

### Governing Body (public) meeting

DATE: 25 September 2014

Title	Board Assurance Framework	
Recommended action for the Governing Body	That the Governing Body:  <b>Note</b> The Board Assurance Framework	
Executive summary	<p>The Governing Body is to receive an Assurance Framework report at its meetings on strategic and operational risks with scores 15 and above within the organisation.</p> <p>The report is to provide assurance to the Governing Body on steps being taken by senior managers and staff to manage risks in the report. The risks have been highlighted in the report and Governing Body members are to consider these and provide guidance to the senior managers and staff on how they should further mitigate against these.</p>	
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 NHS Bexley CCG 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 (corporate and/or clinical)	Failure to manage the organisation's risks may result in failure to comply with the NHS constitution and statutory compliance.
	Equality and diversity	None identified.
	Patient impact	Risks may impact on service delivery to patients.
	Financial	Failure to manage risks may lead to cost

**Clinical Commissioning Group**

		implications for the organisation.
	Legal issues	The CCG may be sanctioned by regulators for failure to manage risks satisfactorily.
	NHS constitution	Failure to adhere to the NHS constitution.
Consultation (public, member or other)	None identified.	
Audit (considered/approved by other committees/groups)	The Board Assurance Framework was considered by the Audit and Integrated Assurance Committee at its last meeting on 2 September 2014.	
Communications plan	The Board Assurance framework will be published and available to the public.	
Author	Elinam Attipoe, Corporate Governance & Risk Manager	
	Clinical lead	Executive sponsor
	Dr Howard Stoate	Simon Evans-Evans
Date	25 September 2014	



# Board Assurance Framework

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## Introduction

The report presents to the Governing Body strategic and operational risks rated 15 and above currently facing the organisation and the steps being taken by senior managers and staff to manage the risks in order to provide assurance to the Governing Body. The report also highlights the risks which members of the Governing Body should consider and provide an input on mitigation for the risks.

## Risks

There are six risks rated 15 and above in the report however the attention of the Governing Body is drawn to the following risks:

- **Risk 167.3:** Failure by providers at Lewisham and Greenwich to deliver the 95% A&E 4 hour wait target consistently. The Inherent and Residual risks are rated high (15). The implication is that the CCG may not meet its statutory performance target. Controls have been put in place and gaps have been identified. Controls put in place have not affected the movement in the risk rating. Further steps taken include allowing providers to reinvest monies that would have been taken out as penalties to address the issue and enable the targets to be met. It should however be noted that the CCG's other providers in Kent are meeting the 95% A&E 4 hour wait target.
- **Risk 166.2:** Continued failure of the CSU services to provide adequate support to the CCG in certain service areas. The implication of this risk is the inadequate CSU services in both contracting, business intelligence and finance, exposes the CCG to potential over performance on contracts. The Inherent Risk was rated 25. The Residual Risk went down slightly to 20 however the Forecast is rated at 16 even though the target was rated at 6.
- **Risk 115.7:** There is the risk that there will be over performance on provider contracts in 2014/15. This implies that the CCG may not break-even in 2014/15. The risk was rated 20 and in order to mitigate against the risk, controls were put in place and gaps in the controls identified. The steps taken has reduced the Target and Forecast risk rating to 12.
- **Risks 171.2 and 101.4:** These two risks are rated 15 and the even though the current Residual risks are rated 15, the Target and Forecast risks are all rated 6.
- **Risk 109.3:** The Inherent Risk is rated 16 so also is the Residual Risk. However the forecast is lower at a rating of 8.

The Governing Body should consider the highlighted risks and provide input on how the organisation is able to reduce these risk ratings down.



**NHS Bexley Clinical Commissioning Group  
Board Assurance Framework (All Risks Scored above 15+)**

Consequence/	Likelihood				
	Rare	Unlikely	Possible	Likely	Almost Certain
<b>Catastrophic</b>			101 ↔ 171 ↔	166 ↔	
<b>Major</b>				115 ↔ 190 ↔	
<b>Moderate</b>					167 ↔
<b>Minor</b>					
<b>Negligible</b>					

NHS Bexley Clinical Commissioning Group Board Assurance Framework (All Risks Scored above 15+)

Step 1 - Identify				Step 2 - Evaluate					Step 3 - Plan			Step 4 - Record & Review									
Date Raised	Ref	Accountable Lead (Risk Owner) Accountable Director (Risk Sponsor)	Risk Description & Cause (What could prevent the Objective from being achieved)	Potential Consequence (Impact)	Inherent Likelihood Score	Inherent Risk Rating	Inherent Impact Score	Controls In Place i.e. Actions implemented where this is evidence/documentated note evidence of Risk being controlled	Residual Risk Rating	Residual Impact Score	Residual Likelihood Score	Risk Movement from Last Assessment	Target Risk Rating	Risk Response	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)	Interdependencies i.e. Does it Impact any one else	Audit and Integrated Assurance Committee RAG Rating of Mitigating Actions
<b>DIRECTORATE : Commissioning</b>																					
<b>Patients: Improve The Health &amp; Wellbeing Of People In Bexley</b>																					
30/10/2013	167.3	Jonathan Manueljilla Simon Evans-Evans	Failure by providers at Lewisham and Greenwich to deliver the 95% A&E 4 hour wait target consistently.	The CCG will not meet its statutory performance target	5	3	15	Working directly with key providers around service failures, and via urgent care groups/resilience groups, to increase service levels to national targets	5	3	15	↔	Treat	15	Ongoing work with providers to improve performance happens on a monthly, weekly and daily basis  SE London have signed up with TDA and NHS England to disapply the penalties in order for the providers to reinvest the monies to achieve standards in Q3	31/10/2014	5	3	15		0
<b>Pounds: Delivering On All Of Our Statutory Duties</b>																					
30/10/2013	166.2	Sarah Valentine	Continued failure of the CSU services to provide adequate support to the CCG in certain service areas	Inadequate CSU services in both contracting, business intelligence & finance expose the CCGs to potential over performance on contracts	5	5	25	Ongoing complaints, discussions and escalation with the CSU to seek assurance of adequate levels of service support for acute contracting, acute finance and business intelligence services (data provision)	4	5	20	↔	Treat	6	Continued oversight of services, and highlighting of service failures at the highest level in the CSU to try and seek remedial actions to protect the CCG	31/10/2014	4	4	16		0
17/05/2012	115.7	Jonathan Manueljilla Sarah Valentine	There is a risk that there will be over-performance on provider contracts in 2014/2015	Failure to break even in 2014/2015	4	5	20	Interim Acute Support in Place within CCG.  Agreed contractor challenge failed to ensure providers billed for activity within the scope of national tariff and local variation.  Quarterly reconciliation and financial hardclose process agreed with providers	4	4	16	↔	Tolerate	12	Oct 2013- ongoing concerns rased over effectiveness of CSU services (see MSK)  Date Entered : 08/11/2013 09:50 Entered By : Nabil Jamshed Robustness of CSU Team in reviewing and challenging activity data. QIPP programme needs to be delivered in full after completion of business cases. Work more collaboratively with providers. Consider use of clinical audits. Recruitment of substantive contracting support (CSU)	31/10/2014	3	4	12		6
<b>Process: Commission Safe, Sustainable And Equitable Services</b>																					
18/11/2013	171.2	Charles O'Hanlon Sarah Valentine	Risk that the establishment of Services by the Prime Contractor is delayed, including the risk that sub contractors fail to carry out their roles correctly in relation to the UCC and Cardiology services	Patients experience longer waiting times and poorer quality treatment, CCG QIPP target is compromised	3	5	15	The Transformation team have developed a comprehensive plan to ensure hgih quality mobilisation for Prime Contractor agreements	3	5	15	↔	Treat	6	Prime Contractor to give regular feedback on service delivery and quality  Prime Contractor to clarify all Sub-contractors and mobilisation plan with sub contractors. Prime Contractor to assure CCG that all subcontractors are able to deliver a high quality service and are on plan  Subcontractor contracts to be signed and shared with CCG. Ensure joint sign off of mobilisation plan by CCG, provider and sub contractors	31/10/2014 31/10/2014 31/10/2014	2	3	6		0

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												Manage departures from mobilisation plan by exception, via contracting	31/10/2014						

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<b>DIRECTORATE : Governance And Quality</b>																						
<b>Patients: Improve The Health &amp; Wellbeing Of People In Bexley</b>																						
05/08/2014	190.3	Simon Evans-Evans	Zoe Hicks-Hohn	Quality of care in Care Homes within the borough is not currently jointly monitored by way of a CQRG involving GPs and External Providers	Risk that poor care is not being exposed	4	4	16	We have regular meetings and communications with the Local Authority and working on mobilisation to form a robust CQRG to share intelligence of quality of care within Care Homes	4	4	16	↔	8	Tolerate	Care Homes within the borough not currently jointly monitored by way of a CQRG involving GPs and External Providers	31/10/2014	4	2	8		0
28/02/2013	101.4	Simon Evans-Evans	David Parkins	The triangulation of information both soft and hard data suggests that there are a number quality and safety issues at the QEH. Until evidence of assurance proves otherwise, this has to be taken seriously by both commissioners and the provider.	This may potentially affect quality and patient safety of service for Bexley patients at QEH.	3	5	15	The recommendations of the Bexley Quality and Safety Working Group which met on the 21st February 2013 escalated to the Bexley CCG Governing Body, NHS SEL Cluster Medical Director, and neighbouring CCGs AOs, BBG SLHT Quality Group and with the SLHT senior team.  Senior management team were formally notified of the CCG concerns and several Clinician to Clinician meetings have taken place. CQC and S London Surveillance Group were notified of initial concerns  Joint CQRG with Lewisham and Greenwich CCGs following work with the good governance institute to improve the quality of the monitoring of quality issues at QEH  Regular reports to the governing body and quality and safety subcommittee  Recent CQC report on L&G and subsequent improvement plan	3	5	15	↔	6	Treat	CQC report and action plan being monitored via CQRG within TDA and NHS England. Actions from Clinical A&E audit and Clinical Summit Healthwatch audit also being monitored through CORG, QSSC and GB reports  Bexley CCG has been working with other CCGs through the L&G CQRG in monitoring and holding to account throughout 13/14. A comprehensive sets of reports about QEH in particular were reviewed by Q&SSC on 22/05/14. CQC inspection reports, Trusts response to CQC, Healthwatch report and Bexley A&E audit. A clinical summit is to be held on 9th June 2014 to review findings and resultant actions. This will be reported back to Q&SSC.  Date Entered : 27/05/2014 11:15 Entered By : ----- The recommendations of the Bexley Quality and Safety Working Group which met on the 21st February 2013 escalated to the Bexley CCG Governing Body, NHS SEL Cluster Medical Director, and neighbouring CCGs AOs, BBG SLHT Quality Group and with the SLHT senior team.  Senior management Team have been formally notified of the CCG concerns and Clinician to Clinician meetings was organised in April 13. CQC have been notified of initial concerns and outcome at S London Surveillance Group	31/10/2014	2	3	6	6	



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												<p>CQC report and Trust improvement plan now monitored by L&amp;G CQRG jointly with TDA and NHS England. Actions reported in CQRG minutes, and QSSC and GB reports.</p> <p>Bexley CCG is working with other CCGs in monitoring and holding L&amp;G to account throughout 14/15. A comprehensive set of reports have been reviewed by Q&amp;SSC (5/14) and a clinical summit held on 9/6/14.</p>	31/10/2014						