

GOVERNING BODY MEETING

Meeting Date: 22 November 2017

**Scarborough and Ryedale
Clinical Commissioning Group**
**Report's Sponsoring Governing Body
Member: Richard Mellor**
Report Author: Sally Brown**1. Title of Paper: Assurance Framework****2. Strategic Objectives supported by this paper:**

(check those which apply)

- To create a viable & sustainable organisation, whilst facilitating the development of a different, more innovative culture
- To commission high quality services which will improve the health & wellbeing of the people in Scarborough & Ryedale
- To build strong effective relationships with all stakeholders and deliver through effectively engaging with our partners
- To support people within the local community by enabling a system of choice & integrated care
- To deliver against all national & local priorities incl QIPP and work within our financial resources

3. Executive Summary:

The CCG Assurance Framework has evolved over the last 2 years and is presented to the Governing Body each meeting with the focus on one objective at each meeting.

The Assurance Framework brings together in one place all of the relevant information on the risks to the CCGs strategic objectives. The purpose of the assurance framework is to provide a tool against which the Governing Body can assess that all risks have been identified and are being managed by a responsible officer in an effective way.

The report on benchmarking CCGs of their risks has been reviewed against SRCCGs risks

This version was presented to the May Governing Body and does not as yet include the risk associated with Capped Expenditure Program.

4. Risks relating to proposals in this paper:

Without an Assurance Framework there is risk that the Board is not informed of risks associated with meeting the strategic objectives.

5. Summary of any finance / resource implications:

N/A

6. Any statutory / regulatory / legal / NHS Constitution implications:

The CCG is expected to implement good governance processes and the Assurance Framework is a key part of these standards

7. Equality Impact Assessment:

N/A

8. Any related work with stakeholders or communications plan:

N/A

9. Recommendations / Action Required

The Committee is asked to note the current Assurance Framework.

It is recommended that on a bi annual frequency each committee reviews the AF and updates the actions and gaps remaining in assurance.

A more robust process is required to ensure risks from risks registers are transferred to the Assurance Framework


Good Governance processes recommend that the risk appetite of the Governing Body is assessed and recorded on the framework and a process/forum for establishing this is required.

The CCG risk management framework will be refreshed during the next quarter

10. Assurance

The Assurance Framework is reviewed by the Governing Body at each meeting and presented to the A&G Committee bi annually

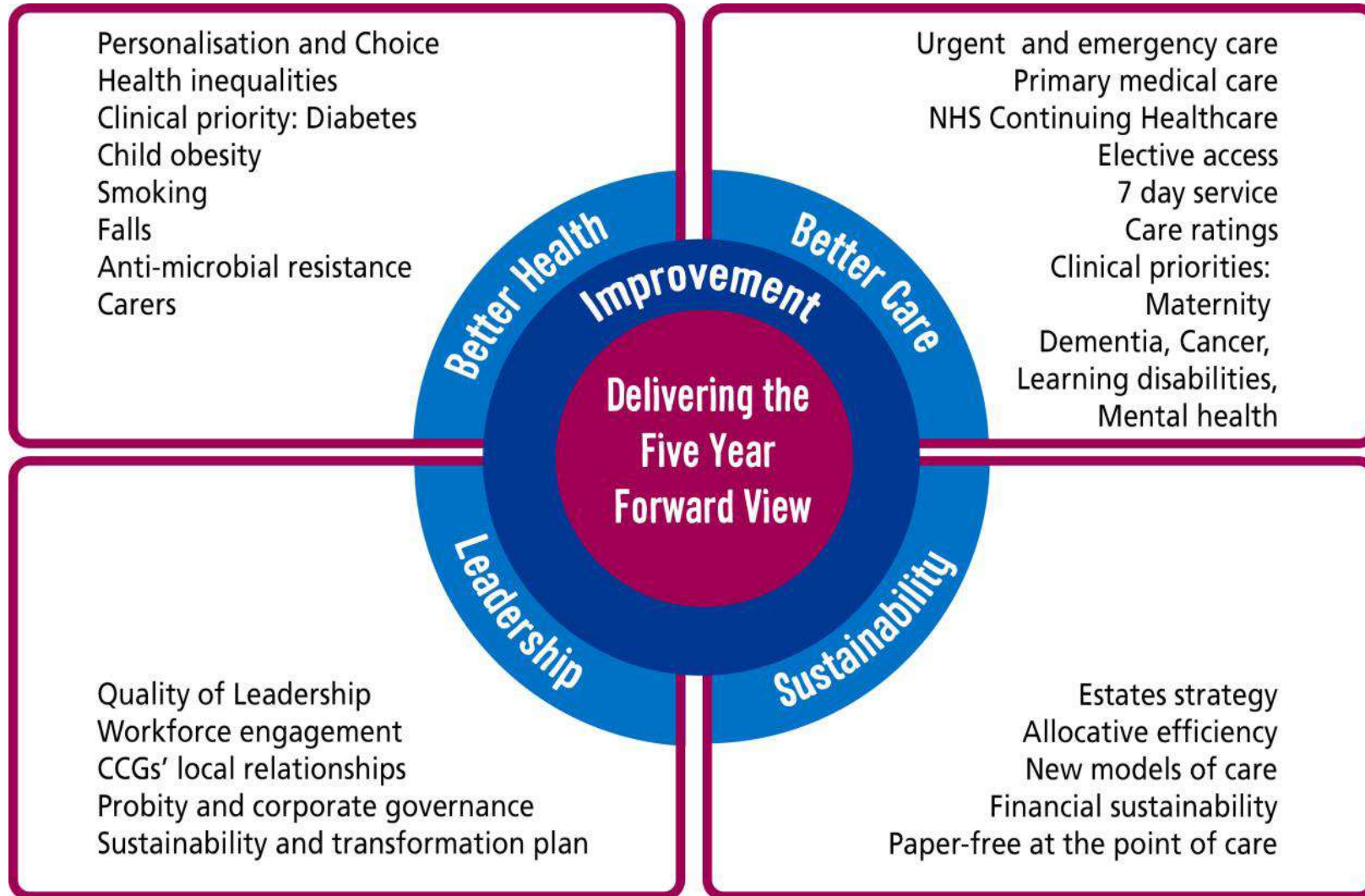
For further information please contact:

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CCG Improvement and Assessment Framework 2016/17

<https://www.england.nhs.uk/commissioning/wp-content/uploads/sites/12/2016/03/ccg-iaf-mar16.pdf>

January 2017



DOMAIN	INDICATORS	RESPONSIBILITY FOR	OPERATIONAL	ASSURANCE TO GOVERNING BODY
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		ASSURANCE	LEAD/ RESPONSIBLE PERSON	
BETTER HEALTH	Personalisation & choice (including choose and book, life style choices and personal health budget)	Q&P committee PCU Management Board	CW SC	<ul style="list-style-type: none"> Quarterly Quality and Outcomes Report Bi monthly exceptions report PCU assurance Report bi-annually to Gov Body and A&G Committee Public Health bi annual report to Gov Body and PCCC. Health and Wellbeing Board report/minutes
	Health inequalities (Chronic Heart Disease Strategy)	Q&P committee Stroke and cardiac Network	CW MG	<ul style="list-style-type: none"> Reports from NYCC Public Health Minutes of HWB/Chief Officer's Report to Gov Body JNSA QOF outcomes report
	Clinical priorities: Diabetes	Q&P committee CVD Steering Group Diabetes Network	ML MG	<ul style="list-style-type: none"> CVD Strategy and implementation plan reports Quarterly Quality and Outcomes Report Bi monthly exceptions report Right Care Board reports
	Child obesity	Q&P committee	CW	<ul style="list-style-type: none"> Reports from NYCC Public Health Minutes of HWB/Chief Officer's Report to Gov Body
	Smoking	Q&P committee	CW	<ul style="list-style-type: none"> Reports from NYCC Public Health Minutes of HWB/Chief Officer's Report to Gov Body Quarterly Quality and Outcomes Report
	Falls	Q&P committee	JT	<ul style="list-style-type: none"> Minutes of HWB/Chief Officer's Report to Gov Body Quarterly Quality and Outcomes Report
	Antimicrobial Resistance	Q&P committee	CW	<ul style="list-style-type: none"> Quarterly Quality and Outcomes Report Bi monthly exceptions report Local IPC Group reports Medicines Management Quarterly Quality and Outcomes Report Bi monthly exceptions report

BETTER CARE	Carers	PCU management Board	JT	<ul style="list-style-type: none"> • PCU bi annual assurance report
	Urgent and Emergency Care	Q&P Committee Business Committee	KMz/GH	<ul style="list-style-type: none"> • A&E delivery Board reports to Gov Body • Quality and outcomes quarterly report • Quality exceptions report bi monthly
	Primary Medical Care	PCCC PCDG	SB	<ul style="list-style-type: none"> • General Practice Forward View Action Plan • GP Patient Survey report and action plan • CQC reports • NHSE Assurance Quarterly Reports • Workforce Development Plan and progress reports
	NHS Continuing Healthcare	Q&P Committee PCU Management Board		<ul style="list-style-type: none"> • PCU bi annual reports • Quarterly Clinical Quality and outcomes Report • Bi monthly exceptions report
	Elective Access	Q&P Committee CMB Quality Sub group	BB	<ul style="list-style-type: none"> • Quarterly Clinical Quality and Outcomes Report • Bi monthly exceptions report
	7 day service	Business Committee A&E delivery Board	KM SB	<ul style="list-style-type: none"> • A&E Delivery Board reports • Quality and outcomes Report • Exceptions Report
	Care Ratings	Q&P Committee PCCC	AR CW	<ul style="list-style-type: none"> • Quarterly Clinical Quality and Outcomes Report • Summary reports following inspections • CQC quarterly meetings
	Clinical Priorities:			
	<ul style="list-style-type: none"> • Maternity 	Business Committee Q&P Committee PCU Management Board Joint network meetings	CW	<ul style="list-style-type: none"> • Quarterly Clinical Quality and Outcomes Report • Exceptions Report
	<ul style="list-style-type: none"> • Dementia 	Business Committee Q&P Committee PCU Management Board CMB (TEWV)	VP JT MB	<ul style="list-style-type: none"> • PCU assurance report •
<ul style="list-style-type: none"> • Cancer 	Business Committee Q&P Committee HWB Cancer Alliance / Network	CW	<ul style="list-style-type: none"> • Quarterly Clinical Quality and Outcomes Report (includes required 96 actions progress report) 	

	<ul style="list-style-type: none"> Learning Disabilities 	Business Committee Q&P Committee PCU Management Board PCCC CMB TEWV	VP	<ul style="list-style-type: none"> PCU bi- annual assurance report Quarterly Clinical Quality and Outcomes Report Exceptions Report
	<ul style="list-style-type: none"> Mental Health 	Business Committee Q&P Committee PCU Management Board CMB (TEWV)	VP	<ul style="list-style-type: none"> PCU bi- annual assurance report Quarterly Clinical Quality and Outcomes Report Exceptions Report
SUSTAINABILITY	Estates Strategy	F& C committee PCCC	RM	<ul style="list-style-type: none"> Strategic Estates Plan Dec 2015 Estates Implementation Plan Report
	Allocative Efficiency (Value for money)			
	New models of care	Business Committee System Resilience Group Ambitions for Health HCV STP Joint Commissioning Committee		<ul style="list-style-type: none"> A4H Reports/Chief Officer's Report Minutes of A&E Delivery Board Community Services Procurement Reports STP reports by Chief Officer Joint Commissioning Committee reports.
	Financial sustainability	F&C Committee QIPP Steering Group CCG Medicines Management Board	RM	<ul style="list-style-type: none"> Financial Reports QIPP reports NHSE reports
	Paper-free at point of care	F&C committee PCCC CMB meetings	SB	<ul style="list-style-type: none"> IM&T Strategy and Implementation Plan and progress reports
LEADERSHIP	Quality of leadership	Governing Body	SB	<ul style="list-style-type: none"> 360 survey OD plan and delivery plan Succession plan
	Workforce engagement	SMT NY&H HEE meetings reported to PCCC Social Partnership Forum	SB	<ul style="list-style-type: none"> Workforce reports Staff survey results and action plan Workforce Briefings WRES
	CCG's local relationships	Governing Body CoCR YORLMC meetings	SB	<ul style="list-style-type: none"> 360 survey report and results Chief Officer/Chair reports to Gov Body LMC reports to Gov Body and /or PCCC

		PCCC		
	Probity and Governance	Audit and Governance Committee	SB	A&G Chair's Report to include <ul style="list-style-type: none"> • Internal Audit Reports • Self assessment • Register of Interests • Policies • NHS SRCCG Constitution • Third Party Assurance
	Sustainability and Transformation Plan	HCV STP Joint Commissioning Committee	BB	<ul style="list-style-type: none"> • Bi Monthly reports from Chief Officer

Additional Statutory Functions of CCGs.

<https://www.england.nhs.uk/wp-content/uploads/2013/03/a-functions-ccgs.pdf>

ADDITIONAL STATUTORY DUTIES	INDICATORS	RESPONSIBILITY FOR ASSURANCE	RESPONSIBLE PERSON	ASSURANCE TO GOVERNING BODY
	Equality and Diversity- EDS2 Equality Act 2010	C&E Committee	SB	EDS2 report EDS2 objectives and action plan EDS2 bi annual report
	Workforce Related Equality Standards (WRES)	SMT	SB	WRES report WRES action plan
	Sustainability Development Plan	SMT PCU Management Board F&C Committee	SB	SDU assessment Sustainability Plan and progress reports
	Patient and Public Engagement & involvement	C&E Committee	SB	CSE assessment and action plan & progress reports Communication and Engagement Strategy Communication and Engagement Annual Plan Annual report
	FOI Act 2000	SMT A&G Committee	SB	Quarterly Reports Annual Report
	Information Governance Standards	IGSG SMT A& G Committee	SB	IG action plan & progress reports IG toolkit submission and rating
	Management of CCG Complaints	Q&P Committee C&E Committee	SB	Quarterly Reports K104a Reports to NHSE Annual Report
	Accessible Information Standards	C&E Committee	SB	AIS action plan and progress reports
Research and Development	Q&P Committee	CW	Quality Report	

		Research Network		Report to Audit and Governance Committee
	Emergency Planning	System Resilience Group Q&P committee A&E delivery Board	GH	Business Continuity Plan Emergency Preparedness Policy and Plan
	Adult Safeguarding	PCU management Board Q&P Committee	CW	Quarterly Clinical Quality and outcomes Report
	Secure Accommodation	PCU management Board Q&P Committee	CW	Quarterly Clinical Quality and outcomes Report
	Public Sector Social Value Act 2012	F&C Committee	RM	Procurement Report
	Children Act 1989	PCU Q&P committee	CW	Quarterly Clinical Quality and outcomes Report
	Children Act 2004	PCU	CW	Quarterly Clinical Quality and outcomes Report
	Autism Act 2009	Q&P committee	BB	Quarterly Clinical Quality and outcomes Report
	Health and Safety at Work 1974	SMT	SB	H&S audit, action plan and progress reports
	Mental Capacity Act 2005	PCU management Board Q&P Committee	CW	Quarterly Clinical Quality and outcomes Report
	Procurement, Patient Choice and Competition Regulations	F&C Committee	RM	

<p>Strategic Objective One: Commission sustainable, high-quality services within the available resources(people, money, buildings) Last reviewed December 2016, January 2017</p>	<p>Lead Governing Body Member(s): Dr Hefni, Dr Billingsley Lead Committee: Quality and Performance</p>
<p>Risk: Unable to Commission sustainable, high-quality services within the available resources(people, money, buildings) because of:</p> <ul style="list-style-type: none"> • Failure to meet statutory performance targets • Failure to meet financial plan • Failure to meet business planning rules • Inability of local providers to provide services locally which meet national standards. • Insufficient funds to commission services which meet the demand of the local population. • Facilities not being fit for purpose for future service models. • Insufficient capacity and capability to deliver the commissioning plan. • Lack of provider engagement with change process and timeline • Lack of clinical engagement to embrace changes to pathway delivery. • Lack of primary and secondary workforce due to recruitment challenges 	<p>Controls (What are we currently doing about the risk?)</p> <ul style="list-style-type: none"> • QIPP steering group • Reviewing the running costs of the organisation, including the costs of the commissioning support services whilst assessing capacity and capability to deliver the 5 Year Strategic Commissioning Plan • Primary Care Workforce and Development steering group and funded work plan • Redesign of out of hospital care • Redesigning pathways of care and service delivery models including urgent care and community services. • Exploring working with community pharmacists and other Allied Health professionals. • Developing 5 year plan with a supporting detailed QIPP plan. • Working collaboratively with NYCC and the public health agenda • Established a multi-agency steering group to drive through Ambitions for Health project. • Reviewing the procurement process of community services. • Supporting Primary Care at scale initiatives. • Approved formation of joint commissioning committee
<p>Assurance (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • Continual review by Finance and Contracting Committee of running costs and maximising available funds for programme costs with exception reports to Governing Body via performance reports. • Workforce reports are reviewed quarterly by Senior Management Team. Exception reports provided to Audit and Governance Committee. • Engagement plan with stakeholders reviewed by Communication and Engagement Plan and exceptions are reported to Governing Body. • Minutes of Health and Wellbeing Board reported to Governing Body. • Quality and Performance Committee monitors the quality of services and provides a quarterly quality report to Governing body. • Quality and Performance Committee monitors the performance of services and provides a bi monthly dashboard report to Governing Body. • Soft Intelligence tool to gather feedback from GPs on access to services. • Accessing clinical network expertise and guidance with quarterly reports to Q&P Committee • Partnership Commissioning Unit Management Board receives reports and minutes of meetings are presented to the Governing Body. • Finance and Contracting Committee monitor progress of Better Care funded projects • Medicines Management Commissioning Committee reports are reviewed by the Business Committee • Exceptions reports from Business Committee provided to the Governing Body. • Bi-annual assurance reports from PCU to Governing Body and minutes of PCU management Board to Business Committee • Regular reports from Ambitions for Health steering group to Governing Body. • Primary Care co commissioning Committee exception reports to Governing Body • RAG reports on Project delivery alongside QIPP reports from QIPP steering Group • CO reports from Joint Commissioning Committees (HCV STP and Y&H Joint Commissioning Committee • Progress Reports against GP Forward View • Service improvement project life cycle includes post implementation and review 	<p>Mitigation (What have we done/what more should we do?)</p> <ul style="list-style-type: none"> • Member of Accident and Emergency Delivery Board • Foster positive relationships with providers which are constructive and mutually beneficial by sharing and understanding each other's strategic plans and challenges.(e.g. YFT, TEWV, NYCC, GPs) • Anticipate changes and challenges and forward plan programmes of work. • Deliver the organisational development plan including a CCG succession plan. • Reviewed urgent care services and procured integrated services. • Supported the development of a primary care provider. • Developing integrated health and social care delivery model • Approval of estates strategy • Local Digital Roadmap with supporting delivery plan • Review periodically reporting arrangements from Ambitions for Health and HCV STP committees •
<p>Gaps</p> <ul style="list-style-type: none"> • Bi annual /Quarterly Primary Report • Primary Care dashboard 	<p>Actions</p> <ul style="list-style-type: none"> • Implement reporting process from A&E Delivery Board • Undertake A&G review of financial reporting and business planning • Provide bi monthly progress report against GPFV implementation plan • Develop primary care dashboard

<p>Strategic Objective Two: Create a stronger community system and integrate care across the whole health economy. Last reviewed December 2016, January 2017</p>	<p>Lead Governing Body Member(s): Dr Halloran, Dr Garnett Lead Committee: Finance and Contracting</p>
<p>Risk: Unable to create a stronger community system and integrate care across the whole health economy because:</p> <ul style="list-style-type: none"> • Different strategic priorities and plans of each provider. • Patients and Public rely on healthcare to manage their conditions. • Available funds through Better Care Fund do not commission value for money services. • Primary care providers lack the capacity and skills to deliver new service models. • Lack of voluntary services directory for patients and professionals. • Potential changes to PCU operational form. • Neighbouring CCGs have different priorities or approaches • Pace of change does not deliver changes in line with required efficiency plans. • Staff in provider organisations are resistant to change. • Changes to service specifications and delivery of services by eMBED support services provider • Lack of support from providers to develop integrated health and social care delivery model • Lack of engagement and capacity in care and nursing home provider market • Lack of appropriate facilities for people with Learning Disabilities for respite • Lack of targeted support to carer community 	<p>Controls (What are we currently doing about the risk?)</p> <ul style="list-style-type: none"> • Engaging with key stakeholders. • Planning engagement with patients and public. • Integrated Care delivery Plan is being developed. • A NY CCG/NYCC Better Care Fund has been developed. • Building relationships with Voluntary Sector • Membership of Integrated Care Board • Review of Malton Community Hub pilot project • Review Community nursing pilot project • Development of integrated health and social care service model. • Supporting primary care development through protected time for learning and funded placements of PA students.
<p>Assurance (How do we know if the things we are doing are having an impact?)</p> <ul style="list-style-type: none"> • SRCCG has a refreshed Communication and Engagement Strategy. • Communication and Engagement Committee report to the Governing Body through exceptions and progress report. • Finance and Contracting Committee monitor Better care Fund and report to the Governing Body through the dashboard • A Business Case process is in place which includes and options appraisal of value for money. • Feedback from Healthwatch • Membership of Health and Wellbeing Board • Annual 360 stakeholder feedback survey • JSNA Reports • The Governing Body receives a progress and exception report from the Business Committee including decision delegated to it. • Decision logs and action trackers are in place for all committees and presented to Audit and Governance Committee bi- annually • The Governing Body receives an exception and progress report from the Primary Care Co Commissioning Committee • Formation of joint commissioning committees • Regular updates and presentations to the Governing Body of strategic delivery of plans • Lay members chair key steering groups(QIPP, Ambitions for Health, PCCC) • eMBED assurance reports received by A&G Committee 	<p>Mitigation (What have we done/what more should we do?)</p> <ul style="list-style-type: none"> • Foster positive relationships with providers which are constructive and mutually beneficial by sharing and understanding each other's strategic plans and challenges.(e.g. YFT, TEWV, NYCC, GPs, Voluntary Sector) • Engage with public and patients and importance and benefits of self-help. • Maximise opportunities of Better Care Fund • Support the development of a Primary Care Federation organisation. • Strengthen work with Community Pharmacists • Facilitate Primary Care education events • Evaluate Primary Care workforce survey • Developed Ambition for Health Board and work stream steering Groups across all partner organisations. • Work with education providers to develop and train local skills
<p>Gaps</p> <ul style="list-style-type: none"> • Assurance reporting process from eMBED • 5 year workforce plan against which to measure progress 	<p>Actions</p> <ul style="list-style-type: none"> • Develop 5 year primary care workforce recruitment plan

Strategic Objective Three: Improve health and reduce health inequalities. Last reviewed December 2016	Lead Governing Body Member(s): Dr Black, Dr Diggory Lead Committee: Communication and Engagement & Quality and Performance Committee
Risk: Unable to improve health and reduce health inequalities because: <ul style="list-style-type: none"> • Inability to encourage people to seek advice for undiagnosed symptoms. • Lack of influence on providers to adhere to service improvement plans • Fragmented approach to designing and commissioning services to improve health and wellbeing services. • Lack of awareness of services available to support healthy living • Lack of skills in motivational consultations across health and social care providers • 	Controls (What are we currently doing about the risk?) <ul style="list-style-type: none"> • Working with YFT midwives to help reduce smoking of mothers at time of delivery and escalated to Board for senior support. • Reviewing access to diagnostics for 7 day service • Focused work on management of diabetes, diabetic foot, hypertension, smoking and obesity • Support national campaigns to encourage early diagnosis of symptoms. • Working with Cancer Networks to identify areas of improvement with MacMillan GP in post based in SRCCG • Commissioned "deep dive" into cvd prevalence and outcomes • Ensuring GPs are aware of new services and referral paths through RSS • Working closely with national and local Diabetes Uk groups to promote self-awareness of foot health • Including public health in stakeholder events, Ambitions for Health
Assurance (How do we know if the things we are doing are having an impact?) <ul style="list-style-type: none"> • Annual report of the Director of Public Health (NYCC) • Quarterly Quality Report to Governing Body monitors provider mortality rates. • Governing Body receive reports on CQUIN achievements. • Governing body receives annual report on progress of delivery of service improvement plan for stroke patients • Governing Body has approved the Equality and Diversity objectives and receives regular updates from the Communication and Engagement Committee. • The Communication and Engagement Committee are responsible for delivery of the Equality and Diversity objectives and monitors progress. • The CCG has been awarded the Customer Services Excellence award demonstrating how we engage with stakeholders. • Review of refresh to Health and Wellbeing Strategy planned • JSNA reports • Updates provided to CoCR on service developments • CCG involvement in service specification developments • Approval of SRCCG cvd strategy • Right Care NHSE project for SRCCG (circulation, MSK and gastroenterology) • Reports into Business Committee for business cases • Bi annual report from Public Health and improved communications between PH and primary care • Approval of Healthy Workplace charter • Reporting process for Right Care program established. 	Mitigation (What have we done/what more should we do?) <ul style="list-style-type: none"> • Fostering positive relationships with NYCC Public Health which are constructive and mutually beneficial by sharing and understanding plans to address issues in JSNA by hosting Public Health Manager and allocated Public Health Consultant resources to SRCCG • Proactive membership of Health and Wellbeing Board in order to influence strategic agenda. • Monitor progress of stroke service improvement plan • Monitor mortality rates at provider organisations. • Improve access to diagnostic services. • Promote early diagnosis of cancers • Promote healthy lifestyles through working with employers • Promote healthy lifestyles through working with children and young people's organisations in health, social and education systems. • Facilitation of "let's get Scarborough moving" group • Working with NYCC to work with trading standards to improve healthy foods from catering outlets • Tier 2 and 3 weight management services commissioned (NYCC and SRCCG) • Brief intervention alcohol worker in ED
Gaps <ul style="list-style-type: none"> • 	Actions

ACTION and REVIEW LOG

Strategic Objective	Date reviewed	Amendments and additions	Actions	Progress	Governing Body Lead	Officer Lead	Action to be completed by
Strategic Objective One: Commission sustainable, high-quality services within the available resources	December 2016						
		Added Jan 17	Review periodically reporting arrangements from Ambitions for Health and HCV STP committees	Bi monthly update reports to Governing Body Monthly SMT STP progress meetings	SC	BB/SB	Completed
		Added Jan 17	Implement reporting process from A&E Delivery Board	Quarterly reports to Governing Body To be actioned from July 2017 Presentation to Business Committee in July 2017 and reported to Governing Body via exception report	SC	KM	Completed
		Added Jan 17	Undertake A&G review of financial reporting and business planning	A&G Extraordinary meeting 27 January 2017	PH	RM	Completed
		Added Jan 17	Provide bi monthly progress report against GPFV implementation plan	Implementation plan presented to PCCC and CoCR in Jan 2017 and reporting to commence for Feb 2017	CL	SB	Completed
		Added Jan 17	Develop primary care dashboard	Work continues with eMBED to develop primary care record although progress slow. Update- awaiting information from eMBED eMBED has not yet provided a primary care dashboard and in house resources are not available to develop CCG tool.	CL	SB	April 2017 Target date July 2017
Strategic Objective Two: Create a stronger community system and integrate care across the whole health economy.	December 2016						
		Added Sep 16	Agree assurance reports required from eMBED support services provider from April 2016	Draft reports developed and ready to go to A&G committee in March 2017 EMBED reports provided in April 2017 and presented to A&G Committee in July 2017	RM	SB	Completed
		Added Jan 17	Develop 5 year primary care workforce recruitment plan	Recruitment and development work plan agreed and steering group established to meet in Jan 2017. Project coordinator appointed and funded agreed through GP Resilience Fund Update May 2017 Good progress being made and information due to be collated by July 2017 Good progress with presentations made to PCDG,PCCC, Business Committee, CoCR , NHSE and LMC	CL	SB	February 2017 Target date October 2017
Strategic Objective Three: Improve health and reduce health inequalities.	December 2016						
		Added Jan 17	Establish reporting process for progress against Right Care	The right Care work streams report progress against plan to NHSE, Quality and Performance Committee and the Business Committee. Progress and exceptions will be reported through Governing Body Quality Reports. Progress is also reported to the Ambitions for Health Steering Group	CW	ML	Completed

