

Governing Body (public) meeting

DATE: 26 March 2015

Title	Board Assurance Framework	
Recommended action for the Governing Body	That the Governing Body: NOTE the Board Assurance Framework as laid out in the attached report.	
Executive summary	The report provides assurance to the Governing Body on current risks on the corporate risk register of the organisation with residual risks rating of 15 and above. The report has six risks; one risk from Commissioning and five from Governance and Quality.	
Which objective does this paper support?	Patients: Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	People: Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	✓
	Pounds: Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	Process: Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	Failure to identify and manage effectively the organisations corporate risks.
	Equality and diversity	None identified.
	Patient impact	Failure to identify and manage effectively corporate risks may impact on patient care and service delivery.
	Financial	Failure to identify and manage effectively corporate risks may have adverse impact on our finances.
	Legal issues	Failure to identify and manage effectively the organisations corporate risks may have legal implications.

Clinical Commissioning Group

	NHS constitution	Failure to identify and manage effectively the organisations corporate risks may lead to a breach of the NHS constitution.
Consultation (public, member or other)	N/A	
Audit (considered/approved by other committees/groups)	The risk register has been reviewed by Assistant Directors and Executive Management Committee.	
Communications plan	N/A	
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	Clinical lead Dr Howard Stoaie Bexley CCG Chair	Executive sponsor Simon Evans-Evans Director of Governance and Quality
Date	16 March 2015	

Board Assurance Framework

Introduction

The report presents the Board Assurance Framework (BAF) to Governing Body. The BAF is made up of risks with a residual rating of 15 and above in the Corporate Risk Register. It is intended to provide assurance to the Governing Body on how effectively managers and directors are managing the corporate risks of the organisation.

The Assistant Directors meet monthly to review the risk register. They, as owners of many of the risks, continue to review the risks, updating them when necessary in addition to identifying new risks. Departmental teams also review their risks at their various meetings. The risk register was reported to the Executive Management Committee on 5 March and subsequently updated for this report to the Governing Body.

Risk Register

As part of the CCG's risk management and assurance process, the Governing Body at each meeting should have an oversight of all risks with ratings of 15 and above. Currently, there are six risks that meet the criteria on the Board Assurance Framework; one from Commissioning, five from Governance and Quality and none from Finance.

The attention of the Governing Body is drawn to Risk 195 and 167 with residual risk ratings of 16 and 20 respectively, with both having a forecast rating of 15

Recommendation

The Governing Body is asked to consider and note the Board Assurance Framework.

**NHS Bexley Clinical Commissioning Group
Governing Body**

Risk Ref	Risk <i>High-level potential risks that are unlikely to be fully resolved and require ongoing control</i>	Movement since Last Assessment	Residual Risk Rating			Forecast Risk Rating		
			Likelihood	Impact	RAG Status	Likelihood	Impact	RAG Status
167	Failure by providers at Lewisham and Greenwich during 2014-15 to deliver the 95% A&E 4 hour wait target consistently. (Dir: Commissioning)	↔	5	4	20	5	3	15
190	Quality of care in 2014-15 in Care Homes within the borough (LB Bexley) is not currently jointly monitored by way of a CQRG involving GPs and External Providers (Dir: Governance And Quality)	↔	4	4	16	4	2	8
195	The forecast year end prescribing for the prescribing budget from NHSBSA is projecting a significant overspend Areas of increased spend compared with 2013-14 include Vitamin D, New Oral anticoagulants, Diabetes medication and Pregabalin (Dir: Governance And Quality)	↔	4	4	16	5	3	15
198	The triangulation of information in 2014-15 from both soft and hard data suggests that there are a number of quality and safety issues at QEH (L&G Trust). (Dir: Governance And Quality)	↑	3	5	15	2	3	6
200	18 weeks and 52 weeks+ referral to treatment time targets are not being achieved in 2014-15 (Dir: Governance And Quality)	↔	3	5	15	2	3	6
201	The risk that QEH and DVH are not compliant with Safeguarding Children training requirements and therefore not compliant with their statutory duty set out under Section 11 (Children Act 1989) in 2014-15 (Dir: Governance And Quality)	↑	3	5	15	3	3	9

NHS Bexley Clinical Commissioning Group Governing Body

Step 1 - Identify				Step 2 - Evaluate					Step 3 - Plan			Step 4 - Record & Review							
Date Raised	Ref	Accountable Director (Risk Sponsor)	Accountable Lead (Risk Owner)	Inherent Likelihood Score	Inherent Impact Score	Inherent Risk Rating	Controls In Place i.e. Actions implemented where this is evidence/documentated note evidence of Risk being controlled	Residual Likelihood Score	Residual Impact Score	Residual Risk Rating	Risk Movement from Last Assessment	Target Risk Rating	Risk Response	Action Deadline	Forecast Likelihood (Post Actions)	Forecast Impact (Post Actions)	Forecast Risk Rating (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	167.3	Simon Evans-Evans	Jonathan Manuepilla	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	4	20	↔	Treat	15	31/03/2015	5	3	15		0
			Failure by providers at Lewisham and Greenwich during 2014-15 to deliver the 95% A&E 4 hour wait target consistently.				The CCG will not meet its statutory performance target						Ongoing work with providers to improve performance happens on a monthly, weekly and daily basis SE London have signed up with TDA and NHS England to disapply the penalties in order for the providers to reinvest the monies to achieve standards in Q3 ECIST review undertaken and completed and action plan is currently being implemented. The potential to implement sanctions in 2015-16. McKinseys review of A&E and hospital discharge due to be completed next week (Friday, 13 Feb 15). This will inform appropriateness of pathways, discharges and application of 'One Rule for All'. Daily telephone calls at Executive level. The Trust set up a Clinical Decision Unit which has led to improved trajectory in 2014-15. In 2015-16 the Trust will be further increasing its utilisation of Ambulatory care sensitive pathways and the implementation of the recommendations from the McKinsey review						

NHS Bexley Clinical Commissioning Group Governing Body

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 evidence/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 Rating	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)	Interdependencies i.e. Does it Impact any one else	Audit and Integrated Assurance Committee RAG Rating of Mitigating Actions
DIRECTORATE : Governance And Quality																						
Patients: Improve The Health & Wellbeing Of People In Bexley																						
05/08/2014	190.3	Simon Evans-Evans	Zoe Hicks-Hohn	Quality of care in 2014-15 in Care Homes within the borough (LB Bexley) is not currently jointly monitored by way of a CQRG involving GPs and External Providers	Risk that poor care is not being exposed	4	4	16	We have regular meetings and communications with the Local Authority and working on mobilisation to form a robust CQRG to share intelligence of quality of care within Care Homes	4	4	16	↔	Tolerate	8	Care Homes within the borough not currently jointly monitored by way of a CQRG involving GPs and External Providers	31/03/2015	4	2	8		0
Pounds: Delivering On All Of Our Statutory Duties																						
24/09/2014	195.4	Simon Evans-Evans	Clare Fernae	The forecast year end prescribing for the prescribing budget from NHSBSA is projecting a significant overspend Areas of increased spend compared with 2013-14 include Vitamin D, New Oral anticoagulants, Diabetes medication and Pregabalin	Failure to breakeven in 2014-15	4	5	20	Prescribing advisers targeting most projected overspent practices. Practice support pharmacists post being recruited to help practices. Care homes pharmacist full time post being recruited to. Quality and cost effectiveness dashboard being produced for GP practices. Training for practices to access NHSBSA prescribing data being arranged.	4	4	16	↔	Treat	12	Medicines management team to continue to work with practices, targeting the most overspent practices. Medicines management team to also continue to work with South East London Area Prescribing Committee to continue to produce guidelines joint with South East London hospitals for new medications that will have an impact on primary care prescribing.	31/03/2015	5	3	15		0
Patients: Improve The Health & Wellbeing Of People In Bexley																						
21/10/2014	198.1	Simon Evans-Evans	David Parkins	The triangulation of information in 2014-15 from both soft and hard data suggests that there are a number of quality and safety issues at QEH (L&G Trust).	This may potentially affect the quality and patient safety of service for Bexley patients at QEH.	3	5	15	Monitoring of issues by Bexley CCG quality and patient experience teams Raising of issues at joint L&G/CCGs CQRG and monitoring of improvement plans. Regular reports on L&G Trust at Quality and Safety Sub-committee and Governing body. CQC report on L&G and assurance meetings around subsequent improvement plan.	3	5	15	↑	Treat	6	Bexley CCG has been working throughout 13/14 and to date in monitoring and holding to account. A comprehensive set of reports were reviewed by Q&SSC on 22/05/14. CQC inspection reports, trust response to CQC, Healthwatch and Bexley A&E report. A clinical summit was held on 9th June 2014. Issues also addressed at S London Surveillance group. Any concerns against non delivery of plans are reported to the contract management board.	31/03/2015	2	3	6		0
23/10/2014	201.1	Simon Evans-Evans	JILL MAY	The risk that QEH and DVH are not compliant with Safeguarding Children training requirements and therefore not compliant with their statutory duty set out under Section 11 (Children Act 1989) in 2014-15	Frontline staff do not recognise or act to Safeguard Children	3	5	15	Quarterly monitoring by providers and CCG Training strategy for both organisations in place. Named Safeguarding professionals in post to provide advise and support to individuals	3	5	15	↑	Treat	6	Trejectory plans to achieve compliance not in place	31/03/2015	3	3	9		0
21/10/2014	200.3	Simon Evans-Evans	David Parkins	18 weeks and 52 weeks+ referral to treatment time targets are not being achieved in 2014-15	Failure to meet referral to treatment times may potentially affect quality and patient safety of service for Bexley patients.	3	5	15	CCG admitted RTT pathway was 87.7% (Oct 14) against target of 90%. L&G Trust 18 weeks performance is 90.4% (Oct 14) which is on target. KCH is 79.1% (500 patients). KCH has undertaken additional activity using national RTT monies, 2 further tranches over over Oct-Nov. It is expected that Trusts will achieve 90% by end of December 2014. CCG/CSU also monitors 52+ week performance reports and raises quality issues at CQRG.	3	5	15	↔	Treat	6	Tranche 1 monies are being used to enable recovery of position. In the event of non assurance of delivery of Trusts action plans, the CQRG will escalate to CMB.	31/03/2015	2	3	6		0

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							As of October 14, CCG had 3 long waiters all of which occurred at KCH. KCH are reporting that they are instigating actions to improve current position. There is evidence that these are having an effect. They are forecasting 0 waiters by the end of December 14.												