

Governing Body (public) meeting

DATE: 21 May 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 GGC's corporate risk register with residual risk ratings of 15 and above. The report, derived from the new 2015-16 risk register has three risks; one from Commissioning and two 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 with this report.
	Patient impact	Failure to identify and manage effectively the organisations' corporate risks may impact on service delivery and patient care.
	Financial	Failure to identify and manage effectively the organisations' corporate risks may have adverse impact on the CCG's

Clinical Commissioning Group

		finances.
	Legal issues	Failure to identify and manage effectively the organisations' corporate risks may have legal implications for the CCG.
	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)	Not applicable	
Audit (considered/approved by other committees/groups)	None	
Communications plan	None	
Author	Elinam Attipoe, Corporate Governance and Risk Manager	
	Clinical lead	Executive sponsor
	Dr Howard Stoate Chair	Simon Evans-Evans Director of Governance and Quality
Date	8 May 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 report is derived from the new 2015-16 corporate risk register. The Assistant Directors continue to meet monthly to review the risk register. They, as owners of many of the risks, review the risks, updating them when necessary. They also identify new risks within their directorates and with the approval of their directors add these to the register. Departmental teams also review their risks at their various meetings.

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 three risks that meet the criteria on the Board Assurance Framework; one from Commissioning, two from Governance and Quality.

The attention of the Governing Body is drawn to:

- Risk 167. This relates to failure by providers at Lewisham and Greenwich to deliver the 95% A&E 4 hour wait target consistently. It has a forecast risk rating of 15.
- Risk 198 relates to the triangulation in 2015-16 from both soft and hard data suggests that there are a number of quality and safety issues at QEH (L&Q Trust). The risk has a residual risk rating of 15 but a forecast of 6
- Risk 201 states that QEH and DVH are not compliant with Safeguarding Children training and therefore not compliant with Section 11 (Children Act 1989). It has a residual risk rating of 15 and a target of 9.

Recommendation

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

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

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 2015-16 to deliver the 95% A&E 4 hour wait target consistently. (Dir: Commissioning)	↔	4	4	16	5	3	15
198	The triangulation of information in 2015-16 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
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 2015-16 (Dir: Governance And Quality)	↔	3	5	15	3	3	9

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 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 : Commissioning																					
Patients: Improve The Health & Wellbeing Of People In Bexley																					
30/10/2013	167.4	Jonathan Manueljilla Simon Evans-Evans	Failure by providers at Lewisham and Greenwich during 2015-16 to deliver the 95% A&E 4 hour wait target consistently.	The CCG will not meet its statutory performance target	5	4	20	Working directly with key providers around service failures, and via urgent care groups/resilience groups, to increase service levels to national targets Daily telephone calls at executive level. Regular tripartate meetings. McKensey review of A&E and hospital discharge. This informs appropriateness of 'One Rule for All'. The Trust set up a Clinical Decision Unit which has led to improvements. The Trust will further increase utilisation of Ambulatory care sensitive pathways and the implementation of the recommendations of the McKinsey review.	4	4	16	↔	Treat	15	Ongoing work with providers to improve performance happens on a daily, weekly and monthly 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.	30/09/2015	5	3	15		0

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 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																					
23/10/2014	201.2	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 2015-16	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	30/09/2015	3	3	9		0
21/10/2014	198.2	Simon Evans-Evans David Parkins	The triangulation of information in 2015-16 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 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 has been held. Issues also addressed at S London Surveillance group. Any concerns against non delivery of plans are reported to the contract management board.	30/09/2015	2	3	6		0