Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Company Secretary Report

Governing Body meeting

C

3 April 2014

Author(s)/Presenter and title	Linda Tully, Company Secretary and Head of Corporate Governance
Sponsor	Dr Tim Moorhead, CCG Chair

Key messages

This paper informs the Governing Body on three points of Governance:

1. A new format for Governing Body meetings intended to offer a more disciplined approach, specifically changes to the timing of meetings, a stronger agenda and a reduced burden of paperwork.

2. NHS Sheffield CCG has a Gifts and Hospitality and a Commercial Sponsorship policy. A register is maintained and available for inspection on the CCG internet.

3. The Quarter 3 Assurance Framework has no new risks declared. All continuing gaps in control have been scrutinised by the Governance Sub-committee and there are no risks scored at 15 or above. The Operational Risk Register has 10 new risks declared, two of which have been scored at 16. All new risks have been reviewed by the Governance sub-committee. Both the Assurance Framework and the Operational Risk Register were considered by the Audit and Integrated Governance Committee on 27 March 2014.

Assurance Framework (AF)

How does this paper provide assurance to the Governing Body that the risk is being addressed?

This paper supports the following principal risks identified in the assurance framework:
1.1 supports public confidence through good communication
5.4 supports the development of leadership
5.5 adheres to governance arrangements to support the Nolan Principles

Is this an existing or additional control:
Existing

Equality/Diversity Impact

Has an equality impact assessment been undertaken? No, not applicable

Public and Patient Engagement

Not applicable

Recommendations
The Governing Body is asked to: 1. Approve the new format for Governing Body meetings. 2. Receive the Gifts, Hospitality and Commercial Sponsorship Annual Report for 2013/14. 3. Receive the Assurance and Risk Register report and satisfy itself that there is a clear assurance and escalation framework with robust and reliable systems of control to manage strategic and operational risk.

NHS
Sheffield
Clinical Commissioning Group

Company Secretary Report

Governing Body meeting

3 April 2014

1. Introduction / Background

This report updates the Governing Body on issues of three issues of Governance namely:

2. Changes to the Governing Body Meetings

Following the recent review of the Governing Body, a number of improvements have been adopted. A new format for Governing Body meetings is intended to offer a more disciplined approach

2.1 Timing of Governing Body Meetings

Governing Body meetings will continue to be held on the first Thursday of the month, but from 1 April 2014 meetings will follow a new timing:

Time	Attendees
1.30pm pre-meet	Core CCG Governing Body Members only
2.00pm Private meeting to consider any business of a confidential or commercially sensitive nature	Core Governing Body Members and CCG Officers only (others may be in attendance by exception and through specific invitation)
4.00pm Public Meeting	Core CCG Governing Body Members, invited attendees Members of the Public

2.2 Agenda

An audit of the last 11 meetings found that 49% of papers required a decision and 51% of papers were for noting. In future, papers for noting (ie not requiring discussion and decision) will be sent separately to the meeting papers by email, be available on the internet and for the purpose of the minutes of the meeting will be listed as “received” on the agenda.

3. Gifts and Hospitality and Commercial Sponsorship Annual Report 2013/14

The annual report for 2013/14 is reported at Annex 1.

4. Governing Body Assurance Framework and Risk Register

Annex 2 of this paper reports on Governing Body Assurance Framework for Quarter 3 (closed) and a snapshot of Quarter 4 (active) and the Risk Register.

The Quarter 3 Assurance Framework has no new risks declared. All continuing gaps in control have been scrutinised by the Governance Sub-committee and there are no risks scored at 15 or above. The Operational Risk Register has 10 new risks declared, two of which have been scored at 16. All new risks have been reviewed by the Governance sub-committee. Both the Assurance Framework and the Operational Risk Register were considered by the Audit and Integrated Governance Committee on 27 March 2014.

5. Recommendations

The Governing Body is asked to:

1. Approve the new format for Governing Body meetings.
2. Receive the Gifts, Hospitality and Commercial Sponsorship Annual Report for 2013/14.
3. Receive the Assurance and Risk Register report and satisfy itself that there is a clear assurance and escalation framework with robust and reliable systems of control to manage strategic and operational risk.

Paper prepared by Linda Tully, Company Secretary & Head of Corporate Governance

On behalf of Dr Tim Moorhead, CCG Chair

21 March 2014

Annex 1

NHS Sheffield Clinical Commissioning Group

Gifts and Hospitality and Commercial Sponsorship Annual Report 2013/14

Governing Body meeting

3 April 2014

1. Introduction / Background

Any staff representing NHS Sheffield CCG, including staff who are seconded, contracted, agency staff and any other individual working on CCG premises, have a legal obligation to act in the best interests of the organisation. Public service values matter in the NHS and those working in it have a duty to conduct NHS business with probity.

All staff and those working on behalf of the organisation are required to register gifts, hospitality or commercial sponsorship received in connection with their role. Any gifts, benefits, sponsorship or hospitality received from any company, organisation or person valued over £25 and which in anyway relates to their position within NHS Sheffield should be declared. This includes, for example: all gifts, wine, lunches, sponsorship to attend a conference or any other benefits, such as hospitality, tickets to sporting or cultural events, etc, which have been given free, or at a cost below that which is generally available to members of the public.

2. 2013/14 Annual Report

The CCG Commercial Sponsorship policy states that "projects valued in excess of £5,000 require prior approval. There were no projects valued in excess of this amount during the period 1 April 2013 – 31 March 2014. The Commercial Sponsorship Register is attached at Appendix 1.

There are no declarations on the Donations to Charity Register or the Gifts and Hospitality Register for 2013-14.

3. Recommendation

The Governing Body is asked to:

- Receive the Gifts, Hospitality and Commercial Sponsorship Annual Report for 2013/14
- Assure itself that the CCG has adequate arrangements in place to support the declarations of gifts, hospitality and commercial sponsorship to fulfil the organisation's duty of conducting NHS business with probity.

Paper prepared by Linda Tully, Company Secretary

21 March 2014

Commercial Sponsorship Register 2013-14

Appendix 1

Ref No	Details of Project	Recipient	Sponsor	Estimated value of sponsorship £	Additional approval if pharmaceutical sponsorship over £500	Approved or Declined	Approved or Declined by:	Date Approved or Declined	Date Approved at Board (if in excess of £5000)
C-01-13	Afternoon event on 14.5.13 - Diabetes Clinical Update: A problem of Increasing Size. The project is to run a city-wide, half day training event for GPs, PNs, management, administration and reception staff on diabetes. The event will look at weight control, pre-conceptual care and diseases of the feet, eyes and kidneys which relate to diabetes.	NHS Sheffield Clinical Commissioning Group. Sponsorship income will be paid into the Joint Clinical Directors' budget which is being used to fund the overall event	Novo Nordisk	300.00	Approved by the Head of Medicines Management. The arrangements concern covering costs associated with the venue and audiovisual hire. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers. It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of four pharmaceutical companies who sponsored the event on 14 May	Approved	CFO	14.5.13	N/A
C-02-13	Afternoon event on 14.5.13 - Diabetes Clinical Update: A problem of Increasing Size. The project is to run a city-wide, half day training event for GPs, PNs, management, administration and reception staff on diabetes. The event will look at weight control, pre-conceptual care and diseases of the feet, eyes and kidneys which relate to diabetes.	NHS Sheffield Clinical Commissioning Group. Sponsorship income will be paid into the Joint Clinical Directors' budget which is being used to fund the overall event	Astra Zeneca Global Commercial, UK Marketing Company	300.00	Approved by the Head of Medicines Management. The arrangements concern covering costs associated with the venue and audiovisual hire. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers. It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of four pharmaceutical companies who sponsored the event on 14 May	Approved	CFO	14.5.13	N/A
C-03-13	Afternoon event on 14.5.13 - Diabetes Clinical Update: A problem of Increasing Size. The project is to run a city-wide, half day training event for GPs, PNs, management, administration and reception staff on diabetes. The event will look at weight control, pre-conceptual care and diseases of the feet, eyes and kidneys which relate to diabetes.	NHS Sheffield Clinical Commissioning Group. Sponsorship income will be paid into the Joint Clinical Directors' budget which is being used to fund the overall event	Roche Diagnostics Ltd	300.00	Approved by the Head of Medicines Management. The arrangements concern covering costs associated with the venue and audiovisual hire. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers. It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of four pharmaceutical companies who sponsored the event on 14 May	Approved	CFO	14.5.13	N/A

Ref No	Details of Project	Recipient	Sponsor	Estimated value of sponsorship £	Additional approval if pharmaceutical sponsorship over £500	Approved or Declined	Approved or Declined by:	Date Approved or Declined	Date Approved at Board (if in excess of £5000)
C-04-13	Afternoon event on 14.5.13 - Diabetes Clinical Update: A problem of Increasing Size. The project is to run a city-wide, half day training event for GPs, PNs, management, administration and reception staff on diabetes. The event will look at weight control, pre-conceptual care and diseases of the feet, eyes and kidneys which relate to diabetes.	NHS Sheffield Clinical Commissioning Group. Sponsorship income will be paid into the Joint Clinical Directors' budget which is being used to fund the overall event	Boehringer Ingelheim Ltd	300.00	Approved by the Head of Medicines Management. The arrangements concern covering costs associated with the venue and audiovisual hire. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers. It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of four pharmaceutical companies who sponsored the event on 14 May	Approved	CFO	14.5.13	N/A
C-05-13	Afternoon event on 9.10.13 - Supporting People to Make Healthy Choices: motivation and behaviour change. The project is to run a city-wide, half day training event for GPs and PNs to look at the skills needed by clinicians to motivate patients to make achieveable and sustainable changes in behaviour to improve their health. The event will cover smoking cessation, increasing physical activity and improved nutrition, and will address the barriers which make it hard for patients to make these changes.	NHS Sheffield Clinical Commissioning Group. Sponsorship income will be paid into the Joint Clinical Directors' education and training budget, which is being used to fund the overall event	Novartis Pharmaceuticals UK Ltd	400.00	Approved by the Head of Medicines Management. The arrangements concern making a contribution to venue hire. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers. It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. The total value of sponsorship for this event is £2,800 (£2,000 from Pfizer and two other amounts of £400.00 from Novartis and McNeil).	Approved	CFO	24.9.13	N/A
C-06-13	Afternoon event on 9.10.13 - Supporting People to Make Healthy Choices: motivation and behaviour change. The project is to run a city-wide, half day training event for GPs and PNs to look at the skills needed by clinicians to motivate patients to make achieveable and sustainable changes in behaviour to improve their health. The event will cover smoking cessation, increasing physical activity and improved nutrition, and will address the barriers which make it hard for patients to make these changes.	NHS Sheffield Clinical Commissioning Group. Sponsorship income will be paid into the Joint Clinical Directors' education and training budget, which is being used to fund the overall event	Pfizer Ltd	2,000.00	Approved by the Head of Medicines Management. The arrangements concern covering costs associated with the speaker fees. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers. It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. The total value of sponsorship for this event is £2,800 (£2,000 from Pfizer and two other amounts of £400.00 from Novartis and McNeil).	Approved	CFO	24.9.13	N/A

Ref No	Details of Project	Recipient	Sponsor	Estimated value of sponsorship £	Additional approval if pharmaceutical sponsorship over £500	Approved or Declined	Approved or Declined by:	Date Approved or Declined	Date Approved at Board (if in excess of £5000)
C-07-13	Afternoon event on 9.10.13 - Supporting People to Make Healthy Choices: motivation and behaviour change. The project is to run a city-wide, half day training event for GPs and PNs to look at the skills needed by clinicians to motivate patients to make achieveable and sustainable changes in behaviour to improve their health. The event will cover smoking cessation, increasing physical activity and improved nutrition, and will address the barriers which make it hard for patients to make these changes.	NHS Sheffield Clinical Commissioning Group. Sponsorship income will be paid into the Joint Clinical Directors' education and training budget, which is being used to fund the overall event	McNeil Products Ltd	400.00	Approved by the Head of Medicines Management. The arrangements concern making a contribution to venue hire. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers. It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. The total value of sponsorship for this event is £2,800 (£2,000 from Pfizer and two other amounts of £400.00 from Novartis and McNeil).	Approved	CFO	24.9.13	N/A
C-08-13	The project is to deliver the second members' council meeting for the CCG, on the evening of Wednesday 16 October, at the Mega Centre in Sheffield. The aim of the event is to brief members on the work the CCG is taking forward through clinical portfolios; their constitutional role as member practise, and to seek their views on the CCG's strategic priorities. Around 100 people are expected to attend the event.	Senior Commissioning Manager	Novo Nordisk Ltd	300.00	Approved by the Head of Medicines Management. The arrangements concern covering costs associated with the venue and catering. The sponsoring organisation will not be contributing to the content of the CCG Council members' meeting. The sponsor's representative/s will have an opportunity to promote the medicines they manufacture to prescribers, by hosting an exhibition stand during the time used to serve refreshments. It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of two pharmaceutical companies who sponsored the event on 16 October	Approved	Chief Finance Officer	16.10.13	N/A
C-09-13	The project is to deliver the second members' council meeting for the CCG, on the evening of Wednesday 16 October, at the Mega Centre in Sheffield. The aim of the event is to brief members on the work the CCG is taking forward through clinical portfolios; their constitutional role as member practise, and to seek their views on the CCG's strategic priorities. Around 100 people are expected to attend the event.	Senior Commissioning Manager	Boehringer Ingelheim Ltd	300.00	Approved by the Head of Medicines Management. The arrangements concern covering costs associated with the venue and catering. The sponsoring organisation will not be contributing to the content of the CCG Council members' meeting. The sponsor's representative/s will have an opportunity to promote the medicines they manufacture to prescribers, by hosting an exhibition stand during the time used to serve refreshments. It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of two pharmaceutical companies who sponsored the event on 16 October	Approved	Chief Finance Officer	16.10.13	N/A

Ref No	Details of Project	Recipient	Sponsor	Estimated value of sponsorship £	Additional approval if pharmaceutical sponsorship over £500	Approved or Declined	Approved or Declined by:	Date Approved or Declined	Date Approved at Board (if in excess of £5000)
C-10-13	The project is to run a city-wide, half day training event for GPs and practice nurses to look at management of common childhood conditions. The event will cover: recognition of when to refer the poorly child; respiratory problems; eczema; the role of the health visitor; the role of the multi-agency support team, bone health; low birthweight and jaundice; bronchiolitis; feverishness, and continence. The even't title is A Good Start in Life for Sheffield's Children: paediatrics in primary care, and will take place on 5 November 2013. Around 200-250 people are expected to attend. The clinical content of the programme has been designed by two local GPs: Dr Trish Edney and Dr Margaret Ainger, who lead work on children on behalf of the CCG. The event has been quality assured by the PLI Steering Group which consists of 2 other GPs, 1 of the CCG's Joint Clinical Directors and a senior CCG manager.	NHS Sheffield CCG. Sponsorship income will be paid into the Joint Clinical Directors' education and training budget, which is being used to fund the overall event.	A. Menarini Farmaceutica Internationazle SRL	400.00	Approved by the Head of Medicines Management. The arrangements concern making a contribution to venue hire. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers with exhibition stans during registration and the tea break. It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of three pharmaceutical companies who sponsored the event on 5 November (making the total value of sponsorship for event £1,200)	Approved	Chief Finance Officer	31.10.13	N/A
C-11-13	The project is to run a city-wide, half day training event for GPs and practice nurses to look at management of common childhood conditions. The event will cover: recognition of when to refer the poorly child; respiratory problems; eczema; the role of the health visitor; the role of the multi-agency support team, bone health; low birthweight and jaundice; bronchiolitis; feverishness, and continence. The even't title is A Good Start in Life for Sheffield's Children: paediatrics in primary care, and will take place on 5 November 2013. Around 200-250 people are expected to attend. The clinical content of the programme has been designed by two local GPs: Dr Trish Edney and Dr Margaret Ainger, who lead work on children on behalf of the CCG. The event has been quality assured by the PLI Steering Group which consists of 2 other GPs, 1 of the CCG's Joint Clinical Directors and a senior CCG manager.	NHS Sheffield CCG. Sponsorship income will be paid into the Joint Clinical Directors' education and training budget, which is being used to fund the overall event.	Leo Laboratories Ltd	400.00	Approved by the Head of Medicines Management. The arrangements concern making a contribution to venue hire. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers with exhibition stans during registration and the tea break. It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of three pharmaceutical companies who sponsored the event on 5 November (making the total value of sponsorship for event £1,200)	Approved	Chief Finance Officer	31.10.13	N/A
C-12-13	The project is to run a city-wide, half day training event for GPs and practice nurses to look at management of common childhood conditions. The event will cover: recognition of when to refer the poorly child; respiratory problems; eczema; the role of the health visitor; the role of the multi-agency support team, bone health; low birthweight and jaundice; bronchiolitis; feverishness, and continence. The even't title is A Good Start in Life for Sheffield's Children: paediatrics in primary care, and will take place on 5 November 2013. Around 200-250 people are expected to attend. The clinical content of the programme has been designed by two local GPs: Dr Trish Edney and Dr Margaret Ainger, who lead work on children on behalf of the CCG. The event has been quality assured by the PLI Steering Group which consists of 2 other GPs, 1 of the CCG's Joint Clinical Directors and a senior CCG manager.	NHS Sheffield CCG. Sponsorship income will be paid into the Joint Clinical Directors' education and training budget, which is being used to fund the overall event.	Astra Zeneca	400.00	Approved by the Head of Medicines Management. The arrangements concern making a contribution to venue hire. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers with exhibition stans during registration and the tea break. It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of three pharmaceutical companies who sponsored the event on 5 November (making the total value of sponsorship for event £1,200)	Approved	Chief Finance Officer	31.10.13	N/A

Ref No	Details of Project	Recipient	Sponsor	Estimated value of sponsorship £	Additional approval if pharmaceutical sponsorship over £500	Approved or Declined	Approved or Declined by:	Date Approved or Declined	Date Approved at Board (if in excess of £5000)
C-01-14	The project is to run a city-wide, half day training event for GPs and practice nurses on 5 February 2014 on a range of haematology issues to include: awareness of stroke risk, anticoagulation, indolent haematological disorders; atrial fibrillation and venus thromboembolism. Around 250 people are expected to attend. The clinical content of the programme has been designed by two local GPs one of whom is the CCG's Joint Clinical Director and the other is the acute portoflio lead. In addition, there is oversight from the PLI Steering Group which consists of 4 GPs, 1 of the CCG's Joint Clinical Directors and a senior CCG manager.	NHS Sheffield CCG. Sponsorship income will be paid into the Joint Clinical Directors' education and training budget, which is being used to fund the overall event.	Boehringer Ingelheim Ltd	400.00	Approved by the Head of Medicines Management. The arrangements concern making a contribution to venue hire and catering. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers . It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of three pharmaceutical companies who sponsored the event on 5 February 2014 (making the total value of sponsorship for event £1,200)	Approved	Chief Finance Officer	21.1.14	N/A
C-02-14	The project is to run a city-wide, half day training event for GPs and practice nurses on 5 February 2014 on a range of haematology issues to include: awareness of stroke risk, anticoagulation, indolent haematological disorders; atrial fibrillation and venus thromboembolism. Around 250 people are expected to attend. The clinical content of the programme has been designed by two local GPs one of whom is the CCG's Joint Clinical Director and the other is the acute portoflio lead. In addition, there is oversight from the PLI Steering Group which consists of 4 GPs, 1 of the CCG's Joint Clinical Directors and a senior CCG manager.	NHS Sheffield CCG. Sponsorship income will be paid into the Joint Clinical Directors' education and training budget, which is being used to fund the overall event.	AstraZeneca	400.00	Approved by the Head of Medicines Management. The arrangements concern making a contribution to venue hire and catering. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers . It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of three pharmaceutical companies who sponsored the event on 5 February 2014 (making the total value of sponsorship for event £1,200)	Approved	Chief Finance Officer	21.1.14	N/A
C-03-14	The project is to run a city-wide, half day training event for GPs and practice nurses on 5 February 2014 on a range of haematology issues to include: awareness of stroke risk, anticoagulation, indolent haematological disorders; atrial fibrillation and venus thromboembolism. Around 250 people are expected to attend. The clinical content of the programme has been designed by two local GPs one of whom is the CCG's Joint Clinical Director and the other is the acute portoflio lead. In addition, there is oversight from the PLI Steering Group which consists of 4 GPs, 1 of the CCG's Joint Clinical Directors and a senior CCG manager.	NHS Sheffield CCG. Sponsorship income will be paid into the Joint Clinical Directors' education and training budget, which is being used to fund the overall event.	Bayer UK Ltd	400.00	Approved by the Head of Medicines Management. The arrangements concern making a contribution to venue hire and catering. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers . It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of three pharmaceutical companies who sponsored the event on 5 February 2014 (making the total value of sponsorship for event £1,200)	Approved	Chief Finance Officer	21.1.14	N/A

Ref No	Details of Project	Recipient	Sponsor	Estimated value of sponsorship £	Additional approval if pharmaceutical sponsorship over £500	Approved or Declined	Approved or Declined by:	Date Approved or Declined	Date Approved at Board (if in excess of £5000)
C-04-14	The project is to run a city-wide, half day training event for GPs and practice nurses on 12 March 2014 on a range of urology issues to include: lower urinary tract symptoms, recurring infections, prostate cancer, male sexual function and the primary care management of continence problems. Around 300 people are expected to attend. The clinical content of the programme has been designed by a local GP, with input from the PLI Steering Group which consists of 4 GPs, 1 of the CCG's Joint Clinical Directors and a senior CCG manager.	NHS Sheffield CCG. Sponsorship income will be paid into the Joint Clinical Directors' education and training budget, which is being used to fund the overall event.	Bayer UK Ltd	400.00	Approved by the Head of Medicines Management. The arrangements concern covering costs associated with the venue and catering. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers . It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of three pharmaceutical companies who sponsored the event on 12 March 2014 (making the total value of sponsorship for event £1,200)	Approved	Chief Finance Officer	7.3.14	N/A
C-05-14	The project is to run a city-wide, half day training event for GPs and practice nurses on 12 March 2014 on a range of urology issues to include: lower urinary tract symptoms, recurring infections, prostate cancer, male sexual function and the primary care management of continence problems. Around 300 people are expected to attend. The clinical content of the programme has been designed by a local GP, with input from the PLI Steering Group which consists of 4 GPs, 1 of the CCG's Joint Clinical Directors and a senior CCG manager.	NHS Sheffield CCG. Sponsorship income will be paid into the Joint Clinical Directors' education and training budget, which is being used to fund the overall event.	AstraZeneca	400.00	Approved by the Head of Medicines Management. The arrangements concern covering costs associated with the venue and catering. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers . It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of three pharmaceutical companies who sponsored the event on 12 March 2014 (making the total value of sponsorship for event £1,200)	Approved	Chief Finance Officer	7.3.14	N/A
C-06-14	The project is to run a city-wide, half day training event for GPs and practice nurses on 12 March 2014 on a range of urology issues to include: lower urinary tract symptoms, recurring infections, prostate cancer, male sexual function and the primary care management of continence problems. Around 300 people are expected to attend. The clinical content of the programme has been designed by a local GP, with input from the PLI Steering Group which consists of 4 GPs, 1 of the CCG's Joint Clinical Directors and a senior CCG manager.	NHS Sheffield CCG. Sponsorship income will be paid into the Joint Clinical Directors' education and training budget, which is being used to fund the overall event.	Roche	400.00	Approved by the Head of Medicines Management. The arrangements concern covering costs associated with the venue and catering. The sponsoring organisation will not be contributing to the programme but will however have an opportunity to promote the medicines they manufacture to prescribers . It is of course entirely up to individual prescribers as to whether or not they choose to enter into discussions with company representatives. This sponsorship is one of three pharmaceutical companies who sponsored the event on 12 March 2014 (making the total value of sponsorship for event £1,200)	Approved	Chief Finance Officer	7.3.14	N/A

Introduction **Quarter 3** **Annex 2**

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	6	4	No	No
	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	No	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	9	6	Yes	No
4. To ensure there is a sustainable, affordable healthcare system in Sheffield.	4.1 Ineffective commissioning practices (Domain 3)	TF	9	6	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	6	6	No	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

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	No	No
	5.2 Inability to secure active participation particularly from Member Practices for delivering CCG priorities(Domain 1, 3,5)	LT	16	8	4	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	8	4	No	No

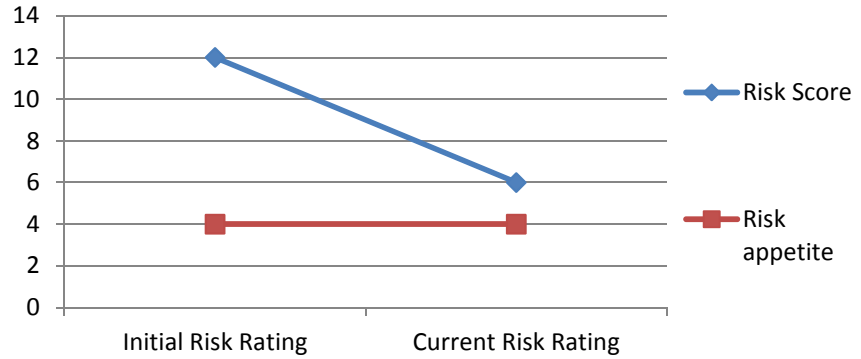
The Risk Ratings used in the Assurance Framework are based on the following risk stratification table:

Risk Matriz		Likelihood				
		-1 Rare	-2 Unlikely	-3 Possible	-4 Likely	-5 Almost certain
Consequence	-1 Negligible	1	2	3	4	5
	-2 Minor	2	4	6	8	10
	-3 Moderate	3	6	9	12	15
	-4 Major	4	8	12	16	20
	-5 Extreme	5	10	15	20	25

1 to 3	Low
4 to 9	Medium
10 to 14	High
15 to 19	Very High (Serious)
20 to 25	Critical

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 October 2013

Risk Rating:
(likelihood x consequence)
Initial:
4 x 3 = 12
Current:
2 x 3 = 6
Appetite:
2 x 2 = 4



Rationale for current score:
Communication service has been developed in order to support delivery of the CCG's commissioning intentions, by communicating these effectively to the public and securing their support.

Rationale for risk appetite:
Excellent communications is essential to establish public confidence

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
CCG has agreed its communication strategy and an action plan to ensure delivery; implementation was monitored via weekly meetings at Director level.

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*

Mitigating actions: *(What new controls are to be put in place to address Gaps in Control and by what date?)*

Action	Date
A communications action plan was established and additional resource allocated by CSU; delivery now contiues to be monitored through the intelligent client mechanism.	Jul-13
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.	Jul-13

Assurances: *(Where should we find the evidence that controls are effective?)* • Report to CET	**Positive Assurance:** *(Provide specific evidence of Assurances)* • Established weekly operational meetings (from 21 June) - In October these were stood down and the normal service level management process is in place with the Chief of Operations overseeing the quality, performance and delivery

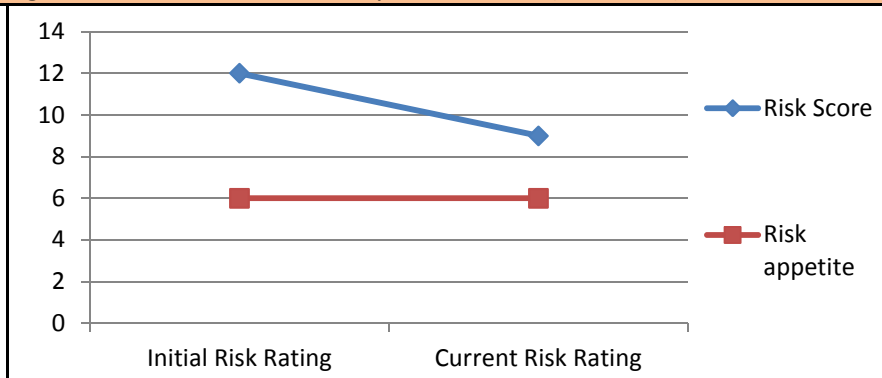
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*

Direct feedback from the public: this will be addressed via implementation of the engagement strategy.

Principle Risk Reference: 1.1

Principal Objective: To improve patient experience and access to care	**Director Lead:** Director of Business Planning & Partnerships: (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:** 18 December 2013

Risk Rating:
(likelihood x consequence)
Initial:
4 x 3 = 12
Current:
3 x 3 = 9
Appetite:
2 x 3 = 6



Rationale for current score:
As a new organisation with new ways of working, there was initially insufficient engagement. Work to date, including development of engagment plan, has partially mitigated this

Rationale for risk appetite:
We should have mechanisms in place that make effective engagement routine and therefore the likelihood of failure to engage "unlikely" at worst

Existing Controls: *(What are we doing about the risk prior to any new mitigating actions?)*
Communication and engagement strategy. Engagement plan considered by CET and submitted to Governing Body on 1 November 2013, informed by meeting with members of public 4/7/13.

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
We need to develop and embed 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
Public launch of engagement plan and database of interested members of the public	01/12/2014
Portfolio specific mechanisms to be developed and put in place	01/01/2014

Assurances: *(Where should we find the evidence that controls are effective?)*

- Business cases and GB papers should describe engagement and result of it

Positive Assurance: *(Provide specific evidence of Assurances)*

- None as yet

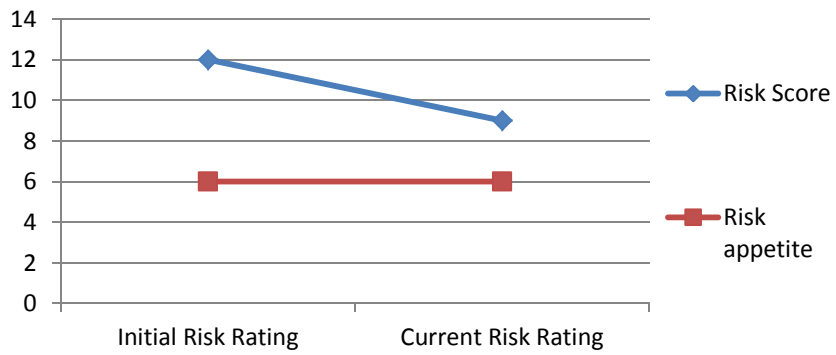
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*

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

Principal Objective: To improve patient experience and access to care	**Director Lead:** Director of B P & P: (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 October 2013

Risk Rating: (likelihood x consequence)
Initial:
4 x 3 = 12
Current:
3 x 3 = 9
Appetite:
2 x 3 = 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

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)* Partnership work through Right First Time	**Existing Gaps in Control:** *(Where are we failing to put controls in place and what more should be done?)* More forward planning e.g. winter

Mitigating actions: *(What new controls are to be put in place to address Gaps in Control and by what date?,*

Action	Date
Established urgent care Board	June 2013
A&E action plan agreed	June 2013
Winter plan produced	July 2013

Assurances: *(Where should we find the evidence that controls are effective?)*	**Positive Assurance:** *(Provide specific evidence of Assurances)*
• Quality & Outcomes Report to Governing Body	• Urgent Care Board ToR and Action Plan reported to Governing Body June 2013
• Delivery assurance system for portfolios and QIPP programmes – achievement of objectives will be monitored through Planning and Delivery Group	- UCB have now met each month since June 2013 and action plan is being implemented

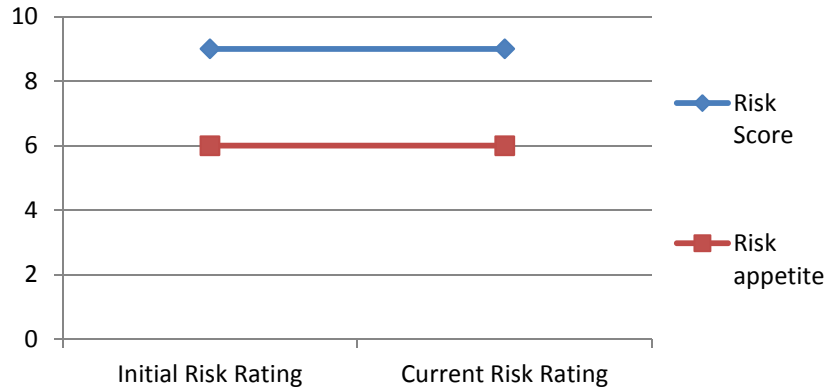
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*

No current gaps – to be reviewed

Principle Risk Reference: 1.3

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:** 16th October 2013

Risk Rating:
(likelihood x consequence)
Initial:
3 x 3 = 9
Current:
3 x 3 = 9
Appetite:
2 x 3 = 6



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: *(What are we doing about the rist prior to any new mitigating actions?)* 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:** *(Where are we failing to put controls in place and what more should be done?)* 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: *(What new controls are to be put in place to address Gaps in Control and by what date?)*

Action	Date
Development of a CCG Quality Strategy and supporting strategies - incorporating actions from national reviews	Jan 2014

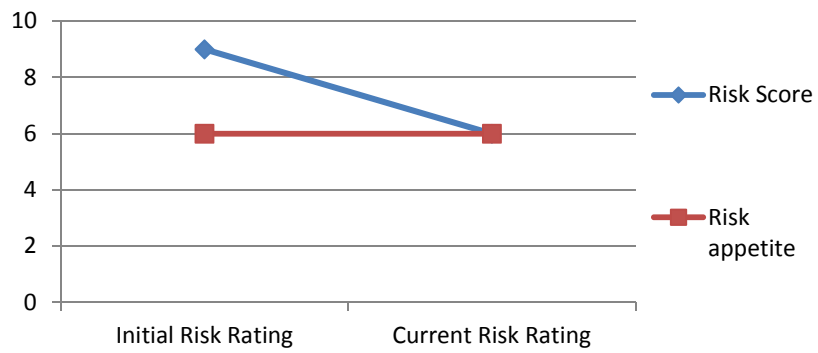
Assurances: *(Where should we find the evidence that controls are effective?)* • CQC inspections of providers and provider action plans, provider data and annual reports SI investigation reports, Serious Case Reviews, Clinical Audit reports, Internal audit benchmarking data, provider Governance Meetings, site visits, CCG Commissioning Groups, CCG quality dashboards.	**Positive Assurance:** *(Provide specific evidence of Assurances)* • 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: *(Where are we failing to gain evidence that our controls are effective?)*
No

Principle Risk Reference: 2.1

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:** 20 December 2013

Risk Rating:
(likelihood x consequence)
Initial:
3 x 3 = 9
Current:
2 x 3 = 6
Appetite:
2 x 3 = 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.

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
National Framework for Continuing Healthcare, Local procedures, Quality Assurance Committee (CHC), Eligibility Panel, South Yorkshire Retrospective Review Team

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
None

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?)*
• 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)*
• Governing Body Exception Reports, CET/Planning and Delivery Exception reports

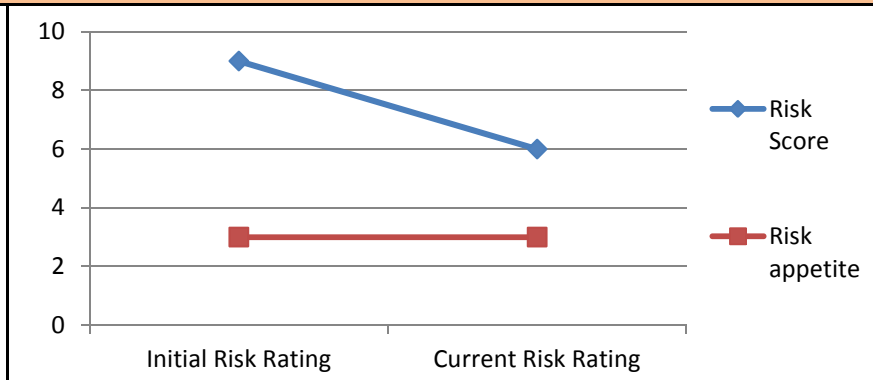
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*

A small number of areas of disagreement remain with SCC preventing a full shared understanding and application of the National Frame work. Current issues within the LA have lead to significant personnel changes which is leading to additional challenge of agreemnents previously made. Additional management time is being needed to maintain current position as a result. Specifc operational issues are occuring as a result of changes in LD arrangments.

Principle Risk Reference: 2.2

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:** 17 December 2013

Risk Rating:
(likelihood x consequence)
Initial:
3 x 3 = 9
Current:
2 x 3 = 6
Appetite:
1 x 3 = 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".

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
Four GB GPs active members of HWB
HWB forward plan.
Current commissioning intentions describe how plans meet HWB strategy
2014/16 Commissioning intentions discussed with HWB in Nov

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
Plan for developing 14/15 plans needs to be explicit about how HWB engaged and support gained

Mitigating actions: *(What new controls are to be put in place to address Gaps in Control and by what date?)*

Action	**Date**
HWB forward plan includes discussion of partners' commissioning plans, following agreement of the joint Health and wellbeing strategy	Nov & Dec 2013

Assurances: *(Where should we find the evidence that controls are effective?)*
- Minutes of HWB
- Chair and/or Chief Officer reports

Positive Assurance: *(Provide specific evidence of Assurances)*

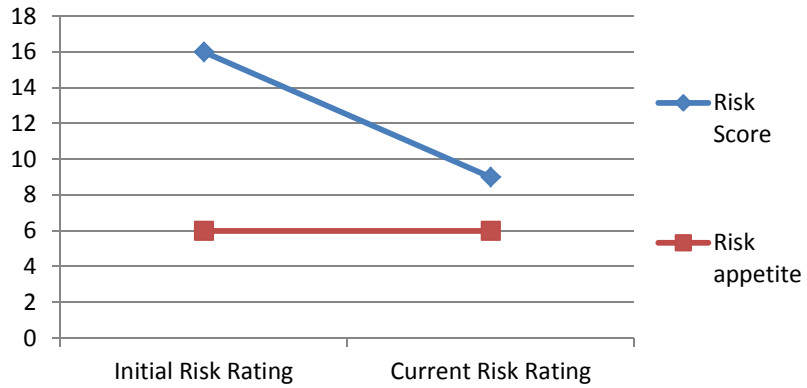
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
Minutes of HWB are not routinely received by GB. GB may wish to receive this additional assurance

Principle Risk Reference: 3.1

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: 8 January 2014**

Risk Rating:
(likelihood x consequence)
Initial:
4 x 4 = 16

Current:
3 x 3 = 9
Appetite:
3 x 2 = 6



Rationale for current score:
During Q3 been ongoing discussions with LA at Director level on in year pressures and how these will be resolved by the LA. Creation of Better Care Fund (previously known as ITF) will provide greater opportunity for joint management of risks and good early progress has been made with LA on areas to be covered by BCF and intergrated commissioning priorities

Rationale for risk appetite:
CCG needs to get to a position that can press ahead with service redesign with confidence. Assessed as risk score of 6

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
Joint director level meetings with SCC including new executive group met from November 2013 re BCF and integrated commissioning;RFT Board; S256 agreements; HWBB

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
More formal integrated financial planning and risk sharing arrangements. (This will come via Better Care Fund (BCF))

Mitigating actions: *(What new controls are to be put in place to address Gaps in Control and by what date?)*

Action	Date
Updated financial risk arrangements re. impact of Right First Time - for RFT Board	Jan-14
Increased joint financial planning for 14/15 and beyond - need for joint plan to be signed off by HWBB Feb 2014	Feb-14

Assurances: *(Where should we find the evidence that controls are effective?)*
• RFT Board minutes; HWBB minutes; from October 2013 papers/minutes from BCF meetings

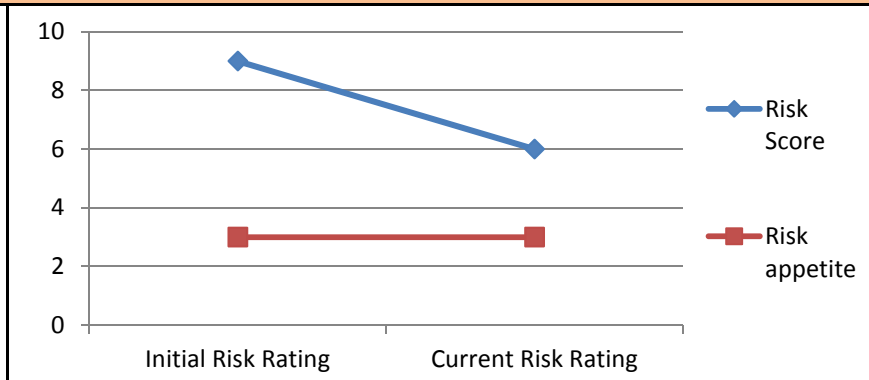
Positive Assurance: *(Provide specific evidence of Assurances)*
• Updates to Board monthly on CCG Finance position and on RFT

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
N/A

Principle Risk Reference: 3.2

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:** 18 December 2013

Risk Rating: (likelihood x consequence)
Initial:
3 x 3 = 9
Current:
2 x 3 = 6
Appetite:
1 x 3 = 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.

Existing Controls: *(What are we doing about the rist 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 be done?)*
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?)*

Action	**Date**
New business case template adopted, prompting use of good practice	Jun-13
Development of 2014/15 commissioning plans should reflect best practice	Sep-Dec 13
On-going OD and staff development	

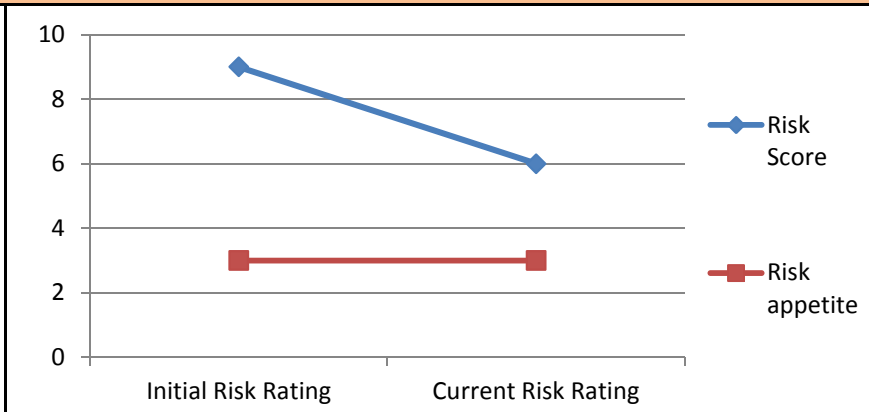
Assurances: *(Where should we find the evidence that controls are effective?)*	**Positive Assurance:** *(Provide specific evidence of Assurances)*
• Business cases and papers to GB should reflect good practice • Reports on OD	• July GB paper setting out process for developing 2014/15 commissioning plans

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

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:** 25th June 2013

Risk Rating: (likelihood x consequence)
Initial:
3 x 3 = 9
Current:
2 x 3 = 6
Appetite:
1 x 3 = 3



Rationale for current score:
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.

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)* 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:** *(Where are we failing to put controls in place and what more should be done?)* 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: *(What new controls are to be put in place to address Gaps in Control and by what date?)*

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	Aug 2013
PLI (GP and practice nurse education) programme now finalised for the rest of the year	July 2013

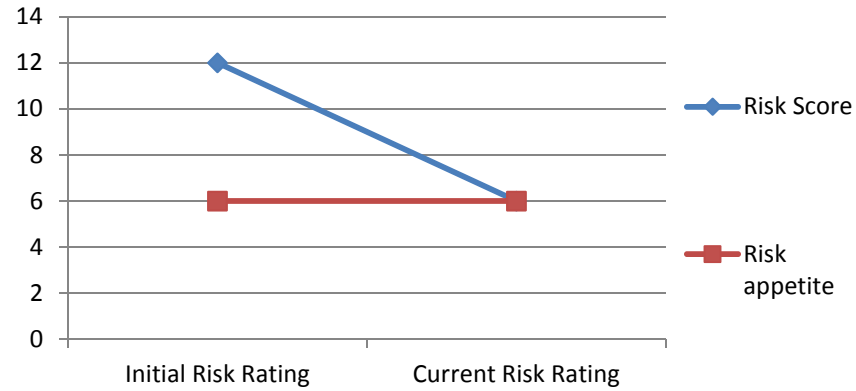
Assurances: *(Where should we find the evidence that controls are effective?)*	**Positive Assurance:** *(Provide specific evidence of Assurances)*
• Business cases and commissioned pathways reflect good practice	• P&DG / CET papers; Governing Body performance reports
• Activity monitoring demonstrates shifts in referral	• Twice yearly CRG report to Governing Body, May and November

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
We are currently evaluating the clinical impact of our PLI programme but this work is not yet complete.

Principle Risk Reference: 4.2

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 2013/14 Financial Plan and insufficient financial management (Domain 3)	**Date last reviewed: 8 January 2014**

Risk Rating:
(likelihood x consequence)
Initial:
4 x 3 = 12
Current:
3 x 2 = 6
Appetite:
3 x 2 = 6



Rationale for current score:
At end of Q3 there continues to be good evidence that the financial plan approved by Governing Body in April was appropriately prudent for the first year of the CCG.We have deployed some of our contingency reserves for winter resilience; to support non recurrent innovation projects and to increase our surplus to national 1% target

Rationale for risk appetite:
Stress testing of financial plan in different scenarios gives us the confidence that can still deliver key requirements and the new financial systems/procedures are fully embedded

Existing Controls: *(What are we doing about the rist 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	**Existing Gaps in Control:** *(Where are we failing to put controls in place and what more should be done?)* None at M9. Risks are discussed with Governing Body each month.

Mitigating actions: *(What new controls are to be put in place to address Gaps in Control and by what date?)*

Action	Date
Action for October 2013 - report to Governing Body completed	

Assurances: *(Where should we find the evidence that controls are effective?)* • NHS E review of financial plan and monthly review of in year financial position; reviews on financial systems/processes by internal and external audit; external audit VFM reviews	**Positive Assurance:** *(Provide specific evidence of Assurances)* • Monthly reports to Governing Body

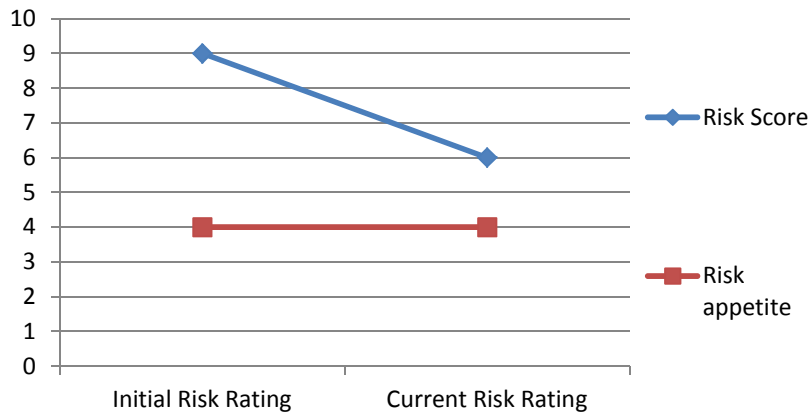
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
None.

Principle Risk Reference: 4.3

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: 8 January 2014**

Risk Rating:
(likelihood x consequence)
Initial:
3 x 3 = 9

Current:
3 x 2 = 6
Appetite:
2 x 2 = 4



Rationale for current score:
CCG put in controls with key other commissioners i.e. NHS E, SCC , Propco and other CCGs to understand and manage consequences. At Q2 CCG reached agreement for 13/14 on specialised services and primary care . Few residual issues on PH budgets resolved for 13/14 in Q3. National way forward determined for Property costs.

Rationale for risk appetite:
CCG needs to have a position where good alignment (and understanding of this alignment) of its responsibilities and funding in order to discharge these responsibilities within its budget

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)* Joint processes with NHS E, SCC and other CCGs to understand budgets and respective responsibilities; CCG Com; national exercise at M4 on specialised services completed	**Existing Gaps in Control:** *(Where are we failing to put controls in place and what more should be done?)* None

Mitigating actions: *(What new controls are to be put in place to address Gaps in Control and by what date?)*

Action	Date
Exercise on specialised services was completed with NHS E as part of M6 close down	complete
Nationally agreed revised process for Property Services recharges published for 13/14 replacing reconciliation requirement	Dec 13

Assurances: *(Where should we find the evidence that controls are effective?)* • NHS E led reviews; audit reviews	**Positive Assurance:** *(Provide specific evidence of Assurances)* • Monthly reports to Governing Body

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
None.

Principle Risk Reference: 4.4

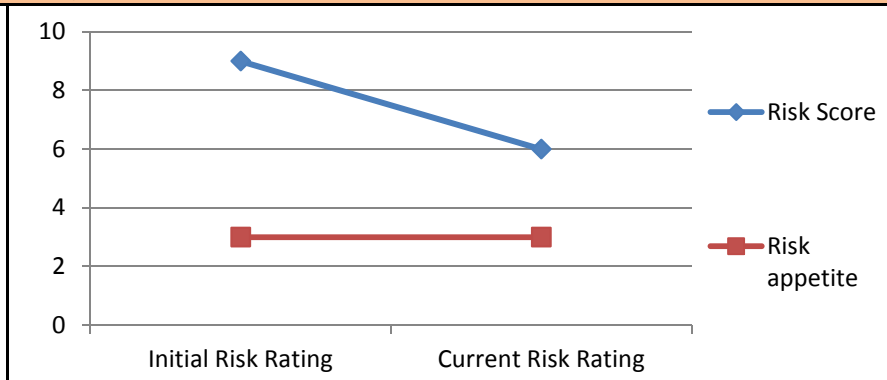
Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield	**Director Lead:** Director of Business Planning & Partnerships: (Tim Furness)
Principal Risk: 4.5 Inability to secure partnerships that help us to deliver our commissioning plans including QIPP (Domain 3)	**Date last reviewed:** 18 December 2013

Risk Rating: (likelihood x consequence)

Initial:
3 x 3 = 9

Current:
2 x 3 = 6

Appetite:
1 x 3 = 3



Rationale for current score:
he 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.

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)* Partnership structures - HWB, Right First Time& Future Shape Children's Services programmes, SYCOM & CCGCOM	**Existing Gaps in Control:** *(Where are we failing to put controls in place and what more should be done?)* 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: *(What new controls are to be put in place to address Gaps in Control and by what date?)*

Action	Date
Continued development of focus of CCGCOM and development of Y&H CCG partnerships	Jun-Jul 13
Active engagement in RFT and FSC, ensuring CCG plays it's part in delivering aims (e.g. Care Planning)	Jun 13
Alignment of commissioning priorities with SCC to support RFT and FSC through HWB	Autumn 13
Development of plan for integrated commissioning with SCC	Dec 13

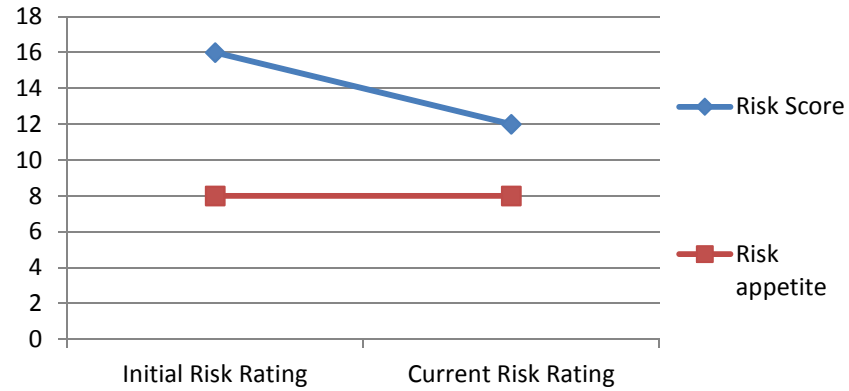
Assurances: *(Where should we find the evidence that controls are effective?)* • Reports on RFT and FSC programmes. Minutes of SY COM and CCGCOM	**Positive Assurance:** *(Provide specific evidence of Assurances)* • Monthly performance reports demonstrate progress of partnerships on key QIPP and other priorities

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*

Principle Risk Reference: 4.5

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield	**Director Lead:** Joint Clinical Directors: (Richard Oliver/Zak McMurray)
Principal Risk: 4.6 Inability to increase capacity in primary and community care in parallel to reducing acute capacity (Domain 3)	**Date last reviewed:** 25th July 2013

Risk Rating:
(likelihood x consequence)
Initial:
4 x 4 = 16
Current:
3 x 4 = 12
Appetite:
2 x 4 = 8



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.

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.

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
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.

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
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.

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

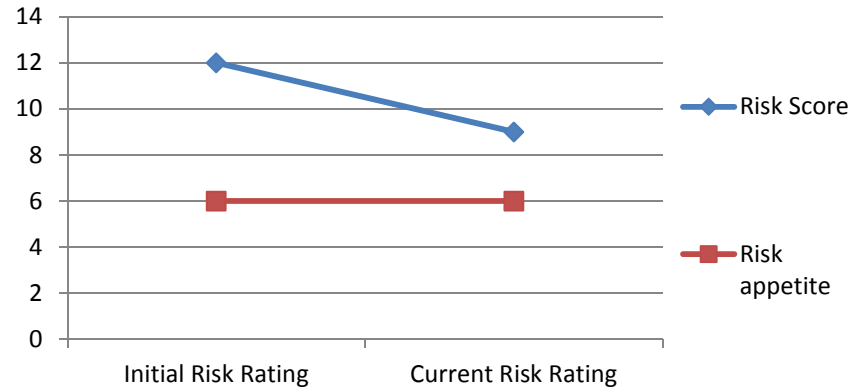
Assurances: *(Where should we find the evidence that controls are effective?)*	**Positive Assurance:** *(Provide specific evidence of Assurances)*
• RFT impact metrics – cross system measures • Delivery of in year QIPP savings	• RFT reports to Governing Body • RFT reports to Planning and Delivery group and peer clinical scrutiny

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*

Principle Risk Reference: 4.6

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:** 19 Dec 2013

Risk Rating:
(likelihood x consequence)
Initial:
4 x 3 = 12
Current:
3 x 3 = 9
Appetite:
3 x 2 = 6



Rationale for current score:
Performance management controls are established. Improvement is being closely reviewed with escalation in areas where necessary

Rationale for risk appetite:
Effective commissioning support is essential for effective working of CCG

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
Intelligent client arrangement, with regular mechanisms for informal feedback and formal monthly monitoring around customer satisfaction.

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
Joint organisational development event has taken place with all staff in the CSU and CCG to improve understanding and working relationships between the two organisations

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	27 June
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

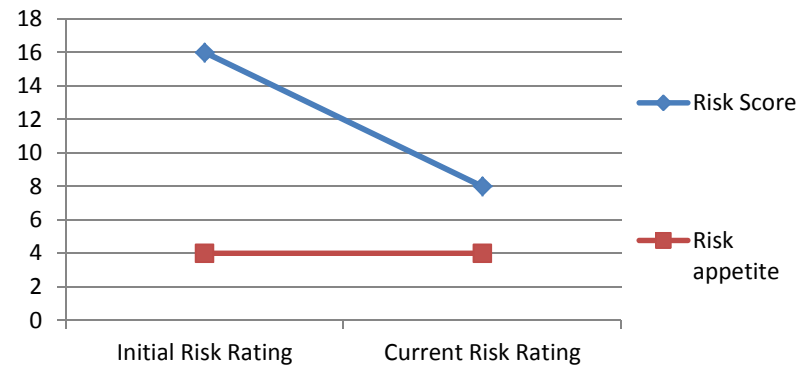
Assurances: *(Where should we find the evidence that controls are effective?)*	**Positive Assurance:** *(Provide specific evidence of Assurances)*
• Monthly performance reviews with CSU reported at joint director level (CCG/CSU meeting)	• demonstratonthly performance reviews to joint directors (commenced 14

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

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:** 19 Dec 2013

Risk Rating:
(likelihood x consequence)
Initial:
4 x 4 = 16
Current:
2 x 4 = 8
Appetite:
1 x 4 = 4



Rationale for current score:
All 88 practices have signed the constitution. Active CRG. Comprehensive OD plan in place.

Rationale for risk appetite:
Authorisation is reliant on sign up from all Member Practices. Service transformation requires high take up from clinicians.

Existing Controls: *(What are we doing about the risk prior to any new mitigating actions?)*
OD Strategy includes commissioned devlopment programmes eg PWC Engagement and Sheffield University Succession Programmes. 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 be done?)*
none

Mitigating actions: *(What new controls are to be put in place to address Gaps in Control and by what date?)*

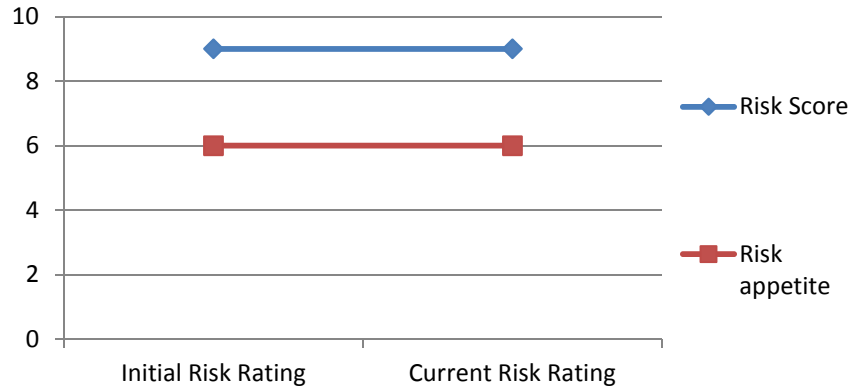
Action	**Date**
Members Council Meeting	16 Oct 13
KPIs for membership engagement in development	Oct 13
Review undertaken on projected spend on clinical engagement in portfolio work, CHC etc and realistic budget set by CFO	Jul 13
Review of OD Strategy	Nov 13
Final PWC membership engagement report published - and action plan being drawn up to report to OD steering group	Dec 13

Assurances: *(Where should we find the evidence that controls are effective?)*
• 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)*
• OD steering Group forward Planner (July 2013).
• Governing Body reports April, May 2013, Sept 2013
• Evaluation from Sheffield University leadership Programme July 2013
Minutes of OD steering group meeting Dec 2013

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
none

Principle Risk Reference: 5.2

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:** 19 Dec 2013
Risk Rating: (likelihood x consequence) Initial: 3 x 3 = 9 Current: 3 x 3 = 9 Appetite: 2 x 3 = 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
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 be done?)* No gaps

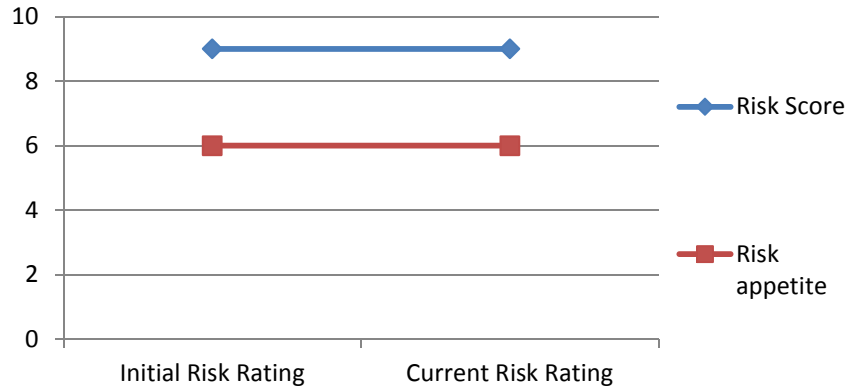
Mitigating actions: *(What new controls are to be put in place to address Gaps in Control and by what date?)*

Action	Date
Members Council Meeting	16 Oct 13
Commissioning Portfolios attracting clinicians who may progress to become future leaders. "hot-housing" first cohort of Sheffield University Leadership Devlelopment Programme	Aug 13 and ongoing

Assurances: *(Where should we find the evidence that controls are effective?)* • Governance Board Papers • Forward Planners • OD event evaluations	**Positive Assurance:** *(Provide specific evidence of Assurances)* • 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

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)	**19-Dec-13**

Risk Rating:
(likelihood x consequence)
Initial:
3 x 3 = 9
Current:
3 x 3 = 9
Appetite:
2 x 3 = 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 leadership; in addition we also need managers who are engaged and offer leadership to their projects and colleagues.

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
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.

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
No gaps

Mitigating actions: *(What new controls are to be put in place to address Gaps in Control and by what date?)*

Action	Date
Members Council Meeting	16 Oct 13
OD Steering group meets monthly to oversee implementation of the OD strategy.	Ongoing
Gov Body OD event to review structure of comittees and working practice	18 Dec

Assurances: *(Where should we find the evidence that controls are effective?)*
- Governance Board Papers
- Endorsement by NHS E of refreshed Constitution
- OD event evaluations
- Governance Structure including Members Council and LEGs

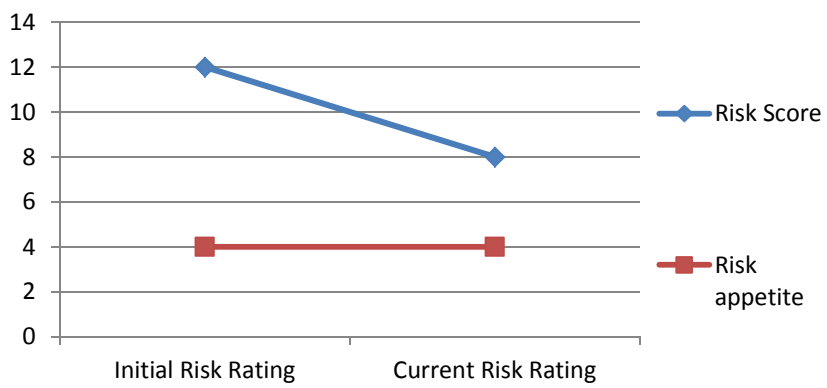
Positive Assurance: *(Provide specific evidence of Assurances)*
- Governance Reports to Governing Body April and May 2013.

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
No gap

Principle Risk Reference: 5.4

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: 22 January 2014**

Risk Rating:
(likelihood x consequence)
Initial:
3 x 4 = 12
Current:
2 x 4 = 8
Appetite:
1 x 4 = 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.

Rationale for risk appetite:
Authorisation is dependent on robust constitutional arrangement

Existing Controls: *(What are we doing about the risk prior to any new mitigating actions?)* OD strategy to strengthen governance systems and processes. Stringent policies in place to safeguard against conflict of interest.	**Existing Gaps in Control:** *(Where are we failing to put controls in place and what more should be done?)* no gaps

Mitigating actions: *(What new controls are to be put in place to address Gaps in Control and by what date?,*

Action	Date
Members Council Meeting	16 Oct 13
Comprehensive Review of governing Body and Structures comenced December	Dec 2013
OD Session delivered by DAC Beachcroft lawyers 23 janurya 2014 re legal responsibilities of Board Members and conflict of interest	Jan 2014

Assurances: *(Where should we find the evidence that controls are effective?)* • monthly company secretary rerport to Governing Body • Forward Planners • OD event evaluations • Governance Structure including Members Council and LEGs • Endorsement by NHS E of refreshed Constitution	**Positive Assurance:** *(Provide specific evidence of Assurances)* • Governance papers to Governing Body: April 2013 reviewed policies, May 2013 Members agreed changes to constitution, December 2013 • Governance papers to Governing Body: Oct 2013 reviewed policies, management of Conflicts of interest noted at all meetings

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
No gap

Principle Risk Reference: 5.5

Introduction **Quarter 4 (as at 11am on 25 March 2014)**

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	4	4	No	No
	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	No	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	9	6	Yes	No
4. To ensure there is a sustainable, affordable healthcare system in Sheffield.	4.1 Ineffective commissioning practices (Domain 3)	TF	9	6	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	4	3	No	No
	4.3 Overly ambitious Financial Plan and insufficient financial management (Domain 3)	JN	12	6	6	No	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	8	8	Yes	No

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	No	No
	5.2 Inability to secure active participation particularly from Member Practices for delivering CCG priorities(Domain 1, 3,5)	LT	16	8	4	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	8	4	No	No

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

Risk Matriz		Likelihood				
		-1 Rare	-2 Unlikely	-3 Possible	-4 Likely	-5 Almost certain
Consequence	-1 Negligible	1	2	3	4	5
	-2 Minor	2	4	6	8	10
	-3 Moderate	3	6	9	12	15
	-4 Major	4	8	12	16	20
	-5 Extreme	5	10	15	20	25

1 to 3	Low
4 to 9	Medium
10 to 14	High
15 to 19	Very High (Serious)
20 to 25	Critical