

# Governing Body (Public) Meeting

DATE: 28 Feb 2013

Title	<b>Board Assurance Framework (BAF)</b>	
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p><b>Note</b> Strategic Risks identified via the Board Assurance Framework and discuss contents of the attached report and its related appendices.</p> <p><b>Approve</b> the use of BAF in - depth reviews explained in the attached report.</p>	
Executive Summary	<p>The Risk Management Framework was approved by the Governing Body in October 2013. The BAF forms an integral part to the management of risks within the organisation.</p> <p>BAF have been reviewed and transformed in line with the changes approved by the Governing Body. All risks identified in BAF have been reviewed and updated.</p> <p>In line with the Risk Management plan and implementation of the Risk Management Framework a further assurance process has been developed. The process will enable Bexley Clinical Commissioning Group to review our Strategic Risks on a regular basis (rotational) for deep dive reviews, which will be presented along with the main BAF (full document). These reviews will be carried out so that during each financial year all four objectives Patients, People, Pounds and Process will have all strategic risks considered.</p>	
Which objective does this paper support?	<p><b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p>	√
	<p><b>People:</b> Empower our staff to make BCCG the most successful CCG in (south) London</p>	√
	<p><b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation</p>	√
	<p><b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which</p>	√

	improves outcomes and patient experience	
Organisational implications	Key Risks <small>(corporate and/or clinical)</small>	As per report
	Equality and Diversity	None
	Patient impact	As per report
	Financial	As per report
	Legal Issues	None
	NHS constitution	None
<b>Consultation</b> (Public, member or other)	In discussion with all directors.	
<b>Audit</b> (Considered / Approved by Other Committees / Groups)	EMC 21 Feb 2013	
Communications Plan	Communicated to all leads as appropriate	
Author	Nabil Jamshed	
	Clinical Lead N/A	Executive Sponsor Simon Evans-Evans
Date	12 Feb 2013	

## **Board Assurance Framework (BAF)**

### **Introduction**

The purpose of the Board Assurance framework is to provide the organisation with assurance against its key strategic risks in line with its business objective, aim and vision.

Every year, Bexley Clinical Commission Group (BCCG) Governing Body will define a set of strategic objectives defined with reference to statutory obligations, long-term strategy and significant national outcomes. These will then be included in the BAF under the direction of the Accountable Officer, together with associated strategic risks for each objective. Each strategic aim will include a statement of risk appetite for that strategic aim.

The BAF is closely linked to the Corporate Risk Register and in many cases the BAF is informed by the risks identified via the Risk Register development and review process.

### **Review Process**

In-line with the risk management plan which supports the approved Risk Management Framework, the review process has been further strengthened. It is therefore suggested that the BAF will be presented to the Governing Body at each meeting, after being reviewed by the Executive Directors. In addition, further assurance will be sought by undertaking in-depth reviews (deep dive) into specific risks. These reviews will be planned on a rotational basis so that during each financial year all risks associated with corporate objectives will be reviewed in detail. The BAF will be presented to the Audit and Integrated Assurance Committee before it is presented to the Governing Body (in full) and the committee will seek assurance and scrutinise risks reported via the BAF.

The template has been devised for recording these in-depth reviews attached in appendix 1. Executive Management Committee is requested to **note** the use of this template and the process above.

### **Risks for consideration**

In addition to the risks presented in appendix 2 the Executive Management Committee is requested to consider risks outlined below.

1. Risk relating to Authorisation of the CCG. This relates to any unforeseen delay that may be caused for the CCG to be formed and operating on 1<sup>st</sup> April 2013
2. Operating plan and Commissioning Intentions – Identifying associated risks through annual planning cycle
3. TSA changes and its impact to SEL and the local health economy - for local impact to Bexley and its population and related services
4. CSU staffed at only 80% capacity - linked to services delivered and functions undertaken by the CSU
5. Contracts Sign off – all contracts to be transferred to the CCG
6. Risks associated with the Transfer Orders and Transfer Schemes – As identified and reported to the extraordinary Audit and Integrated Assurance Committee on 8<sup>th</sup> Feb 2013
7. Risks relating to Transition not being completed

### **Recommendation and Conclusion**

The Executive Management Committee is requested to:

1. Note the use of in-depth review template
2. Review attached BAF and update in line with the considerations to any new risks to reported
3. Consider risks outlined within this report for inclusion in BAF

The Committee is also requested to note that all there has been no movement in risk scores for the risks identified and reported via BAF.

Corporate Governance and Risk Manager  
12 Feb 2013

September 2012 DRAFT

## NHS Bexley Clinical Commissioning Group Board Assurance Framework 2012/13

STEP 1 - IDENTIFY										STEP 2 - EVALUATE							STEP 3 - PLAN				STEP 4 - RECORD & REVIEW					
Date Raised	Ref	Accountable Director (Risk Sponsor)	Accountable Lead (Risk Owner)	Risk Description & Cause (what could prevent the objective from being achieved)	Potential Consequence (impact)	Inherent Likelihood Score	Inherent Impact Score	Inherent Risk Rating	Controls in Place  i.e. actions implemented where this is evidenced/documentated note evidence of risk being controlled	Residual Likelihood Score	Residual Impact Score	Residual Risk Rating	Risk Movement from last assessment	Risk Response Tolerate / treat / transfer / terminate	Target Risk Score	Control Gap  What further action needs to be put in place	Action Deadline	Forecast Likelihood (post actions)	Forecast Impact (post actions)	Forecast risk rating (post actions)	Date added to register	Interdependencies ( i.e. Does it impact any one else)	Audit and Integrated Assurance Committee RAG rating of mitigating actions			
<b>Objective 1: Patients</b>				Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders																						
01/12/2012	p1001	SEE		If significant restructuring occurs in the local health economy following the outcome of the TSA process it could result in a relative lack of concentration on patient safety issues (mid staffs)	quality of patient care could fall as a result as SLHT staff being concerned as to their future and structural changes affecting Oxleas staff	3	4	12	<ul style="list-style-type: none"> <li>Monthly Quality Review meetings with Oxleas and SLHT to include sections on future risks and transitional risks</li> <li>(overseen by the QSWG) - issues to be scaled through to the EMC</li> </ul>	3	3	9	↔	treat	9	none		3	3	9	01/12/2012					
01/12/2012	p1002	SEE		if Identified failures in the Bexley Children's Safeguarding regime are not remedied it could put children at risk	Concentration of failures within the Ofsted inspection on London Borough of Bexley Services could detract attention from health related safeguarding issues	3	5	15	<ul style="list-style-type: none"> <li>Executive membership of the Safeguarding Improvement Board</li> <li>Quality Review meetings with Providers</li> <li>Operational concentration of effort in Health from Designated Nurse and Designated Doctor</li> <li>Monthly Quality Review meetings with Oxleas and SLHT to include section on safeguarding</li> <li>Health Action plan in place overseen by QSWG and LCSB</li> <li>(overseen by the QSWG) - issues to be scaled through to the EMC</li> </ul>	2	5	10	↔	treat	5	<ul style="list-style-type: none"> <li>Targeted action to ensure that Safeguarding Training in all NHS providers and commissioners is to the required level and prevalence</li> </ul>	31/03/12	1	5	5	01/12/2012					
01/12/2012	p1004	SEE		if Poor performance in relation to cancer waits is not added it could adversely affect the outcomes for patients	Late treatment could make outcomes worse for patients and cause immediate distress for patients and relatives during any delay	5	3	15	<ul style="list-style-type: none"> <li>Quality Review meetings with SLHT</li> <li>CSU efforts to improve co-ordination of activity and communication between SLHT and Guys</li> <li>(overseen by the QSWG) - issues to be scaled through to the EMC</li> </ul>	4	3	12	↔	treat	9	further pressure to be placed on SLHT by CSU on behalf of all SE London CCGs	31/1/12	3	3	9	01/12/2012					
<b>Objective 2: People</b>				Empower our staff to make BCCG the most successful CCG in (south) London																						
01/12/2012	p2001	MA		if Transition of Public Health teams and functions are not managed effectively they could be unable to produce the required level of support to the CCG, with the separation of Public Health to the Local Authority and Public Health England	Public Health will be insufficiently funded / supported to provide public health data above the statutory requirements that will allow the CCG to monitor progress against targets	4	3	12	<ul style="list-style-type: none"> <li>Liaison in place between DoC and relevant Directors at LBB</li> <li>regular update reports to the EMC</li> </ul>	4	3	12	↔	treat	6	the funding criteria needs to be agreed nationally	31/12/12	2	3	6	01/12/2012					
1/12/12	p2002	SB		if Transition in relation to staff moving to from Cluster and BSU to CSU, PH is not managed effectively the risk of staff motivation falling leading to an adverse impact on productivity	The wrong people could end up in the wrong posts, leading to concerns over delivery, for the CCG, CSU, PH and NCB. This would both be an issue for staff in the wrong posts (could lead to increased turnover) and the decreased efficiency	4	4	16	<ul style="list-style-type: none"> <li>All CCG posts either slot in or through competitive interview to ensure best candidates in post</li> <li>CCG oversight of CSU appointment process through regular reports to EMC and SEL CO's meetings</li> </ul>	3	4	12	↔	treat	6	need to have greater clarity on roles and responsibilities between NCB and CCG to ensure smooth working together	31/1/12	3	3	9	01/12/2012					
<b>Objective 3: Pounds</b>				Delivering on all of our statutory duties and become an effective, efficient and economical organisation																						
01/12/2012	p3001	TO		IF QIPP is not delivered in 2012/13 it could lead to not meeting statutory obligations and have an follow on impact into the budgets for 2013/14	carrying forward an underlying deficit would have an impact in the quality of services that the CCG Could commission	3	4	12	<ul style="list-style-type: none"> <li>increased robustness imposed on the system for 2012/13 in November 2012 to include star chambers</li> <li>overseen by the FWG and EMC</li> </ul>	3	4	12	↔	treat	6	current controls to be used		2	3	6	01/12/2012					

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01/12/2012	p3002	TO		If the underlying budget pressures and over performance at acute trusts are not managed it could destabilise the local health economy	carrying forward an underlying deficit would have an impact in the quality of services that the CCG Could commission	4	4	16	<ul style="list-style-type: none"> <li>new structure in the Commissioning Directorate to have a role dedicated to contracting</li> <li>New SL CSU acute team more responsive than previous management regime</li> <li>overview of the finances via the Finance Working Group, Executive Management Committee and Governing Body</li> </ul>			0	↔	treat	6	current controls to be used		2	3	6	01/12/2012		
01/12/2012	p3003	MA		if Continuing Health Care claims are all accepted it could lead to unacceptable and unsustainable budget pressure	carrying forward an underlying deficit would have an impact in the quality of services that the CCG Could commission	4	4	16	<ul style="list-style-type: none"> <li>resources allocated to the CHC team to managed the applications</li> </ul>	4	4	16	↔	treat	9	<ul style="list-style-type: none"> <li>potential risk share across London / SE London</li> <li>radical action would be required to cease expenditure in other areas, should the claims be authorised and no risk sharing is available</li> </ul>	31/3/13	4	4	16	01/12/2012		
<b>Objective 4: Process</b>				Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience																			
01/12/2012	p4001	SEE		if, as a new organisation we do not set up the required level of robustness in our new systems, working with the CSU, taking transfer from the Cluster, it could lead to inefficient or unsafe outcomes	with reduced staff teams, working across numerous organisations we need to ensure robust processes to avoid duplication of effort and spending resources on administration rather than service delivery	3	3	9	<ul style="list-style-type: none"> <li>100% of functional handover forms have been agreed and signed from the BSU to CCG and CSU as appropriate</li> <li>review of the commissioning team functions has resulted in restructuring</li> <li>new joint commissioning function being developed with LBB</li> <li>overseen by the Executive Management Committee</li> </ul>	2	3	6	↔	treat		currently being managed		2	3	6	01/12/2012		
01/12/2012	p4002	SEE		if untested new processes identified to support Winter Pressures are not assured (currently red rated Rated by NHS London) it could lead to system failure in Winter	insufficient or poorly co-ordinated acute and community beds and community services could lead to decrease levels of care to patients	4	4	16	<ul style="list-style-type: none"> <li>new systems to be tested, with current systems used as back up process</li> <li>local Urgent Care Network already in place</li> <li>oversight at Executive Management Committee and SEL Chief Officer level</li> </ul>	2	4	8	↔	treat		continue to work with SEL and NCB colleagues to ensure the system	31/01/13	2	2	4	01/12/2012		
01/12/2012	p4003	SEE		if untested new processes identified to support Emergency planning for the CCG are not assured it could lead to lack of clarity and therefore confusion in an emergency situation	An emergency situation being poorly manage could lead to poorer outcomes	3	4	12	<ul style="list-style-type: none"> <li>CCG is now a category 2 responder, however NCB has yet to set up its responses</li> </ul>	3	4	12	↔	transfer		continue to work with SEL and NCB colleagues to ensure the system	31/01/13	2	2	4	01/12/2012		