

# BOARD ASSURANCE FRAMEWORK



**Amended Following November 2015 Governing Body Meetings**

**VERSION 2.2 – February 2016**

## INTRODUCTION

1. As a Clinical Commissioning Group (CCG) we have identified various risks, many of which are low level and are operationally managed. This document highlights the top strategic risks facing us as an organisation and, therefore, the scores for these risks tend to be higher, at least at the start of the year.
2. The CCG is part of a collaborative arrangement with other CCGs in North West London comprising Central London, West London, Hammersmith & Fulham, Hounslow and Ealing CCGs. The CCGs have worked together to identify a common set of risks and to develop common approaches to their management, as appropriate. Some risks are more pertinent to some CCGs than others.
3. Workshops have taken place with each CCG Governing Body to identify the strategic objectives and priorities for the year. The outputs were mapped to the set of identified risks from 2014/15, as well as new risks identified during governing body and committee discussions. This Board Assurance Framework (BAF) takes those key risks to the delivery of the CCG's strategic objectives and sets out the controls that have been put in place to manage the risks and the assurances that have been received that show if the controls are having the desired impact. It includes an action plan to further reduce the risks and an assessment of current performance.
4. The table below sets out the strategic objectives and lists the various risks that relate to them.

**A note on RAG ratings: red indicates no improvement on risk score since April 2015; amber indicates a reduction in risk score; green indicates reduction of risk score to the risk appetite.**

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CCG Objective	Description of Risk Identified	Initial Score	Current Score	Last Review
<b>Objective 1:</b> Enabling people to take more control of their health and wellbeing.	<b>1</b> – if we do not successfully empower patients and change behaviours, activity will continue to grow and the system will become unsustainable.	16	16	February 2016
	<b>2 – safeguarding children:</b> risk that we do not comply with the Children Act and the NHS England assurance framework due to complexities of multi-agency working (especially in the case of looked after children placed out of borough) and the way tier 4 child and adolescent mental health services (CAMHS) are commissioned, leading to a child being seriously harmed.	15	10	February 2016
<b>Objective 2:</b> Securing quality healthcare services and improved outcomes for the people we commission services for	<b>3 – safeguarding adults:</b> risk that we do not sustain compliance with the Care Act and the NHS England assurance framework across all the services that we commission, leading to an adult being seriously harmed.	16	10	February 2016
	<b>4- Chelsea and Westminster Hospital NHS Foundation Trust:</b> risk that the acquisition of West Middlesex Hospital does not realise the expected benefits for patients.	16	12	February 2016
	<b>5 – Imperial:</b> risk that the Trust does not deliver quality and performance requirements and strategic change to the require timescales, particularly in relation to: <ul style="list-style-type: none"> <li>• Accident &amp; Emergency performance;</li> <li>• non-elective pathway changes;</li> <li>• referral to Treatment performance; and</li> <li>• Outpatients.</li> </ul>	16	16	February 2016
	<b>6 - London North West NHS Trust:</b> risk that the Trust (incorporating Ealing Hospital) does not deliver quality and performance requirements to the required timescales, particularly in relation to: <ul style="list-style-type: none"> <li>• Cancer services;</li> <li>• staffing levels; and</li> <li>• Trust finances.</li> </ul>	20	20	February 2016
	<b>7 - Central London Community Healthcare NHS Trust:</b> risk that the organisation is not delivering strategic change and operational performance, with a focus on safe services during the procurements of care home services, and transformation of community nursing.	20	16	February 2016

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CCG Objective	Description of Risk Identified	Initial Score	Current Score	Last Review
	<b>8 - West London Mental Health Trust:</b> risk that the organisation is not well positioned to deliver strategic change and operational performance.	16	12	February 2016
	<b>9 - Central &amp; North West London Trust:</b> risk that the Trust does not deliver quality and performance requirements and strategic change to the required timescales, particularly in relation to: <ul style="list-style-type: none"> <li>• staffing levels;</li> <li>• financial position;</li> <li>• service transformation and capacity to deliver change; and</li> <li>• bed capacity – Care Quality Commission Report.</li> </ul>	20	15	February 2016
	<b>10 - London Ambulance Service:</b> risk that the workforce is not in place to deliver the high quality, value for money service required, leading to delays in attending patients and risk of serious patient harm.	16	16	February 2016
	<b>11 – Care homes and care packages:</b> risk that quality and financial challenges in care providers (such as care homes, supported housing, domiciliary care or other care packages commissioned by CCGs) leads to patient harm and / or safeguarding concerns, as well as putting pressure on Accident & Emergency and non-elective activity.	20	20	February 2016
	<b>12 – Federations:</b> risk that Primary Care is unable to deliver increased activity due to organisational and workforce issues (includes implications of working at scale and establishing GP federations).	16	16	February 2016
	<b>13 – Primary Care co-commissioning:</b> risk that the structures and behaviours established to jointly commission primary care with NHS England: <ul style="list-style-type: none"> <li>• do not enable us to commission the change required to deliver our strategy;</li> <li>• adversely affect relationships with member practices;</li> <li>• create significant conflicts of interest; and</li> <li>• there is not the finance or capacity to deliver</li> </ul> and lead to challenges in delivering the change to services in our plans.	16	12	February 2016

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<b>Objective 3:</b> Enhancing the organisation's culture – developing people, processes and systems to help deliver high quality commissioning	<b>14 – engagement:</b> if we do not engage member practices, the LMC and other partners in the change programmes, we will not be able to realise the intended quality improvements.	16	12	February 2016
<b>Objective 4:</b> Establishing a collaborative and proactive culture with partners and the people we commission services for	<b>15 – conflicts of interest:</b> not managing conflicts of interest adequately leaves us open to challenge and reputational damage.	15	12	February 2016
	<b>16 – strategic change (workforce)</b> : risk that we do not have the required resources in place across the system to deliver strategic change including: <ul style="list-style-type: none"> <li>- workforce to deliver new models of care;</li> <li>- training and development for future workforce;</li> <li>- organisational development programmes that challenge the status quo, communicate the change needed, shape the culture and values needed and empower staff;</li> <li>- finances to fund transitional change; and</li> <li>- IT systems that make good and efficient use of technology.</li> </ul>	16	16	February 2016
<b>Objective 5:</b> Planning, developing and delivering strategies and actions that reduce inequalities and improve health outcomes	<b>17 – strategic change (organisations):</b> risk that provider organisations are not able to support implementation of the strategic changes to acute services.	16	12	February 2016
<b>Objective 6:</b> Empowering staff to deliver our statutory and organisational duties	<b>18 – finance:</b> risk that we do not achieve our financial duties in 2015/16, as well as ensuring the longer term financial stability and security of the system, whilst remaining within the management spend budget.	15	10	February 2016