

Governing Body Assurance Framework and Risk Register

Governing Body meeting

F

3 October 2013

Author(s)/Presenter and title	Sue Laing, Deputy Corporate Support Manager West & South Yorkshire & Bassetlaw Commissioning Support Unit
Sponsor	Linda Tully, Company Secretary and head of Corporate Governance
Key messages	
<p>High level risks continue to be managed through the assurance process. The 2013/14 Governing Body Assurance Framework (GBAF) sets out the key risks to achieving the CCGs strategic objectives and priorities.</p> <p>Operational risks are now managed through the CCGs Risk Register which has now been populated and rolled out to identified staff within the organisation. A 12 week review cycle has been established in support of the system.</p> <p>The GBAF should be read in conjunction with the CCGs Prospectus and Commissioning Intentions 2013/14, the 2013/14 Business Plan and Monthly Quality and Outcomes Report</p>	
Assurance Framework (AF)	
<p>Risk Reference: 5.5 - Inadequate adherence to CCG Constitution and other governance arrangements to support Nolan Principles and e.g. protect against conflicts of interests</p> <p>How does this paper provide assurance to the Governing Body that the risk is being addressed? 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 taken to address.</p>	
Equality/Diversity Impact	
<p>Has an equality impact assessment been undertaken? YES</p> <p>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 protected characteristics.</p>	
Public and Patient Engagement	
There are no specific actions in terms of Public and Patient Engagement	

Recommendations

The Governing Body is asked to:

- Note the refreshed Governing Body Assurance Framework and Risk Register and arrangements in place for identifying and managing risks in 2013/14.
- Review the attached GBAF assuring itself that the document provides adequate information and that the CCG's corporate objectives and risks to their achievement are accurately reflected and are being effectively managed by accountable officers.
- Identify any additional controls and mitigating actions which members feel should be put into place to address identified risks and the methods by which it would wish to receive assurance of the effectiveness of these controls.
- Review and comment on the scores set out within the attached Assurance Framework.
- Note the clarification of respective roles of the Audit and Integrated Governance Committee (AIGC) and Governance sub-committee.

Governing Body Assurance Framework and Risk Register

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1 Governing Body Assurance Framework (GBAF)

The revised GBAF was approved by the Governing Body at its meeting in July and identified a total of 18 risks facing achievement of the organisation's five strategic objectives. No additional risks were added to the GBAF during Quarter 1.

There have been no changes to any of the risk scores during Quarter 1, although risk owners have reviewed and updated existing controls and mitigating actions.

Further work is required with regard to the risk narrative and these will be reviewed during Quarter 2.

Additional fine-tuning needs to be undertaken with regard to the addition of Positive Assurances, together with the inclusion of target dates where Gaps in Assurance and/or Control have been identified. The Quarter 1 GBAF is attached at **Appendix 1**.

As part of its audit of the assurance process, Internal Audit have confirmed that It is clear from the work that the CCG has made strong early progress towards implementing and operating a robust assurance framework. Their view was that the GBAF and supporting procedures should, if they develop as planned and are maintained, enable the CCG to identify emerging risks and provide evidence that risks are being appropriately managed.

2 Risk Register

The risk register software has now been presented to the Finance, Operations and Quality teams and has been rolled out to nominated staff within the organisation.

All risks agreed by the Governing Body have been added to the Risk Register and current risk scores have already undergone a preliminary modification by the Executive Team.

A 12 week review cycle has been established together with a Risk Register Protocol which has been circulated to staff (**Appendix 2**). This review encompasses review by the risk owner and senior manager followed by director sign-off. At the end Quarter 1, of the 23 risks logged on the register eight have been reviewed by risk owners.

A benefit of this system is that risk log reviews can be dynamic – viewed live and updated at meetings.

Of the 23 risks added to the register, one has been categorised as Serious, 18 High and four Moderate. There have been no additional risks added to the register during Quarter 1

3 Next Steps

Risk owners have been asked to review all active risks currently sitting on the risk register, their key priority being to review how the risk is articulated. There is still work to do with regard to the addition of key controls and assurances as well as highlighting any gaps in both control and/or assurance.

4 Actions from Governance Sub-committee

The Governance Sub-committee discussed the process going forward and agreed:

- That the register would be reviewed at each of its meetings.
- That Risk Owners will be required to present a “deep dive” at each of its meetings

This approach should provide robust assurance to the Governing Body that risks were being adequately managed.

5 Actions from Audit and Integrated Governance Committee (AIGC)

The AIGC discussed the roles of both the Governance Sub-committee and its own remit in terms of risk management to ensure there was no duplication of effort. It was agreed that the risk register should continue to be scrutinised by the Governance Sub-committee, which has responsibility for detailed review and challenge, and AIGC would continue to receive assurance and confirmation that sound risk management arrangements were in place.

6 Recommendation

The Governing Body is asked to:

- Note the refreshed Assurance Framework and Risk Register and arrangements in place for identifying and managing risks in 2013/14.
- Review the attached Assurance Framework assuring itself that the document provides adequate information and that the CCG’s corporate objectives and risks to their achievement are accurately reflected and are being effectively managed by accountable officers.
- Identify any additional controls and mitigating actions which members feel should be put into place to address identified risks and the methods by which it would wish to receive assurance of the effectiveness of these controls.
- Review and comment on the scores set out within the attached Assurance Framework.
- Note the clarification of respective roles of the AIGC and Governance sub-committee.

Paper prepared by Sue Laing, Deputy Corporate Support Manager, West & South Yorkshire & Bassetlaw Commissioning Support Unit

On behalf of Linda Tully, Company Secretary and Head of Corporate Governance
September 2013

Introduction

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	1.1 Loss of public confidence in the CCG through poor communications (Domain 2)	IG	12	12	6	Yes	Yes
	1.2 Insufficient engagement with patients and the public on CCG priorities and service developments, leading to decisions that do not fully meet needs (Domain 2)	TF	12	9	6	Yes	Yes
	1.3 System wide or specific provider capacity problems emerge to prevent delivery of NHS Constitution and/or NHS E required pledges (Domain 3)	IG	12	9	6	Yes	No
2. To improve the quality and equality of healthcare in Sheffield.	2.1 Providers delivering poor quality care and not meeting quality targets (Domain 4)	KC	9	9	6	Yes	No
	2.2 Inappropriate eligibility for Continuing Health Care leading to an excess demand for NHS funded services - including retrospective assessments (Domain 4)	KC	9	6	6	No	Yes
3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield	3.1 Health & Well Being Board unable to support CCG Business Plan(Domain 3)	TF	9	6	3	Yes	Yes
	3.2 Budgetary constraints faced by Sheffield City Council result in actions by a key partner which adversely impact on CCG's ability to implement its priorities	JN	16	16	6	Yes	No
4. To ensure there is a sustainable, affordable healthcare system in Sheffield.	4.1 Ineffective commissioning practices (Domain 3)	TF	9	9	3	Yes	Yes
	4.2 Commissioned care does not reflect best practice and service changes are not devised with sufficient clinical engagement. (Domain 3)	ZM/RO	9	6	3	Yes	Yes
	4.3 Overly ambitious Financial Plan and insufficient financial management (Domain 3)	JN	12	9	6	Yes	No
	4.4 CCG commissioning responsibilities and funding not aligned following the disaggregation of PCT responsibilities (Domain 3)	JN	9	6	4	No	No
	4.5 Inability to secure partnerships that help us to deliver our commissioning plans including QIPP and/or conflicting priorities.(Domain 3)	TF	9	6	3	Yes	NO
	4.6 Unable to increase capacity in primary and community care in parallel to reducing acute capacity.(Domain 3)	ZM/RO	16	12	8	Yes	NO

NHS Sheffield CCG: Board Assurance Framework (June 2013)

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 ?
5. Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)	5.1 CSU unable to provide timely and appropriate support (Domain 3)	IG	12	9	6	Yes	No
	5.2 Inability to secure active participation particularly from Member Practices for delivering CCG priorities(Domain 1, 3,5)	LT	16	12		No	No
	5.3 Ineffective succession planning for clinical engagement (Domain 1, 4)	LT	9	9	6	No	No
	5.4 Inability to develop appropriately skilled leadership and workforce throughout the CCG (Domain 6)	LT	9	9	6	No	No
	5.5 Inadequate adherence to CCG Constitution and other governance arrangements to support Nolan Principles and e.g. protect against conflicts of interests (Domain 4)	LT	12	12	4	No	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

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: To improve patient experience and access to care		Director lead: Chief Operating Officer: (Idris Griffiths)										
Principal Risk: 1.1 Loss of public confidence in the CCG through poor communications (Domain 2)		Date last reviewed: 25 July 2013										
Risk Rating (likelihood x consequence): Initial: 4x3=12 Current: 4x3=12 Appetite: 3x2=6	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>12</td> <td>6</td> </tr> <tr> <td>Q1 2013/14</td> <td>12</td> <td>6</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	12	6	Q1 2013/14	12	6	Rationale for current score: Communication service requires further development in order to support delivery of the CCG's commissioning intentions, by communicating these effectively to the public and securing their support.	
Period	Risk Score	Risk Appetite										
Apr-13	12	6										
Q1 2013/14	12	6										
Existing Controls: <i>(What are we doing about the risk prior to any new mitigating actions?)</i> CCG has agreed its communication strategy and an action plan to ensure delivery; implementation is being monitored via weekly meetings.		Existing Gaps in Control: <i>(Where are we failing to put controls in place and what more should we do?:)</i>										
Mitigating actions: <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>												
Action		Date										
A communications action plan is being established and additional resource allocated by CSU; delivery is monitored through the intelligent client mechanism.		July 2013										
The CCG has appointed an additional Lay Member to the Governing Body with a remit for public and patient engagement and he is in post and agreeing his work plan; part of his remit will be about communicating with the public.		July 2013										
Assurances: <i>(Where should we find the evidence that controls are effective?)</i>		Positive Assurance: <i>(Provide specific evidence of Assurances)</i>										
<ul style="list-style-type: none"> Report to CET 		<ul style="list-style-type: none"> Established weekly operational meetings (from 21 June) 										
Gaps in assurance: <i>(Where are we failing to gain evidence that our controls are effective?)</i>												
Direct feedback from the public: this will be addressed via implementation of the engagement strategy.												
Principle Risk Reference:			1.1									

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: To improve patient experience and access to care		Director lead: Director of B P & P: (Tim Furness)										
Principal Risk: 1.2 Insufficient engagement with patients and the public on CCG priorities and service developments, leading to decisions that do not fully meet needs (Domain 2)		Date last reviewed: 24 June 2013										
Risk Rating (likelihood x consequence): Initial: 4x3 = 12 Current: 3x3 = 9 Appetite: 2x3 = 6	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>12</td> <td>6</td> </tr> <tr> <td>Q1 2013/14</td> <td>9</td> <td>6</td> </tr> </tbody> </table>		Period	Risk Score	Risk Appetite	Apr-13	12	6	Q1 2013/14	9	6	Rationale for current score: It is likely that, in a new organisation with new ways of working, there is insufficient engagement. Feedback from patient reps, based on PCT working, confirms that. Work to date – engagement principles, public meeting – reduces that likelihood.
	Period	Risk Score	Risk Appetite									
Apr-13	12	6										
Q1 2013/14	9	6										
Existing Controls: (What are we doing about the risk prior to any new mitigating actions?) Communication and engagement strategy		Existing Gaps in Control: (Where are we failing to put controls in place and what more should we do?): We need to develop working practices and protocols to put the strategy into practice										
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)												
Action		Date										
Meeting with members of the public 4/7/13 to discuss how they wish to be engaged.		4/7/13										
Engagement action plan – to implement strategy – to GB in September (as no August GB)		5/9/13										
Assurances: (Where should we find the evidence that controls are effective?) <ul style="list-style-type: none"> Business cases and GB papers should describe engagement and result of it 		Positive Assurance: (Provide specific evidence of Assurances) None as yet										
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?) Communication and engagement strategy only recently adopted. Too early for reports on activity. As further controls not yet in place, assurance cant' yet be given												
Principle Risk Reference:			1.2									

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: To improve patient experience and access to care		Director lead: Director of Business Planning and Partnerships (Tim Furness)										
Principal Risk: 1.3 System wide or specific provider capacity problems emerge to prevent delivery of NHS Constitution and/or NHS E required pledges (Domain 3)		Date last reviewed: 25 July 2013										
Risk Rating (likelihood x consequence): Initial: 4x3=12 Current: 3x3=9 Appetite: 2x3=6	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>12</td> <td>6</td> </tr> <tr> <td>Q1 2013/14</td> <td>9</td> <td>6</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	12	6	Q1 2013/14	9	6	Rationale for current score: Inefficient patient flow through the system can significantly impact on waiting times e.g. 18 weeks and A&E 4 hours Rationale for risk appetite: Consequences of capacity problems can have significant impact on patient experience and these need to be mitigated with effective planning and partnership work	
Period	Risk Score	Risk Appetite										
Apr-13	12	6										
Q1 2013/14	9	6										
Existing Controls: <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Partnership work through Right First Time		Existing Gaps in Control: <i>(Where are we failing to put controls in place and what more should we do?):</i> More forward planning e.g. winter										
Mitigating actions: <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>												
Action			Date									
Established urgent care Board			June 2013									
Agree A&E action plan			June 2013									
Draft winter plan produced			July 2013									
Assurances: <i>(Where should we find the evidence that controls are effective?)</i> <ul style="list-style-type: none"> Quality & Outcomes Report to Governing Body Delivery assurance system for portfolios and QIPP programmes – achievement of objectives will be monitored through Planning and Delivery Group 		Positive Assurance: <i>(Provide specific evidence of Assurances)</i> <ul style="list-style-type: none"> Urgent Care Board ToR and Action Plan reported to Governing Body June 2013 										
Gaps in assurance: <i>(Where are we failing to gain evidence that our controls are effective?)</i> No current gaps – to be reviewed												
			Principle Risk Reference:									
			1.3									

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: To improve the quality and equality of healthcare in Sheffield		Director lead: Chief Nurse: (Kevin Clifford)									
Principal Risk: 2.1 Providers delivering poor quality care and not meeting quality targets (Domain 4)		Date last reviewed: 18 th June 2013									
Risk Rating (likelihood x consequence): Initial: 3x3=9 Current: 3x3=9 Appetite: 2x3=6	<p style="font-size: small;">Legend: Risk Score (blue diamond), Risk Appetite (red square)</p>	Rationale for current score: The impact of the Francis (2) review has not yet fully been assessed by Sheffield providers and thus the CCG requires more assurance that the culture of services that we commission is focused on the safety and wellbeing of patient/service users. Rationale for risk appetite: To get to a position where the consequence is moderate and although there will always be risks to patient safety and poor quality care, that the impact on patient outcomes and experience is reduced.									
Existing Controls: <i>(What are we doing about the risk prior to any new mitigating actions?)</i> National and Local Policy/ regulatory standards; CQC regulations, SI, Infection Control, Safeguarding procedures, NICE/Quality Standards, Patient Surveys, Quality standards in Contracts, Contract Quality Review Groups		Existing Gaps in Control: <i>(Where are we failing to put controls in place and what more should we do?)</i> The CCG needs to have a commissioning for quality strategy that will deliver the required actions from national directives and reviews and describe how we hold providers to account for quality.									
Mitigating actions: <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left; color: red;">Action</th> <th style="text-align: left; color: red;">Date</th> </tr> </thead> <tbody> <tr> <td style="padding: 2px;">Development of a CCG Quality Strategy and supporting strategies - incorporating actions from national reviews</td> <td style="padding: 2px;">Jan 2014</td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> <tr> <td style="padding: 2px;"> </td> <td style="padding: 2px;"> </td> </tr> </tbody> </table>		Action	Date	Development of a CCG Quality Strategy and supporting strategies - incorporating actions from national reviews	Jan 2014						
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Development of a CCG Quality Strategy and supporting strategies - incorporating actions from national reviews	Jan 2014										
Assurances: <i>(Where should we find the evidence that controls are effective?)</i> <ul style="list-style-type: none"> CQC inspections of providers and provider action plans, provider data and annual reports SI investigation reports, Serious Case Reviews, Clinical Audit reports, Internal audit benchmarking data, provider Governance Meetings, site visits, CCG Commissioning Groups, CCG quality dashboards. 		Positive Assurance: <i>(Provide specific evidence of Assurances)</i> <ul style="list-style-type: none"> Quality Assurance Committee Minutes, Serious Incident reports, Safeguarding reports, Patient Experience /Complaints reports, data on quality targets, exception reports to Governing Body Quarterly 									
Gaps in assurance: <i>(Where are we failing to gain evidence that our controls are effective?)</i> No											
Principle Risk Reference:			2.1								

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: To improve the quality and equality of healthcare in Sheffield		Director lead: Chief Nurse: (Kevin Clifford)										
Principal Risk: 2.2 Inappropriate eligibility for Continuing Health Care leading to an excess demand for NHS funded services - including retrospective assessments (Domain 4)		Date last reviewed: 18 th June 2013										
Risk Rating (likelihood x consequence): Initial 3x3 =9 Current: 2x3 =6 Appetite: 2x3=6	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>9</td> <td>6</td> </tr> <tr> <td>Q1 2013/14</td> <td>6</td> <td>6</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	9	6	Q1 2013/14	6	6	Rationale for current score: There remains a level of disagreement with Sheffield City Council preventing a full shared understanding and application of the National Frame work. CCG now has strong controls to ensure consistent and appropriate eligibility decisions. Rationale for risk appetite: Targeting a lower level of risk could have consequential impact elsewhere in the system e.g. home of choice.	
Period	Risk Score	Risk Appetite										
Apr-13	9	6										
Q1 2013/14	6	6										
		Existing Gaps in Control: (Where are we failing to put controls in place and what more should we do?): No										
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)												
Action		Date										
Assurances: (Where should we find the evidence that controls are effective?) <ul style="list-style-type: none"> Data on CHC eligibility. National and Yorkshire benchmarking, Monthly Executive review of activity and finance. Minutes of committee meetings, Escalation reports. 		Positive Assurance: (Provide specific evidence of Assurances) <ul style="list-style-type: none"> Governing Body Exception Reports, CET/Planning and Delivery Exception reports 										
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?) A small number of areas of disagreement remain with SCC preventing a full shared understanding and application of the National Frame work												
			Principle Risk Reference: 2.2									

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: To work with Sheffield City Council to continue to reduce health inequalities in Sheffield	Director lead: Director of Business Planning & Partnerships: (Tim Furness)										
Principal Risk: 3.1 Health & Well Being Board unable to support CCG Business Plan (Domain 3)	Date last reviewed: 24 June 2013										
Risk Rating (likelihood x consequence): Initial: 3x3 = 9 Current: 2x3 = 6 Appetite: 1x3 = 3	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>9</td> <td>3</td> </tr> <tr> <td>Q1 2013/14</td> <td>6</td> <td>3</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	9	3	Q1 2013/14	6	3	Rationale for current score: Initial likelihood was “possible” as HWB was newly established and relationships developing. Recent work has led to HWB support of current CCG commissioning plans. Therefore current risk of future lack of support “unlikely”. Rationale for risk appetite: We should have a close enough understanding of each other’s business with SCC, and have aligned plans for health and care that focus on people’s needs, that the prospect of the HWB not supporting CCG plans is “rare”.
Period	Risk Score	Risk Appetite									
Apr-13	9	3									
Q1 2013/14	6	3									
Existing Controls: <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Four GB GPs active members of HWB HWB forward plan. Current commissioning intentions describe how plans meet HWB strategy	Existing Gaps in Control: <i>(Where are we failing to put controls in place and what more should we do?):</i> Plan for developing 14/15 plans needs to be explicit about how HWB engaged and support gained										
Mitigating actions: <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="text-align: left;">Action</th> <th style="text-align: left;">Date</th> </tr> </thead> <tbody> <tr> <td>HWB forward plan includes discussion of partners’ commissioning plans, following agreement of the joint Health and wellbeing strategy</td> <td>Nov & Dec 2013</td> </tr> <tr> <td> </td> <td> </td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Action	Date	HWB forward plan includes discussion of partners’ commissioning plans, following agreement of the joint Health and wellbeing strategy	Nov & Dec 2013						
Action	Date										
HWB forward plan includes discussion of partners’ commissioning plans, following agreement of the joint Health and wellbeing strategy	Nov & Dec 2013										
Assurances: <i>(Where should we find the evidence that controls are effective?)</i> <ul style="list-style-type: none"> Minutes of HWB Chair and/or Chief Officer reports 	Positive Assurance: <i>(Provide specific evidence of Assurances)</i>										
Gaps in assurance: <i>(Where are we failing to gain evidence that our controls are effective?)</i> Minutes of HWB are not routinely received by GB. GB may wish to receive this additional assurance											
Principle Risk Reference:		3.1									

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: To work with Sheffield City Council to continue to reduce health inequalities in Sheffield		Director lead: Director of Finance: (Julia Newton)													
Principal Risk: 3.2 Budgetary constraints faced by Sheffield City Council result in actions by a key partner which adversely impact on CCG's ability to implement its priorities		Date last reviewed: 17 June 2013													
Risk Rating (likelihood x consequence): Initial: 4x4=16 Current: 4x4=16 Appetite: 2x2=4	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>16</td> <td>6</td> </tr> <tr> <td>Q1 2013/14</td> <td>16</td> <td>6</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	16	6	Q1 2013/14	16	6	Rationale for current score: Discussions with SCC on managing their inability due to serious budgetary constraints, to extend social care services and to respond positively to Right First Time changes need to be progressed further before the risk rating can be reduced. Rationale for risk appetite: CCG needs to get to a position where it can be sure that impact is unlikely and minor to be able to press ahead with service redesign with confidence.				
Period	Risk Score	Risk Appetite													
Apr-13	16	6													
Q1 2013/14	16	6													
Existing Controls: <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Joint director level meetings with SCC;RFT Board; S256 agreements; HWBB		Existing Gaps in Control: <i>(Where are we failing to put controls in place and what more should we do?):</i> More formal integrated financial planning and risk sharing arrangements													
Mitigating actions: <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>															
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Improved financial risk sharing arrangements with SCC in particular re. impact of Right First Time	Sept 2013														
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Date															
Sept 2013															
Jan 2014															
Assurances: <i>(Where should we find the evidence that controls are effective?)</i> <ul style="list-style-type: none"> RFT Board minutes; Audit of RFT 		Positive Assurance: <i>(Provide specific evidence of Assurances)</i> <ul style="list-style-type: none"> Updates to Board monthly on CCG Finance position and on RFT 													
Gaps in assurance: <i>(Where are we failing to gain evidence that our controls are effective?)</i> N/A															
Principle Risk Reference:			3.2												

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield.		Director lead: Director of Business Planning & Partnerships: (Tim Furness)													
Principal Risk: 4.1 Ineffective commissioning practices (Domain 3)		Date last reviewed: 24 June 2013													
Risk Rating (likelihood x consequence): Initial: 3x3=9 Current: 3x3=9 Appetite: 1x3 =3	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>9</td> <td>3</td> </tr> <tr> <td>Q1 2013/14</td> <td>9</td> <td>3</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	9	3	Q1 2013/14	9	3	Rationale for current score: As a result of profound organisational change and adoption of new ways of working, it is possible that some of the good commissioning practice used by the PCT has stopped being routinely used. Rationale for risk appetite: Organisational and staff development should result in clinicians and staff being familiar with best practice.				
Period	Risk Score	Risk Appetite													
Apr-13	9	3													
Q1 2013/14	9	3													
Existing Controls: (What are we doing about the risk prior to any new mitigating actions?) OD programme. Staff development activities.		Existing Gaps in Control: (Where are we failing to put controls in place and what more should we do?): Business processes do not always prompt and ensure rigorous application of good commissioning practices. The OD steering group should consider the development and adoption of best practice													
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="color: red;">Action</th> <th style="color: red;">Date</th> </tr> </thead> <tbody> <tr> <td>New business case template adopted, prompting use of good practice</td> <td>June 2013</td> </tr> <tr> <td>Development of 2014/15 commissioning plans should reflect best practice</td> <td>Sept-Dec 2013</td> </tr> <tr> <td>On-going OD and staff development</td> <td></td> </tr> </tbody> </table>		Action	Date	New business case template adopted, prompting use of good practice	June 2013	Development of 2014/15 commissioning plans should reflect best practice	Sept-Dec 2013	On-going OD and staff development		<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="color: red;">Date</th> </tr> </thead> <tbody> <tr> <td>June 2013</td> </tr> <tr> <td>Sept-Dec 2013</td> </tr> <tr> <td></td> </tr> </tbody> </table>		Date	June 2013	Sept-Dec 2013	
Action	Date														
New business case template adopted, prompting use of good practice	June 2013														
Development of 2014/15 commissioning plans should reflect best practice	Sept-Dec 2013														
On-going OD and staff development															
Date															
June 2013															
Sept-Dec 2013															
Assurances: (Where should we find the evidence that controls are effective?) <ul style="list-style-type: none"> Business cases and papers to GB should reflect good practice Reports on OD 		Positive Assurance: (Provide specific evidence of Assurances) <ul style="list-style-type: none"> July GB paper setting out process for developing 2014/15 commissioning plans 													
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?) OD reports to GB do not yet reflect development of best commissioning practice															
Principle Risk Reference:			4.1												

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield.		Director lead: Joint Clinical Directors: (Richard Oliver/Zak McMurray)										
Principal Risk: 4.2 Commissioned care does not reflect best practice and service changes are not devised with sufficient clinical engagement (Domain 3)		Date last reviewed: 25 July 2013										
Risk Rating (likelihood x consequence): Initial: 3x3=9 Current: 2x3=6 Appetite: 1x3 =3	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>9</td> <td>3</td> </tr> <tr> <td>Q1 2013/14</td> <td>6</td> <td>3</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	9	3	Q1 2013/14	6	3	Rationale for current score: Commissioned services should reflect best evidence, and pathway changes must have credibility with both secondary and primary care clinicians. Consistent adoption of best practice in patient care (e.g. referral pathways) is more likely if commissioning decisions have been made with clinical involvement. We have a number of mitigating actions in place; however we need to ensure greater breadth and depth of engagement. Rationale for risk appetite: Clinical engagement and service transformation are at the heart of the CCG's purpose, therefore risks in this area need to be minimised.	
Period	Risk Score	Risk Appetite										
Apr-13	9	3										
Q1 2013/14	6	3										
Existing Controls: <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Clinical Reference Group (CRG) led by Clinical Directors. PLI events reinforce new pathways, protocols etc. Budget set aside to support engagement by funding locum backfill. Portfolios are securing clinical advice above and beyond formal leadership. PRESS portal supports dissemination of new pathways.		Existing Gaps in Control: <i>(Where are we failing to put controls in place and what more should we do?)</i> : We need to develop the CRG to draw in more clinicians, to ensure through debate that will follow through to action, and to ensure that no proposals come to CET / P&DG without clinical engagement through CRG.										
Mitigating actions: <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>												
Action			Date									
New pathway change process sponsored by Clinical Director reinforces role of CRG and re-affirms the need to ensure that commissioning decisions are underpinned by evidence e.g. NICE, SIGN and Map of Medicine.			July 2013									
Clinical Directors devising work plan for CRG to re-invigorate its work and draw new people in			August 2013									
PLI (GP and practice nurse education) programme now finalised for the rest of the year			July 2013									
Assurances: <i>(Where should we find the evidence that controls are effective?)</i> <ul style="list-style-type: none"> Business cases and commissioned pathways reflect good practice Activity monitoring demonstrates shifts in referral 		Positive Assurance: <i>(Provide specific evidence of Assurances)</i> <ul style="list-style-type: none"> P&DG / CET papers; Governing Body performance reports Twice yearly CRG report to Governing Body, May and November 										
Gaps in assurance: <i>(Where are we failing to gain evidence that our controls are effective?)</i> We are currently evaluating the clinical impact of our PLI programme but this work is not yet complete.												
			Principle Risk Reference:									
			4.2									

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield.		Director lead: Director of Finance: (Julia Newton)										
Principal Risk: 4.3 Overly ambitious Financial Plan and insufficient financial management (Domain 3)		Date last reviewed: 17 June 2013										
<p>Risk Rating (likelihood x consequence): Initial: 4x3=12 Current: 3x3=9 Appetite: 2x3=6</p>	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>12</td> <td>6</td> </tr> <tr> <td>Q1 2013/14</td> <td>9</td> <td>6</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	12	6	Q1 2013/14	9	6	<p>Rationale for current score: At end of Q1 still limited data to start to assess whether financial plan as approved by Governing Body in April is overly ambitious. In addition CCG is at early stages of embedding financial systems via SBS and new policies/procedures – hence risk left as high</p> <p>Rationale for risk appetite: Need to move to position where more stress testing of financial plan in different scenarios and the new financial systems/procedures are fully embedded</p>	
Period	Risk Score	Risk Appetite										
Apr-13	12	6										
Q1 2013/14	9	6										
<p>Existing Controls: (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; CCG has SOs, Prime Financial Policies and other detailed financial policies and procedures</p>		<p>Existing Gaps in Control: (Where are we failing to put controls in place and what more should we do?): Formal up and down side scenario risk assessment with contingency actions presented to Governing Body</p>										
<p>Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)</p> <table border="1"> <thead> <tr> <th>Action</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Discuss up and down side risk assessment with contingency actions with CET/Governing Body</td> <td>Oct 13</td> </tr> <tr> <td></td> <td></td> </tr> <tr> <td></td> <td></td> </tr> </tbody> </table>				Action	Date	Discuss up and down side risk assessment with contingency actions with CET/Governing Body	Oct 13					
Action	Date											
Discuss up and down side risk assessment with contingency actions with CET/Governing Body	Oct 13											
<p>Assurances: (Where should we find the evidence that controls are effective?)</p> <ul style="list-style-type: none"> 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 		<p>Positive Assurance: (Provide specific evidence of Assurances)</p> <ul style="list-style-type: none"> Monthly reports to Governing Body 										
<p>Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?) None</p>												
Principle Risk Reference:			4.3									

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield.		Director lead: Director of Finance: (Julia Newton)													
Principal Risk: 4.4 CCG commissioning responsibilities and funding not aligned following the disaggregation of PCT responsibilities (Domain 3)		Date last reviewed: 17 June 2013													
Risk Rating (likelihood x consequence): Initial: 3x3=9 Current: 3x2=6 Appetite: 2x2=4	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>9</td> <td>4</td> </tr> <tr> <td>Q1 2013/14</td> <td>6</td> <td>4</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	9	4	Q1 2013/14	6	4	Rationale for current score: CCG has put in place controls with key other commissioners i.e. NHS E, SCC and other CCGs to understand and manage consequences. Impact on CCG financial plan at end of Q1 is now assessed as minor as opposed to moderate at start of year due to further work with other commissioners.				
Period	Risk Score	Risk Appetite													
Apr-13	9	4													
Q1 2013/14	6	4													
Existing Controls: <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Joint processes with NHS E, SCC and other CCGs to understand budgets and respective responsibilities; CCG Com; national exercise at M4 on specialised services		Existing Gaps in Control: <i>(Where are we failing to put controls in place and what more should we do?:)</i> None													
Mitigating actions: <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>															
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="color: red;">Action</th> <th style="color: red;">Date</th> </tr> </thead> <tbody> <tr> <td>Complete M4 exercise with NHS E re. specialised services</td> <td>July 2013</td> </tr> <tr> <td>Complete national NHS Property Services reconciliation exercise on recharged costs</td> <td>Oct 2013</td> </tr> <tr> <td> </td> <td> </td> </tr> </tbody> </table>		Action	Date	Complete M4 exercise with NHS E re. specialised services	July 2013	Complete national NHS Property Services reconciliation exercise on recharged costs	Oct 2013			<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="color: red;">Date</th> </tr> </thead> <tbody> <tr> <td>July 2013</td> </tr> <tr> <td>Oct 2013</td> </tr> <tr> <td> </td> </tr> </tbody> </table>		Date	July 2013	Oct 2013	
Action	Date														
Complete M4 exercise with NHS E re. specialised services	July 2013														
Complete national NHS Property Services reconciliation exercise on recharged costs	Oct 2013														
Date															
July 2013															
Oct 2013															
Assurances: <i>(Where should we find the evidence that controls are effective?)</i> <ul style="list-style-type: none"> NHS E led reviews; audit reviews 		Positive Assurance: <i>(Provide specific evidence of Assurances)</i> <ul style="list-style-type: none"> Monthly finance reports to Governing Body 													
Gaps in assurance: <i>(Where are we failing to gain evidence that our controls are effective?)</i> None															
Principle Risk Reference:			4.4												

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield.		Director lead: Joint Clinical Directors: (Richard Oliver/Zak McMurray)											
Principal Risk: 4.5 Inability to secure partnerships that help us to deliver our commissioning plans including QIPP (Domain 3)		Date last reviewed: 24 June 2013											
Risk Rating (likelihood x consequence): Initial: 3x3=9 Current: 2x3=6 Appetite: 1x3=3	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>9</td> <td>3</td> </tr> <tr> <td>Q1 2013/14</td> <td>6</td> <td>3</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	9	3	Q1 2013/14	6	3	Rationale for current score: 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. The likelihood of this risk is therefore reduced from the initial “possible” to “unlikely” Rationale for risk appetite: 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.		
Period	Risk Score	Risk Appetite											
Apr-13	9	3											
Q1 2013/14	6	3											
Existing Controls: <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Partnership structures - HWB, Right First Time& Future Shape Children’s Services programmes, SYCOM & CCGCOM		Existing Gaps in Control: <i>(Where are we failing to put controls in place and what more should we do?):</i> There are instances of programmes not achieving objectives, indicating we need to support and influence the programmes more. There is no clear agreement in place with SCC about joint commissioning, although previously established mechanisms are still largely in place											
Mitigating actions: <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="color: red;">Action</th> <th style="color: red;">Date</th> </tr> </thead> <tbody> <tr> <td>Continued development of focus of CCGCOM and development of Y&H CCG partnerships</td> <td>June-July 2013</td> </tr> <tr> <td>Active engagement in RFT and FSC, ensuring CCG plays it’s part in delivering aims (e.g. Care Planning)</td> <td>June 2013</td> </tr> <tr> <td>Alignment of commissioning priorities with SCC to support RFT and FSC through HWB</td> <td>Autumn 2013</td> </tr> <tr> <td>Development of plan for integrated commissioning with SCC</td> <td>December 2013</td> </tr> </tbody> </table>		Action	Date	Continued development of focus of CCGCOM and development of Y&H CCG partnerships	June-July 2013	Active engagement in RFT and FSC, ensuring CCG plays it’s part in delivering aims (e.g. Care Planning)	June 2013	Alignment of commissioning priorities with SCC to support RFT and FSC through HWB	Autumn 2013	Development of plan for integrated commissioning with SCC	December 2013		
Action	Date												
Continued development of focus of CCGCOM and development of Y&H CCG partnerships	June-July 2013												
Active engagement in RFT and FSC, ensuring CCG plays it’s part in delivering aims (e.g. Care Planning)	June 2013												
Alignment of commissioning priorities with SCC to support RFT and FSC through HWB	Autumn 2013												
Development of plan for integrated commissioning with SCC	December 2013												
Assurances: <i>(Where should we find the evidence that controls are effective?)</i> <ul style="list-style-type: none"> Reports on RFT and FSC programmes. Minutes of SY COM and CCGCOM 		Positive Assurance: <i>(Provide specific evidence of Assurances)</i> <ul style="list-style-type: none"> Monthly performance reports demonstrate progress of partnerships on key QIPP and other priorities 											
Gaps in assurance: <i>(Where are we failing to gain evidence that our controls are effective?)</i>													
Principle Risk Reference:			4.5										

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Risk: 4.6 Inability to increase capacity in primary and community care in parallel to reducing acute capacity (Domain 3) **Date last reviewed:** 25 July 2013

<p>Risk Rating (likelihood x consequence): Initial: 4x4 = 16 Current: 3x4 = 12 Appetite: 2x4 = 8</p>	<table border="1" style="margin: 0 auto; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>16</td> <td>8</td> </tr> <tr> <td>Q1 2013/14</td> <td>12</td> <td>8</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	16	8	Q1 2013/14	12	8	<p>Rationale for current score: Plans are in place through the Right First Time (RFT) partnership programme (e.g. GP Associations, Integrated Care Teams) and the Joint Board with STH to address community nursing capacity. This area remains a significant risk to plans for clinical transformation.</p> <p>Rationale for risk appetite: In order to deliver the major changes in provision we aspire to, the CCG needs to maintain clinical service resilience and public and stakeholder confidence, therefore this risk needs to be minimised as far as possible.</p>
Period	Risk Score	Risk Appetite									
Apr-13	16	8									
Q1 2013/14	12	8									

<p>Existing Controls: <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Right First Time project structures and clinical leadership. Involvement of our Chief Nurse and one of the Joint Clinical Directors in the Joint Board. Additional CCG investment in community nursing, risk stratification and GP Association development.</p>	<p>Existing Gaps in Control: <i>(Where are we failing to put controls in place and what more should we do?):</i> Some areas are not within our direct control and can only be influenced through the city wide partnership. The investment we have made may not deliver change at the pace required.</p>
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Mitigating actions: *(What new controls are to be put in place to address Gaps in Control and by what date?)*

Action	Date
Significant service redesign and demand management activity to support greater efficiency and integration via the RFT approach	Ongoing
Senior clinical and managerial involvement on the RFT First Time Executive Programme Board	Ongoing

<p>Assurances: <i>(Where should we find the evidence that controls are effective?)</i></p> <ul style="list-style-type: none"> RFT impact metrics – cross system measures Delivery of in year QIPP savings 	<p>Positive Assurance: <i>(Provide specific evidence of Assurances)</i></p> <ul style="list-style-type: none"> RFT reports to Governing Body RFT reports to Planning and Delivery group and peer clinical scrutiny
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Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*

Principle Risk Reference: 4.6

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)		Director lead: Chief Operating Officer: (Idris Griffiths)										
Principal Risk: 5.1 CSU unable to provide timely and appropriate support (Domain 3)		Date last reviewed: 25 July 2013										
Risk Rating (likelihood x consequence): Initial: 4x3=12 Current: 3x3=9 Appetite: 3x2=6	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>12</td> <td>6</td> </tr> <tr> <td>Q1 2013/14</td> <td>9</td> <td>6</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	12	6	Q1 2013/14	9	6	Rationale for current score: Performance management controls are established but need to be embedded Rationale for risk appetite: Effective commissioning support is essential for effective working of CCG	
Period	Risk Score	Risk Appetite										
Apr-13	12	6										
Q1 2013/14	9	6										
Existing Gaps in Control: (Where are we failing to put controls in place and what more should we do?): Need to improve understanding of working relationships between the two organisations – further joint organisational development event planned.												
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)												
Action		Date										
Joint staff event for CCG and CSU staff; Building for Partnership _ and a follow up event planned		27June										
Established targeted action plans for areas where performance needs addressing (as per scores / RAG rating) – these will vary month by month. Intelligent clients to ensure progress is being made.		Ongoing										
Assurances: (Where should we find the evidence that controls are effective?) <ul style="list-style-type: none"> Monthly performance reviews with CSU reported at joint director level (CCG/CSU meeting) 		Positive Assurance: (Provide specific evidence of Assurances) <ul style="list-style-type: none"> Monthly performance reviews to joint directors (14 June 2013) 										
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?) None – recurrently kept under review												
Principle Risk Reference:			5.1									

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)	Director lead: Company Secretary: (Linda Tully)										
Principal Risk: 5.2 Inability to secure active participation particularly from Member Practices for delivering CCG priorities (Domain 1, 3,5)	Date last reviewed: 25 July 2013										
Risk Rating (likelihood x consequence): Initial: 4x4=16 Current: 3x4=12 Appetite: 1x4=4	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>16</td> <td>4</td> </tr> <tr> <td>Q1 2013/14</td> <td>12</td> <td>4</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	16	4	Q1 2013/14	12	4	Rationale for current score: <i>With these actions taken, how serious is the problem?</i> All 88 practices have signed the constitution, and good level of active engagement from some GPs. Some concern regarding how sustainable the current level of engagement is.
Period	Risk Score	Risk Appetite									
Apr-13	16	4									
Q1 2013/14	12	4									
Existing Controls: (What are we doing about the risk prior to any new mitigating actions?) OD Strategy with development programmes in place. CCG Structure includes GP involvement at Gov Body and its associated Committees, CET, CRG and H&W Being Board.	Existing Gaps in Control: (Where are we failing to put controls in place and what more should we do?): Need to plan for financial resourcing of additional capacity and future development requirements.										
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)											
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="color: red;">Action</th> <th style="color: red;">Date</th> </tr> </thead> <tbody> <tr> <td>Members Council Meeting</td> <td>16 Oct 2013</td> </tr> <tr> <td>Skills register to identify development needs</td> <td>October 2013</td> </tr> <tr> <td>Review undertaken on projected spend on clinical engagement in portfolio work, CHC etc and realistic budget set by CFO</td> <td>July 2013</td> </tr> </tbody> </table>	Action	Date	Members Council Meeting	16 Oct 2013	Skills register to identify development needs	October 2013	Review undertaken on projected spend on clinical engagement in portfolio work, CHC etc and realistic budget set by CFO	July 2013			
Action	Date										
Members Council Meeting	16 Oct 2013										
Skills register to identify development needs	October 2013										
Review undertaken on projected spend on clinical engagement in portfolio work, CHC etc and realistic budget set by CFO	July 2013										
Assurances: (Where should we find the evidence that controls are effective?) <ul style="list-style-type: none"> Governing Body Reports 2) OD Steering Group Minutes 3) OD Evaluation Reports to OD Steering Group 4) Response to Election Process 	Positive Assurance: (Provide specific evidence of Assurances) <ul style="list-style-type: none"> OD steering Group forward Planner (July 2013). Governing Body reports April, May 2013. Evaluation from Sheffield University leadership Programme July 2013 										
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?) None											
		Principle Risk Reference:									
		5.2									

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)		Director lead: Company Secretary: (Linda Tully)										
Principal Risk: 5.3 Ineffective succession planning for clinical engagement (Domain1, 4)		Date last reviewed: 25 July 2013										
Risk Rating (likelihood x consequence): Initial: 3x3=15 Current: 3x3=9 Appetite: 2x3=6	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>9</td> <td>6</td> </tr> <tr> <td>Q1 2013/14</td> <td>9</td> <td>6</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	9	6	Q1 2013/14	9	6	Rationale for current score: Good governance depends on continuity of leadership and clinical engagement Rationale for risk appetite: Authorisation is dependent on demonstrable clinical engagement	
Period	Risk Score	Risk Appetite										
Apr-13	9	6										
Q1 2013/14	9	6										
Existing Controls: (What are we doing about the risk prior to any new mitigating actions?) OD Programme. Communication Strategy. Election Process. Evaluation reports from OD events .		Existing Gaps in Control: (Where are we failing to put controls in place and what more should we do?): No gaps										
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)												
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Assurances: (Where should we find the evidence that controls are effective?) <ul style="list-style-type: none"> Governance Board Papers Forward Planners OD event evaluations 		Positive Assurance: (Provide specific evidence of Assurances) <ul style="list-style-type: none"> Governance Reports to Governing Body April and May 2013. 										
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?) No gap												
Principle Risk Reference:			5.3									

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)	Director lead: Company Secretary: (Linda Tully)										
Principal Risk: 5.4 Inability to develop appropriately skilled leadership and workforce throughout the CCG (Domain 6)	Date last reviewed: 24 June 2013										
Risk Rating (likelihood x consequence): Initial: 3x3=9 Current: 3x3=9 Appetite: 2x3=6	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>9</td> <td>6</td> </tr> <tr> <td>Q1 2013/14</td> <td>9</td> <td>6</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	9	6	Q1 2013/14	9	6	Rationale for current score: Good governance depends on appropriately skilled leadership and high levels of staff engagement.
Period	Risk Score	Risk Appetite									
Apr-13	9	6									
Q1 2013/14	9	6									
Existing Controls: <i>(What are we doing about the risk prior to any new mitigating actions?)</i> OD Strategy to develop leadership effectively distributed throughout the culture of the CCG. Clinical leadership development programme in place with the University of Sheffield. Processes for two-way accountability in place.	Rationale for risk appetite: Authorisation is dependent on demonstrable clinical leadership; in addition we also need managers who are engaged and offer leadership to their projects and colleagues.										
Existing Gaps in Control: <i>(Where are we failing to put controls in place and what more should we do?):</i> No gaps	Existing Controls: <i>(What are we doing about the risk prior to any new mitigating actions?)</i> OD Strategy to develop leadership effectively distributed throughout the culture of the CCG. Clinical leadership development programme in place with the University of Sheffield. Processes for two-way accountability in place.										
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Gaps in assurance: <i>(Where are we failing to gain evidence that our controls are effective?)</i> No gaps											
Principle Risk Reference:											

5.4

NHS Sheffield CCG: Board Assurance Framework (June 2013)

Principal Objective: Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)	Director lead: Company Secretary: (Linda Tully)										
Principal Risk: 5.5 Inadequate adherence to CCG Constitution and other governance arrangements to support Nolan Principles and e.g. protect against conflicts of interests (Domain 4)	Date last reviewed: 24 June 2013										
Risk Rating (likelihood x consequence): Initial: 3x4 =12 Current: 3x4=12 Appetite: 1x4=4	<table border="1" style="margin-top: 10px; width: 100%; border-collapse: collapse;"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Period</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Apr-13</td> <td>12</td> <td>4</td> </tr> <tr> <td>Q1 2013/14</td> <td>12</td> <td>4</td> </tr> </tbody> </table>	Period	Risk Score	Risk Appetite	Apr-13	12	4	Q1 2013/14	12	4	Rationale for current score: Good governance in Public Life is guided by the Nolan Principles. CCG member practices have a unique challenge in being both providers and commissioners of health services.
Period	Risk Score	Risk Appetite									
Apr-13	12	4									
Q1 2013/14	12	4									
Rationale for risk appetite: Authorisation is dependent on robust constitutional arrangement											
Existing Gaps in Control: <i>(Where are we failing to put controls in place and what more should we do?):</i> No gaps											
Mitigating actions: <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>											
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Gaps in assurance: <i>(Where are we failing to gain evidence that our controls are effective?)</i> No gaps											
Principle Risk Reference:											
5.5											

NHS Sheffield Clinical Commissioning Group

Risk Register Protocol

Access to the Risk Register

The NHS Sheffield CCG Risk Register is accessible from

<http://apps.this.nhs.uk/ClusterRiskCCG>

The first time you review a risk, or add a risk to the register, you will need to contact Sue Laing at the CSU who will give you access to the risk register and provide you with a password (which you will have to change the first time you use the system.)

Completing or Reviewing the Risk Register

When completing a risk you will be asked to complete several sections.

- **The principal risk**

When describing a risk (not an issue) you will need to be clear about the risk, the cause and the possible consequence. **Please use the framework: 1) There is a risk.. 2)Due to ...3) Resulting in.....**

eg '***There is a risk that the operational delivery of service specifications does not deliver against the CCG requirements, due to insufficient detail within service specifications, resulting in customer dissatisfaction and financial risk***'.

Please keep the definition of the risk to a couple of sentences.

- **Key controls in place**

These are the actions you are currently taking to control the risk. Please keep them as brief and succinct as possible and provide target dates for audit – i.e dates of meetings or when actions are to be completed.

- **The gaps identified (in key controls)**

Relates to what you plan to do to control the risk. These actions should move to the Key Control section once they are in operation.

- **Assurance on controls**

Where we can gain evidence that the controls are effective and how you check that the controls are working. If you don't have any assurances, you will need to consider whether the controls are effective or need to be reviewed.

- **Positive assurance**

Senior staff and groups/committees that is aware of the risk. Again please include the dates that the information was provided.

- **Gaps in assurance**

This should address any groups/committees or individuals who need to be informed but at present are unaware of the situation. Entries in this section should move to Positive Assurance once papers/briefings have been provided.

Risk rating (TRR on the Risk Register)

All risks are allocated a score, based on a 5x5 matrix.

You will need to establish the current risk rating and also the target risk rating. If the current risk rating does not improve over two review cycles, you should consider whether the scoring is accurate or whether the controls are ineffective.

Risks scoring 20-25 are Critical Risks and should be given high importance.

As the risk register is now the only document for managing risks, all risks will need to be identified here. Risks scoring 1-3 are such low level concerns that they do not need to be added to the register unless you expect that they will increase in severity over time, equally risks scoring 4-6 should include a note as to why they are of sufficient concern to be included on the risk register.

It may be more appropriate to deal with low level risks by completing an incident form.

Please ensure that 'Never Risks' are included – these are risks with a low likelihood of occurring but would have a critical consequence if they did happen.

Risk ownership

Each risk will need a risk owner, a senior manager and a Chief/Director allocated to it. Note: It is entirely possible that this might be the same person for all 3 levels in some instances.

Risk closure

Once a risk has been fully controlled, it can be marked as 'Closed' and will be removed from the register at the end of the current review cycle. Please note that the risk will remain in the archive section and can be retrieved where necessary.

Risk review cycle

The review cycle for the risk register is a 12 week cycle.

- 3 weeks for risk owner review;
- 3 week for senior manager review (including update to Clinical Lead);
- 3 week for director review; and
- 3 weeks for the document to go to relevant groups and committees for sign-off.

At the end of the 12 week period the risk register is archived and the process starts again.

Adding new risks

New risks can be added at any time but the first 6 weeks of the cycle is the most appropriate time. They should be discussed with your line manager prior to being placed on the Risk Register.

Governance

Governing Body	<ul style="list-style-type: none"> Overall responsibility for strong governance within the CCG Ensure compliance with Standing Orders, Scheme of Reservation & Delegation and Prime Financial Policies Ensure a strong internal control system
Audit and Integrated Governance Committee (AIGC)	<ul style="list-style-type: none"> Review the findings and other significant assurance issues brought to its attention by Quality Assurance Committee and AIGC's Governance Sub-committee Ensure internal and external audit reports are acted upon
Quality Assurance Committee	<ul style="list-style-type: none"> Gain assurance of quality and safety indicators within commissioned contracts and clinical pathways
Governance Sub committee (this is a sub – committee of AIGC)	<ul style="list-style-type: none"> Promote a culture of sound governance Provide AIGC with assurance that the CCG has robust internal control in place to achieve its objectives as an employer and a statutory body by identifying, monitoring and reporting risks. Responsible for quarterly detailed review of Assurance Framework and Risk Register

Further support and advice

Assistance and support with the process can be obtained from:

Sue Laing
Deputy Corporate Support Manager
South and West Yorkshire and Bassetlaw Commissioning Support Unit

Tel: 3051092
suelaing1@nhs.net

12 Week Review Cycle 2013/14					
Quarter	Risk Owner Review (3 weeks)	Senior Manager Review (3 weeks)	Head of Service Review (3 weeks)	Papers (3 weeks)	Governance Sub-Committee
2	14 August	4 September	25 September	16 October	6 November
3	13 November	4 December	28 December	15 January	5 February
4	January 14 (dates tbc)	February 2014 (Dates tbc)	February 2014 (dates tbc)	March 2014 (dates tbc)	May 2014 (dates tbc)