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<b>Date</b>	Tuesday, 14 November 2017
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<b>Title of paper</b>	<b>Board Assurance Framework (v4.7) 2017/18</b>
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<b>Presenter</b>	Ben Westmancott, Director of Compliance		
<b>Author</b>	Various Directors – Co-ordinated by Director of Compliance		
<b>Responsible Director</b>	Ben Westmancott, Director of Compliance		
<b>Clinical Lead</b>	CCG Chair		
<b>Confidential</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	Items are only confidential if it is in the public interest for them to be so

**The Governing Body is asked to:**

**Discuss** the CWHHE Board Assurance Framework v4.7; and

**Provide** any comments to the CWHHE Governance team, regarding further assurances or clarification needed, also on how this information is best presented to enable effective discussion with a view to approving.

**Summary of purpose and scope of report**

The Board Assurance Framework sets out the CCG's strategic objectives and the key risks to successful delivery. Each entry describes the controls in place and the assurances that tell us whether we are on course.

Comments from CCGs have been incorporated on the rear of each entry, together with commentary from the governance team.

Attention is drawn to the following points:

**Risk 2.3, evidence based quality improvement: the risk has been reduced to the risk appetite indicating that the risk has been mitigated as long as the control mechanisms are maintained. The Governing Body's views on the controls are sought in order to accept that the risk has been sufficiently mitigated.**

**Risk 4.2, mental health services for children and young people: the entry has been updated significantly and the Governing Body should ensure that they agree that the entry summarises the risk and current position well.**

**Some risks have not changed their score since the start of the year suggesting that the controls we have put in place have not led to a material improvement. The Governing Body should consider whether there is anything more that we need to be doing. This relates to risks: 1.2, uptake of ill-health prevention; 4.1, mental health**

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**programmes; 6.2, the way we organise ourselves; 6.6, engaging with stakeholders; and 6.8, the commissioner-provider relationship.**

**Quality & Safety/ Patient Engagement/ Impact on patient services:**

There are risks relating to the quality of services and impacts on patient outcomes. These specifically relate to sustainability plans and unintended consequences arising from the changes we are making.

The BAF will help us to manage and improve quality.

**Finance, resources and QIPP**

The exercise has helped us to describe the risks relating to finance, particularly in the context of having to achieve a control total across the sector (NW London).

**Equality / Human Rights / Privacy impact analysis**

There is no negative impact on equalities, human rights and privacy relating to the BAF.

<b>Risk</b>	<b>Mitigating actions</b>
This document sets out the key risks to the delivery of our strategic objectives.	Controls, assurances and action plans are in place to address these key risks.

**Supporting documents**

None

**Governance and reporting**

(list committees, groups, other bodies in your CCG or other CCGs that have discussed the paper)

<b>Committee name</b>	<b>Date discussed</b>	<b>Outcome</b>
CCG review	Sept / October	Comments received were provided to risk owners
Risk owners review	Sept / October	Updates were provided to CWHHE Governance team