

## Governing Body (public) meeting

**DATE: 29 January 2015**

Title	Board Assurance Framework	
Recommended action for the Governing Body	That the Governing Body:  <b>NOTE</b> the Board Assurance Framework as laid out in the attached report	
Executive summary	The report provides assurance to the Governing Body on current risks on the Corporate Risk Register of the organisation with Residual Risks rating of 15 and above.  The report has seven risks; two risks from Commissioning and five from Governance and Quality.	
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 identify and manage effectively the organisations corporate risks.
	Equality and diversity	None identified.
	Patient impact	Failure to identify and manage effectively corporate risks may impact on patient care and service delivery.
	Financial	Failure to identify and manage effectively corporate risks may have adverse impact on our finances.
	Legal issues	Failure to identify and manage effectively

**Clinical Commissioning Group**

		the organisations corporate risks may have legal implications.
	NHS constitution	Failure to identify and manage effectively the organisations corporate risks may lead to a breach of the NHS constitution.
Consultation (public, member or other)	N/A	
Audit (considered/approved by other committees/groups)	The risk register has been reviewed by Assistant Directors, Executive Management Committee and the Audit and Integrated Assurance Committee	
Communications plan	N/A	
Author	Elinam Attipoe, Corporate Governance and Risk Manager	
	Clinical lead	Executive sponsor
	Dr Howard Stoate	Simon Evans-Evans Director of Governance and Quality
Date	16 January 2015	

## **Board Assurance Framework**

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The Board Assurance Framework (BAF) is made up of risks with a residual rating of 15 and above in the corporate risk register. It is intended to provide assurance to the Governing Body on how these risks are being managed.

The CCG's assistant directors meet monthly to review the risk register. They, as owners of many of the risks, review the risks, updating them when necessary, in addition to identifying new risks. Departmental teams also review their risks at their various meetings. The risk register is reported, as required, to the Executive Management Committee and the Audit and Integrated Assurance Committee, and updated before it is presented to the Governing Body.

As part of the CCG's risk management and assurance process the Governing Body is presented at each meeting with details of all risks with ratings of 15 and above, which make up the Board Assurance Framework. Currently, there are seven risks that meet this criteria; two from Commissioning and five from Governance and Quality and none from Finance.

The attention of the Governing Body is drawn to Risk 167 with a Residual Risk rating of 20. This is a risk on the delivery of the 95% A&E 4 hour waits in Greenwich and Lewisham. The Executive Management Committee at its meeting reviewed this risk and tasked the contract management team to take a number of steps.

### **Recommendation**

The Governing Body is asked to note the Board Assurance Framework.

Elinam Attipoe  
Corporate Governance and Risk Manager  
16 January 2015

**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
167	Failure by providers at Lewisham and Greenwich to deliver the 95% A&E 4 hour wait target consistently. (Dir: Commissioning)	↔	5	4	20	5	3	15
115	There is a risk that there will be over-performance on provider contracts in 2014/2015 (Dir: Commissioning)	↔	4	4	16	3	4	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	4	2	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	4	3	12
198	The triangulation of information from both soft and hard data suggests that there are a number of qauality and safety issues at QEH ( L&G Trust). (Dir: Governance And Quality)	↑	3	5	15	2	3	6
200	18 weeks and 52 weeks+ referral to treatment time targets are not being achieved (Dir: Governance And Quality)	↔	3	5	15	2	3	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 Likelihood Score	Inherent Impact Score	Inherent Risk Rating	Controls In Place i.e. Actions implemented where this is evidence/documentated note evidence of Risk being controlled	Residual Likelihood Score	Residual Impact Score	Residual Risk Rating	Risk Movement from Last Assessment	Risk Response	Target Risk Rating	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 Manuelpilla 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	4	20	↔	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	31/03/2015	5	3	15		0
<b>Pounds: Delivering On All Of Our Statutory Duties</b>																					
17/05/2012	115.7	Jonathan Manuelpilla 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)	31/03/2015	3	4	12		6

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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	↔	Tolerate	8	Care Homes within the borough not currently jointly monitored by way of a CQRG involving GPs and External Providers	31/03/2015	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.	31/03/2015	2	3	6		0
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
21/10/2014	200.3	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	CCG admitted RTT pathway was 87.7% (Oct 14) against target of 90%. L&G Trust 18 weeks performance is 90.4% (Oct 14) which is on target. KCH is 79.1% (500 patients). KCH has undertaken additional activity using national RTT monies, 2 further tranches over over Oct-Nov. It is expected that Trusts will achieve 90% by end of December 2014. CCG/CSU also monitors 52+ week performance reports and raises quality issues at CQRG. As of October 14, CCG had 3 long waiters all of which occurred at KCH. KCH are reporting that they are instigating actions to improve current position. There is evidence that these are having an effect. They are forecasting 0 waiters by the end of December 14.	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.	31/03/2015	2	3	6		0

**Pounds: Delivering On All Of Our Statutory Duties**

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

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24/09/2014	195.3	Simon Evans-Evans	Clare Fernee	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	Failure to breakeven in 2014-15	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.	31/03/2015	4	3	12		0