

## Governing Body meeting (held in public)

**DATE: 26 May 2016**

<b>Title</b>	<b>Board Assurance Framework</b>	
This paper is for <b>Discussion and Information</b> as a standing item on the agenda		
Recommended action for the Governing Body	That the Governing Body:  <b>Note</b> 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>Eight risks on the register meet the criteria and are reported. Risk 199 has the highest residual risk rating of 25. Four risks (167, 256, 262 &amp; 264) have a rating of 16 and the remaining three have a residual risk rating of 15.</p> <p>There are five risks (187, 195, 199, 251 &amp; 256) on the register which are yet to be transitioned from 2015-16 to the current financial year (2016-17). Colleagues are waiting for updates and as soon as the updates arrived, the risks will be updated accordingly.</p>	
How does this paper support the CCGs objectives?	<b>Patients:</b>	Not applicable
	<b>People:</b>	Not applicable
	<b>Pounds:</b>	Not applicable
	<b>Process:</b>	Not applicable
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

**Clinical Commissioning Group**

	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	Clinical lead: Dr Nikita Kanani NHS Bexley CCG Chair	Executive sponsor: Anne Douse Director of Governance, Performance and Business Services (Interim)
Date	12 May 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 2016-17. (Dir: Commissioning)	↔	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
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
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 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	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>																					
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.	30/06/2016	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	30/06/2016	4	4	16		0
30/10/2013	167.10	Anne Douse 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 2016-17.	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.	30/06/2016 30/06/2016 / /	4	4	16		0

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

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<b>Pounds: Delivering On All Of Our Statutory Duties</b>																					
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	30/06/2016 / /	3	3	9		0

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<b>DIRECTORATE : Finance</b>																					
<b>Pounds: Delivering On All Of Our Statutory Duties</b>																					
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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<b>DIRECTORATE : Governance And Quality</b>																					
<b>Patients: Improve The Health &amp; Wellbeing Of People In Bexley</b>																					
01/12/2015	251.1	Anne Douse 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 relient of DVH mortality data review.	30/06/2016	2	3	6		0
<b>Pounds: Delivering On All Of Our Statutory Duties</b>																					
24/09/2014	195.11	Anne Douse 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.	/ / 30/06/2016	5	3	15		0