



**South East London
Commissioning Alliance**
Partnership of Clinical Commissioning Groups

South East London CCGs Integrated Governance & Performance Committee

Board Assurance Framework 26 July 2019

- This SEL Integrated Governance & Performance Committee Board Assurance Framework is designed to support the SEL IG&P committee to provide oversight of the strategic risks that relate to all areas deemed to be within the committee's scope as defined in the terms of reference endorsed by CCG governing bodies in November 2018 and revised in May 2019.
- The over-arching purpose of the BAF is to enable the SEL IG&P committee, CCG governing bodies and any delegated local committees to be kept suitably informed of significant risks or issues and their associated mitigation plans.
- The SEL IG&P should use this document to ensure that all risks and issues related to in-scope areas are included in the BAF; that the risk-score is accurate for each; that mitigation actions are robust and achievable; that gaps are clearly identified and that assurances are noted for the purpose of verification.
- In undertaking these activities, the committee should follow the *South East London CCGs Integrated Governance & Performance Committee Risk Management Framework*, which sets out in detail the agreed approach to the management of risk.
- This BAF will be made available to CCGs on a monthly basis and it is proposed that this document is made available together with the CCG BAF as part of CCG Governing Body papers.

The SEL IG&P Committee is asked to undertake the following:

1. Agree that each risk / issue is accurately described.
2. Review and agree the risk / issue score for each risk included in the BAF.
3. Review the mitigations in place and confirm that these represent a comprehensive approach to taking action to reduce both the likelihood and potential impact of each risk. Note any gaps in risk mitigations.
4. Note any additional oversight arrangements to be set-up to provide additional levels of assurance for particular risks / issues.

Summary of SEL IG&P Committee BAF risks

The below table presents a summary of the risks related to all SEL IG&P in-scope areas. The current risk rating the is headline risk-rating post mitigations being applied. Full details of the status of each risk are provided on the following pages.

Risk / issue reference	Risk / issue description	Current rating
SEL-01	STP for the 62 day referral-to-treatment cancer standard	12
SEL-02	STP trusts are not able to achieve their trajectories for timely access to emergency services as measured by the 4 hour A&E target	12
SEL-03	STP acute trusts do not meet their monthly improvement trajectories to clear long waiters by the end of Q3	12
SEL-04	STP acute trusts are not able to achieve their trajectories for the number of patients on elective waiting lists	12
SEL-05	STP acute trusts are not able to achieve their improvement trajectories for the access to planned care as measured by the 18 week standard	9
SEL-06	STP acute trusts do not achieve the monthly improvement trajectories for the access to timely diagnostics as measured by the standard for diagnostic access	16
SEL-07	LAS contract for 19/20 will go to national arbitration and likely to result in financial pressures on all CCGs across SEL	12
SEL-08	The TCP will not achieve the BRS target by March 2020.	10
SEL-10	Ability to reduce running costs to target by 31 March 2020.	8
SEL-11	Activity related expenditure is greater than budget leading to inability to deliver the SEL and CCG control totals and financial duties.	15

Risk 1: Cancer 62-day pathways

Risk status:

Ref	Description and key drivers	Likelihood	Impact	Initial Risk Score	On-going controls (pan-SEL) and frequency	Residual Score	Assurances
SEL-01	The risk that the STP acute trusts do not achieve the monthly improvement trajectory for the access to cancer treatment as measured by the standard for 62 days from GP referral to treatment.	4	4	16	<ul style="list-style-type: none"> Trusts have developed actions plans to deliver their 62 day trajectory including a SEL Recovery Plan specifically focusing on shared pathway actions and performance. Monthly performance meetings with acute trusts – focus on internal trust performance and actions relating to them. This covers areas not picked up by the 62 day Leadership Group (see below) Monthly System Leadership Group – 62 day leadership meeting with a focus on the shared pathway actions and performance The SCCD (Shared Care Cancer Delivery Team) the operational arm of the ACN – virtual team including commissioners to progress actions on a day to day basis. Monthly ACN Steering group. Monthly Members Board – a trust CEO, COO board which will facilitate trust level escalation where plans are not being progressed. Performance has been under trajectory for April and May with the majority of breaches in Prostate cancer pathways. Because of this the system is changing the 62 day leadership group format to have a continued deep dive on Prostate as well as Lung cancer pathways to help mitigate the risk. 	3 x 4 = 12	<ul style="list-style-type: none"> The SEL recovery plan with SMART actions and senior level action owners, KPIs to measure delivery of the actions, and a risk and issues log, all of which will be updated monthly. Trust performance reports for performance meetings; monthly performance against trajectory by trust and CCG; minutes of performance meetings. Trust performance report to 62 day leadership group showing progress updates for actions by trust and tumour type; minutes and action log from 62 day leadership meeting. SEL sector dashboards showing information such as median wait to first outpatient, diagnostic turnaround time. Project summary highlight reports with RAG ratings. Papers and minutes of the monthly Members Board.

Forward-view on this risk / issue:

Further comments and additional planned mitigations to be enacted:

- Employment of additional staff to create a specialist cancer management sector workforce, including senior operational management, junior operational management and patient navigator roles for relevant trusts sites. The aim of this recruitment is to deliver sector commitments in relation to improving performance and delivering timed pathways, and also provide support and buddying/mentoring for trust staff in more general roles involving cancer. £1.2million of transformation funding has been assigned to this new team.
- A review of trust-level plans to ensure that they meet the requirements of the overall SEL plan – these have been done for 5 of the 5 sites, with the final meeting held in July. Additional actions from these meetings will be monitored through the 62 day leadership group.

Risk 2: A&E 4-hour target

Risk status:

Ref	Description and key drivers	Likelihood	Impact	Initial Risk Score	On-going controls (pan-SEL) and frequency	Residual Score	Assurances
SEL-02	<p>The risk that the STP acute trusts are not able to achieve their trajectories for timely access to emergency services as measured by the 4 hour target.</p> <p>In 2019/20, trust trajectories are to deliver improvements in the timeliness of access rather than achieve the national standard of 95%, which is reflective of the challenges faced by all acute providers in SEL.</p>	4	4	16	<ul style="list-style-type: none"> Trusts have developed action plans to deliver their trajectory for improving performance against the 4 hour standard. These plans are linked to the SEL strategy for improvement in non-elective services, and have been updated to reflect plans to reduce ambulance handover delays. Monthly performance meeting with acute trusts reviews progress against the trust specific trajectories. ICDT team members attend internal trust meetings relating to A&E performance delivery. Monthly A&E delivery boards at both local and SEL-level provide oversight on system delivery for non-elective services. UEC System meeting with each site and respective CCG, community and primary care colleagues to assess current performance against plan and establish if any further system-wide support or external support is required to ensure delivery of the trajectory. A key theme arising from the UEC system meetings, was the ability to affect cultural and therefore operational changes in limited timescales 	4 x 3 = 12	<ul style="list-style-type: none"> The individual trusts recovery plans with SMART actions and senior level action owners; KPIs to measure delivery of the actions; risk and issues log – all of which will be updated monthly. Trust performance reports for performance meetings; monthly performance against trajectory by trust; monthly reports against KPIs and risk and issues; minutes of performance meetings. Trust reports to their internal A&E delivery meetings. Monthly reports, papers and minutes of A&E delivery boards.

Forward-view on this risk / issue:

Further comments and additional planned mitigations to be enacted:

- Discussions are planned at the ABC Board and SEL UEC Board about actions that can be taken to address cultural change.
- KCH opened their ambulatory care unit on the DH site at the beginning of July, which should improve flow through the ED.

Risk 3: 52-week waiters

Risk status:

Ref	Risk description and key drivers	Likelihood	Impact	Initial Risk Score	On-going risk controls (pan-SEL) and frequency	Residual Risk Score	Assurances
SEL-03	<p>The risk that the STP acute trusts do not meet their monthly improvement trajectories to clear long waiters by the end of Q3.</p> <p>Long waiters are defined as any patient referred by a GP who has been waiting more than 52 weeks and is still waiting at month end.</p> <p>The count of long waiters is a monthly census.</p>	4	4	16	<ul style="list-style-type: none"> Trusts have developed actions plans to deliver their reduction trajectory for long waiters. Monthly performance meeting with acute trusts will review progress against the trust specific trajectories. ICDT team members attend additional internal RTT meetings at GSTT and KCH. A Star Chamber process has been implemented at GSTT for the GMS directorate which has an emerging and increasing number of long waiters over the last few months. Feedback on this process is shared through the monthly performance meeting. 	<p>3 x 4</p> <p>= 12</p>	<ul style="list-style-type: none"> GSTT and KCH recovery plans with SMART actions and senior level action owners; KPIs to measure delivery of the actions; and a risk and issues log, all of which will be updated monthly. Trust performance reports for performance meetings; monthly performance against trajectory by trust; monthly reports against KPIs and risk and issues; minutes of performance meetings. Detailed monthly report on current and prospective long waiters at KCH. Clinical Harm Reviews are undertaken for long waiting patients and updates are given at the relevant CQRG meetings. Daily reporting on long waiters has been introduced at GSTT, and is already in place for KCH, to be able to provide a real time assessment of performance,

Forward-view on this risk / issue:

Further comments and additional planned mitigations to be enacted:

- KCH are reviewing options in light of unsuccessful outsourcing attempts for orthopaedic cases.

Risk 4: RTT waiting list (PTL) size

Risk status:

Ref	Risk description and key drivers	Likelihood	Impact	Initial Risk Score	On-going risk controls (pan-SEL) and frequency	Residual Risk Score	Assurances
SEL-04	The risk that the STP acute trusts are not able to achieve their trajectories for the number of patients on the waiting list (patient tracking list or 'PTL' size).	3	4	12	<ul style="list-style-type: none"> Trusts have developed actions plans to deliver their trajectory for managing their RTT performance and RTT 18 week performance. Monthly performance meeting with acute trusts will review progress against the trust specific trajectories. 	3 x 4 = 12	<ul style="list-style-type: none"> The individual trusts recovery plans with SMART actions and senior level action owners, KPIs to measure delivery of the actions, and a risk and issues log, all of which will be updated monthly. However, the ICDT have requested LGT and KCH to further develop their performance improvement plans, to ensure that key challenges are fully addressed. Trust performance reports for performance meetings; monthly performance against trajectory by trust; monthly reports against KPIs and risks and issues; minutes of performance meetings. Further refinement for the KCH and LGT performance improvement plans

Forward-view on this risk / issue:

Further comments and additional planned mitigations to be enacted:

Risk 5: Achievement of 18-week RTT standard

Risk status:

Ref	Description and key drivers	Likelihood	Impact	Initial Score	On-going controls (pan-SEL) and frequency	Residual Score	Assurances
SEL-05	The risk that the STP acute trusts are not able to achieve their improvement trajectories for the access to planned care as measured by the 18 week standard for patients being referred by a GP for treatment.	3	3	9	<ul style="list-style-type: none"> Trusts have developed actions plans to deliver their trajectory for managing their RTT performance. Monthly performance meeting with acute trusts will review progress against the trust specific trajectories. ICDT team members attend additional internal RTT meetings at GSTT and KCH. 	3 x 3 = 9	<ul style="list-style-type: none"> The individual trusts recovery plans with SMART actions and senior level action owners, KPIs to measure delivery of the actions, and a risk and issues log, all of which will be updated monthly. Trust performance reports for performance meetings; monthly performance against trajectory by trust; monthly reports against KPIs and risk and issues; minutes of performance meetings. Further refinement for the KCH and LGT performance improvement plans

Forward-view on this risk / issue:

Further comments and additional planned mitigations to be enacted:

Risk 6: Access to diagnostics

Risk status:

Ref	Description and key drivers	Likelihood	Impact	Initial Score	On-going controls (pan-SEL) and frequency	Residual Score	Assurances
SEL-06	<p>The risk that the STP acute trusts do not achieve the monthly improvement trajectories for the access to timely diagnostics as measured by the standard for diagnostic access.</p> <p>The diagnostic standard assesses a basket of diagnostic tests against the requirement that collectively no more than 1% of patients should be waiting more than 6 weeks at the end of each month.</p>	4	4	16	<ul style="list-style-type: none"> Trusts have developed actions plans to deliver their diagnostic trajectory. Monthly performance meeting with acute trusts will review progress against the trust specific trajectories. Additional meetings are being held with PRUH site lead to oversee the delivery of the PRUH trajectory. A Star Chamber process has been implemented at GSTT for the GMS directorate which has an emerging and increasing number of long waiters in endoscopy over the last few months. Feedback on this process is shared through the monthly performance meeting. 	4 x 4 = 16	<ul style="list-style-type: none"> The individual trusts recovery plans with SMART actions and senior level action owners, KPIs to measure delivery of the actions, and a risk and issues log, all of which will be updated monthly. Trust performance reports for performance meetings; monthly performance against trajectory by trust; monthly reports against KPIs and risk and issues; minutes of performance meetings. ICDT now takes part in the weekly endoscopy oversight meetings at KCH and are meeting with KCH to review demand and capacity model.

Forward-view on this risk / issue:

Further comments and additional planned mitigations to be enacted:

- GSTT have identified additional clinical and physical capacity for endoscopy, however there remains a capacity gap. The trust are reviewing options for outsourcing to bridge this gap.
- KCH are undergoing a thorough retrospective and prospective clinical harm review process for patients awaiting endoscopy, or those have received a cancer diagnosis in the last 12 months. To note that KCH delivered and continue to deliver the 2ww target for endoscopy referrals, and their non compliant diagnostic position is driven by non-2ww referrals.

Risk 7: Agreement of LAS contract for 2019/20

Risk status:

Ref	Description and key drivers	Likelihood	Impact	Initial Risk Score	On-going controls (pan-SEL) and frequency	Residual Score	Assurances
SEL-07	<p>Contract for 2019/20 has now been agreed in principle between NWL LAS commissioning team and LAS. This will result in a £549k cost pressure for SEL.</p> <p>Contract to be agreed by the end of July.</p> <p>The Hear & Treat activity that LAS will undertake during 2019/20 which will lower the activity baseline for London has not been agreed. There is a risk that LAS will not agree to make significant reductions resulting in more ambulance conveyances for 2019/20. This could potentially increase the costs for most STPs.</p>	4	3	12	<ul style="list-style-type: none"> Interim arrangements are being negotiated between the NWL LAS commissioning team and LAS around the Hear & Treat activity figures; as well as the referral pathways that need to be set up by each STP. SEL commissioners are involved in the discussions to help devise a reasonable plan. Ongoing communication from the NWL LAS commission team to all STPs to inform ongoing discussions. 	<p>3 x 4</p> <p>= 12</p>	<p>SEL Exec has been kept apprised of the current status of negotiations by the SEL ICDDT.</p> <p>Updates have also been provided via the SEL Finance Planning and Delivery Committee; as well as the SEL LAS Demand Management Group.</p>

Forward-view on this risk / issue:

Further comments and additional planned mitigations to be enacted:

* To be specified following the signature of the contract.

Risk 8: SEL Transforming Care BRS target 2019/20

Risk status:

Ref	Risk description and key drivers	Likelihood	Impact	Initial Risk Score	On-going risk controls (pan-SEL) and frequency	Residual Risk Score	Risk Assurances
SEL-08	The TCP will not achieve the Building the Right Support (BRS) target by March 2020.	4	4	15	<p>Weekly Programme meeting with SROs (Neil Kennett-Brown and Fiona Connolly) for risk and issues escalations.</p> <p>TCP PMO fortnightly risk and issue review.</p> <p>Monthly inpatient surgery to review case management and ensuring that patients are able to return to the community as soon as clinically appropriate</p> <p>Monthly TCP Operational and Strategy board meetings with health and social care stakeholders.</p> <p>CCG governing bodies, SEL Executives and DASS to be updated regularly throughout 2019-20.</p>	<p>2 x 5</p> <p>= 10</p>	<p>Monthly assurance meetings with NHS England.</p> <p>Monthly reporting to SEL IG&P</p>

Forward-view on this risk / issue:

<p>Further comments and additional planned mitigations to be enacted:</p>	<ul style="list-style-type: none"> Established additional programme management and case management resource with a focus on actions to improve discharge processes, admissions management and building capacity in the community to reduce of length of stay. Building capacity in the community by the establishment of Autism Support Services across South East London and new intensive community support for Lewisham, Bexley, Bromley and Greenwich and expansion of Lambeth Without Walls services to ensure that more people are cared for in the community. Mobilising additional positive behavioural support training offered to family carers of people with learning disabilities and autism who exhibit behaviours that challenge to prevent admissions. Established enhanced data analysis to inform decision making, with regard to patient care and required targeted support to understand the current service provision locally for the transforming care cohort. Development of accommodation models for the cohort in collaboration with DASS, to support complex cases.
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Risk 10: Delivery of CCG running cost reduction

Risk status:

Ref	Risk description and key drivers	Likelihood	Impact	Initial Risk Score	On-going risk controls (pan-SEL) and frequency	Residual Risk Score	Risk Assurances
SEL-10	<p>Risk that CCGs will not achieve the running costs reduction target by 31 March 2020.</p> <p>Actions include the review of CCG functions, structures, governance and future model.</p>	3	4	12	<ul style="list-style-type: none"> Budgets have been set net of the required running cost reduction and all CCGs are in the process of finalising plans to deliver this saving in 2019-20. CCG financial governance in place and overseen by governing bodies and delegated committees (where relevant), SELCA Executive and SEL IG&P. Recruitment controls are in place across SEL CCGs panel made up of AO, CFO and Director of System Reform 	<p>2 x 4</p> <p>= 8</p>	<p>Monthly reporting to SEL IG&P</p> <p>CCG governing bodies to be updated by CFO / SELCA finance team / DoFs in April and regularly throughout 2019-20.</p>

Further CCG-specific risk controls in place:

Further CCG-specific actions

- All CCGs at M03 are reporting spend in line with agreed cost envelopes and all are forecasting year end spend within the agreed budgets which are net of the running cost savings targets.

Forward-view on this risk / issue:

Further comments and additional planned mitigations to be enacted:

- CCG-specific updates will be completed following review of M2 financial performance reports with CCG DoFs and finance teams (scheduled for mid-to-late June 2019).

Risk 11: Delivery of SEL and individual CCG control totals in 2019/20

Risk status:

Ref	Risk description and key drivers	Likelihood	Impact	Initial Risk Score	On-going risk controls (pan-SEL) and frequency	Residual Risk Score	Risk Assurances
SEL-11	<p>Risk that expenditure in 19/20 is greater than plan/budget leading to:</p> <ol style="list-style-type: none"> inability to deliver the SEL CCG collective and/or individual CCG control totals in 2019/20. inability to deliver Individual CCG CTs and financial duties 	3	5	15	<ul style="list-style-type: none"> CCG Budgets that are in line with the approved operating plans were signed off by governing bodies in May. Acute contracts all signed and contract form mitigates the majority of in year acute overperformance risk CCG financial governance in place and overseen by governing bodies and committees, SELCA Executive and SEL IG&P. SEL risk-share arrangement currently being reviewed and refreshed for 2019-20 and taken through required CCG governance in early Autumn. CFO/AO led CCG specific and SEL-wide monthly finance & QIPP assurance meetings in place for improved scrutiny assurance. Please see Finance Report for more detailed information on risks. 	<p>3 x 5 = 15</p>	<p>Monthly financial review meetings with NHS England</p> <p>Monthly reporting to SEL IG&P</p> <p>CCG governing bodies updated by CFO / SELCA finance team / DoFs in April and regularly throughout 2019-20.</p> <p>Block contract agreed for SEL providers</p> <p>0.5% general contingency in CCG plans</p>

Further CCG-specific risk controls in place:

Further CCG-led actions

Bexley: The CCG continues to be the highest risk CCG within SEL due to the high level (2.3m) of unidentified savings. Following Assurance meetings during July the CCG is developing plans to reduce the level of Unidentified savings and will provide an update through the M04 Finance reporting.

Lambeth: The CCG was adversely impacted by national changes to the delegated primary care budgets (2.2m), discussions are ongoing with sector and regional teams to identify potential mitigating actions.

Forward-view on this risk / issue:

Further comments and additional planned mitigations to be enacted:

- At this point in the year we are still forecasting to achieve the control total positions across SEL CCGs. However the finance report sets out in more detail a gross financial risk of £36m to the control total across SEL, the CCGs are working together to fully validate the level of gross risk and the options for mitigation and will provide an update on the FOT risk as part of M04 reporting.