

NHS Nene Clinical Commissioning Group
Business Assurance Framework
Jun-15

1	2	3	4	5	6	7	8	9	10	11	12	13
Ref	Risk Title	Initial	Last Month	Trend	Director	Update date	Current Mitigation	Proximity	Contingency	Delivery Date	Forecast this month	Target score
BAF 015	Nene CCG capacity and capability is insufficient to deliver its Operational and Strategic Plans Cause: lack of substantive staff Effect: Operational & Strategic objectives are not delivered	16	9	↔	Stuart Rees Interim Chief Executive Accountable Officer	08.06.15	Key Controls: <ul style="list-style-type: none"> • Interim Accountable Officer Appointed • Interim Director of Strategy and Primary Care contract extended by six months • Interim Chief Finance Officer in place • Interim Head of Corporate Affairs in place • Joint meetings being held between Clinical Executive Directors and Locality Chairs • Workforce Committee established • Programme Manager in place to support Healthier Northamptonshire Future Actions <ul style="list-style-type: none"> • Organisational Development Plan to be completed, to take place following permanent recruitment of Accountable Officer • Appointment of permanent Accountable Officer initiated with provisional interview date of 17th June 2015 • Complete recruitment to vacant posts, , to take place following permanent recruitment of Accountable Officer • Restructuring of Directors Portfolios to take place following permanent recruitment of Accountable Officer 	Current	Work with Partner Organisations Potential intervention from NHS England Prioritisation Process to review capacity and capability	31.07.15	9	4
BAF 009	Safeguarding partnerships are not effective (see also QT011) Cause: CCGs contribution to partnership is ineffective Effect: Vulnerable patients may be put at risk	9	9	↔	Peter Boylan Director of Nursing & Quality	08.06.15	Key Controls <ul style="list-style-type: none"> • The Chair of the CCG and Director of Nursing & Quality attend the improvement Board each month. The focus of the meeting in May was health services. Feedback overall was very positive. Further paper required on CAMHS in September. Separate paper on health fo Looked After Children and on self harm being presented in June and a paper on Child Sexual Exploitation in July. Future Actions <ul style="list-style-type: none"> • Following 48 notice a CQC review of Looked After Children's Services and Safeguarding took place between 16-20 March. Verbal feedback at the end of the week was mixed, with some very good practice highlighted but more work to be done to improve further. Draft report continues to be awaited. 	Current	The outcome of the 2 year Direction on children's services in October and subsequent Ofsted report will determine future contingencies	31.12.15	9	4

<p>BAF 019</p>	<p>The CCG is unable to discharge its commissioning responsibilities through a lack of high quality and robust information</p> <p>Cause: Lack of relevant and/or sufficient information Effect: Commissioning responsibilities are not discharged</p>	<p>20</p>	<p>16</p>	<p>↔</p>	<p>Kathryn Moody Director of Contracting and Procurement</p>	<p>08.06.15</p>	<p>Key Controls</p> <ul style="list-style-type: none"> • Countywide information meetings to improve data quality and consistency • 2015-16 contract negotiation inclusive of revisions to Information sharing protocols with a view to standardising information requirements, delivering consistency of reporting between providers and allowing for information sharing. • Nene CCG has delivered a step change in information reporting and analysis in 2014/15 through developments in internal capacity/capability and external Commissioning Support provision • Resolution reached with regard to data sharing across health and social care (BCF) system <p>Future Actions</p> <ul style="list-style-type: none"> • Closer linkages between information flows and commissioning activities through closer working of contracting/performance and commissioning - ongoing. 	<p>Current</p>	<p>Focus on key priorities and realign resources</p> <p>Contract Sanctions to be applied where information not forthcoming</p>	<p>30.06.15</p>	<p>16</p>	<p>6</p>
<p>BAF 020</p>	<p>Key performance targets are not achieved by providers serving our population</p> <p>Cause: Providers fail to meet contracted service levels Effect: Service levels are below standard causing potentially harmful impacts on patients</p>	<p>20</p>	<p>16</p>	<p>↓</p>	<p>Kathryn Moody Director of Contracting and Procurement</p>	<p>09.06.15</p>	<p>Key Controls</p> <ul style="list-style-type: none"> • Performance issues reported through the Joint NHS Nene and Corby CCGs Quality and Performance Committee. • With reference to on-going concerns in A&E and Cancer, provider performance and improvement plans are discussed at monthly contract meetings with escalation where mitigation is not agreed. Both areas have specific high level recovery groups working collectively to deliver change. Action plans are in place locally to address performance. • Cancer Recovery Board in place • Engagement with Clinical Networks and SRGs to ensure system works effectively <p>Future Actions</p> <ul style="list-style-type: none"> • Strategic discussions with other partners to ensure contingency plans in place are ongoing • Partnerships between organisations to deliver resilience, particularly in cancer. Case to be presented to Provider boards in September 	<p>Current</p>	<p>Contract Management including sanctions where delivery not achieved</p> <p>Engagement of external support to develop clear delivery plans/mechanisms</p>	<p>31.08.15</p>	<p>12</p>	<p>8</p>
<p>BAF 021</p>	<p>The ability of co-commissioned providers to respond to commissioner requirements</p> <p>Cause: Failure of providers to meet contract requirements Effect: Providers fail to meet CCG objectives causing potentially harmful impacts on patients</p>	<p>16</p>	<p>12</p>	<p>↔</p>	<p>Stuart Rees Interim Chief Executive Accountable Officer</p>	<p>08.06.15</p>	<p>Key Controls</p> <ul style="list-style-type: none"> • Healthier Northamptonshire Programme built into the contract framework • Continuous review of the CCG Objectives <p>Future Actions</p> <ul style="list-style-type: none"> • Development of Master Plan to enable the delivery of the strategy and monitor delivery of sustainable services • Establish overall governance arrangements for Healthier Northamptonshire programme and system transformation by July 2015. • Future Healthier Northamptonshire resource put in place with initial funding and proposal which will be continuously monitored. • Develop the National contract – quality schedules and CQUIN to drive improvement (NGH and NHFT have agreed) • Develop the Primary Care Strategy by 31.10.15 	<p>3 to 12 Months</p>	<p>Seek alternative providers Use of Private Sector Contract sanctions to ensure delivery</p>	<p>30.04.16</p>	<p>12</p>	<p>6</p>

BAF 023	<p>Loss of Stakeholder and Member Engagement</p> <p>Cause: Failure to communicate and engage stakeholders or to meet objectives</p> <p>Effect: Services fail to meet the needs of stakeholders or to meet objectives</p>	12	16	↑	Stuart Rees Interim Chief Executive Accountable Officer	08.06.15	<p>Key Controls</p> <ul style="list-style-type: none"> • A structured approach is being taken regarding external stakeholder engagement with full dialogue with the member on the way forward • The fortnightly "Open Door" newsletter is well established and continues to receive positive feedback • Primary care co-commissioning joint committee established and meeting regularly • Interim Primary Care Head appointed <p>Future Actions</p> <ul style="list-style-type: none"> • Locality development to be strengthened • Interim Director Structure put in place to trial • Action plan to be developed by July 	3 to 12 Months	None at present	31.03.16	20	8
BAF 024	<p>Failure to Develop a Sustainable Health Economy for Northamptonshire</p> <p>Cause: Insufficient Resources or lack of management</p> <p>Effect: Non sustainable health economy</p>	16	16	↔	Stuart Rees Interim Chief Executive Accountable Officer	08.06.15	<p>Key Controls</p> <ul style="list-style-type: none"> • Healthier Northampton PMO resources increased • Development of the Primary Care Strategy • Work with partner organisations to deliver the Healthier Northamptonshire Programme <p>Future Actions</p> <ul style="list-style-type: none"> • Undertake Annual surveys • Development of Master Plan by 10th June • Ongoing discussion with Regulators by 10th June • Use of external support to help deliver where possible 	3 to 12 Months	Look for support from Regulators to implement change	31.03.16	16	9
BAF 025	<p>Failure to achieve statutory financial duties 2015/16 - Performance</p> <p>Cause: financial pressures caused by activity and performance pressures across the health economy</p> <p>Effect: Potential for insufficient surplus or deficit</p>	16	16	↔	James Murray Interim Chief Finance Officer	09.06.15	<p>Key Controls</p> <ul style="list-style-type: none"> • Clinicians at the heart of the transformation • Partnership working • Financial controls and governance arrangements <p>Future Actions</p> <ul style="list-style-type: none"> • Health and Social Care have collectively commissioned the Healthier Northamptonshire Programme to deliver the ambitions by improving the stability of the organisations within Northamptonshire through different types of contracting, This will be discussed with the Financial Management Action Group in July, • Contracts have now reverted to PbR and the financial plan is being reassessed incorporating a different risk profile; • The CCG now has to deliver a 1% surplus under business rules as instructed by NHSE and therefore requires to defer investments or find additional savings of circa £4m by June 	31.3.2016 (3 to 12 Months)	The CCG is undergoing further savings plan identification and QiPP but will also have to look at potential to disinvest in services that fail to meet successful evaluation criteria particularly around urgent care. The CCG will need to develop a transparent and open process to support this as part of the Masterplan development	31.03.16	16	6

BAF 026	<p>Failure to achieve BCF 3.5% target reduction in non-elective admissions creates financial risk in Pay and Performance element of BCF Pool Budget</p> <p>Cause: Financial pressures on programmes caused by increased activity and need for additional resources.</p> <p>Effect: Potential overspend</p>	20	20	↔	Janet Soo Chung Director of Strategy and Primary Care	09.06.15	<p>Future Actions</p> <ul style="list-style-type: none"> • BCF Operationalisation guidance provides opportunity for CCGs to revise Non Elective (NEL) admissions reduction target • Integrated Care Closer to Home (ICcH) programme delivery plan now being strengthened including provision of additional programme & project management capacity and increased and strengthened governance arrangements. • Transformation funding available for investment in NEL avoidance schemes in ICcH programme subject to business case approval • Risk on Payment for performance (P4P) element of BCF allocated to providers 	Current	Being developed	31.03.16	20	6
BAF 027	<p>Failure to review and implement Personal Medical Services (PMS) Review</p> <p>CAUSES:</p> <ul style="list-style-type: none"> -Failure of NHS England to initiate process and issue statements. -Inability to effectively engage with LMC -Likely to have to undertake individual practice reviews <p>EFFECTS:</p> <ul style="list-style-type: none"> -Potential to destabilise individual practices from a financial perspective -Unable to deliver Primary Care Strategy -Unable to move to full delegation -Inability to reinvest funding into new models of care -Adversely effects member engagement -Potential increased revenue costs from core contracts transferring to the CCG under full delegation -Adverse impact on quality of patient services, resulting in reduced services and increased waiting times -Mismatch between core contract and PMS 				Janet Soo Chung Director of Strategy and Primary Care	09.06.15	<p>Key Controls:</p> <p>Joint Commissioning Committee to hold Sub Committees / Task and Finish Groups to account</p> <p>Assurance Checkpoints (milestones) in place</p> <p>Future Actions:</p> <p>Executive Lead to be identified for each task and finish group</p> <p>Letters to sent out by NHS England w/c 01/06/15</p>	3-12 Months	Request extension for completion of review beyond 31/03/16 from NHS England	31.03.16	16	8

RISK MATRIX	LIKELIHOOD →				
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5