

Governing Body meeting (held in public)

DATE: 21 July 2016

Title	Board Assurance Framework	
This paper is for Discussion and Information as a standing item on the agenda		
Recommended action for the Governing Body	That the Governing Body: Note risks on the corporate risk register with a residual risk rating of 15 and above.	
Potential areas for Conflicts of interest	None identified in this report.	
Executive summary	<p>The report is the Board Assurance Framework made up of risks on the corporate risk register with a residual risk rating of 15 and above.</p> <p>Five risks on the register meet the criteria and are reported. Risks 271 and 278 have the highest residual risk rating of 20. The remaining three risks (256, 262 and 264) have a rating of 16.</p> <p>The BAF report is made up of two parts. The front sheet (Part 1) is a summary of the risks and Part 2 (pages 2, 3 and 4) is the full risk register.</p>	
How does this paper support the CCGs objectives?	Patients:	Identifying and effectively manage risks facing the CCG should assist in improving the health and wellbeing of people in Bexley in partnership with our key stakeholders.
	People:	Identifying and effectively manage risks facing the CCG should assist in empowering our staff to make NHS Bexley CCG the most successful CCG in (South) London.
	Pounds:	Identifying and effectively manage risks facing the CCG should assist in delivering on all of our statutory duties and become an effective, efficient and economical organisation.
	Process:	Identifying and effectively manage risks facing the CCG should assist in commissioning safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience.

Clinical Commissioning Group

What are the Organisational implications	Key risks	Failure to identify and manage effectively risks within the organisation.
	Equality	None identified in this report.
	Financial	Failure to identify and manage effectively organisational risks may result in financial consequences for the organisation.
	Data	None identified with this report.
	Legal issues	Failure to identify and manage effectively organisational risks may result in legal consequences for the organisation.
	NHS constitution	Failure to identify and manage effectively organisational risks may lead to a breach of the NHS constitution.
Engagement	Not applicable.	
Audit trail	Not applicable.	
Comms plan	The report will be available to the public.	
Author: Elinam Attipoe Corporate Governance and Risk Manager	Clinical lead: Dr Nikita Kanani NHS Bexley CCG Chair	Executive sponsor: Anne Douse Director of Quality, Performance and Business Services (Interim)
Date	12 July 2016	

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

Risk Ref	Risk <i>High-level potential risks that are unlikely to be fully resolved and require ongoing control</i>	Movement since Last Assessment	Residual Risk Rating			Forecast Risk Rating		
			Likelihood	Impact	RAG Status	Likelihood	Impact	RAG Status
271	There is a risk that the CCG will fail to achieve the 18-Week referral treatment waiting time standard during 2016-17 (Dir: Commissioning)	↑	5	4	20	5	4	20
278	There is the risk that the CCG will fail to meet the 4-hr performance of A&E waiting standard within the contract for 2016-17 placing Bexley resident at risk of receiving poor quality and unsafe care. This is in conjunction with low staffing levels, high use of agency staff, prolonged ambulance handover times and patient flow issues affecting bed capacity (Dir: Governance And Quality)	↑	5	4	20	4	3	12
256	There is the risk that the CCG will fail to achieve the cancer standard for 62 days wait for 2016-17 (Dir: Commissioning)	↔	4	4	16	4	4	16
262	There is a risk that the financial element of QIPP will not deliver in 2016/17. (Dir: Finance)	↔	4	4	16	3	2	6
264	Failure to breakeven on 2016/17 (Dir: Finance)	↔	4	4	16	3	2	6

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
DIRECTORATE : Commissioning																					
Patients: Improve The Health & Wellbeing Of People In Bexley																					
23/06/2016	271.1	Sarah Valentine James Olweny	There is a risk that the CCG will fail to achieve the 18-Week referral treatment waiting time standard during 2016-17	Breach of the CCG's statutory duty to deliver the NHS constitution Poor patient outcomes, quality of care and patient experience Risk to the health and wellbeing of patients Poor reputation of the organisation Complaints	5	4	20	Acute provider recovery trajectories i) KCH failure in 2016-17 ii) DGT to achieve delivery in 2016-17 iii) LGT risk to delivery in 2016-17 link to capacity	5	4	20	↑	Tolerate	12	KCH recovery trajectory has been set below the threshold for the Standard	31/03/2017	5	4	20		0
19/01/2016	256.2	Sarah Valentine James Olweny	There is the risk that the CCG will fail to achieve the cancer standard for 62 days wait for 2016-17	Delayed care for cancer patients. It will affect the CCG's quality premium.	4	4	16	The recovery trajectory for Lewisham is being monitored at weekly PTL meetings by SE London CCGs	4	4	16	↔	Treat	9	Confidence in the ability of LGT to deliver the plan is limited, based on past performance in delivering cancer improvement plans	30/09/2016	4	4	16		0

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DIRECTORATE : Finance																					
Pounds: Delivering On All Of Our Statutory Duties																					
28/04/2016	262.2	Sarah Blow Theresa Osborne	There is a risk that the financial element of QIPP will not deliver in 2016/17.	Failure to breakeven in 2016/17.	4	4	16	A comprehensive benchmarking exercise has been undertaken using the Commissioning for Value Right Care packs and other benchmarking tools in order to identify QIPP opportunities for 2016/17. Collaborative work has been undertaken with a local CCG to share information and help identify further additional opportunities. A task and finish group has been setup chaired by the DOC. Star chamber meeting are held monthly to support the delivery of schemes.	4	4	16	↔	Treat	6	Within the QIPP target of £8.6m. £1.5m remains unidentified.	31/03/2017	3	2	6		0
28/04/2016	264.2	Sarah Blow Theresa Osborne	Failure to breakeven on 2016/17	Financial statutory duty not met.	4	4	16	5 year plan submitted to NHS England. 1% surplus not achieved until year 5. Financial recovery plan in place. Agreed 169k surplus for 2016/17. Robust internal budget monitoring processes. 0.5% contingency fund in place. 1% transformation fund uncommitted. Monthly external reporting via Non ISFE to NHS England. Monthly internal financial reporting to FSC and Governing body.	4	4	16	↔	Treat	6	Not all acute contracts agreed. Risk of over performance on acute contracts and prescribing. CCG still has some unidentified QIPP.	31/03/2017	3	2	6		0

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DIRECTORATE : Governance And Quality																					
Patients: Improve The Health & Wellbeing Of People In Bexley																					
14/07/2016	278.1	Anne Douse Zoe Hicks-John	There is the risk that the CCG will fail to meet the 4-hr performance of A&E waiting standard within the contract for 2016-17 placing Bexley resident at risk of receiving poor quality and unsafe care. This is in conjunction with low staffing levels, high use of agency staff, prolonged ambulance handover times and patient flow issues affecting bed capacity	Breach of statutory duty and NHS to deliver the NHS constitution. Adverse impact on patient experience, health outcomes, quality of care and patient safety	5	4	20	DGT have a programme to improve patient flow to ED which includes additional trolleys, senior clinicians in minors and seven day working. DGT developing an AEC Unit Home FIRST and FLOW, Project at LGT LGT developing an AMBULATORY Care Centre Review of RAPID Response service at QEH KCH recovery trajectory Quality assurance visits CQC inspection Patient experience feedback/quality alerts Performance reports CQRG meetings Patient safety incident monitoring Healthwatch visits/feedback	5	4	20	↑	Treat	12	KCH recovery trajectory set below the threshold for the standard LGT not achieving their recovery trajectory The environment and layout of QEH ED department requires reconfiguration. Increase staffing levels Reduce reliance on agency staff	31/03/2017	4	3	12		0