	Neighbourhood Partnership Board moving to the MH Leadership Group receives monthly update reports on each of the MH transformation projects, Transformation Delivery Board receives the theme level update report, Integrated Commissioning Board receives the theme level update report	None	None	Significant	Continue to support the development of partnership working across the system.	2	2	4	Charlotte Booth
SO7.1.2 - MH Crisis Café: Implementation of an urgent care offer for mental health patients by way of a Safe Haven/ Crisis Café															
RR.18.0022 - MH Crisis Café	Limited availability of space at RI until the masterplan is complete. Recruitment of staff.	Charlotte Booth, Charlotte Booth	3	3	9	a) Engage with partners to identify an interim estates solution b) Work with partners to recruit a highly skilled workforce	a) Neighbourhood Partnership Board moving to the MH Leadership Group receives monthly update reports on each of the MH transformation projects, Transformation Delivery Board receives the theme level update report, Integrated Commissioning Board receives the theme level update report b) Neighbourhood Partnership Board moving to the MH Leadership Group receives monthly update reports on each of the MH transformation projects, Transformation Delivery Board receives the theme level update report, Integrated Commissioning Board receives the theme level update report	a) None b) None	a) None b) None	a) Significant b) Significant	Continue to work with partners to identify an estates solution and recruit the appropriate workforce.	2	2	4	Charlotte Booth
SO7.1.3 - Living Well Hub: Implementation of the GM offer for Mental Health Out of Hospital / Living Well Hub															

HMR CCG Assurance Framework

Created: 09 May 2018 14:42:55

Heywood, Middleton and Rochdale Clinical Commissioning Group

			Current									Target			
Risk	Risk Description	Risk Owner/ Editor	L	I	S	Controls	Assurance	Gaps in Controls	Gaps in Assurance	Assurance Level	Action for Further Control	L	I	S	Objective Owner
RR.18.0023 - Living Well Hub	Lack of understanding re GM funding and no estates costs included. Sourcing suitable estates. Recruitment of staff	Charlotte Booth, Charlotte Booth	3	3	9	a) Work with GM and other partners to understand the GM funding b) Work with partners to source estates whilst being cognisant of funding issues c) Work with partners to recruit a highly skilled workforce	a) Neighbourhood Partnership Board moving to the MH Leadership Group receives monthly update reports on each of the MH transformation projects, Transformation Delivery Board receives the theme level update report, Integrated Commissioning Board receives the theme level update report b) Neighbourhood Partnership Board moving to the MH Leadership Group receives monthly update reports on each of the MH transformation projects, Transformation Delivery Board receives the theme level update report, Integrated Commissioning Board receives the theme level update report c) Neighbourhood Partnership Board moving to the MH Leadership Group receives monthly update reports on each of the MH transformation projects, Transformation Delivery Board receives the theme level update report, Integrated Commissioning Board receives the theme level update report	a) Estates costs within the GM fundings pot b) Estates costs within the GM fundings pot c) None	a) None b) None c) None	a) Significant b) Significant c) Significant	Continue to work with partners to identify an estates solution and recruit the appropriate workforce.	2	2	4	Charlotte Booth