

## Governing Body (public) meeting

DATE: 28 November 2013

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 in w/c 11 November 2013 and all changes have been incorporated.	
Communications Plan	Published with the papers	
Author	Nabil Jamshed	
	Clinical Lead	Executive Sponsor
	Dr Howard Storate	Simon Evans-Evans
Date	18 November 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 ↔ 166 ↑	
Major 4				115 ↔ 117 ↔ 161 ↑	
Moderate 3					164 ↑ 167 ↑
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							
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	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
<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	30/11/2013	4	4	16		0
31/10/2013	164.1	Sarah Valentine Theresa Osborne	111 Service transfer from NHSD to London Ambulance Service (LAS) - financial risk	Additional costs for 2013/14 financial year, together with additional costs (above forecast budget) for 2014/15 financial year	5	3	15	In 2013/14 additional costs are being managed centrally via NHS England, there is a likely additional cost to the CCG for 2014/15 of +£0.5m	5	3	15	↑	Tolerate	2	Discussions have taken place with LAS to endeavour to reduce the eventual additional cost for 2014/15, and open book accounting has been agreed, however at present the risk of £0.5m still exists	30/1/2013	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 Director (Risk Sponsor)	Accountable Lead (Risk Owner)	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	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
<b>DIRECTORATE : Finance</b>																						
<b>Pounds: Delivering On All Of Our Statutory Duties</b>																						
24/06/2013	126.2	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. Working to gather required data to apply for ASH status	4	5	20	↔	Tolerate	8	Intention to apply for Approved Safe haven status when guidance is available. Working to gather data to apply for ASH status	31/12/2013	2	4	8		0
02/08/2013	160.3			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 2014/15	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	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 required to discuss and agree a plan for the transfer of funds and the outcomes required	02/08/2013	2	4	8		0
02/08/2013	161.1	Sarah Blow	Theresa Osborne	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	Failure to breakeven in 2013/14	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
10/03/2013	117.2	Theresa Osborne	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	Failure to break even in 2013/14	4	5	20	The CSU and CCG are monitoring information received on SCG to understand impact on budgets. The NHS England has informed the CCG to plan on zero impact. Further information received and amendments made	4	4	16	↔	Tolerate	12	The transfer figures are going to be reviewed in year, details to be agreed. Final figures still awaited	31/12/2013	3	4	12		0
17/05/2012	115.4	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)	31/12/2013	3	4	12		6
17/07/2012	114.4	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 to transfer to CCG. Value and validity of claims being assessed.	3	5	15	↔	Tolerate	12	Likelihood of risk arising will become clear only with time.	31/12/2013	3	4	12		6

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 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	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
10/03/2013	118.3	Theresa Osborne	Theresa Osborne	There is a risk that the CCG's substantial 2013/14 QIPP programme will under-deliver	Failure to break even in 2013/14	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; 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. One to one project meetings in place. Improved reporting in place. Business cases in place.	3	5	15	↔	Treat	10	October 2013 - Monthly Director to Director reviews and monitoring underway.  Date Entered : 08/11/2013 16:42 Entered By : Nabil Jamshed Pipeline delivery of schemes. Increase liaison between PMO locally and CSU acute colleagues re QIPP reporting. Working with providers to ensure delivery of schemes. QIPP reporting from CSU	31/12/2013	2	5	10		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 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	Target Risk Rating Risk Response	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	
<b>DIRECTORATE : Governance And Quality</b>																				
<b>Patients: Improve The Health &amp; Wellbeing Of People In Bexley</b>																				
28/02/2013	101.1	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	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	2	4		4