Working with you to make Sheffield HEALTHIER

NHS Sheffield Clinical Commissioning Group

Update on Governing Body Assurance Framework

Governing Body meeting

F

2 October 2014

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Sponsor	Tim Furness, Director of Business Planning and Partnerships

Is your report 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:

392 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 Sub-committee 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		Risk Likelihood				
		1 - Rare	2 - Unlikely	3 - Possible	4 – Likely	5 – Almost certain
Risk Impact	5 - Catastrophic	0	0	0	0	0
	4 – Major	0	0	3	1	0
	3 – Serious	3	11	6	5	1
	2 – Moderate	2	3	7	2	1
	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	3	1	0
3 Serious	3	8	7	5	2
2 Moderate	2	2	8	2	1
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. To improve patient experience and access to care	1.1 Loss of public confidence in the CCG through poor communications (Domain 2)	IG	12	4	4	No	No
	1.2 Insufficient engagement with patients and the public on CCG priorities and service developments, leading to decisions that do not fully meet needs (Domain 2)	TF	9	9	6	Yes	Yes
	1.3 System wide or specific provider capacity problems emerge to prevent delivery of NHS Constitution and/or NHS E required pledges (Domain 3)	IG	12	9	6	No	No
2. To improve the quality and equality of healthcare in Sheffield	2.1 Providers delivering poor quality care and not meeting quality targets (Domain 4)	KC	9	9	6	Yes	No
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	Yes
	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. To ensure there is a sustainable, affordable healthcare system in Sheffield.	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
	4.3 Financial Plan with insufficient ability to reflect changes to meet demands (Domain 3)	JN	12	12	6	No	No
	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)	KCl	12	8	4	Yes	Yes

Strategic Objective	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Risk Target or Appetite Score	Are there GAPS in control?	Are there GAPS in assurance?
5. Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)	5.1 CSU unable to provide timely and appropriate support (Domain 3)	IG	12	9	6	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
	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:

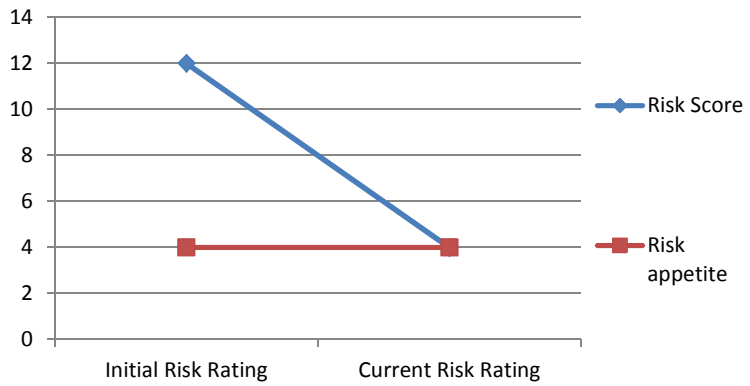
Risk Matriz		Likelihood				
		-1 Rare	-2 Unlikely	-3 Possible	-4 Likely	-5 Almost certain
Consequence	-1 Negligible	1	2	3	4	5
	-2 Minor	2	4	6	8	10
	-3 Moderate	3	6	9	12	15
	-4 Major	4	8	12	16	20
	-5 Extreme	5	10	15	20	25

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

Principal Objective: To improve patient experience and access to care	**Director Lead:** Chief Operating Officer: (Idris Griffiths)
Principal Risk: 1.1 Loss of public confidence in the CCG through poor communications (Domain 2)	**Date last reviewed:** 01 May 2014

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

Current:
2 x 2 = 4
Appetite:
2 x 2 = 4



Rationale for current score:
Communication service has been developed in order to support delivery of the CCG's commissioning intentions, by communicating these effectively to the public and securing their support. Service to be in-house wef 1/4/14 but interim operational practice demonstrates function embedded within the operations directorate and works closely with CCG staff on communication issues.

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

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

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

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

Action	Date
A communications action plan was established and additional resource allocated by CSU; delivery now contiues to be monitored through the intelligent client mechanism.	Jul-13
The CCG has appointed an additional Lay Member to the Governing Body with a remit for public and patient engagement and he is in post and agreeing his work plan; part of his remit will be about communicating with the public.	Jul-13
CCG decision to bring CSU communication resource in-house and embed within the operations directorate. Additional resources have been secured and post advertised.	Mar-14

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

Positive Assurance: *(Provide specific evidence of Assurances)*
- Established weekly operational meetings (from 21 June) - In October these were stood down and the normal service level management process is in place with the Chief of Operations overseeing the quality, performance and

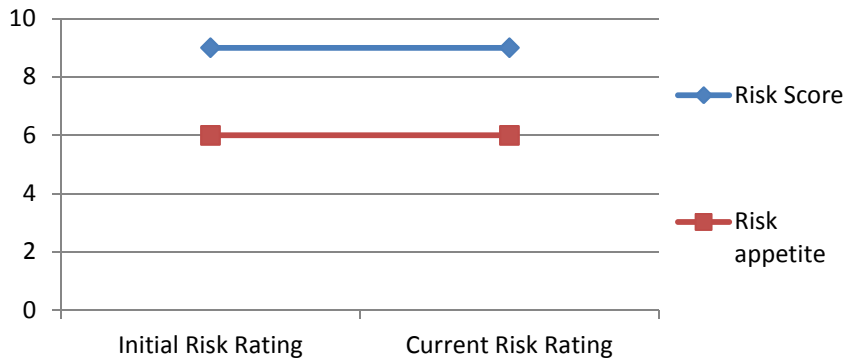
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*

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

Principle Risk Reference: 1.1

Principal Objective: To improve patient experience and access to care	**Director Lead:** Director of Business Planning & Partnerships: (Tim Furness)
Principal Risk: 1.2 Insufficient engagement with patients and the public on CCG priorities and service developments, leading to decisions that do not fully meet needs (Domain 2)	**Date last reviewed:** 15 August 2014

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



Rationale for current score:
As a new organisation with new ways of working, there was initially insufficient engagement. Work in 2013/14 has mitigated this but more can be done.

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

Existing Controls: *(What are we doing about the risk prior to any new mitigating actions?)*
Communication and engagement strategy and engagement plan approved in 2013/14. Engagement committee, led by GB lay member, established. "Involve me" network established. Engagement group overseeing and monitoring activity.

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
We need to develop and embed working practices and protocols to put the strategy into practice

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

Action	**Date**
Quarterly patient engagement and experience report to be presented to GB, summarising what patients and public have told us and how we will respond to it.	01/10/2014

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

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

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

- None as yet

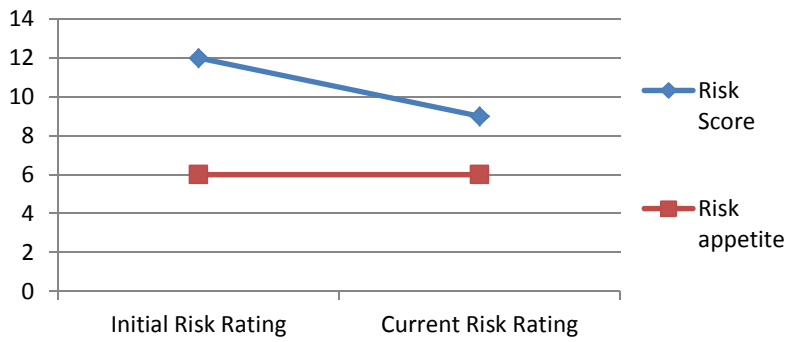
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*

GB has not yet received reports on engagement - to be addressed as set out above

Principle Risk Reference: 1.2

Principal Objective: To improve patient experience and access to care	**Director Lead:** Director of B P & P: (Idris Griffiths)
Principal Risk: 1.3 System wide or specific provider capacity problems emerge to prevent delivery of NHS Constitution and/or NHS E required pledges (Domain 3)	**Date last reviewed:** 1 May 2014

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



Rationale for current score:
Inefficient patient flow through the system can significantly impact on waiting times e.g. 18 weeks and A&E 4 hours . Current difficulties have been experienced at STHFT in relation to 18 week performance and recovery plans are being sought through the contract.

Rationale for risk appetite:
Consequences of capacity problems can have significant impact on patient experience and these need to be mitigated with effective planning and partnership work

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
Partnership work through Right First Time

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

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

Action	**Date**
Established urgent care Board	June 2013
A&E action plan agreed	June 2013
Winter plan produced	July 2013
Contractual mechanisms enacted with local provider in relation to 18 week performance and action plans received.	March 2014

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

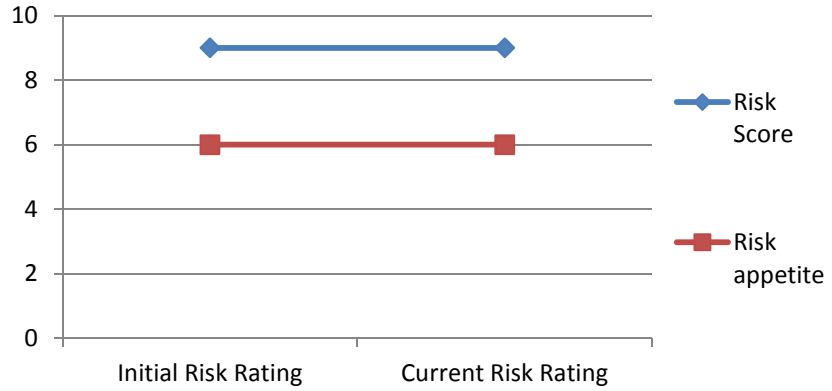
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*

No current gaps – to be reviewed

Principle Risk Reference: 1.3

Principal Objective: To improve the quality and equality of healthcare in Sheffield	**Director Lead:** Chief Nurse: (Kevin Clifford)
Principal Risk: 2.1 Providers delivering poor quality care and not meeting quality targets (Domain 4)	**Date last reviewed:** 19 June 2014

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



Rationale for current score:
The impact of the Francis (2) review has not yet fully been assessed by Sheffield providers and thus the CCG requires more assurance that the culture of services that we commission is focused on the safety and wellbeing of patient/service users.

Rationale for risk appetite:
To get to a position where the consequence is moderate and although there will always be risks to patient safety and poor quality care, that the impact on patient outcomes and experience is reduced.

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
National and Local Policy/ regulatory standards; CQC regulations, SI, Infection Control, Safeguarding procedures, NICE/Quality Standards, Patient Surveys, Quality standards in Contracts, Contract Quality Review Groups

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
The CCG needs to have a commissioning for quality strategy that will deliver the required actions from national directives and reviews and describe how we hold providers to account for quality.

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

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

Assurances: *(Where should we find the evidence that controls are effective?)*
• CQC inspections of providers and provider action plans, provider data and annual reports SI investigation reports, Serious Case Reviews, Clinical Audit reports, Internal audit benchmarking data, provider Governance Meetings, site visits, CCG Commissioning Groups, CCG quality dashboards.

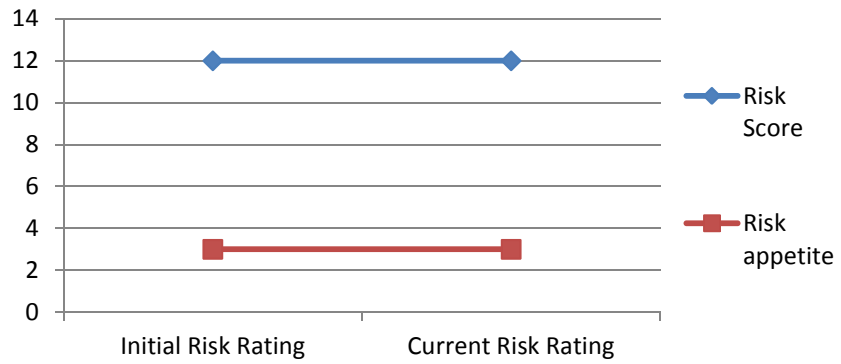
Positive Assurance: *(Provide specific evidence of Assurances)*
• Quality Assurance Committee Minutes, Serious Incident reports, Safeguarding reports, Patient Experience /Complaints reports, data on quality targets, exception reports to Governing Body Quarterly

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

Principle Risk Reference: 2.1

Principal Objective: To work with Sheffield City Council to continue to reduce health inequalities in Sheffield	**Director Lead:** Director of Business Planning & Partnerships: (Tim Furness)
Principal Risk: 3.1 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)	**Date last reviewed: 15 August 2014**

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



Rationale for current score:
The HWB is developing a plan to reduce health inequalities (which the CCG is part to). Given the scale of the challenge and some uncertainty over which interventions work, it is possible that the actions for the CCG will prove difficult to achieve.

Rationale for risk appetite:
We should not commit to actions we cannot deliver, especially within this partnership with HWB, and therefore need to take steps to ensure we can deliver.

Existing Controls: *(What are we doing about the risk prior to any new mitigating actions?)*
Four GB GPs active members of HWB, influencing the plan
Plan to GB for consideration July 2014

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
No arrangements in place for delivery of the CCG actions

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

Action	**Date**
Develop delivery plan, with assessment of risks, for GB	01/07/2014
Ensure health inequalities plan is considered as part of planning for 2015/16 and future years, for possible prioritisation of actions	Sept 2014

Assurances: *(Where should we find the evidence that controls are effective?)*
Delivery reports on the plan, assuming such reports go to HWB
CCG performance reports

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

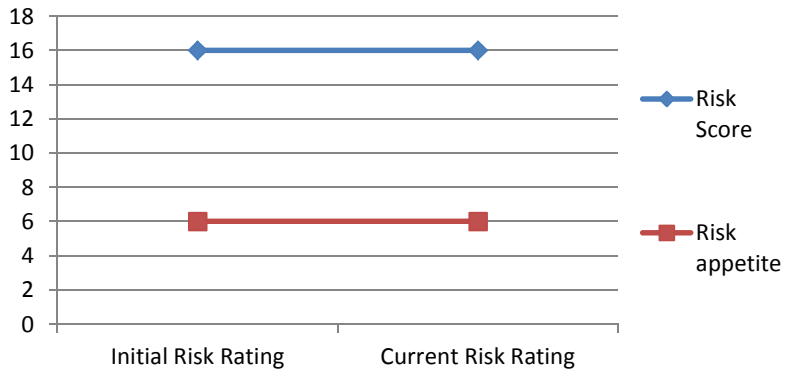
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
The above assurances are not yet in place

Principle Risk Reference: 3.1

Principal Objective: To work with Sheffield City Council to continue to reduce health inequalities in Sheffield	**Director Lead:** Director of Finance: (Julia Newton)
Principal Risk: 3.2 Budgetary constraints and competing priorities of Sheffield City Council and CCG prevent development of effective joint governance and commissioning of integrated services from the Better Care Fund.	**Date last reviewed: 23 June 2014**

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

Current:
4 x 4 = 16
Appetite:
3 x 2 = 6



Rationale for current score:
Creation of BCF will provide greater opportunity for joint management of risks. Good early progress has been made with LA on service areas for inclusion but significant work required to determine overall governance structure, final budgets, efficiency savings, procurement route etc ready for full implementation in 2015/16

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

Existing Controls: *(What are we doing about the risk prior to any new mitigating actions?)*
Joint Executive meetings from November 2013 re BCF; Governance/Management sub group from March 2014 with agreed TOR. S256 agreements; HWBB

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
We need to develop formal governance arrangements - both shadow for 2014/15 and a formal S75 agreement for 2015/16.

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

Action	**Date**
Agreement of budgets for inclusion in BCF. Initial work completed May - report to Exec Group July/Aug	Aug-14
First set of joint monitoring of 2014/15 spend will go to July IMG having discussed process at June meeting	Jul-14
Development of first draft of S75 agreement for2015/16	Oct-14

Assurances: *(Where should we find the evidence that controls are effective?)*
HWBB minutes; Minutes of Joint Executive meetings (monthly) and action notes from Governance Sub-group.

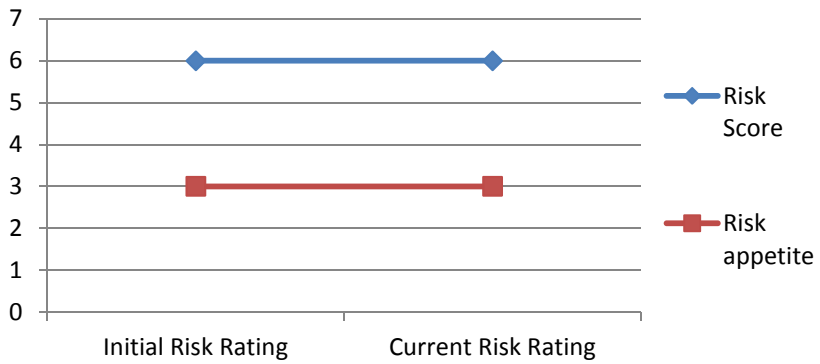
Positive Assurance: *(Provide specific evidence of Assurances)*
• Updates to Board monthly on CCG Finance position and this from July Gov Body to include information separately on BCF budgets.

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

Principle Risk Reference: 3.2

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield	**Director Lead:** Director of Business Planning & Partnerships: (Tim Furness)
Principal Risk: 4.1 Failure to adopt best practice throughout the commissioning cycle (Domain 3)	**Date last reviewed:** 15 August 2014

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



Rationale for current score:
As a result of profound organisational change and adoption of new ways of working, it is possible that some of the good commissioning practice used by the PCT stopped being routinely used, or that we have not responded to developments in practice.

Rationale for risk appetite:
Organisational and staff development should result in clinicians and staff being familiar with best practice.

Existing Controls: *(What are we doing about the risk prior to any new mitigating actions?)*
OD programme. Staff development activities. Business case template. Role of CET and Planning and Delivery group. Identification of lead senior commissioning manager for each portfolio. 2014/15 OD Plan.

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
No evidence or benchmarking of how we work compared to best practice.

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

Action	**Date**

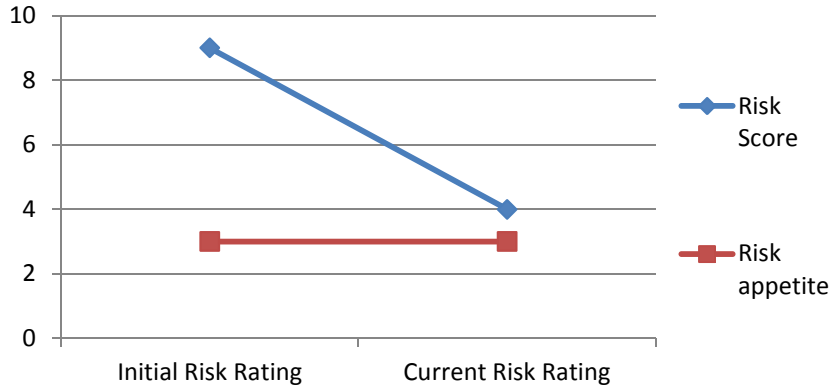
Assurances: *(Where should we find the evidence that controls are effective?)*	**Positive Assurance:** *(Provide specific evidence of Assurances)*
• Business cases and papers to GB should reflect good practice • Reports on OD from AO, from OD Steering Group	

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
OD reports to GB do not yet reflect development of best commissioning practice

Principle Risk Reference: 4.1

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield	**Director Lead:** Joint Clinical Director: Zak McMurray
Principal Risk: 4.2 Commissioned care does not reflect best practice and service changes are not devised with sufficient clinical engagement (Domain 3)	**Date last reviewed:** 25 June 2014

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



Rationale for current score:
must have credibility with both secondary and primary care clinicians. Consistent adoption of best practice in patient care (e.g. referral pathways) is more likely if commissioning decisions have been made with clinical involvement. We have a number of mitigating actions in place; however we need to ensure greater breadth and depth of engagement.

Rationale for risk appetite:
Clinical engagement and service transformation are at the heart of the CCG's purpose, therefore risks in this area need to be minimised.

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

Action	**Date**
New pathway change process sponsored by Clinical Director reinforces role of CRG and re-affirms the need to ensure that commissioning decisions are underpinned by evidence e.g. NICE, SIGN and Map of Medicine.	July 2013
Clinical Directors devising work plan for CRG to re-invigorate its work and draw new people in	Aug 2013
PLI (GP and practice nurse education) programme now finalised for the rest of the year	July 2013

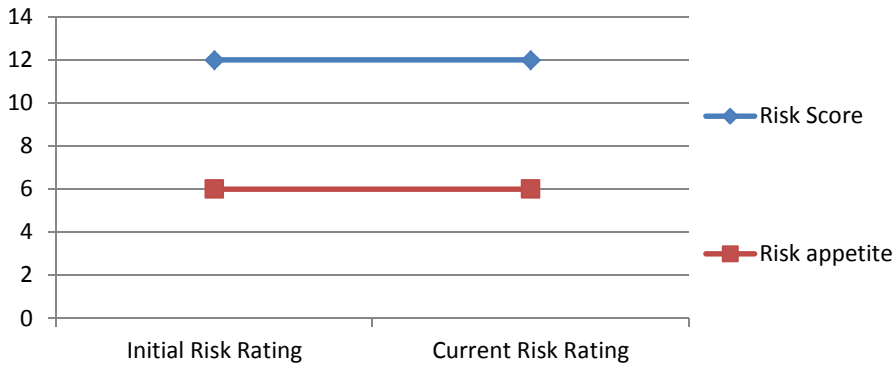
Assurances: *(Where should we find the evidence that controls are effective?)*	**Positive Assurance:** *(Provide specific evidence of Assurances)*
• Business cases and commissioned pathways reflect good practice • Activity monitoring demonstrates shifts in referral	• P&DG / CET papers; Governing Body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

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

Principle Risk Reference:	4.2

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield	**Director Lead:** Director of Finance: (Julia Newton)
Principal Risk: 4.3 Financial Plan with insufficient flexibility to meet changing demands (Domain 3)	**Date last reviewed: 23 June 2014**

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



Rationale for current score:
We have submitted a plan to deliver required 1% surplus but there are many challenges to be managed in the year ahead including remaining uncertainty of impact of NHS England having not yet resolved specialised services contracts and treatment for CHC payments. There are also considerable activity and QIPP challenges.

Rationale for risk appetite:
Stress testing of financial plan in different scenarios with contingency plans should give us the confidence that we can deliver required 1% surplus.

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
Plans scrutinised by Governing Body; detailed monthly financial reports to Governing Body; CCG has SOs, Prime Financial Policies and other detailed financial policies and procedures

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
Fully constructed downside scenario plan. Governing Body agreed draft proposals in March but needs further work.

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

Action	**Date**
More detailed scenario plans reviewed by Governing Body and any contingency actions agreed.	July 14

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

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

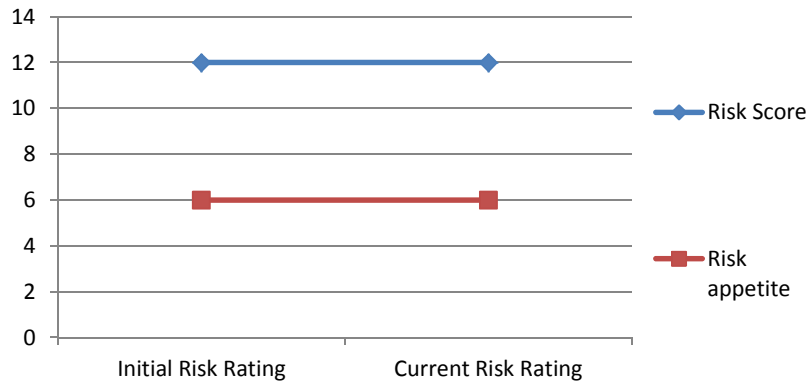
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
None.

Principle Risk Reference: 4.3

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield	**Director Lead:** Director of Finance: (Julia Newton)
Principal Risk: 4.4 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)	**Date last reviewed: 23 June 2014**

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

Current:
4 x 3 = 12
Appetite:
3 x 2 = 6



Rationale for current score:
NHS England had a significant financial budget deficit for specialised services at the start of the year and at 23 June has not yet signed contracts with local FTs. This could adversely impact on local health economy priorities/FTs. Similarly financial pressures exist on primary care budgets which could lead to contraction rather than development of primary care contrary to CCG strategic vision.

Rationale for risk appetite:
CCG needs to have a position where we are confident that we can work in partnership with NHS E on these areas to develop local health economy and services appropriately.

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
Joint contracting processes with NHS England. Joint strategy document on primary care.
Submission of Primary Care co-commissioning proposals on 20 June to NHS E.

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

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

Action	**Date**
CCG involvement in national review of specialised services over 3 months to 31 July and determine further actions as a result of review.	Aug 14
CCG act on outcome of proposal to co-commission certain primary care services - submission made 20 June	Aug 14

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

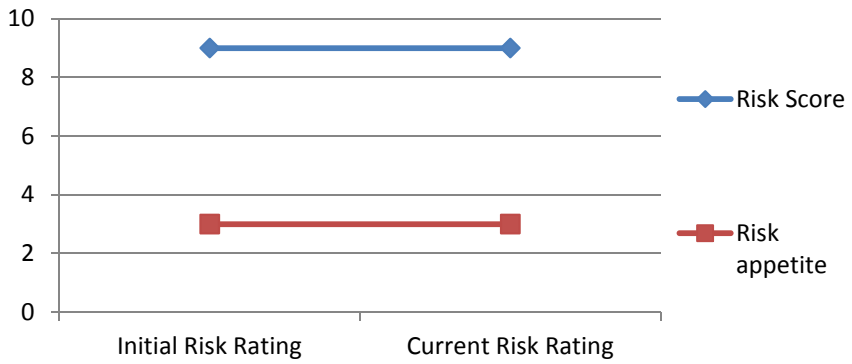
Positive Assurance: *(Provide specific evidence of Assurances)*
- Monthly finance reports to Governing Body

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

Principle Risk Reference: 4.4

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield	**Director Lead:** Director of Business Planning & Partnerships: (Tim Furness)
Principal Risk: 4.5 Inability to secure partnerships with our main providers that help us to deliver our commissioning plans, including QIPP (Domain 3)	**Date last reviewed:** 15 August 2014

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



Rationale for current score:
The CCG has developed partnerships over the last 12 months, within Sheffield and across SY and Y&H, which have established common priorities and workplans. However, our detailed plans are not yet so aligned that we can be confident our specific commissioning plans will be supported

Rationale for risk appetite:
We should aspire to establish relationships with partners that mean that it is most unlikely that those partnerships do not help us deliver our plans.

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
Partnership structures - HWB, Right First Time& Future Shape Children's Services programmes, SYCOM & CCGCOM, Integrated Commissioning. Draft 5 year vision for health community. Agreement about future role of RFT, reflecting integrated commissioning. System resilience work.

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
There are instances of programmes not achieving objectives, indicating we need to support and influence the programmes more. We have no local process to align and reconcile corporate business plans

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

Action	**Date**
Further development of joint five year vision for healthcare in Sheffield with FTs and publication of the bision	March 15
Development of whole commnuity plans for 2015/16 planning round	? Dec 14

Assurances: *(Where should we find the evidence that controls are effective?)*
Reports on RFT and FSC programmes

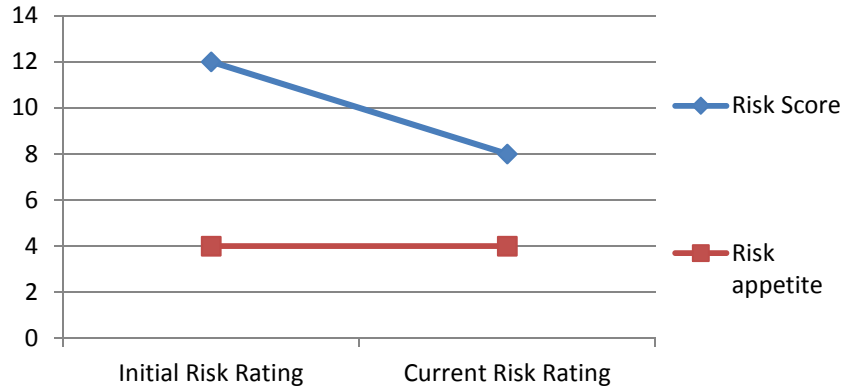
Positive Assurance: *(Provide specific evidence of Assurances)*
- Monthly performance reports demonstrate progress of partnerships on key QIPP and other priorities

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
Currently we do not consider FTs' business plans at GB

Principle Risk Reference: 4.5

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield	**Director Lead: Katrina Cleary**
Principal Risk: 4.6 Contractual constraints facing member practices resulting in an inability of practices to deliver and expand service provision (Domain 3)	**Date last reviewed: 23 June 2014**

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



Rationale for current score:
Currently the contractual changes being considered by NHSE have not come into effect. However practices are becoming more aware of the potential impact this might have and are voicing concerns about ability to take on more service delivery if resource is lost.

Rationale for risk appetite:
Delivering more services in community setting is a stated aim of the CCG and General Practice is a key facet of this. The CCG would aspire to see more services delivered by these providers in a way that does not detrimentally impact on the wider system.

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
Currently control is affected by joint discussions with NHSE in an attempt to influence their contractual decisions. In 2014/15 the SY&B CCGs plan to submit an expression of intrest to NHSE to secure formal delegated responsiblities for key aspect of general practice contracts.

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
The key gap is currenlty the responsibility for how general practice contracts are managed and altered with NHSE, with minimal input sought from the local CCG

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

Action	**Date**
MOU in place with NHSE LAT to enable ongoing discussion and challenge	Ongoing
Senior Quality Assessment group being estalbished to meet monthly to include Senior CCG colleagues and NHSE reps	Ongoing

Assurances: *(Where should we find the evidence that controls are effective?)*
•Quarterly Assurance Meetings between CCG and LAT - Minutes

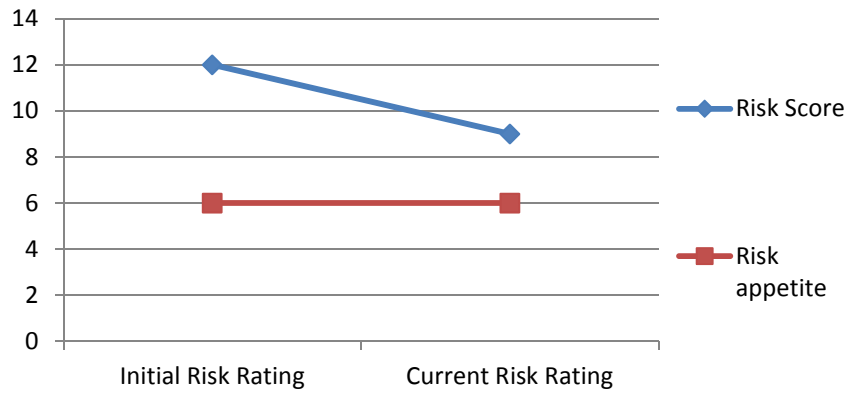
Positive Assurance: *(Provide specific evidence of Assurances)*

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
Much of the data is currently held by NHSE and CCG needs to request this. To be reviewed October 2014

Principle Risk Reference: 4.6

Principal Objective: Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)	**Director Lead:** Chief Operating Officer: (Idris Griffiths)
Principal Risk: 5.1 CSU unable to provide timely and appropriate support (Domain 3)	**Date last reviewed:** 01 May 2014

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



Rationale for current score:
Performance management controls are established. Improvement is being closely reviewed with escalation in areas where necessary. Specific actions remain in certain areas. Change in personnel needs time to embed. Exising ongoing actions remains.

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

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

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

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

Action	**Date**
Joint staff event for CCG and CSU staff; Building for Partnership _ and a follow up event planned	27 June
Established targeted action plans for areas where performance needs addressing (as per scores / RAG rating) – these will vary month by month. Intelligent clients to ensure progress is being made.	Ongoing

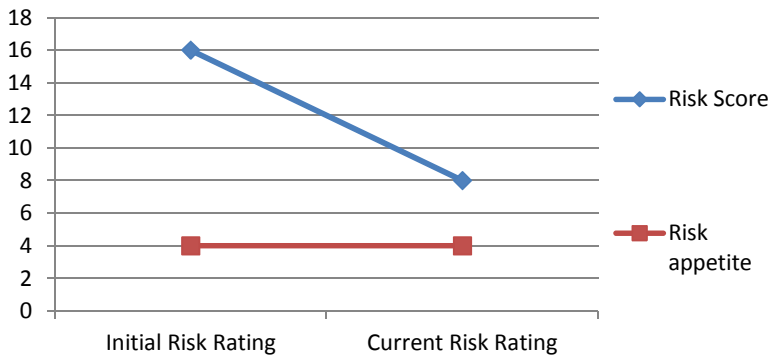
Assurances: *(Where should we find the evidence that controls are effective?)*	**Positive Assurance:** *(Provide specific evidence of Assurances)*
• Monthly performance reviews with CSU reported at joint director level (CCG/CSU meeting)	• demonstratonthly performance reviews to joint directors (commenced 14 June 2013)

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
None – recurrently kept under review

Principle Risk Reference:	5.1

Principal Objective: Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)	**Director Lead:** Company Secretary: (Linda Tully)
Principal Risk: 5.2 Inability to secure active participation particularly from Member Practices for delivering CCG priorities (Domain 1, 3,5)	**Date last reviewed: 25 June 2014**

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



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

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

Existing Controls: *(What are we doing about the risk prior to any new mitigating actions?)*
OD Strategy includes commissioned devlopment programmes eg PWC Engagement and Sheffield University Succession Programmes. CCG Structure includes GP involvement at Gov Body and its associated Committees, CET, CRG and H&WB Board.

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

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

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

Assurances: *(Where should we find the evidence that controls are effective?)*
• Governing Body Reports 2) OD Steering Group Minutes 3) OD Evaluation Reports to OD Steering Group 4) Response to Election Process 5) OD strategy

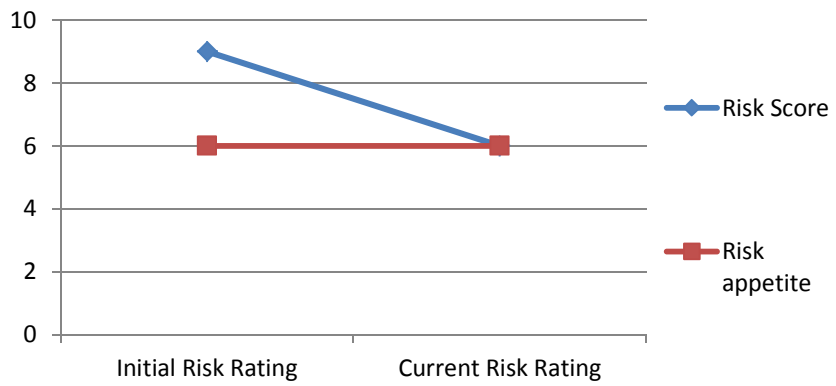
Positive Assurance: *(Provide specific evidence of Assurances)*
• OD steering Group forward Planner (July 2013).
• Governing Body reports April, May 2013, Sept 2013
• Evaluation from Sheffield University leadership Programme July 2013
Minutes of OD steering group meeting Dec 2013
OD Strategy report to Gov Body July 2014

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

Principle Risk Reference: 5.2

Principal Objective: Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)	**Director Lead:** Company Secretary: (Linda Tully)
Principal Risk: 5.3 Ineffective succession planning for clinical engagement (Domain1, 4)	**Date last reviewed:** 19 August 2014

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



Rationale for current score:
Good governance depends on continuity of leadership and clinical engagement

Rationale for risk appetite:
Authorisation is dependent on demonstrable clinical engagement

Existing Controls: *(What are we doing about the risk prior to any new mitigating actions?)*
OD Programme. Communication Strategy. Election Process. Evaluation reports from OD events .

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

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

Action	**Date**
Members Council Meeting	16 Oct 13
Commissioning Portfolios attracting clinicians who may progress to become future leaders. "hot-housing" first cohort of Sheffield University Leadership Devlelopment Programme	Aug 13 and ongoing
Locality nominated GPs tenure review October	October 14

Assurances: *(Where should we find the evidence that controls are effective?)*
- Governance Board Papers
- Forward Planners
- OD event evaluations

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

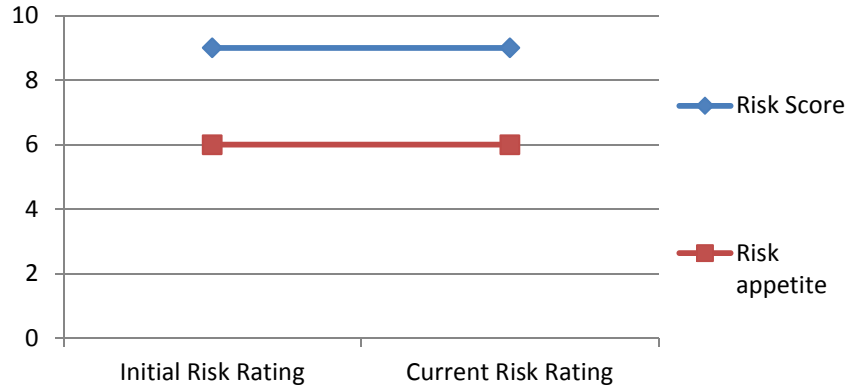
Governing Body Report November 2014

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

Principle Risk Reference: 5.3

Principal Objective: Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)	**Director Lead:** Chief Operating Officer (Idris Griffiths)
Principal Risk: 5.4 Inability to develop appropriately skilled leadership and workforce within CCG's directly employed staff (Domain 6)	**Date last reviewed:** 01 May 2014

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



Rationale for current score:
Good governance depends on continuity of leadership and clinical engagement

Rationale for risk appetite:
Authorisation is dependent on demonstrable clinical leadership; in addition we also need managers who are engaged and offer leadership to their projects and colleagues.

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
OD Strategy to develop leadership effectively distributed throughout the culture of the CCG.
Clinical leadership development programme in place with the University of Sheffield.
Processes for two-way accountability in place.

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

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

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

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

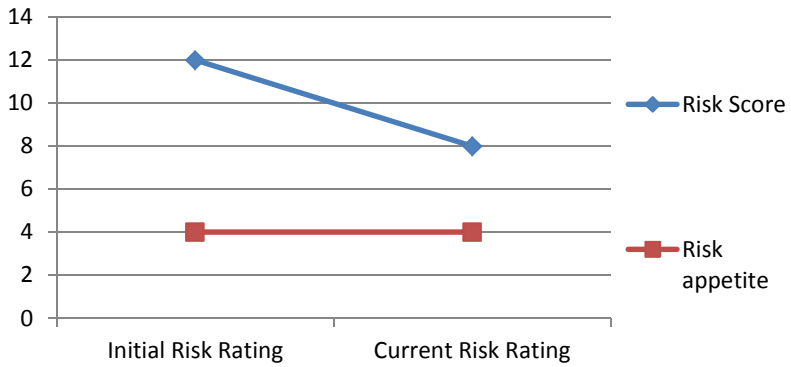
Positive Assurance: *(Provide specific evidence of Assurances)*
- Governance Reports to Governing Body April and May 2013.

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

Principle Risk Reference: 5.4

Principal Objective: Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)	**Director Lead:** Company Secretary: (Linda Tully)
Principal Risk: 5.5 Inadequate adherence to CCG Constitution and other governance arrangements to support Nolan Principles and e.g. protect against conflicts of interests (Domain 4)	**Date last reviewed: 19 August 2014**

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



Rationale for current score:
Good governance in Public Life is guided by the Nolan Principles. CCG member practices have a unique challenge in being both providers and commissioners of health services.

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

Existing Controls: *(What are we doing about the risk prior to any new mitigating actions?)*
OD strategy to strengthen governance systems and processes. Stringent policies in place to safeguard against conflict of interest.

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

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

Action	**Date**
Members Council Meeting	16 Oct 13
Comprehensive Review of Governing Body and Structures comenced December	Dec 2013
OD Session delivered by DAC Beachcroft lawyers 23 janurya 2014 re legal responsibilities of Board Members and conflict of interest	Jan 2014
explanatory statement now added to committee agendi and explicit discussion regarding percieved conflicts to start meetings	Aug 2014

Assurances: *(Where should we find the evidence that controls are effective?)*
- Monthly Company Secretary Report to Governing Body
- Forward Planners
- OD event evaluations
- Governance Structure including Members Council and LEGs
- Endorsement by NHS E of refreshed Constitution

Positive Assurance: *(Provide specific evidence of Assurances)*
- Governance papers to Governing Body: April 2013 reviewed policies, May 2013 Members agreed changes to constitution, December 2013
- Governance papers to Governing Body: Oct 2013 reviewed policies,

Management of Conflicts of interest noted at all meetings

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

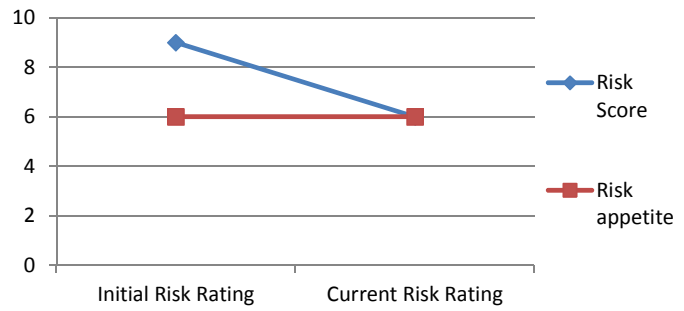
Principle Risk Reference: 5.5

Principal Objective: To improve the quality and equality of healthcare in Sheffield	**Director Lead:** Chief Nurse: (Kevin Clifford)
Principal Risk: 2.2 Inappropriate eligibility for Continuing Health Care leading to an excess demand for NHS funded services - including retrospective assessments (Domain 4)	**RISK CLOSED 01 05 2014**

Risk Rating:

(likelihood x consequence)

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



Rationale for current score:
There remains a level of disagreement with Sheffield City Council preventing a full shared understanding and application of the National Frame work. CCG now has strong controls to ensure consistent and appropriate eligibility decisions.

Rationale for risk appetite:
Targeting a lower level of risk could have consequential impact elsewhere in the system e.g. home of choice.

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

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

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

Action	Date

Assurances: *(Where should we find the evidence that controls are effective?)*
• Data on CHC eligibility. National and Yorkshire benchmarking, Monthly Executive review of activity and finance. Minutes of committee meetings, Escalation reports.
Update Feb 2014: CCG continues to meet with new SCC leads in LD to manage these challenges and promote constructive behaviours. EXternal review of Retrospective Assessments process agreed with CSU.

Positive Assurance: *(Provide specific evidence of Assurances)*
• Governing Body Exception Reports, CET/Planning and Delivery Exception reports

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*
A small number of areas of disagreement remain with SCC preventing a full shared understanding and application of the National Frame work. Current issues within the LA have lead to significant personnel changes which is leading to additional challenge of agreemnents previously made. Additional management time is being needed to maintain current position as a result. Specifc

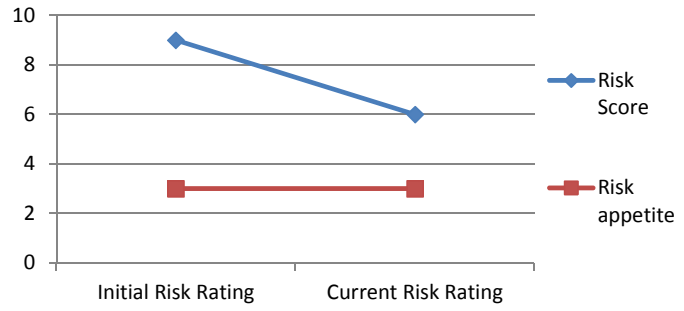
Principle Risk Reference: 2.2

Principal Objective: To work with Sheffield City Council to continue to reduce health inequalities in Sheffield	**Director Lead:** Director of Business Planning & Partnerships: (Tim Furness)
Principal Risk: 3.1 Health & Well Being Board unable to support CCG Business Plan (Domain 3)	**RISK CLOSED 01 05 2014**

Risk Rating:

(likelihood x consequence)

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



Rationale for current score:
Initial likelihood was "possible" as HWB was newly established and relationships developing. Recent work has led to HWB support of current CCG commissioning plans. Therefore current risk of future lack of support "unlikely".

Rationale for risk appetite:
We should have a close enough understanding of each other's business with SCC, and have aligned plans for health and care that focus on people's needs, that the prospect of the HWB not supporting CCG plans is "rare".

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

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

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

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

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

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

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

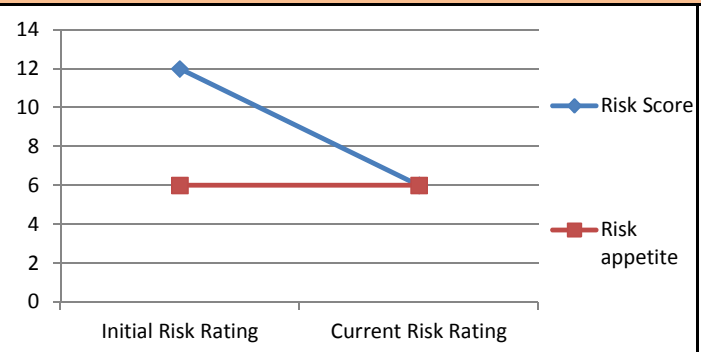
Principle Risk Reference: 3.1

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield	**Director Lead:** Director of Finance: (Julia Newton)
Principal Risk: 4.3 Overly ambitious 2013/14 Financial Plan and insufficient financial management (Domain 3)	**RISK CLOSED 01 05 2014**

Risk Rating:

(likelihood x consequence)

Initial:				
4	x	3	=	12
Current:				
3	x	2	=	6
Appetite:				
3	x	2	=	6



Rationale for current score:
At end of Q4 we are on target to deliver the 1% year end surplus - (increased from 0.5% as agreed by Governing Body in year) with contingency reserves deployed as required.

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

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
Plans scrutinised by Governing Body; detailed monthly financial reports to Governing Body; CCG has SOs, Prime Financial Policies and other detailed financial policies and procedures

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
None in Q4. Risks are discussed with Governing Body each month.

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

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

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

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

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

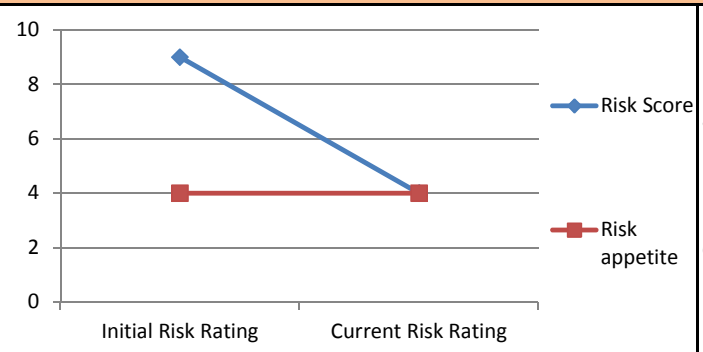
Principle Risk Reference: 4.3

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield	**Director Lead:** Director of Finance: (Julia Newton)
Principal Risk: 4.4 CCG commissioning responsibilities and funding not aligned following the disaggregation of PCT responsibilities (Domain 3)	**RISK CLOSED 01 05 2014**

Risk Rating:

(likelihood x consequence)

Initial:				
3	x	3	=	9
Current:				
2	x	2	=	4
Appetite:				
2	x	2	=	4



Rationale for current score:
By Q4 all issues resolved for 2013/14 with different organisations - ie SCC re PH, NHS England re. Primary Care and Specialised Services and estates costs with NHS Property Services. Likely to still be some residual issues to be resolved in 2014/15 - to be placed on risk register rather than BAF for 2014/15

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

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
Joint processes with NHS E, SCC and other CCGs to understand budgets and respective responsibilities; CCG Com; national exercise at M4 on specialised services completed

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

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

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

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

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

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

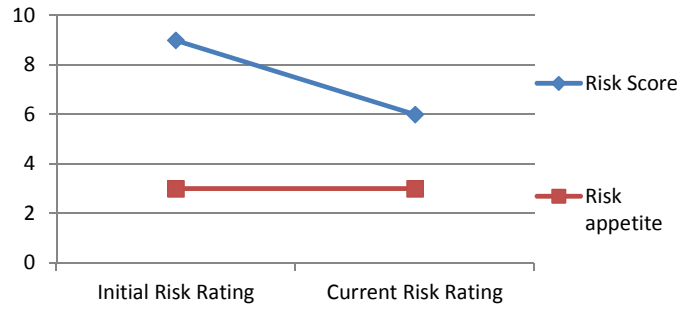
Principle Risk Reference: 4.4

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield	**Director Lead:** Director of Business Planning & Partnerships: (Tim Furness)
Principal Risk: 4.5 Inability to secure partnerships that help us to deliver our commissioning plans including QIPP (Domain 3)	**RISK CLOSED 01 05 2014**

Risk Rating:

(likelihood x consequence)

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



Rationale for current score:
he CCG has developed partnerships over the last 12 months, within Sheffield and across SY and Y&H, which have established common priorities and workplans. The likelihood of this risk is therefore reduced from the initial "possible" to "unlikely"

Rationale for risk appetite:
We should aspire to establish relationships with partners that mean that it is most unlikely that those partnerships do not help us deliver our plans.

Existing Controls: *(What are we doing about the rist prior to any new mitigating actions?)*
Partnership structures - HWB, Right First Time& Future Shape Children's Services programmes, SYCOM & CCGCOM

Existing Gaps in Control: *(Where are we failing to put controls in place and what more should be done?)*
There are instances of programmes not achieving objectives, indicating we need to support and influence the programmes more. There is no clear agreement in place with SCC about joint commissioning, although previously established mechanisms are still largely in place

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

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

Assurances: *(Where should we find the evidence that controls are effective?)*
- Reports on RFT and FSC programmes. Minutes of SY COM and CCGCOM

Positive Assurance: *(Provide specific evidence of Assurances)*
- Monthly performance reports demonstrate progress of partnerships on key QIPP and other priorities

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

Principle Risk Reference: 4.5

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. To improve patient experience and access to care	1.1 Loss of public confidence in the CCG through poor communications (Domain 2)	IG	12	4	4	No			No		
	1.2 Insufficient engagement with patients and the public on CCG priorities and service developments, leading to decisions that do not fully meet needs (Domain 2)	TF	9	9	6	No			Yes	Timing - assurance planned	Reporting to GB quarterly commencing October 2014
	1.3 System wide or specific provider capacity problems emerge to prevent delivery of NHS Constitution and/or NHS E required pledges (Domain 3)	IG	12	9	6	No			No		
2. To improve the quality and equality of healthcare in Sheffield	2.1 Providers delivering poor quality care and not meeting quality targets (Domain 4)	KC	9	9	6	Yes	Development of a CCG Commissioning for Quality strategy	Strategy development in progress 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		
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)	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		
	4.3 Financial Plan with insufficient ability to reflect changes to meet demands (Domain 3)	JN	12	12	6	No			No		
	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	No			No		
	4.6 Contractual restraints facing member practices resulting in an inability of practices to deliver and expand service provision (Domain 3)	KCl	12	8	4	Yes	NHS England are responsible for the contractual and financial equalisation process in general practice. This is the first year of a 7 year process and practices are only starting to consider the implications of any potential loss of income	CCG colleagues continue to engage in discussions with NHSE and key practices to determine the extent of the risk and to develop co-commissioning 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

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 development to ensure CCG meets organisational health and capability requirements set out in the 6 domains (Annex C NHS England CCG Assurance Framework)	5.1 CSU unable to provide timely and appropriate support (Domain 3)	IG	12	9	6	No			No		
	5.2 Inability to secure active participation particularly from Member Practices for delivering CCG priorities(Domain 1, 3,5)	LT	16	8	4	No			No		
	5.3 Ineffective succession planning for clinical engagement (Domain 1, 4)	LT	9	6	6	No			No		
	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		