

**NHS NORTH YORKSHIRE AND YORK CLUSTER**  
**BOARD ASSURANCE FRAMEWORK**  
**2012/13**

Principal Objectives [a]	Principal Risks		Key Controls [d]	Assurances on Controls [e]	Board Reports			Action Plan [i]
	Principal Risk [b]	Classification of Principal Risk [c]			Positive Assurances [f]	Gaps in Control [g]	Gaps in Assurance [h]	

- a What the organisation aims to deliver (high level, strategic objectives, not short-term goals)
- b What could prevent this objective being achieved
- c Which area within our organisation this risk primarily relates to
- d What controls/systems are in place to assist in securing delivery of the objective
- e Where we can gain evidence that the controls / systems on which we are placing reliance are effective
- f We have evidence that shows we are reasonably managing our risks and objectives are being delivered
- g Where are we failing to put controls / systems in place? Where are we failing in making them effective?
- h Where are we failing to gain evidence that our controls/ systems, on which we place reliance, are effective?
- i Actions required to reduce or eliminate the gaps in control and / or gaps in assurance

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<p><b>1. To support and receive assurance from the North Yorkshire and York Clinical Commissioning Groups in commissioning high quality, safe, effective patient care, seeking to improve the quality of care wherever possible (Goal 1, 5 and 6)</b></p>	<p>1.1 The need to manage expenditure within the Health Economy may lead to decisions which could compromise the quality and safety of patient care</p> <p>(CRR - F1 Strategic Financial Statements)</p>	<p>Quality, Bill Redlin, Director of Standards</p>	<p>Delegation of responsibility via the accountability agreement framework</p> <p>Business and Delivery Review process</p> <p>Regular review of performance against specification in contracts with providers at CMBs and Quality and Outcomes sub CMB.</p> <p>Provider CQC registration status discussed at CMB and Quality and Outcomes sub CMB. Action plans for any conditions agreed and monitored</p> <p>The CSU and CCGs review the outcomes from National External Assurance and Data Sources to identify gaps in control by providers: National Patient Experience Surveys EMSA National Staff Surveys NHSLA assessment CQC Registration Process National PROMs Intelligence</p>	<p>Regular receipt of CCG Board minutes to the Cluster Board</p> <p>Consolidated Dashboard for CCG performance to Cluster Board against the 5 domains assessed in the BDR process.</p> <p>Regular receipt of Performance Dashboard and Quality and Outcomes Report by Cluster Board</p> <p>Regular receipt of Performance Dashboard and Quality and Outcomes Report by Cluster Board</p> <p>Business and Delivery Review Process</p>	<p>NYC CCG minutes received at Cluster Board in April, June, July, September, October, November 2012 and January 2013.</p> <p>Consolidated dashboard taken to Cluster Board in April, May, June, July, September, October, November 2012 and January 2013. The dashboard also contains notes from the Business and Delivery Review (BDR) meetings. Action plans are put in place for any Red areas identified through the BDR.</p> <p>Quality and Outcomes Report received by Cluster Board in April and May.</p>	<p>Contracts with all providers not yet agreed and signed</p>	<p>No gaps identified</p>	

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	1.2 Lack of challenge by the CCG due to inexperience.  (CRR – CP2/QIPP2)	Quality, Bill Redlin, Director of Standards	Delegation of responsibility via the accountability agreement framework  Business and Delivery Review process  Provision of development support to CCGs	Regular receipt of CCG Board minutes to the Cluster Board  Consolidated Dashboard for CCG performance to Cluster Board against the 5 domains assessed in the BDR process.  Business and Delivery Review process will monitor progress towards authorisation	NYY CCG minutes received at Cluster Board in April, June, July, September, October, November 2012 and January 2013.  Consolidated dashboard taken to Cluster Board in April, May, June July, September, October, November 2012 and January 2013. The dashboard also contains notes from the Business and Delivery Review meetings. Quality and Outcomes Report taken to Cluster Board in April and May. Action plans are put in place for any Red areas identified through the BDR	No gaps identified	No gaps identified	

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<p><b>2. To support and receive assurance from the NYY CCGs in delivering a clinically and financially sustainable healthcare system through delivery of the Quality, Innovation, Productivity and Prevention Programme (QIPP) and North Yorkshire Review Programme to</b></p>	<p>2.1 Lack of control over activity in secondary care.</p> <p>(CRR – G22/ QIPP1)</p>	<p>QIPP, Bill Redlin, Director of Standards</p>	<p>NHS acute contracts</p> <p>Regular review of performance against specification in contracts with providers at CMBs and Quality and Outcomes sub CMB</p> <p>Business and Delivery Review process</p>	<p>Regular receipt of Performance Dashboard and Quality and Outcomes Report by Cluster Board</p> <p>Consolidated Dashboard for CCG performance to Cluster Board against the 5 domains assessed in the BDR process.</p>	<p>Consolidated dashboard taken to Cluster Board in April, May, June, July, September, October, November 2012 and January 2013. The dashboard also contains notes from the Business and Delivery Review meetings. Action plans are put in place for any Red areas identified through the BDR</p> <p>Quality and Outcomes Report taken to Cluster Board in April and May.</p>	<p>Nationally lack of timely contract information eg Fast track information is available at all times, but it is not validated.</p>	<p>No gaps identified</p>	<p>Review Business Intelligence processes To ensure the PCT has Access to robust Performance information</p>

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<p><b>meet the needs of the people of North Yorkshire and York (Goal 4)</b></p>	<p>2.2 Inability to drive the cultural and clinical practice changes needed to deliver transformational change required by QIPP and the North Yorkshire review</p> <p>(CRR – QIPP4 / QIPP5)</p>	<p>QIPP, Bill Redlin, Director of Standards</p>	<p>QIPP tracking process</p> <p>SIP/QIPP Plans process</p> <p>CCG engagement with the QIPP and North Yorkshire review</p> <p>CCG commissioning arrangements with acute and independent providers</p> <p>Sign off process for QIPP to ensure ownership and accountability</p>	<p>Regular updates on progress against QIPP to the Cluster Board</p> <p>Consolidated Dashboard to Cluster Board</p> <p>Business and Delivery Review process to assess CCG progress and report to Cluster Board</p> <p>Executive Leadership Group minutes to Cluster Board</p> <p>CCG Governing Body minutes to Cluster Board</p>	<p>QIPP verbal update to Cluster Board April and May 2012</p> <p>Consolidated dashboard taken to Cluster Board in April, May, June, July, September, October, November 2012 and January 2013. The dashboard also contains notes from the Business and Delivery Review meetings. Action plans are put in place for any Red areas identified through the BDR</p> <p>Executive Leadership Group minutes to Cluster Board in May, June and July</p> <p>NYY CCG minutes received at Cluster Board in April, June, July, September, October, November 2012 and January 2013.</p> <p>QIPP Internal Audit Report in 2011/12 provided significant assurance</p>	<p>Nationally lack of timely contract information eg Fast track information is available at all times, but it is not validated.</p>	<p>No gaps identified</p>	<p>Review Business Intelligence processes To ensure the PCT has Access to robust Performance information</p>

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<b>3. To support and receive assurance from the NYY CCGs in developing arrangements to work with local authority partners to reduce inequalities in health and improve the health outcomes and wellbeing of the people of North Yorkshire and York (Goal 2 and 3)</b>	3.1 Failure to target our resources where there is the greatest potential health benefit, therefore widening inequalities  (CRR – BI)	Public Health, Phil Kirby, Interim Director of Public Health	Health Economy wide Inequalities Framework  Development of Health and Wellbeing Strategy  Health Inequalities section included in business cases  NHS NYY Strategic Plan  NHS NYY Operational Plan	Annual Public Health Report (APHR) and JSNAs  Dashboard (improving health section)  CCG Governing Board Minutes	Health and Wellbeing in York: Joint Strategic Needs Assessment taken to Cluster Board April 2012  Cluster Board paper April 2012 - CCGs have developed local plans which have been aggregated into the overall North Yorkshire and York SIP	Robust up to date information on proposed action of partners  Locality specific measures Monitoring mechanisms	Dashboard does not report inequalities between localities (Districts or CCGs) in North Yorkshire and York	
	3.2 Failure to improve the health of the people of North Yorkshire & York	Public Health, Phil Kirby, Interim Director of Public Health	Health Economy wide Inequalities Framework  Development of Health and Wellbeing Strategy  Health Inequalities section included in business cases  NHS NYY Strategic Plan  NHS NYY Operational Plan  Vital signs and health improvement outcomes	Annual Public Health Report and Joint Strategic Needs Assessment  Dashboard (Improving Health section)  CCG Governing Board Minutes	Health and Wellbeing in York: Joint Strategic Needs Assessment taken to Cluster Board April 2012  Cluster Board paper April 2012 - CCGs have developed local plans which have been aggregated into the overall North Yorkshire and York SIP	Robust up to date information on proposed action of partners	Health economy wide assurance	Consultant in Public Health (Medical) To ensure Health and Wellbeing Board and Strategy has overview of health inequalities across health economy

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	3.3 Failure to meet the needs of our ageing population	Public Health, Phil Kirby, Interim Director of Public Health	<p>Joint meetings with LAs</p> <p>Developing preventative services through commissioning and partnership working</p> <p>QIPP Plans</p> <p>NHS NYY Strategic Plan</p>	<p>Refreshing of JSNAs</p> <p>CCG Governing Board Minutes</p> <p>Consolidated Dashboard to Cluster Board</p> <p>Report to Cluster Board on strategic plans</p>	<p>Health and Wellbeing in York: Joint Strategic Needs Assessment taken to Cluster Board April 2012</p> <p>QIPP verbal update to Cluster Board April 2012</p> <p>Cluster Board paper April 2012 - CCGs have developed local plans which have been aggregated into the overall North Yorkshire and York SIP</p>	No gaps identified	Clear succinct comparative benchmarking data to assess relative position against national picture.	

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<b>4a.To implement the requirements of the Health and Social Care Act 2012 including :</b> <ul style="list-style-type: none"> <li><b>Supporting effective transitional and continuity arrangements (including supporting staff and with regard to governance, statutory and mandatory requirements resulting in a safe and effective transition of responsibilities to the new organisations and a managed shut down of the PCT Cluster</b></li> </ul>	4a.1 Transition, Handover and Close Down – Lack of capacity and loss of expertise to emerging organisations as part of the transition process. Unidentified locations for some specialist functions.	Human Resources Amanda Wilcock, Associate Director of Human Resources	Programme Management Board  HR Policies and Framework Joint HR Transition Policy (joint with Humber Cluster)  Consultation activities with staff  Regular feedback sessions with Chief Executive and Chair	Handover and Close Down Programme Management Group meets monthly and exceptions will be reported to the Governance and Quality Committee and Cluster Board.  Monthly returns to the SHA and the Governance and Quality Committee	Handover and Closure Report taken to December 2012 Cluster Trust Board  Transition updates at Governance and Quality Committee October 2012 and November 2012	None Identified	Lack of HR details on dashboard	Improve Workforce Dashboard For Governance and Quality Committee  Ensure National Guidance is incorporated into and acted upon by the Transition, Handover and Close Down Programme
	4a.2 Failure to obtain sufficient assurance from evolving organisations to maintain the Cluster's statutory / mandatory responsibilities	Transition and Reform, Bill Redlin, Director of Standards	Business and Delivery Review process	Handover and Close Down Programme Management Group meets monthly and exceptions will be reported to the Governance and Quality Committee and Cluster Board.  Monthly returns to the SHA and the Governance and Quality Committee	NYY CCG minutes received at Cluster Board in April, June, July, September, October, November 2012 and January 2013.  Transition updates at Governance and Quality Committee October 2012 and November 2012	None identified	Identify assurance required from Local Area Team to assure the Cluster Board.	



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	4a.3 Governance arrangements not changed within cluster as CCGs and National Commissioning Board takes over commissioning responsibilities	Transition and Reform Public Health, Phil Kirby, Interim Director of Public Health	Governance arrangements to kept under review, especially committee structure and scheme of delegation  CCG committee as sub committees of the Cluster Board  Directors weekly meeting to assess requirements and to identify gaps/overlaps.  Transition and Reform Programme Plan	Standing Orders, Scheme of delegation and Standing Financial Instructions reported to and approved by the Cluster Board  CCG Governing Body minutes to the Cluster Board  Report to Board with proposed changes  Governance and Quality Committee receives monthly updates on the transition process	Standing Orders, Scheme of delegation and Standing Financial Instructions reviewed and reported to Cluster Board in March 2012  NYY CCG minutes received at Cluster Board in April, June, July, September, October, November 2012 and January 2013  Transition updates at Governance and Quality Committee October 2012 and November 2012	Robust information on proposed actions	None identified	

<b>4b. To support the implementation of the requirements of the Health and Social Care Act 2012 including :</b> <b>• Establishment and development of Clinical Commissioning Groups and their leadership development resulting in the successful authorisation of the CCGs during 2012/13</b>	4b.1 End of year deficit and ongoing liability to CCGs. (CRR – F1)	Finance, Alan Wittrick, Director of Finance and Contracting	Regular financial reporting to monitor current and forecast position  Contract and activity monitoring at CMB  Accountability agreements with CCGs have delegated authority to CCGs to performance manage trading with acute providers	Business and Delivery Review meetings held monthly with each CCG – Dashboard to the Cluster Board	Consolidated dashboard taken to Cluster Board in April, May, June, July, September, October, November 2012 and January 2013. The dashboard also contains notes from the Business and Delivery Review meetings	Unidentified QIPP	None Identified	Ongoing QIPP Identification within Health economy
	4b.2 Clinical Commissioning Groups do not achieve full authorisation	Transition and Reform, Bill Redlin, Director of Standards	Accountability agreement to demonstrate a track record  Authorisation process  Transition and Reform Programme plan and risk register Assignment of Staff (HR process)	Business and Delivery Review meetings held monthly with each CCG to monitor achievement of milestones against each domain to Cluster Board  Results of authorisation process to be reported to the Cluster Board  Regular transition programme updates via status report (monthly) to the Governance and Quality Committee	Consolidated dashboard taken to Cluster Board in April, May, June, July, September, October, November 2012 and January 2013. The dashboard also contains notes from the Business and Delivery Review meetings  Transition updates at Governance and Quality Committee October 2012 and November 2012	None Identified	None Identified	

	4b.3 Development of CCGs could leave the PCT open to legal challenge as the legal entity (CRR – G27)	Transition and Reform, Bill Redlin, Director of Standards	<p>Organisation Development Programme</p> <p>Accountability agreements with CCGs – delegation of authority including updating of Standing Orders, Scheme of Delegation and SFIs</p> <p>Authorisation process</p>	<p>Regular transition programme updates to Governance and Quality Committee</p> <p>Business and Delivery Review meetings held monthly with each CCG and reported to Cluster Board</p> <p>CCG Governing Body minutes to Cluster Board</p> <p>Results of authorisation process to be reported to the Cluster Board</p>	<p>Consolidated dashboard taken to Cluster Board in April, May, June July, September, October, November 2012 and January 2013. The dashboard also contains notes from the Business and Delivery Review meetings</p> <p>NYC CCG minutes received at Cluster Board in April, June, July, September, October, November 2012 and January 2013</p>	None Identified	None Identified	
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<b>4c. To support the implementation of the requirements of the Health and Social Care Act 2012 including :</b> <ul style="list-style-type: none"> <li><b>Working with Local Government to ensure the successful transition of Public Health functions to Local Authorities and to strengthen existing partnership working.</b></li> </ul>	4c.1 Working with two Local Authorities the risk include: Potentially differing timescales and differing requirements which could have HR implications.	Public Health, Phil Kirby Interim Director of Public Health	North Yorkshire and York NHS Transition Boards  Project Schedules  Public Health concordant  Public Health transition policies	Regular transition programme updates to Governance and Quality Committee	Transition updates at Governance and Quality Committee October 2012 and November 2012	None identified	None identified	
	4c.2 Ensuring that robust assurance/ governance arrangements remain in place and accountability/ statutory duties are met.	Public Health, Phil Kirby Interim Director of Public Health	North Yorkshire and York NHS Transition Boards  Project Schedules  Internal Audit of the Business and Delivery Review Process and Accountability agreements	Regular transition programme updates to Governance and Quality Committee	Transition updates at Governance and Quality Committee October 2012 and November 2012	None identified	None identified	

BDR – Business Delivery Review  
CCG – Clinical Commissioning Group  
CMB – Contract Management Board  
CQC – Care Quality Commission  
CRR – Corporate Risk Register  
CSS – Commissioning Support Services  
EMSA – Eliminating Mixed Sex Accommodation  
JSNA – Joint Strategic Needs Assessment  
LA – Local Authority  
NHSLA – NHS Litigation Authority  
PROMS – Patient Reported Outcome Measures  
QIPP – Quality Innovation Productivity and Prevention  
SFI – Standing Financial Instruction