NHS
South East London
Clinical Commissioning Group

South East London CCG

CCG Board Assurance Framework

October 2021

Introduction

Background and context

- The CCG's BAF has been developed and is maintained in line with the process and guidance outlined in the SEL CCG Risk Management Framework.

- The structure of the SEL CCG BAF is set around the CCG's corporate objectives agreed by the CCG Governing Body.

- The CCG's BAF includes all risks related to the successful delivery of the CCG's corporate objectives. It is important to note that the BAF is not a list of the highest level risks facing the organisation.

- SEL CCG also holds a risk register which details risks and planned mitigations for risks relating to the operational activities of the organisation. Risks included in the risk register are not those which are deemed to threaten the achievement of the CCG's corporate objectives, but instead are operational risks that require active steps to be taken within the organisation to manage and mitigate. The CCG risk register is held by the CCG Governance Team.

Review of the BAF

- Each BAF risk is updated monthly by the designated risk owner working with their teams and other colleagues. The previous month's residual risk score is recorded at the top of each slide together with the residual risk score recorded at the time when the BAF risk was first added to the BAF.

- The IG&P committee is responsible for the oversight of risk on behalf of the CCG Governing Body and will receive, scrutinise and monitor the Board Assurance Framework document in detail. The committee uses the suite of its regular reports (e.g. sub-committee reports, performance assurance, finance reports, deep-dives etc.) to gain a sense of the key risks to the delivery of CCG corporate objectives. Committee members use this intelligence to assess whether strategic risks are adequately picked-up, reflected and appropriately scored in the CCG's BAF. The IG&P will provide routine monthly report to the CCG's Governing Body.

- The Governing Body reviews and approves the BAF at its bi-monthly meeting in public.

- Each BAF risk includes a brief description of the nature of the risk; an initial assessment of the risk in terms of its likelihood and impact; a detailed description of the mitigating actions in place to manage the risk; a residual risk score which assesses the likelihood and impact of the risk in light of the mitigations in place; a brief descriptions of the set of assurances that demonstrate the evidence for the mitigations identified; and a brief 'forward view' descriptions of the future of the risk and any further mitigating actions planned but not yet implemented.

- Changes to the risk scores for each risk are recorded from both the initial date the risk was included in the BAF and from the previous month..

Headline agreed CCG Corporate Objectives 2021/22

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Objective	Description
Improving health	1: To ensure we commission services which meet the health and wellbeing needs of the population and reduce health inequalities
Quality & safeguarding	2: To work in partnership to maintain and improve the quality of our commissioned services, and ensure all safeguarding protections are in place
System & service transformation	3: To enhance collaborative working with other health and care organisations to develop and deliver an effective ICS – able to deliver national, ICS and local objectives - with our population at the centre
	4: Strengthen our partnership working and develop a culture which embraces lessons learned and surfaces and embeds best practice
Involvement	5: To secure the active participation and visibility of patients and local people, including from diverse and seldom heard groups, in the planning and design of local services
	6: To ensure that clinical leadership is embedded in our ways of working and our change programmes including the involvement of member practices and system partners
Workforce	7: Develop an organisation and workforce capable of delivering the CCG's objectives and ensure members of the organisation feel valued and enjoy coming to work.
Sustainability & Governance	8: Ensure that the CCG meets its commitments with regards financial and performance improvement, maintains effective governance within the organisation and across partnerships, and optimises progress against the delivery of NHS constitutional standards.

9. Broadening CCG engagement with communities

Baseline risk scores: July 2020	3 x 4 = 12		Last month's scores:	3 x 4 = 12
Change in risk scores	No change			

Ref	Description of risk	Likelihood	Impact	Initial Risk Score	On-going controls	Likelihood	Impact	Residual Risk Score
SEL-09	**The CCG does not hear from a diverse or representative group of people in the conduct of general engagement exercises; particularly hindered by COVID-19 measures**	4	4	16	• Principles for engagement were developed by the task and finish groups in summer 2020 and were agreed by the Governing Body in September 2020. • The Engagement Assurance Committee (EAC) has met five times (Jan, March, May, July, Sept) and its terms of reference were ratified at the May Governing and were reviewed at the July committee meeting and changes to the terms of office of members (until March 2022) were ratified at the September GB meeting. • The committee provided comment and feedback on the self assessment on involvement which forms part of the CCG assurance self assessment and was submitted to NHSEI in July 2021 • The first meeting of the steering group to develop the ICS approach to working with people and communities met on 15 October. A south east London communications and engagement workstream has been established with membership from the CCG, trusts, local authorities, Healthwatch and the voluntary and community sector. This meets weekly to plan and coordinate communication and engagement activity around the Covid-19 vaccination programme. • An Equalities in Vaccination Taskforce chaired by Angela Bhan and Usman Niazi has been established to look at what prevents different communities from taking up the vaccine. Information produced by the taskforce will also identify specific groups and populations with whom we need to strengthen engagement	3	4	12

Risk assurances: *Evidence to substantiate on-going risk controls*	• The Engagement Assurance Committee is in place and membership is reflective of the diversity of south east London. Formal meetings have taken place in 2021. The committee has approved the outcome reports from the task and finish groups in January , discussed a paper at its March meeting on developing engagement within the context of ICS development, provided comment on the CCG's involvement self assessment in July and received presentations and discussed the ICS approach to working with people and communities and ratified an expenses policy for the CCG to be approved at the IG&P. • The steering group to develop the ICS approach to engagement is independently chaired by Anu Singh and its membership include people working in partner organisations, local people and people with lived experience. The outputs of the first meeting will inform how we develop the strategy and explore best practice (building on the local mapping that took place in the summer) to inform the development of vision and principles for this work • Community members with lived experience of diabetes have been being recruited to sit on borough level programme boards and the SEL Diabetes and Obesity Programme Board to try and reflect the demographics of those who experience poorer outcomes. The community members with lived experience of diabetes have formed a SEL lived experience group to inform the work of the programme and had its first meeting on 27 September..	• National and local insight is being collated across partners around vaccine hesitancy to continually inform the development of the communications and engagement approach. • Mapping of all engagement mechanisms/groups in the six boroughs took place with a particular focus on people from Black, Asian and minority ethnic backgrounds and seldom heard groups. These are being used to engage on the vaccination programme at a borough level and includes webinars with voluntary, community and faith organisations and includes sessions for specific communities such as the Somali, Nepali, Latin American, African and Caribbean, people with learning disabilities communities • A further webinar on the vaccine aimed at VCSE, community champions and faith leaders took place on 15 Oct and is currently being evaluated. Two further webinars on pregnancy and fertility: one for health care works and one for members of the public are taking place week of 18 Oct, following on form those in August. Working with people and communities - South East London CCG (selondonccg.nhs.uk)
Forward view on risk and planned further mitigating actions *Actions still to be implemented*	• The NHSE&I ICS guidance on working with people and communities was published 2 September. This requires a strategy to be in place by April 2022. The ICS has appointed Anu Singh as Patient and Public Engagement Sponsor for this work. In addition to the steering group, an Engagement Practitioners Network will be established and planning for how we engagement local people meaningful in this work is underway. • An ICS development communications and engagement steering group has been set up with partner organisations and has had three meetings. A communication and engagement plan has been developed and an ICS website is in development..	• The CCG is developing an online digital engagement platform which is being developed in 2020/21. The platform has been tested by members of the EAC which has highlighted some technical issues which are being addressed • An internal audit on stakeholder engagement has taken place in July and August 2021 and is due to report in October 2021.

The matrices below are taken from the CCG's Risk Management Framework and represent the possible combined risk scores based on a measurement of both the likelihood (probability) and severity (impact) of risk issues. A combination of likelihood and severity score provides the combine risk score.

Likelihood x Severity = Risk Score

Severity			Likelihood				
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	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

Likelihood Matrix:

Likelihood (Probability) Score	1	2	3	4	5
Descriptor	Rare	Unlikely	Possible	Likely	Almost certain
Frequency How often might it/does it happen	This will probably never happen/recur	Do not expect it to happen/recur but it is possible it may do so	Might happen or recur occasionally	Will probably happen/recur but it is not a persisting issue	Will undoubtedly happen/recur, possibly frequently
Frequency Time-frame	Not expected to occur for years	Expected to occur at least annually	Expected to occur at least monthly	Expected to occur at least weekly	Expected to occur at least daily
Frequency Will it happen or not?	<0.1%	0.1 to 1%	1 to 10%	10 to 50%	>50%