

## Introduction

## GBAF REFRESH 2017/18

## Item 20d (to support main agenda item 15 (paper K))

The Board Assurance Framework aims to identify the principal or strategic risks to the delivery of the CCG's strategic objectives. It sets out the controls that are in place to manage the risks and the assurances that show if the controls are having the desired impact. It identifies the gaps in control and hence the key mitigating actions required to reduce the risks towards the target or appetite risk score. It also identifies any gaps in assurance and what actions can be taken to increase assurance to the CCG.

The table below sets out the strategic objectives lists the various principal risks that relate to them and highlights where gaps in control or assurance have been identified. Further details can be found on the supporting pages for each of the Principal Risks.

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Risk Target or Appetite Score	Are there GAPS in control?	Are there GAPS in assurance?
1. To improve patient experience and access to care (Goals 1, 2,5 & 8)	1.1 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions.	ND	12	12	6	Yes	No
	1.2 System wide or specific provider capacity problems in secondary and/or primary care emerge to prevent delivery of NHS Constitution and/or NHS E required pledges including 7 day access	BH	15	12	9	No	No
2. To improve the quality and equality of healthcare in Sheffield (Goals 1, 2, 3, 4 & 6)	2.1 Providers delivering poor quality care and not meeting quality targets.	PB	12	6	6	No	No
	2.2 CCG unable to influence equality of access to healthcare because insufficient or ineffective mechanisms to change	BH	9	9	6	No	No
	2.3 That the CCG fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy	PM/ST	16	16	12	Yes	Yes
	2.4 Insufficient resources across health and social care to be able to prioritise and implement the key developments required to achieve our goal of giving every child and young person the best start in life, potentially increasing demand for health and care services.	PM/MA	12	12	9	No	No
3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield (Goals 3 & 7)	3.1 CCG is unable to undertake the actions, and deliver the outcomes from them, that are set out in the HWB's plan for reducing health inequalities, eg due to financial constraints.	PM	9	9	6	No	Yes
4. To ensure there is a sustainable, affordable healthcare system in Sheffield. (Goal 2, 5, 7 & 8)	4.1 Financial Plan with insufficient ability to flex to meet in year demands and at same to meet the NHSE business rules for 2017/18	JN	16	16	9	No	No
	4.2 Risk management and other governance arrangements put in place by CCG and SCC to manage the BCF prove inadequate to deliver our integrated commissioning programme and meet our joint efficiency challenges	JN	9	9	6	No	No

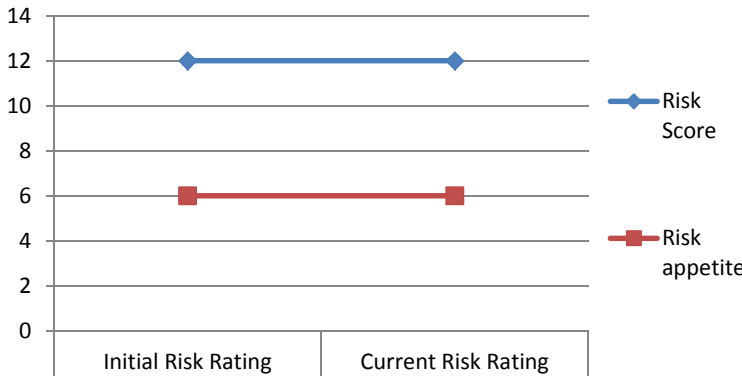
	4.3 Unable to deliver the QIPP (efficiency) savings plan of £21.6m due to lack of internal capacity and lack of engagement by our key partners	BH	16	16	8	No	No
	4.4 Inability to secure partnerships with secondary and primary care providers to deliver the Sheffield Transformation Programme and to develop the Accountable Care Partnership (with reference in particular our out of hospital strategy).	PM	9	9	6	No	No
	4.5 Inability to agree and progress service changes across the South Yorkshire and Bassetlaw Sustainability and Transformation Programme (STP) footprint at a pace which supports delivery of collective efficiency, workforce and quality "gap" challenges.	MR	16	12	8	No	No
5. Organisational development to ensure CCG meets organisational health and capability requirements. (Goals 1 - 8)	5.1 Inability to maximise the anticipated benefits of the GP Forward View to deliver a sustainable and transformed primary care sector.	KaC	12	6	6	No	No
	5.2 Unable to secure timely and effective commissioning support to enable us to adequately respond and secure delivery to existing and new emerging requirements. Quality of externally purchased commissioning support (IT and data management) falls below required levels	BH	12	12	6	Yes	No
	5.3 Inability to secure active engagement/participation between Member Practices and relevant CCG teams which may result in not achieving CCG priorities.	ZM	12	6	6	No	No
	5.4 Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage.	JN	8	6	4	No	No
	5.5 Insufficient workforce, talent management and succession planning could lead to inability to deliver organisational objectives and priorities.	PB	12	6	6	Yes	No

The Risk Ratings used in the Assurance Framework are based on the following risk stratification table:

Risk Matrix		Likelihood						
		-1 Rare	-2 Unlikely	-3 Possible	-4 Likely	-5 Almost certain		
Consequence	-1 Negligible	1	2	3	4	5	1 to 3	Low
	-2 Minor	2	4	6	8	10	4 to 9	Medium
	-3 Moderate	3	6	9	12	15	10 to 14	High
	-4 Major	4	8	12	16	20	15 to 19	Very High (Serious)
	-5 Extreme	5	10	15	20	25	20 to 25	Critical

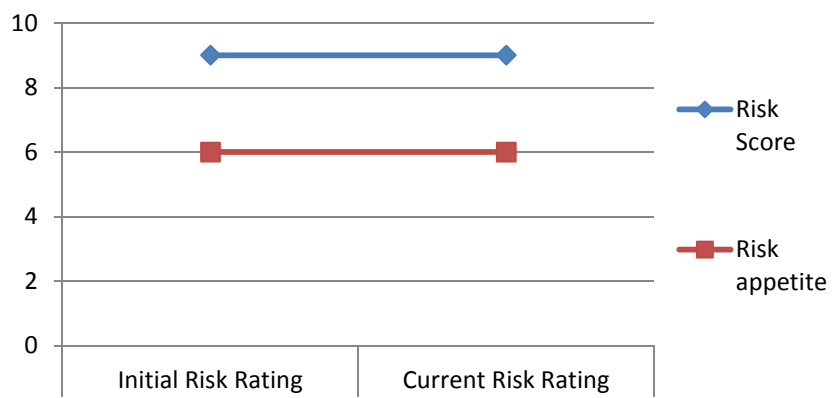
## 8 Goals

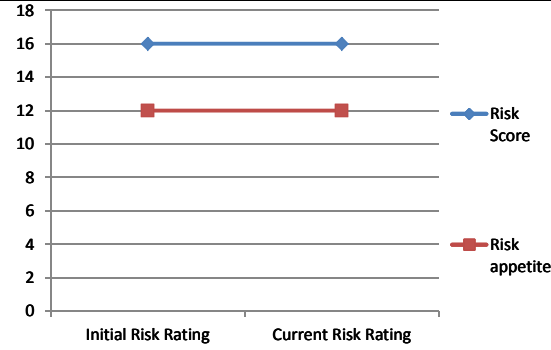
- 1 Deliver timely and high quality care in hospital for all patients and their families
- 2 Become a person-centred city: promoting independence for our citizens and supporting them to take control of their health and health care
- 3 Tailor services to support a reduction in health inequalities across the Sheffield Population
- 4 Integration of physical and mental health, ensuring parity of esteem for people with mental health needs
- 5 Support people living with and beyond life threatening or long term conditions
- 6 Give every child and young person the best start in life
- 7 Prevent the early onset of avoidable disease and premature deaths
- 8 We will work in collaboration with partners for sustainable care models by playing an active role in regional sustainability and be recognised as a system leader for public sector reform.

<b>Principal Objective:</b> To improve patient experience and access to care		<b>Director Lead:</b> Nicki Doherty, Director of Transformation and Delivery	
<b>Principal Risk:</b> 1.1 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions.		<b>Date last reviewed:</b> 17 August 2017	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 4 = 12  Current: 3 x 4 = 12 Appetite: 2 x 3 = 6			
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Communication and engagement strategy and engagement plan, which is linked with the Working Together engagement function. Engagement committee, led by GB lay member, in place. "Involve me" network established. Engagement group overseeing and monitoring activity.		<b>Rationale for current score:</b> CCG is planning major transformation locally and with SY partners. Will require significant engagement with public and patients to ensure public understanding and compliance with good practice, potentially to very tight timescales with limited resource. Risk that the population don't engage with the proposed changes, focused on creating independence, self-care & education, and we end up with a system that encourages dependence on it.  <b>Rationale for risk appetite:</b> We should have mechanisms in place that make effective engagement routine and therefore the likelihood of failure to engage and potential challenge "unlikely" at worst	
<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i> We need to further develop operating models and ensure sufficient capacity to support portfolios			
<b>Action</b>			<b>Date</b>
The refreshed comms and engagement approach has been discussed with the Accountable Officer. A paper setting out the options and recommended preference will go to SMT in August			01/09/2017
For engagement we will consider a place based approach			01/09/2017
Continued development of engagement activity, supporting portfolios so that all CCG decisions are properly informed by the views of patients and the public. We will ensure that any papers/proposals agreed included a resourced plan for engagement			n/a
PEEG to develop and oversee engagement plan for 2017/18			01/10/2017
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> • Business cases and GB papers should describe engagement and result of it		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> • Patient experience and engagement reports received by GB • Programme Management Framework adopted by QIPP Sub-Group and approved by Governing Body.	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i> None			
<b>Principle Risk Reference:</b>			1.1

<b>Principal Objective:</b> To improve patient experience and access to care		<b>Director Lead:</b> Brian Hughes, Director of Commissioning and Performance									
<b>Principal Risk:</b> 1.2 System wide or specific provider capacity problems emerge in secondary and/or primary care to prevent delivery of NHS Constitution and/or NHS E required pledges including addressing 7 day access		<b>Date last reviewed:</b> 17 August 2017									
<b>Risk Rating:</b> (likelihood x consequence) Initial: 5 x 3 = 15  Current: 4 x 3 = 12  Appetite: 3 x 3 = 9	<table><caption>Risk Rating Data</caption><thead><tr><th>Category</th><th>Value</th></tr></thead><tbody><tr><td>Initial Risk Rating</td><td>15</td></tr><tr><td>Current Risk Rating</td><td>12</td></tr><tr><td>Risk Appetite</td><td>9</td></tr></tbody></table>	Category	Value	Initial Risk Rating	15	Current Risk Rating	12	Risk Appetite	9	<b>Rationale for current score:</b> STHFT continues to experience difficulties in relation to A&E 4 hour waiting times, delayed discharges . Ambulance response times require improvement. Primary care access remains a concern for the public. 7 day working is not yet embedded. Role of the voluntary sector needs to be considered. Sustainability of the care system/care homes/care providers may also present overarching risks. RTT standards are being met by our main providers and performance at STHFT has improved considerably although a <b>Rationale for risk appetite:</b> We should aim to reduce the likelihood of performance problems to no more than "possible" so that the public can expect that constitution pledges are routinely achieved.	
Category	Value										
Initial Risk Rating	15										
Current Risk Rating	12										
Risk Appetite	9										
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Contract Management Boards at Director level are embedded with each of the CCGs main contracts, through which all performance issues are escalated. Recovery plans for areas of concern have been requested and are being implemented through various mechanisms. A review of performance oversight processes is underway. Primary care capacity to respond to more care out of hospital needs further consideration. A&E Delivery Board oversees A&E performance and holds 'system partners' to account for delivering sustainable performance.		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i>									
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i> Specialities that are not meeting 18 week performance have been prioritised in relation to developing end to end pathways that include full referral protocols and work up in Primary Care. Draft service specifications have been developed jointly with STHFT and now approved. The outcome will be to reduce inappropriate referrals to Secondary Care.											
<b>Action</b>			<b>Date</b>								
A programme of work for developing and implementing revised end to end pathway service specifications is now being monitored through the Programme Management Office.			ongoing								
Formal Performance Escalation process enacted at Director level between CCG and STHFT for A&E			as required								
System Resilience Plans continually reviewed by A&E Delivery Board.			ongoing								
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> <ul style="list-style-type: none"><li>Quality &amp; Outcomes Report to Governing Body, A&amp;E Delivery Board Minutes</li><li>PMO assurance documentation and delivery plans</li></ul>		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> <ul style="list-style-type: none"><li>Quality &amp; Outcomes Report to Governing Body</li><li>Referrals for Secondary Care Gastroenterology services have already started to decline</li><li>The CASES pilot is monitoring all inappropriate referrals and returning them back to Primary Care where appropriate, to manage demand.</li></ul>									
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i> No current gaps – to be reviewed											
<b>Principle Risk Reference:</b>			1.2								

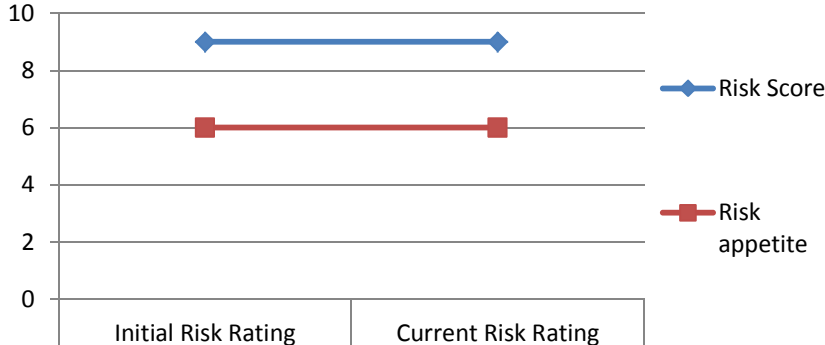
<b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield		<b>Director Lead:</b> Chief Nurse: Penny Brooks									
<b>Principal Risk:</b> 2.1 Providers delivering poor quality care and not meeting quality targets.		<b>Date last reviewed:</b> 22 August 2017									
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 4 = 12  Current: 2 x 3 = 6 Appetite: 2 x 3 = 6	<table><caption>Risk Rating Data</caption><tr><th>Category</th><th>Value</th></tr><tr><td>Initial Risk Rating</td><td>12</td></tr><tr><td>Current Risk Rating</td><td>6</td></tr><tr><td>Risk Appetite</td><td>6</td></tr></table>	Category	Value	Initial Risk Rating	12	Current Risk Rating	6	Risk Appetite	6	<b>Rationale for current score:</b> We have in place, systems for formal, regular and detailed scrutiny of providers by CQC and the CCG. Areas of concern are therefore being identified more frequently than previously and the CCG continues to require assurance that providers are delivering high quality services. Where areas of concerns have been identified there is intensive intervention and scrutiny. This is evidenced by escalation at GB <b>Rationale for risk appetite:</b> To ensure that the consequence is moderate and although there will always be risks to poor quality care, that the impact on patient outcomes and experience is as low as possible.	
Category	Value										
Initial Risk Rating	12										
Current Risk Rating	6										
Risk Appetite	6										
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> National /Local Policy/ regulatory standards; CQC regulations, SI's, Infection Control, Safeguarding procedures, NICE/Quality Standards, Patient Surveys, Quality standards in Contracts, Quality incentive schemes, Contract Quality Review Groups, Contract Management Boards		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i> Further validation and updated information needs to be explored and available to measure care home related activity.									
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>											
Review at QAC instrumental for raising profile and quality assurance			Date								
Implement the Programme of work for care homes delivery			May-18								
Strengthen and raise profile quality through assurances reporting			Aug-17								
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> • CQC inspections of providers and provider action plans, provider data and annual reports SI investigation reports, Serious Case Reviews, Clinical Audit reports, Infection Control reports, Internal audit benchmarking data, provider governance meetings, CCG site visits, Healthwatch visits, Patient feedback, CCG quality, dashboards. Programme delivery plan for Care Homes, development of primary training gap analysis		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> Commissioning for quality strategy and annual updated action plan. QAC minutes and SI reports. Safeguarding reports. Monthly GB infection control/Patient Experience/Complaints reports, data on quality targets. Exception reporting to GB. Update on care home status into the UEC Board.									
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i> No											
<b>Principle Risk Reference:</b>			2.1								

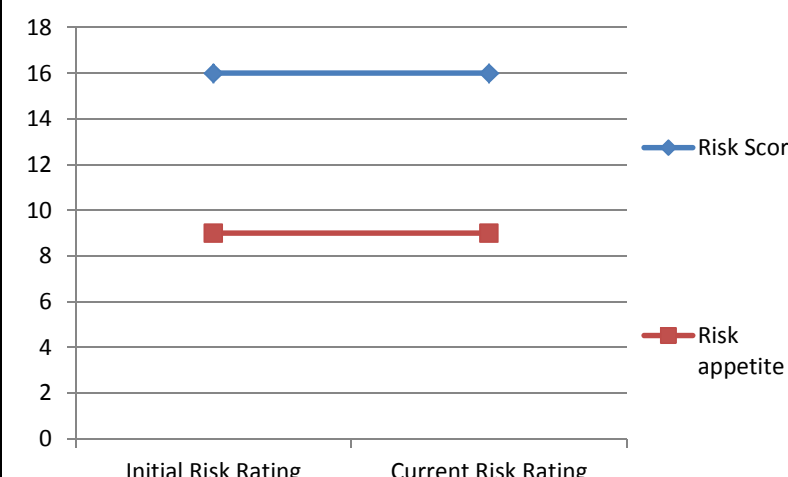
<b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield		<b>Director Lead:</b> Brian Hughes, Director of Commissioning and Performance	
<b>Principal Risk:</b> 2.2 CCG unable to influence equality of access to healthcare because insufficient or ineffective mechanisms to change		<b>Date last reviewed:</b> 17 August 2017	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 3 = 9 Current: 3 x 3 = 9 Appetite: 2 x 3 = 6		<b>Rationale for current score:</b> There are contractual obligations in place and providers have obligations under the Equality Act. However, data to assess equality of access to services is poor and no specific contractual processes have been put in place yet to measure and if necessary remedy shortcomings. <b>Rationale for risk appetite:</b> The consequence of the risk cannot be mitigated, but we should be able to improve data and then establish processes for measuring and remedying problems.	
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Equality of access is discussed with providers through the Equality Engagement Group. An Equality Impact Assessment will be a part of all projects and programmes, a revised EIA template is being developed, and EIA will form part of the approval process for all proposed projects and programmes. Identified capacity constraints have been mitigated via a reprioritisation within the Comms and Engagement Team.		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i>	
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>			
<b>Action</b>			<b>Date</b>
Need to widen data sets in relation to people with protected characteristics and how they access services			June 17
Further bolster contractual discussion in relation to equality of access in order to improve levels of assurance			Dec 17
Meeting to ensure embedded within the Programme Management Framework to be held in March 2017			Closed
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> Equality reporting to GB and published in website EIA completed and reviewed for all projects and programmes		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> Governing Body report December 2016 Minutes of PEEG to Governance Sub-committee	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i>			
			<b>Principle Risk Reference:</b> 2.2

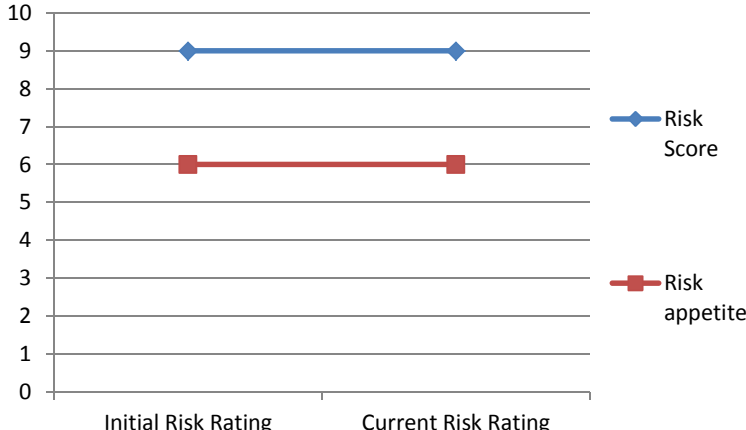
<b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield		<b>Director Lead:</b> Peter Moore, Director of Strategy and Integration (Dr Steve Thomas)	
<b>Principal Risk:</b> 2.3: That the CCG fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy		<b>Date last reviewed:</b> 17 August 2017	
<b>Risk Rating:</b> (likelihood x consequence) Initial: $4 \times 4 = 16$ Current: $4 \times 4 = 16$ Appetite: $3 \times 4 = 12$			
<b>Rationale for current score:</b> There is a current life expectancy gap of up to 20 years on average for this population. There will be no in year difference to this statistic, or even an easily measureable difference over a five year timescale. We therefore will not be amending the risk rating for this risk on a quarterly basis.		<b>Rationale for risk appetite:</b> It will take years to address the inequalities in health for this population, but we can realistically aim to see progress if all parts of the organisation recognise the Parity of Esteem agenda, and where our commissioning decisions can impact positively or negatively on the health of the population with MH issues. The Mental Health Commissioning Team (MHCT) has a range of commissioning projects which will contribute positive change to the lives of this population. However, addressing this issue is not yet embedded across all the CCG's work, or the work of the NHS as a whole, effectively. The MHCT believe that matrix working gives the CCG a better opportunity to make some progress on the parity of esteem agenda than in previous structures, as will enable mental health to be embedded more into the organisational priorities. Matrix working approaches need to take into account where specific projects and priorities within the CCG will impact on parity of esteem, in addition to what the MHCT plan to deliver.	
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) 1. Identification by the Medical Director of Parity of Esteem as a Risk is a positive step. 2. Continued championing the agenda within CCG structures and processes by MHCT. 3. Continued advice to any CCG colleagues relating to the needs of this population in relation to the commissioning intentions of all portfolios. 4. Procurement of the MH Comprehensive Liaison Service. 5. MHCT Commissioning Intentions and Projects to address unmet needs of the population		<b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?) 1. As an organisation, we need to develop a more coherent response to Parity Of Esteem. 2. We need the PEEEG to sponsor this work and monitor performance against this agenda. 3. We need to ensure that Parity of Esteem is embedded into organisational commissioning and delivery plans in all portfolios.	
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)			
<b>Action</b>		<b>Date</b>	
Clinical Director (CD) and Head of Commissioning (HOC) to further engage with relevant teams/ meetings and individuals to highlight this agenda. Update March 2017: This work will continue to progress over the next 5 years of MH Five Year Forward implementation. August 17 Update: Positive progress with inclusion of MH in key areas of work in AS&R/ Urgent Care/ Neighbourhood working/ A&E Delivery Board		Continuous ongoing work in 2017	
The development of the MH Liaison Service will have a positive impact on this agenda. Update: The winning of additional resources to input into a Mental Health Liaison service will help hugely with the introduction of an improved and more effective service. The underlying risk now will be the recurrent funding which is pump primed by our new monies which will require addressing in future months		Aug 17 - have developed a model which resolves the recurrent funding issue	
Update March 2017: initial conversation with Equality Officer has taken place to address how Corporate Equalities Group would contribute to the Parity of Esteem Agenda. Parity of Esteem has been added to the Corporate Equality Objectives and Themes, that are in development through work by Jane Howcroft on the Equality Delivery System which will be published. HB and JH have met to discuss this in relation to Mental Health and Parity of Esteem. ST and HB to discuss further with PEEEG how this group could promote and monitor Parity of Esteem as a corporate wide responsibility.		31/03/17: Conversation with the author of the Corporate Equalities Objectives has taken place. St and HB to attend	
MHCT now attending Active Support and Recovery Board, Ongoing Care Group and have requested attendance at the A&E Delivery Board to further promote Parity of Esteem across the CCG.		Completed: membership secured	
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) Presentations and materials developed by MHCT available through Comms items/ internet/ intranet. Minuted discussion within a range of meetings: MHCT and all portfolio Commissioning team meeting minutes. Other Team Meetings minutes and other CCG meeting minutes e.g. CET, PEEEG/GB. Information included in Quality and Outcomes report presented on a monthly basis to GB. MH investment guarantee reported to NHS England on a monthly basis.		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) MHCT members will now attend PEEEG for Parity of Esteem discussion. Update May 2017: Important to highlight that there is now a joint work programme with SHSC / SCC and SCCG which will work through redesign the cost of provision of services and the more effective we are in this the more we can invest in more innovative ways of supporting the mental health of the Sheffield population alongside their physical health.	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?) Consideration should be given to ways in which the culture of addressing parity of esteem is embedded into the organisation. PEEEG to discuss and advise Governing Body.			
		<b>Principle Risk Reference:</b> 2.3	



<b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield		<b>Director Lead:</b> Margaret Ainger (Penny Brooks)	
<b>Principal Risk:</b> 2.4 Insufficient resources across health and social care to be able to prioritise and implement the key developments required to achieve our goal of giving every child and young person the best start in life, potentially increasing demand for health and care services.		<b>Date last reviewed:</b> 17 August 2017	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Appetite: 3 x 3 = 9	<p>Initial Risk Rating      Current Risk Rating</p> <p>Risk Score</p> <p>Risk appetite</p>	<b>Rationale for current score:</b> Sheffield has high ambitions in this area, as set out in the Best Start in Life, Every Child Matters and Future in Mind documents. There is a risk that resources across the system will not be sufficient to achieve our ambition, in light of reduction i expenditure on health visiting and other constraints on the LA.  <b>Rationale for risk appetite:</b> Whilst resources will remain a constraint, we should aim for a clearer understanding of what is possible, targetting our resources to best effect.	
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> 0-19 Partnership Board, new delivery board under Sheffield Transformation Programme PID for Community Health Programme. Revised integrated commissioning/transformation structure will ensure that the combined commissioning resources of SCC/SCCG will work closely with the service improvement resources for SCH to deliver our joint plan.		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i>	
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>			
<b>Action</b>			<b>Date</b>
Whole System Childrens transformation team has been agreed and will start from 5th June but will need development and implementaion as a system			05/11/2017
Joint plans are progressing and new resrouce has been identified which will enable delivery of the plans			05/11/2017
The above plans require prioritisation to ensure that we deliver both the short and long term QIPP / transformation challenge			Oct 17
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> Reports from the new Transformation Board. In time, evidence of impact in quality and outcome reports. Weekly QIPP update to Chief Nurse. Recruitment to secure staff (2.0wte) in place from August. Clincial lead in place from Sept 2 pa per		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> Terms of reference for new transformation board now agreed Health and Wellbeing Board. Clinical leadership in place from Sept. Provisional agreement to support system wide approach by SCH	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i>			
<b>Principle Risk Reference:</b>			2.4

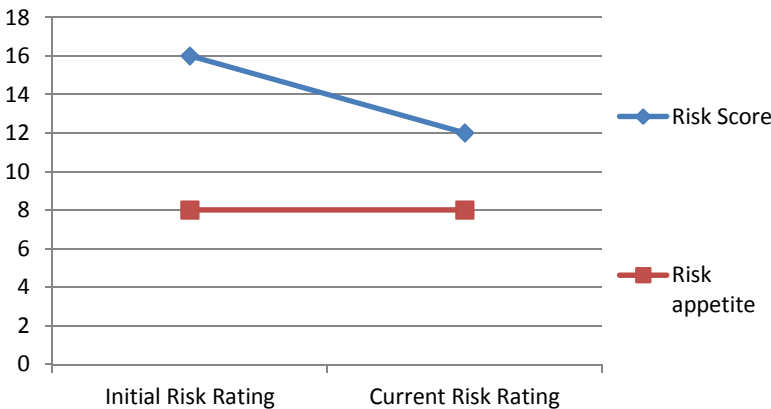
<b>Principal Objective:</b> To work with Sheffield City Council to continue to reduce health inequalities in Sheffield		<b>Director Lead:</b> Peter Moore, Director of Strategy and Integration	
<b>Principal Risk:</b> 3.1 CCG is unable to undertake the actions, and deliver the outcomes from them, that are set out in the HWB's plan for reducing health inequalities, eg due to financial constraints.		<b>Date last reviewed:</b> 09 August 2017	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 3 = 9 Current: 3 x 3 = 9 Appetite: 2 x 3 = 6		<b>Rationale for current score:</b> The HWB has developed a plan to reduce health inequalities (which the CCG is party to), and the CCG has set out the actions it can undertake. Given the scale of the challenge, it is possible that the actions for the CCG will prove difficult to achieve. <b>Rationale for risk appetite:</b> We should not commit to actions we cannot deliver, especially within the HWB partnership, and therefore need to take steps to ensure we can deliver.	
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> HWB Plan considered and agreed by GB CCG specific plan agreed by GB January 2015 and part of overall commissioning plan, and will be reported on alongside other commissioning project Sheffield Place Based Plan and underlying BCF will specifically highlight inequality impacts.		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i>	
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>			
<b>Action</b>			<b>Date</b>
Develop clear strategies to impact on this including a contractual approach to neighbourhood working that enables services and resources to be targeted at population need and tackle inequalities head on			completed
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> GB papers with regard to PH paper on Health inequalities and HWB papers and plan going forward For 2017/18 Exec Management Group (SCC/SCCG) will take active role in managing the performance of the BCG and Shaping Sheffield, escalating where initiatives to deliver the prevention agenda and reducing health inequalities are not having the required outcome.		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> Minutes of Health and Wellbeing Board January 2016 Sheffield Place Based Plan  HWB now has a broader remit and attendees and will be a functioning part of the new Accountable Care Partnership. First meetingg with new attendees looks at Urgent and Primary Care in particular who to move the money around the system.	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i> We do not yet have specific reports on the health inequalities plan			
<b>Principle Risk Reference:</b>			3.1

<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield		<b>Director Lead:</b> Director of Finance: (Julia Newton)	
<b>Principal Risk:</b> 4.1 Financial Plan with insufficient ability to flex to meet in year demands and at same to meet the NHSE business rules for 2017/18		<b>Date last reviewed:</b> 10 August 2017	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 4 x 4 = 16 Current: 4 x 4 = 16  Appetite: 3 x 3 = 9			
<b>Rationale for current score:</b> CCG plan demonstrates delivery of 2 of 3 key business rules. It only demonstrates 0.7% (£5.1m) surplus as opposed to required 1%, although as an STP area the CCGs as a whole have met the shared control total. The 17/18 financial plan is dependent on the delivery of a minimum of £21.6m QIPP saving (stretch target £25m). At M3 Plan stands at £18.5m so £3.1m shortfall and various other activity pressures. Gov Body has received various briefings and approved financial management principles. Work ongoing on financial recovery plan with further decisions required at GB on 7 September. Still substantial risks to manage to deliver overall financial position. <b>Rationale for risk appetite:</b> Stress testing of forecast out-turn in different scenarios with contingency plans should give us the confidence that we can deliver as a minimum our statutory duty of breakeven.			
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) Plans scrutinised by Governing Body; detailed monthly financial reports to Governing Body; Monthly review of QIPP by GB QIPP sub group; CCG has SOs, Prime Financial Policies and other detailed financial policies and procedures		<b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?)	
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)			
<b>Action</b>			<b>Date</b>
Agreement of 7 financial management principles by GB in May, and updates July and August further update to GB on financial recovery plan			Sept GB
In year quantification of financial risks and potential mitigating actions reviewed and reported to GB and NHS E on a monthly basis			M4 Sept GB
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) • NHS E review of financial plan and monthly review of in year financial position; reviews on financial systems/processes by internal and external audit; external audit VFM reviews		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) • Monthly reports to Governing Body	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?) None.			
<b>Principle Risk Reference:</b>			4.1

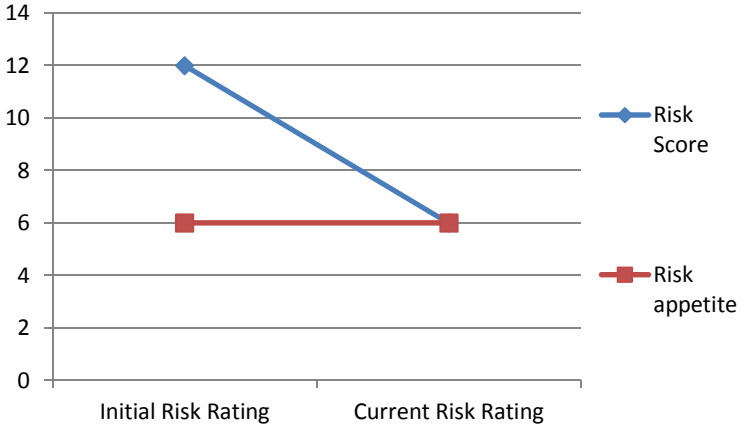
<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield		<b>Director Lead:</b> Director of Finance: (Julia Newton)	
<b>Principal Risk:</b> 4.2 Risk management and other governance arrangements put in place by CCG and SCC to manage the BCF prove inadequate to deliver our integrated commissioning programme and meet our joint efficiency challenges		<b>Date last reviewed:</b> 10 August 2017	
<b>Risk Rating:</b> (likelihood x consequence)  Initial: 3 x 3 = 9  Current: 3 x 3 = 9 Appetite: 2 x 3 = 6		<b>Rationale for current score:</b> SCC and CCG have ambitious integrated commissioning programme, but major changes (and savings) will take time to implement. Significant cost pressures were experienced in 2016/17, making the 2017/18 position more challenging. Additional social care funding identified in budget (£12.7m for Sheffield in 2017/18) and plans for expenditure areas approved in conjunction with partners in July. MH pooled budget arrangements approved in May 17 and joint transformation programme wit SCC and SHSC underway..  <b>Rationale for risk appetite:</b> We needs to get to a position where we have recurrent solutions to address budget reductions.	
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) Section 75 agreement in place from 1 April with risk management arrangements and monthly meeting of a joint Executive Mgt Group. Montly budget monitoring to this group + Governing Body to allow escalation and resolution of issues.		<b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?)	
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)			
<b>Action</b>			<b>Date</b>
Paper on financial strategy/financial performance across key Sheffield health and social care partner organisations to ACP Programme Board			Oct-17
Performance reporting against key metrics to GB and EMG			Monthly
Understand the impact of development of an accountable care partnership on the delivery of the objectives of the ICP.			Sep-17
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) HWBB minutes; Minutes of Executive Mgt meetings. Continuation of Governance & Finance working group if required		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) • Updates monthly to Executive Mgt Group and Governing Body.	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?) N/A			
<b>Principle Risk Reference:</b>			4.2

<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield		<b>Director Lead:</b> Brian Hughes, Director of Commissioning and Performance
<b>Principal Risk:</b> 4.3 Unable to deliver the QIPP (efficiency) savings plan of £21.6m due to lack of internal capacity and lack of engagement by key partners.		<b>Date last reviewed:</b> 11 August 2017
<b>Risk Rating:</b> (likelihood x consequence)  Initial: 4 x 4 = 16  Current: 4 x 4 = 16  Appetite: 2 x 4 = 8		<b>Rationale for current score:</b> The Financial Plan requires the achievement of a £21.6m QIPP plan as a minimum in order to enable to CCG to meet its statutory obligations. The Integrated QIPP Working Group requested a QIPP plan in place before 1 April 2017 which was in excess of the minimum required and a working target of £25m was agreed. However, it continues to be challenging to produce a plan at £25m. This target is almost double the (approx £13.m) QIPP savings delivered in 2016/17. Plans are in place to deliver a QIPP of £18.6m and robust governance and monitoring arrangements are in place. Further work continues to identify additional QIPP to meet the shortfall and Governing Body are receiving regular  <b>Rationale for risk appetite:</b> Delivery of the QIPP plan is crucial to delivery of overall financial position
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) QIPP leadership clearly established (responsible Director and Deputy in post). Additional scrutiny of QIPP plan and progress by Integrated QIPP Working Group. Monthly report to Integrated QIPP Working Group and assurance to GB.		<b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?) None
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?) The QIPP project lines have now been aligned to Programmes of Delivery supported by matrix working against five key strategic outcomes. Project teams are meeting with joint ownership of delivery. Programme Management Framework documentation underpins progress. The five key areas of priority reflect strategic must-do's and delivery against our operational plan. The new approach has reduced silo working and maximised more integrated use of expertise and capacity. With additional oversight from the Deputy Director of Strategic Commissioning and close working with the Head of PMO, Performance and Information. A series of financial management principles have been adopted to support the organisation meet its obligations including a rolling approach to QIPP. Additional plans are in development and will be presented to Governing Body in September for approval. Over 65 people have now received PMO training which has been made part of the mandatory training programme for commissioning staff.		
<b>Action</b>		<b>Date</b>
Service reviews established, monthly QIPP reports to Sub Group for GB and Matrix working being implemented		Monthly
Metrics or proxy measures to be established for all schemes.		Complete
Project management methodology training rolled out through the organisation		Complete
Additional QIPP plans to be presented to Governing Body for final approval		September 2017
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) • NHS E review of financial plan and monthly review of in year financial position; reviews on financial systems/processes by internal and external audit; external audit VFM reviews. Confirm and challenge renamed Support and Assurance and confirmed at CET.		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) • Monthly reports to Governing Body and more in depth reporting to Integrated QIPP Working Group. • Governing Body papers, presentations and minutes.
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?) None.		
<b>Principle Risk Reference:</b>		4.3

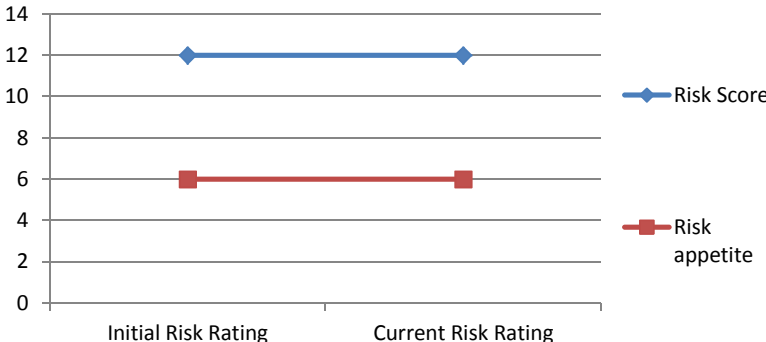
<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield		<b>Director Lead:</b> Peter Moore, Director of Strategy and Integration	
<b>Principal Risk:</b> 4.4 Inability to secure partnerships with secondary and primary care providers to deliver the Sheffield Transformation Programme and to develop the Accountable Care Partnership (with reference in particular to our out of hospital strategy)		<b>Date last reviewed:</b> 09 August 2017	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 3 = 9 Current: 3 x 3 = 9 Appetite: 2 x 3 = 6	<p>Initial Risk Rating      Current Risk Rating</p> <p>—◆— Risk Score</p> <p>—■— Risk appetite</p>	<b>Rationale for current score:</b> The CCG has developed partnerships over the last 12 months, within Sheffield and across SY and Y&H, which have established common priorities and workplans. However, our detailed plans are not yet so aligned that we can be confident our specific commissioning plans will be supported. Also there is a risk that we fail to secure the expected benefits of our strategy <b>Rationale for risk appetite:</b> We should aspire to establish relationships with partners that mean that it is most unlikely that those partnerships do not help us deliver our plans.	
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Partnership structures - HWB, Children's HWB, Transforming Sheffield Programme Board, Sheffield Planning Group, Neighbourhoods, Urgent Care Board, STP/Working Together. Single Place Based Plan Care Out of Hospital Strategy supported by a MOU BCF commitment and expansion to include partnership approach in mental health and children's services		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i>	
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>			
<b>Action</b>			<b>Date</b>
Redefine the citywide partnership planning group			On hold
Fully establish and implement the Transforming Sheffield Programme Structure including a Shadow Accountable Care Partnership Board			01.07.2017 partial
Agree citywide posts to work across system partners to support delivery of transformational programmes and where sufficiently mature to provide systems operational management			01.09.2017
Produce a single Financial Strategy and Account for Sheffield			01.10.2017
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> New governance arrangements being implemented to support Sheffield transformation. These will monitor delivery and improved outcomes through evaluation process		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> QIPP confirm and challenge process (notes of April 2016 review). Minutes of Boards (December/January/February 2017) Transforming Sheffield Programme Meeting (March 2017)	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i>			
<b>Principle Risk Reference:</b>			4.4

<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield		<b>Director Lead:</b> Julia Newton, DoF for Maddy Ruff, Accountable Officer	
<b>Principal Risk:</b> 4.5 Inability to agree and progress service changes across the South Yorkshire and Bassetlaw Sustainability and Transformation Programme (STP) footprint at a pace which supports delivery of collective efficiency, workforce and quality "gap" challenges		<b>Date last reviewed:</b> 22 August 2017	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 4 x 4 = 16  Current: 3 x 4 = 12 Appetite: 2 x 4 = 8	 <p>The graph illustrates the risk rating over time. The Y-axis represents the risk score, ranging from 0 to 18 in increments of 2. The X-axis shows two points: Initial Risk Rating and Current Risk Rating. A blue line with diamond markers represents the Risk Score, starting at 16 for the initial rating and decreasing to 12 for the current rating. A red line with square markers represents the Risk Appetite, which remains constant at 8 across both ratings.</p>	<b>Rationale for current score:</b> As part of national Five Year Forward View, CCGs and providers have come together in regional (STP) footprints (now known as Accountable Care Systems) to produce plans which are required to address a series of challenges. SY&BL STP finalising an MoU with NHSE/NHSI setting out expectations for 2017/18 by September. Workstreams in all key areas are now operational and review of hospital services underway. In relation to financial challenges for 2017/18 most will need to be addressed by local place based plans and internal CIPs. These remain work in progress. <b>Rationale for risk appetite:</b> If we are to have a sustainable healthcare system across our STP geography we need to have a programme of service change which will meet the finance and other challenges we face.	
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Establishment of STP working arrangements including governance structure with PMO and various CEO/Director led workstreams; Plans to be assessed by NHSE		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i> None	
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>			
<b>Action</b>			<b>Date</b>
Workstreams to further develop business cases to support the service changes which underpin delivery of financial savings			Ongoing
Triangulate individual organisational operational plans for 17/18 and 18/19 to STP so that we meet system wide control totals - work ongoing and deferred to autumn			01-Oct-17
Start to establish shadow governance structures for Accountable Care System and Sheffield Accountable Care Partnership			01-Oct-17
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> NHSE review of STP plan		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> Reports to STP Executive Group and respective boards/Governing Body on regular basis	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i>			
<b>Principle Risk Reference:</b>			4.5

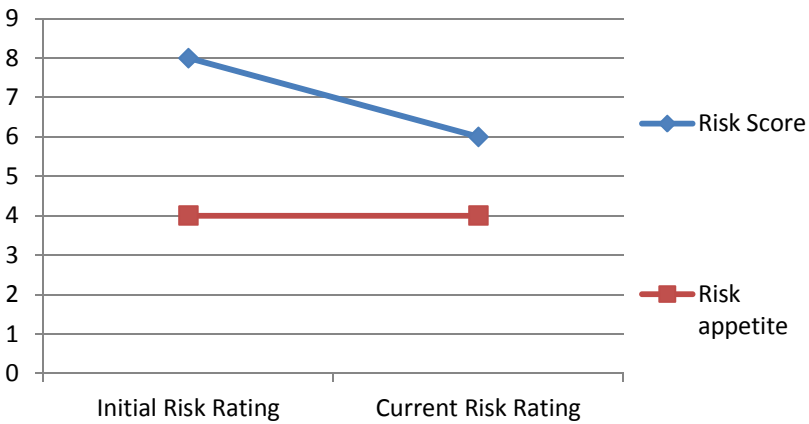


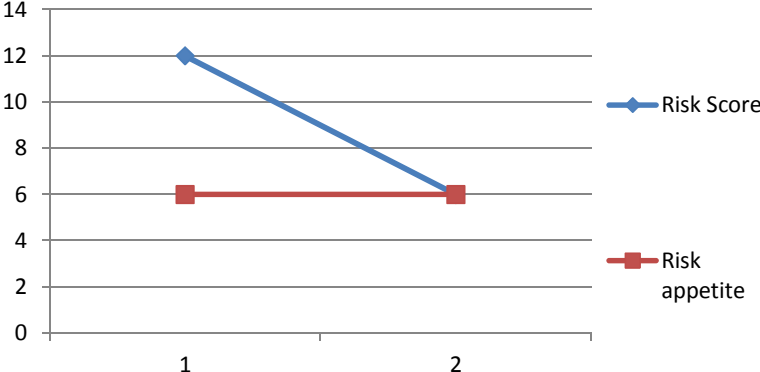
<b>Principal Objective:</b> Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.		<b>Director Lead:</b> Katrina Cleary	
<b>Principal Risk:</b> 5.1 Inability to maximise the anticipated benefits of the GP Forward View to deliver a sustainable and transformed primary care sector.		<b>Date last reviewed:</b> 17 August 2017	
<div><div><div><b>Risk Rating:</b> (likelihood x consequence) Initial:  3 x 4 = 12 Current: 2 x 3 = 6 Appetite: 2 x 3 = 6</div><div></div></div></div>		<div><div><b>Rationale for current score:</b> The CCGs GPFV has been well received locally and by NHSE. The extended Primary Care Team is actively supporting all practices as well as focussing on those identified at greatest risk in terms of resilience and sustainability. Practices are actively engaging in this approach.</div><div><b>Rationale for risk appetite:</b> Maximising anticipated benefits is crucial to ensuring sustainable primary care services in Sheffield which in turn is crucial to delivery of a sustainable healthcare system in the city.</div></div>	
<div><div><b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i>  Primary Care Co-commissioning Committee (PCCC) established which is a formal sub-committee of Governing Body and meets. We have a local GPFV plan the implementation of which we regularly review. Continued engagement with primary care managers and clinicians ensures effective implementation</div></div>		<div><div><b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i>  None</div></div>	
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>			
<b>Action</b>			<b>Date</b>
Expansion in capacity to the Primary Care structure to support practices in understanding and engaging in the wider agenda			01/06/2017
Developing formal practice visiting programme - commenced December 2016			In place
Collaborative working with PCS agreed by GB			June 2017
PCCC approved GPFV workplan and agreed to receive regular updates			June 2017
Transformation investment and resilience proposal agreed by PCCC			July 2017
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i>  PCCC minutes and papers.		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i>	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i>			
<b>Principle Risk Reference:</b>			5.1



<b>Principal Objective:</b> Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.		<b>Director Lead:</b> Brian Hughes, Director of Commissioning and Performance	
<b>Principal Risk:</b> 5.2 Unable to secure timely and effective commissioning support to enable us to adequately respond and secure delivery to existing and new emerging requirements. Quality of externally purchased commissioning support (IT and data management) falls below required levels		<b>Date last reviewed:</b> 17 August 2017	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Appetite: 2 x 3 = 6			
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) Contract contains key performance indicators, process for oversight of contract and escalation processes for underdelivery.		<b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?) Limited contractual mechanisms available via the LPF contract to drive performance improvement.	
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?) Recruitment to joint Head of IT or another solution. Service specifications and their development where non-existent are now a priority.			
<b>Action</b>			<b>Date</b>
Recruitment for Joint Head of IT unsuccessful currently assessing other options, including SHSC providing resource			Sep-17
Six monthly reports to GB on the outsource IM&T			Nov-17
Implement plans for the contract management arrangements of the provider.			Completed
Formal monthly contract review process in place with escalation arrangements agreed			Completed
Internal user group established (including locality manager representation) to identify and address operational matters and issues			Sep-17
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) Governing Body Paper/Minutes		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) Minutes of CET & CET Approvals Group and via Governing Body papers	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)			

Principal Objective: Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.		Director Lead: Medical Director (Zak McMurray)										
Principal Risk: 5.3 Inability to secure active engagement/participation between Member Practices and relevant CCG teams which may result in not achieving CCG priorities		Date last reviewed: 09 August 2017										
<div><div><div>Risk Rating: (likelihood x consequence) Initial: 3 x 4 = 12 Current: 2 x 3 = 6 Appetite: 2 x 3 = 6</div><div><table><caption>Risk Rating Data</caption><thead><tr><th>Category</th><th>Initial Risk Rating</th><th>Current Risk Rating</th></tr></thead><tbody><tr><td>Risk Score</td><td>12</td><td>6</td></tr><tr><td>Risk Appetite</td><td>6</td><td>6</td></tr></tbody></table></div></div></div>	Category	Initial Risk Rating	Current Risk Rating	Risk Score	12	6	Risk Appetite	6	6	<div>Rationale for current score: Active engagement at locality level needed, with clear governance structure into CET. All practices have signed the constitution. Active Clinical Reference Group (CRG). Comprehensive OD plan in place.</div> <div>Rationale for risk appetite: Service transformation requires high take up from clinicians and with mechanisms in place for engagement, as part of our organisational development strategy, will reflect CCG working practices.</div>		
Category	Initial Risk Rating	Current Risk Rating										
Risk Score	12	6										
Risk Appetite	6	6										
<div>Existing Controls: (What are we doing about the risk prior to any new mitigating actions?) Clinical directors now in place with executive role within CCC giving clear clinical direction for the organisation. Regular engagement with practices. OD Strategy includes clinical engagement and member practice engagement at its core. CCG Structure includes GP involvement at Governing Body and its associated Committees, CCC, CRG and H&amp;WB Board. Localities also collaborate through the Citywide Locality Group where membership includes links to the commissioning portfolios and CET. Allocation of an Executive Lead for each locality should improve engagement with the senior management team. Revised ToR for CLG which is chaired by Chair of the CCG will hopefully strengthen links between localities and CCG. Programme Director Primary Care visits primary care teams and reports back to PCCC following visits. Existing directors included in practice visits as part of PCC in which CDs involved. Executive leads now attending locality meetings.</div>		<div>Existing Gaps in Control: (Where are we failing to put controls in place and what more should be done?)</div>										
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)												
Action				Date								
C/w Locality group meetings now attended by Medical Director and Clinical Directors whenever possible				Completed								
Work with Communications team to develop robust engagement approaches				Ongoing								
<div>Assurances: (Where should we find the evidence that controls are effective?) 1) OD Steering Group Minutes 2) OD Evaluation Reports to OD Steering Group 3) Response to Election Process 4) OD strategy 5) Minutes from CLG and revised ToR. 6) OD Plan 7) CLG mins 8) Minutes from Locality Meetings. Minutes from city-wide locality group meetings</div>		<div>Positive Assurance: (Provide specific evidence of Assurances) Reports to CCG and minutes of meetings</div>										
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?) none												
Principle Risk Reference:				5.3								

<b>Principal Objective: Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.</b>		<b>Director Lead:</b> Julia Newton, Director of Finance	
<b>Principal Risk:</b> 5.4 Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage.		<b>Date last reviewed:</b> 10 August 2017	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 2 x 4 = 8  Current: 2 x 3 = 6 Appetite: 1 x 4 = 4	 <p>Initial Risk Rating      Current Risk Rating</p> <p>—◆— Risk Score</p> <p>—■— Risk appetite</p>	<b>Rationale for current score:</b> CCG has embedded governance structures and arrangements; Detailed review of Constitution including Standing Orders took place in September 2016, following changes to executive team structure. However, need to keep alert to changing national guidance eg on Conflicts of Interest and implement changes to our governance arrangements as necessary <b>Rationale for risk appetite:</b> Good governance is integral to effective management of the organisation and is reviewed annually as part of our Annual Governance Statement/Head of Internal Audit Opinion.	
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> OD strategy to strengthen governance systems and processes. Stringent policies in place to safeguard against conflict of interest. OD session Feb 2017 on GB Assurance Framework. Explanatory statement now added to committee agendas and explicit discussion regarding		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i> no gaps	
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>			
<b>Action</b>			<b>Date</b>
Continual review of governance arrangements, especially with regard to integrated commissioning, co-commissioning with NHSE			Oct 17
Role out of mandatory Conflicts of Interest training for all staff			01/01/2018
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> <ul style="list-style-type: none"><li>• Publication of registers of interest</li><li>• Internal Audit review of governance arrangements</li></ul>		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> <ul style="list-style-type: none"><li>• Constitution</li><li>• Management of Conflicts of interest noted at all meetings</li></ul> Reports to Governing Body <ul style="list-style-type: none"><li>•CCG IAF Indicator 162a Part two (quarterly) Part one (annual)</li></ul>	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i> No gaps			
<b>Principle Risk Reference:</b>			5.4

<b>Principal Objective: Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.</b>		<b>Director Lead: Penny Brooks, Chief Nurse</b>	
<b>Principal Risk: 5.5</b> Insufficient workforce, talent management and succession planning could lead to inability to deliver organisational objectives and priorities.		<b>Date last reviewed:</b> 17 August 2017	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 4 = 12  Current: 3 x 2 = 6 Appetite: 3 x 2 = 6		<b>Rationale for current score:</b> The CCG is now embedding new organisational structures and detailed plans need to be established across directorates. The organisation needs to ensure effective implmentation of the OD strategy within teams/ directorates and to indentify areas of particular risk which require more detailed action plans utilising key workforce metrics and data. Lack of succession planning may limit ongoing delivery of strategic aims.  <b>Rationale for risk appetite:</b> Delivery of the OD Strategy is essential to the achievement of the overall objective.	
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> OD strategy in place which includes workforce planning, talent management and succession planning. Quarterly workforce report presented to Governance Sub Committee. Range of employment policies. PDR process and associated guidance. Values based recruitment processes. Managment and leadership programme (MALTS).		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i> Ensuring key workforce analytics are used to inform decisions made and to address areas of development at a directorate level.	
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>			
<b>Action</b>			<b>Date</b>
OD Strategy Refresh			Dec 17
Directorate level workforce and succession planning utilising key workforce metrics including People Planning meetings with Directors			31/03/2018
ESR updated to reflect revised organisational structure enabling accurate workforce reporting.			Closed
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> 1. Workforce reports to Governance Sub-committee 2. OD Strategy 3. Employment policies 4. Values Based Recruitment Guidance		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> Minutes from Governance Sub-committee and Sub-committee report to AIGC	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i>			
<b>Principle Risk Reference:</b>			<b>5.5</b>

Objective	Risk Ref	Principal Risk	Identified Action	Responsibility for Action	Agreed Completion Date	Update May 17	Status May 2017 (Red/Amber/Green)	Update August 17	Agreed Completion Date	Status Aug 2017 (Red/Amber/Green)	Update 2017	Status 2017 (Red/Amber/Green)	Update Sept 2017	Status 2017 (Red/Amber/Green)	Update 2017
1. To improve patient experience and access to care	1.1	Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions.	Currently refreshing our Comms and Engagement operational approach and the team structure to support. This will include clarification of expected roles of all staff.	Nicki Doherty	01.06.17		A								
			For engagement we will consider a place based approach	Nicki Doherty	01.06.17		A			A					
			Continued development of engagement activity, supporting portfolios so that all CCG decisions are properly informed by the views of patients and the public.	Nicki Doherty			A			A					
			PEEG to develop and oversee engagement plan for 2017/18	Nicki Doherty	01.06.17		A			A					
	1.2	System wide or specific provider capacity problems emerge in secondary and/or primary care to prevent delivery of NHS Constitution and/or NHS E required pledges including addressing 7 day access.	A programme of work for developing and implementing revised end to end pathway service specifications is now being monitored throughout the Programme Management Office.				A		Ongoing	A					
			Development of a Neighbourhood maturity plan that includes contractual framework, LCS for neighbourhoods, maturity level to safely take on additional services.	Matt Powls Brian Hughes wef Q2	01.08.17		A	10 specialities prioritised and reviews commenced in gynae, neurology, cardiology, dermatology and ENT to date. These will result in agreed end to end pathway implementation.	Ongoing	A					
			Formal performance escalation process enacted at Director level between CCG and STHFT for A&E	Matt Powls Brian Hughes wef Q2			A	Formal Performance Escalation process enacted at Director level between CCG and STHFT for A&E	Ongoing	A					
			System resilience plans continually reviewed by A&E Delivery Board	Matt Powls Brian Hughes wef Q2			A	System Resilience Plans continually reviewed by A&E Delivery Board.	Ongoing	A					
2. To improve the quality and equality of healthcare in Sheffield	2.1	Providers delivering poor quality care and not meeting quality targets.	Review at QAC instrumental for raising profile and quality assurance	Penny Brooks	Mar-17		A	Reviews taking place now		a					
			Implement the Programme of Work for care homes delivery	Penny Brooks	May-18		G	Performance Director in place		G					
			Strengthen and raise profile quality through assurances reporting	Penny Brooks	Aug-17		A	Progressing well and programme of work matched against Framework for Developments are being discussed to ensure alignment of performance and quality strengthened		a					
	2.2	CCG unable to influence equality of access to healthcare because insufficient or ineffective mechanisms to change	Need written data sets in relation to people with protected characteristics and how they access services.	Matt Powls Brian Hughes wef Q2	Jun-17		A								
			Further bolster contractual discussion in relation to equality of access in order to improve levels of assurance.	Matt Powls Brian Hughes wef Q2	30.11.16		R								
			Meeting to ensure embedded within the Programme Management Framework to be held in March 2017.	Matt Powls Brian Hughes wef Q2	Mar-17			EIA/QIA embedded as part of PMO process. New templates in development.		G					
	2.3	That the CCG fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy	Clinical Director (CD) and Head of Commissioning (HOC) to further engage with relevant teams/ meetings and individuals to highlight this agenda. Update March 2017. This work will continue to progress over the next 5 years of MH Five Year Forward Implementation.	Peter Moore (Steve Thomas)	Mar-17		R								
			The development of the MH Liaison Service will have a positive impact on this agenda.	Peter Moore (Steve Thomas)			A	Update: following issues relating to STH withdrawing financial contribution, the tender process was suspended. The revised plan is in place to further develop this service for 17/18, with some components now recurrently funded which were previously temporary. National bid successful to develop local							
			MHCT now attending Active Support and Recovery Board, Ongoing Care Group and have requested attendance at the A&E Delivery Board to further promote Parity of Esteem	Peter Moore (Steve Thomas)			A								
	2.4	Insufficient resources across health and social care to be able to prioritise and implement the key developments required to achieve our goal of giving every child and young person the best start in life, potentially increasing demand for health and care services.	Develop joint plans SCC/SCCG/SCH to reduce hospital spend to release funding for preventative work	Penny Brooks (changed from Peter Moore 1.08.17)	30.04.17			Funding not yet agreed. Services have changed directorate from 1.08.17 Further revision of risks to be identified over this next 1/4 as service		A					
			Prioritise CCG projects to ensure delivery of those that have the highest impact	Penny Brooks (changed from Peter Moore 1.08.17)	31.05.17		R	Intensive management review group (pilot) initiated July to support CHC and high cost packages of care. Substantive personal in place to manage workstream. Priority for QIIPP. Agreement reached for SCH CHC nurses to be based within the CHC team over this next month. QIIPP reporting to Chief Nurse weekly.		A					
3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield	3.1	CCG is unable to undertake the actions, and deliver the outcomes from them, that are set out in the HWB's plan for reducing health inequalities, eg due to financial constraints.	Develop clear deliverable strategies to impact on this including a contractual approach to neighbourhood working that enables services and resources to be targeted as a population need and tackle inequalities head on.	Peter Moore	30.06.17		A	Urgent Care in Primary Care, CASES and Mental Health strategies are currently working through revised service models which will look to rebalance spend across areas of deprivation which will in time start to impact health inequalities although the measurable impact of this will be in several years time.							
	4.1	Financial Plan with insufficient ability to reflect changes to meet demands and at same time to meet the NHSE business rules for 2017/18.	Report on state of readiness of 17/18 QIIPP plans to be presented to QIIPP sub-group.	Julia Newton	30.03.17										
			In year qualification of financial risks and potential mitigating actions reviewed and reported to GB and NHS E on a monthly basis	Julia Newton											
		Risk management and other governance arrangements put in place by CCG and SCC to	Completion of longer term financial planning and scenario planning as part of Sheffield Place Based Plan	Julia Newton	31.12.16		A	This work has started initially with support from PwC but needs further work in Q1 of 17/18. Agreement of							

4. To ensure there is a sustainable, affordable healthcare system in Sheffield.	4.2	in place by CCG and JCC to manage BCF prove inadequate to deliver our integrated commissioning programme and meet our joint efficiency challenges.	Performance reporting against key metrics to GB and EMG	Julia Newton	Monthly												
			Resolution on enhanced budget pooling/risk sharing arrangement on Mental Health for 2017/18.	Julia Newton	30.04.17												
			Understand the impact of development of an accountable care partnership on the delivery of the objectives of the ICP.	Julia Newton	30.09.17		G										
	4.3	Unable to deliver QIPP (efficiency) savings plan of £21.6m due to lack of internal capacity and lack of engagement of key partners	Service reviews established, monthly QIPP reports to Sub group for GB and Matrix working being implemented	Matt Powls Brian Hughes wef Q2	30.11.16		R	Service reviews integrated within elective work stream. Integrated QIPP Working Group now fully established, received monthly QIPP performance report. Matrix working implemented throughout the organisation and forms part of the programme management methodology training.		G							
			Metrics or proxy measures to be established for all schemes.	Matt Powls Brian Hughes wef Q2	31.05.17		G			G							
			Project management methodology training rolled out throughout the organisation.	Matt Powls Brian Hughes wef Q2	30.06.17		R	Has been completed by 67 members of staff to date. Continues to be offered on an ongoing basis - two workshops held per month. Now part of mandatory training requirements for commissioning staff.		G							
			Redefine the citywide partnership planning group.	Peter Moore	30.06.17		R	Group not engaged. Currently paused due to set up and establishment of a cityty wide Director level group replacing EMG.		R							
	4.4	Inability to secure partnerships with secondary and primary care providers to deliver the Sheffield Transformation Programme in particular our out of hospital strategy.	Fully establish and imlement the Transforming Sheffield programme structure, including a Shadow Accountable Care Partnership Board	Peter Moore	01.07.17		R	Accountable Care Partnership board is up and running and has met twice. Supporting meeting architecture is yet to be put in place.		A							
			Agree city wide posts to work across system partners to support delivery of transformational programmes and where sufficiently mature to provide systems operational management.	Peter Moore	01.09.17			Resourcing paper going from Julia to EMG in August relating to city wide roles.		G							
			Produce a single financial strategy and account for Sheffield.	Peter Moore	01.10.17		R	Not currently considered a priority and organisations now concerned		R							
	4.5	Inability to agree and progress service changes across the South Yorkshire and Bassetlaw Sustainable Transformation Programme (STP) footprint at a pace which supports delivery of collective efficiency challenge.	Workstreams to further develop business cases to support the service changes which underping delivery of financial savings	Maddy Ruff													
			Triangulate individual organisational operational plans for 17/18 and 18/19 to STP so that we meet system wide control totals - first attempt Feb 17. Further work required and ongoing.	Maddy Ruff	01.04.17												
			Finalisation of infrastructure support required to support/deliver the agreed programme of service change.	Maddy Ruff	01.06.17												
5. Organisational development to ensure CCG meets organisational health and capability requirements	5.1	Inability to maximise the anticipated benefits of GP Forward View to deliver a sustainable and transformed primary care sector.	Expansion in capacity to the Primary Care structure to support practices in understanding and engaging in the wider agenda	Katrina Cleary	01.06.17		R										
			Developing formal practice visiting programme - commenced December 2016	Katrina Cleary	01.06.17												
	5.2	5.2 Unable to secure timely and effective commissioning support to enable us to adequately respond and secure delivery to existing and new emerging requirements. Quality of externally purchased commissioning support (IT and data management) falls below required levels.	Recruitment to joint Head of IT which will allow for more formal working together to review the contract.	Matt Powls Brian Hughes wef Q2	Apr-17	Recruitment process unsuccessful looking at alternative options	R	Recruitment for Joint Head of IT unsuccessful currently assessing other options, including SHSC providing resource	Sep-17	R							
			Six monthly reports to GB on the outsource IM&T	Matt Powls Brian Hughes wef Q2	Jun-17		R		Nov-17	R							
			Implement plans for the contract management arrangements of the provider	Matt Powls Brian Hughes wef Q2	Completed		G										
				Matt Powls Brian Hughes wef Q2				Internal user group established (including locality manager representation) to identify and address operational matters and issues	Sep-17	G							
	5.3	Inability to secure active engagement/participation between Member Practices and relevant CCG teams which may result in not achieving CCG priorities	City wide Locality group meetings now attended by Medical Director and Clinical Directors whenever possible	Zak McMurray			G		Completed	G							
			Work with Communications teams to develop robust engagement approaches	Zak McMurray	Ongoing review	Number of initiatives underway including meds mgmt stockists/posters for all GP practices GP E-Bulletin PUJ Events/ CDs and	G			A							
	5.4	Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage.	Continual review of governance arrangements, especially with regard to integrated commissioning, co-commissioning with NHSE	Julia Newton			G			A							
			Implementation of new guidance on conflicts of interest, review of current policy and procedures	Julia Newton	Completed	Standards of Business Conduct and Col Policy approved by GB All actions identified by Internal Audit re compliance with Col guidance completed.	G										
			Role out of mandatory Conflicts of Interest training for all staff	Julia Newton	01.11.16	Training has been postponed by NHS E and is now expected to	A	Training expected Autumn 2017	Oct-17	R							
	5.5	Inufficient workforce, talent management and succession planning could lead to inability to deliver organisational objectives and priorities.	OD Strategy Refresh	Penny Brooks	01.12.17		A	Working is to be initiated		A							
			Directorate level workforce and succession planning utilising key workforce metrics.	Penny Brooks	01.12.17		A	Accountable Care Partnership board is up and running and has met twice. Supporting meeting architecture is yet to be put in place.		A							
			ESR update to reflect revised orgaisational structue enabling accurate workforce reporting	Penny Brooks	11.05.17		A	Ongoing work		A							