

South East London CCG

CCG Board Assurance Framework

May 2022

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..

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
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Change in risk scores	No change
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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	<ul style="list-style-type: none"> Principles for engagement were developed with local people in the task and finish groups in summer 2020 and were agreed by the Governing Body in September 2020. A new vision, mission and operating principles are currently being developed as part of the ICS working with people and communities strategy development process. The Engagement Assurance Committee (EAC) continues to meet regularly with the next meeting due to take place 23 May 2022. Five meetings of the steering group to develop the ICS approach to working with people and communities have taken place (Oct, Nov, Dec & Jan). An ICS Engagement Practitioners' Network has been established and has two meetings (Nov 21 and Feb 22) and agreed its terms of reference. The third meeting is 8 April 2022. An Equalities Taskforce chaired by Angela Bhan continues to meet to look at what prevents different communities from taking up the vaccine. Information produced by the taskforce will also identify specific groups and populations where engagement needs to be strengthened. 	3	4	12

Risk assurances: <i>Evidence to substantiate on-going risk controls</i>	<ul style="list-style-type: none"> The Engagement Assurance Committee is in place and membership is reflective of the diversity of south east London and has had eight meetings since January 2021. The committee has ratified the CCG's expenses policy and received presentations and discussed the ICS approach to working with people and communities and received the internal audit report on stakeholder engagement. Developing the ICS approach to working with people and communities is a standing agenda item. 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 incl Healthwatch and VCSE, EAC members and people with lived experience and an academic from LSBU. Five meetings took place Oct 21 – Jan 22). Vision, mission and principles have been developed. An updated paper on the ICS developing strategy for working with people and communities was discussed at the ICS Executive in 30 March 2022 and is being updated based on feedback and will be represented on 27 April 2022. 	<ul style="list-style-type: none"> 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 has had two meetings. Madabiliko CIC has been appointed to work with local people to develop I statements to inform the outcomes framework Six local community organisations have been commissioned working with communities we do not traditionally hear from and who are likely to have trust issues with NHS and statutory organisations. The outcomes from this work will inform the ICS working with people and communities strategy. The work will take place in April and early May 2022. Two public engagement webinars on the creation of the South East London Integrated Care System took place in early March and were well received with more than 160 participants and 153 interactions including comments and 106 questions asked. The recordings and presentations are published on the CCG website and a draft report of the webinars was discussed at the March EAC meeting.
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Forward view on risk and planned further mitigating actions <i>Actions still to be implemented</i>	<ul style="list-style-type: none"> The NHSE&I ICS guidance on working with people and communities was published 2 September. New timelines for strategy submission is 27 May 2022. The ICS has appointed Anu Singh as Patient and Public Engagement Sponsor for this work and chairs the Steering group for this work which has met five times and disused at the ICS exec in Feb and March 22 The ICS Engagement Practitioner's Network has been established to share good practice, share insight and align engagement over time. At its second meeting in Feb 22 the ICS engagement plan for engaging with people and communities to inform the strategy approach was discussed in detail. The third meeting takes place on 8 April and agenda items include ways of working and toolkits to support engagement activity. 	<ul style="list-style-type: none"> An ICS development communications and engagement steering group has been set up with partner organisations. A communication and engagement plan has been developed and an ICS website is in development. The CCG is developing an online digital engagement platform Let's talk health and care in south east London and is due to launch the first engagement projects in April 2022. The CCG has also been successful in securing £20k from NHSE to set up a Citizens' Panel which will be hosted on the platform. The funding will be used predominantly for recruiting a panel that is representative of the south east London population. Terms of reference for steering group to oversee its development have been drafted.
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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

			Likelihood				
			1	2	3	4	5
			Rare	Unlikely	Possible	Likely	Almost certain
Severity	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%