



Update on Governing Body Assurance Framework

Governing Body meeting



2 October 2014

Author(s)	Sue Laing, Deputy Corporate Support Manager, WSYB CSU
Sponsor	Tim Furness, Director of Business Planning and Partnerships
Is your repor	t for Approval / Consideration / Noting

This report is for **consideration** of the principal risks to the CCG's achievement of its strategic objectives and the mitigation of those risks that is currently in place, with a view to any necessary and appropriate challenge

Audit Requirement

CCG Objective:

5.5 Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)

Principal Risk

Inadequate adherence to CCG Constitution and other governance arrangements to support Nolan Principles and e.g. protect against conflicts of interests (Domain 4) (This paper provides assurance that risks facing delivery of the organisation's objectives are being managed, and that they are discussed, appropriately actioned and/or challenged by the Governance Sub Committee and Audit and Integrated Governance Committee).

Equality impact assessment

Have you carried out an Equality Impact Assessment YES

Is it attached? NO

If not, why not?

There is no evidence to suggest that the Assurance Framework will adversely impact on any of the 9 protected characteristics

PPE Activity

How does your paper support involving patients, carers and the public?
Good risk management will positively impact on Patient and Public Engagement activity

Recommendations

The Governing Body is asked to:

- 1. Note the work undertaken to refresh the Assurance Framework for 2014/15.
- 2. Consider the Assurance Framework and assure itself that the CCG's corporate objectives and risks to their achievement are accurately reflected and are being effectively managed by officers.
- 3. Identify any additional controls and mitigating actions that need to be in place to address identified risks and the methods by which it would wish to receive assurance of the effectiveness of these controls.
- 4. Review and comment on the scores set out within the attached Assurance Framework.



Update on Governing Body Assurance Framework and Risk Register

Governing Body meeting

2 October 2014

1 Introduction

A significant role of the Governance Sub-committee is to monitor risk management arrangements to ensure that risks are reported to the Audit and Integrated Governance Committee (AIGC) and Governing Body and that actions are taken to eliminate or minimise risks. The AIGC has overall responsibility for reviewing the adequacy and effectiveness of the CCG's assurance processes including risk management. This report aims to provide assurance to the Governing Body that effective processes are in place and to prompt consideration of the risks we face and the actions being taken to eliminate or mitigate those risks.

2 Governing Body Assurance Framework

High level (strategic) risks continue to be managed through the assurance framework. This report includes the position at the end of Quarter 1 and up to 31 August 2014 for Quarter 2.

2.1 Progress Update

During Quarter 1, senior risk owners reviewed their risks which included updating existing controls and mitigating actions.

Where gaps in assurance and/or control continue to be highlighted, risk owners have been asked to provide additional information explaining the reason, together with proposed actions to close the gaps (See Appendix 1). As agreed by AIGC at its meeting in June 2014, every gap in either control or assurance will now be closely monitored with progress reported to both the Governance Sub-committee and the Audit and Integrated Governance Committee.

At the end of Quarter 1, there remained a total of 17 risks to achievement of the organisation's five strategic objectives. No additional risks were added to the GBAF during this period, nor were any risks closed.

2.2 Risk Scores

The risk below has been scored as Very High (16):

3.2 Budgetary constraints faced by Sheffield City Council and CCG prevent development of effective joint governance and commissioning of integrated services from the Better Care Fund (4x4).

The following risks have been scored as High (12):

- 3.1 CCG is unable to undertake the actions, and deliver the outcomes from them, that are set out in the HWB's plan for reducing health inequalities, eg due to financial constraints. (4x3)
- 4.3 Financial Plan with insufficient ability to reflect changes to meet demands. (3x4)

4.4 Budgetary constraints faced by NHS England in particular re specialised services and primary care contracts adversely impact on CCG's ability to implement our plan. (4x3)

The Assurance Framework sets out the controls and assurances in place to manage risks and the gaps identified by the officers responsible for managing them. Governing Body is asked to specifically consider the controls and assurances in place for the very high and high risks identified above.

3 Risk Register - Progress Update

Progress continued to be made during Quarter 1 with regard to operational risk management which is monitored by the Governance Sub-committee. Arrangements are working well with managers updating the register either on an individual basis or at team meetings.

At the end of Quarter 1 there were 48 risks identified – three new risks had been added and 3 closed. The following risk continues to remain as 'Very High' with a risk score of 16 (4x4):

134 Previously Unknown Periods of Care (PUPOCs)

Additionally, a further new risk has been added to the Register with a score of 15 (5x3) – the level of risk was agreed as correct by the Governance Sub-committee:

There is a risk that the CCG will incur additional costs resulting from the recent Supreme Court ruling on Deprivation of Liberty. This will increase significantly the number of people for whom the Court of Protection must be asked to approve an application for a deprivation of liberty. This will create significant costs, either for the CCG or the LA depending on where responsibility for the applications is deemed to lie. It may also increase the cost of some care packages. There will also be resource implications of the need to scope this work and to input to the applications.

It was noted that these were risks outside of the CCGs control.

Scores of each of the three new risks were reviewed and agreed by the Governance Subcommittee as accurately reflecting the level of risk.

3.1 Quarter 1 Position

Of the 48 risks recorded on the risk register, the scores of three risks have decreased in quarter. Risk 132 – not meeting annual DH targets for community Clostridium Difficile for Sheffield residents has significantly reduced from 16 (4x4) to 6 (2x3).

There has been no increase in score to any risks. However, there is evidence to show that all risks have been reviewed during Quarter 1, either by the risk owner, senior manager or Head of Service.

The table below shows the position with regard to operational risks at the end of Quarter 1.

Incident/ Risk Grading Matrix			R	isk Likelihod	od	
		1 - Rare	2 - Unlikely	3 - Possible	4 – Likely	5 – Almost certain
ı,	5 - Catastrophic	0	0	0	0	0
pac	4 – Major	0	0	3	1	0
<u>=</u>	3 – Serious	3	11	6	5	1
Risk Impact	2 - Moderate	2	3	7	2	1
2	1 - Insignificant	0	1	0	2	0

TOTALS

Low Risks (White) : 6

Moderate Risks (Green) : 23

High Risks (Yellow) : 17

Serious Risks (Red) : 2

Critical Risks (Black) : 0

3.2 Quarter 2 Position to date

There are a total of 46 risks currently sitting on the operational risk register, 1 new risk and 4 marked for closure at the end of the review cycle.

	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain
5 Catastrophic	0	0	0	0	0
4 Major	0	0	<u>3</u>	1	0
3 Serious	<u>3</u>	8	<u>Z</u>	<u>5</u>	2
2 Moderate	2	2	8	<u>2</u>	<u>1</u>
1 Insignificant	0	0	0	2	0

TOTALS

Low Risks (White) : 5

Moderate Risks (Green) : 20

High Risks (Yellow) : 18

Serious Risks (Red) : 3

Critical Risks (Black) : 0

The Quarter 2 period will close at the end of September 2014 and has not yet been reported to the Governance Sub-committee due to changes to the reporting timetable.

4 Recommendation

The Governing Body is asked to:

- 1. Note the work undertaken to refresh the Assurance Framework for 2014/15
- 2. Consider the Assurance Framework and assure itself that the CCG's corporate objectives and risks to their achievement are accurately reflected and are being effectively managed by officers.
- 3. Identify any additional controls and mitigating actions that need to be in place to address identified risks and the methods by which it would wish to receive assurance of the effectiveness of these controls.
- 4. Review and comment on the scores set out within the attached Assurance Framework

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

On behalf of Tim Furness, Director of Business Planning and Partnerships

September 2014

Introduction Quarter 2 (Refresh) 2014/15

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?
	1.1 Loss of public confidence in the CCG through poor communications (Domain 2)	IG	12	4	4	No	No
To improve patient experience and access to care	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	9	9	6	Yes	Yes
to cure	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)	КС	9	9	6	Yes	No
3. To work with Sheffield City Council to continue to reduce	3.1 CCG is unable to undertake the actions, and deliver the outcomes from them, that are set out in the HWB's plan for reducing health inequalities, eg due to financial constraints (Domain 3)	TF	12	12	3	Yes	Yes
health inequalities in Sheffield	3.2 Budgetary constraints faced by Sheffield City Council and CCG prevent development of effective joint governance and commissioning of integrated services from the Better Care Fund.	JN	16	16	6	No	No
	4.1 Ineffective commissioning practices (Domain 3)	TF	6	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	9	4	3	No	No
4. To ensure there is a sustainable, affordable	4.3 Financial Plan with insufficient ability to reflect changes to meet demands (Domain 3)	JN	12	12	6	No	No
healthcare system in Sheffield.	4.4 Budgetary constraints faced by NHS England in particular re specialised services and primary care contracts adversely impact on CCG's ability to implement our plan (domain 3)	JN	12	12	6	No	No
	4.5 Inability to secure partnerships with our main providers that help us to deliver our commissioning plans, including QIPP (Domain 3)	TF	9	9	3	Yes	No
	4.6 Contractual restraints facing member practices resulting in an inability of practices to deliver and expand service provision (Domain 3)	KCI	12	8	4	Yes	Yes

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score		Risk Target or Appetite Score	GAPS in	Are there GAPS in assurance?
5. Organisational	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	6	6	No	No
the 6 domains (Annex C	5.4 Inability to develop appropriately skilled leadership and workforce within CCG directly employed staff (Domain 6)	IG	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:

				Likelihood			1	
	Risk Matriz	-1	-2	-3	-4	-5		
	Misk iviati iz	Rare	Unlikely	Possible	Likely	Almost certain		
	-1	1	2	3	4	5		
	Negligible	_	_	, and the second	·	ŭ	1 to 3	Low
4)	-2	2	4	6	8	10	4 to 9	Medium
nce	Minor	2	7	0	U	10	10 to 14	High
ant	-3	3	6	9	12	15	15 to 19	Very High (Serious)
Consequence	Moderate	3	O	9	12	15	20 to 25	Critical
Con	-4	4	8	12	16	20		
	Major	4	٥	12	10	20		
	-5	_	10	15	20	25		
	Extreme	5	10	15	20	25		

delivery of the CCG's commissioning intentions, by communicating these effectively to the public and securing their support. Service be in-house wef 1/4/14 but interim operational practice demonstrates function embedded within the operations directors and works closely with CCG staff on communication issues. Risk appetite Excellent communications is essential to establish public confident of the communication is sessential to establish public confident of the communication is sessential to establish public confident of the communication is sessential to establish public confident of the communication is sessential to establish public confident of the communication is sessential to establish public confident of the communication is sessential to establish public confident of the communication is sessential to establish public confident of the communication is sessential to establish public confident of the communication is sessential to establish public confident of the communication was monitored via weekly meetings at Director level. Risk score Risk score Risk score Risk score Rationale for risk appetite: Excellent communications is essential to establish public confident of the communication is sessential to establish public confident of the communication is sessential to establish public confident of the communication is sessential to establish public confident of the communication of the co		To improve patient experience a	and access to care		Director Lead: Chief Operating Office Griffiths)	cer: (Idris
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. Service be in-house wef 1/4/14 but interim operational practice demonstrates function embedded within the operations director and works closely with CCG staff on communication issues. Current: 2	Principal Risk: 1.1 L	oss of public confidence in the CO	CG through poor communications (D	omain 2)	Date last reviewed: 01 May 2014	
Action A communications action plan was established and additional resource allocated by CSU; delivery now contiues to be monitored through the netelligent client mechanism. 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 greeing his work plan; part of his remit will be about communicating with the public. CCG decision to bring CSU communication resource in-house and embed within the operations directorate. Additional resources have been secured and post advertised. Positive Assurances: (Where should we find the evidence that controls are effective?) 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 saps 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.	(likelihood x consequence) Initial: 4 x 3 = 12 Current: 2 x 2 = 4 Appetite:	12 10 8 6 4 2	Risk	Communication serving delivery of the CCG's these effectively to the be in-house wef 1/4/2 demonstrates function and works closely with the Rationale for risk approximation of the communication of t	ce has been developed in order to so commissioning intentions, by commitee public and securing their support L4 but interim operational practice in embedded within the operations the CCG staff on communication issue the communication issued the communication issued the communication is such that the communication is the communication is such that the communication is su	municating . Service to directorate
A communications action plan was established and additional resource allocated by CSU; delivery now contiues to be monitored through the intelligent client mechanism. 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. CCG decision to bring CSU communication resource in-house and embed within the operations directorate. Additional resources have been secured and post advertised. Assurances: (Where should we find the evidence that controls are effective?) 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 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.	CCG has agreed its	communication strategy and an a	action plan to ensure delivery;			ntrols in
A communications action plan was established and additional resource allocated by CSU; delivery now contiues to be monitored through the intelligent client mechanism. 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. CCG decision to bring CSU communication resource in-house and embed within the operations directorate. Additional resources have been secured and post advertised. Assurances: (Where should we find the evidence that controls are effective?) 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 compared to the engagement strategy. Direct feedback from the public: this will be addressed via implementation of the engagement strategy.						
Intelligent client mechanism. 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. The CCG decision to bring CSU communication resource in-house and embed within the operations directorate. Additional resources have been secured and post advertised. The CCG decision to bring CSU communication resource in-house and embed within the operations directorate. Additional resources have been secured and post advertised. The CCG decision to bring CSU communication resource in-house and embed within the operations directorate. Additional resources have been secured and post advertised. 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 public and patient engagement and he is in post and public and patient engagement and he is in post and public and patient engagement and he is in post and public and patient engagement and he is in post and public and patient engagement and he is in post and public and patient engagement and he is in post and public and patient engagement and he is in post and public and patient engagement and he is in post and public and patient engagement and he is in post and public and patient engagement and he is in post and public and patient engagement and he is in post and public and patient engagement and he is in post and public and patient engagement and he is in post and public and patient engagement and he is in post and public and patient engagement and patient engagement and he is in post and public and patient engagement and he is in post and public and patient engagement and patient engagement and public and patient engagement and patient engagement and pati	Mitigating actions:	(What new controls are to be put	t in place to address Gaps in Control (and by what date?)		
Assurances: (Where should we find the evidence that controls are effective?) 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 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.		(What new controls are to be put	t in place to address Gaps in Control (and by what date?)		Date
Assurances: (Where should we find the evidence that controls are effective?) • Report to CET • 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 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.	Action A communications	action plan was established and a			be monitored through the	Date Jul-13
• 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 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.	Action A communications of intelligent client me The CCG has appoir	action plan was established and a chanism. ted an additional Lay Member to	additional resource allocated by CSU; the Governing Body with a remit fo	delivery now contiues to		
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.	Action A communications intelligent client me The CCG has appoir agreeing his work p CCG decision to brit	ection plan was established and a chanism. ted an additional Lay Member to an; part of his remit will be aboung G CSU communication resource	additional resource allocated by CSU; the Governing Body with a remit fo to tommunicating with the public.	delivery now contiues to public and patient engage	ement and he is in post and	Jul-13
	Action A communications of intelligent client means The CCG has appoir agreeing his work p CCG decision to bring and post advertised	action plan was established and a chanism. ted an additional Lay Member to an; part of his remit will be abou ng CSU communication resource i	o the Governing Body with a remit fout communicating with the public. in-house and embed within the oper t controls are effective?) Posit Est. were	delivery now contiues to public and patient engage ations directorate. Addition ve Assurance: (Provide specialished weekly operations stood down and the norm	ement and he is in post and nal resources have been secured ecific evidence of Assurances) al meetings (from 21 June) - In Octo al service level management proces	Jul-13 Jul-13 Mar-14 ber these ss is in
	Action A communications a intelligent client me The CCG has appoir agreeing his work p CCG decision to brius and post advertised Assurances: (Where Report to CET	nction plan was established and a chanism. ted an additional Lay Member to an; part of his remit will be about g CSU communication resource is should we find the evidence that	o the Governing Body with a remit for it communicating with the public. in-house and embed within the operate controls are effective?) Posit Est: were place dence that our controls are effective:	delivery now contiues to public and patient engage ations directorate. Addition ve Assurance: (Provide specialished weekly operations stood down and the norm with the Chief of Operation)	ement and he is in post and nal resources have been secured ecific evidence of Assurances) al meetings (from 21 June) - In Octo al service level management proces	Jul-13 Jul-13 Mar-14 ber these ss is in

Principal Objective:	To improve patient experience an	d access to care			Director Lead: Director of Busine Partnerships: (Tim Furness)	ss Planning &
•	nsufficient engagement with patien ing to decisions that do not fully m	·	oriorities and	service	Date last reviewed: 15 August 2	014
Risk Rating: (likelihood x consequence) Initial: 3 x 3 = 9	10 8 6		Risk Score	_	score: n with new ways of working, there ent. Work in 2013/14 has mitigat	•
Current: 3 x 3 = 9 Appetite: 2 x 3 = 6	2 Initial Risk Rating	Current Risk Rating	 Risk appetite		petite: nanisms in place that make effect and therefore the likelihood of fai	
Communication and Engagement comminestablished. Engage	What are we doing about the risk part of engagement strategy and engage ttee, led by GB lay member, establement group overseeing and monitory.	ment plan approved in 201 lished. "Involve me" netwo	13/14. ork	place and what more We need to develop a put the strategy into	and embed working practices and	
Action	what hew controls are to be put i	Tiplace to dualess dups in	Control and L	y what date:)		Date
	gagement and experience report	to be presented to GB, sun	nmarising wh	at patients and public	have told us and how we will	01/10/2014
	should we find the evidence that of		• None a	•	pecific evidence of Assurances)	
Gaps in assurance: (Where are we failing to gain evide	ence that our controls are e	ffective?)			
GB has not yet recei	ved reports on engagement - to b	e addressed as set out abo	ve			
					Principle Risk Reference	e: 1.7

Principal Objective:	To improve patient experience and access to care			Director Lead: Director of B P & P	: (Idris
				Griffiths)	
· ·	ystem wide or specific provider capacity problems emer	ge to prevent de	livery of NHS	Date last reviewed: 1 May 2014	
Constitution and/or	NHS E required pledges (Domain 3)				
-	14 12 10 8 6 4 2 Initial Risk Rating Current Risk Rating What are we doing about the rist prior to any new mitigation rough Right First Time	Risk Score Risk appetite	on waiting times e.g. 1 have been experienced and recovery plans are Rationale for risk appearance of capacitant experience and planning and partners!	through the system can significate weeks and A&E 4 hours. Curred at STHFT in relation to 18 weeks being sought through the contraction to the contraction of the contraction of these need to be mitigated with hip work of: (Where are we failing to put coshould be done?)	nt difficulties performance act. t impact on a effective
Mitigating actions:	(What new controls are to be put in place to address Gap	os in Control and	by what date?)		Date
Established urgent of	are Board				June 2013
A&E action plan agre					June 2013
Winter plan produce					July 2013
	isms enacted with local provider in relation to 18 week	performance and	d action plans received.		March 2014
	should we find the evidence that controls are effective?	·		cific evidence of Assurances)	•
Quality & Outcom	es Report to Governing Body	• Urgent 2013	Care Board ToR and Ac	tion Plan reported to Governing I	Body June
Delivery assurance	e system for portfolios and QIPP programmes – achiever	ment - UCB hav	ve now met each month	since June 2013 and action plan	is being
	monitored through Planning and Delivery Group	impleme		•	J
	Where are we failing to gain evidence that our controls	are effective?)			
		,			
No current gaps – to	be reviewed				

Initial Risk Rating Current Risk Rating We doing about the rist prior to any new mitiga	Risk Score Risk appetite	Rationale for current score: The impact of the Francis (2) review has not yet fully been by Sheffield providers and thus the CCG requires more at the culture of services that we commission is focused or and wellbeing of patient/service users. Rationale for risk appetite: To get to a position where the consequence is moderate although there will always be risks to patient safety and care, that the impact on patient outcomes and experien Existing Gaps in Control: (Where are we failing to put control)	essurance that the safety and poor quality ce is reduced
	Score Risk appetite	The impact of the Francis (2) review has not yet fully been by Sheffield providers and thus the CCG requires more at the culture of services that we commission is focused or and wellbeing of patient/service users. Rationale for risk appetite: To get to a position where the consequence is moderate although there will always be risks to patient safety and care, that the impact on patient outcomes and experien	essurance that the safety and poor quality ce is reduced
	tina actions?)	Existing Caps in Control: (Where are we failing to put of	antanala '
eview Groups	n Control, standards in	place and what more should be done?) The CCG needs to have a commissioning for quality strated deliver the required actions from national directives and describe how we hold providers to account for quality.	tegy that will
v controls are to be put in place to dualess out	os in control and	a by what date:)	Date
/ Strategy and supporting strategies - incorpora	ating actions fro	om national reviews	Jan 2014
s and provider action plans, provider data and s. Serious Case Reviews, Clinical Audit reports, data, provider Governance Meetings, site visits	annual • Quali Safegua	lity Assurance Committee Minutes, Serious Incident reportuarding reports, Patient Experience /Complaints reports, d	
	EE/Quality Standards, Patient Surveys, Quality seview Groups w controls are to be put in place to address Gap y Strategy and supporting strategies - incorpora re find the evidence that controls are effective?, rs and provider action plans, provider data and ts, Serious Case Reviews, Clinical Audit reports, data, provider Governance Meetings, site visits quality dashboards.	EE/Quality Standards, Patient Surveys, Quality standards in eview Groups We controls are to be put in place to address Gaps in Control and y Strategy and supporting strategies - incorporating actions from the find the evidence that controls are effective?) Is and provider action plans, provider data and annual sts, Serious Case Reviews, Clinical Audit reports, data, provider Governance Meetings, site visits, CCG	The CCG needs to have a commissioning for quality strategies and describe how we hold providers to account for quality. We controls are to be put in place to address Gaps in Control and by what date?) The CCG needs to have a commissioning for quality strategies and describe how we hold providers to account for quality. We controls are to be put in place to address Gaps in Control and by what date?) The CCG needs to have a commissioning for quality strategies and describe how we hold providers to account for quality. Positive Assurance: (Provide specific evidence of Assurances) Quality Assurance Committee Minutes, Serious Incident reports, data, provider Governance Meetings, site visits, CCG quality dashboards.

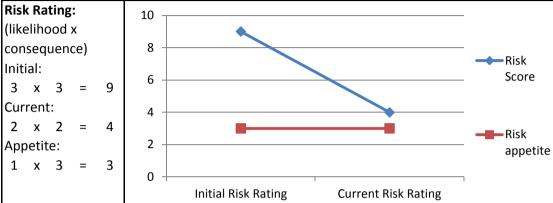
Principle Risk Reference:

Principal Objective:	: To work with Sheffield City Counc	il to continue to reduce health	n inequal	ities in Sheffield	Director Lead: Director of B Partnerships: (Tim Furness)	
	CCG is unable to undertake the action			em, that are set out in	Date last reviewed: 15 Aug	ust 2014
the HWB's plan for r	reducing health inequalities, eg due	e to financial constraints (Don	nain 3)			
Risk Rating: (likelihood x consequence) Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Appetite: 1 x 3 = 3	14 12 10 8 6 4 2 Unitial Risk Rating		Risk Score Risk appetite	the CCG is part to). G uncertainty over which actions for the CCG w Rationale for risk app We should not comm	ng a plan to reduce health indiven the scale of the challeng ch interventions work, it is possible prove difficult to achieve. petite: nit to actions we cannot delive. HWB, and therefore need to	ge and some ossible that the er, especially within
Four GB GPs active r Plan to GB for consid	What are we doing about the risk p members of HWB, influencing the p deration July 2014 (What new controls are to be put in	olan		place and what more No arrangements in p	trol: (Where are we failing to should be done?) place for delivery of the CCG	
Action						Date
	an, with assessment of risks, for GB allities plan is considered as part of		ure year	s, for possible prioritisa	ation of actions	01/07/2014 Sept 2014
	e should we find the evidence that on the plan, assuming such reports goe ports		Positive	Assurance: (Provide sp	pecific evidence of Assurance	s)
•	(Where are we failing to gain evide	nce that our controls are effe	ctive?)			
The above assurance	es are not yet in place					
	<u>'</u>					erence: 3.1

	To work with Sheffield City Cou	ncil to continue to reduce hea	lth inequalit		Director Lead: Director of Finance Newton)	e: (Julia
•	udgetary constraints and compe			d CCG prevent	Date last reviewed: 23 June 2014	
Risk Rating: (likelihood x consequence) Initial: 4 x 4 = 16 Current:	18 16 14 12 10 8 6	-	► Risk Score ► Risk	management of risks. service areas for inclu overall governance st	score: rovide greater opportunity for join Good early progress has been masion but significant work required ructure, final budgets, efficiency so c ready for full implementation in	ade with LA on to determine avings,
4 x 4 = 16 Appetite: 3 x 2 = 6	4 2 0 Initial Risk Rating	Current Risk Rating	appetite	redesign with confide	position that can press ahead wit nce. Assessed as risk score of 6	
	What are we doing about the risk tings from November 2013 re BO		-	place and what more	r ol: (Where are we failing to put co should be done?)	ontrols in
	ith agreed TOR. S256 agreemen (What new controls are to be pu		Control and L	We need to develop f for 2014/15 and a for	ormal governance arrangements - mal S75 agreement for 2015/16.	both shadow
Mitigating actions:	ith agreed TOR. S256 agreemen (What new controls are to be pu		Control and L	We need to develop f for 2014/15 and a for	ormal governance arrangements -	both shadow
Mitigating actions: ((What new controls are to be pu	t in place to address Gaps in C		We need to develop f for 2014/15 and a for by what date?,	ormal governance arrangements -	Date
Mitigating actions: (Action Agreement of budge		t in place to address Gaps in C ork completed May - report to	Exec Group	We need to develop f for 2014/15 and a for by what date?, July/Aug	ormal governance arrangements -	Date
Mitigating actions: (Action Agreement of budge First set of joint more	(What new controls are to be pu	t in place to address Gaps in C ork completed May - report to o to July IMG having discussed	Exec Group	We need to develop f for 2014/15 and a for by what date?, July/Aug	ormal governance arrangements -	Date Aug-14
Mitigating actions: (Action Agreement of budge First set of joint more Development of first Assurances: (Where	ets for inclusion in BCF. Initial wonitoring of 2014/15 spend will got the draft of S75 agreement for 201. Should we find the evidence the nutes of Joint Executive meetings.	ork completed May - report to to July IMG having discussed 5/16	Positive A • Update	We need to develop f for 2014/15 and a for by what date?, July/Aug June meeting Assurance: (Provide spens to Board monthly on	ormal governance arrangements -	Date Aug-14 Jul-14 Oct-14
Mitigating actions: (Action Agreement of budge First set of joint mor Development of firs Assurances: (Where HWBB minutes; Min from Governance Su	ets for inclusion in BCF. Initial wonitoring of 2014/15 spend will got the draft of S75 agreement for 201. Should we find the evidence the nutes of Joint Executive meetings.	ork completed May - report to to July IMG having discussed 5/16 at controls are effective?) is (monthly) and action notes	Positive A Update Body to in	We need to develop f for 2014/15 and a for by what date?, July/Aug June meeting Assurance: (Provide spens to Board monthly on	ormal governance arrangements - mal S75 agreement for 2015/16. ecific evidence of Assurances) CCG Finance position and this fror	Date Aug-14 Jul-14 Oct-14

Principal Objective: To er	nsure there is a sustainable, affor	dable healthcare system in Sheff	eld	Director Lead: Director of Business Planning & Partnerships: (Tim Furness)
Principal Risk: 4.1 Failure	to adopt best practice throughout	ut the commissioning cycle (Dom	ain 3)	Date last reviewed: 15 August 2014
Risk Rating: 7 (likelihood x 6 consequence) 5 Initial: 4 2 x 3 = 6 Current: 2 2 x 3 = 6 Appetite: 1 1 x 3 = 3		Risk Score Risk appetite	ways of working, it is practice used by the have not responded Rationale for risk ap	and organisational change and adoption of new is possible that some of the good commissioning PCT stopped being routinely used, or that we to developments in practice. Spetite: Staff development should result in clinicians and
OD programme. Staff dev Planning and Delivery gro	are we doing about the risk prior velopment activities. Business casoup. Identification of lead senior can.	se template. Role of CET and	place and what more	etrol: (Where are we failing to put controls in e should be done?) Chmarking of how we work compared to best
OD programme. Staff development of the Planning and Delivery group portfolio. 2014/15 OD Planding actions: (Wha	velopment activities. Business cas	se template. Role of CET and commissioning manager for each	place and what more No evidence or benc practice.	e should be done?) Chmarking of how we work compared to best
OD programme. Staff dev Planning and Delivery gro portfolio. 2014/15 OD Pla	velopment activities. Business cas oup. Identification of lead senior o an.	se template. Role of CET and commissioning manager for each	place and what more No evidence or benc practice.	e should be done?)
OD programme. Staff development of the Planning and Delivery group ortfolio. 2014/15 OD Planting actions: (What Action	velopment activities. Business cas oup. Identification of lead senior o an.	se template. Role of CET and commissioning manager for each acce to address Gaps in Control and	place and what more No evidence or bence practice. d by what date?)	e should be done?) Chmarking of how we work compared to best
OD programme. Staff development of the Planning and Delivery groportfolio. 2014/15 OD Planding actions: (What Action Assurances: (Where shows Business cases and papers)	velopment activities. Business casoup. Identification of lead senior of an. It new controls are to be put in pla	se template. Role of CET and commissioning manager for each ace to address Gaps in Control and are effective?)	place and what more No evidence or bence practice. d by what date?)	chmarking of how we work compared to best Date
OD programme. Staff development of the Planning and Delivery group portfolio. 2014/15 OD Planding actions: (Who Action Assurances: (Where show Business cases and paper Reports on OD from AOGaps in assurance: (Where Show Action)	velopment activities. Business casoup. Identification of lead senior can. It new controls are to be put in place of the put i	se template. Role of CET and commissioning manager for each ace to address Gaps in Control and rols are effective?) That our controls are effective?)	place and what more No evidence or bence practice. d by what date?)	chmarking of how we work compared to best Date

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield	Director Lead: Joint Clinical Director:
	Zak McMurray
Principal Risk: 4.2 Commissioned care does not reflect best practice and service changes are not devised	with Date last reviewed: 25 June 2014
sufficient clinical engagement (Domain 3)	
Risk Rating: Rationale 1	or 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?) Virtual Clinical Reference Group (CRG) led by Clinical Directors and driven by dedicated clinicians. PLI events reinforce new pathways, protocols etc. and are well attended and evaluated. Budget set aside to support engagement by funding locum backfill. Portfolios are securing clinical advice above and beyond formal leadership. PRESS portal supports

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?)

windgating actions. (What hew controls are to be put in place to address daps in ea	ontrol 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	July 2013
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 ne	w 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	er
Gaps in assurance: (Where are we failing to gain evidence that our controls are eff	fective?)	
We are currently evaluating the clinical impact of our PLI programme but this work	c is not yet complete.	
	Principle Risk Reference	4.2

Principal Objective:	To ensure	e there is a sustainable, af	fordable healthcare system	n in Sheffield		Director Lead: Director of Final Newton)	nce: (Julia
Principal Risk: 4.3 Fi	nancial Pl	an with insufficient flexibi	lity to meet changing dema	ands (Domain 3)		Date last reviewed: 23 June 20	014
Plans scrutinised by	Governing	g Body; detailed monthly	Current Risk Rating or to any new mitigating and financial reports to Govern al policies and procedures	ctions?)	are many challenges remaining uncertain resolved specialised payments. There are Rationale for risk ap Stress testing of fina contingency plans shrequired 1% surplus. Existing Gaps in Con place and what more Fully constructed do	a plan to deliver required 1% sures to be managed in the year ahead ty of impact of NHS England have services contracts and treatment e also considerable activity and copetite: Incial plan in different scenarios mould give us the confidence that	ad including ing not yet of for CHC QIPP challenges with twe can delive
Mitigating actions: (Action	What nev	v controls are to be put in	place to address Gaps in Co	ontrol and by what	date?)		Date
	ario plans	reviewed by Governing B	ody and any contingency a	ctions agreed.			July 14
			·	-			
NHS E review of fir	nancial pla	e find the evidence that co an and monthly review of processes by internal and	in year financial position;		e: (Provide specific events to Governing Body	idence of Assurances)	
Gaps in assurance: (Where ar	e we failing to gain evider	nce that our controls are ef	fective?)			
						Principle Risk Referer	nce: 4

Principal Objective: To	ensure there is a sustainable, a	ffordable healthcare system	m in Sheffield		Director Lead: Director of Finance	e: (Julia Newton)
•	getary constraints faced by NHS pact on CCG's ability to impleme	· ·	ecialised services	s and primary care	Date last reviewed: 23 June 2014	
(likelihood x consequence)	14 12 10 8 6 4 2 0 Initial Risk Rating	Current Risk Rating	Risk Score Risk appetite	the start of the year a This could adversely financial pressures ex contraction rather th vision. Rationale for risk ap CCG needs to have a	gnificant financial budget deficit for and at 23 June has not yet signed of impact on local health economy proxist on primary care budgets which an development of primary care copetite: position where we are confident to be a continuous process.	contracts with local FTs. riorities/FTs. Similarly could lead to ontrary to CCG strategic
Joint contracting proce	at are we doing about the rist presses with NHS England. Joint str Care co-commissioning proposa	rategy document on prima		Existing Gaps in Cont what more should be None	trol: (Where are we failing to put o	ontrols in place and
Joint contracting proces Submission of Primary	esses with NHS England. Joint st	rategy document on prima ils on 20 June to NHS E.	ry care.	what more should be None		ontrols in place and
Joint contracting proces Submission of Primary	esses with NHS England. Joint str Care co-commissioning proposa	rategy document on prima ils on 20 June to NHS E.	ry care.	what more should be None		ontrols in place and Date
Joint contracting process Submission of Primary of Mitigating actions: (WI Action	esses with NHS England. Joint str Care co-commissioning proposa	rategy document on prima als on 20 June to NHS E.	ry care. Control and by w	what more should be None hat date?)	done?)	
Joint contracting process Submission of Primary (Mitigating actions: (WI Action CCG involvement in nat	esses with NHS England. Joint str Care co-commissioning proposa that new controls are to be put in	rategy document on prima als on 20 June to NHS E. In place to address Gaps in o ices over 3 months to 31 J	Control and by w	what more should be None hat date?)	done?)	Date
Joint contracting process Submission of Primary Mitigating actions: (WI Action CCG involvement in nat CCG act on outcome of	esses with NHS England. Joint str Care co-commissioning proposa that new controls are to be put in tional review of specialised serv	rategy document on prima als on 20 June to NHS E. In place to address Gaps in a ices over 3 months to 31 J tain primary care services	Control and by w uly and determi - submission mad	what more should be None hat date?) ne further actions as a	result of review.	Date Aug 14
Joint contracting processubmission of Primary (Mitigating actions: (Will Action CCG involvement in nat CCG act on outcome of Assurances: (Where she NHS E led reviews	esses with NHS England. Joint str Care co-commissioning proposa that new controls are to be put in tional review of specialised serving f proposal to co-commission cert	rategy document on prima als on 20 June to NHS E. In place to address Gaps in the control of the control of the controls are effective?)	Control and by w uly and determi - submission mac Positive Assur Monthly fina	what more should be None hat date?) ne further actions as a de 20 June rance: (Provide specific	result of review.	Date Aug 14

Principal Objective:	To ensu	e there is a sustainab	le, affordable healthcare s	ystem in Sheffield	d	Director Lead: Director of Busin Partnerships: (Tim Furness)	ness Planning &
• • • • • • • • • • • • • • • • • • •	•		with our main providers th	at help us to deli	ver our	Date last reviewed: 15 August	2014
commissioning plans	s, includi	ng QIPP (Domain 3)					
Risk Rating: (likelihood x consequence) Initial: 3 x 3 = 9 Current: 3 x 3 = 9 Appetite: 1 x 3 = 3	10			Risk Score Risk appetite	Sheffield and acre priorities and wo aligned that we c will be supported Rationale for risk We should aspire	eloped partnerships over the last 12 oss SY and Y&H, which have establis rkplans. However, our detailed plar can be confident our specific commists	shed common ns are not yet so ssioning plans mers that mean
1 X 3 - 3		Initial Risk Rating	Current Risk Rating		our plans.	incery that those partnerships do not	t neip us deliver
community. Agreen System resilience wo	nent abo ork.	ut future role of RFT, i	missioning. Draft 5 year vireflecting integrated community	nissioning.	indicating we nee We have no local plans	ces of programmes not achieving object to support and influence the programmes and reconcile corporate to align and reconcile corporate.	grammes more.
Action							Date
Further developmer	nt of joint	: five year vision for he	ealthcare in Sheffield with	FTs and publicati	on of the bision		March 15
Development of who	ole comn	nnuity plans for 2015/	16 planning round				? Dec 14
Assurances: (Where Reports on RFT and		•	at controls are effective?)	Month	· ·	le specific evidence of Assurances) ports demonstrate progress of partr	nerships on key
Gaps in assurance: (Where a	re we failing to gain e	vidence that our controls o	are effective?)			
Currently we do not	consider	FTs' business plans at	: GB				
						Principle Risk Referer	nce: 4

Principal Objective:	To ensure there is a sustainable	e, affordable healthcare system i	n Sheffield	Director Lead: Katrina Cle	ary
•	ontractual constraints facing mo	ember practices resulting in an in	ability of practices to deli	Date last reviewed: 23 Jur	ne 2014
Currently control is contractual decision	affected by joint discussions witns. In 2014/15 the SY&B CCGs p	-R	not come into e of the potential about ability to Rationale for rist Delivering more CCG and Generato see more service not detrimental fons?) Existing Gaps in place and what The key gap is consideration.	intractual changes being considerations of the freet. However practices are been impact this might have and are stake on more service delivery if the sk appetite: It is services in community setting is all Practice is a key facet of this. To vices delivered by these providerally impact on the wider system. In Control: (Where are we failing to more should be done?) The work is a state of the providerally the responsibility for how an an aged and altered with NHSE, we see the same of the same	coming more aware voicing concerns resource is lost. s a stated aim of the he CCG would aspir rs in a way that does to put controls in the low general practice
Mitigating actions:	(What new controls are to be pu	ut in place to address Gaps in Con	trol and by what date?)		Date
	NHSE LAT to enable ongoing disc	cussion and challenge			Ongoing
· · · · · · · · · · · · · · · · · · ·		to meet monthly to include Senio	or CCG colleagues and NF	HSE reps	Ongoing
•	e should we find the evidence the ce Meetings between CCG and L	**	Positive Assurance: (Pro	vide specific evidence of Assuran	ces)

Much of the data is currently held by NHSE and CCG needs to request this. To be reviewed October 2014

4.6

Principle Risk Reference:

•	: Organisational development to ut in the 6 domains (Annex C NH			and capability	Director Lead: Chief Operating C Griffiths)	Officer: (Idris
Principal Risk: 5.1 CS	SU unable to provide timely an	d appropriate support (Domaii	n 3)		Date last reviewed: 01 May 2014	4
Risk Rating: (likelihood x consequence) Initial: 4 x 3 = 12 Current: 3 x 3 = 9 Appetite: 3 x 2 = 6	14 12 10 8 6 4 2 0 Initial Risk Rating	Current Risk Rating	Risk Score Risk appetite	being closely review Specific actions rema time to embed. Exisi Rationale for risk ap	ement controls are established. In ed with escalation in areas where ain in certain areas. Change in persong ongoing actions remains.	necessary. sonnel needs
Intelligent client arra monthly monitoring	What are we doing about the ristangement, with regular mechang around customer satisfaction. (What new controls are to be pure when the pure	nisms for informal feedback and	d formal	place and what more Joint organisational in the CSU and CCG t relationships betwee	trol: (Where are we failing to put e should be done?) development event has taken plac to improve understanding and wo en the two organisations	ce with all staf
Action	. ,			, ,		Date
Joint staff event for (CCG and CSU staff; Building for	Partnership _ and a follow up 6	event plann	ned		27 June
~	d action plans for areas where person ensure progress is being made.		as per scor	es / RAG rating) – the	ese will vary month by month.	Ongoing
Assurances: (Where	e should we find the evidence the ance reviews with CSU reported	at controls are effective?)		stratonthly performa	specific evidence of Assurances) ince reviews to joint directors (cor	nmenced 14
Gaps in assurance: ((Where are we failing to gain ev	idence that our controls are eff	fective?)			
None – recurrently k	kept under review					
					Principle Risk Reference	e: 5

Principal Objective:	_	•					and capabili	ity	Director L	ead: Compa	ny Secretar	y: (Linda Tully
requirements set ou												
Principal Risk: 5.2 Ir	nability t	o secure active p	participati	on particularly	from Membe	er Practices	for deliverin	g CCG	Date last	reviewed: 2	5 June 2014	4
priorities (Domain 1	, 3,5)											
Risk Rating:	18 —						Rationale fo					
(likelihood x	16 +						II		_		n. Active CR	.G.
consequence)	14 +					Risk Score	Comprehen	isive OD p	olan in place	2.		
Initial:	12 +					MISK SCOTE						
$4 \times 4 = 16$	10 +											
Current:	8 +			-								
$2 \times 4 = 8$	6 +	_		_		⊢ Risk	Rationale fo	-	-			
Appetite:	4 +					appetite	Authorisation	on is relia	nt on sign ι	up from all N	Member Pra	ctices. Service
$1 \times 4 = 4$	0 +						transforma	tion requi	res high tal	ke up from o	clinicians.	
		Initial Risk Rat	ting	Current Risk R	ating							
OD Strategy include Sheffield University Body and its associa	s comm Success	ion Programmes	nent prog	rammes eg PW ucture includes	/C Engageme	nt and	place and w	vhat more	should be	done?)		ontrols in
OD Strategy include Sheffield University	s comm Success ted Con	issioned devlopr ion Programmes nmittees, CET, CI	nent prog . CCG Stru RG and H8	rammes eg PW ucture includes &WB Board.	/C Engageme s GP involvem	nt and nent at Gov	place and w none		should be	done?)		
OD Strategy include Sheffield University Body and its associa Mitigating actions:	s comm Success ted Con	issioned devlopr ion Programmes nmittees, CET, CI	nent prog . CCG Stru RG and H8	rammes eg PW ucture includes &WB Board.	/C Engageme s GP involvem	nt and nent at Gov	place and w none		should be	done?)		Date
OD Strategy include Sheffield University Body and its associa Mitigating actions: Action	s comm Success ited Con	issioned devlopr ion Programmes nmittees, CET, CI	nent prog . CCG Stru RG and H8	rammes eg PW ucture includes &WB Board.	/C Engageme s GP involvem	nt and nent at Gov	place and w none		should be	done?)		
OD Strategy include Sheffield University Body and its associa Mitigating actions: Action Members Council M	s comm Success Ited Con (What n	issioned devlopr ion Programmes nmittees, CET, CI ew controls are	nent prog . CCG Stru RG and H8 to be put i	rammes eg PW ucture includes &WB Board.	/C Engageme s GP involvem	nt and nent at Gov	place and w none		should be	done?)		Date
OD Strategy include Sheffield University Body and its associa Mitigating actions: Action Members Council M KPIs for membership	s comm Success ited Con (What n leeting p engag	issioned devloprion Programmes nmittees, CET, Clew controls are a sement in develop	nent prog c. CCG Stro RG and H8 to be put i	rammes eg PW ucture includes &WB Board. In place to addi	C Engageme GP involvem	nt and nent at Gov	place and winone by what date	e?)		done?)		Date 16 Oct 13
OD Strategy include Sheffield University Body and its associa Mitigating actions: Action Members Council M KPIs for membership Review undertaken	s comm Success ited Con (What n leeting p engag on proje	issioned devloprion Programmes nmittees, CET, Clew controls are a sement in develop	nent prog c. CCG Stro RG and H8 to be put i	rammes eg PW ucture includes &WB Board. In place to addi	C Engageme GP involvem	nt and nent at Gov	place and winone by what date	e?)		done?)		Date 16 Oct 13 Oct 13
OD Strategy include Sheffield University Body and its associa	s comm Success ited Con (What n leeting p engag on proje	issioned devloprion Programmes nmittees, CET, Clew controls are and the controls are an are are an are an are an are are are are are are are an are	nent prog CCG Stri RG and H& to be put i pment linical eng	rammes eg PW ucture includes &WB Board. In place to addi	C Engageme of GP involvements Gaps in Control of Ga	nt and nent at Gov	place and we none by what date	e?) udget set	by CFO	done?)		Date 16 Oct 13 Oct 13 Jul 13
OD Strategy include Sheffield University Body and its associa Mitigating actions: Action Members Council M KPIs for membership Review undertaken Review of OD Strate	s comm Success ited Con (What n leeting p engag on project egy ship eng	issioned devloprion Programmes nmittees, CET, Clew controls are a sement in developected spend on coagement report	nent prog c. CCG Stro RG and H8 to be put i poment linical eng	rammes eg PW ucture includes RWB Board. In place to addi gagement in po - and action pl	C Engageme G GP involvem ress Gaps in Control ortfolio work,	nt and nent at Gov Control and CHC etc an	place and we none by what date	e?) udget set teering gr	by CFO		urances)	Date 16 Oct 13 Oct 13 Jul 13 Nov 13
OD Strategy include Sheffield University Body and its associa Mitigating actions: Action Members Council M KPIs for membership Review undertaken Review of OD Strate Final PWC members	s comm Success ited Con (What n leeting p engag on proje gy ship eng	issioned devloprion Programmes nmittees, CET, Clew controls are a sement in developed agement report we find the evide	nent prog CCG Stri RG and H8 to be put i poment linical eng published ence that a	rammes eg PW ucture includes RWB Board. In place to addi gagement in po - and action pl controls are efj	C Engageme of GP involvements Gaps in Control work, an being drawfective?)	Control and CHC etc an wn up to re Positive	place and we none by what date and realistic but port to OD st	udget set teering gr	by CFO oup pecific evid	ence of Assu	urances)	Date 16 Oct 13 Oct 13 Jul 13 Nov 13
OD Strategy include Sheffield University Body and its associa Mitigating actions: Action Members Council M KPIs for membership Review undertaken Review of OD Strate Final PWC members Assurances: (Where Governing Body Re	s comm Success ited Con (What n leeting p engag on proje gy ship eng e should eports 2	issioned devloprion Programmes mittees, CET, Clew controls are a semantin developed agement in developed agement report we find the evideral of the control	nent prog . CCG Stri RG and H8 to be put i pment linical eng published ence that coup Minu	rammes eg PW ucture includes kWB Board. In place to addi gagement in po - and action pl controls are eff tes 3) OD Evalu	ress Gaps in Control work, an being drawfective?) uation Report	Control and CHC etc an wn up to re Positive ts • OD ster	by what date and realistic but port to OD st Assurance: (udget set teering gr Provide s	by CFO oup pecific evide	ence of Assu	·	Date 16 Oct 13 Oct 13 Jul 13 Nov 13
OD Strategy include Sheffield University Body and its associa Mitigating actions: Action Members Council M KPIs for membership Review undertaken Review of OD Strate Final PWC members Assurances: (Where	s comm Success ited Con (What n leeting p engag on proje gy ship eng e should eports 2	issioned devloprion Programmes mittees, CET, Clew controls are a semantin developed agement in developed agement report we find the evideral of the control	nent prog . CCG Stri RG and H8 to be put i pment linical eng published ence that coup Minu	rammes eg PW ucture includes kWB Board. In place to addi gagement in po - and action pl controls are eff tes 3) OD Evalu	ress Gaps in Control work, an being drawfective?) uation Report	CHC etc an wn up to re Positive Solution Govern Evaluate	by what date and realistic but port to OD st Assurance: (ering Group ning Body reption from She	udget set teering gr 'Provide s forward P ports Apri effield Un	by CFO oup pecific evide lanner (July I, May 2013 iversity lea	ence of Assu (2013). 3, Sept 2013 dership Pro	, , , , , , , , , , , , , , , , , , ,	Date 16 Oct 13 Oct 13 Jul 13 Nov 13 Dec 13
OD Strategy include Sheffield University Body and its associa Mitigating actions: Action Members Council M KPIs for membership Review undertaken Review of OD Strate Final PWC members Assurances: (Where Governing Body Re	s comm Success ited Con (What n leeting p engag on proje gy ship eng e should eports 2	issioned devloprion Programmes mittees, CET, Clew controls are a semantin developed agement in developed agement report we find the evided of OD Steering Gr	nent prog . CCG Stri RG and H8 to be put i pment linical eng published ence that coup Minu	rammes eg PW ucture includes kWB Board. In place to addi gagement in po - and action pl controls are eff tes 3) OD Evalu	ress Gaps in Control work, an being drawfective?) uation Report	CHC etc and wn up to release of the Control and wn up to release o	place and we none by what date and realistic but to OD steem and Group and	e?) udget set teering gr 'Provide s forward P ports Apri effield Un ing group	by CFO oup pecific evide clanner (July I, May 2013 iversity lea meeting D	ence of Assu / 2013). 3, Sept 2013 dership Prog	, , , , , , , , , , , , , , , , , , ,	Date 16 Oct 13 Oct 13 Jul 13 Nov 13 Dec 13
OD Strategy include Sheffield University Body and its associa Mitigating actions: Action Members Council M KPIs for membership Review undertaken Review of OD Strate Final PWC members Assurances: (Where Governing Body Re	s comm Success ited Con (What n leeting p engag on proje gy ship eng e should eports 2	issioned devloprion Programmes mittees, CET, Clew controls are a semantin developed agement in developed agement report we find the evided of OD Steering Gr	nent prog . CCG Stri RG and H8 to be put i pment linical eng published ence that coup Minu	rammes eg PW ucture includes kWB Board. In place to addi gagement in po - and action pl controls are eff tes 3) OD Evalu	ress Gaps in Control work, an being drawfective?) uation Report	CHC etc and wn up to release of the Control and wn up to release o	by what date and realistic but port to OD st Assurance: (ering Group ning Body reption from She	e?) udget set teering gr 'Provide s forward P ports Apri effield Un ing group	by CFO oup pecific evide clanner (July I, May 2013 iversity lea meeting D	ence of Assu / 2013). 3, Sept 2013 dership Prog	, , , , , , , , , , , , , , , , , , ,	Date 16 Oct 13 Oct 13 Jul 13 Nov 13 Dec 13
OD Strategy include Sheffield University Body and its associa Mitigating actions: Action Members Council M KPIs for membership Review undertaken Review of OD Strate Final PWC members Assurances: (Where Governing Body Re	s comm Success ited Con (What n leeting p engag on proje gy ship eng s should eports 2	issioned devloprion Programmes mittees, CET, Clew controls are a sement in developected spend on cagement report we find the evide of the controls of the control	nent prog CCG Stri RG and H8 to be put i pment linical eng published ence that of coup Minus	rammes eg PW ucture includes kWB Board. in place to addi gagement in po - and action pl controls are eff tes 3) OD Evalu 5) OD strategy	ress Gaps in Control work, an being drawfective?)	CHC etc and wn up to repets OD Steel Evaluat Minutes OD Strate	place and we none by what date and realistic but to OD steem and Group and	e?) udget set teering gr 'Provide s forward P ports Apri effield Un ing group	by CFO oup pecific evide clanner (July I, May 2013 iversity lea meeting D	ence of Assu / 2013). 3, Sept 2013 dership Prog	, , , , , , , , , , , , , , , , , , ,	Date 16 Oct 13 Oct 13 Jul 13 Nov 13 Dec 13
OD Strategy include Sheffield University Body and its associa Mitigating actions: Action Members Council M KPIs for membership Review undertaken Review of OD Strate Final PWC members Assurances: (Where Governing Body Re to OD Steering Grou	s comm Success ited Con (What n leeting p engag on proje gy ship eng s should eports 2	issioned devloprion Programmes mittees, CET, Clew controls are a sement in developected spend on cagement report we find the evide of the controls of the control	nent prog CCG Stri RG and H8 to be put i pment linical eng published ence that of coup Minus	rammes eg PW ucture includes kWB Board. in place to addi gagement in po - and action pl controls are eff tes 3) OD Evalu 5) OD strategy	ress Gaps in Control work, an being drawfective?)	CHC etc and wn up to repets OD Steel Evaluat Minutes OD Strate	place and we none by what date and realistic but to OD steem and Group and	e?) udget set teering gr 'Provide s forward P ports Apri effield Un ing group	by CFO oup pecific evide clanner (July I, May 2013 iversity lea meeting D	ence of Assu / 2013). 3, Sept 2013 dership Prog	, , , , , , , , , , , , , , , , , , ,	Date 16 Oct 13 Oct 13 Jul 13 Nov 13 Dec 13

		•	ensure CCG meets orgai S England CCG Assurance		n and capability	Director Lead: Company Secreta	ary: (Linda Tully
•		•	or clinical engagement (I	•		Date last reviewed: 19 August 2	2014
Risk Rating: (likelihood x consequence) Initial: 3 x 3 = 9 Current: 2 x 3 = 6 Appetite: 2 x 3 = 6	10 — 8 — 6 — 4 — 2 —			Risk Score	engagement Rationale for risk	depends on continuity of leadership	
Evicting Controls: /l		Initial Risk Rating	Current Risk Rating				
OD Programme. Co			k prior to any new mitiga Process. Evaluation repo	-		ontrol: (Where are we failing to put ore should be done?)	controls in
OD Programme. Co events .	ommunicat	cion Strategy. Election	Process. Evaluation repo	orts from OD	place and what mo		controls in
OD Programme. Co events .	ommunicat	cion Strategy. Election	•	orts from OD	place and what mo		controls in Date
OD Programme. Co events . Mitigating actions: Action	ommunicat (What nev	cion Strategy. Election	Process. Evaluation repo	orts from OD	place and what mo		
OD Programme. Co events . Mitigating actions: Action Members Council M	ommunicat (What nev	tion Strategy. Election v controls are to be pu	Process. Evaluation repo	orts from OD	place and what me No gaps I by what date?,		Date 16 Oct 13
OD Programme. Co events . Mitigating actions: Action Members Council M Commissioning Port	(What nev	v controls are to be puracting clinicians who	Process. Evaluation reports of the place to address Gap	orts from OD os in Control and e future leaders.	place and what me No gaps I by what date?,		Date 16 Oct 13
OD Programme. Co events . Mitigating actions: Action Members Council M Commissioning Port "hot-housing" first	(What new Meeting tfolios attr	v controls are to be puracting clinicians who	Process. Evaluation report in place to address Gag	orts from OD os in Control and e future leaders.	place and what me No gaps I by what date?,		Date 16 Oct 13 Aug 13 and ongoing
OD Programme. Co events . Mitigating actions: Action Members Council M Commissioning Port "hot-housing" first	(What nev Meeting tfolios attr cohort of s	v controls are to be puracting clinicians who Sheffield University Le	Process. Evaluation report in place to address Gag	orts from OD os in Control and e future leaders. Programme	place and what me No gaps I by what date?,		Date 16 Oct 13 Aug 13 and ongoing
OD Programme. Coevents . Mitigating actions: Action Members Council M Commissioning Port "hot-housing" first Locality nominated Assurances: (Where	(What new Meeting tfolios attr cohort of S GPs tenur	v controls are to be puracting clinicians who Sheffield University Le	Process. Evaluation report in place to address Gageral may progress to become adership Devlelopment	orts from OD os in Control and e future leaders. Programme Positive	place and what me No gaps by what date?, Assurance: (Provide	ore should be done?)	Date 16 Oct 13 Aug 13 and ongoing
Mitigating actions: Action Members Council M Commissioning Port "hot-housing" first Locality nominated Assurances: (Where	(What new Meeting tfolios attr cohort of s GPs tenural e should wo	v controls are to be puracting clinicians who Sheffield University Le	Process. Evaluation report in place to address Gageral may progress to become adership Devlelopment	orts from OD os in Control and e future leaders. Programme Positive Gover	place and what me No gaps by what date?, Assurance: (Provide	e specific evidence of Assurances) verning Body April and May 2013.	Date 16 Oct 13 Aug 13 and ongoing
Mitigating actions: Action Members Council M Commissioning Port "hot-housing" first Locality nominated Assurances: (Where Governance Board Forward Planners	(What nev Meeting tfolios attr cohort of S GPs tenur e should we	v controls are to be puracting clinicians who Sheffield University Le	Process. Evaluation report in place to address Gageral may progress to become adership Devlelopment	orts from OD os in Control and e future leaders. Programme Positive Gover	place and what me No gaps T by what date?, Assurance: (Provide rance Reports to Go	e specific evidence of Assurances) verning Body April and May 2013.	Date 16 Oct 13 Aug 13 and ongoing
Mitigating actions: Action Members Council M Commissioning Port "hot-housing" first Locality nominated Assurances: (Where Governance Board Forward Planners OD event evaluati	(What new Meeting tfolios attr cohort of s GPs tenur e should we d Papers	v controls are to be puracting clinicians who Sheffield University Lee review October e find the evidence the	Process. Evaluation report in place to address Gageral may progress to become adership Devlelopment	e future leaders. Programme Positive Governi	place and what me No gaps T by what date?, Assurance: (Provide rance Reports to Go	e specific evidence of Assurances) verning Body April and May 2013.	Date 16 Oct 13 Aug 13 and ongoing
Mitigating actions: Action Members Council M Commissioning Port "hot-housing" first Locality nominated Assurances: (Where Governance Board Forward Planners OD event evaluati	(What new Meeting tfolios attr cohort of s GPs tenur e should we d Papers	v controls are to be puracting clinicians who Sheffield University Lee review October e find the evidence the	Process. Evaluation report in place to address Gager may progress to become adership Devlelopment at controls are effective?	e future leaders. Programme Positive Governi	place and what me No gaps T by what date?, Assurance: (Provide rance Reports to Go	e specific evidence of Assurances) verning Body April and May 2013.	Date 16 Oct 13 Aug 13 and

requirements set or	•		ensure CCG meets orga IS England CCG Assuranc		and capability	Director Lead: Chief Operating (Griffiths)	Officer (Idris
•		•	y skilled leadership and v	•	CCG's directly	Date last reviewed: 01 May 201	4
employed staff (Don			,		,	,	
Risk Rating:	10 —			_	Rationale for curr	rent score:	
(likelihood x	10	•			Good governance	depends on continuity of leadership	and clinical
consequence)	8	•	*	_	engagement		
Initial:	_	_	_	Risk Score			
$3 \times 3 = 9$	6 —			_			
Current:	4 📙			_			
3 x 3 = 9				Risk	Rationale for risk	appetite:	
Appetite:	2 —			appetite	Authorisation is d	ependent on demonstrable clinical I	eadership; in
2 x 3 = 6				- 1-1	addition we also r	need managers who are engaged and	d offer
	0 +-	Initial Risk Rating	Current Risk Rating	7	leadership to thei	r projects and colleagues.	
		miliai Mak Nating	Current Misk Mating				
Processes for two-w	ay accou	ntability in place.	e with the University of S		No gaps		
	(What ne	w controls are to be pเ	ut in place to address Gap	os in Control and	by what date?)		
Action							Date
Members Council M							16 Oct 13
			mentation of the OD str	ategy.			Ongoing
			s and working practice	1			18 Dec
•		ve find the evidence the	at controls are effective?	•	·	le specific evidence of Assurances)	
 Governance Board 	•			• Goveri	nance Reports to G	overning Body April and May 2013.	
	IHS E of r	efreshed Constitution					
• Endorsement by N							
OD event evaluation							
OD event evaluation Governance Struct	ture inclu	ding Members Council					
OD event evaluation Governance Struct	ture inclu		l and LEGs vidence that our controls	are effective?)			

Principal Unlective:	Organisational development to ensure CCG meets organisation	tional health a	and canability	Director Lead: Company Secreta	rv: (Linda
•	t in the 6 domains (Annex C NHS England CCG Assurance Fra		•	Tully)	.,. (2
	adequate adherence to CCG Constitution and other governa	· · · · · ·		Date last reviewed: 19 August 2	014
•	e.g. protect against conflicts of interests (Domain 4)	ande an angen			
Nolan Principles and Risk Rating: (likelihood x consequence) Initial: 3 x 4 = 12 Current: 2 x 4 = 8 Appetite: 1 x 4 = 4	14 12	Risk Score p	CG member practice roviders and commi	Public Life is guided by the Nolan es have a unique challenge in bei issioners of health services.	ing both
OD strategy to stren	What are we doing about the risk prior to any new mitigating gthen governance systems and processes. Stringent policies		xisting Gaps in Cont lace and what more	trol: (Where are we failing to put	controls in
Mitigating actions: (conflict of interest. What new controls are to be put in place to address Gaps in	n	o gaps	Should be done:	
Mitigating actions: (What new controls are to be put in place to address Gaps in	n	o gaps	Should be done:	Date
Mitigating actions: (Action Members Council M	What new controls are to be put in place to address Gaps in eeting	n Control and b	o gaps	Should be done:	16 Oct 13
Mitigating actions: (Action Members Council M Comprehensive Rev	What new controls are to be put in place to address Gaps in eeting iew of Governing Body and Structures comenced December	n Control and b	o gaps by what date?)		16 Oct 13 Dec 2013
Mitigating actions: (Action Members Council M Comprehensive Revi OD Session delivered	What new controls are to be put in place to address Gaps in eeting iew of Governing Body and Structures comenced December d by DAC Beachcroft lawyers 23 janurya 2014 re legal respon	n Control and b	o gaps by what date?) coard Members and o	conflict of interest	16 Oct 13 Dec 2013 Jan 2014
Mitigating actions: (Action Members Council M Comprehensive Revi OD Session delivered explanatory stateme	What new controls are to be put in place to address Gaps in eeting few of Governing Body and Structures comenced December by DAC Beachcroft lawyers 23 janurya 2014 re legal responsent now added to committee agendi and explicit discussion in	n Control and b	o gaps by what date?) coard Members and objected conflicts to st	conflict of interest cart meetings	16 Oct 13 Dec 2013
Mitigating actions: (Action Members Council M Comprehensive Revi OD Session delivered explanatory stateme Assurances: (Where	What new controls are to be put in place to address Gaps in eeting iew of Governing Body and Structures comenced December d by DAC Beachcroft lawyers 23 janurya 2014 re legal responent now added to committee agendi and explicit discussion is should we find the evidence that controls are effective?)	nsibilities of Boregarding percentage Positive As	o gaps by what date?) coard Members and objected conflicts to st ssurance: (Provide s	conflict of interest cart meetings specific evidence of Assurances)	16 Oct 13 Dec 2013 Jan 2014 Aug 2014
Mitigating actions: (Action Members Council M Comprehensive Revi OD Session delivered explanatory stateme Assurances: (Where	What new controls are to be put in place to address Gaps in eeting few of Governing Body and Structures comenced December by DAC Beachcroft lawyers 23 janurya 2014 re legal responsent now added to committee agendi and explicit discussion in	nsibilities of Boregarding perception Positive As	o gaps by what date?) coard Members and ocieved conflicts to st ssurance: (Provide source papers to Govern	conflict of interest cart meetings specific evidence of Assurances) rning Body: April 2013 reviewed	16 Oct 13 Dec 2013 Jan 2014 Aug 2014 policies, May
Mitigating actions: (Action Members Council M Comprehensive Revi OD Session delivered explanatory stateme Assurances: (Where	What new controls are to be put in place to address Gaps in eeting iew of Governing Body and Structures comenced December d by DAC Beachcroft lawyers 23 janurya 2014 re legal responent now added to committee agendi and explicit discussion is should we find the evidence that controls are effective?)	nsibilities of Boregarding percent Positive As Governance Control and being percent Positive As Governance Control and Boreau Control an	o gaps oy what date?) oard Members and of the conflicts to stock the conflicts to stock the conflicts and conflicts to stock the conflicts agreed change of the conflicts agreed change on the conflicts agreed change of the conflicts agreed change	conflict of interest cart meetings specific evidence of Assurances) rning Body: April 2013 reviewed es to constitution, December 2013	16 Oct 13 Dec 2013 Jan 2014 Aug 2014 policies, May
Mitigating actions: (Action Members Council M Comprehensive Revi OD Session delivered explanatory stateme Assurances: (Where Monthly Company Forward Planners	What new controls are to be put in place to address Gaps in eeting few of Governing Body and Structures comenced December by DAC Beachcroft lawyers 23 janurya 2014 re legal responsent now added to committee agendi and explicit discussion in should we find the evidence that controls are effective?) Secretary Report to Governing Body	nsibilities of Boregarding percent Positive As Governance Control and being percent Positive As Governance Control and Boreau Control an	o gaps oy what date?) oard Members and of the conflicts to stock the conflicts to stock the conflicts and conflicts to stock the conflicts agreed change of the conflicts agreed change on the conflicts agreed change of the conflicts agreed change	conflict of interest cart meetings specific evidence of Assurances) rning Body: April 2013 reviewed	16 Oct 13 Dec 2013 Jan 2014 Aug 2014 policies, May
Mitigating actions: (Action Members Council M Comprehensive Revi OD Session delivered explanatory stateme Assurances: (Where Monthly Company Forward Planners OD event evaluation	What new controls are to be put in place to address Gaps in eeting few of Governing Body and Structures comenced December by DAC Beachcroft lawyers 23 janurya 2014 re legal responsent now added to committee agendi and explicit discussion in should we find the evidence that controls are effective?) Secretary Report to Governing Body	nsibilities of Boregarding percent Positive As Governance Control and being percent Positive As Governance Control and Boreau Control an	o gaps oy what date?) oard Members and of the conflicts to stock the conflicts to stock the conflicts and conflicts to stock the conflicts agreed change of the conflicts agreed change on the conflicts agreed change of the conflicts agreed change	conflict of interest cart meetings specific evidence of Assurances) rning Body: April 2013 reviewed es to constitution, December 2013	16 Oct 13 Dec 2013 Jan 2014 Aug 2014 policies, May
Mitigating actions: (Action Members Council M Comprehensive Revi OD Session delivered explanatory stateme Assurances: (Where Monthly Company Forward Planners OD event evaluation Governance Struct	What new controls are to be put in place to address Gaps in eeting few of Governing Body and Structures comenced December d by DAC Beachcroft lawyers 23 janurya 2014 re legal responsent now added to committee agendi and explicit discussion is should we find the evidence that controls are effective?) Secretary Report to Governing Body	nsibilities of Boregarding percentage of Governal 2013 Mem	o gaps oy what date?) card Members and ocieved conflicts to st ssurance: (Provide s nce papers to Governbers agreed change nce papers to Govern	conflict of interest cart meetings specific evidence of Assurances) rning Body: April 2013 reviewed es to constitution, December 2013	16 Oct 13 Dec 2013 Jan 2014 Aug 2014 policies, May
Mitigating actions: (Action Members Council M Comprehensive Revi OD Session delivered explanatory stateme Assurances: (Where Monthly Company Forward Planners OD event evaluation Governance Struct Endorsement by N	What new controls are to be put in place to address Gaps in eeting few of Governing Body and Structures comenced December d by DAC Beachcroft lawyers 23 janurya 2014 re legal responsent now added to committee agendi and explicit discussion is should we find the evidence that controls are effective?) Secretary Report to Governing Body ons cure including Members Council and LEGs	nsibilities of Boregarding perconstruction Association	o gaps oy what date?) card Members and ocieved conflicts to st ssurance: (Provide s nce papers to Governbers agreed change nce papers to Govern	conflict of interest cart meetings specific evidence of Assurances) rning Body: April 2013 reviewed es to constitution, December 2013 rning Body: Oct 2013 reviewed p	16 Oct 13 Dec 2013 Jan 2014 Aug 2014 policies, May

5.5

Principle Risk Reference:

		of healthcare in Sheffield Director Lead: Chief Nurse: (Kevin	· Ciiii Ci a,			
Principal Ris	sk: 2.2 Inap	propriate e	ligibility for	Continuing	Health Care leading to an excess demand for NHS funded services - including retrospective RISK CLOSED 01 05 2014	
ssessments	s (Domain 4	4)				
Risk Rating:					10 Rationale for current score:	
likelihood x	conseque	nce)			There remains a level of disagreement with Sheffield City preventing a full shared understanding and application of	
nitial:					6 Score National Frame work. CCG now has strong controls to ens	sure
3	х	3	=	9	consistent and appropriate eligibility decisions.	
Current:					4	
2	Х	3	=	6	Rationale for risk appetite:	
Appetite:					Targeting a lower level of risk could have consequential in	mpact
2	х	3	=	6	elsewhere in the system e.g. home of choice.	
					Initial Risk Rating Current Risk Rating	
National Fra	mework fo		g Healthcar	-	to any new mitigating actions?) cedures, Quality Assurance Committee (CHC), Eligibility Panel, South None Existing Gaps in Control: (Where are we failing to put corplace and what more should be done?) None	ntrois in
National Fra Yorkshire Re	amework fo etrospectiv	or Continuin e Review Te	g Healthcar eam	e, Local pro	cedures, Quality Assurance Committee (CHC), Eligibility Panel, South place and what more should be done?)	
National Fra Yorkshire Re	amework fo etrospectiv	or Continuin e Review Te	g Healthcar eam	e, Local pro	cedures, Quality Assurance Committee (CHC), Eligibility Panel, South None	Date
National Fra Yorkshire Re	amework fo etrospectiv	or Continuin e Review Te	g Healthcar eam	e, Local pro	cedures, Quality Assurance Committee (CHC), Eligibility Panel, South None	
National Fra Yorkshire Re Mitigating a Action	amework for etrospectiv actions: (W	or Continuin e Review Te That new con	g Healthcar eam ntrols are to	e, Local pro	place and what more should be done?) None ace to address Gaps in Control and by what date?)	
Jational Fra Orkshire Re Mitigating a Action Assurances:	amework for etrospective etrosp	or Continuin e Review Te	g Healthcar eam ntrols are to d the eviden	be put in p	rols are effective?) place and what more should be done?) Positive Assurance: (Provide specific evidence of Assurances)	Date
Aitigating a action	actions: (W c (Where sh	or Continuin e Review Te That new con nould we fine	g Healthcar eam ntrols are to d the eviden and Yorkshi	be put in p	redures, Quality Assurance Committee (CHC), Eligibility Panel, South place and what more should be done?) None Positive Assurance: (Provide specific evidence of Assurances) Frois are effective?) rking, Monthly Executive review of activity and finance.	Date
Aitigating a action Sssurances: Data on Cl	actions: (W c: (Where sh	or Continuin e Review Te that new con could we find ty. National meetings, E	g Healthcar eam ntrols are to d the eviden and Yorkshi	be put in parties that confire benchmarks.	rols are effective?) rking, Monthly Executive review of activity and finance. Place and what more should be done?) Positive Assurance: (Provide specific evidence of Assurances) Governing Body Exception Reports, CET/Planning and Delivery Excertes.	Date
Alational Fra orkshire Re Altigating a action assurances: Data on Cl Alinutes of cl pdate Feb	actions: (W c (Where sh HC eligibilit committee 2014: CCG	or Continuin e Review Te that new con could we fine ey. National meetings, E continues t	d the eviden and Yorkshi Escalation re	be put in parce that corrire benchmapports.	redures, Quality Assurance Committee (CHC), Eligibility Panel, South none redures, Quality Assurance Committee (CHC), Eligibility Panel, South None reduce and what more should be done?) None reports Positive Assurance: (Provide specific evidence of Assurances) Governing Body Exception Reports, CET/Planning and Delivery Excerports	Date
Alational Fra orkshire Re Alitigating a action Assurances: Data on Cl Alinutes of Cl pdate Feb onstructive	actions: (W c (Where sh HC eligibilit committee 2014: CCG	or Continuin e Review Te That new con could we fine ey. National meetings, E continues t rs. EXternal	g Healthcare eam ntrols are to d the eviden and Yorkshi Escalation re to meet with review of R	be put in parce that corrire benchmarks. In new SCC I	rols are effective?) rking, Monthly Executive review of activity and finance. rads in LD to manage these challenges and promote e Assessments process agreed with CSU. place and what more should be done?) None Positive Assurance: (Provide specific evidence of Assurances) Governing Body Exception Reports, CET/Planning and Delivery Exception Reports.	Date
ational Fra orkshire Re litigating a ction ssurances: Data on Cl linutes of c pdate Feb onstructive aps in assu	antework for etrospective etros	or Continuin e Review Te that new con could we fine cy. National meetings, E continues t rs. EXternal	d the evident and Yorkshi Escalation retorned to meet with review of Refailing to g	be put in particle that confire benchmarks. In new SCC I	rols are effective?) rking, Monthly Executive review of activity and finance. rads in LD to manage these challenges and promote a Assessments process agreed with CSU. rethat our controls are effective?) redures, Quality Assurance (CHC), Eligibility Panel, South None Positive Assurance: (Provide specific evidence of Assurances) • Governing Body Exception Reports, CET/Planning and Delivery Exception Reports	Date
Aitigating a ction Ssurances: Data on Clainutes of cladate Feb constructive aps in assusmall num	etrospective etros	or Continuin e Review Te that new con cy. National meetings, E continues t rs. EXternal there are we as of disagre	d the evident and Yorkshi Escalation recomeet with review of Refailing to generating the generating to generating the generating the generating to generating the ge	be put in ponce that confire benchmarks in new SCC I Retrospective ain evidence ain with SCC	rols are effective?) rking, Monthly Executive review of activity and finance. rads in LD to manage these challenges and promote e Assessments process agreed with CSU. place and what more should be done?) None Positive Assurance: (Provide specific evidence of Assurances) Governing Body Exception Reports, CET/Planning and Delivery Exception Reports.	Date eption

Principal Objective: To work with Sheffield City Council to continue to reduce health inequalities in Sheffield Director Lead: Director Co & Partnerships: (Tim Full	~
Principal Risk: 3.1 Health & Well Being Board unable to support CCG Business Plan (Domain 3) RISK CLOSED 01 05 2014	
Risk Rating: (likelihood x consequence) (likelihood x consequence) Rationale for current score: Initial likelihood was "possible" as HWB was new relationships developing. Recent work has led to current CCG commissioning plans. Therefore cu lack of support "unlikely". Current: 2	o HWB support of rent risk of future of each other's ealth and care that
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 Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?) Existing Gaps in Control: (Where are we failing place and what more should be done?) Plan for developing 14/15 plans needs to be exp HWB engaged and support gained	licit about how
Action 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	5)
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 Ro	eference: 3.1

Principal Ob	ojective: To	Director Lead: Director of Finance: Newton)	(Julia					
Principal Ris	sk: 4.3 Ove	RISK CLOSED 01 05 2014						
Risk Rating:	:				14 —		Rationale for current score:	
(likelihood x	conseque	nce)			12	——— Risk Score	At end of Q4 we are on target to deliver the 1% year end s (increased from 0.5% as agreed by Governing Body in year	•
nitial: 4	X	3	=	12	10 8	— NISK SCOTE	contingency reserves deployed as required.	
Current:		-			6			
3 Appetite: 3	x x	2	=	6	4 2 0 Initial Risk Rating Current Risk Ratin	Risk appetite	Rationale for risk appetite: Stress testing of financial plan in different scenarios gives confidence that can still deliver key requirements and the financial systems/procedures are fully embedded	
Policies and	other deta	iled financia	al policies a	nd procedu			place and what more should be done?) None in Q4. Risks are discussed with Governing Body each	month.
	actions: (W	hat new cor	ntrols are to	be put in p	lace to address Gaps in Control and by what date	?)		
Action Action for O	ctober 201	.3 - report to	o Governing	g Body com	pleted			Date
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 assu	urance: (W	here are we	failing to g	iain evidenc	e that our controls are effective?)			
None.								

Principal Ob	jective: To	ordable healthcare system in Sheffield Director Lead: Director of Finance Newton)	e: (Julia			
Principal Ris	k: 4.4 CCG	commissio	ning respon	sibilities an	d funding not aligned following the disaggregation of PCT responsibilities (Domain 3) RISK CLOSED 01 05 2014	
Risk Rating:					10 Rationale for current score:	
(likelihood x Initial:	consequer	ice)			By Q4 all issues resolved for 2013/14 with different organie SCC re PH, NHS England re. Primary Care and Specialism and estates costs with NHS Property Services. Likely to s	ed Services
3 Current:	x	3	=	9	residual issues to be resolved in 2014/15 - to be placed or register rather than BAF for 2014/15	
2 Appetite: 2	x x	2	=	4	Rationale for risk appetite: CCG needs to have a position where good alignment (and understanding of this alignment) of its responsibilities are in order to discharge these responsibilities within its bud	nd funding
exercise at M	И4 on spec	ialised servi	ces comple	ted	stand budgets and respective responsibilities; CCG Com; national place and what more should be done?) None	
	ctions: (W	hat new cor	ntrols are to	be put in p	lace to address Gaps in Control and by what date?)	1
Action						Date
	-				E as part of M6 close down	complete
Nationally ag	greed revis	ed process	for Property	y Services r	echarges published for 13/14 replacing reconciliation requirement	complete
Assurances: • NHS E led r		-		nce that cor	Positive Assurance: (Provide specific evidence of Assurances) • Monthly reports to Governing Body	
Gaps in assu None.	ırance: (W	here are we	failing to g	ain evidend	e that our controls are effective?)	
13.16.					Principle Risk Reference:	4.

ncipal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield	Director Lead: Director of Business Planning & Partnerships: (Tim Furness)
ncipal Risk: 4.5 Inability to secure partnerships that help us to deliver our commissioning plans	RISK CLOSED 01 05 2014
luding QIPP (Domain 3)	
k Rating:	Rationale for current score:
relihood x consequence)	he CCG has developed partnerships over the last 12 months, within
8	Risk Score Sheffield and across SY and Y&H, which have established common
tial:	priorities and workplans. The likelihood of this risk is therefore
3 x 3 = 9	reduced from the initial "possible" to "unlikely"
rrent:	
2 x 3 = 6 2	Risk appetite:
petite:	We should aspire to establish relationships with partners that mear
1 x 3 = 3 $0 + \frac{1}{2}$	that it is most unlikely that those partnerships do not help us delive
Initial Risk Rating Current Risk Ratin	our plans.
	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
tigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?	
tion	Date
ntinued development of focus of CCGCOM and development of Y&H CCG partnerships	Jun-Jul 13
tive engagement in RFT and FSC, ensuring CCG plays it's part in delivering aims (e.g. Care Planning)	Jun 13
gnment of commissioning priorities with SCC to support RFT and FSC through HWB	Autumn 1
velopment of plan for integrated commissioning with SCC	Dec 13
surances: (Where should we find the evidence that controls are effective?)	Positive Assurance: (Provide specific evidence of Assurances)
Reports on RFT and FSC programmes. Minutes of SY COM and CCGCOM	 Monthly performance reports demonstrate progress of partnerships on key QIPP and other priorities
ps in assurance: (Where are we failing to gain evidence that our controls are effective?)	
	Principle Risk Reference: 4.

Governing Body meeting

Date: 2 October 2014

If your risk has a red box it needs filling in, once you have done so it will turn white. Grey boxes don't need filling in.

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Risk Target or Appetite Score	Are there GAPS in control?	Reason for Gap in Control	Action taken to reduce Gap in Control	Are there Gap in Assurance?	Reason for Gap in Assurance	Action taken to reduce Gap in Assurance
	1.1 Loss of public confidence in the CCG through poor communications (Domain 2)	16	12	4	4	Ne			No		
To improve patient experience and access to care	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) 1.3 System wide or specific provider capacity problems emerge to prevent delivery of NHS	IG TF	9	9	6	No No			Yes	Timing - assurance planned	Reporting to GB quarterly commencing October 2014
	Constitution and/or NHS E required pledges (Domain 3)	IG	12	9	6	No		Strategy development in progress	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)	КС	9	9	6	Yes	Development of a CCG Commissioning for Quality strategy	due December 2014	No		
3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield	3.1 CCG is unable to undertake the actions, and deliver the outcomes from them, that are set out in the HWB's plan for reducing health inequalities, eg due to financial constraints (Domain 3)	TF	12	12	3	Yes	Timing - not yet developed delivery plan	Plans to be developed by October	Yes	Timing - unable to report on plan until developed	Following development of plan, reporting process to be established (Dec 2014)
	3.2 Budgetary constraints faced by Sheffield City Council and CCG prevent development of effective joint governance and commissioning of integrated services from the Better Care Fund.	JN	16	16	6	No			No		
	4.1 Ineffective commissioning practices (Domain 3)	TF	6	6	3	No			Yes	Timing - OD Plan only just agreed. Reporting not yet commenced.	Inclusion in reports on OD to GB as part of AO reporting to GB (Dec 2014)
	4.2 Commissioned care does not reflect best practice and service changes are not devised with sufficient clinical engagement. (Domain 3)	ZM	9	4	3	No			No		
3.1 CCG is unable to undertake the actions,	4.3 Financial Plan with insufficient ability to reflect changes to meet demands (Domain 3)	JN	12	12	6	No			No		
and deliver the	4.4 Budgetary constraints faced by NHS England in particular re specialised services and primary care contracts adversely impact on CCG's ability to implement our plan (domain 3)	JN	12	12	6	No			No		
outcomes from them, that are set out in the HWB's plan for	4.5 Inability to secure partnerships with our main providers that help us to deliver our commissioning plans, including QIPP (Domain 3)	TF	9	9	3	No			No		
reducing health inequalities, eg due to financial constraints (Domain 3)	4.6 Contractual restraints facing member practices resulting in an inability of practices to deliver and expand service provision (Domain 3)	KCI	12	8	4	Yes	for the contractual and financial equalisation process	CCG colleagues continue to engage in discussions with NHSE and key practices to determine the extent of the risk and to develop cocommissioning arrangements	Yes	The gap remains due to this remaining a responsibility of NHSE and not the CCG. Co-commissiong of Primary Care might go some way to mitigating this risk	continue to work operationally with NHSE and practices as well engaging strategically in Co- Commissioning discussions
	and expand service provision (bonian s)	KCI	12	J	7	163			163		
Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Risk Target or Appetite Score	Are there GAPS in control?	Reason for Gap in Control	Action taken to reduce Gap in Control	Are there Gap in Assurance?	Reason for Gap in Assurance	Action taken to reduce Gap in Assurance
5. Organisational	5.1 CSU unable to provide timely and appropriate support (Domain 3)	IG	12	9	6	No			No		
CCG meets	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		
organisational health and capability requirements set out in	5.3 Ineffective succession planning for clinical engagement (Domain 1, 4)	LT	9	6	6	No			No		
the 6 domains (Annex C NHS England CCG	5.4 Inability to develop appropriately skilled leadership and workforce within CCG directly employed staff (Domain 6)	IG	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		