

BOARD ASSURANCE FRAMEWORK



Amended Following September 2016 Governing Body Meetings

VERSION 4.2 – November

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 2015/16, 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.

RAG key: Red = Score increased since Sept 2016, Amber = No change since Sept 2016, Green = Score reduced since Sept 2016.

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CCG Objective	Description of Risk Identified (<i>Director lead</i>)	Initial	Current	Variation	Appetite	Last Review
Objective 1: Securing high quality services for patients and reducing the inequality gap.	Risk 1: Quality of services (central/smaller contracts): risk that we do not take adequate consideration of service quality as a result of failing to monitor core quality requirements do not monitor the right elements of the new services leading to unnecessary harm. (<i>Jonathan Webster</i>)	16	16	Unchanged	8	October 2016
	Risk 2: Assurances (larger contracts): risk that our assurance mechanisms are found to be insufficient leading to significant quality issues emerging and a diversion of resources away from planned interventions. (<i>Jonathan Webster</i>)	10	10	Unchanged	5	October 2016
Objective 2: Enabling people to take more control of their health and wellbeing through information and ill-health prevention.	Risk 3: Long Term Condition Prevention and Management: risk that we do not take action now to help people stay healthy and support patients with long term conditions leading to worsening population health and more pressure on the health and social care system that could have been avoided. (<i>Matthew Hannant</i>)	16	12	Unchanged	4	October 2016
Objective 3: Delivering strategic change programmes in the areas of primary care, mental health, integrated care and hospital reconfiguration.	Risk 4: Provider workforce: risk that we do not have the workforce required to deliver our strategy and new models of care. (<i>Matthew Hannant</i>)	16	16	Unchanged	9	October 2016
	Risk 5: Primary Care: risk that Local Services is unable to deliver the required services due to lack of ability to act at scale, workforce, or estates issues, preventing us from delivering our Out of Hospital strategy. (<i>Matthew Hannant</i>)	20	16	Re-scored back up to 16	8	October 2016
	Risk 6: Conflicts of Interest: risk that we do not manage conflicts of interests adequately leading to commissioning decisions being challenged, a loss of confidence in the CCG, and slowing down of the pace of change. (<i>Ben Westmancott</i>)	20	15	Unchanged	8	October 2016
Objective 4: Working with stakeholders to develop strategies and plans.	Risk 7: Sustainability and Transformation Plan: risk that if we do not agree a workable plan across NW London then we cannot enable services across health and social care to be delivered in a sustainable way. (<i>Matthew Hannant</i>)	15	15	Unchanged	8	October 2016
Objective 5: Strengthen the organisation's infrastructure to help us deliver high quality commissioning.	Risk 8: Pace of change and prioritisation: risk that we try to take on too many change programmes leading to loss of focus, ineffective delivery, unintended impacts on equalities, organisational fatigue, and difficulties in retaining high calibre staff. (<i>Maggie Gibbs</i>)	20	20	Unchanged	8	October 2016
	Risk 9: Data and information: risk that we do not make effective use of the data across the health and social care system and turn it into meaningful information, shared appropriately, to support effective decision making and improvements to delivery of care. (<i>Bill Sturman</i>)	16	20	Unchanged	8	October 2016

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CCG Objective	Description of Risk Identified (<i>Director lead</i>)	Initial	Current	Variation	Appetite	Last Review
	Risk 10: Governance structures: risk that governance within our CCG and across NW London is not operating in a way that enables us to make effective shared decisions. (<i>Ben Westmancott</i>)	16	16	Unchanged	8	October 2016
Objective 6: Empowering staff to deliver our statutory and organisational duties.	Risk 11: Managing within financial control totals: risk that we do not achieve financial control totals across the system. (<i>Keith Edmunds</i>)	20	20	Unchanged	9	October 2016
	Risk 12: Regulation and assurance: risk that the tension between the requirements to deliver performance, finance, quality and transformation leads to increasing or uncoordinated assurance requirements from different partners leading to duplication of effort and reduced internal capacity. (<i>Lizzy Bovill</i>)	12	12	Re-scored back up to 12	9	October 2016