

**Governing Body Meeting Date: 5 June 2014**



**Harrogate and Rural District  
Clinical Commissioning Group**

**Report Sponsor**

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Chief Officer

**Report Author**

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**1. Title of Paper: Board Assurance Framework Update**

**2. CCG Corporate Objectives supported by this paper**

	<b>CCG Corporate Objective</b>	Tick
1	Engage and enable local people to be involved in decisions made about the healthcare we commission	✓
2	Commission services to ensure and improve quality and safety of services and improve outcomes	✓
3	Achieve a sustainable Health Economy	✓
4	Deliver transformational service change	✓
5	Develop strong and mature partnerships	✓
6	Develop a strong, sustainable and successful CCG	✓

**3. CCG Values Underpinned in this paper**

	<b>CCG Values</b>	Tick
1	Respect and Dignity	
2	Commitment to Quality of Care	✓
3	Compassion	
4	Improving Lives	✓
5	Working Together for Patients	✓
6	Everyone Counts	✓

**4. Executive Summary**

The attached document summarises the changes to the Board Assurance Framework (BAF) agreed at the Governing Body workshop on 3 April 2014, and the actions required to further develop and align to the Risk Management Strategy, which is also to be reviewed.

At the workshop the BAF was reviewed for ongoing relevance, as follows:

- Strategic objectives (wording changed in 3 of the 6 objectives), and
- Risks to the strategic objectives (7 risks were removed)

As part of the review the Governing Body identified new risks to the updated strategic objectives (7 risks were added).

The Governing Body scored the impact and consequence of each risk using the voting software. The new risks were not scored during the workshop and will be scored separately using Survey Monkey.

The workshop closed with a discussion of how the BAF will be aligned to the CCG Risk Management Strategy.

**5. Any statutory / regulatory / legal / NHS Constitution implications**

The CCG is required to have a Board Assurance Framework which needs to be regularly reviewed by the Governing Body.

**6. Equality Impact Assessment**

The CCG is committed to fulfilling its duty under the Equality Act 2010 and to ensure its commissioned services are non-discriminatory.

The CCG will work with providers, communities of interest and service users to ensure that any issues relating to equality of service within this report have been identified and addressed.

**7. Implications/Actions for Public and Patient Engagement**

N/A

**8. Recommendations / Action Required**

The Governing Body is asked to approve the changes to the BAF and the actions required to further develop and align to the Risk Management Strategy.

**9. Assurance**

The BAF is a summary document which brings together a significant amount of information relating to strategic objectives and its purpose is to provide the CCG Governing Body with assurance that risks to the delivery of organisational objectives have been identified and are being managed. It provides a list of the key pieces of evidence that the CCG Governing Body should use to gain this assurance.

For further information please contact:

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## Board Assurance Framework Update

The Board Assurance Framework (BAF) was reviewed at the Governing Body workshop 3 April 2014. The following updates were made:

### 1. The strategic objectives were reviewed and the following changes made:

<b>Current</b>	<b>Revised</b>
Engage and enable local people to be involved in decisions made about the healthcare we commission.	No change
Commission services to ensure and improve quality and safety of services and improve outcomes.	No change
Achieve a sustainable health economy.	No change
Deliver transformation service change.	Deliver our 2 year Operational and 5 year Strategic plan to transform services.
Develop strong and mature partnerships.	Strengthen and develop partnerships to collectively deliver our shared strategic objectives.
Develop a strong, sustainable and successful Clinical Commissioning Group.	The continuous development of a strong, sustainable, successful and accountable Clinical Commissioning Group.

**2. The risks were reviewed for ongoing relevance and the following risks have either been removed or added:**

<b>Objective</b>	<b>Risk</b>	<b>Removed or added</b>
Commission services to ensure and improve quality and safety of services and improve outcomes.	Transition in the new system across the health and social care economy may impact on performance.	Removed
	Population level commissioning data is not of sufficient quality or well used.	Removed
	PCU do not commission services that improve quality and safety of services and improve outcomes.	Added
Achieve a sustainable Health Economy	CCG inherits additional cost pressures from the PCT	Removed
	Lack of capacity in the finance and contracting team	Removed
	SCG defund and risk share	Removed
	CCG inherits additional cost pressures from NHS England	Added
	Third party support services are not sustainable e.g. the CSU	Added
	North Yorkshire risk share has an adverse impact on the CCG	Added
Deliver our 2 year Operational and 5 year Strategic plan to transform services	Risk that the CCG governance and decision making process for the development and delivery of an integrated care model with NYCC is not robust enough.	Removed
	The governance over the Better Care Fund is insufficient.	Added
	Lack of capacity and capability in the CSU	Added
The continuous development of a strong, sustainable, successful and accountable Clinical Commissioning Group.	Adverse impact on service delivery resulting from significant staff movement.	Removed
	NHS England transfer responsibilities for Primary Care impacting on capacity and increasing conflict of interest.	Added

**3. The remaining risks were scored by the Governing body using the voting software. A number of the scores were significantly higher than in previous quarters, this is as a result of a process change in the scoring methodology rather than a significant increase to the risks faced by the CCG. New risks were not scored at the workshop. The results were as follows:**

<b>Strategic Objective</b>	<b>Risk</b>	<b>Score</b>
Engage and enable local people to be involved in decisions made about the healthcare we commission.	Partners making decisions that have negative impact on CCG	6
	Lack of organisational commitment to continuous engagement	6
	Lack of names from local population and poor attendance / take up of congress	9
Commission services to ensure and improve quality and safety of services and improve outcomes	PCU do not commission services that improve quality and safety of services and improve outcomes.	New
	Providers are not able to respond to CQUIN ambitions	9
Achieve a sustainable Health Economy	Delivering effective commissioning within financial resources	12
	Quality, Innovation, Productivity and Prevention (QIPP) plans not be fully delivered	12
	CCG inherits additional cost pressures from NHS England	New
	Third party support services are not sustainable e.g. The CSU	New
	North Yorkshire Risk Share has an adverse impact on the CCG	12
Deliver our 2 year Operational and 5 year Strategic plan to transform services	The governance over the Better Care Fund is insufficient.	12
	Lack of capacity and capability in the CSU	New
	Lack of capacity & capability in the CCG.	12
	Lack of provider engagement in the development of a sustainable and deliverable model of Integrated Health & Social Care services	12
Strengthen and develop partnerships to collectively deliver our shared strategic objectives.	Pressure on budgets typically focuses organisations inwards rather than outwards	12
The continuous development of a strong, sustainable, successful and accountable Clinical Commissioning Group	Lack of future clinical leaders	9
	NHS England transfer responsibilities for Primary Care impacting on capacity and increasing conflict of interest.	New
	Lack of clinical engagement	6

## Recommended Actions:

1. The Governing Body is asked to approve the changes to the strategic objectives and risks following the workshop on 3 April 2014.
2. The Governing Body is asked to agree the following actions to further develop the BAF and align to the Risk Management Strategy:
  - Review and agree the executive lead for each strategic objective.
  - Score the new risks using Survey Monkey.
  - Executive leads to coordinate mapping of the controls and assurances for each of their risks:
    - Controls – What are we currently doing about the risk
    - Assurances – How do we know the things we are doing are having a positive impact.
    - Gaps in Assurance – What additional assurance should be sought
    - Action plan – to address gaps in assurance and where assurance is not positive.
  - Align the BAF to the Risk Management Strategy:
    - BAF to be managed through SMT with clear escalation route and criteria
    - Alignment of responsibility with the Scheme of Delegation
    - Significant risks and committee roles in risk management to be agreed at the Governing Body workshop 5 June 2014.
    - Quarterly reporting on the key risks to the GB through the Executive Leads and Committees.
    - Process to be maintained by Alison Simms, Corporate Affairs Officer

## NHS Harrogate and Rural District CCG: Board Assurance Framework

Strategic Objective	Executive Lead	Description of risk identified	Initial Score	Latest Score				Last Review	
				Qtr 1	Qtr 2	Qtr 3	Qtr 4		
Engage and enable local people to be involved in decisions made about the healthcare we commission	Chief Officer - Amanda Bloor	Risk 1	Partners making decisions that have negative impact on CCG	4	4	2	1	6	03/04/2014
		Risk 2	Lack of organisational commitment to continuous engagement	9	9	4	2	6	03/04/2014
		Risk 3	Lack of names from local population and poor attendance / take up of congress	4	4	4	1	9	03/04/2014
Commission services to ensure and improve quality and safety of services and improve outcomes	Director of Quality – John Pattinson	Risk 4	PCU do not commission services that improve quality and safety of services and improve outcomes.	New					03/04/2014
		Risk 5	Providers are not able to respond to CQUIN ambitions	6	6	3	1	9	03/04/2014

Strategic Objective	Executive Lead	Description of risk identified	Initial Score	Latest Score				Last Review	
				Qtr 1	Qtr 2	Qtr 3	Qtr 4		
Achieve a sustainable Health Economy	Chief Finance Officer (post holder TBC)	Risk 6	Delivering effective commissioning within financial resources	15	16	16	0	12	03/04/2014
		Risk 7	Quality, Innovation, Productivity and Prevention (QIPP) plans not be fully delivered	12	9	9	0	12	03/04/2014
		Risk 8	CCG inherits additional cost pressures from NHS England	New					03/04/2014
		Risk 9	Third party support services are not sustainable e.g. The CSU	New					03/04/2014
		Risk 10	North Yorkshire Risk Share has an adverse impact on the CCG	New				12	03/04/2014

Strategic Objective	Executive Lead	Description of risk identified		Initial Score	Latest Score				Last Review
					Qtr 1	Qtr 2	Qtr 3	Qtr 4	
Deliver our 2 year Operational and 5 year Strategic plan to transform services	Chief Finance Officer (post holder TBC)	Risk 11	The governance over the Better Care Fund is insufficient	New				12	03/04/2014
		Risk 12	Lack of capacity and capability in the CSU	New					03/04/2014
		Risk 13	Lack of capacity and capability in the CCG	9	9	9	0	12	03/04/2014
		Risk 14	Lack of provider engagement in the development of a sustainable and deliverable model of Integrated Health & Social Care services	16	16	9	0	12	03/04/2014

Strategic Objective	Executive Lead	Description of risk identified	Initial Score	Latest Score				Last Review	
				Qtr 1	Qtr 2	Qtr 3	Qtr 4		
Strengthen and develop partnerships to collectively deliver our shared strategic objectives	Chief Officer – Amanda Bloor	Risk 15	Pressure on budgets typically focuses organisations inwards rather than outwards.	12	16	9	9	12	03/04/2014
The continuous development of a strong, sustainable, successful and accountable Clinical Commissioning Group	Chief Officer – Amanda Bloor	Risk 16	Lack of future clinical leaders	9	9	9	6	9	03/04/2014
		Risk 17	NHS England transfer responsibilities for Primary Care impacting on capacity and increasing conflict of interest.	New					03/04/2014
		Risk 18	Lack of clinical engagement	9	6	6	4	6	03/04/2014