

Gaps

Date: 27-Mar

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.	ND	16	16	6	Yes	SPEEEC oversight needs to be embedded in programme management and planning procedures	Recruitment to impending vacancy of Strategic Communications and Engagement Lead	No		
	1.2 System wide or specific provider capacity problems emerge in secondary and/or primary care to prevent delivery of statutory requirements of the NHS Constitution and requirements of the Five Year Forward View	BH	15	15	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.	MP	9	9	6	No			No		
	2.2 CCG unable to influence equality of access to healthcare because insufficient or ineffective mechanisms to change	BH	9	9	6	No			No		
	2.3 That the CCG commissioning activities fails to impact on the health inequalities and reduced life expectancy of its citizens who experience mental health conditions, as it is unable to influence the societal attitudes that prevail and lead to disparity of investment in mental health services when compared with physical health services. (Parity of Esteem)	BH	16	12	9	Yes	This agenda is long term, and reflects the national health inequalities faced by the population with MH conditions. It will not be mitigated within year	A paper on Parity of Esteem will be presented to CSMT for executive discussion around the strategic leadership required across Sheffield and the ACP	Yes	Consideration should be given to ways in which the culture of addressing parity of esteem is embedded into the organisation	Governing Body receiving updates on MH and broader transformation work. Parity of Esteem becoming a whole system issue.
	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 increasing demand for health and care services..	MP	10	10	6	No			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.	ND	9	9	6	No			Yes	Reports on progress to reduce health inequalities par the health inequalities plan are not regularly made to Governing Body	Health inequalities is on the HWB forward plan for Jan 18 . Revised TOR and propose of HWB linking to ACP.
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 2018/19.	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 programme and meet our joint efficiency challenges.	JN	9	9	6	No			No		
	4.3 Unable to deliver QIPP (efficiency) savings plan of £15m due to lack of internal capacity and lack of engagement of key partners	BH	16	16	6	No			No		
	4.4 Inability to secure partnerships with secondary and primary care providers to deliver the Sheffield Place Plan via the Accountable Care Partnership	BH (for MR)	12	12	6	No			No		
	4.5 Inability to agree and progress service changes across the South Yorkshire and Bassetlaw Accountable Care System footprint at a pace which supports addressing the 3 challenges/gaps in financial efficiency, workforce and quality	JN (for MR)	12	12	4	No			No		
5. Organisational development to ensure CCG meets organisational health and capability requirements.	5.1 Inability to maximise the anticipated benefits of the GP Forward View to deliver a sustainable and transformed primary care sector.	ND	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.	BH	12	12	6	Yes	Limited contractual mechanisms available via the LPF contract to drive performance improvement.	Recruitment to joint Head of IT or another solution. Service specifications and their development where non-existent are now a priority.	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	8	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.	JN	12	12	4	No			No		
	5.5 Insufficient workforce, talent management and succession planning could lead to inability to deliver organisational objectives and priorities.	MP	16	16	6	No			No		