

Governing Body meeting (held in public)

DATE: 28 January 2016

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) includes risks on the corporate risk register with a residual risk rating of 15 and above.</p> <p>The BAF seven risks that meet that criteria. Risk 199 has the highest residual risk rating of 25. Four risks (167, 201, 243 and 256) have a rating of 16 and two (187 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

	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	15 January 2016	

RISK SCORE MATRIX

		Likelihood					
		1	2	3	4	5	
Impact		Rare - Can't believe the risk will ever happen <0.1 %	Unlikely - Do not expect the risk to happen but it is possible 0.1-1 %	Possible - The event may occur occasionally 1-10 %	Likely - The event will probably occur but is not a persistent issue 10-50%	Almost certain - The event will undoubtedly occur, possibly frequently >50%	
	5	Catastrophic - Death or major disaster / loss / Non-delivery of key objective/ Loss of >1 per cent of budget / Failure to meet specification/ slippage Loss of contract / payment by results / Claim(s) >£1 million	5	10	15	20	25
	4	Major - Significant / permanent harm / Uncertain delivery of key objective / Loss of 0.5–1.0 per cent of budget. / Claim(s) between £100,000 and £1 million	4	8	12	16	20
	3	Moderate - Hospitalised or medium term injury / Major financial loss (£20K to £100K) including litigation settlement	3	6	9	12	15
	2	Minor - More than 3 days off sick due to injury / Loss of 0.25–0.5 per cent of budget / Claim(s) between £10,000 and £20,000	2	4	6	8	10
	1	Negligible - No obvious injury or harm / Loss of 0.1–0.25 per cent of budget / Claim less than £10,000	1	2	3	4	5

Risk Score	Action
15-25	Highest Priority – Escalate to the Governing Body
10-14	High Priority – Escalate to the Executive Management Committee
7-9	Medium Priority – Escalate to Departmental Director
1-6	Lower Priority - Manage within Departmental Teams

Board Assurance Framework (BAF)

Introduction

The report presents Board Assurance Framework (BAF) to the Governing Body. BAF is made up of all corporate 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 effectively directors and managers are managing risks identified within the organisation.

The ADs and the Executive Directors are referred as the risk 'owners'. The ADs review the risks, update the register and add new risks where identified. The ADs meet monthly where discussions take place to iron out any crossover issues and the sharing of ideas on emerging risks and how they should be accounted for in the register. The ADs meetings together with directorate meetings are helping to develop a culture that recognises the importance of risk management and its relevance to strategic and operational performance of the organisation.

The Executive Management Committee reviews the risk register at its meeting and twice a year (January and July) review all risks on the register. The Executive Management Committee also reviews risks on the Our Healthier South East London risk register. The register has risks which relate to the performance of Bexley CCG and the other SE London CCGs. BAF is reported to the AIAC and updated before it is presented to the Governing Body.

Risk Register

As part of the CCG's risk management and assurance process, the governing body should have oversight of the board assurance framework. Currently, we have seven risks that meet the criteria from the organisation. Risk 199 has the highest residual risk rating of 25. Four risks (167, 201, 243 and 256) have a rating of 16 and two (187 and 251) have a rating of 15.

Recommendation

The governing body is asked to consider and note the Board Assurance Framework.



**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 (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	3	4	12
256	There is a risk that 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
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
DIRECTORATE : Commissioning																					
Patients: Improve The Health & Wellbeing Of People In Bexley																					
21/10/2014	199.4	Sarah Valentine Jonathan Manueljilla	That the providers will not deliver constitutional standards for the local population	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
30/10/2013	167.9	Simon Evans-Evans Jonathan Manueljilla	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
19/01/2016	256.1	Sarah Valentine Jonathan Manueljilla	There is a risk that 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

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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	243.4	Theresa Osborne Sarah Blow	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	3	4	12		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