

Item: 6.5

Report to:	NHS Hull Clinical Commissioning Group Board
Date of Meeting:	23 March 2018
Subject:	Board Assurance Framework
Presented by:	Mike Napier, Associate Director of Corporate Affairs
Author:	Mike Napier, Associate Director of Corporate Affairs

STATUS OF THE REPORT:

To approve	<input type="checkbox"/>	To endorse	<input type="checkbox"/>
To ratify	<input type="checkbox"/>	To discuss	<input type="checkbox"/>
To consider	<input checked="" type="checkbox"/>	For information	<input type="checkbox"/>
To note	<input type="checkbox"/>		

PURPOSE OF REPORT:
The purpose of this report is to present the current board assurance framework (BAF) for consideration.

RECOMMENDATIONS:
It is recommended that the CCG Board note the updates provided and comment, as appropriate.

REPORT EXEMPT FROM PUBLIC DISCLOSURE No Yes

If yes, grounds for exemption
(FOIA or DPA section reference)

CCG STRATEGIC OBJECTIVE

The BAF sets out, by definition, the identified risks against all of the organisation's strategic objectives.

IMPLICATIONS:	
Finance	Financial implications of individual risks assessed on a case by case basis in accordance with the CCG risk identification matrix.
HR	No adverse implications identified

Quality	Risks identified on a case by case basis
Safety	Risks identified on a case by case basis

ENGAGEMENT:

The risks within the board assurance framework have been established the CCG Board and the controls / assurances against these subsequently developed by relevant senior officers of the CCG.

LEGAL ISSUES:

No explicit adverse issues identified, however, any legal implication for specific assurance framework entries would be identified as part of the risk description.

EQUALITY AND DIVERSITY ISSUES:

	<i>Tick relevant box</i>
An Equality Impact Analysis/Assessment is not required for this report.	√
An Equality Impact Analysis/Assessment has been completed and approved by the lead Director for Equality and Diversity. As a result of performing the analysis/assessment there are no actions arising from the analysis/assessment.	
An Equality Impact Analysis/Assessment has been completed and there are actions arising from the analysis/assessment and these are included in section xx in the enclosed report.	

THE NHS CONSTITUTION:

This report supports the NHS pledge to staff and all aspects of the patients' rights.

NHS HULL CCG BOARD ASSURANCE FRAMEWORK

1. INTRODUCTION

The CCG has maintained an assurance framework as an essential part of its governance arrangements to ensure that the principal threats to achievement of the organisation's strategic aims and objectives are clearly identified, mitigated and monitored. In-year review allows the CCG Board and Integrated Audit and Governance Committee (IAGC) to maintain an appropriate focus on risks to the delivery of key objectives.

The Board Assurance Framework (BAF) provides an important source of assurance.

2. BACKGROUND

The enclosed BAF presents the updated position against the assessed risks to these strategic objectives. For ease of reference the updates are highlighted in red within the report.

3. UPDATES

The BAF comprises a total of 26 risks relating to the strategic objectives of the CCG.

The risk ratings within the BAF are broken down as follows:

Risk Category	Number of risks
Extreme	0
High	19
Moderate	7

All risks have kept their previous risk ratings. The highest risk ratings are shown below:

Highest Rated Risks

Risk	Description	Risk Rating		
		Impact	Likelihood	Rating
1.1	- Activity and demand is not appropriately managed, leading to cost pressures across the three organisations involved in the Aligned Incentive Contract (AIC)	3 x 4 = 12		
1.2	- Failure to get clinical engagement under new Aligned Incentive Contract leading to old ways of working	4 x 3 = 12		

3.1	- Not possible to translate plans into system change on the ground or at a suitable pace	4 x 3 = 12
3.2	- Failure to achieve financial efficiencies in joint prioritisation framework	4 x 3 = 12
6.1	- Resistance to change inhibiting progress on integrated delivery model	4 x 3 = 12
6.2	- Lack of appropriate incentives are identified to drive progress on integrated delivery model	4 x 3 = 12
6.3	- Appropriate changes measures not developed or don't achieve anticipated benefits in integrated delivery model	4 x 3 = 12
7.1	- Resistance to change inhibiting progress on development of primary care scale	4 x 3 = 12
8.1	- Demand for services is greater that what can be provided.	3 x 4 = 12

4. RECOMMENDATIONS

It is recommended that the CCG Board note the updates provided and comment, as appropriate.