Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Company Secretary's Report

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Governing Body meeting

9 January 2014

Author(s)/Presenter and title	Linda Tully, Company Secretary and Head of Corporate Governance
Sponsor	Ian Atkinson, Accountable Officer

Key messages

This monthly report updates the Governing Body on all matters of corporate governance.

The election for the vacant Governing Body seat closed on 24 December. The successful candidate will be announced at this meeting as part of the Chair's Report

As a matter of good practice, the Governing Body and CET members have been undertaking a comprehensive review of our structures and working practices.

Annex 1 of this paper reports on the Risk Register and Governing Body Assurance Framework for Quarter 2 (closed) and a snapshot of Quarter 3 (active).

Assurance Framework (AF)

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

Equality/Diversity Impact

Has an equality impact assessment been undertaken? No

Public and Patient Engagement

Please list PPE activity: None planned

Recommendations
The Governing Body is asked to: • Receive and note the monthly corporate governance report <u>Annex 1 (Governing Body Assurance Framework)</u> • Satisfy itself that the there is a clear assurance and escalation framework with robust and reliable systems of control • Agree that the information presented is adequate and that the CCG's corporate objectives and risks to their achievement 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. • Agree the position with regard to the Governing Body Assurance Framework and arrangements in place for managing high level risks during Quarter 2 of these controls and note the Quarter 3 snapshot position. • Note the position with regard to the operational Risk Register

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Company Secretary Report

Governing Body meeting

9 January 2014

1. Introduction / Background

This report is provided routinely to each Governing Body meeting and provides an update on all governance related issues.

2. Election

As previously reported, the CCG Constitution (Paragraph 6.62) states that the Governing Body will comprise at least 15 voting members; eight of whom will be GPs. The ballot for the election of a city-wide GP representative closed at noon on 24th December. The winning candidate will be announced at the 9 January meeting as part of the Chair's report.

3. Review of Governing Body and our Working Practice

As reported in the Chair's report, Governing Body and CET members have undertaken a comprehensive review of our structures and working practices.

4. Governing Body Assurance Framework (Annex 1)

The CCG Governing Body Assurance Framework (GBAF) and Risk Register processes inherited from the PCT have been reviewed and undergone significant modification. A programme of staff training including group and face to face support is in place and simpler reporting templates are now adopted. The approach to managing risk is now more robust with risk reviews being a standard agenda item at team meetings and risk owners at director level required to present "deep dives" for any risk failing to positively progress.

The current arrangement for reporting the Assurance Framework includes scrutiny from the Governance Sub-committee (GSc) and the Audit and Integrated Governance Committee (AIGC) prior to reporting to Governing Body. Both the GSc and AIGC meets only once a quarter which means that by the time the report is presented to Governing Body for review and challenge it may already be three months old. In order to present Governing Body with timely information we will, in future, present both the completed quarterly report for sign off, but also include a snap shot of the current open report which will return to the Governing Body for review and challenge after it has progressed through the relevant committees for scrutiny.

5. Recommendations

The Governing Body is asked to:

- Receive and note the monthly corporate governance report

Annex 1 (Governing Body Assurance Framework)

- Satisfy itself that the there is a clear assurance and escalation framework with robust and reliable systems of control
- Agree that the information presented is adequate and that the CCG's corporate objectives and risks to their achievement 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.
- Agree the position with regard to the Governing Body Assurance Framework and arrangements in place for managing high level risks during Quarter 2 of these controls and note the Quarter 3 snapshot position.
- Note the position with regard to the operational Risk Register

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

27 December 2013

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Governing Body Assurance Framework and Risk Register Update

Governing Body meeting

9 January 2014

Author(s)/Presenter and title	Sue Laing, Deputy Corporate Support Manager, WYB CSU
Sponsor	Linda Tully, Company Secretary and Head of Corporate Governance

Key messages

This quarterly report provides the Governing Body with the opportunity to review, discuss and challenge identified risks on the CCG Governing Body Assurance Framework (GBAF) and Risk Register.

Both strategic and operational risks have continued to be managed during Quarter 2. There were no new risks added to the GBAF during this period with no risks closed down; there were no risks identified scored at 15 or above

Seven new risks were added to the Operational Risk Register with one risk being closed during this period. The Governance Sub-committee has reviewed the content of both the GBAF and the Operational Risk Register and all new operational risks have been discussed by the Governance Sub-committee. Both the GBAF and Risk Register have been presented to the Audit and Integrated Governance Committee with confirmation that underlying assurance processes are in place

The CSU has announced the roll-out of version 2 of the Risk Register which will take place during January 2014. It is anticipated that the new system will enhance existing functions and designed to a higher specification than previously. Training will be made available to risk owners.

Assurance Framework (AF)

Assurance Framework Number:
This report links to all risks within the Assurance Framework

How does this paper provide assurance that the risk is being addressed?
The report provides assurance that both strategic and operational risks are being identified, managed and that appropriate assurance is provided to the Governing Body.

Is this an existing or additional control:
Existing control

Equality/Diversity Impact
Has an equality impact assessment been undertaken? No
Public and Patient Engagement
Please list PPE activity: Not applicable
Recommendations
The Governing Body is asked to: • Satisfy itself that the there is a clear assurance and escalation framework with robust and reliable systems of control • Agree that the information presented is adequate and that the CCG's corporate objectives and risks to their achievement 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. • Agree the position with regard to the Governing Body Assurance Framework and arrangements in place for managing high level risks during Quarter 2 of these controls and note the Quarter 3 snapshot position. • Note the position with regard to the operational Risk Register.

NHS
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Governing Body Assurance Framework and Risk Register Update

Governing Body meeting

9 January 2014

1 Governing Body Assurance Framework

The current arrangements for reporting the Governing Body Assurance Framework (GBAF) includes scrutiny from both the Governance Sub-committee (GSc) and the Assurance and Integrated Governance Committee (AIGC) prior to reporting to Governing Body. As these committees meet only quarterly, quarterly reports presented to the Governing Body will not reflect the most up-to-date position. In order to ensure the Governing Body is presented with a real time report, a snap shot of the current open report will also be included in all future reports.

Good progress continued to be made during the second quarter with regard to management of strategic risks. At the end of Quarter 2 (July-September) there remained a total of 18 risks facing achievement of the organisation's five strategic objectives. No additional risks were added to the GBAF during this period, nor were any risks closed. There were no risks with a score of 15 or above. Risk owners have reviewed their risks and updated existing controls and mitigating actions during this period. The Quarter 2 Assurance Framework is attached at **Appendix 1**.

1.1 Current Quarter 3 snapshot position

Risk leads continue to manage high level risks and the Governing Body is asked to note the following changes that have been made to date for the GBAF during Quarter 3 (October-December) **(Appendix 2)**, which is still active at the time of writing. The full Quarter 3 report will be presented to the April Governing Body meeting.

Risk Reference	Change from Quarter 2
1.1 Loss of public confidence in the CCG through poor communications	Reduced risk appetite 3 x 2 (6) to 2 x 2 (4) Reduced risk score from 4 x 3 (12) to 2 x 3 (6)
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	Reduced level of risk 4 x 4 (16) to 4 x 3 (12)
4.1 Ineffective commissioning practices	Reduced level of risk 3 x 3 (9) to 2 x 3 (6)
5.1 CSU unable to provide timely and appropriate support	Gap in control closed
5.2 Inability to secure active participation particularly from member practices for delivering CCG priorities.	Reduced level of risk 3 x 3 (9) to 2 x 3 (6) No Gaps in control
5.5 Inadequate adherence to CCG Constitution and other governance arrangements to support Nolan Principles and eg protect against conflicts of interest	No gaps in control

1.2 Gaps in Control and Assurance

There are currently six risks where gaps in control have been identified and five where gaps in assurance have been confirmed. Risk owners will be asked to undertake a 'deep dive' and delve deeper into some risks on the GBAF and Risk Register, particularly where there has been little movement in terms of levels of risk or where there are continuing gaps in control or assurance.

2 Risk Register

Operational risks continue to be monitored and managed through the recently adopted risk management software. Arrangements are working well with managers who use team meetings to update the Register.

During Quarter 2, one risk was closed and seven new risks were added. All scores were reviewed by the Governance Sub-committee and a number of recommendations made. There were no risks scored 15 or above during this period.

Good progress has been made in updating the Register, although a number of risks were still articulated as 'a problem' rather than a risk during Quarter 2. Further work is required in relation to identification of key controls and assurances and risk owners have been reminded of this as part of the quarterly review cycle.

Position at end Quarter 2

Critical – 0 Serious – 0 High – 20 Moderate – 12 Low – 1: Total Risks = 33

Incident/ Risk Grading Matrix		Risk Likelihood				
		1 – Rare	2 – Unlikely	3 - Possible	4 – Likely	5 – Almost certain
Risk Impact	5 - Catastrophic	0	0	0	0	0
	4 – Major	0	0	4>	<0	0
	3 – Serious	<1	6>	10>	<5	0
	2 – Moderate	0	1>	5>	<1	0
	1 - Insignificant	0	0	0	0	0

Position December 2013

Critical: 0 Serious: 1 High: 19 Moderate: 12 Low: 1 Total Risks: 33

Incident/ Risk Grading Matrix		Risk Likelihood				
		1 – Rare	2 – Unlikely	3 - Possible	4 – Likely	5 – Almost certain
Risk Impact	5 - Catastrophic	0	0	0	0	0
	4 – Major	0	0	4	1>	0
	3 – Serious	1	6	<9	5	0
	2 – Moderate	0	<0	6>	1	0
	1 - Insignificant	0	0	0	0	0

The following risk has been escalated to Serious – “Not meeting annual DH targets for community C Difficile for Sheffield Residents Target”

2.1 Risk Register Upgrade

The CSU has announced the roll-out of version 2 of the Risk Register which will take place during January 2014. It is anticipated that the new system will enhance existing functions and designed to a higher specification than previously. Training will be made available to risk owners.

Recommendations

The Governing Body is asked to:

- Satisfy itself that the there is a clear assurance and escalation framework with robust and reliable systems of control
- Agree that the information presented is adequate and that the CCG’s corporate objectives and risks to their achievement 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.
- Agree the position with regard to the Governing Body Assurance Framework and arrangements in place for managing high level risks during Quarter 2 of these controls and note the Quarter 3 snapshot position.
- Note the position with regard to the operational Risk Register.

Paper prepared by Sue Lang, Deputy Corporate Support Manager, West and South Yorkshire and Bassetlaw CSU

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

27 December 2013

Introduction Quarter 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		
	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		
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		
	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	12	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		
	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		
	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		
	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

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	n	n
	5.2 Inability to secure active participation particularly from Member Practices for delivering CCG priorities(Domain 1, 3,5)	LT	16	8	4	Y	y
	5.3 Ineffective succession planning for clinical engagement (Domain 1, 4)	LT	9	9	6	N	N
	5.4 Inability to develop appropriately skilled leadership and workforce throughout the CCG (Domain 6)	LT	9	9	6	N	N
	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	Y	N

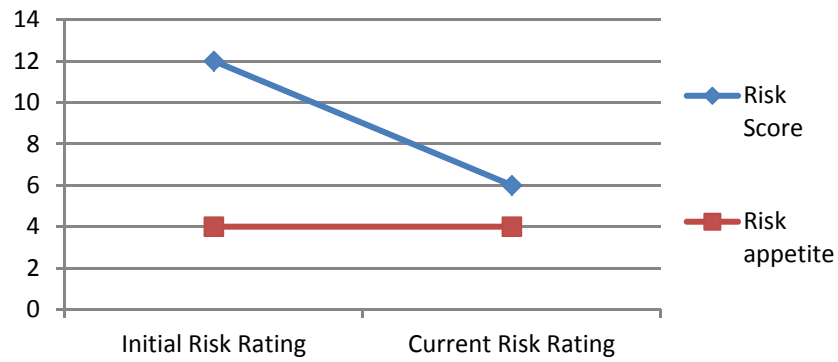
The Risk Ratings used in the Assurance Framework are based on the following risk stratification table:

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

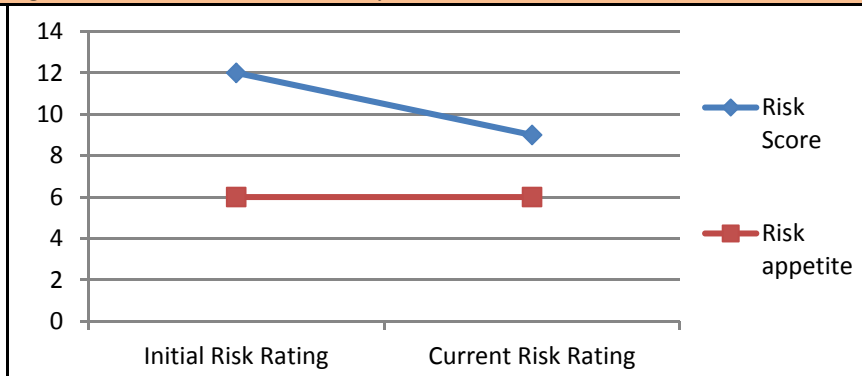
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*

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 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:
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

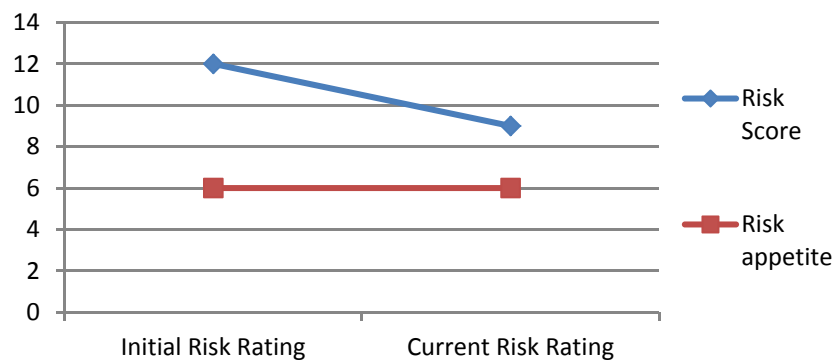
Assurances: *(Where should we find the evidence that controls are effective?)* • Business cases and GB papers should describe engagement and result of it	**Positive Assurance:** *(Provide specific evidence of Assurances)* • None as yet

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

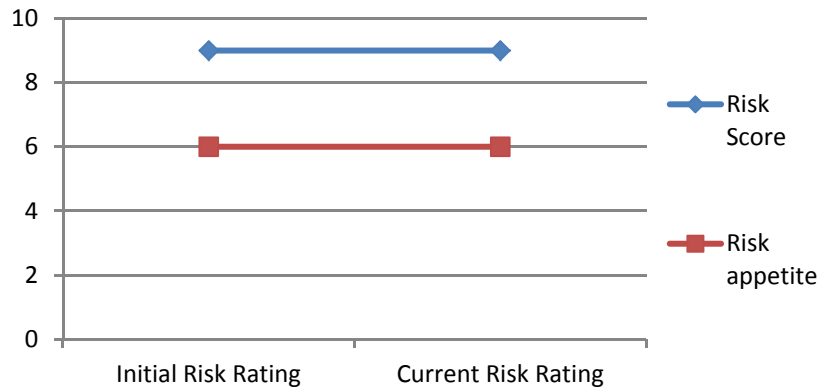
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*

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.

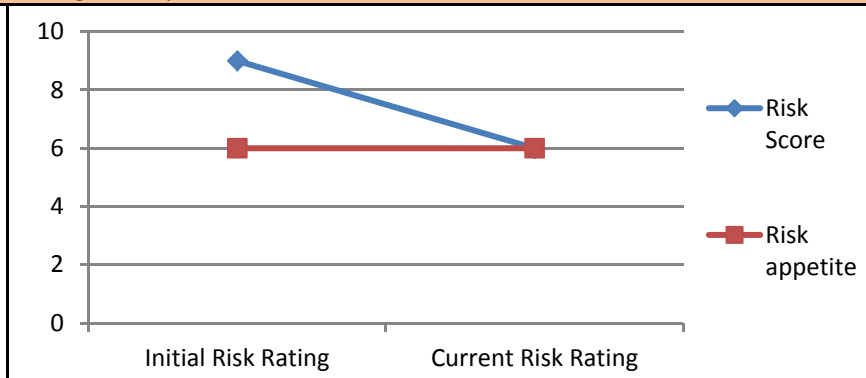
Positive Assurance: *(Provide specific evidence of Assurances)*
• Quality Assurance Committee Minutes, Serious Incident reports, Safeguarding reports, Patient Experience /Complaints reports, data on quality targets, exception reports to Governing Body Quarterly

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:** 18th June 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?)*
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?)*
• 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

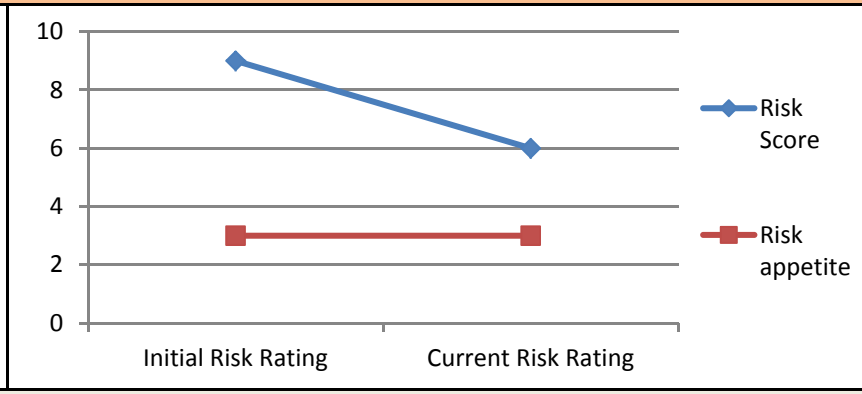
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*

A small number of areas of disagreement remain with SCC preventing a full shared understanding and application of the National Frame work

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: 24**th 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:
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

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

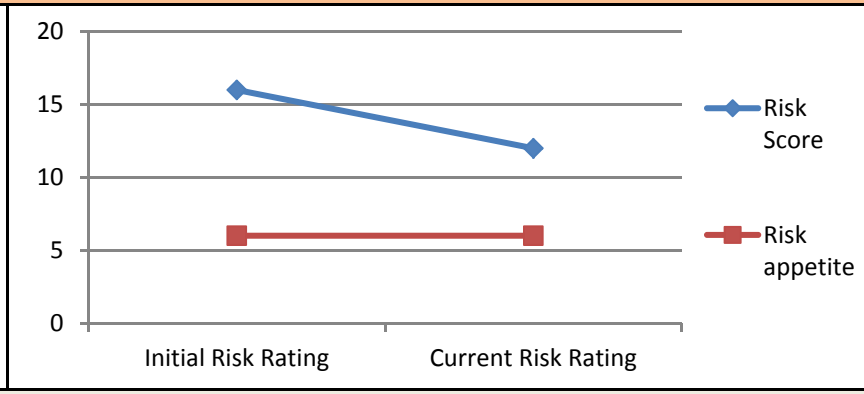
Positive Assurance: *(Provide specific evidence of Assurances)*

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:** 17th June 2013

Risk Rating:
(likelihood x consequence)
Initial:
4 x 4 = 16
Current:
4 x 3 = 12
Appetite:
3 x 2 = 6



Rationale for current score:
During Q2 been several discussions with LA re. system wide management of impact of Right First Time and for example agreement reached re. closure of HOC and how impact will be managed; Creation of Integration Transformation Fund will provide greater opportunity for joint management of risks

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 to meet from October 2013 re. Integration Transformation Fund;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 Integration Transformation Fund arrangements.)

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 ITF meetings

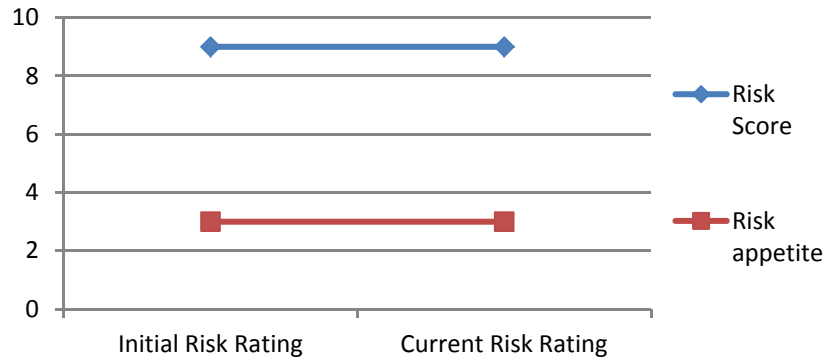
Positive Assurance: *(Provide specific evidence of Assurances)*
• Updates to Board monthly on CCG Finance position and on RFT

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: 24**th June 2013

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

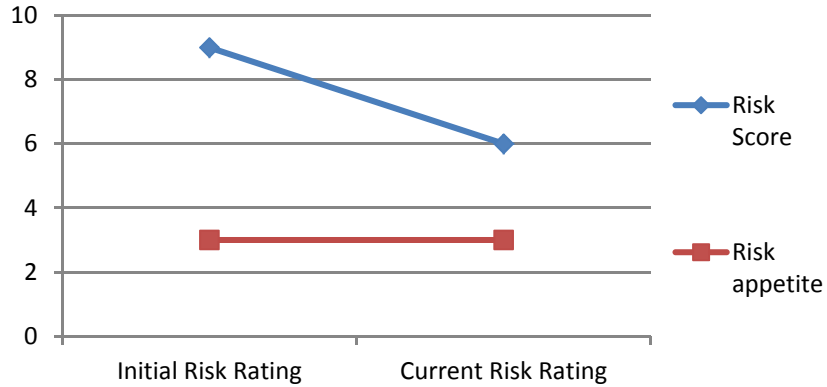
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*

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

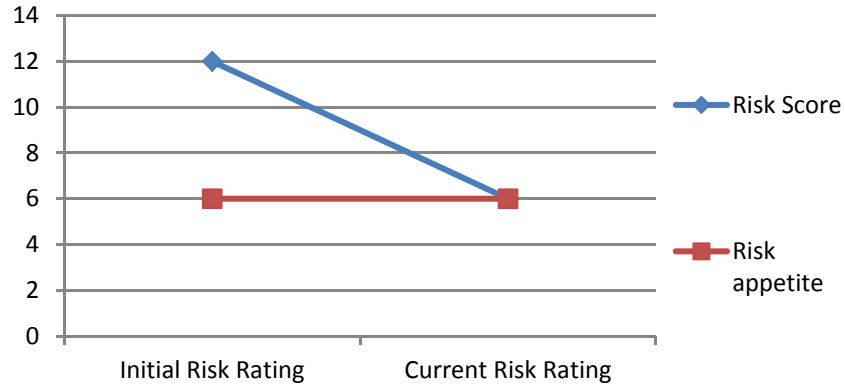
Assurances: *(Where should we find the evidence that controls are effective?)*	**Positive Assurance:** *(Provide specific evidence of Assurances)*
• Business cases and commissioned pathways reflect good practice • Activity monitoring demonstrates shifts in referral	• P&DG / CET papers; Governing Body performance reports • 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:** 17th June 2013

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 Q2 there is good evidence that the financial plan approved by Governing Body in April was appropriately prudent for the first year of the CCG and at M6 we have deployed some of our contingency reserves for winter resilience; to support non recurrent innovation projects and to increase our surplus closer 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 M6. In october discussion with Governing Body on use of contingency reserves and in November in private a paper summarising position including up/down side risk

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	

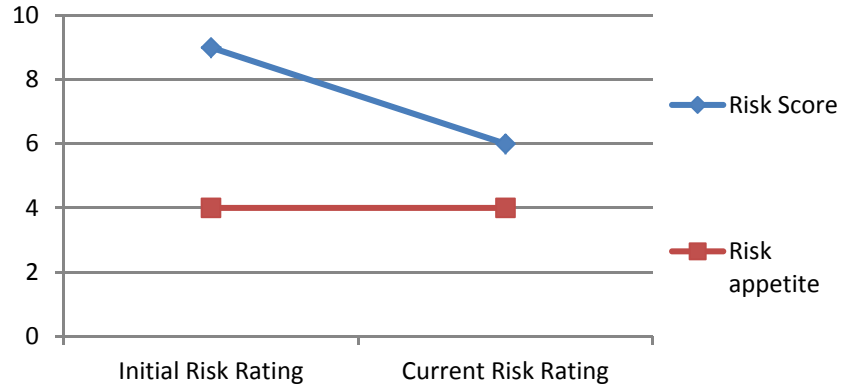
Assurances: *(Where should we find the evidence that controls are effective?)* • NHS E review of financial plan and monthly review of in year financial position; reviews on financial systems/processes by internal and external audit; external audit VFM reviews	**Positive Assurance:** *(Provide specific 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:** 17th June 2013

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 has reached agreement for 13/14 on specialised services and primary care . Are a few residual issues on PH budgets and Q3 reconciliation with Propco

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

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
Complete national NHS Property Services reconciliation exercise on recharged costs	Dec 13

Assurances: *(Where should we find the evidence that controls are effective?)*
• NHS E led reviews; audit reviews

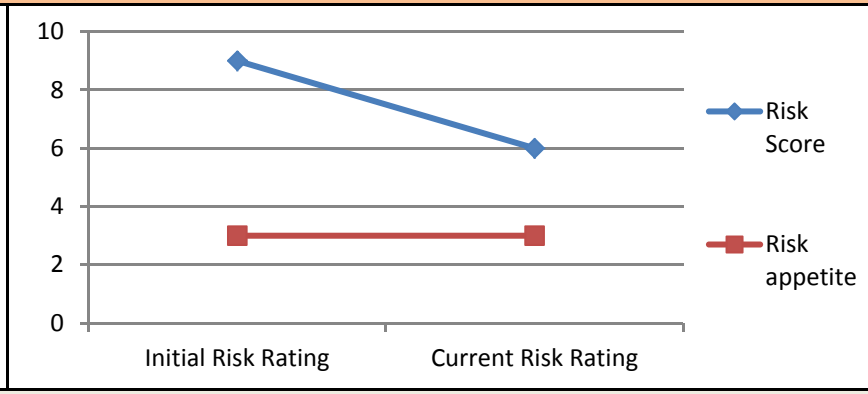
Positive Assurance: *(Provide specific evidence of Assurances)*
• Monthly reports to Governing Body

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:** 24th 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:
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

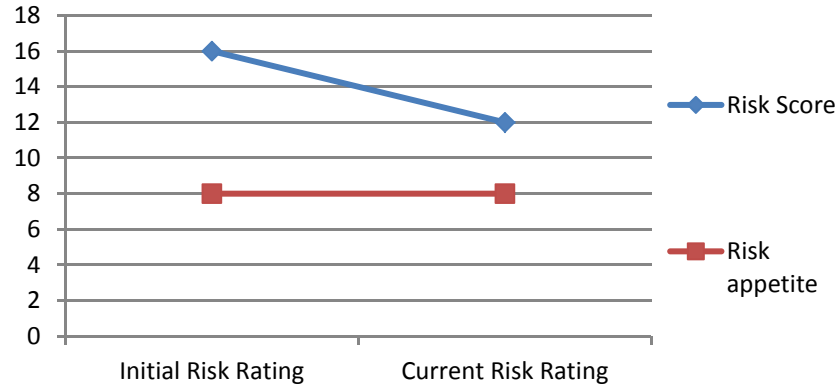
Assurances: *(Where should we find the evidence that controls are effective?)* • Reports on RFT and FSC programmes. Minutes of SY COM and CCGCOM	**Positive Assurance:** *(Provide specific evidence of Assurances)* • Monthly performance reports demonstrate progress of partnerships on key QIPP and other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

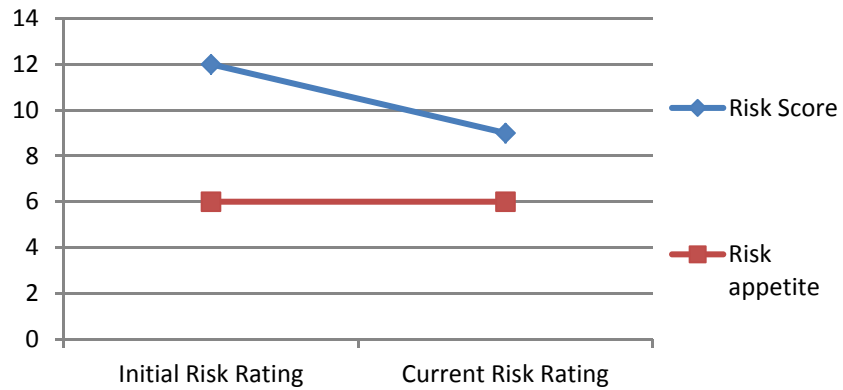
Assurances: *(Where should we find the evidence that controls are effective?)*	**Positive Assurance:** *(Provide specific evidence of Assurances)*
• RFT impact metrics – cross system measures • Delivery of in year QIPP savings	• RFT reports to Governing Body • RFT reports to Planning and Delivery group 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:** 25th October 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?)*
None

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

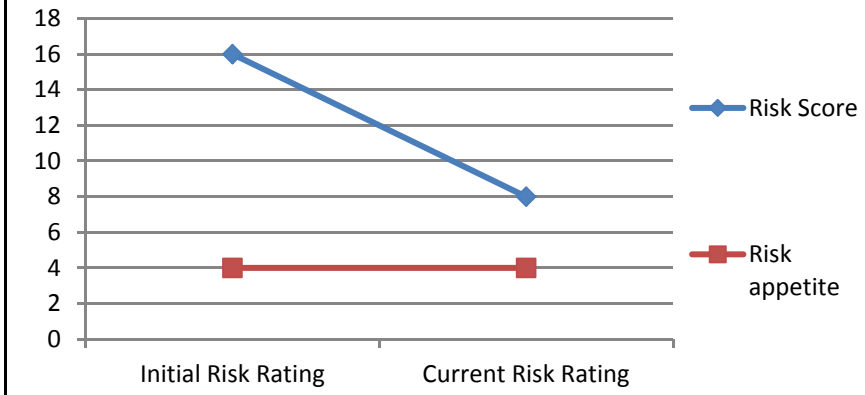
Assurances: *(Where should we find the evidence that controls are effective?)*	**Positive Assurance:** *(Provide specific evidence of Assurances)*
• Monthly performance reviews with CSU reported at joint director level (CCG/CSU meeting)	•

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:** 23rd October 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?)*
Need robust 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?)*

Action	**Date**
Members Council Meeting	16 Oct 13
KPIs for membership engagement in development	Octo 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

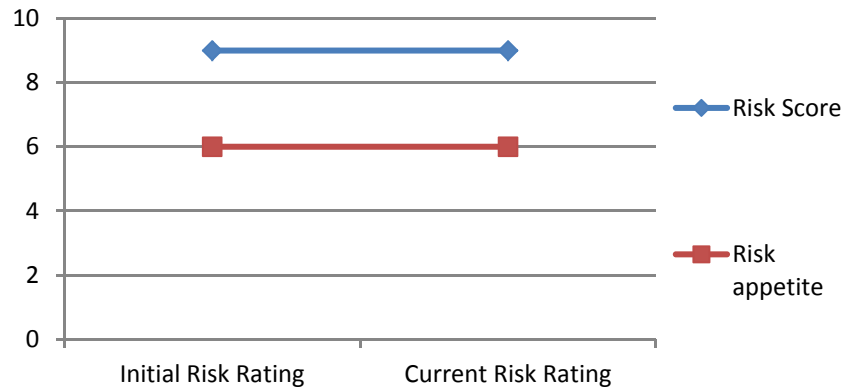
Assurances: *(Where should we find the evidence that controls are effective?)*	**Positive Assurance:** *(Provide specific evidence of Assurances)*
• Governing Body Reports 2) OD Steering Group Minutes 3) OD Evaluation Reports to OD Steering Group 4) Response to Election Process	• OD steering Group forward Planner (July 2013). • Governing Body reports April, May 2013, Sept 2013 • Evaluation from Sheffield University leadership Programme July 2013

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
OD Strategy needs to be reviewed in response to NHSE Assurance Framework

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:** 23 Oct 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

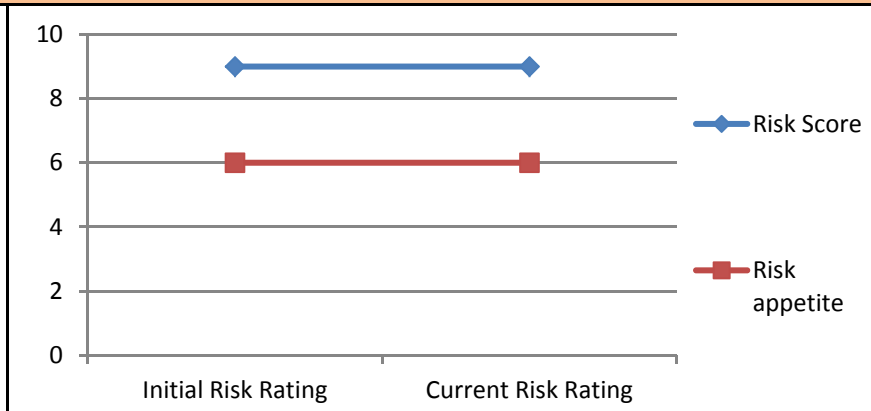
Positive Assurance: *(Provide specific evidence of Assurances)*
- Governance Reports to Governing Body April and May 2013.

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)	**23-Oct-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

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

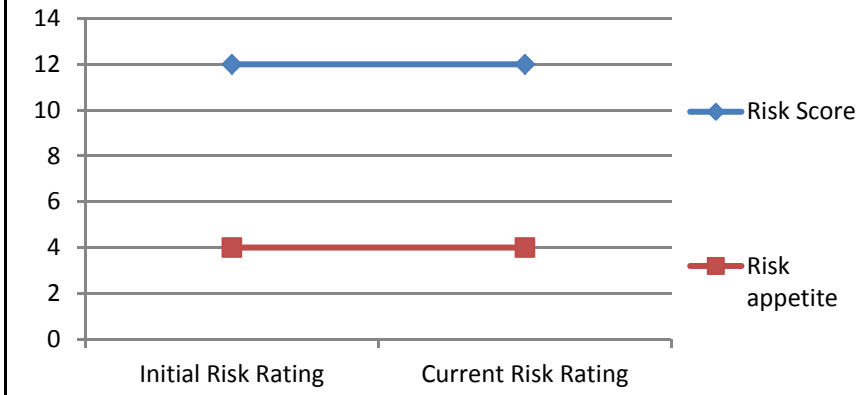
Positive Assurance: *(Provide specific evidence of Assurances)*
- Governance Reports to Governing Body April and May 2013.

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:** 23 October 2013

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



Rationale for current score:
Good governance in Public Life is guided by the Nolan Principles. CCG meber 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 rist 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?)*
refresher OD event to be implemented

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

Assurances: *(Where should we find the evidence that controls are effective?)*
- Governance Board Papers
- 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
- Governance papers to Governing Body: Oct 2013 reviewed policies,

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

Principle Risk Reference: 5.5

Introduction Quarter 3

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	12	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

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	12	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