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Clinical Commissioning Group

Governing Body Assurance Framework
2021/22 First Quarter Review up to and including 31 July 2021   J

Governing Body Meeting

2 September 2021

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Purpose of Paper

This report presents the Governing Body Assurance Framework (GBAF) initial review 2021/2022 for consideration. The report covers the period up to and including 31 July 2021. Due to timings of meetings this report has been shared virtually with the Audit and Integrated Governance Committee (AIGC) prior to presentation to Governing Body.

The report provides assurance to the Governing Body that there are systems and processes in place for the effective management of both strategic and operational risks.

The GBAF has been shared with Governing Body members as part of the supporting information pack.

Key Issues

The GBAF is a "rolling" document reviewed approximately quarterly with a full refresh undertaken prior to the start of each financial year. This report sets out the April to July position for 2021/2022

- Twenty-six principal risks are identified on the GBAF
- No risks have decreased in risk score
- One risk has increased in score
- One risk continues to show gaps in control and / or assurance
- The Senior Management Team (SMT) considered the review. SMT approved the requested changes to three of the actions and made proposals for consideration by the Director leads as part of the Quarter 2 GBAF review.

Is your report for Approval / Consideration / Noting

Consideration

Recommendations / Action Required by Governing Body

Governing Body is recommended to:
- Review and comment on the GBAF review from April to July 2021
- Note SMT's approval of the requested changes to the three actions set out in section 5 and proposals for consideration within the Quarter 2 GBAF review.

Governing Body Assurance Framework
Which of the CCG's Objectives does this paper support? This paper supports each of the five CCG objectives in addition to all identified principal risks.
Are there any resource Implications (including Financial, Staffing etc)?
No specific resource implications
Have you carried out an Equality Impact Assessment and is it attached?
There are no specific issues associated with this report.
Have you involved patients, carers and the public in the preparation of the report?
Not applicable

Governing Body Assurance Framework
2021/22 First Quarter Review up to and including 31 July 2021

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2 September 2021

1.   Introduction

The CCG's Governing Body needs to be confident in the systems, policies and people it has in place to efficiently and effectively drive the delivery of its strategic objectives by focusing on minimising the level of risk.   The Governing Body Assurance Framework (GBAF) is the key document for ensuring all principal risks to delivery of the CCG's objectives are identified and controlled, and for providing sufficient assurances to Audit and Integrated Governance Committee (AIGC) and ultimately the Governing Body, as to the effectiveness of these controls.

Effective risk management is an essential part of the CCG's system of internal control and regular, consistent reporting of the GBAF to the Governing Body not only represents recommended good practice, but also supports the provision of a fair and illustrative Annual Governance Statement.

This paper provides the Governing Body with the initial position on the GBAF from April to July 2021.

2.   Review from April to July 2021

The review of the GBAF covering the period April to July 2021 was presented to the Senior Management Team (SMT) on 5 August and due to timing of meetings was circulated virtually to AIGC for scrutiny and challenge in advance of the 2 September meeting of Governing Body

At the end of the monitoring period there remained 26 identified risks. No new risks have been identified during this review period. The level of risk is set out below.

31 July 2021	Critical	Very High	High	Medium	Low	Risks Closed	TOTAL
April 2021 to July 2021	3	9	13	1	0	0	26

3.   Movement in risk scores

3.1   Risks reduced in score:

No risks were reduced in score during the review period.

3.2   Increase in risk score

One risk increased in score during the review period.

Risk 3.2 - There is a risk that there is insufficient resilience in primary and community care, in particular GP practices but also in the community pharmacy, care providers and the voluntary sector, that we are unable to expand capacity in primary and community care.

Rationale:
The risk score has increased this quarter based on feedback from GP practices/PCNs and the increased system pressures.

The table below summarises risk ratings against the initial risk score, and the risk appetite score. Gaps in control and/or assurance are also identified.

Objective	Risk Reference	Risk Owner	Risk Owner	Risk Initial Score	Current Risk Score				Risk Target or Appetite Score	Gaps in Control?	Gaps in Assurance?
					Q1	Q2	Q3	Q4		Position at 31.07.21	
1. Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners	1.1	Failure to make sufficient progress on our Joint Commissioning priorities	BH	12	12				9	No	No
	1.2	Fail to make sufficient progress on our goal of best start in life	SB	12	12				6	No	No
	1.3	Fail to make sufficient progress on delivering our all-age mental health objectives	SB	16	16				9	No	No
	1.4	Inequalities worsen as a result of the Pandemic due to elective activity being paused and exacerbating those with long term conditions.	SB	20	20				12	No	No
2. Lead the improvement of quality of care and standards	2.1	Organisations fail to meet quality standards	AW	16	16				9	No	No
	2.2	System wide or specific provider capacity problems.	SB	20	20				9	No	No
	2.3	Fail to effectively communicate our messages with the public and involve patients	BH	16	16				8	No	No
	2.4	Insufficient workforce to be able to maintain safe, efficient and high quality services	AW	12	12				9	No	No
	2.5	Insufficient preparedness to deal with significant emergency events	BH	15	15				8	No	No
	2.6	Unable to meet flu vaccine requirements set by NHSE of 75% against each cohort	AW	12	12				9	Yes	No
	2.7	Failure to deliver on national expectations of uptake of the Covid 19 vaccine due to the lack of workforce, vaccine supply, or the appetite of our population	AW	16	16				9	No	No

3. Bring Care Closer to Home	3.1	Insufficient capacity and resources to support development of Primary Care Networks (PCNs) and primary care at scale working	SB	16	16					9	No	No
	3.2	Insufficient resilience in primary and community care.	SB	16	↑20					6	No	No
	3.3	Inability to secure active engagement/participation and involvement of PCN Clinical Directors, Members Practices and relevant CCG teams	ZM	9	9					6	No	No
	3.4	Capacity and role of the voluntary and community sector is not fully realised as part of our system infrastructure and presence	BH	12	12					6	No	No
4. Improve health care sustainability and affordability	4.1	The financial challenges of our own organisation and that of our system partners distort our short term priorities	JM	16	16					9	No	No
	4.2	Policy drive for system integration ahead of legislative change may risk the development of partnerships	LS	12	12					6	No	No
	4.3	The digital infrastructure is inadequately maintained/ developed.	CT	12	12					9	No	No
	4.4	The estates infrastructure is inadequately maintained/ developed	JM	12	12					9	No	No
	4.5	Fail to address the impact that the services that we commission have on the environment.	ZM	12	12					9	No	No
	4.6	Our internal QIPP plan does not deliver the level of efficiency changes required	SB	16	16					9	No	No
	4.7	Our collective risk appetite is insufficient to realise the potential of our plans	JM	16	16					8	No	No
5.Be a caring employer that values diversity and maximises the potential of our people	5.1	Anxiety and uncertainty in staff and that we have insufficient workforce to deliver our organisational objectives and commissioning intentions during times of major change.	LS	12	12					9	No	No
	5.2	Failure to maximise the potential of our staff and their contribution to an integrated health and care system	LS	12	12					9	No	No
	5.3	Insufficient internal workforce, talent management and succession planning	LS	12	12					9	No	No
	5.4	Our post-pandemic flexible working arrangements will not cater for the needs of all our staff.	CT	12	12					9	No	No

4.3   Gaps in Assurance and/or Control

One risk (2.6) shows a gap in control and has an action plan in place to close the gap. No risks have identified gaps in assurance.

Risk Ref	Risk	Action identified	Deadline
2.6	There is a risk that the CCG may not be able to meet flu vaccine requirements set by NHSE 2021/22 due to the availability of vaccine, workforce capacity with other vaccination programmes, access to vulnerable Cohorts in a period of both COVID and General Practice work recovery and restoration	CCG Vaccine Lead Recruitment	September 2021

4.4   Action Log

Progress has been made with regard to closing identified actions*.*

Period	No of Actions identified	Actions Completed	Actions not due for completion	Actions overdue
April 2021 to July 2021	62	34	26	3

5. Key Issues Identified at the SMT Review

- SMT felt that the score of 16 for **Risk 2.3** (Fail to effectively communicate our messages with the public and involve patients), could be lower and noted that a similar risk on the corporate risk register was scored at 12. This will be considered in the Quarter 2 review.

- SMT noted that the score for **Risk 3.2** (Insufficient resilience in primary and community care) had increased from 16 (Very High) to 20 (Critical) during the review period. The rationale for this was based on feedback from GP practices/Primary Care Networks (PCNs) and the increased system pressures.

  SMT agreed that this was an appropriate increase in score, noting that this risk also linked to **Risk 1.4 (**Inequalities worsen as a result of the Pandemic due to elective activity being paused and exacerbating those with long term conditions) and **Risk 2.2** (System wide or specific provider capacity problems), which were both also scored as Critical.

- SMT agreed that the description and the rationale for the current score for **Risk 4.2** (Policy drive for system integration ahead of legislative change may risk the development of partnerships), should be reviewed in light of the fact that the legislation is now available. Closing this risk and starting a new risk linked to the impact of the legislative change will be considered as part of the Quarter 2 review.

- SMT noted the progress that had been made with closing identified actions. They approved the request to make changes to the following three actions:

Risk Ref	Risk	Action identified	Change requested and rationale
2.1	There is a risk that organisations fail to meet quality standards, resulting in reduced quality of services, increased patient safety risks and a lack of satisfaction in commissioned services.	EDS3 will be piloted for NHS England from July and will include extended access (July 2019)	**Remove** - NHSE have not finalised the EDS3 tool initially planned for Jul-19 so unable to pilot. Using EDS2 tool in the CCG and will be checking with providers that they are also following this approach.
3.1	There is a risk that we have insufficient capacity and resources to support development of Primary Care Networks (PCNs) and primary care at scale working or that PCNs are overwhelmed by multiple demands for their involvement.	Development of individual strategic outline cases/programme initiation documents for the projects within the ICS Primary Care Capital Programme (March 2021)	**Remove** - This action has been replaced by the action to hold a summit in September on this topic
4.4	There is a risk that the estates infrastructure is inadequately maintained/developed and so impacts on the ability to integrate services/bring services closer to home.	Refresh of the Sheffield strategic estates strategy (March 21)	**Extend** – A revised deadline has been agreed (December 2021).

6. Recommendations

Governing Body is recommended to:
- Review and comment on the GBAF review from April to July 2021
- Note SMT's approval of the requested changes to the three actions set out in section 5 and proposals for consideration within the Quarter 2 GBAF review.

Paper prepared by Carol Henderson, Corporate Governance Manager
On behalf of Cath Tilney, Associate Director of Corporate Services

August 2021