

Governing Body (public) meeting

DATE: 27 November 2014

Title	Board Assurance Framework Report	
Recommended action for the Governing Body	That the Governing Body: Consider, discuss and note BAF Report as laid out in the attached report	
Executive summary	<p>The report presents to the Governing Body for their consideration and review risks rating 15 and above within the organisation.</p> <p>In the report we have 9 risks that fall within the range (15 and above). Since the last report to the Governing Body, there have been two additions (200 and 201) relating to 18 & 52 weeks targets and lack of compliance with Safeguarding Children at QEH and DVH.</p> <p>We have a new Heat Map which provides a summary of the risks in the risk register. We would welcome comments from the GB members on the new Heat Map.</p>	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: 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 identify and manage risks that affect the performance and the achievement of the strategic objectives set by the Governing Body.

Clinical Commissioning Group

	Equality and diversity	None Identified
	Patient impact	Failure to identify and manage our risks will impact on service delivery for our patients.
	Financial	Failure to manage our risks will in the long run impact on our finances.
	Legal issues	Failure to address our risks may lead to legal implications for the CCG
	NHS constitution	Failure to identify and address our risks may lead to a breach of the NHS constitution.
Consultation (public, member or other)	Not applicable	
Audit (considered/approved by other committees/groups)	The Risk Register has been reviewed by the ADs and the Audit and Integrated Assurance Committee.	
Communications plan	The report will be available for public consumption.	
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	Clinical lead Dr Howard Stoate	Executive sponsor Simon Evans-Evans Director of Governance and Quality
Date	13 November 2014	

Board Assurance Framework Report

Introduction

This report is to present to the Governing Body of the CCG, risks that have been identified and are being managed. For the purpose of this report we are concerned with risks that are currently rated 15 and above. The report is to provide assurance of the measures being taken by staff to mitigate these risks.

Assurance

We have in the report 9 risks that are currently rated 15 and above. Since the last report 2 risks have been identified and added to the risk register. The two new risks added to the register are:

- Risk 200: This risk has identified failure by our service providers to achieve the target for 18 and 52 weeks referrals. The impact will be potential quality and patient safety at risk. However a number of mitigating actions have been put in place.
- Risk 201: The risk relates to the failure of QEH and DVH to comply with Safeguarding Children training requirement for their staff, which is a breach of their statutory duty. The impact of the failure is that Frontline staff will fail to recognise and act to safeguard children at risk. In response to the failure, training strategy has been put in place for both providers.

The attention of the Governing Body is drawn to Risk 167; Failure by providers at Lewisham and Greenwich to deliver the 95% A&E, 4 hour wait target consistently. This risk has a Target and Forecast risk rating of 15. It is the only risk in the register with a rating of 15. The target is that monies reinvested will achieve results in Q3 and therefore we are hoping to see a lower risk rating when we report in Q4.

Recommendation

The Governing Body is asked to consider the risks in the register and provide guidance for further mitigating actions to reduce the risks. We welcome suggestions on the how to improve the new Heat Map.



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

Risk Ref	Risk <i>Hlgh-level potential risks that are unlikely to be fully resolved and reuquire ongoing control</i>	Movement since Last Assessment	Residual Risk Rating			Forecast Risk Rating		
			Likelihood	Impact	RAG Status	Likelihood	Impact	RAG Status
115	There is a risk that there will be over-performance on provider contracts in 2014/2015 (Dir: Commissioning)	↔	4	4	16	4	3	12
190	Quality of care in Care Homes within the borough is not currently jointly monitored by way of a CQRG involving GPs and External Providers (Dir: Governance And Quality)	↔	4	4	16	2	4	8
195	The forecast year end prescribing for the prescribing budget from NHSBSA is projecting a significant overspend Areas of increased spend compared with 2013-14 include Vitamin D, New Oral anticoagulants, Diabetes medication and Pregabalin (Dir: Governance And Quality)	↔	4	4	16	3	4	12
167	Failure by providers at Lewisham and Greenwich to deliver the 95% A&E 4 hour wait target consistently. (Dir: Commissioning)	↔	5	3	15	3	5	15
171	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 Cardiology services, including management of waiting times. (Dir: Commissioning)	↔	3	5	15	3	4	12
198	The triangulation of information from both soft and hard data suggests that there are a number of qaulity and safety issues at QEH (L&G Trust). (Dir: Governance And Quality)	↑	3	5	15	3	2	6
199	The CCG did not acheive the 2 week wait (2WW) and 62 day standard cancer waiting time target in July 2014. (Dir: Governance And Quality)	↑	3	5	15	4	3	12
200	18 weeks and 52 weeks+ referral to treatment time targets are not being achieved (Dir: Governance And Quality)	↑	3	5	15	3	2	6
201	The risk that QEH and DVH are not compliant with Safeguarding Children training requirements and therefore not compliant with their statutory duty set out under Section 11 (Children Act 1989) (Dir: Governance And Quality)	↑	3	5	15	3	3	9

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 Risk Rating Inherent Impact Score Inherent Likelihood 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
DIRECTORATE : Commissioning																
Patients: Improve The Health & Wellbeing Of People In Bexley																
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	31/12/2014	5 3 15			0	
Pounds: Delivering On All Of Our Statutory Duties																
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)	31/12/2014	3 4 12			6	
Process: Commission Safe, Sustainable And Equitable Services																
18/11/2013	171.3	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 Cardiology services, including management of waiting times.	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 Manage departures from mobilisation plan by exception, via contracting. Ensure regular reporting and identification of waiting patients to ensure statutory time limits are not breached	31/12/2014 31/12/2014 31/12/2014	4 3 12			0	

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

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DIRECTORATE : Governance And Quality																						
Patients: Improve The Health & Wellbeing Of People In Bexley																						
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	↔	Tolerate	8	Care Homes within the borough not currently jointly monitored by way of a CQRG involving GPs and External Providers	31/12/2014	4	2	8		0
21/10/2014	198.1	Simon Evans-Evans	David Parkins	The triangulation of information from both soft and hard data suggests that there are a number of quality and safety issues at QEH (L&G Trust).	This may potentially affect the quality and patient safety of service for Bexley patients at QEH.	3	5	15	Monitoring of issues by Bexley CCG quality and patient experience teams Raising of issues at joint L&G/CCGs CQRG and monitoring of improvement plans. Regular reports on L&G Trust at Quality and Safety Sub-committee and Governing body. CQC report on L&G and assurance meetings around subsequent improvement plan.	3	5	15	↑	Treat	6	Bexley CCG has been working throughout 13/14 and to date in monitoring and holding to account. A comprehensive set of reports were reviewed by Q&SSC on 22/05/14. CQC inspection reports, trust response to CQC, Healthwatch and Bexley A&E report. A clinical summit was held on 9th June 2014. Issues also addressed at S London Surveillance group. Any concerns against non delivery of plans are reported to the contract management board.	31/12/2014	2	3	6		0
21/10/2014	199.1	Simon Evans-Evans	David Parkins	The CCG did not acheive the 2 week wait (2WW) and 62 day standard cancer waiting time target in July 2014.	This potentially affects the quality of care and patient safety for Bexley patients.	3	5	15	Failure of L&G Trust to meet cancer wait targets in August 2104 (mainly at QEH site) has prompted a Trust recovery and improvement plan. Agreed trajectory is at risk. Kings (DH) did not achieve 62 days wait target in July 2014 Also, 2WW and 62 day waits not achieved at PRUH. Plans being monitored by respective CQRGs.	3	5	15	↑	Treat	12	Cancer services recovery and improvement plans monitored monthly by CQRGs and will be enforced by contractual levers through CMB /SE London CSU. Increase in GP protected time for training events and shadowing clinics. Increase in community dematology clinics. Following discussion at SEL Cancer review meeting, CQRG and CMB, a cancer clinical summit is planned for 5th Dec 2014. Purpose for GPs to meet cancer leads at L&G trust and discuss issues.	16/12/2014	3	4	12		0
21/10/2014	200.1	Simon Evans-Evans	David Parkins	18 weeks and 52 weeks+ referral to treatment time targets are not being achieved	Failure to meet referral to treatment times may potentially affect quality and patient safety of service for Bexley patients.	3	5	15	L&G Trust 18 weeks performance is 83.5% against a national target of 90%. It has a tail of long waiters (40-52 weeks). L&G reports that it will have cleared this group of patients by the end of December 2014, and has put in place processes to review all waiters over 35 weeks on a weekly basis. CCG/CSU also monitors 52+ week performance reports and raises quality issues at CQRG. As of August 14, CCG had 6 long waiters all of which occurred at KCH. KCH are reporting that instigating actions to improve current position. There is evidence that these are having an effect.	3	5	15	↑	Treat	6	Tranche 1 monies are being used to enable recovery of position. In the event of non assurance of delivery of Trusts action plans, the CQRG will escalate to CMB.	31/12/2014	2	3	6		0

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23/10/2014	201.1	Simon Evans-Evans	JILL MAY	The risk that QEH and DVH are not compliant with Safeguarding Children training requirements and therefore not compliant with their statutory duty set out under Section 11 (Children Act 1989)	Frontline staff do not recognise or act to Safeguard Children	3	5	15	Quarterly monitoring by providers and CCG Training strategy for both organisations in place. Named Safeguarding professionals in post to provide advise and support to individuals	3	5	15	↑	Treat	6	Trejectory plans to achieve compliance not in place	31/03/2015	3	3	9		0
Pounds: Delivering On All Of Our Statutory Duties																						
24/09/2014	195.2	Simon Evans-Evans	Clare Fernree	The forecast year end prescribing for the prescribing budget from NHSBSA is projecting a significant overspend Areas of increased spend compared with 2013-14 include Vitamin D, New Oral anticoagulants, Diabetes medication and Pregabalin	The medicines management team QIPP would not be achieved and the Prescribing budget will be overspent	4	5	20	Prescribing advisers targeting most projected overspent practices. Practice support pharmacists post being recruited to help practices. Care homes pharmacist full time post being recruited to. Quality and cost effectiveness dashboard being produced for GP practices. Training for practices to access NHSBSA prescribing data being arranged.	4	4	16	↔	Treat	12	Medicines management team to continue to work with practices, targeting the most overspent practices. Medicines management team to also continue to work with South East London Area Prescribing Committee to continue to produce guidelines joint with South East London hospitals for new medications that will have an impact on primary care prescribing.	31/12/2014	4	3	12		0