

## Update on Governing Body Assurance Framework and Risk Register

Governing Body meeting



6 October 2016

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<b>Is your report for Approval / Consideration / Noting</b>	
This report is for <b>consideration</b> with a view to any necessary and appropriate challenge	
<b>Audit Requirement</b>	
<p><b>CCG Objective:</b>                  5. Organisational development to ensure CCG meets organisational health and capability requirements set out in the 6 domains</p> <p><b>Principal Risk</b>                  This paper relates to all identified risks, but in particular relates to 5.3 Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage. The 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.</p>	
<b>Equality impact assessment</b>	
<p><b>Have you carried out an Equality Impact Assessment YES and is it attached? NO</b>  <b>If not, why not?</b> There is no evidence to suggest that the GB Assurance Framework will adversely impact on any of the 9 protected characteristics</p>	
<b>PPE Activity</b>	
<p><b>How does your paper support involving patients, carers and the public?</b>                  Good risk management will positively impact on Patient and Public Engagement activity</p>	
<b>Recommendations</b>	
<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> <li>Note the position with regard to the GBAF and arrangements in place for managing strategic risks during Quarter 1 and up to 30 August 2016.</li> <li>Identify any additional controls and mitigating actions which members feel should be put into place to address identified risks and the methods by which it would wish to receive assurance of the effectiveness of these controls.</li> <li>Note activity with regard to risk management during Quarter 1 with regard to the Operational Risk Register.</li> </ul>	

## Update on Governing Body Assurance Framework and Risk Register

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#### 1 Introduction

The Governing Body Assurance Framework (GBAF) is an important document which enables the Governing Body to understand and manage key risks to the CCG achieving its objectives by addressing barriers to success. It also provides external assurance to NHS England, internal and external audit, the public and stakeholders that the CCG is cognisant of its risks and has a robust system of internal control. Auditors expect the GBAF to be kept up to date and used routinely by Governing Body. The Quarter 1 Framework (up to and including 30 August 2016 is attached at **Appendix 1**).

The GBAF for 2016/17 should be read in conjunction with the CCG's Prospectus and Commissioning Intentions 2014/19, the 2016/17 Commissioning Plan and monthly Quality and Outcomes Report.

Governance Sub-committee considers quarterly reports to review, monitor and discuss identified risks and where appropriate to challenge associated controls and assurances. The Audit and Integrated Governance Committee (AIGC) and Governing Body can therefore be assured that the strategic risk review process identified within the Risk Management Strategy provides a significant level of assurance that the organisation has the appropriate level of control and monitoring processes in place.

#### 2 Quarter 1 review (up to and including 30 August 2016)

At the end of the monitoring period 16 risks were identified on the GBAF – the level of risk is set out below.

#### Position at Quarter 1 up to and including 30<sup>th</sup> August 2016

Critical	Very High	High	Medium	Low
0	5	6	5	0

Ref	Risk Owner	Risk Initial Score	Current Risk Score				Risk Target or Appetite Score	Are there Gaps in Control?	Are there Gaps in Assurance?
			Q1	Q2	Q3	Q4		Position at 30 <sup>th</sup> August 2016	
1.1	TF	12	12				6	No	No
1.2	TF	15	15				9	No	No
2.1	KC	12	12				6	No	No
2.2	TF	9	9				6	Yes	Yes
2.3	ST	16	16				12	Yes	Yes
2.4	MA	12	12				9	Yes	Yes
3.1	IG	9	9				6	Yes	Yes
4.1	JN	16	16				9	No	No
4.2	JN	9	9				6	No	No
4.3	MP	16	16				8	No	No
4.4	IG	9	9				6	Yes	Yes
4.5	MR	16	16				8	No	No
5.1	KaC	12	12				6	No	No
5.2	IG	12	12				6	No	No
5.3	ZM	12	12				6	No	No
5.4	TF	8	8				4	No	No

### 3. Gaps in Assurance and/or Control

Five of the 16 strategic risks are showing either gaps in control or assurance or both. Actions identified to close the gaps are attached at **Appendix 2**. Where actions have not yet been identified risk owners have been approached and requested to provide an update by the end of the following quarter.

### 4. 360 Assurance Governing Body Framework – Audit of GB Members

Each year, Internal Audit carries out a review of the CCG's Governing Body Assurance Framework in support of the Annual Head of Internal Audit (HOIA) Opinion. Given the level of risk in the NHS this year (2016/17), 360 Assurance have revised their approach to this work, and will be undertaking the audit in a number of stages throughout the year to give a stronger insight in to the emerging picture. Stage 1 of the work, included a survey which has been distributed to Governing Body, a copy of the survey can be found by following the link - <https://www.surveymonkey.co.uk/r/GMVDZ22> . Results from the survey will be shared with the CCG.

### 5. Operational Risk Register Update

A report was presented to the Governance Sub-committee at its meeting on 31 August 2016 providing the opportunity for review, discussion and approval of identified risks captured on the operational risk register. The report provided information specifically on:

- Risk Reviews
- New risks identified
- Risks scored 15 +
- Risks closed

- Overarching position

At the end of Quarter 1, 41 risks were included on the risk register. 15 risks were marked for closure; 3 new risks added. 10 had remained static in score for one cycle with a further 10 risks remaining static for 2 or more cycles; the risk score of 1 risk had increased overall, with 2 risks decreasing.

### 5.1 Risk Reviews completed at Quarter 1

Following the intervention of deputy directors, a more positive approach to reviewing and managing risks was noted with a significant increase in the number of reviews completed. There are three levels for managing risks, owner, senior manager and final reviewer. The table below shows the number of risks on the register ie 41 and details of those which have been reviewed by the owner, senior manager and final reviewer.

	Owner	Owner reviewed	Senior Manager	Senior Manager reviewed	Final Reviewer	Final Reviewer Reviewed
Totals	41	41	41	41	41	39

### 5.2 Risks scored 15 +

During Quarter 1 a total of 5 risks were identified as 'serious'. Members of the Subcommittee noted the level of risk and agreed the risks were correctly scored.

### 5.3 New Risks Identified

Three new risks were added to the Register. It was agreed that the risk scores were correct, although members sought additional information with regard to two risks which whilst they recognised had the potential to impact on patients, the risks were in fact those of NHS England.

### 5.4 Risks Closed

15 risks were marked for closure and the work undertaken by deputies in reviewing the risks was noted.

### 5.5 Overarching Position

The table below shows the total number of risks by risk score

		LIKELIHOOD						
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost Certain		
IMPACT	5 Catastrophic	0	0	0	0	0	<b>TOTALS</b>	Low Risks (White) : 7
	4 Major	0	0	1	2	0	Moderate Risks (Green) : 13	
	3 Serious	0	2	8	5	2	High Risks (Yellow) : 16	
	2 Moderate	1	2	1	0	2	Serious Risks (Red) : 5	
	1 Insignificant	3	1	2	0	0	Critical Risks (Black) : 0	

## **6. Progress since the last meeting of the Governance Sub-committee**

Following discussion at the last meeting of the Governance Sub-committee, deputy directors have taken a more active role in their awareness (and appropriate escalation) of corporate risks as they relate to their areas of responsibility, with risk management now being a standing item for each agenda. Accordingly this additional level of scrutiny provides a number of advantages, including a consistent approach to risk scoring; a CCG wide approach and understanding to risks identified within the organisation; lack of duplication; a systematic approach to managing and sharing risk within teams.

Following recommendation by internal audit regarding identification and management of team level risks, a template risk log has been shared amongst deputy directors to be used by teams in order to capture their 'own' service delivery risks and for having a shared conversation about when these risks might need to be added to the corporate risk register. Members discussed the threshold for escalation to the Corporate Risk Register and it was proposed that risks with a rating of 9 and above should be escalated and that deputy directors should discuss at their next meeting. Any risks currently identified with a score of 9 or below currently identified on the Register should continue to be managed within the directorate until the risk is closed.

## **7. Recommendations**

The Audit and Integrated Governance Committee is asked to:

- Note the position with regard to the GBAF and arrangements in place for managing strategic risks during Quarter 1 and up to 30 August 2016.
- Identify any additional controls and mitigating actions which members feel should be put into place to address identified risks and the methods by which it would wish to receive assurance of the effectiveness of these controls.
- Note activity with regard to risk management during Quarter 1 with regard to the Operational Risk Register.

Paper prepared by Sue Laing, Corporate Services Risk and Governance Manager

On behalf of Julia Newton, Director of Finance

September 2016



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 (Goals 1, 2,5 & 8)	1.1 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions and formal challenge.	TF	12	12	6	no	no
	1.2 System wide or specific provider capacity problems in secondary and/or primary care emerge to prevent delivery of NHS Constitution and/or NHS E required pledges including 7 day access	TF	15	15	9	No	No
2. To improve the quality and equality of healthcare in Sheffield (Goals 1, 2, 3, 4 & 6)	2.1 Providers delivering poor quality care and not meeting quality targets.	KeC	12	12	6	No	No
	2.2 CCG unable to influence equality of access to healthcare because insufficient or ineffective mechanisms to change	TF	9	9	6	Yes	yes
	2.3 That the CCG fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy	ST	16	16	12	Yes	Yes
	2.4 Insufficient resources across health and social care to be able to prioritise and implement the key developments required to achieve our goal of giving every child and young person the best start in life, potentially increasing demand for health and care services.	MA	12	12	9	Yes	yes
3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield (Goals 3 & 7)	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.	IG	9	9	6	Yes	yes
4. To ensure there is a sustainable, affordable healthcare system in Sheffield. (Goal 2, 5, 7 & 8)	4.1 Financial Plan with insufficient ability to flex to meet in year demands and at same to meet the NHSE business rules for 2016/17	JN	16	16	9	No	No
	4.2 Risk management and other governance arrangements put in place by CCG and SCC to manage the BCF prove inadequate to deliver our integrated commissioning programme and meet our joint efficiency challenges	JN	9	9	6	No	No
	4.3 Inability to deliver the QIPP (efficiency) savings plan of £19.5m due to lack of internal capacity and lack of engagement by our key partners	MP	16	16	8	No	No
	4.4 Inability to secure partnerships with secondary and primary care providers to deliver the Sheffield Transformation Programme in particular our out of hospital strategy.	IG	9	9	6	Yes	Yes
	4.5 Inability to agree and progress service changes across the South Yorkshire and Bassetlaw Sustainability and Transformation Programme (STP) footprint at a pace which supports delivery of collective efficiency challenge	MR	16	16	8	No	No
	5.1 Inability to maximise the anticipated benefits of Co-commissioning of GP led primary care services	KaC	12	12	6	no	no

5. Organisational development to ensure CCG meets organisational health and capability requirements. (Goals 1-8)	5.2 Unable to secure timely and effective commissioning support to enable us to adequately respond and secure delivery to existing and new emerging requirements. Quality of externally purchased commissioning support (IT and data management) falls below required levels	IG	12	12	6	No	No
	5.3 Inability to secure active engagement/participation between Member Practices and relevant CCG teams which may result in not achieving CCG priorities.	ZM	12	12	6	No	No
	5.4 Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage.	TF	8	8	4	No	No

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

Risk Matrix		Likelihood						
		-1 Rare	-2 Unlikely	-3 Possible	-4 Likely	-5 Almost certain		
Consequence	-1 Negligible	1	2	3	4	5	1 to 3	Low
	-2 Minor	2	4	6	8	10	4 to 9	Medium
	-3 Moderate	3	6	9	12	15	10 to 14	High
	-4 Major	4	8	12	16	20	15 to 19	Very High (Serious)
	-5 Extreme	5	10	15	20	25	20 to 25	Critical



1 Deliver timely and high quality care in hospital for all patients and their families

2 Become a person-centred city: promoting independence for our citizens and supporting them to take control of their health and health care

3 Tailor services to support a reduction in health inequalities across the Sheffield Population

4 Integration of physical and mental health, ensuring parity of esteem for people with mental health needs

5 Support people living with and beyond life threatening or long term conditions

6 Give every child and young person the best start in life

7 Prevent the early onset of avoidable disease and premature deaths

8 We will work in collaboration with partners for sustainable care models by playing an active role in regional sustainability and be recognised as a system leader for public sector reform.

<b>Principal Objective:</b> To improve patient experience and access to care		<b>Director Lead:</b> Tim Furness, Director of Delivery	
<b>Principal Risk:</b> 1.1 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions.		<b>Date last reviewed:</b> 30 August 2016	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Appetite: 2 x 3 = 6		<b>Rationale for current score:</b> CCG is planning major transformation locally and with SY partners. Will require significant engagement with public and patients to ensure public understanding and compliance with good practice, potentially to very tight timescales with limited resource.	<b>Rationale for risk appetite:</b> We should have mechanisms in place that make effective engagement routine and therefore the likelihood of failure to engage and potential challenge "unlikely" at worst
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Refresh of the Communication and engagement strategy and engagement plan approved in January 2016. Engagement committee, led by GB lay member, established. "Involve me" network established. Engagement group overseeing and monitoring activity. Working Together programme includes engagement function.		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i> We need to further develop operating models and ensure sufficient capacity to support portfolios	
<b>Action</b>		<b>Date</b>	
Continued development of engagement activity, supporting portfolios so that all CCG decisions are properly informed by the views of patients and the public, including GB OD session on 30/7 to inform revised plan.		01/10/2016	
PEEG to develop and oversee engagement plan for 2016/17		31/5/2016	
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> <ul style="list-style-type: none"> <li>Business cases and GB papers should describe engagement and result of it</li> </ul>	<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> <ul style="list-style-type: none"> <li>Patient experience and engagement reports received by GB in xxx and xxx (none yet in 2016/17)</li> </ul>		
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i> None			
<b>Principle Risk Reference:</b>			<b>1.1</b>

<b>Principal Objective:</b> To improve patient experience and access to care		<b>Director Lead:</b> Tim Furness, Director of Delivery	
<b>Principal Risk:</b> 1.2 System wide or specific provider capacity problems emerge in secondary and/or primary care to prevent delivery of NHS Constitution and/or NHS E required pledges including addressing 7 day access		<b>Date last reviewed:</b> 25 August 2016	
<b>Risk Rating:</b> (likelihood x consequence) Initial: $5 \times 3 = 15$  Current: $5 \times 3 = 15$ Appetite: $3 \times 3 = 9$		<b>Rationale for current score:</b> STHFT continues to experience difficulties in relation to a sustainable 18 week performance (incompletes), diagnostics and A&E. SCH also performance concerns in respect to diagnostic 6ww. Projected improvements in relation to 18ww have not been achieved for STH. Ambulance response times require improvement. Primary care access remains a concern for the public. 7 day working is not yet embedded.	
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i>  CCG has set up Contract Management Boards at Director level with each of main FTs, through which all performance issues will be escalated from March 2016. Recovery plans for areas of concern have been requested and are being implemented through various mechanisms. A review of performance oversight processes is underway. Integrated Performance and Delivery Board established (part of Performance Management Approach). Primary care capacity to respond to more care out of hospital needs further consideration. System Resilience Group oversees performance and holds 'system partners' to account for delivering sustainable		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i>	
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>			
<b>Action</b>			<b>Date</b>
System Resilience Group to co-ordinate and oversee a system wide delivery plan to secure sustainable performance across the system			Oct-16
Formal Performance Escalation process enacted at Director level between CCG and STHFT with remedial action plans requested for 18 weeks and A&E			as required
System Resilience Plans continually reviewed by SRG			ongoing
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> <ul style="list-style-type: none"> <li>Quality &amp; Outcomes Report to Governing Body, SRG Minutes</li> <li>Monitored through Performance Intelligence Meeting - now integrated Performance and Delivery Board (WEF Jan 16)</li> </ul>		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> <ul style="list-style-type: none"> <li>Quality &amp; Outcomes Report to Governing Body</li> </ul>	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i> No current gaps – to be reviewed			
<b>Principle Risk Reference:</b>			1.2

<b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield		<b>Director Lead:</b> Chief Nurse: (Kevin Clifford)
<b>Principal Risk:</b> 2.1 Providers delivering poor quality care and not meeting quality targets.		<b>Date last reviewed:</b> 24 August 2016
<b>Risk Rating:</b> (likelihood x consequence) Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Appetite: 2 x 3 = 6	<p>The graph displays two horizontal lines. The top line, labeled 'Risk Score', is blue with diamond markers and is positioned at the value 12 on the y-axis. The bottom line, labeled 'Risk Appetite', is red with square markers and is positioned at the value 6 on the y-axis. The x-axis is divided into two sections: 'Initial Risk Rating' and 'Current Risk Rating', both of which show the lines remaining constant at their respective values.</p>	<b>Rationale for current score:</b> We have in place, systems for formal, regular and detailed scrutiny of providers by CQC and the CCG. Areas of concern are therefore being identified more frequently than in previous years and the CCG continues to require assurance that providers are delivering high quality services <b>Rationale for risk appetite:</b> To ensure that the consequence is moderate and although there will always be risks to poor quality care, that the impact on patient outcomes and experience is as low as possible.
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) National /Local Policy/ regulatory standards; CQC regulations, SI's, Infection Control, Safeguarding procedures, NICE/Quality Standards, Patient Surveys, Quality standards in Contracts, Quality incentive schemes, Contract Quality Review Groups, Contract Management Boards		<b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?) No
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)		
		<b>Date</b>
Escalation of issues to CMBs with relevant FT - these meetings happen monthly		<b>Monthly</b>
Review CQC and other external performance reviews / reports for all providers and Foundation Trusts in Sheffield		<b>Monthly</b>
<b>Assurances:</b> (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, Infection Control reports, Internal audit benchmarking data, provider Governance Meetings, CCG site visits, Healthwatch visits, Patient feedback, CCG quality dashboards. More formal visits are planned.	<b>Positive Assurance:</b> (Provide specific evidence of Assurances) • Commissioning for quality strategy and annual updated action plan, Quality Assurance Committee Minutes, Serious Incident reports, Safeguarding reports, Monthly Governing Body Infection control, Patient Experience /Complaints reports, data on quality targets, exception reports to Governing Body.	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?) No		
		<b>Principle Risk Reference:</b> 2.1

<b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield		<b>Director Lead:</b> Tim Furness, Director of Delivery
<b>Principal Risk:</b> 2.2 CCG unable to influence equality of access to healthcare because insufficient or ineffective mechanisms to change		<b>Date last reviewed:</b> 30 August 2016
<b>Risk Rating:</b> (likelihood x consequence) Initial: $3 \times 3 = 9$ Current: $3 \times 3 = 9$ Appetite: $2 \times 3 = 6$		<b>Rationale for current score:</b> There are contractual obligations in place and providers have obligations under the Equality Act. However, data to assess equality of access to services is poor and no specific contractual processes have been put in place yet to measure and if necessary remedy shortcomings. <b>Rationale for risk appetite:</b> The consequence of the risk cannot be mitigated, but we should be able to improve data and then establish processes for measuring and remedying problems.
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Equality of access is discussed with providers through the equality engagement group		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i> Little contractual discussion. Insufficient data to understand how people with protected characteristics access services
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>		
<b>Action</b>		<b>Date</b>
Patient Experience, Engagement and Equality Group to consider further actions the CCG could take		31/07/2016
Develop the collection of equality data across all commissioned services		31/10/2016
Collect patient experience information on barriers to access or inequalities		31/12/2016
Highlight equality of access in contracting intentions, to ensure discussion in 2016/17 negotiations		31/12/2016
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> Equality reporting to GB and published in website		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i>
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i> controls are not yet in place to provide assurance on		
		<b>Principle Risk Reference:</b> 2.2

<b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield		<b>Director Lead:</b> Dr Steve Thomas
<b>Principal Risk:</b> 2.3: That the CCG fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy		<b>Date last reviewed:</b> 25 August 2016
<b>Risk Rating:</b> (likelihood x consequence)  Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Appetite: 3 x 4 = 12		<b>Rationale for current score:</b> There is a current life expectancy gap of up to 20 years on average for this population. The Mental Health Commissioning Team (MHCT) has a range of commissioning projects which will contribute positive change to the lives of this population. However, addressing this issue is not yet embedded across all the CCG's work.  <b>Rationale for risk appetite:</b> It will take years to address the inequalities in health for this population, but we can realistically aim to see progress this year if all parts of the organisation recognise the Parity of Esteem agenda, and can see where specific projects that the MHCT plan to deliver will make an impact.
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i>  1. Identification by the Medical Director of Parity of Esteem as a Risk is a positive step. 2. Continued championing the agenda within CCG structures and processes by MHCT. 3. Continued advice to any CCG colleagues relating to the needs of this population in relation to the commissioning intentions of all portfolios. 4. Procurement of the MH Comprehensive Liaison Service. 5. MHCT Commissioning Intentions and Projects to address unmet needs of the population		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i>  1. We do not yet have a coherent response to Parity Of Esteem through the work that is being delivered on Health Inequality within the CCG. 2. insufficient corporate equality activity to highlight this agenda, alongside other inequality agendas and work. 3. We need a higher degree of scrutiny of Equality Impact Assessments for all CCG activity.
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>		
<b>Action</b> 1. Clinical Director (CD) and Head of Commissioning (HOC) to further engage with relevant teams/ meetings and individuals to highlight this agenda 2. CD and HOC to discuss with leads for Equality ways that the group can take an active role in this agenda: NB Lead for equality is TF, therefore this conver 3. Equality leads to develop actions to support implementation across the organisation		<b>Date:</b> Ongoing 31/5/16 31/7/16
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> Presentations and materials developed by MHCT available through Comms items/ internet/ intranet. Minuted discussion within a range of meetings: MHCT and all portfolio Commissioning team meeting minutes. Other Team Meetings minutes and other CCG meeting minutes e.g. CET, PEEEG/GB		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i>  Date for CD and HOC to attend Corporate Equality Group now identified
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i> GB and CET do not currently receive or request reports on progress with this agenda		
		<b>Principle Risk Reference:</b> 2.3

<b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield		<b>Director Lead:</b> Margaret Ainger
<b>Principal Risk:</b> 2.4 Insufficient resources across health and social care to be able to prioritise and implement the key developments required to achieve our goal of giving every child and young person the best start in life, potentially increasing demand for health and care services.		<b>Date last reviewed:</b> 22 August 2016
<b>Risk Rating:</b> (likelihood x consequence) Initial: 4 x 3 = 12 Current: 4 x 3 = 12 Appetite: 3 x 3 = 9		<b>Rationale for current score:</b> Sheffield has high ambitions in this area, as set out in the Best Start in Life, Every Child Matters and Future in Mind documents. There is a risk that resources across the system will not be sufficient to achieve our ambition, in light of reduction i expenditure on health visiting and other constraints on the LA. <b>Rationale for risk appetite:</b> Whilst resources will remain a constraint, we should aim for a clearer understanding of what is possible, targetting our resources to best effect.
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i>		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i>
Partnership Boards, new delivery board under Sheffield Transformation Programme		For the CCG, the resources available to the childrens portfolio do not match the projects it is attempting to deliver.
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>		
<b>Action</b>		<b>Date</b>
Work with partners to understand the financial constraints and prioritise services within the available resource.		31/05/2016
Prioritise CCG projects to ensure delivery of those that have the highest impact		31/07/2016
Work with partners to ensure effective prioritisation of objectives and alignment of resource to achieve them, through developing partnership structures.		31/10/2016
Temporary appointment of a commissioning manager to support QIPP work - now in post		15/08/2016
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i>	<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i>	
Reports from the new Transformation Board. In time, evidence of impact in quality and outcome reports.	Terms of reference for new transformtion board now agreed	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i>		
<b>Principle Risk Reference:</b>		2.4

<b>Principal Objective:</b> To work with Sheffield City Council to continue to reduce health inequalities in Sheffield		<b>Director Lead:</b> Idris Griffiths, Director of Health Reform and Transformation	
<b>Principal Risk:</b> 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.		<b>Date last reviewed:</b> 30 August 2016	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 3 = 9 Current: 3 x 3 = 9 Appetite: 2 x 3 = 6		<b>Rationale for current score:</b> The HWB has developed a plan to reduce health inequalities (which the CCG is party to), and the CCG has set out the actions it can undertake. Given the scale of the challenge, it is possible that the actions for the CCG will prove difficult to achieve. <b>Rationale for risk appetite:</b> We should not commit to actions we cannot deliver, especially within the HWB partnership, and therefore need to take steps to ensure we can deliver.	
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> HWB Plan considered and agreed by GB CCG specific plan agreed by GB January 2015 and part of overall commissioning plan, and will be reported on alongside other commissioning projects		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i> CCG health inequalities plan needs updating by the Autumn	
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>			
<b>Action</b>			<b>Date</b>
CCG health inequalities plan to be updated			30/09/2016
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> GB papers with regard to PH paper on Health inequalities and HWB papers and plan going forward		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> Minutes of Health and Wellbeing Board January 2016	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i> We do not yet have specific reports on the health inequalities plan			
			<b>Principle Risk Reference:</b> 3.1



<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield		<b>Director Lead:</b> Director of Finance: (Julia Newton)
<b>Principal Risk:</b> 4.1 Financial Plan with insufficient ability to flex to meet in year demands and at same to meet the NHSE business rules for 2016/17		<b>Date last reviewed:</b> 24 August 2016
<b>Risk Rating:</b> (likelihood x consequence) Initial: 4 x 4 = Current: 4 x 4 =  Appetite: 3 x 3 =	<p>The graph displays two data series: 'Risk Score' (blue line with diamond markers) and 'Risk appetite' (red line with square markers). The Y-axis represents the score, ranging from 0 to 18 in increments of 2. The X-axis shows two points: 'Initial Risk Rating' and 'Current Risk Rating'. The Risk Score remains constant at 16, while the Risk appetite remains constant at 9.</p>	<b>Rationale for current score:</b> CCG plan demonstrates delivery of 2 of 3 key business rules. It only demonstrates 0.5% (£3.5m) surplus as opposed to required 1%, which has meant CCG not assured under NHSE rules and we are required to implement a recovery plan. Unless we can move to 1% surplus the risk rating arguably should stay at 16 as we remain non compliant with NHSE business rules. CCG's GB considered Recovery Plan on 7 July which gives more resilience to delivery of original 0.5% surplus but at this stage does not move us closer to delivery of 1% in 2016/17.
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating 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		<b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?)
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)		
<b>Action</b>		<b>Date</b>
Further update of Financial Recovery Plan after feedback from NHSE received to GB on 1 Sept		Sept 16
Establish monthly meetings with GB Membership to specifically review progress with Recovery Plan/QIPP - First meeting 26 August		Sept 16
<b>Assurances:</b> (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	<b>Positive Assurance:</b> (Provide specific evidence of Assurances) • Monthly reports to Governing Body	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?) None.		
		<b>Principle Risk Reference:</b> 4.1

<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield		<b>Director Lead:</b> Director of Finance: (Julia Newton)	
<b>Principal Risk:</b> 4.2 Risk management and other governance arrangements put in place by CCG and SCC to manage the BCF prove inadequate to deliver our integrated commissioning programme and meet our joint efficiency challenges		<b>Date last reviewed:</b> 24 August 2016	
<b>Risk Rating:</b> (likelihood x consequence)  Initial: 3 x 3 = 9  Current: 3 x 3 = 9 Appetite: 2 x 3 = 6		<b>Rationale for current score:</b> SCC and CCG have ambitious integrated commissioning programme, but major changes (and savings) will take time to implement. We only have partial solutions to address the £9.3m budget gap brought forward from 2015/16 (although some non recurrent solutions are in place). Some significant social care pressures are emerging in Q1 and hence urgency for in year and longer term solutions eg through greater integrated commissioning. Risk remains high because both CCG and LA facing in year financial pressures.	
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) Section 75 agreement in place from 1 April with risk management arrangements and monthly meeting of a joint Executive Mgt Group. Monthly budget monitoring to this group + Governing Body to allow escalation and resolution of issues.		<b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?)	
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)			
<b>Action</b>			<b>Date</b>
Completion of longer term financial planning and scenario planning by both partners on back of Deloitte's report			Ongoing
Performance reporting against key metrics to GB and EMG			Monthly
Resolution on enhanced budget pooling/risk sharing arrangement on Mental Health			Sep-16
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) HWBB minutes; Minutes of Executive Mgt meetings. Continuation of Governance & Finance working group if required		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) • Updates monthly to Executive Mgt Group and Governing Body.	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?) N/A			
<b>Principle Risk Reference:</b>			4.2

<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield		<b>Director Lead:</b> Interim Director of Commissioning	
<b>Principal Risk:</b> 4.3 Unable to deliver the QIPP (efficiency) savings plan of £19.5m due to lack of internal capacity and lack of engagement by key partners.		<b>Date last reviewed:</b> 24 August 2016	
<b>Risk Rating:</b> (likelihood x consequence)  Initial: 4 x 4 = 16  Current: 4 x 4 = 16  Appetite: 2 x 4 = 8		<b>Rationale for current score:</b> The CCG QIPP plan is £19.5m which is over 3 times greater than the annual plans for each of the last 3 years and on which there has only been partial delivery. Robust governance and monitoring arrangements have been put in place during Q1. These suggest at least c£3m of non delivery by year end. This could increase with slippage in schemes back loaded but there are some mitigating schemes as part of recovery plan. Risk kept at 16 while under delivery forecast and overall financial position not yet secured.  <b>Rationale for risk appetite:</b> Delivery of the QIPP plan is crucial to delivery of overall financial position	
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> QIPP Director in post. His first report to GB will be considered on 7 July 2016. There is a risk that the £19.4m will not be met as planned. Work is underway to identify further in-year savings from new QIPP schemes and deep dives into areas of non-tariff spend.		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i> None	
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>			
<b>Action</b>			<b>Date</b>
Complete confirm and challenge process			Completed
Metrics have been established for all activity/PBR schemes. Work is in hand for other metrics or proxies			Completed
Establish monthly meetings with GB Membership to specifically review progress with Recovery Plan/QIPP - First meeting 26 August			Sept 16
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> <ul style="list-style-type: none"> <li>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. Confirm and challenge renamed Support and Assurance and confirmed at CET - GB Paper 7 July 2016.</li> </ul>		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> <ul style="list-style-type: none"> <li>Monthly reports to Governing Body and more in depth reporting to GB QIPP sub group from August 16</li> </ul>	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i> None.			
<b>Principle Risk Reference:</b>			4.3

<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield		<b>Director Lead:</b> Idris Griffiths,
<b>Principal Risk:</b> 4.4 Inability to secure partnerships with secondary and primary care providers to deliver the Sheffield Transformation Programme in particular our out of hospital strategy.		<b>Date last reviewed:</b> 30 August 2016
<b>Risk Rating:</b> (likelihood x consequence) Initial: $3 \times 3 = 9$ Current: $3 \times 3 = 9$ Appetite: $2 \times 3 = 6$		<b>Rationale for current score:</b> 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 <b>Rationale for risk appetite:</b> 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.
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Partnership structures - HWB, Right First Time & Future Shape Children's Services, SYCOM & CCGCOM, Integrated Commissioning. Draft 5 year vision for health community. Agreement about future role of BCF, reflecting integrated commissioning. System resilience work. Context of Sustainability and Transformation Plan (STP)		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i>
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>		
<b>Action</b>		<b>Date</b>
Planning process for 16/17 includes a joint approach to planning and will result in a system wide plan for 16/17 and beyond. Local place based plan will be produced in line with wider STP timescales		<b>Feb - June 16</b>
Further development of joint five year vision for healthcare in Sheffield with FTs and publication of the vision through Transforming Sheffield programme and HWB		June 16
Establish an Memorandum of Understanding across Providers and Commissioners to work in partnership		
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> New governance arrangements being implemented to support Sheffield transformation. These will monitor delivery and improved outcomes through evaluation process	<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> QIPP confirm and challenge process (notes of April 2016 review). Contract activity and financial totals agreed where appropriate. QIPP metrics and reporting process being implemented	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i>		
		<b>Principle Risk Reference:</b> 4.4

<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield		<b>Director Lead:</b> Julia Newton, DoF for Maddy Ruff, Accountable Officer	
<b>Principal Risk:</b> 4.5 Inability to agree and progress service changes across the South Yorkshire and Bassetlaw Sustainability and Transformation Programme (STP) footprint at a pace which supports delivery of collective efficiency challenge		<b>Date last reviewed:</b> 30 August 2016	
<b>Risk Rating:</b> (likelihood x consequence) Initial: $4 \times 4 = 16$  Current: $4 \times 4 = 16$ Appetite: $2 \times 4 = 8$			<b>Rationale for current score:</b> As part of national Five Year Forward View, £22billion of savings were estimated to be required over 5 years. CCGs and providers have come together in regional (STP) footprints to produce plans which are required to address a series of challenges including our share of national financial gap. A first submission was made 30 June, with first cut of financial model including solutions by 16 Sept and then final STP submission on 21 October. Work has been progressing with support of PwC but as at end of August we remain some way off from an agreed set of solutions to fully close the financial gap by 20/21.
	<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Establishment of STP working arrangements including governance structure with PMO and various CEO/Director led workstreams; Plans to be assessed by NHSE		<b>Rationale for risk appetite:</b> If we are to have a sustainable healthcare system across our STP geography we need to have a programme of service change which will meet the finance and other challenges we face.
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Establishment of STP working arrangements including governance structure with PMO and various CEO/Director led workstreams; Plans to be assessed by NHSE		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i> None	
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>			
<b>Action</b>			<b>Date</b>
Completion of first cut submission to NHSE - with do nothing gap - complete			30-Jun-16
Submission of STP wide finance template with solutions following work by all organisations/workstreams with PwC			16-Sep-16
Various stakeholder events to support development of STP and solutions to financial gap			June to Oct 16
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> NHSE review of STP plan		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> Reports to STP Executive Group and respective boards/Governing Body on regular basis	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i>			
			<b>Principle Risk Reference:</b> 4.5

<b>Principal Objective:</b> Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.		<b>Director Lead:</b> Katrina Cleary	
<b>Principal Risk:</b> 5.1 Inability to maximise the anticipated benefits of Co-commissioning of GP led primary care services		<b>Date last reviewed:</b> 30 August 2016	
<b>Risk Rating:</b> (likelihood x consequence) Initial:  $3 \times 4 = 12$ Current: $3 \times 4 = 12$ Appetite: $2 \times 3 = 6$		<b>Rationale for current score:</b> CCG has delegated authority from NHSE for commissioning GP led primary care services with a budget of c£75m from 1 April 2016. CCG established the required Primary Care Co-commissioning Committee to oversee this work from autumn 2015. As at April 2016, we are still working with NHSE colleagues to understand details of financial contractual commitments and how we will operationalise our new responsibilities and what local flexibilities exist. Until we have a better understanding it is difficult to start to realise anticipated benefits of co-commissioning.  <b>Rationale for risk appetite:</b> Maximising anticipated benefits is crucial to ensuring sustainable primary care services in Sheffield which in turn is crucial to delivery of a sustainable healthcare system in the city.	
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i>  Primary Care Co-commissioning Committee (PCCC) established which is a formal sub-committee of Governin Body and meets monthly to consider reports/issues.		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i>  None	
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>			
<b>Action</b>			<b>Date</b>
Expansion in capacity to the Primary Care structure to support practices in understanding and engaging in the wider agenda			01/09/2016
PCCC review of agenda items and rationale for inclusion/discussion			June 2016
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> NHSE are co-commissioners and members of PCCC			<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> Monthly reports to PCCC.
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i>			
<b>Principle Risk Reference:</b>			5.1

<b>Principal Objective:</b> Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.		<b>Director Lead:</b> Idris Griffiths, Director of Transformation and Health Reform	
<b>Principal Risk:</b> 5.2 Unable to secure timely and effective commissioning support to enable us to adequately respond and secure delivery to existing and new emerging requirements. Quality of externally purchased commissioning support (IT and data management) falls below required levels		<b>Date last reviewed:</b> 30 August 2016	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Appetite: 2 x 3 = 6		<b>Rationale for current score:</b> Current Commissioning Support Arrangements have been reviewed and have gone through significant change. New providers are delivering both IT and data management services and satisfactory delivery is as yet unproven.	
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Contract contains key performance indicators, process for oversight of contract and escalation processes for underdelivery		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i>	
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>			
<b>Action</b>			<b>Date</b>
Implement plans for the contract management arrangements of the providers			May-16
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> Governing Body Paper/Minutes CET Approvals Group and Programme Management Delivery Group via Governing Body papers		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> Minutes of CET & CET Approvals Group and via Governing Body papers Contracts with providers and minutes of meetings of performance reviews	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i>			
<b>Principle Risk Reference:</b>			5.2

<b>Principal Objective: Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.</b>		<b>Director Lead:</b> Medical Director (Zak McMurray)
<b>Principal Risk:</b> 5.3 Inability to secure active engagement/participation between Member Practices and relevant CCG teams which may result in not achieving CCG priorities		<b>Date last reviewed:</b> 25 August 2016
<b>Risk Rating:</b> ((likelihood x consequence) Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Appetite: 2 x 3 = 6		<b>Rationale for current score:</b> Active engagement at locality level needed, with clear governance structure into CET. All practices have signed the constitution. Active Clinical Reference Group (CRG). Comprehensive OD plan in place.  <b>Rationale for risk appetite:</b> Service transformation requires high take up from clinicians and with mechanisms in place for engagement, as part of our organisational development strategy, will reflect CCG working practices.
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> Clinical directors now in place with executive role within CET giving clear clinical direction for the organisation. Regular engagement with practices. OD Strategy includes clinical engagement and member practice engagement at its core. CCG Structure includes GP involvement at Governing Body and its associated Committees, CET, CRG and H&WB Board. Localities also collaborate through the Citywide Locality Group where membership includes links to the commissioning portfolios and CET. Allocation of an Executive Lead for each locality should improve engagement with the senior management team. Revised ToR for CLG which is chaired by Chair of the CCG will hopefully strengthen links between localities and CCG. Existing directors included in practice visits as part of PCC in which CDs involved. Executive leads now attending locality meetings.		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i>
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>		
<b>Action</b>		<b>Date</b>
C/w Locality group meetings now attended by Medical Director and Clinical Directors whenever possible		
Work with Communicaitons and OD teams to develop robust engagement approaches		Ongoing
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> 1) GB Reports 2) OD Steering Group Minutes 3) OD Evaluation Reports to OD Steering Group 4) Response to Election Process 5) OD strategy 6) Minutes from CLG and revised ToR. 7) OD Plan Minutes from city-wide locality group meetings	<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> Improving Communications and Engagement with Member Practices (July 15) Equalisation of Core General Practice Finances - EOGB meeting 16.07.15 Positive evaluation from October Members Council Meeting	
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i> none		
<b>Principle Risk Reference:</b>		5.3



<b>Principal Objective: Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.</b>		<b>Director Lead: Tim Furness, Director of Delivery</b>
<b>Principal Risk: 5.4 Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage.</b>		<b>Date last reviewed: 22 August 2016</b>
<b>Risk Rating:</b> (likelihood x consequence) Initial: 2 x 4 = 8 Current: 2 x 4 = 8 Appetite: 1 x 4 = 4		<b>Rationale for current score:</b> Robust arrangements are now in place, but need to consider and implement new guidance raises risk  <b>Rationale for risk appetite:</b> Authorisation is dependent on robust constitutional arrangement
<b>Existing Controls:</b> <i>(What are we doing about the risk prior to any new mitigating actions?)</i> OD strategy to strengthen governance systems and processes. Stringent policies in place to safeguard against conflict of interest. OD session Jan 14 on GB members' role. Explanatory statement now added to committee agendas and explicit discussion regarding perceived		<b>Existing Gaps in Control:</b> <i>(Where are we failing to put controls in place and what more should be done?)</i> no gaps
<b>Mitigating actions:</b> <i>(What new controls are to be put in place to address Gaps in Control and by what date?)</i>		
<b>Action</b>		<b>Date</b>
Continual review of governance arrangements, especially with regard to integrated commissioning, co-commissioning with NHSE		ongoing
Further review of Constitution to include requirements around Col, updated ToR and GP Membership		31/01/2017
Review of Governance Structure		30/09/2016
Implementation of new guidance on conflicts of interest, review of current policy and procedures		30/09/2016
<b>Assurances:</b> <i>(Where should we find the evidence that controls are effective?)</i> <ul style="list-style-type: none"> <li>• Endorsement by NHS E of Constitution</li> <li>• Appointment of 4th Lay Member</li> <li>• Publication of registers of interest</li> <li>• Governance Structure including Members Council and LEGs</li> </ul>		<b>Positive Assurance:</b> <i>(Provide specific evidence of Assurances)</i> <ul style="list-style-type: none"> <li>• Review of constitution</li> <li>• Management of Conflicts of interest noted at all meetings</li> </ul> Reports to Governing Body
<b>Gaps in assurance:</b> <i>(Where are we failing to gain evidence that our controls are effective?)</i> No gaps		
<b>Principle Risk Reference:</b>		5.4

AIGC 15 September 2016

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 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions.	TF	12	12	6	no			no		
	1.2 System wide or specific provider capacity problems emerge in secondary and/or primary care to prevent delivery of NHS Constitution and/or NHS E required pledges including addressing 7 day access.	TF	15	9	9	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.	KeC	12	12	6	No			No		
	2.2 CCG unable to influence equality of access to healthcare because insufficient or ineffective mechanisms to change	TF	9	9	6	Yes	Current lack of data and contractual levers	Plans in place to improve data collection and ensure equality features in contract negotiations	yes	Controls not yet in place to provide assurance on	Controls being put in place
	2.3 That the CCG fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy	ST	16	16	12	Yes			Yes		
	2.4 Insufficient resources across health and social care to be able to prioritise and implement they key developments required to achieve our goal of giving every child and young person the best start in life, potentially incresing demand for health and care services..	MA	12	12	9	Yes			yes		
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.	IG	9	9	6	No			yes	Health Inequalities reported on to GB. Role of HWB also streghened alongside City Council's new Director of PH. This now needs to be evidenced as effective during the year	HWB forward plan will identify dates for review. Once evidenced gap will be addressed
4. To ensure there is a sustainable, affordable healthcare system in Sheffield.	4.1 Financial Plan with insufficient ability to reflect changes to meet demands and at same time to meet the NHSE business rules for 2016/17.	JN	16	16	9	No			No		
	4.2 Risk management and other governance arrangements put in place by CCG and SCC to manage BCF prove inadequate to deliver our integrated commissioning prgramme and meet our joint efficiency challenges.	JN	9	9	6	No			No		
	4.3 Unable to deliver QIPP (efficiency) savings plan of £19.3m due to lack of internal capacity and lack of engagement of key partners	MP	16	16	8	No			No		
	4.4 Inability to secure partnerships with secondary and primary care providers to deliver the Sheffield Transformation Programme in particular our out of hospital strategy.	IG	9	9	6	No			Yes	Need process in place to report upon metrics, to provide assurance on QIPP	Being put in place
	4.5 Inability to agree and progress service changes across the South Yorkshire and Bassetlaw Sustainable Transformation Programme (STP) footprint at a pace which supports delivery of collective efficiency challenge.	JN (for MR)	16	16	8	No			No		
5. Organisational development to ensure CCG meets organisational health and capability requirements.	5.1 Inability to maximise the anticipated benefits of Co-commissioning of GP led primary care services	KaC	12	12	6	no			No		
	5.2 Unable to secure timely and effective commissioning support to enable us to adequately respond and secure delivery to existing and new emerging requirements. Quality of externally purchased commissioning support (IT and data management) falls below required levels.	IG	12	12	6	No			No		
	5.3 Inability to secure active engagement/participation between Member Practices and relevant CCG teams which may result in not achieving CCG priorities	ZM	12	12	6	No			No		
	5.4 Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage.	TF	8	8	4	No			No		