

Governing Body (Public) Meeting

DATE: 28th March 2013

Title	Directorate Risk Register	
Recommended action for the Governing Body	<p>The Governing Body is requested to note the reported risks scored 15+ and discuss.</p> <p>Agree and review the reported risks and action plans</p>	
Executive Summary	<p>The Risk Management Framework was approved by the Governing body in October 2012. All previously reported risks have been reviewed and have been transferred on to the approved template, as appropriate.</p> <p>It is reported that 1 new risks have been reported on the Risk Register, scored 15+. It should be noted that the Governing body received a detailed report regarding this risk and held a discussion. This risk relates to the Quality issues identified with the local hospital (SLHT).</p> <p>In relation to records management and close down of BCT, records management related risk has been updated on progress via pan London group and assurance via Information Governance Working group has been reported.</p> <p>All the reported risks have been reviewed and action plans have been devised, where the gaps have been identified.</p>	
Which objective does this paper support?	<p>Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p>	√
	<p>People: Empower our staff to make BCCG the most successful CCG in (south) London</p>	√
	<p>Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation</p>	√
	<p>Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience</p>	√
Organisational implications	Key Risks (corporate and/or clinical)	Key risks are reported in the attached report

	Equality and Diversity	None
	Patient impact	None
	Financial	None
	Legal Issues	None
	NHS constitution	None
Consultation (Public, member or other)	All presented risk registers (all directorates) has been discussed and updated by the responsible officers within each directorate.	
Audit (Considered / Approved by Other Committees / Groups)	N/A * <i>*it should be noted that Risk Management plan is being devised for the implementation of the Risk Management Framework. It is planned that each Risk Register will be reported to the relevant sub-committee/working groups.</i>	
Communications Plan	None	
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	Clinical Lead Dr. Varun Bhalla	Executive Sponsor Simon Evans-Evans
Date	15 th March 2013	

29.01.2013

NHS Bexley Clinical Commissioning Group *Quality & Governance* Directorate Risk Register 2012/13

STEP 1 - IDENTIFY				STEP 2 - EVALUATE						STEP 3 - PLAN				STEP 4 - RECORD & REVIEW										
Date Raised	Ref	Accountable Director (Risk Sponsor)	Accountable Lead (Risk Owner)	Risk Description & Cause (what could prevent the objective from being achieved)	Potential Consequence (impact)	Inherent Likelihood Score	Inherent Impact Score	Inherent Risk Rating	Controls in Place i.e. actions implemented where this is evidenced/documentated note evidence of risk being controlled	Residual Likelihood Score	Residual Impact Score	Residual Risk Rating	Risk Movement from last assessment	Risk Response	Target Risk Score	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)	Date added to register	Interdependencies (i.e. Does it impact any one else)	Audit and Integrated Assurance Committee RAG rating of mitigating actions	
Objective 1				Patients																				
28.02.2013	CG3	SEE	DP	The triangulation of information both soft and hard data suggests that there are a number quality and safety issues at the QEH. Until evidence of assurance proves otherwise, this has to be taken seriously by both commissioners and the provider.	This may potentially affect quality and patient safety of service for Bexley patients at QEH.	3	5	15	The recommendations of the Bexley Quality and Safety Working Group which met on the 21st February 2013 escalated to the Bexley CCG Governing Body, NHS SEL Cluster Medical Director, and neighbouring CCGs AOs, BBG SLHT Quality Group and with the SLHT senior team.	3	5	15	New	Treat	6	This will be raised formally at the Quality Meeting with SLH on 6th March 2013 for assurance and actions.	6.03.2013	2	3	6	28.03.2013			
Objective 2				People																				
								0																0
								0																0
Objective 3				Pounds																				
								0																0
Objective 4				Process																				

14.03.2013

NHS Bexley Clinical Commissioning Group Corporate (15+) Risk Register 2012/13

STEP 1 - IDENTIFY				STEP 2 - EVALUATE							STEP 3 - PLAN			STEP 4 - RECORD & REVIEW											
Date Raised	Ref	Accountable Director (Risk Sponsor)	Accountable Lead (Risk Owner)	Risk Description & Cause (what could prevent the objective from being achieved)	Potential Consequence (impact)	Inherent Likelihood Score	Inherent Impact Score	Inherent Risk Rating	Controls in Place i.e. actions implemented where this is evidenced/documentated note evidence of risk being controlled	Residual Likelihood Score	Residual Impact Score	Residual Risk Rating	Risk Movement from last assessment	Risk Response	Target Risk Score	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)	Date added to register	Interdependencies (i.e. Does it impact any one else)	Audit and Integrated Assurance Committee RAG rating of mitigating actions		
Objective 1				Patients																					
28.02.2013	CG3	SEE	DP	The triangulation of information both soft and hard data suggests that there are a number quality and safety issues at the QEH. Until evidence of assurance proves otherwise, this has to be taken seriously by both commissioners and the provider.	This may potentially affect quality and patient safety of service for Bexley patients at QEH.	3	5	15	The recommendations of the Bexley Quality and Safety Working Group which met on the 21st February 2013 escalated to the Bexley CCG Governing Body, NHS SEL Cluster Medical Director, and neighbouring CCGs AOs, BBG SLHT Quality Group and with the SLHT senior team.	3	5	15	New	Treat	6	This will be raised formally at the Quality Meeting with SLH on 6th March 2013 for assurance and actions. <ul style="list-style-type: none"> Clinical Quality Summit planned for April to include commissioners and wider economy Discussion at the Quality Surveillance Group <ul style="list-style-type: none"> Formal escalation to SLHT Discussion with CQC to triangulate data Additional Commissioner provider meetings to discuss quality issues 	28.03.2013	2	3	6	28.02.2013				
Objective 2				People																					
								0																	0
								0																	0
Objective 3				Pounds																					
								0																	0
Objective 4				Process																					