

Governing Body (public) meeting

DATE: 31 July 2014

Title	Board Assurance Framework	
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p>NOTE the Risks reported as laid out in the attached Board Assurance Framework report.</p>	
Executive Summary	<p>The Governing Body is requested to note the contents of the report enclosed.</p> <p>EMC reviewed the risk register on 3 July 2014. To support the review and update process of risks within the CCG a focused meeting of Assistant Directors is held monthly to review the risk registers in their areas of work and help ensure consistency across the organisation. The most recent meeting was on 21 July 2014. These updates are reviewed by the relevant directors for reporting to the CCG's governance committee(s) as appropriate.</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 <small>(corporate and/or clinical)</small>	As per report

Clinical Commissioning Group

	Equality and Diversity	None specifically
	Patient impact	As per report
	Financial	As per report
	Legal Issues	None specifically
	NHS constitution	None specifically
Consultation (Public, member or other)	N/A	
Audit (Considered / Approved by Other Committees / Groups)	The appropriate Risk Register was reviewed by EMC on 3 rd July 2014.	
Communications Plan	N/A	
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	Clinical Lead Dr Howard Stoate	Executive Sponsor Simon Evans-Evans
Date	21 st July 2014	



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

Consequence/	Likelihood				
	Rare	Unlikely	Possible	Likely	Almost Certain
Catastrophic			101 ↔ 171 ↔	166 ↔	
Major				115 ↔ 160 ↔	
Moderate					167 ↔
Minor					
Negligible					

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	Target Risk Rating Risk Response	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
DIRECTORATE : Commissioning														
Patients: Improve The Health & Wellbeing Of People In Bexley														
30/10/2013	167.2	Sarah Valentine Jonathan Manueljilla	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/resilience groups, to increase service levels to national targets	5 3 15	↔	Treat 15	Ongoing work with providers to improve performance happens on a monthly, weekly and daily basis	30/09/2014	5 3 15	0	
Pounds: Delivering On All Of Our Statutory Duties														
30/10/2013	166.2	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, business intelligence & 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	31/10/2014	4 4 16	0	
02/08/2013	160.6	Sarah Valentine Alison Rogers	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	Weekly monitoring of avoided admissions continues but there has been a drop in the weekly number with a commensurate impact on acute activity Date Entered : 21/07/2014 10:02 Entered By : Alison Rogers 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	30/09/2014	2 4 8	0	
17/05/2012	115.7	Sarah Valentine Jonathan Manueljilla	There is a risk that there will be over-performance on provider contracts in 2014/2015	Failure to break even in 2014/2015	4 5 20	Interim Acute Support in Place within CCG	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)	30/09/2014	3 4 12	6	

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Process: Commission Safe, Sustainable And Equitable Services																					
18/11/2013	171.2	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 carry out their roles correctly in relation to the UCC and Cardiology services	Patients experience longer waiting times and poorer quality treatment, CCG QIPP target is compromised	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	31/10/2014 31/10/2014 31/10/2014 31/10/2014	2	3	6		0

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DIRECTORATE : Governance And Quality																				
Patients: Improve The Health & Wellbeing Of People In Bexley																				
28/02/2013	1014	Simon Evans-Evans	David Parkins	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	CQC report and action plan being monitored via CQRG within TDA and NHS England. Actions from Clinical A&E audit and Clinical Summit Healthwatch audit also being monitored through CORG, QSSC and GB reports Bexley CCG has been working with other CCGs through the L&G CQRG in monitoring and holding to account throughout 13/14. A comprehensive sets of reports about QEH in particular were reviewed by Q&SSC on 22/05/14. CQC inspection reports, Trusts response to CQC, Healthwatch report and Bexley A&E audit. A clinical summit is to be held on 9th June 2014 to review findings and resultant actions. This will be reported back to Q&SSC. Date Entered : 27/05/2014 11:15 Entered By : ----- 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 Clinician meetings was organised in April 13. CQC have been notified of initial concerns and outcome at S London Surveillance Group	30/09/2014	2	3	6		4