

Governing Body meeting (held in public)

DATE: 24 November 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>Four risks on the register meet the criteria and are reported. Risks 271, 278 and 280 have the highest residual risk rating of 20. Risk 256 has a rating of 16.</p> <p>Three of the risks relate to commissioning and one is from Governance and Quality.</p> <p>Two risks relate to A&E and express in more detail the specific aspects of quality and commissioning.</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 and 3) 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

Clinical Commissioning Group

		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.
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.	
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Date	11 November 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 during 2016-17 patients will not receive definitive treatment within 18 weeks from GP referral to Acute Secondary Care as a result of the improvement trajectories that have been agreed as part of the Sustainability and Transformation Plans. (Dir: Commissioning)	↑	5	4	20	5	4	20
278	There is the risk that residents of the borough of Bexley may receive poor quality care due to the A&E failing to meet the 4-hr performance of A&E waiting standard 2016-17. 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
280	There is a risk that patients attending A&E will have to wait longer than 4 hours before they receive any intervention due to capacity at the hospitals. (Dir: Commissioning)	↑	5	4	20	4	3	12
256	There is the risk that in 2016-17 patients will not receive definitive treatment within 62 days from referral which is mainly attributable to issues affecting performance at LGT. (Dir: Commissioning)	↔	4	4	16	3	4	12

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 during 2016-17 patients will not receive definitive treatment within 18 weeks from GP referral to Acute Secondary Care as a result of the improvement trajectories that have been agreed as part of the Sustainability and Transformation Plans.	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	The CCG made available funding during the 16/17 contract negotiation round for RTT. A fortnightly RTT PTL group between BGL CCG's and LGT has been established to monitor the implementation of the RTT recovery plans and trajectories for specialities that are not achieving the targets. Updates on demand, capacity and risks are a standing item at CMB.	5	4	20	↑	Tolerate	12	31/03/2017	5	4	20	The 4 main Providers have agreed 2016/17 RTT recovery trajectories as STF commitments that are below the 92% Standard for incomplete pathway. Therefore contract levers cannot be applied. The CCG does not have a formal outsourcing plan to divert activity to other Providers.	0
14/09/2016	280.1	Sarah Valentine	James Olweny	There is a risk that patients attending A&E will have to wait longer than 4 hours before they receive any intervention due to capacity at the hospitals.	Patient safety - risk to the health and wellbeing of patients Poor patient outcomes and poor patient experience Complaints Breach of Statutory Duty to deliver the NHS Constitution.	5	4	20	Bexley's Home First and Flow Project at LGT Rapid Response Team DGT have a programme to improve patient flow to ED which includes additional trolleys, senior clinicians in minors and 7 day working DGT developing an AEC unit LGT are developing an AEC unit KCH recovery trajectory	5	4	20	↑	Treat	12	31/03/2017	4	3	12	The four main Providers have agreed improvement trajectories as part of their STF commitments which are below the 95% Standard of patients seen within 4 hours. Contract levers cannot be applied. The four main providers expect to be complaint with the improvement trajectories.	0
19/01/2016	256.2	Sarah Valentine	James Olweny	There is the risk that in 2016-17 patients will not receive definitive treatment within 62 days from referral which is mainly attributable to issues affecting performance at LGT.	Delayed care for cancer patients. It will affect the CCG's quality premium. Failure to delivery patients rights under the NHS Constitution	4	4	16	A fortnightly PTL group has been established to review and monitor the implementation of the recovery plans and trajectories. LGT are planning to increase Endoscopy capacity.	4	4	16	↔	Treat	9	30/09/2016	3	4	12	Confidence in the ability of LGT to deliver the plan is limited, based on past performance in delivering cancer improvement plans Endoscopy capacity across SEL	0

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DIRECTORATE : Governance And Quality																					
Patients: Improve The Health & Wellbeing Of People In Bexley																					
14/07/2016	278.3	Anne Douse Zoe Hicks-John	There is the risk that residents of the borough of Bexley may receive poor quality care due to the A&E failing to meet the 4-hr performance of A&E waiting standard 2016-17. 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 DVH have UCC on site with effective triage and streaming LAS and SCAM have introduced one crew to be responsible for multiple patients waiting to be handed over to A&E staff to release crews back out to service.	5	4	20	↔	Treat	12	The environment and layout of QEH ED department requires reconfiguration. Increase permanent staffing levels; to reduce reliance on agency staff	31/03/2017	4	3	12		0