

## Governing Body (Public) Meeting

DATE: 30<sup>th</sup> May 2013

Title	<b>Board Assurance Framework (BAF)</b>	
Recommended action for the Governing Body	That the Governing Body:  <b>Note</b> Strategic Risks identified via the Board Assurance Framework and discuss contents of the attached report and its related appendices.	
Executive Summary	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.  BAF has been reviewed and amendments have been incorporated where reported. It should be noted that one new risk "risk ref. IG02" has been added as a new risk.  Governing Body is requested to note the summary report presented in appendix 1 and detailed BAF presented in appendix 2.	
Which objective does this paper support?	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	√
	<b>People:</b> Empower our staff to make BCCG the most successful CCG in (south) London	√
	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation	√
	<b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which 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)	None	
Communications Plan	Communicated to all leads as appropriate	
Author	Nabil Jamshed, Corporate Governance & Risk Manager	
	Clinical Lead Dr. Varun Bhalla Locality Lead North Bexley	Executive Sponsor Simon Evans-Evans Director of Quality & Governance
Date	23 May 2013	

Appendix 2: Board Assurance Framework May 2013

May-13																						
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 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	p1004	SEE		if Poor performance in relation to cancer waits is not added it could adversely affect the outcomes for patients	<b>Late treatment could make outcomes worse for patients and cause immediate distress for patients and relatives during any delay</b>	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> </ul> (overseen by the QSWG) - issues to be scaled through to the EMC	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		
01/12/2012	p1002	SEE		if Identified failures in the Bexley Children's Safeguarding regime are not remedied it could put children at risk	<b>Concentration of failures within the Ofsted inspection on London Borough of Bexley Services could detract attention from health related safeguarding issues</b>	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> </ul> (overseen by the QSWG) - issues to be scaled through to the EMC	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	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)	<b>quality of patient care could fall as a result as SLHT staff being concerned as to their future and structural changes affecting Oxleas staff</b>	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> </ul> (overseen by the QSWG) - issues to be scaled through to the EMC	3	3	9	treat	9	none		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	<b>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</b>	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	<b>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</b>	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																		
<b>Objective 4: Process</b>				Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience																		

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
11.04.2013	IG2	TO	NW/NJ	There is a risk that CCGs cannot access PID following the 3-month s251 exemption which will lead to the CCG's inability to carry out its statutory duties.	Inability to take forward service redesign and follow up patient complaints	5	4	20	1. Nationally under section 251 of the NHS ACT and exemption of 3 months from 5 April to all CCGs. 2. All CCG policies have been revised.	5	3	15	New	Treat	8	1. CCGs system in relation to interface and system process between primary care is being analysed and assurances are being developed, ensuring PID is not compromised and patient consent is sought before the information is received. 2. Pseudonymisation outputs are being looked at locally at BCCG by the project lead. 3. Systems being reviewed to obtain data with patient consent. 4. Nationally looking at ability of CCGs to access PID.	05.06.2013	4	2	8	11.04.2013	All Directorates	
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 managed could lead to poorer outcomes	3	4	12	• CCG is now a category 2 responder, however NCB has yet to set up its responses	3	4	12		transfer	8	continue to work with SEL and NCB colleagues to ensure the system	31/01/13	2	2	4	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	• new systems to be tested, with current systems used as back up process • local Urgent Care Network already in place • oversight at Executive Management Committee and SEL Chief Officer level	2	4	8	↕	treat	6	continue to work with SEL and NCB colleagues to ensure the system	31/01/13	2	2	4	01/12/2012		
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	• 100% of functional handover forms have been agreed and signed from the BSU to CCG and CSU as appropriate • review of the commissioning team functions has resulted in restructuring • new joint commissioning function being developed with LBB • overseen by the Executive Management Committee	2	3	6	↕	treat	6	currently being managed		2	3	6	01/12/2012		