

**Item: 6.6**

|                         |  |
|-------------------------|--|
| <b>Report to:</b>       | NHS Hull Clinical Commissioning Group Board                            |
| <b>Date of Meeting:</b> | 22 March 2019  |
| <b>Subject:</b>         | Board Assurance Framework  |
| <b>Presented by:</b>    | Mike Napier, Associate Director of Corporate Affairs                   |
| <b>Author:</b>          | Mike Napier, Associate Director of Corporate Affairs / CCG Risk Owners |

**STATUS OF THE REPORT:**

|             |                                     |                 |                          |
|-------------|-------------------------------------|-----------------|--------------------------|
| To approve  | <input checked="" type="checkbox"/> | To endorse      | <input type="checkbox"/> |
| To ratify   | <input type="checkbox"/>            | To discuss      | <input type="checkbox"/> |
| To consider | <input 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 approval.

**RECOMMENDATIONS:**  
It is recommended that Board Members approve the BAF 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 43 risks relating to the 12 strategic objectives of the CCG for 2018/19.

Updates are highlighted in red.

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

| Risk Category | Number of risks |
|---------------|-----------------|
| Extreme       | 7               |
| High          | 33              |
| Moderate      | 3               |

All risks have maintained their initial risk rating, with the exception of Risk 11.3 which has increased slightly in-year.

### Highest Rated Risks

| Risk | Description  | Risk Rating |            |        |
|------|--|-------------|------------|--------|
|      |  | Impact      | Likelihood | Rating |
| 2.1  | - Insufficient capacity and skills within the primary care groupings to deliver new service model at scale | 4 x 4 = 16  |            |        |
| 2.4  | - Lack of single vision between stakeholders on new model  | 4 x 4 = 16  |            |        |

|            |   |            |
|------------|---|------------|
| <b>3.3</b> | - Failure to make sufficient progress on clinical outcomes  | 4 x 4 = 16 |
| <b>3.4</b> | - Failure to secure sufficient diagnostic capacity  | 5 x 4 = 20 |
| <b>5.1</b> | - Lack of mature market responding to need  | 5 x 4 = 20 |
| <b>5.4</b> | - Level of provision and delivery of services through the inability to commission an appropriate specialist service in the area | 5 x 4 = 20 |
| <b>6.1</b> | - Focus on statutory work could detract from long term plans  | 5 x 3 = 15 |

#### **4. RECOMMENDATIONS**

It is recommended that Board Members approve the BAF provided and comment, as appropriate.