

Governing Body Public Meeting

DATE: 26 September 2013

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 Committee is requested to note the contents of the report enclosed.</p> <p>I am pleased to confirm the fully implemented electronic Risk Register system within the CCG and the development of the Risk Register map showing profile of Risk for the CCG in the enclosed report. Report enclosed for the Governing Body to note.</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
	Equality and Diversity	None
	Patient impact	As per report

Clinical Commissioning Group

	Financial	As per report
	Legal Issues	None
	NHS constitution	None
Consultation (Public, member or other)	N/A	
Audit (Considered / Approved by Other Committees / Groups)	The Risk Register was reviewed by the Executive Management Committee on 19 September 2013	
Communications Plan	Published with the papers	
Author	Nabil Jamshed	
	Clinical Lead Dr Howard Stoate	Executive Sponsor Simon Evans-Evans
Date	10 September 2013	

**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
Catastrophic 5			101 ↑ 114 ↔ 118 ↔	126 ↑ 160 ↑	
Major 4				115 ↔ 117 ↑ 161 ↑	
Moderate 3					
Minor 2					
Negligible 1					

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						
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 Response	Target Risk Rating	Control Gap What further action needs to be put in	Forecast Risk Rating (Post Actions)	Forecast Impact (Post Actions)	Forecast Likelihood (Post Actions)	Action Deadline	Interdependencies i.e. Does it Impact any one else	Audit and Integrated Assurance Committee RAG Rating of Mitigating Actions	
Pounds: Delivering On All Of Our Statutory Duties																				
10/03/2013	117.1	Theresa Osborne	There is a risk that the specialist commissioning reductions to the CCG 2013/14 baseline will not be cost neutral with the reductions made to acute provider contracts	4	5	20	The CSU and CCG are monitoring information received on SCG to understand impact on budgets. The NCB has informed the CCG to plan on zero impact.	4	4	16	Tolerate	12	The transfer figures are going to be reviewed in year, details to be agreed.	30/09/2013	3	4	12		0	
24/06/2013	126.1	Sarah Blow	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.	4	5	20	Working with SL CSU to establish ways of carrying out invoice validation without PCD.	4	5	20	Tolerate	8	Intention to apply for Approved Safe haven status when guidance is available.	30/09/2013	2	4	8		0	
17/07/2012	114.2	Sarah Blow	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.	4	5	20	Robust systems in place for assessing & investigating continuing care claims.. Additional 2% NR funding recd in 2012/13 to cover £4.7m and 2012/13 provision included to cover most likely case. External support purchased to validate claims. Some claims now being settled.	3	5	15	←	Tolerate	12	Value and validity of claims to be regularly assessed. Likelihood of risk arising will become clear only with time.	30/09/2013	3	4	12		6
17/05/2012	115.2	Sarah Valentine	There is a risk that there will be over-performance on provider contracts in 2013/14.	4	5	20	GP support in place to manage activity where possible. Risk Strat tool developed to identify LTC patients and manage activity. 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	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.	30/09/2013	3	4	12		6
10/03/2013	118.2	Theresa Osborne	There is a risk that the CCG's substantial 2013/14 QIPP programme will under-deliver	4	5	20	QIPP management structure in place; FWG & star chamber meetings in place; leads identified for each scheme; GP support in place to manage activity where possible. GP event held to explain the importance of QIPP, the financial position of the CCG and to help develop further schemes. Risk Strat tool developed to identify LTC patients; PMO in CCG structure. Detailed PMO procedures in place; Director of Commissioning in post and support from acute contracting at CSU 2 days per work. Procurement support and project management support secured to deliver service redesign. Risk reserve in place	3	5	15	←	Treat	10	Pipeline delivery of schemes. Implement IA recommendations to improve reporting. Increase liaison between PMO locally and CSU acute colleagues re QIPP reporting. All schemes to have robust business cases. One to one meetings with project managers to be arranged. Working with providers to ensure delivery of schemes.	30/09/2013	2	5	10		0
02/08/2013	160.1	Theresa Osborne	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	4	5	20	The numbers are being included in the forward planning for the CCG. Discussions are planned with the local authority to try to ensure that the transfer is well planned and achieves the required outcomes	4	5	20	Treat	8	Regular meetings with local authority colleagues required to discuss and agree a plan for the transfer of funds and the outcomes required	02/08/2013	2	4	8		0	

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Date Raised	Ref	Accountable Lead (Risk Owner) Accountable Director (Risk Sponsor)	Risk Description & Cause (What could prevent the Objective from being achieved)	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	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
Pounds: Delivering On All Of Our Statutory Duties																			
02/08/2013	161.1	Theresa Osborne Sarah Blow	There is a risk that the CCG will incur additional allocation adjustments in respect of property and vacant space in property in 2013/14, the values of which are as yet unknown	4	4	16	The CCG is aware of the potential for being charged for this sum and the risks associated with this	4	4	16	Treat	9	Continue to monitor for charges to come through, if possible set aside reserves to cover (not possible at this time)	02/08/2013	3	3	9		0
Patients: Improve The Health & Wellbeing Of People In Bexley																			
28/02/2013	101.1	David Parkins Simon Evans-Evans	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.	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	3	5	15	Treat	4	Escalate issues to the senior management team at SLHT and escalate internally to senior management team and the Governing Body	28/06/2013	2	2	4		4