

## Governing Body (public) meeting

**DATE: 30 January 2014**

Title	Board Assurance Framework	
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p><b>Note</b> the Risks reported as laid out in the attached Board Assurance Framework report.</p>	
Executive Summary	<p>The Committee is requested to note the contents of the report enclosed.</p> <p>To support the review and update process of Risks within the organisation a focused meeting of Assistant Directors have been convened to meet monthly and review the risk registers in their areas of work and inform these updates to their relevant directors for reporting to the CCG's governance committee(s) as appropriate.</p>	
Which objective does this paper support?	<p><b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders</p>	✓
	<p><b>People:</b> Empower our staff to make BCCG the most successful CCG in (south) London</p>	✓
	<p><b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation</p>	✓
	<p><b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience</p>	✓
Organisational implications	<p>Key Risks <small>(corporate and/or clinical)</small></p>	As per report
	<p>Equality and Diversity</p>	None

**Clinical Commissioning Group**

	Patient impact	As per report
	Financial	As per report
	Legal Issues	None
	NHS constitution	None
<b>Consultation</b> (Public, member or other)	N/A	
<b>Audit</b> (Considered / Approved by Other Committees / Groups)	The Risk Register was reviewed by Executive Directors.	
Communications Plan	Published with the papers	
Author	Simon Evans-Evans	
	Clinical Lead	Executive Sponsor
	Dr Howard Storate	Simon Evans-Evans
Date	20 January 2014	



**NHS Bexley Clinical Commissioning Group  
Board Assurance Framework (All Risks Scored above 15+)**

Consequence/ Severity	Likelihood				
	Rare 1	Unlikely 2	Possible 3	Likely 4	Almost Certain 5
<b>Catastrophic 5</b>			101 ↔ 114 ↔ 171 ↑ 174 ↑	166 ↑	
<b>Major 4</b>				115 ↔ 126 ↓ 160 ↓ 179 ↔	
<b>Moderate 3</b>					167 ↑
<b>Minor 2</b>					
<b>Negligible 1</b>					

NHS Bexley Clinical Commissioning Group Board Assurance Framework (All Risks Scored above 15+)

Step 1 - Identify				Step 2 - Evaluate						Step 3 - Plan				Step 4 - Record & Review							
Date Raised	Ref	Accountable Lead (Risk Owner) Accountable Director (Risk Sponsor)	Risk Description & Cause (What could prevent the Objective from being achieved)	Potential Consequence (Impact)	Inherent Risk Rating	Inherent Impact Score	Inherent Likelihood Score	Controls In Place i.e. Actions implemented where this is evidence/documentated note evidence of Risk being controlled	Residual Risk Rating	Residual Impact Score	Residual Likelihood Score	Risk Movement from Last Assessment	Risk Response	Target Risk Rating	Control Gap What further action needs to be put in place	Action Deadline	Forecast Risk Rating (Post Actions)	Forecast Impact (Post Actions)	Forecast Likelihood (Post Actions)	Interdependencies i.e. Does it Impact any one else	Audit and Integrated Assurance Committee RAG Rating of Mitigating Actions
<b>DIRECTORATE : Commissioning</b>																					
<b>Patients: Improve The Health &amp; Wellbeing Of People In Bexley</b>																					
30/10/2013	167.1	Sarah Valentine Alan Luke	Failure by providers to deliver the 95% A&E 4 hour wait target consistently	The CCG will not meet its statutory performance target	5	3	15	Working directly with key providers around service failures, and via urgent care groups, to increase service levels to national targets	5	3	15	↑	Treat	15	Significant failures over Q1 & Q2 have occurred that will potentially result in the CCG not meeting this target for the year. Ongoing work with providers to improve performance happens on a monthly, weekly and daily basis	30/1/2013	5	3	15		0
<b>Pounds: Delivering On All Of Our Statutory Duties</b>																					
30/10/2013	166.1	Sarah Valentine Sarah Valentine	Continued failure of the CSU services to provide adequate support to the CCG in certain service areas	Inadequate CSU services in both contracting & finance expose the CCGs to potential over performance on contracts	5	5	25	Ongoing complaints, discussions and escalation with the CSU to seek assurance of adequate levels of service support for acute contracting, finance and business intelligence services (data provision)	4	5	20	↑	Treat	6	Continued oversight of services, and highlighting of service failures at the highest level in the CSU to try and seek remedial actions to protect the CCG	30/1/2013	4	4	16		0
<b>Process: Commission Safe, Sustainable And Equitable Services</b>																					
18/11/2013	171.1	Sarah Valentine Charles O'Hanlon	Risk that the establishment of Services by the Prime Contractor is delayed, including the risk that sub contractors fail to mobilise correctly in relation to the MSK services	MSK Commissioning and contract may be delayed and may impact CCGs QIPP	3	5	15	Controls are developed as part of the mobilisation plan. Details of actions are outlined in the Actions description column.	3	5	15	↑	Treat	6	Prime Contractor to give regular feedback on service delivery and quality  Prime Contractor to clarify all Sub-contractors and mobilisation plan with sub contractors. Prime Contractor to assure CCG that all subcontractors are able to deliver a high quality service and are on plan  Subcontractor contracts to be signed and shared with CCG. Ensure joint sign off of mobilisation plan by CCG, provider and sub contractors  Manage departures from mobilisation plan by exception, via contracting	02/01/2014 02/01/2014 02/01/2014 02/01/2014	2	3	6		0
18/11/2013	174.1	Sarah Valentine Charles O'Hanlon	Risk that the current Medical Triage template is not transferred to new provider, resulting in a new process design for GP's in relation to the MSK services	Triage may be delayed a new process to be rolled out to G.Ps.	4	5	20	There are currently no controls in place. Please see action column for actions to be taken to mitigate the risk.	3	5	15	↑	Treat	6	Secure release of medical triage templates from legacy provider and the new provider to take control of triage templates and modify accordingly	29/11/2013	2	3	6		0

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<b>DIRECTORATE : Finance</b>																					
<b>Pounds: Delivering On All Of Our Statutory Duties</b>																					
02/08/2013	160.4		There is a risk that the transfer of funding to the local authority will not result in a cost neutral impact for the CCG in terms of the cost of acute activity	Failure to break even in 2015/16	4	5	20	The numbers are being included in the forward planning for the CCG. Discussions are ongoing with the local authority to try to ensure that the transfer is well planned and achieves the required outcomes. A quantification of current costs relating to the Better Care Fund has been undertaken	4	4	16	↔	Treat	8	October 2013 - Internal and External CSU resources now fully utilised to support our challenging program  Date Entered : 08/11/2013 16:45 Entered By : Nabil Jamshed Regular meetings with local authority colleagues ongoing to discuss and agree a plan for the transfer of funds and the outcomes required to ensure cost neutrality and receipt of full funding	31/03/2014	2	4	8		0
17/05/2012	115.5	Sarah Valentine Alan Luke	There is a risk that there will be over-performance on provider contracts in 2013/14.	Failure to break even in 2013/14	4	5	20	GP support in place to manage activity where possible. Director of Commissioning in post and support from acute contracting at CSU 2 days per week. Procurement support and project management support secured to deliver service redesign. CSU and CCG monitoring contract performance. QIPP programme developed.	4	4	16	↔	Tolerate	12	Oct 2013- ongoing concerns rased over effectiveness of CSU services (see MSK)  Date Entered : 08/11/2013 09:50 Entered By : Nabil Jamshed Robustness of CSU Team in reviewing and challenging activity data. QIPP programme needs to be delivered in full after completion of business cases. Work more collaboratively with providers. Consider use of clinical audits. Recruitment of substantive contracting support (CSU)	28/02/2014	3	4	12		6
24/06/2013	126.4	Sarah Blow Theresa Osborne	There is a risk that as a result of pcd restrictions that invoice validation and claims management cannot be carried out on provider invoices that will result in increased charges to the CCG.	Failure to break even in 2013/14	4	5	20	Working with SL CSU to establish ways of carrying out invoice validation without PCD. Restriction has been reviewed nationally with progress made. CSU currently implementing a secure environment to allow the use of pcd in invoice validation. ASH status now applied for and provisional approval received. However, unclear whether this will assist with invoice validation.	4	4	16	↔	Tolerate	8		31/03/2014	2	4	8		0
17/07/2012	114.5	Sarah Blow Theresa Osborne	There is a risk that the volume and value of successful continuing healthcare unassessed periods of care claims will be higher than the 2012/13 provision.	Failure to break even in 2014/15	4	5	20	Robust systems in place for assessing & investigating continuing care claims. External support purchased to validate claims. Some claims now being settled. £7.3m CHC provision less payments made to date to transfer to CCG in 2014/15. Value and validity of claims being assessed.	3	5	15	↔	Tolerate	12	Likelihood of risk arising will become clear only with time.	31/03/2014	3	4	12		6
<b>Process: Commission Safe, Sustainable And Equitable Services</b>																					
08/01/2014	179.2	Theresa Osborne Nisha Wheeler	Failure of the Air Conditioning Unit at Lakeside Medical Centre, Server Room due to a faulty part in the unit.	Due to the failure, the server's and Comms equipment could cause to over heat and stop functioning. There is a possibility of fire starting. Also due to the heat, the door has been left opened so the heat can escape, allowing any unauthorised access.	4	4	16	The issue was escalated to the CSU Head of Facilities who then instructed Oxleas Facilities Management to rectify the issue.  A stand alone fan was put in by Bexley CCG IT as a temporary measure to reduce the heat in the Server room until the Air Con was fixed.  The door of the Comms is still open to reduce the heat.	4	4	16	↔	Treat	2	Lee Bolton from Oxleas has emailed to state that the Air con unit will be fixed 8th Jan 2014  Richard Marsh has confirmed the AC has now been fixed	10/01/2014 08/01/2014	1	2	2		0

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																<p>It has now been confirmed that the AC has not been fixed and still awaiting a resolution. Currently, the situation is The door to the server room is currently being left open to allow air flow into the room.</p> <p>There is a stand alone fan situated in the room (I have been told a stand alone air con unit in the room with the door closed was not possible as there was not ventilation.) The on site security guard is aware of the situation and is constantly checking the room throughout the day. All radiators in the surrounding area have been turned off.</p>	09/01/2014					

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DIRECTORATE : Governance And Quality																						
Patients: Improve The Health & Wellbeing Of People In Bexley																						
28/02/2013	101.2	Simon Evans-Evans	David Parkins	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.  Senior Management Team has been formally notified of the CCG concerns and Clinician to Clinician meeting was organised in April 13. CQC have been notified of initial concerns and outcome at S London Surveillance Group  A new style CQRG has been implemented with Lewisham and Greenwich CCGs following work with the good governance institute to improve the quality of the monitoring of quality issues at QEH  regular reports to the governing body and quality and safety subcommittee	3	5	15	↔	Treat	4	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.  Senior management Team have been formally notified of the CCG concerns and Clinician to Clinical meetings was organised in April 13. CQC have been notified of initial concerns and outcome at S London Surveillance Group  Date Entered : 20/06/2013 18:10 Entered By : Nabil Jamshed Escalate issues to the senior management team at SLHT and escalate internally to senior management team and the Governing Body	28/06/2013	2	3	6		4