

Governing Body meeting (held in public)

DATE: 24 March 2016

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| Title | Board Assurance Framework | |
| This paper is for Discussion and Information as a standing agenda item | | |
| Recommended action for the Governing Body | That the Governing Body: Note. | |
| Potential areas for Conflicts of interest | None identified in this report. | |
| Executive summary | <p>The Board Assurance Framework (BAF) is made up of all risks in the corporate risk register with a residual risk rating of 15 and above.</p> <p>In this report there are eight risks that meet the criteria. Risk 199 has the highest residual risk rating of 25. Four risks (167, 201, 243 and 256) have a rating of 16 and three (187, 195 and 251) have a rating of 15.</p> | |
| How does this paper support the CCGs objectives? | Patients: | Identify and managing the risks facing the organisation should contribute to the improvement of the health and wellbeing of people in Bexley in partnership with our key stakeholders. |
| | People: | Identify and managing the risks facing the organisation should contribute to the empowerment of our staff to make NHS Bexley CCG the most successful CCG in (south) London. |
| | Pounds: | Identify and managing the risks facing the organisation should contribute to the delivering on all of our statutory duties and become an effective, efficient and economical organisation. |
| | Process: | Commissioning safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience should be added by the ability of the organisation to identify and manage risks effectively. |
| What are the Organisational implications | Key risks | Failure to identify and effectively manage risks facing the organisation. |
| | Equality | None identified in this report. |

Clinical Commissioning Group

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|---|--|---|--|
| | Financial | None identified in this report. | |
| | Data | None identified in this report. | |
| | Legal issues | Failure to identify and effectively manage risks may result in legal implications for the organisation. | |
| | NHS constitution | Failure to identify and effectively manage 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 all employees. | | |
| Author: Elinam Attipoe Corporate Governance and Risk Manager | Clinical lead: Dr Nikita Kanani NHS Bexley CCG Chair | Executive sponsor: Simon Evans-Evans Director of Governance and Quality | |
| Date | 10 March 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 |
| 199 | That the providers will not deliver constitutional standards for the local population in 2015-16 (Dir: Commissioning) | ↔ | 5 | 5 | 25 | 5 | 5 | 25 |
| 167 | Failure by providers at Lewisham and Greenwich NHS Trust and Dartford and Gravesham NHS Trust to deliver the recovery plan to achieve 95% A&E 4 hour wait target consistently during 2015-16. (Dir: Commissioning) | ↔ | 4 | 4 | 16 | 4 | 4 | 16 |
| 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) in 2015-16 (Dir: Governance And Quality) | ↔ | 4 | 4 | 16 | 3 | 3 | 9 |
| 243 | There is a risk that the underlying acute position in 2015/16 (which is not visible in 2015/16 due to the contracts being either block or cap and collar) may cause significant cost pressures in 2016/17 which may result in the CCG not breaking even in 2016/17 (Dir: Finance) | ↔ | 4 | 4 | 16 | 4 | 4 | 16 |
| 256 | There is a risk that in 2015-16 the recovery trajectory for Cancer performance will not be met by LGT. (Dir: Commissioning) | ↑ | 4 | 4 | 16 | 4 | 4 | 16 |
| 187 | There is a risk that the current negotiations for an alliance contracting model for urgent and planned care for children and young people will not achieve the required financial or service outcomes in 2015-16. (Dir: Commissioning) | ↔ | 5 | 3 | 15 | 3 | 3 | 9 |
| 195 | Prescribing budget may overspend in 2015-16 (Dir: Governance And Quality) | ↔ | 5 | 3 | 15 | 5 | 3 | 15 |
| 251 | 2015/2016 DVH has had two serious incidents during November 2015 related to services provided at E/D. Staffing issues at E/D that include poor performance. (Dir: Governance And Quality) | ↑ | 3 | 5 | 15 | 2 | 3 | 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 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 | 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 | | | | | | | | | | | | | | | | | | | | | |
| 21/10/2014 | 199.5 | Sarah Valentine James Olweny | That the providers will not deliver constitutional standards for the local population in 2015-16 | this can affect the quality of services received by local residents and may affect the quality premium. constitutional standards include cancer waits, RTT etc | 3 | 4 | 12 | LGT Trust recovery and improvement plan was not met in October in relation to cancer. New plan in place to hit target by March 2016, however this will be too late affect the annual performance. Therefore Risk has materialised Cancer Services recovery and improvement plans monitored monthly by CQRGs and SE CSU. Increase in GP protected time for training events and shadowing clinics. Increase in dermatology clinics to support. Following discussion at SEL Cancer review meeting, CQRG and CMB, a cancer clinical summit was held in December 2014. Purpose for GPs to meet cancer leads at L&G Trust and discuss issues. | 5 | 5 | 25 | ↔ | Terminate | 6 | Escalation to Contract Management Board for Contractual penalties for not meeting targets. | 31/03/2016 | 5 | 5 | 25 | | 0 |
| 19/01/2016 | 256.1 | Sarah Valentine James Olweny | There is a risk that in 2015-16 the recovery trajectory for Cancer performance will not be met by LGT. | delayed care for cancer patients | 4 | 4 | 16 | Trajectory being monitored at weekly PtL meetings by Lewisham, Greenwich and Bexley CCGs | 4 | 4 | 16 | ↑ | Treat | 6 | confidence in the ability of LGT to deliver the plan is limited, based on past performance in delivering cancer improvement plans | 31/03/2016 | 4 | 4 | 16 | | 0 |
| 30/10/2013 | 167.10 | Simon Evans-Evans James Olweny | Failure by providers at Lewisham and Greenwich NHS Trust and Dartford and Gravesham NHS Trust to deliver the recovery plan to achieve 95% A&E 4 hour wait target consistently during 2015-16. | Bexley patients may face delays in accessing A&E Services | 5 | 4 | 20 | Working directly with key providers around service failures, and via urgent care groups/resilience groups, to increase service levels to national targets Daily telephone calls at executive level. Regular tripartate meetings. Mckinseys review of A&E and hospital discharge. This informs appropriateness of 'one version of the truth'. The Trust set up a Clinical Decision Unit which has led to improvements. The Trust will further increase utilisation of Ambulatory care sensitive pathways and the implementation of the recommendations of the McKinsey review. Direct work with LB Bexley to target long stayers and waits for packages of care On-going work with providers to improve performance happens on a daily, weekly and monthly basis. SEL has signed up with the TDA and NHSE to disapply the penalties in order for the providers to re-invest the monies to achieve standards in Q3. LGT now falling and A&E target met at month 5 on the QEH site. ECIST review undertaken and completed and action plan is currently being implemented. The potential to implement sanctions in 2015-16. Clinical audit deep dive has been arranged to review admissions and patients treated in A&E to ensure that delivery is sustainable. | 4 | 4 | 16 | ↔ | Treat | 9 | Ensure implementation and monitoring of ECIST action plan Ecist plan has been implemented. Further action for CCG's to validate the appropriateness of admissions at QEH. There are also plans to set up an Ambulatory Care unit. LGT are modelling impacts and potential reduction in NEL admissions and A&E waits. | 31/03/2016 31/03/2016 / / | 4 | 4 | 16 | | 0 |

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

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| Pounds: Delivering On All Of Our Statutory Duties | | | | | | | | | | | | | | | | | | | | | |
| 21/07/2014 | 187.7 | Alison Rogers Sarah Valentine | There is a risk that the current negotiations for an alliance contracting model for urgent and planned care for children and young people will not achieve the required financial or service outcomes in 2015-16. | This could result in the need to formally reprocure the services | 3 | 3 | 9 | Alliance partners have submitted a proposal which suggests not only no saving but potentially higher costs going forward. The options for next steps are currently being considered | 5 | 3 | 15 | ↔ | Tolerate | 3 | CCG considering options now final submission has been received | 31/03/2016 / / | 3 | 3 | 9 | | 0 |

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| DIRECTORATE : Finance | | | | | | | | | | | | | | | | | | | | | |
| Pounds: Delivering On All Of Our Statutory Duties | | | | | | | | | | | | | | | | | | | | | |
| 13/10/2015 | 243.5 | Sarah Blow Theresa Osborne | There is a risk that the underlying acute position in 2015/16 (which is not visible in 2015/16 due to the contracts being either block or cap and collar) may cause significant cost pressures in 2016/17 which may result in the CCG not breaking even in 2016/17 | Failure to breakeven in 2016/17 | 4 | 4 | 16 | The CCG is currently working with the CSU to ensure that the underlying positions on the acute contracts are accurate | 4 | 4 | 16 | ↔ | Treat | 9 | At present LGT has significant data issues due to the implementation of Cerner which need to be resolved urgently to ensure robust data is available for planning purposes. | 31/03/2016 | 4 | 4 | 16 | | 0 |

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| DIRECTORATE : Governance And Quality | | | | | | | | | | | | | | | | | | | | | |
| Patients: Improve The Health & Wellbeing Of People In Bexley | | | | | | | | | | | | | | | | | | | | | |
| 23/10/2014 | 201.3 | 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) in 2015-16 | 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 Executive leads sighted with improvements seen at both QEH and DVH | 4 | 4 | 16 | ↔ | Treat | 6 | Executive leads at DVH and QEH to provide their trajectory for achieving compliance by 30 December 2015 | 31/03/2016 | 3 | 3 | 9 | | 0 |
| 01/12/2015 | 251.1 | Simon Evans-Evans Zoe Hicks-John | 2015/2016 DVH has had two serious incidents during November 2015 related to services provided at E/D. Staffing issues at E/D that include poor performance. | The potentially affects the quality of care and patient safety of service for Bexley patients. | 3 | 5 | 15 | 1. Close monitoring of serious Incidents together with Swale CCG. 2. DQG meeting with DoN from DVH to gain assurance regarding actions taken to minimise current risks by 11/12/2015. 3. DVH to provide Bexley CCG detailed mortality report on their weekday and low risk mortality patients via the CQRG meeting. 4. Swale CCG to share outcome of the mock CQC visit with Bexley CCG when this is available. | 3 | 5 | 15 | ↑ | Tolerate | 6 | 1. Bexley CCG is dependant of Swale CCG's feedback on SI. 2. Relient of DVH DON availability. 3. Bexley CCG is reliant of DVH mortality data review. | 31/03/2016 | 2 | 3 | 6 | | 0 |
| Pounds: Delivering On All Of Our Statutory Duties | | | | | | | | | | | | | | | | | | | | | |
| 24/09/2014 | 195.11 | Simon Evans-Evans Clare Fernee | Prescribing budget may overspend in 2015-16 | Failure to break even with the prescribing budget | 3 | 4 | 12 | Increase in 2015-16 budget delegated, Practice pharmacists and care homes pharmacist working with practices to achieve savings. Delegated prescribing in place in localities has increased engagement of practices with prescribing. | 5 | 3 | 15 | ↔ | Treat | 6 | The latest forecast is showing a projected overspend in prescribing. The medicines management team are targetting most projected overspent practises to produce an action plan with these practises to reduce overspend. | / / 31/03/2016 | 5 | 3 | 15 | | 0 |