CCG Assurance Framework

Governing Body meeting

4 April 2013

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Sponsor	Linda Tully, Head of Governance and Company Secretary

Key messages

- High level risks continue to be managed through the assurance process
- The AF provides sufficient evidence to allow the Annual Governance Statement to be signed off as part of the Financial Accounts and Annual Report.
- An OD event focusing on the AF will be offered to Governing Body members of the CCG

Assurance Framework (AF)

Risk Reference Number: 105

This paper provides assurance that high level risks to achieving the corporate objectives are being identified, mitigated and any gaps in control or assurance are being highlighted and actions being taken to address these.

Is this an existing or additional control:
Whilst the Assurance Framework covers all existing controls, it links in particular to controls 1.3.1 A to E and 1.3.2 A to G.

Equality/Diversity Impact

Has an equality impact assessment been undertaken? YES

Which of the 9 Protected Characteristics does it have an impact on?
There is no evidence to suggest that the Assurance Framework will adversely impact on any of the 9 Projected Characteristics.

Recommendations

The Governing Body is asked to:
- Note the report
- Assure itself that the document provides adequate information
- Assure itself that the CCG's corporate objectives and risks to their achievement are accurately reflected and effectively managed for 2012/13.
- Agree that the principle objectives of the Assurance Framework for 2013/14 should comprise of the four key objectives of the 2013/14 Business Plan.

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1. **Context**

   1.1. The Assurance Framework (AF) provides the Governing Body with assurance that controls and actions to mitigate the risk to achieving the organisation's objectives are in place. It is a key element of the CCG's system of internal control and is designed to identify and evaluate and manage the impact of high-level risks.

   1.2. The AF (attached at Appendix 1) should be read in conjunction with the:
   - Integrated Commissioning Plan
   - Clinical Commissioning Prospectus
   - Business Plan
   - Risk Register
   - Delivery and Quality Reports.

   1.3. The AF provides sufficient evidence to allow the Accountable Officer to sign the Annual Governance Statement.

2. **Explanatory Notes and Summary of the Assurance Framework**

   2.1. Risk owners are identified in column C of the Framework and are responsible for reviewing and updating the relevant sections of the AF.

   2.2. The AF was reviewed by the Governance Group on 21 February 2013 and Audit and Integrated Governance Committee on 28 March 2013 and deemed fit for purpose.

   2.3. There have been no new risks added to the framework since the last meeting. The framework has, however, been updated to reflect recent progress and organisational change

   2.4. The AF attached as **Appendix 1** reflects the current position. Most risks are now assessed as reaching target levels.

   2.5. The AF operates via a formula that identified the level of risk by multiplying the consequences of a risk by the likelihood of it occurring on a scale of 1 to 5, (5 being catastrophic and certain, and 1 being insignificant and highly unlikely to happen. Risks are then graded as below.

1-5	Low
6-11	Medium
12-15	High
16-20	Very High
25	Extreme

3. Assurance Framework for 2013/14

3.1. For 2013/14, CCG service areas are considering risks against the following four principle objectives set out in the 2013/14 commissioning intentions:

- To improve patient experience and access to care
- To improve the quality and equality of healthcare in Sheffield
- To work with Sheffield City Council to continue to reduce health inequalities in Sheffield
- To ensure there is a sustainable, affordable healthcare system in Sheffield

3.2 The risks identified will be reviewed by Senior Officers and those risks considered to be of a high level strategic nature will be included in the AF for 2013/14.

3.3 Any risks identified from the 2012/13 AF which remain open will be handed over to the relevant receiving organisation (i.e. the CCG) as part of the PCT legacy. (Currently 24 risks).

3.4 An organisational development session is planned to ensure the Governing Body is fully engaged in the AF process.

4. Recommendation:

The Governing Body is asked to:

- Note the report
- Assure itself that the document provides adequate information
- Assure itself that the CCG's corporate objectives and risks to their achievement are accurately reflected and effectively managed for 2012/13.
- Agree that the principle objectives of the Assurance Framework for 2013/14 should comprise of the four key objectives of the 2013/14 Business Plan.

Paper prepared by David Barker, Risk and Health and Safety Advisor

On behalf of: Linda Tully, Head of Governance and Company Secretary

20 March 2013

Principal Objectives [A]	Principal Risks		Initial Risk			Current Risk			Key Controls [D]	Assurance on Controls [E]	Board Report		
	Principal Risk [B]	Classification of Principal Risk [C]	C	L	CxL	C	L	CxL			Board Reports (Positive Assurances) [F]	Gaps in Control [G]	Gaps in Assurance [H]
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1   DELIVERY (maps to all BP objectives)

Principal Objectives [A]	Principal Risk [B]	Classification of Principal Risk [C]	C	L	CxL	C	L	CxL	Key Controls [D]	Assurance on Controls [E]	Board Reports (Positive Assurances) [F]	Gaps in Control [G]	Gaps in Assurance [H]
1.1 **Delivery of safe and efficient health care.**	1.1.1 Compromising public safety and service provision through inadequate emergency preparedness. *RR Ref 37* **This risk will be included on the Cluster BAF. No further action required.**												
	1.1.2 Not taking the opportunity to decommission ineffective services. *RR Ref 578*	**Chief of Business Planning and Partnerships: Tim Furness** **Planning and Delivery Group Chair.**	3	3	9	3	2	6	1.1.2A Commissioning Intentions and resulting QIPP plan.	Board approval of Commissioning Intentions. Planning and Delivery Group oversight.	**Board Reports:** CIs draft in Feb 13. Performance reports.		
			3	3	9	3	2	6	1.1.2B Movement towards use of programme budgeting and pathway reviews.	Discussion and agreement of action at Strategic Planning Board, with PB informing ABH4 development.	**Board Reports:** ABH4 draft in Apr 11.		
			3	3	9	3	2	6	1.1.2C Discussing priorities and process of service reviews through clinical portfolios, at CET and planning and delivery group	Prioritisation within CIs.	**Board Reports:** ABH4 draft in Apr 11. **CCG Reports:** Birch Avenue & Woodland View care Homes Update report in Nov 11 & Jan 12. Progress report on the review of NHSS Contracts with Voluntary, Community & Faith (VCF) sector providers in Jan 12.		
	1.1.3 Not identifying best practice to commission care pathways. *RR Ref 1021*	**Clinical Directors: Zak McMurray and Richard Oliver** **Portfolio holders.**	4	3	12	3	2	6	1.1.3A Use of NICE Guidelines and other evidence to inform pathway redesign.	Annual report of NICE Guidelines is provided to the CCE and Assurance Group. All clinical protocols and redesign business cases are signed off by CCET.	**Board & CCG Reports:** CCE minutes twice yearly. COO & other oral reports.		

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			4	3	12	3	2	6	1.1.3B Clinical leadership and involvement in redesign.	Business cases, service specifications include best practice, signed off by CCET. GP Portfolios.	**Board & CCG Reports:** Minutes & reports from CCET, CET, CCG & CRG.		
	1.1.4 Pandemic flu affecting large numbers of people living in Sheffield. *RR Ref 513* **This risk will be included on the Cluster BAF. No further action required.**												
1.2 Commissioning health services to ensure they remain affordable	1.2.1 Unrealistic Financial Plans and insufficient financial management. *RR Ref 1*	**Chief Finance Officer: Julia Newton**	5	4	20	3	3	9	1.2.1A Financial Plans balance to externally provided targets and use SHA/DOH assumptions where appropriate; monthly monitoring schedules reflect annual plans.	SHA scrutiny and approval of Financial plans; SHA monthly monitoring; Internal audit reviews of commissioning financial plans. CCE/CCET provided with reports on recovery plans as necessary.	**Board Reports:** Annual budget plan in Jun 10. RAG rated monthly financial performance report for Board, with sensitivity analysis to Board monthly. Finance Directors' Report in Jul & Dec 10, Mar 11 & Apr 11 . Finance Report in Jul 11 & Sept 11. **CCG Reports:** 2011/12 Financial Plan in Apr 11. Monthly progress report from the Clinical Exec in Apr 11. Finance Report in Nov 11, Dec 11 & Jan 12. Operating Framework 2012/13 in Jan 12. Programme update for Right Care, Right Time, Right Place, Right Person report in Jan 12, May 12 and Jul 12.		

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	1.2.2 Providers unable to reduce cost base commensurate with contractual requirements, including the delivery of negative growth profiles for both elective and non-elective activity through QIPP schemes. *RR Ref 897*	**Chief Finance Officer: Julia Newton**	4	3	12	3	3	9	1.2.2A Contract clauses which require capacity reductions (e.g. OPFU); contract monitoring data, contract monitoring discussions with providers.	Contract monitoring reports; notes of contract monitoring meetings.	**Board Reports:** Contract monitoring reports monthly as part of Performance & Quality report. Delivering ABH3 (Your Health Matters) report in Jun 10 & Oct 10. **CCG Reports:** Operating Framework for the NHS 2012/13 in Jan 12. Programme update for Right Care, Right Time, Right Place, Right Person report in Jan 12, May 12 and Jul 12.		
1.3 Ensure effective governance arrangements	1.3.1 Impropriety/illegality. *RR Ref 898*	**CCG Secretary: Linda Tully**	4	3	12	3	2	6	1.3.1A Sos/SFIs/Scheme of Delegation. Constitution.	Head of Internal Audit opinion external Annual Audit Report. Internal Audit report on Assurance Framework.	**Board Reports:** Custody of seal, sealing of documents and signature of documents report in Mar 11 and Sept 11. Sos/SFIs in May 11.CCG Constitution including SOs/SFIs and Prime Financial Statements reported to CCG Committee Aug 12.		
			4	3	12	3	2	6	1.3.1B Corporate Governance policies. Policy review July 2012.	Governance Committee minutes and reports to AIGC and Board. Review of policies by SMT prior to review and approval by Governance Committee and then to Board for formal ratification. Updated procedure for approving policies at Jan 12 CCG.	**Board & CCG Reports:** Qtly reports. Board approval of policies. All Policies reviewed in light of transition arrangements Aug 12, to be reported to Gov Group Nov 12 and CCG Com Mar 13.		

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			4	3	12	3	2	6	1.3.1C Counter Fraud Strategy.	Annual fraud report. Incident reporting.	**Board and CCG Reports:** Fraud reports to AIGC go to Board qtly.		
			4	3	12	3	2	6	1.3.1D Code of Business Conduct.	Issued to staff on employment. HR policies and codes of practice. Counter fraud work.	**Board Reports:** Incident annual report in Jun 11. Counter Fraud report in Jun 11. **CCG Reports:** Gifts & Hospitality & Commercial Sponsorship Annual Report in May 12.		
			4	3	12	3	2	6	1.3.1E Register of Interests.	Internal and external audit.	**Board Reports:** Annual report in Jun 11. **CCG Reports:** Draft Annual report 11/12 in May 12.		
	1.3.2 Major risks not identified/managed. *RR Ref 845*	**CCG Secretary: Linda Tully**	4	3	12	3	3	9	1.3.2A Risk Management Strategy.	Internal audit and WCC and UoR. Audits of Directorate risk arrangements. Internal Audit Risk Management report to Nov 11 Gov Group and Dec 11 AIGC.	**CCG Reports:** 2012/13 Risk Management Strategy Approved by CCG in May 12.		
			4	3	12	3	2	6	1.3.2B Risk Registers.	Internal Audit Report.	**Board Reports:** Report to Gov Group at each meeting. Summary & full minutes of Gov Group presented to AIGG qtly.		

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			4	3	12	3	2	6	1.3.2C Governance Structure.	Governance Group Minutes.	**Board Reports:** Gov Com reports to Board bi-monthly. Proposed Gov arrangements report Jul 11. Gov Com Update report Jul 11. Cluster Gov arrangements report & CCG Gov report Sept 11. **CCG Reports:** Cluster Gov arrangements report & CCG Gov report Nov 11. Corporate Calendar Nov 11. GP & Lay Advisor Portfolio Matrix Nov 11 & Jan 12. Operating Model for CCG locality working Dec 11. SO's, SFI's & SoD Dec 11. Dispute Resolution Procedure Dec 11. Conflict of Interest Policy Sept 11. Review of Gov Arrangements report Jul 12. Update on Establishment of the Senior Appointment Group Jul 12. Update on CCG Constitution Aug 12.		
			4	3	12	3	2	6	1.3.2D Internal and external audits.	Internal and external audit reports.	**Board Reports:** Governance Arrangements for the South Yorkshire & Bassetlaw Cluster report Apr 11.		
			4	3	12	3	2	6	1.3.2E SHA Monitoring				

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			4	3	12	3	2	6	1.3.2F Identification of Risk Leads in Service Areas.	Audits of directorate risk arrangements.	**Board Reports:** Risk Management Strategy. Incident Annual Report 09/10. Security Annual Report 09/10. Health & Safety Report including annual report for 09/10 in Jun 10. Health & Safety Report - PCT Commissioning in Jul 10 & Apr 11. Internal Audit programme completed & reported to Board via AIGC reports. Health & Safety report in Jul 11		
			4	3	12	3	2	6	1.3.2G FMP and Estates Contract with SHSC.	Qtly review meetings. Updates to Governance Committee. Health and Safety Minutes.	**Board Reports:** Summary & full minutes of Gov Com presented to Board bi-monthly. Monthly Health & Safety reports. **CCG Reports:** Monthly Health & Safety reports. Estates Review paper to both Private Board & CCG in Sept 11.		
	1.3.3 Inadequate/unreliable information. *RR Ref 899*	**CCG Secretary:** **Linda Tully**	3	3	9	3	2	6	1.3.3A Budgetary control.	Budget monitoring process.	**Board & CCG Reports:** Monthly Finance reports.		
			3	3	9	3	2	6	1.3.3B Health Information systems.	Information Governance Group minutes. Information Asset Management Group minutes. Progress Reports on IG Toolkit.	**Board & CCG Reports:** Information Governance report to each meeting of Gov Group. Summary & full minutes of Gov Com presented to AIGG.		
			3	3	9	3	2	6	1.3.3C Activity systems.	Delivery & Quality Report.	**Board & CCG Reports:** Monthly Delivery & Quality Report.		

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	1.3.4 Lack of awareness and compliance with policies, procedures and processes. *RR Ref 846*	**CCG Secretary: Linda Tully**	3	3	9	3	2	6	1.3.4A Policies & Procedures and SO and SFI are on the intranet.	Incident reports. Policy monitoring checklists. Site and service audits Staff Survey.	**Board Reports:** Gov Com bi-monthly. Stress Management report in Jun 10. Policies & Procedures in Jul 10. Report in Oct 10. Revised policy for the production & approval of policies & procedural documents presented in Sept 10. Policies & Procedures report in Mar 11, Jul 11 & Sept 11. **CCG Reports:** Policies & Procedures report in Dec 11. Process for approval of policies & procedures in Jan 12. Gifts & Hospitality & Commercial Sponsorship Annual Report in May 12. Security Annual Report in May 12. Incident Annual Report in May 12.		
1.4 Commissioning high quality health services	1.4.1 Failure to develop and implement effective strategies. *RR Ref 1022*	**Chief of Business Planning and Partnerships: Tim Furness**	4	3	12	3	3	9	1.4.1A Monitoring and reporting of delivery Commissioning Intentions and the business plan.	Performance and quality Board reports. Qtly board reports on the business plan.	**Board & CCG Reports:** Number of objectives shown as on target in Delivery & Quality Report to Board monthly. **CCG Reports:** Operating Framework for the NHS 2012/13 in Jan 12.		

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			4	3	12	3	3	9	1.4.1B CET development of plans.	Commissioning Intentions	**Board & CCG Reports:** ABH4. Board consideration of service specific strategies. **CCG Reports:** Operating Framework for the NHS 2012/13 in Jan 12.		
	1.4.2 Failure to specify services appropriately. *RR Ref 909*	**Associate Director of Commissioning Services and Compliance: Idris Griffiths** **Portfolio Leads.**	4	3	12	4	2	8	1.4.2A Dedicated team of strategy and specification managers; ET approval of process for service reviews and prioritisation of which reviews to be taken forward.	Input of clinical experts and service users to specification development. Clinical sign off of final spec. Clinical input from CET and CRG in development and commissioning of pathways and service redesign.	**Board Reports:** Evaluation of ABH4 projects in Delivery & Quality Report. CCET reports to Board. **CCG Reports:** ToR for CRG in Nov 11 & updated Dec 11 & Jan 12. CET and P&DG update in Jul 12.		
	1.4.3 Immature market and lack of understanding of local market and health economics. *RR Ref 848*	**Chief Finance Officer: Julia Newton**	3	3	9	3	2	6	1.4.3A Procurement strategy, with supplier Dev't & Procurement Plans.	WCC assurance process. Use of Resources process - external audit assessment.	**Board Reports:** WCC assessments. Jun 10. Use of Resources Assessment to Sept Audit Committee. 2011-12 Procurement Work Plan Qtly Update in Sept 11. **CCG Reports:** 2011-12 Procurement Work Plan Qtly Update in Dec 11. Healthcare Procurement Work Plan Update in Jul 12.		
1.5 Promoting health and self care	1.5.1 Public unresponsive to health message. *RR Ref 5* **This risk will be included on the Cluster BAF. No further action required.**												

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1.6 *Highest quality and most personalised health service*	1.6.1 Loss of public confidence in the PCT through poor communications. *RR Ref 102*	**Chief of Business Planning and Partnerships: Tim Furness**	3	3	9	3	2	6	1.6.1A Communications strategy.	Proactive and reactive media work. Regular assessment of actions in campaigns/consultation meetings. SHA monthly media analysis. A communications and engagement strategy for CCG is under development	**Board Reports:** Media & Comms annual update. Duty to Report on Consultation report in Sept 11. **CCG Reports:** Progress report on the review of NHSS Contracts with Voluntary, Community & Faith (VCF) sector providers in Jan 12. Feb 12 - OD session with CCG on Comms & Engagement & developing the strategy. Draft Annual report 11/12 in May 12.		At community and individual level, it is very difficult to monitor the views of the public. More market research/insight gathering is needed. As is better use of patient surveys, linked to confidence. Target Dec 12.
			3	3	9	3	2	6	1.6.1B Communications audit and action plan.	Qtly progress reports. SHA monthly media analysis.	**Board Reports:** Communications update in Jul 11. Board reports.		Undertake daily media monitoring with news item sent to relevant CCG/PCT lead. SHA monthly media analysis has ended (due to national contract ending). Future analysis will be provided by SY&B CSU or a national/regional contract. Target Jan 13.

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2 QUALITY, INNOVATION, PRODUCTIVITY AND PREVENTION (maps to all BP objectives)													
2.1 Effective Health care	2.1.1 Providers delivering a sub-standard service. *RR Ref 901*	Chief Nurse: **Kevin Clifford**	3	3	9	3	2	6	2.1.1A Commissioning for Quality Strategy and other supporting Strategies and procedures.	Effectiveness and Audit Strategy. C difficile Strategy - Delivery of all above action plans. Annual SI report.	**Board & CCG Reports:** Qtly Assurance Committee minutes. SI monthly updates & Qtly reports to Private Board. SI Annual Report to CCG May 12. Commissioning for Quality Annual Report in Sept 12.		
			3	3	9	3	2	6	2.1.1B Quality Standards for contracts and service specifications.	Commissioning for Quality Annual Report Independent contractor annual report. Qtly quality Dashboard reports. Clinical Audit and Effectiveness annual report. Care Homes Annual Report.	**Board Reports:** Contract monitoring reports. Quarterly QAC meeting updates. Performance & Quality Reports monthly. **CCG Reports:** Programme update for Right Care, Right Time, Right Place, Right Person: Transforming urgent heath & social care in Sheffield report in Jan 12.		
			3	3	9	3	2	6	2.1.1C Contract Quality Review Groups.	Minutes of meetings. SUI Reports qtly.	**Board Reports:** Quality Public Dashboard & monthly performance data for quality. Commissioning for Quality Annual Report in Sept 12.		
			3	3	9	3	2	6	2.1.1D Participation in provider Governance meetings.	Minutes and concerns from the meetings managed via Contract Quality Review Groups.	**Board Reports:** Qtly Assurance Committee minutes. Commissioning for Quality Annual Report in Sept 12.		

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	2.1.2 Failure to achieve performance measures caused by increased risk due to managing financial pressures and delivering performance targets. RR Ref 95	**Associate Director of Commissioning Services and Compliance: Idris Griffiths**	4	3	12	3	3	9	2.1.2A Performance monitoring reports produced for CET, Planning & Delivery Board, CCG committee and Cluster Board. Performance links with operational leads each month for progress reports and remedial action plans when appropriate. Escalation through operational leads to the Planning and Delivery Group.	Minutes from respective meetings.	**CCG Reports:** Performance & Quality Monthly Reports. Operating Framework for the NHS 2012/13 in Jan 12. Key risks for 12/13 Report to ET/CET Mar 12.		
			4	3	12	3	3	9	2.1.2D Quality review meetings.		**CCG Reports:** Quality Dashboard & monthly performance data for quality. Operating Framework for the NHS 2012/13 in Jan 12. Key risks for 12/13 Report in ET/CET Mar 12.		
			4	3	12	3	3	9	2.1.2E Performance monitoring meetings.		**CCG Reports:** High Risk target areas form part of Performance & Quality Monthly Reports. Operating Framework for the NHS 2012/13 in Jan 12. Key risks for 12/13 Report in ET/CET Mar 12.		

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	2.1.3 Failure to Deliver QIPP Programme Savings and hence Financial Balance *RR Ref 902*	**Chief Finance Officer: Julia Newton**	4	3	12	4	3	12	2.1.3A QIPP savings plans integral part of overall Financial Plan. Monthly monitoring of financial performance.	QIPP plan for 10/11 reviewed by SHA and external consultants on behalf of SHA. Monthly monitoring of QIPP savings by Delivery Board. CCE/CCET update and progress on recovery plan targets.	**Board Reports:** Delivery Board report of QIPP progress. Monthly report identifying financial performance to date & forecast outturn. Finance Directors' Report in Jun & Dec 10 & Apr 11. 2011/12 Financial Plan report in Mar 11 & Apr 11. Finance Report in Jul 11 & Sept 11. 2011-12 Procurement Work Plan Qtly Update in Sept 11. **CCG Reports:** Finance Report in Jan 12. 2011-12 Procurement Work Plan Qtly Update in Dec 11. Finance Report in Nov & Dec 11. Finance Report in Jan 12. M9 QIPP progress monitoring report to SHA. NHS111 Preparing for Implementation - Project Update in May 12. Healthcare Procurement Work Plan Update in Jul 12.		
	2.1.4 Failure to deliver the objectives in the Business Plan to the scale of the transformation required to achieve sustainable health care provision and the ability of provider to adapt to the change. *RR Ref 100*	**Associate Director of Commissioning Services and Compliance: Idris Griffiths**	4	3	12	4	2	8	2.1.4A Comprehensive and regular monitoring and reporting, to Planning and Delivery Group. Engagement (May 2012) of CCG/CET in prioritising key Outcome Measures (over and above Operating Framework) for 12/13 monitoring and management.	Monthly Board Reports, Planning & Delivery Group minutes	**CCG Reports:** Monthly reports via Associate Director of Commissioning & Compliance as part of Performance & Quality report. Corporate Business Plan Q4 Update in May 12. Corporate Business Plan Q1 12/13 update in Aug 12.		

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			4	3	12	4	2	8	Clinical support for QIPP and adoption of good practice reinforced through clinical education programme (PLI).	Evaluation of events.	**CCG Reports:** Progress on QIPP reported in the monthly Performance report. PLI reports in qtly report from Clinical Directors.		
			4	3	12	4	2	8	2.1.4C The PMO will have oversight of the whole programme and will ensure that project leads have the support they need to deliver successfully. Clinical engagement in QIPP secured through CET GP reps attendance at Planning & Delivery Group involvement in planning groups and through the joint Clinical Directors.	Monthly Board Reports, Planning & Delivery Group minutes	**CCG Reports:** Progress on QIPP reported in the monthly Performance report. CCG Business Plan qtly updates.		
			4	3	12	4	2	8	2.1.4D A robust programme management approach, with senior level leadership of programmes to ensure effective benefits realisation including monthly moderation meetings between Programme Lead and Associate Director of commissioning and compliance.	Monthly monitoring proformas. Minutes of Delivery Board. Comparison of activity data and financial monitoring. Updated RAG on QIPP monitoring	**CCG Reports:** Progress on QIPP reported in the monthly Performance report. Corporate Business Plan Q4 Update in May 2012. Corporate Business Plan Q1 12/13 update in Aug 12.		
	2.1.5 Providers not having systems and processes in place to safeguard adults, including governance arrangements and reporting	**Chief Nurse: Kevin Clifford**	4	3	12	4	2	8	2.1.5A Sheffield Adult Safeguarding partnership.	Minutes of Safeguarding Adults Board.	**Board & CCG Reports:** Bi Monthly reports. **CCG Reports:** SASP Annual Report in Jul 12. Safeguarding Strategy in Jul 11.		

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	reporting. *RR Ref 1023*		4	3	12	4	2	8	2.1.5B Internal Safeguarding Adults Group.	Minutes of Safeguarding Adult Group.	**Board & CCG Reports:** Bi Monthly reports. **CCG Reports:** SASP Annual Report in July 12. Safeguarding Strategy in Jul 11.		
			4	3	12	4	2	8	2.1.5C Providers Incident Reporting Procedure.	Monitoring of incidents via the Clinical Quality Review Meetings.	**Board & CCG Reports:** Bi Monthly reports. **Board Reports:** SASP Annual Report. Safeguarding Strategy in Jul 11.		
	2.1.6 Providers not having systems and processes in place to safeguard children, including governance arrangements and reporting. *RR Ref 1023*	**Chief Nurse: Kevin Clifford**	4	3	12	4	2	8	2.1.6A Safeguarding Children's Board.	City wide Safeguarding Strategy and plan. Safeguarding Policies. Minutes of Safeguarding Children's Board. Internal audit (Dec 11) action plan now completed.	**Board & CCG Reports:** Bi monthly Safeguarding Children's Board report. NHSS & Safeguarding Children's Board Annual Report in Jul 12 **Board Reports:** Safeguarding Children's Strategy in Feb 11.		
			4	3	12	4	2	8	2.1.6B Internal Safeguarding Children's Group.	Minutes of Safeguarding Group.	**Board & CCG Reports:** Qtly Assurance Committee minutes.		
			4	3	12	4	2	8	2.1.6C Serious Incident Reporting Procedure.	Monitoring of incidents via the Clinical Quality Review Meetings.	**Board & CCG Reports:** SI monthly reports.		
			4	3	12	4	2	8	2.1.6D Safeguarding Strategy and action plan. Safeguarding Policy.	Implementation of the Safeguarding Children Strategy action plan.	**Board & CCG Reports:** Bi monthly reports.		

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	2.1.7 Failure to manage eligibility threshold for CHC, leading to excess demand for NHS-funded services. *RR Ref 989*	**Chief Nurse: Kevin Clifford**	3	3	9	3	3	9	2.1.7A Robust quality checking of assessments, escalating from senior nurses, QAC and Eligibility Panel as appropriate.	National Data on CHC eligibility. Cluster CHC lead requested involvement to ensure consistency across patch.		System wide review has led to CHC Improvement Plan. Improvement Due for completion Jan 13 (subject to success of negotiation with LA around interpretation of CHC framework).	Agreeing a local interpretation of the eligibility threshold is being led by NHSS Associate Director of Clinical Quality and Improvement, with Director of Care and Support at SCC. NHSS COO and SCC CEO have been actively involved in framing this discussion. An agreed interpretation is being drafted. Steering Group overseers delivery of CHC Improvement Plan, which supports this work. TARGET DATE TO BE AGREED WITH SCC early October 2012.
			3	3	9	3	3	9	2.1.7B Review of process for checklists.				
			3	3	9	3	3	9	2.1.7C Initiating the CHC review to develop system-wide consensus on the threshold.				
	2.1.8 Failure to respond to patient feedback. *RR Ref 906* new item - moved from 2.3.1	**Associate Director of Clinical Quality and Improvement: Kevin Clifford**	3	3	9	3	2	6	2.3.1A Complaints process. Enquiry contact on internet. Action plans as part of the Complaints process.	Board reports. MP letters/meetings.	**Board & CCG Reports:** Qtly reports.		

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2.2 *Reducing Health Inequalities and improving health*	2.2.1 Failing to work with partner organisations and review services in order to ensure services are commissioned which reflect local and national priorities as identified in ABH3. *RR Ref 4*	**Chief of Business Planning and Partnerships: Tim Furness**	4	3	12	4	2	8	2.2.1A Prospectus, Business Plan and CCG paper on partnerships.	Section demonstrating work with partners.	**Board Reports:** Discussion at Board to Board meetings. ABH4 draft in Apr 11. 11-12 Procurement Work Plan Qtly Update in Sept 11. **CCG Reports:** TCS Partnership Board Children's Health & Wellbeing Programme: progress & governance proposals in Dec 11. Operating Framework for the NHS 12/13 in Jan 12. Development of Health & Well Being Board & ToR in Jan 12. Also updates via Chair & COO in their oral reports (in minutes).		
			4	3	12	4	2	8	2.2.1B DPH report. **Key Control removed. Not a CCG report.**				
			4	3	12	4	2	8	2.2.1C Business and Financial Planning process, including prioritisation.	Board to Board / Cabinet meetings. CE reports on Joint Executive Team meetings with SCC.	**Board Reports:** Feedback from Board to Board / Cabinet meetings reported to Board. CE reports on Joint ET meetings with SCC. 2011-12 Procurement Work Plan Qtly Update in Sept 11. **CCG Reports:** 2011-12 Procurement Work Plan Qtly Update in Dec 11. Operating Framework for the NHS 2012/13 in Jan 12.		

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			4	3	12	4	2	8	2.2.1D Performance and Business Plan reports. Delivery Board monitoring.	Inclusion of delivery of ABH4 projects in Delivery & Quality Reports.	**Board & CCG Reports:** Number of projects shown as achieved or on target in Delivery & Quality Report to Board monthly. **Board Reports:** 2011-12 Procurement Work Plan Qtly Update in Sept 11. **CCG Reports:** Operating Framework for the NHS 2012/13 in Jan 12. Healthcare Procurement Work Plan Update in Jul 12.		
	2.2.2 Failure to focus resources on priority. *RR Ref 904*	**Chief of Business Planning and Partnerships: Tim Furness**	4	3	12	4	2	8	2.2.2A JSNA.	JSNA programme and ABH plans to address health needs.	**Board Reports:** Drafts of ABH4 reported in Dec 10. JSNA progress to Scrutiny in Dec 10. H&WB in Feb 11.		
			4	3	12	4	2	8	2.2.2B Commissioning Intentions, developed through clinical portfolios, at CET and plannig and delivery groups.	CIs. Chief Officer reports on CET and P&D	**Board Reports:** ABH4 draft in Apr 11. **CCG Reports:** CSS Prospectus in Jan 12.		
			4	3	12	4	2	8	2.2.2C Business and Financial Planning process, including P&D and CET roles in assessing and approving project plans and business cases.	Commissioning intentions outputs. Business cases to P&D. QIPP plans, prioritisation, implementation and monitoring. Delivery & Quality Reports. Process updated with introduction of CRG, CET and CCG including ToR.	**Board & CCG Reports:** Evaluation of ABH projects in Delivery & Quality Report monthly.		

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			4	3	12	4	2	8	2.2.2D PPI agenda.	ABH3 and 4 report input of results of engagement to planning.	**Board Report:** ABH4 report in Apr 11.		
	2.2.3 Poor quality of life and lower life expectancy through failure to address the key Joint Health and Wellbeing Strategy outcome areas and deliver relevant public health outcomes. *RR Ref 1024*	**Public Health: Jeremy Wight** **Portfolio holders.**	4	3	12	4	1	4	2.2.3A Prospectus.	ABH strategy produced after consultation and support from partners.	**Board Reports:** ABH programme management arrangements. QIPP delivery programmes & projects produce monthly reports to the Strategy & Delivery Boards & thence to ET & Clinical Commissioning Executive, where progress is assessed & challenged. **CCG Reports:** TCS Partnership Board Children's Health & Wellbeing Programme: progress & governance proposals in Dec 11.	NHS reorganisation and transition arrangement of PH to the LA do introduce uncertainties to the programme. Full transition plans were in place by Jun 12 and detailed schedules for transition are being produced (to be completed by end of Oct 12).	PH Transition plan (based on SHA Cluster Guidance) submitted to the SHA cluster in January 2012. Detailed transition schedules for individual work streams (including offer to CCG) being worked up - to be completed by Oct 12.
			4	3	12	4	1	4	2.2.3B DPH report 2012. **Key Control removed. Not a CCG report.**	DPH 2011 report produced. DPH report 2012 to be produced.	**Board Reports:** DPH Report to Cluster & Cabinet meetings in Oct 11. **CCG Reports:** Past, Present, Future - Sheffield Director of Final Public Health Report 2011 in Nov 11.	DPH report publication date not yet agreed - Target Dec 12.	

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			4	3	12	4	3	12	2.2.3C Vital Signs/Performance reports.	Delivery plans for all medium to high risk targets. Team to Team meetings PH and Performance.	**Board & CCG Reports:** Monthly reporting.	Full ownership of targets by important providers not guaranteed yet. Turbulence in Providers with new areas of responsibility an issue. Incentive schemes paying primary care not aligned adequately with VS targets, e.g. vac and imm. Target date Mar 13.	PH Outcomes framework not confirmed yet so transition from old to new likely to result in changes but not 100% clear what those will be yet. All PH targets requiring delivery should be known by Mar 13.
			4	3	12	4	3	12	2.2.3D Business and Financial Planning process, including prioritisation.	Business cases/ABH initiatives are based on needs/impact assessment/cost-benefit/PH intelligence (evidence).	**Board Reports:** Pro forma completed for ABH3 initiatives & project plans plus business planning process for PBC and Planning & Commissioning Groups. ABH3 Tracking Tool presented to Board on a monthly basis. DPH AR & JSNA to Board with best possible available evidence.	Even with good quality evidence business cases, not all were accepted for inclusion within QIPP. All accepted cases being managed as part of QIPP delivery programme 2011-12 / 2012-13.	All refresh work on the JSNA completed and aligning to the Health and Well Being strategy outcomes - target Oct 12.
			4	3	12	4	3	12	2.2.3E Performance and Business Plan reports.	Performance reporting to the Board.	**Board & CCG Reports:** Monthly reporting.	Transition to LA may alter access to necessary NHS data/intelligence resources. Part of PH Transition Plans (see 2.3.3A above)	Included within the newly established IT work stream of the PH Transition Group. Detailed schedule to be completed by Oct 12.
2.3 Commissioning high quality health services	2.3.1 Failure to respond to patient feedback. *RR Ref 906* **Removed and placed as Principle Risk 2.1.8.**	**Chief Nurse: Kevin Clifford**	3	3	9	3	2	6	2.3.1A Complaints process. Enquiry contact on internet. Action plans as part of the Complaints process.	Board reports. MP letters/meetings.	**Board & CCG Reports:** Qtly reports. Complaints Annual report in Jun 12.		

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			3	3	9	3	2	6	2.3.1B Patient Surveys. Engagement and Consultation.	Board reports. Changes to services. Action plans with providers. Service specifications include patient views.	**Board Reports:** Duty to Report on Consultation report in Sept 11.		
	2.3.2 Loss of public confidence in the PCT through poor communications. *RR Ref 102* **Principle Risk removed - repeated in 1.6.1A**	**Chief Nurse:** **Kevin Clifford**	3	3	9	3	2	6	2.3.2A Communications strategy.	Proactive and reactive media work - media analysis. Board reports.	**Board Report:** Board report Jul 11. **CCG Report:** Draft Annual report 11/12 in May 12.		
	2.3.3 Failure to understand the cost effectiveness of interventions for prioritising *RR Ref 910*	**Chief Finance Officer:** **Julia Newton** **Portfolio Holders.**	3	3	9	3	2	6	2.3.3A Use of Programme Budgeting data.	Strategy board report on ABH4 and prioritisation informed by programme budgeting.	**Board Reports:** Structured approach now in place for use of programme budgeting, this was reported to the Apr 11 Board in the ABH4 report, section 3.		
			3	3	9	3	2	6	2.3.3B Use of national benchmarking data.	External Audit review via UoR assessment.	**Board Reports:** Use of Resources Report 2009-10 to Audit committee Sept 10.		
			3	3	9	3	2	6	2.3.3C Further develop use of analysis tools such as via LSE work.	External Audit review via UoR assessment.	**Board Reports:** Use of Resources Report 2009-10 to Audit committee Sept 10.		

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2.4 *Healthcare Closer to Home*	2.4.1 Providers continue to generate hospital based demand preventing service reconfigurations. *RR Ref 903*	**Chief Finance Officer: Julia Newton**	4	3	12	4	3	12	2.4.1A Contract clauses which require capacity reductions (e.g. OPFU); contract monitoring data, contract monitoring discussions with providers.	Contract monitoring reports; notes of contract monitoring meetings.	**Board Reports:** Contract monitoring reports. Review of the TofR for the Clinical Executive. Performance & Quality Report monthly - latest report Aug 11. **CCG Reports:** Programme update for Right Care, Right Time, Right Place, Right Person report in Jan 12, May 12 and Jul 12.		

3 TRANSITION (maps to all BP objectives)

3.1 *Retaining focus whilst managing through the transition period and major organisational change.*	3.1.1 Impact of organisational change on capacity to deliver. *RR Ref 941*	**Chief Operating Officer: Ian Atkinson**	3	3	9	3	4	12	3.1.1A Robust governance structure in place to deliver clinical commissioning.	Weekly minuted meetings of CCG July Board papers (2)	**Board Reports:** Update on dev of CCG Jul 11 & Sept 11. Cluster Gov Arrangement report & CCG Gov report Sept 11. **CCG Reports:** Cluster Gov Arrangement report & CCG Gov report Nov 11. BAF & RR qtly reports. Corporate Calendar Nov 11. GP & Lay Advisor Portfolio Matrix Nov 11 & Jan 12. Draft AF & RR Nov 11. Operating Model for CCG locality working Dec 11. OD Plan Dec 11. TCS Partnership Board Children's Health & Wellbeing Programme Dec 11. SO's, SFI's & SoD Dec 11. Dispute Res Procedure Dec 11. Conflict of Interest Policy Dec 11. Operating Framework 2012/13 Jan 12. Management of Change policy Jan 12. Review of Gov		

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				3	3	9	3	4	12	3.1.1B Planning and Delivery Group.	Delivery Board now disbanded and fortnightly Planning and Delivery Group created in its place, which brings together QIPP programme managers and contracting leads, with all CET GPs present and one of the Clinical Directors; this meeting is chaired by a CET GP	**CCG Reports:** Key issues on QIPP delivery reported monthly in Performance update.		
				3	3	9	3	4	12	3.1.1C QIPP	Progress on 2012/13 QIPP is monitored internally through Director led moderation sessions and risk assessment made; this feeds CCG Committee reporting and monthly reports to Cluster. Reporting based on achievement of milestones, activity data and finance information. Quality improvement stories shared through newsletter.	**CCG Reports:** Key issues on QIPP delivery reported monthly in Performance update.		
				3	3	9	3	4	12	3.1.1D CCET.	Financial and Operational performance is a standing item on CCET agenda.	**Board & CCG Reports:** CCET minutes.		

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			3	3	9	3	4	12	3.1.1E External consultants appointed for city wide review of CHC.	Deloitte's review now complete, Action Plan agreed and be monitored via transforming Sheffield Board. Revised Management arrangements agreed, recruitment in progress to be in place in Apr 12. Shared Vision in development with local authority. Revised Management Information arrangements in place, monthly financial and performance reviews with members of executive team. CET and CCG links identified.	**Board & CCG Reports:** CCET minutes.		
			3	3	9	3	4	12	3.1.1F Review of Estate portfolio.	Estates Planning Group. National Data Collection submission to SHA.	**Board Reports:** Paper to Private Board Sept 11 re Transfer of Estate. **CCG Reports:** ToR & proposal from Task & Finish Group re 722 lease to Private CCG & Cluster Board re review of Estates Feb 12.		

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3.2 *Commissioning high quality health services*	3.2.1 Lack of engagement and collaborative working across wider health community to enable strategic IM&T planning. *RR Ref 908*	**Associate Director of Commissioning Services and Compliance:** **Idris Griffiths**	3	3	9	2	3	6	3.2.1A Programme arrangements for Right Care, Right Time, Right Place, Right Person: Transforming urgent heath and social care in Sheffield. 1:1 meetings with individual trusts, Planning and Delivery Group.	Notes/reports presented to RFT programme arrangements, Planning & Delivery Group. Governance arrangements proposed for the collaborative working project to include citywide partners.	**Board Reports:** Proposed Governance Arrangements for NHSS report in Jul 11. **CCG Reports:** Programme update for Right Care, Right Time, Right Place, Right Person report in Jan 12. Report on 12/13 priorities went to Planning & Delivery Group 6/3/12. Right First Time Programme Update in May 12.		Specification for work to progress collaborative working on IM&T for Right First Time and Elective Care programmes in place. Work commenced October 2012 as planned. Initial work phase to be completed in advance of February 2013. Target: February 2013.
			3	3	9	2	3	6	3.2.1B Ongoing monitoring by Sheffield PCT IT Lead.	STH IT Director now in post.	See above		
3.3 *Develop the Organisation and workforce to meet the needs of transition.*	3.3.1 Failure to commission adequate services through poor recruitment, retention and development of staff during transition. *RR Ref 1025*	**Strategic HR Lead:** **Christine Joy**	4	3	12	3	2	6	3.3.1A Staff Survey Action Plan.	Staff Survey results.	**Board and CCG Reports:** Action plan agreed with JSCC. Board report 6 monthly.		
			4	3	12	3	2	6	3.3.1B Qtly KPI report to Board which includes HR and training reports.	Workforce development plan targets and feedback from training events.	**Board & CCG Reports:** Qtly HR KPI Report. **CCG Report:** Workforce Assurance Report - Sheffield in Jan & May 12.		
			4	3	12	3	2	6	3.3.1C Sickness and absence management. Reports to Health and Safety Committee, OMF and Workforce Assurance Reports to CCG and Cluster Board.	Sickness Policy. Confidential reports at directorate level to HR. Health & Safety Group Mins. OMF minutes. Qtly reports to CCG and Cluster Board.	**CCG Report:** Workforce Assurance Report - Sheffield in Jan & May 12.		

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	3.3.2 Not achieving the required organisational development changes whilst managing through the transition period and major organisational change. *RR Ref 1026*	**CCG Secretary: Linda Tully**	3	3	9	3	3	9	3.3.2A Updated OD Plans to support transition. Reports to Authorisation Team: Workforce and OD, Work stream Meetings and PH Work stream. OD Steering Group has Chief Officer sponsorship.	Achievement of agreed milestones. Implementation of a transition process as part of the assignment to new NHS architecture in development stage. Executive sponsorship and participation.	**CCG Reports:** Monthly update on CSS arrangements to committee. OD strategy presented to CCG committee Sept 12.		
3.4 Lead/manage the local NHS	3.4.1 Not utilising the knowledge and skills within the NHS to deliver better and more responsible patient care. *RR Ref 1027*	**Chief Operating Officer: Ian Atkinson** **Lead to be reviewed**	3	3	9	3	2	6	3.4.1A Regulatory bodies, e.g. CQC monitoring.	CQC Review Reports.	**Board & CCG Reports:** Monthly Quality Reports.		
			3	3	9	3	2	6	3.4.1B Delivering on "The Sheffield Way".	Board to Board/Cabinet meetings.	**Board Report:** Review discussion paper went to Committee Sept 12.		
			3	3	9	3	2	6	3.4.1C WCC. **Key Control removed - no longer relevant.**	WCC outcomes.	**Board Report:** In Sept 10.		
			3	3	9	3	2	6	3.4.1D Organisational and Development Plans, priority based objective setting and Personal Development.	OD Plan in place with comprehensive programme delivered by internal and external facilitators. Fit-for-purpose audit reported to Board May 12.	**Board Report:** Objectives for Chairman & NEDs in Jun 10. **CCG Report:** Monthly Authorisation report to Board inc OD updates.		Authorisation of CCG - Sept-Dec 12.

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	3.4.2 Not making the best use of the opportunities inherent in the contracts for primary care providers. *RR Ref 913* **This risk will be included on the Cluster BAF. No further action required.**												
	3.4.3 Failure to deliver strategic objectives as a result of implications within the White Paper "Equity and Excellence: Liberating the NHS". *RR Ref 943*	Chief of Business Planning and Partnerships: Tim Furness	3	3	9	3	2	6	3.4.3A CCG Prospectus, Commissioning Intentions.	Performance reporting to the Board.	**Board & CCG Reports:** Monthly Quality Reports. **Board Reports:** Update on the Health & Social Care Bill from the White Paper Equity & Excellence: Liberating the NHS in Sept 11. **CCG Reports:** Developing the 2012 Clinical Commissioning Strategy & Commissioning Plan Report in Nov 11. Developing the 2012 Clinical Commissioning Prospectus in Jan 12.		

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			3	3	9	3	2	6	3.4.3B Organisational Development Plans, priority based objective setting and Personal Development.	GP / Lay Advisor Portfolio paper updated and shared Jan 2012. Objectives for Chairman, NEDs and staff.	**Board Reports:** Objectives for Chairman & NEDs in Jun 2010. Update on the Health & Social Care Bill from the White Paper Equity & Excellence: Liberating the NHS in Sept 11. **CCG Reports:** Developing the 2012 Clinical Commissioning Strategy & Commissioning Plan Report in Nov 2011. Developing the 2012 Clinical Commissioning Prospectus in Jan 12.		
			3	3	9	3	2	6	3.4.3C Delivering on "Partnership with Purpose".	Board to Board/Cabinet meetings.	**Board Reports:** Paper in 2008. Update on the Health & Social Care Bill from the White Paper Equity & Excellence: Liberating the NHS in Sept 11. **CCG Reports:** Developing the 2012 Clinical Commissioning Strategy & Commissioning Plan Report in Nov 2011. Developing the 2012 Clinical Commissioning Prospectus in Jan 12.		
3.5 Authorisation	3.5.1 Numerous risks to achieving authorisation such as timescale's, capacity and agreement of all parties with significant consequences for commissioning in the City. *RR Ref 1008*	**CCG Secretary: Linda Tully**	4	3	12	3	2	6	3.5.1A Authorisation plan, authorisation team Regular staff communications.	Mock desk top review Awarded 100% compliance subject to moderation..	Updates to CCG Committee		

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4 TRANSFORMATION (maps to all BP objectives)

| 4.1 The scale of the transformation required in 2011/12 to achieve sustainable health care provision | 4.1.1 Adoption of change in clinical behaviours to support the delivery of QIPP. RR Ref 991 | Clinical Executive: Dr Zak McMurray/ Dr Richard Oliver | 3 | 3 | 9 | 3 | 3 | 9 | 4.1.1A Clinical engagement in delivery of QIPP plans. Continuation of clinical Summit. GPCC engagement with local practices. Clinical Executive to promote across health community. Clinical education and professional development. | Clinical leadership in place through the Joint Clinical Directors, Clinical Reference Group and GP members of CET and shadow CCG. Full PLI programme for remainder of year in place Sept 11 - Feb 12: MSK, cancer, infectious disease, cardiac interventions and safeguarding. | **Board Reports:** Monthly progress report from the Clinical Executive in Jul 11. Transition & future governance arrangements set out in paper in Jul 11. **CCG Reports:** Clinical Reference Group: Progress Report & Forward Plan in Dec 11 & Jan 12. Programme update for Right Care, Right Time, Right Place, Right Person in Jan 12 and Jul 12. Qtly report from the Joint Clinical Directors Officer in May 12. | | |
| | 4.1.2 Unable to Increase capacity in primary & community care. RR Ref 992 | Clinical Directors: Dr Zak McMurray & Dr Richard Oliver | 3 | 3 | 9 | 3 | 3 | 9 | 4.1.2A Assessment and approval of business cases to effect change, which will include resource required to deliver services in primary and community care and implementation plans. | Business cases are considered by the Clinical Executive, with advice from SMT. Delivery Board monitors implementation of approved cases (as QIPP plans) and would identify problems and seek remedial action. | **Board & CCG Reports:** Monthly reports from the Clinical Executive will include, by exception, any issues that require Board action. **CCG Reports:** Programme update for Right Care, Right Time, Right Place, Right Person report in Jan 12 and Jul 12. | | |

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4.2 *Commissioning high quality health services*	4.2.1 Not fully engaging with practices and secondary care. Not achieving clinical engagement. *RR Ref 228*	**Clinical Directors: Dr Zak McMurray & Dr Richard Oliver** **Locality Leads.**	3	3	9	3	1	3	4.2.1A Business Cases for service improvement are developed by Localities with clinical leadership. The documentation for approval at CCG level asks for evidence of clinical input and sponsorship. Locality GPs sit on the Clinical Reference Group and the Planning and Delivery Group which are the mechanisms for clinically led decision making.	Audit trail of virtual clinical debate via email (and shortly via dedicated electronic discussion board). Minutes of Planning and Delivery Group and Commissioning Executive Team. Qtly reports to CCG Committee from Clinical Directors on clinical engagement activity.	**CCG Reports:** Monthly reports from Director of Performance will provide updates on QIPP.		
			3	3	9	3	1	3	4.2.1B The PBC "order book" is reviewed by SMT. Robust system in place to ensure that ABH3 proposals are being translated into business cases and a forward plan has been drawn up for SMT scrutiny process.	Minutes of SMT. The involvement of PBC clinicians at Commissioning Clinical Executive, Strategy Board and Delivery Board ensures that there is a strong connection from consortia to NHS Sheffield business planning.	**Board & CCG Reports:** Monthly reports from Director of Performance will provide updates on ABH3 / QIPP. **Board Reports:** Update on the Health & Social Care Bill from the White Paper Equity & Excellence: Liberating the NHS in Sept 11.		
			3	3	9	3	1	3	4.2.1C Service improvement initiatives from Localities fed into QIPP plans through portfolio leads and Programme Managers. Clinical Reference Group Forum (both meetings and virtual discussion) offers opportunity for peer scrutiny and debate	Each QIPP project has a monitoring system with monthly RAG ratings, risk register, milestone tracker and activity impact monitoring.	**CCG Reports:** QIPP achievement discussed fortnightly at planning & Delivery Group & reported formally to CCG Committee monthly - minutes available from both.		

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			3	3	9	3	1	3	4.2.1D The Clinical Directors convene 3 -4 Health and Social Care Summits per year to engage colleagues from all local NHS organisations and social care, in order to determine priorities and identify solutions for system - wide problems. This year these events will be a platform for building clinical buy in for Right First Time.	Work plan of the Transforming Sheffield's Health Steering Group and regular reports on its work in minutes of meetings.	**CCG Reports:** Qtly progress report from the Clinical Directors .		
4.3 Developing the workforce to deliver high quality services to the population of Sheffield.	4.3.1 Engagement of all the providers, in particular STH. *RR Ref 1028*	**Strategic HR Lead: Christine Joy**	3	3	9	3	2	6	4.3.1A Chief Executive engagement.	Submission of Provider Schedule 3 plans to enable robust risk assessment.	**Board & CCG Reports:** Feedback from SHA on workforce elements of the Strategic Plan & alignment of financial plans.		
			3	3	9	3	2	6	4.3.1B Staff Side engagement.				
			3	3	9	3	2	6	4.3.1C Joint Planning meetings.	Risk assessment clearly identifies risks present across the city.	**Board & CCG Reports:** Feedback from meetings at CE/HRD & Social partnership meetings.		

The level of risk is worked out by multiplying the consequences of a risk by the likelihood of it occurring on a scale of 1 to 5. With 5
being catastrophic consequences and a certainty that the risk will occur and 1 being insignificant consequences and highly unlikely to happen.