

Item 23b  
To support main agenda item 21 (paper N)

**Introduction            GBAF REFRESH 2017/18**

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<br><br><i>(Goals 1, 2, 5 &amp; 8)</i>                                     | 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         | 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  | BH         | 15                 | 12                 | 9                             | No                         | No                           |
| 2. To improve the quality and equality of healthcare in Sheffield<br><br><i>(Goals 1, 2, 3, 4 &amp; 6)</i>                    | 2.1 Providers delivering poor quality care and not meeting quality targets.  | MP         | 12                 | 6                  | 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 fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy  | BH/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. | MP         | 12                 | 12                 | 9                             | No                         | No                           |
| 3. To work with Sheffield City Council to continue to reduce health inequalities in Sheffield<br><br><i>(Goals 3 &amp; 7)</i> | 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                         | No                           |
| 4. To ensure there is a sustainable, affordable healthcare system in Sheffield.<br><br><i>(Goal 2, 5, 7 &amp; 8)</i>          | 4.1 Financial Plan with insufficient ability to flex to meet in year demands and at same to meet the NHSE business rules for 2017/18   | JN         | 16                 | 9                  | 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                           |

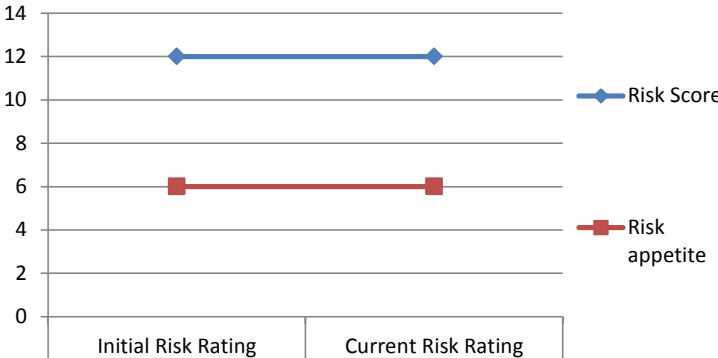
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|  | 4.3 Unable to deliver the QIPP (efficiency) savings plan of £21.6m due to lack of internal capacity and lack of engagement by our key partners   | BH  | 16 | 12 | 8 | No  | No |
|  | 4.4 Inability to secure partnerships with secondary and primary care providers to deliver the Sheffield Transformation Programme and to develop the Accountable Care Partnership (with reference in particular our out of hospital strategy).                                | ND  | 9  | 9  | 6 | No  | No |
|  | 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, workforce and quality "gap" challenges.                 | MR  | 16 | 12 | 8 | No  | No |
| 5. Organisational development to ensure CCG meets organisational health and capability requirements. (Goals 1 - 8) | 5.1 Inability to maximise the anticipated benefits of the GP Forward View to deliver a sustainable and transformed primary care sector.  | KaC | 12 | 6  | 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 | 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 | 6  | 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.  | JN  | 8  | 6  | 4 | No  | No |
|  | 5.5 Insufficient workforce, talent management and succession planning could lead to inability to deliver organisational objectives and priorities.   | MP  | 12 | 6  | 6 | No  | No |

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

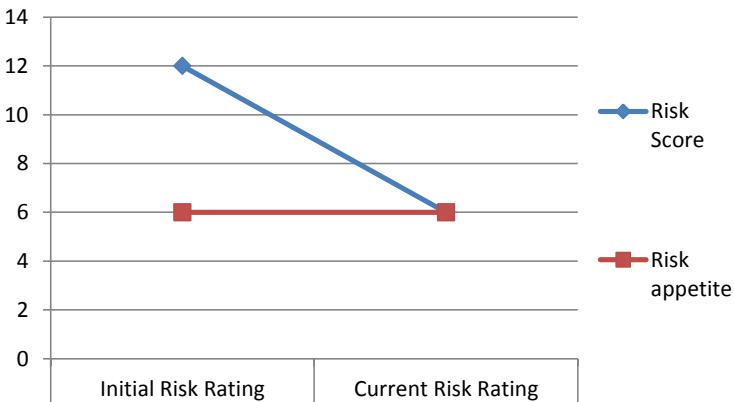
| Risk Matrix |                  | Likelihood |                |                |              |                      |          |                     |
|-------------|------------------|------------|----------------|----------------|--------------|----------------------|----------|---------------------|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

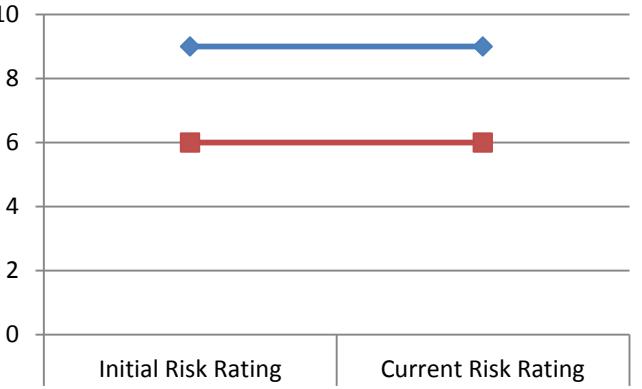
## 8 Goals

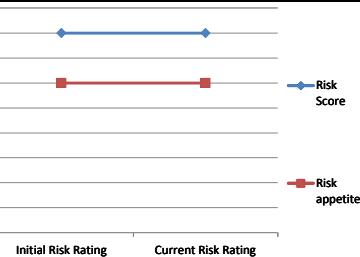
- 1 Deliver timely and high quality care in hospital for all patients and their families
- 2 Become a person-centred city: promoting independence for our citizens and supporting them to take control of their health and health care
- 3 Tailor services to support a reduction in health inequalities across 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.

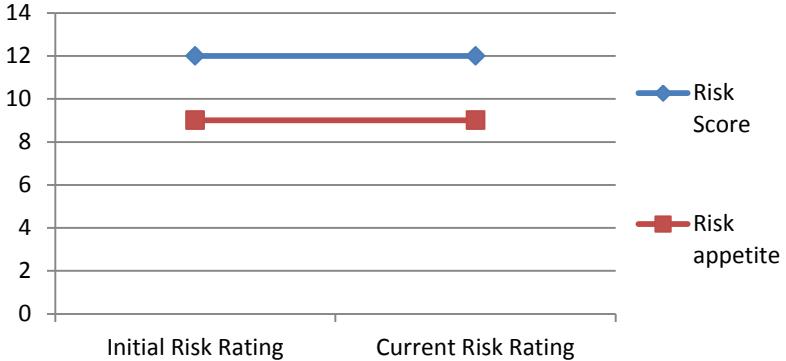
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| <b>Principal Objective:</b> To improve patient experience and access to care   |   | <b>Director Lead:</b> Nicki Doherty, Director of Transformation and Delivery   |
| <b>Principal Risk:</b> 1.1 Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions.  |   | <b>Date last reviewed:</b> 19 March 2018   |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br>Initial:<br>$3 \times 4 = 12$<br><br>Current:<br>$3 \times 4 = 12$<br>Appetite:<br>$2 \times 3 = 6$   |  <p>The chart displays two horizontal bars on a scale from 0 to 14. The 'Initial Risk Rating' bar (blue diamonds) spans from approximately 11 to 12. The 'Current Risk Rating' bar (red squares) spans from approximately 6 to 6.5. A legend indicates that blue diamonds represent 'Risk Score' and red squares represent 'Risk appetite'.</p> | <b>Rationale for current score:</b><br>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. Risk that the population don't engage with the proposed changes, focused on creating independence, self-care & education, and we end up with a system that encourages dependence on it.<br><b>Rationale for risk appetite:</b><br>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> (What are we doing about the risk prior to any new mitigating actions?)<br>Communication and engagement strategy and engagement plan, which is linked with the Working Together engagement function.<br>Engagement committee, led by GB lay member, in place.<br>"Involve me" network established.<br>Engagement group overseeing and monitoring activity.   |   | <b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?)   |
| <b>Action</b><br>The refreshed comms and engagement approach has been discussed with the AO. A paper setting out the options and recommended preference will go to SMT in August<br>Proposal to be taken to December CSMT to agree approach and resourcing to secure confidence we can achieve this (should address the gap in control)<br>For engagement we will consider a place based approach<br>Continued development of engagement activity, supporting portfolios so that all CCG decisions are properly informed by the views of patients and the public. We will ensure that any papers/proposals agreed include a resourced plan for engagement<br>PEEG to develop and oversee engagement plan for 2017/18 |   | <b>Date</b><br>Completed<br>Completed<br>Completed   |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)<br><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> (Provide specific evidence of Assurances)<br><ul style="list-style-type: none"> <li>Patient experience and engagement reports received by GB</li> <li>Programme Management Framework adopted by QIPP Sub-Group and approved by Governing Body.</li> </ul>  |  |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)<br>None   |   | <b>Principle Risk Reference:</b> 1.1   |

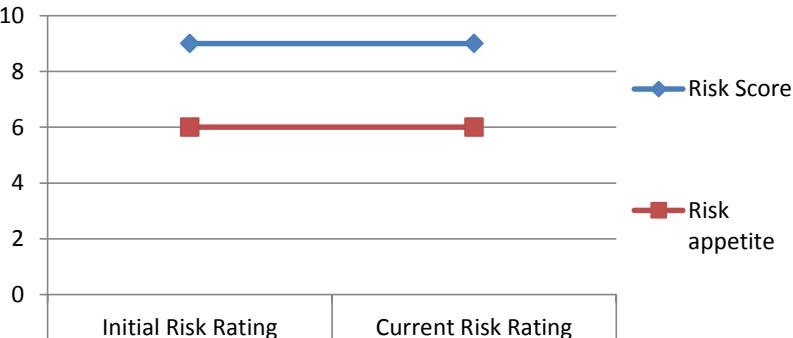


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|--|---|---|------|---|--------|--|--------|--|--------|
| <b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield   |   | <b>Director Lead:</b> Acting Chief Nurse: Mandy Philbin   |      |   |        |  |        |  |        |
| <b>Principal Risk:</b> 2.1 Providers delivering poor quality care and not meeting quality targets.   |   | <b>Date last reviewed:</b> 16 March 2018  |      |   |        |  |        |  |        |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br>Initial:<br>$3 \times 4 = 12$<br><br>Current:<br>$2 \times 3 = 6$<br>Appetite:<br>$2 \times 3 = 6$  |  <p>The graph illustrates a significant reduction in both the current risk rating and the risk appetite compared to the initial rating. The initial risk rating was 12, while the current risk rating is 6, indicating a lower level of actual risk. The risk appetite is also set at 6, which is lower than the initial rating, reflecting a more conservative approach to acceptable risk levels.</p> | <b>Rationale for current score:</b><br>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 previously and the CCG continues to require assurance that providers are delivering high quality services. Where areas of concerns have been identified there is intensive intervention and scrutiny. This is evidenced by escalation at GB<br><b>Rationale for risk appetite:</b><br>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?)<br>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, Primary care resilience group.   | <b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?)<br><br><br><br><br>  |   |      |   |        |  |        |  |        |
| <b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)<br><table border="1"> <tr> <td>Review at QAC instrumental for raising profile and quality assurance</td> <td>Date</td> </tr> <tr> <td>Implement the Programme of work for Quality improvement in care homes</td> <td>May-18</td> </tr> <tr> <td>Developed quality framework for Primary Care</td> <td>Jun-18</td> </tr> <tr> <td>Strenthen and raise profile quality through assurances reporting</td> <td>Aug-17</td> </tr> </table>                                 |   | Review at QAC instrumental for raising profile and quality assurance  | Date | Implement the Programme of work for Quality improvement in care homes | May-18 | Developed quality framework for Primary Care | Jun-18 | Strenthen and raise profile quality through assurances reporting | Aug-17 |
| Review at QAC instrumental for raising profile and quality assurance   | Date  |   |      |   |        |  |        |  |        |
| Implement the Programme of work for Quality improvement in care homes  | May-18  |   |      |   |        |  |        |  |        |
| Developed quality framework for Primary Care   | Jun-18  |   |      |   |        |  |        |  |        |
| Strenthen and raise profile quality through assurances reporting   | Aug-17  |   |      |   |        |  |        |  |        |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)<br><ul style="list-style-type: none"> <li>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. Programme delivery plan for Care Homes and more structured intelligence monitoring of primary care.</li> </ul> | <b>Positive Assurance:</b> (Provide specific evidence of Assurances)<br>Comissioning for quality strategy and annual updated action plan. QAC minutes and SI reports. Safeguarding reports. Monthly GB infection control/Patient Experience/Complaints reports, data on quality targets. Exception reporting to GB. Update on care home status into the Board. Quality Assurance framework for primary care.  |   |      |   |        |  |        |  |        |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)<br>No   |   | <b>Principle Risk Reference:</b> 2.1  |      |   |        |  |        |  |        |

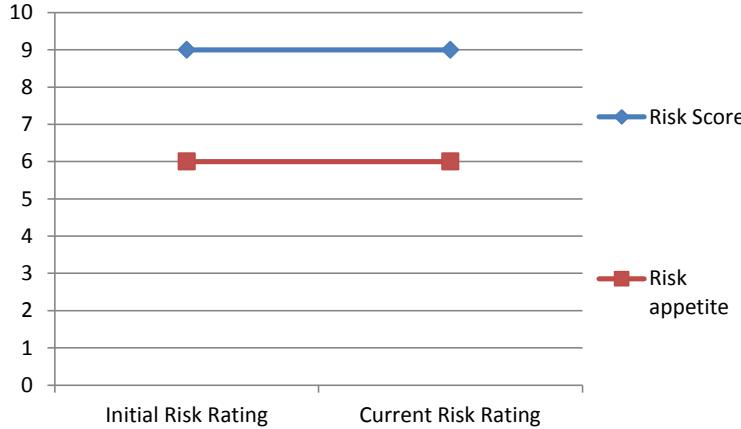
| <b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield   |   | <b>Director Lead:</b> Brian Hughes, Director of Commissioning and Performance |  |
|--|---|---|--|
| <b>Principal Risk:</b> 2.2 CCG unable to influence equality of access to healthcare because insufficient or ineffective mechanisms to change   |   | <b>Date last reviewed:</b> 22 March 2018                                      |  |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br>Initial:<br>$3 \times 3 = 9$<br>Current:<br>$3 \times 3 = 9$<br>Appetite:<br>$2 \times 3 = 6$  <p>The diagram is a horizontal risk matrix with a scale from 0 to 10. It features two horizontal bars: a blue bar representing the 'Initial Risk Rating' and a red bar representing the 'Current Risk Rating'. The blue bar spans from approximately 8.5 to 9.5. The red bar spans from approximately 6 to 6.5. A legend on the right identifies the colors: a blue diamond for 'Risk Score' and a red square for 'Risk appetite'.</p> | <b>Rationale for current score:</b><br>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.<br><b>Rationale for risk appetite:</b><br>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> (What are we doing about the risk prior to any new mitigating actions?)<br>Equality of access is discussed with providers through the Equality Engagement Group. An Equality Impact Assessment will be a part of all projects and programmes, a revised EIA template is being developed, and EIA will form part of the approval process for all proposed projects and programmes. Identified capacity constraints have been mitigated via a reprioritisation within the Comms and Engagement Team.   |   |   |  |
| <b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)   |   |   |  |
| Action   | Date  |   |  |
| Accessible Information Standard to be adopted across all future procurement specifications, and compliance against NHS Standard contract to be assured   |   |   |  |
| Need to widen data sets in relation to people with protected characteristics and how they access services  | June 17   |   |  |
| Further bolster contractual discussion in relation to equality of access in order to improve levels of assurance   | Dec 17  |   |  |
| Meeting to ensure embedded within the Programme Management Framework to be held in March 2017  | Closed  |   |  |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)<br>Equality reporting to GB and published in website<br>EIA completed and reviewed for all projects and programmes   | <b>Positive Assurance:</b> (Provide specific evidence of Assurances)<br>Governing Body reports<br>Minutes of PEEG to Governance Sub-committee   |   |  |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)   |   |   |  |

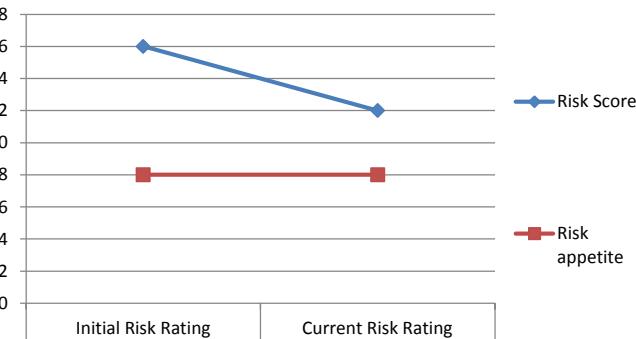
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| <b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield   |   | <b>Director Lead:</b> Brian Hughes, Director of Commissioning and Performance<br>(Dr Steve Thomas)   |  |  |
| <b>Principal Risk:</b> 2.3: That the CCG fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy  |   | Date last reviewed:<br>22 March 2018   |  |  |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br>Initial:<br>$4 \times 4 = 16$<br>Current:<br>$4 \times 4 = 16$<br>Appetite:<br>$3 \times 4 = 12$   | <b>Rationale for current score:</b><br>There is a current life expectancy gap of up to 20 years on average for this population. There will be no year difference to this statistic, or even an easily measurable difference over a five year timescale. We therefore will not be amending the risk rating for this risk on a quarterly basis.   | <b>Rationale for risk appetite:</b><br>It will take years to address the inequalities in health for this population, but we can realistically aim to see progress if all parts of the organisation recognise the Parity of Esteem agenda, and where our commissioning decisions can impact positively or negatively on the health of the population with MH issues. 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, or the work of the NHS as a whole, effectively. Matrix working gives the CCG a better opportunity to make some progress on the parity of esteem agenda than in previous structures, as will enable mental health to be embedded more into the organisational priorities. Matrix working approaches need to take into account where specific projects and priorities within the CCG will impact on parity of esteem, in addition to what the MHCT plan to deliver. |  |  |
| <b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?)<br>1. Identification by the MD 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.<br><b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)  |   | <b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?)<br>Need to continue to develop a coherent response to Parity of Esteem  |  |  |
| Action<br>CD and HOC to further engage with relevant teams/ meetings and individuals to highlight this agenda. Update Mar 2017: This work will continue to progress over the next 5 years of MH Five Year Forward implementation. Aug 17 Update: Positive progress with inclusion of MH in key areas of work in AS&R/ Urgent Care/ Neighbourhood working/ A&E Delivery Board. Nov 17: Extended membership of MHL Del Bd has improved integration of the mental and physical health agenda. Integration into an emerging ACP means that our joint transitional goals with partners are more likely to lead to sustainable system change<br>The development of the MH Liaison Service will have a positive impact on this agenda. Update: Additional resources secured to input into a Mental Health Liaison service to help the introduction of an improved and more effective service. Underlying risk now will be the recurrent funding and savings delivered in order to sustain the service. Funding Model agreed August 2017. Nov 17: Successful IAPT bid to develop a psychological intervention into 10 LTC pathways, integrating into primary and secondary work streams. Core 24 service implemented from December 2017: Service operational at March 2018 |   | Date<br>March 2018<br>March 2018   |  |  |
| Update March 2017: initial conversation with Equality Officer has taken place to address how Corporate Equalities Group would contribute to the Parity of Esteem Agenda. Parity of Esteem has been added to the Corporate Equality Objectives and Themes. Continue further discussions and monitoring Parity of Esteem to continue to develop our corporate understanding of addressing this agenda. Newly appointed Corporate Equality Lead Officer engaged to promote Parity of Esteem through current approach to Corporate Equality work ( March 2018)   |   | 31/3/18  |  |  |
| <b>MHCT now attending Active Support and Recovery Board, Ongoing Care Group and have requested attendance at the A&amp;E Delivery Board to further promote Parity of Esteem across the CCG.</b>  |   | Completed: membership secured  |  |  |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)<br><br>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. Information included in Quality reports to GB. MH investment guarantee reported to NHSE monthly.   | <b>Positive Assurance:</b> (Provide specific evidence of Assurances)<br><br>Minutes of SPEEC to evidence Parity of Esteem discussions. Joint work programme with SHSC/ SCC and SCCG. Joint transformation plan. MHCT QIPP plan includes a physical health project for people with MH and LD - this will also look at mental health needs of this population when under physical health care (will act as Parity of Esteem Task Group reporting to MHL Del Bd as part of the ICP). MH Strategy Refresh launched in March 2018 - will focus on social determinants of health which contributes to parity of esteem. |  |  |  |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)   |   |  |  |  |
| Principle Risk Reference: <b>2.3</b>   |   |  |  |  |

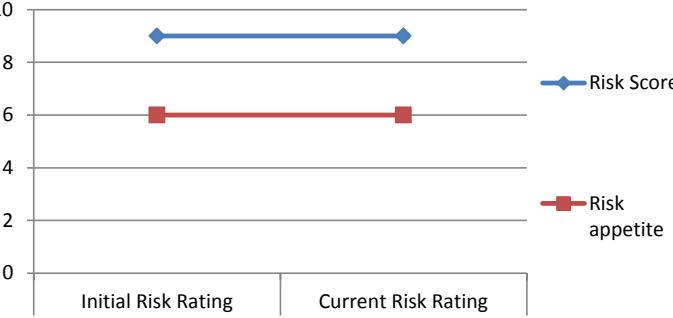
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| <b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield  |  | <b>Director Lead:</b> Acting Chief Nurse Mandy Philbin   |
| <b>Principal Risk:</b> 2.4 Insufficient resources across health and social care to be able 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> 19 March 2018   |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br>Initial:<br>$4 \times 3 = 12$<br>Current:<br>$4 \times 3 = 12$<br>Appetite:<br>$3 \times 3 = 9$  | <br>Initial Risk Rating      Current Risk Rating | <b>Rationale for current score:</b><br>Sheffield has high ambitions in this area, as set out in the Best Start in Life, Every Child Matters and Future in Mind documents and Community Health Programme. There is a risk that resources across the system will not be sufficient to achieve our ambition, in light of reduction in expenditure on health visiting and other constraints on |
| <b>Rationale for risk appetite:</b><br>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> (What are we doing about the risk prior to any new mitigating actions?)<br>Children's Transformation:- new delivery board under Sheffield Transformation Programme<br>Community health<br>PID for Community Health Programme.<br>Revised integrated commissioning/transformation structure will ensure that the combined commissioning of resources between SCC/SCCG will work closely with the service improvement |  | <b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?) Delays in agreement for Transformation lead. Continues ot be ongoing discussion and deliberation for the Senior level ACP transformational lead post.   |
| <b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)  |  |  |
| Action  | Proposal for joint funded Senior Transformational lead to be appointed   | Date   |
| Whole System Childrens transformation team has been agreed and will start from 5th June but will need development and implementation as a system  |  | 27/11/2017   |
| Joint plans are progressing and new resource has been identified which will enable delivery of the plans  |  | 05/06/2018   |
| The above plans require prioritisation to ensure that we deliver both the short and long term QIPP / transformation challenge   |  | May /18  |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)<br>Reports from the new Transformation Board. In time, evidence of impact in quality and outcome reports. regular update to Chief Nurse.  |  | <b>Positive Assurance:</b> (Provide specific evidence of Assurances)<br>Terms of reference for new transformation board now agreed<br>Health and Wellbeing Board. Clinical leadership in place from Sept. Provisional agreement to support system wide approach by SCH. Management resources have  |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)<br>We do not have the programme management or project management resources in place to support this area   |  |  |
|   |  | <b>Principle Risk Reference:</b> 2.4   |

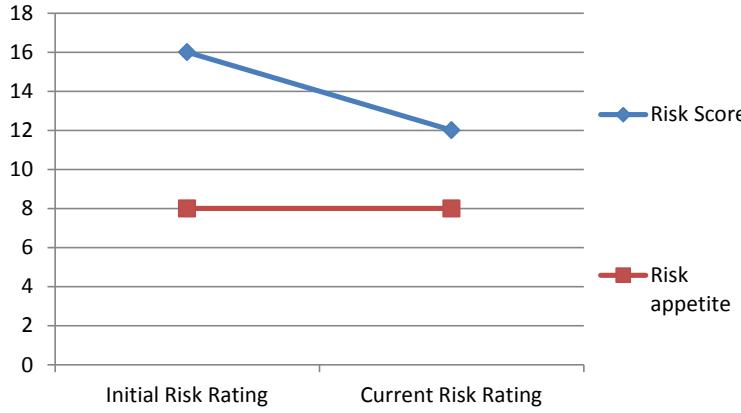
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|---|---|--|
| <b>Principal Objective:</b> To work with Sheffield City Council to continue to reduce health inequalities in Sheffield  |   | <b>Director Lead:</b> Nicky Doherty, Director of Transformation and Delivery   |
| <b>Principal Risk:</b> 3.1 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> 19 March 2018   |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br>Initial:<br>$3 \times 3 = 9$<br>Current:<br>$3 \times 3 = 9$<br>Appetite:<br>$2 \times 3 = 6$  |  <p>The chart displays two horizontal bars. The top bar, labeled 'Risk Score', has blue diamond markers at both ends of a horizontal line with numerical ticks from 0 to 10. The bottom bar, labeled 'Risk appetite', has red square markers at both ends of a horizontal line with numerical ticks from 0 to 10. The 'Initial Risk Rating' is positioned under the start of the initial risk score bar, and the 'Current Risk Rating' is positioned under the start of the current risk score bar.</p> | <b>Rationale for current score:</b><br>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.<br><b>Rationale for risk appetite:</b><br>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> (What are we doing about the risk prior to any new mitigating actions?)<br>HWB Plan considered and agreed by GB<br>CCG specific plan agreed by GB January 2015 and part of overall commissioning plan, and will be reported on alongside other commissioning project<br>Sheffield Place Based Plan and underlying BCF will specifically highlight inequality impacts.   |   | <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><br>Develop clear strategies to impact on this including a contractual approach to neighbourhood working that enables services and resources to be targeted at population need and tackle inequalities head on.<br>Workshop on inequalities planned for Dec 17 to review progress and consider opportunities.  |   | <b>Date</b><br>completed<br>completed  |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)<br>GB papers with regard to PH paper on Health inequalities and HWB papers and plan going forward<br>For 2017/18 Exec Management Group (SCC/SCCG) will take active role in managing the performance of the BCG and Shaping Sheffield, escalating where initiatives to deliver the prevention agenda and reducing health inequalities are not having the required outcome. |   | <b>Positive Assurance:</b> (Provide specific evidence of Assurances)<br>Minutes of Health and Wellbeing Board January 2016<br>Sheffield Place Based Plan<br><br>HWB now has a broader remit and attendees and will be a functioning part of the new Accountable Care Partnership. First meetingg with new attendees looks at Urgent and Primary Care in particular who to move the money around the system.  |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)  |   |  |
|   |   | <b>Principle Risk Reference:</b> 3.1   |

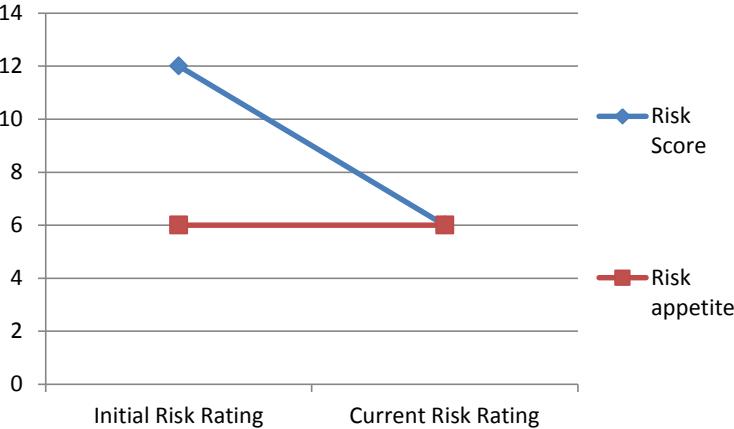
| <b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield   |  | <b>Director Lead:</b> Director of Finance: (Julia Newton)  |         |         |            |    |   |               |   |   |  |
|---|--|--|---------|---------|------------|----|---|---------------|---|---|--|
| <b>Principal Risk:</b> 4.1 Financial Plan with insufficient ability to flex to meet year demands and at same to meet the NHSE business rules for 2017/18  |  | <b>Date last reviewed:</b> 09 March 2018   |         |         |            |    |   |               |   |   |  |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br><br>Initial:<br>$4 \times 4 = 16$<br><br>Current:<br>$3 \times 3 = 9$<br><br>Appetite:<br>$3 \times 3 = 9$   | <p>The chart displays two horizontal lines on a scale from 0 to 18. The blue line, labeled 'Risk Score', starts at 16 (Initial) and ends at 9 (Current). The red line, labeled 'Risk appetite', starts at 9 (Initial) and remains constant at 9 (Current). Both lines have arrows at their ends.</p> <table border="1"> <thead> <tr> <th>Rating Type</th> <th>Initial</th> <th>Current</th> </tr> </thead> <tbody> <tr> <td>Risk Score</td> <td>16</td> <td>9</td> </tr> <tr> <td>Risk appetite</td> <td>9</td> <td>9</td> </tr> </tbody> </table> | Rating Type  | Initial | Current | Risk Score | 16 | 9 | Risk appetite | 9 | 9 | <p><b>Rationale for current score:</b><br/>CCG plan demonstrates delivery of 2 of 3 key business rules. It only demonstrates 0.7% (£5.1m) surplus as opposed to required 1%, although as an STP area the CCGs as a whole have met the shared control total. The 17/18 financial plan assumes delivery of £21.6m QIPP saving (stretch target £25m). At month 10 (latest results) significant QIPP slippage is confirmed (c£12m) and we have particularly acute hospital pressures. However, a series of mitigating actions and additional income (eg transformation funding via ACS and NHSE) should allow the CCG to deliver its control total for 17/18.</p> <p><b>Rationale for risk appetite:</b><br/>Stress testing of forecast out-turn in different scenarios with contingency plans should give us the confidence that we can deliver as a minimum our statutory duty of breakeven.</p> |
| Rating Type   | Initial  | Current  |         |         |            |    |   |               |   |   |  |
| Risk Score  | 16   | 9  |         |         |            |    |   |               |   |   |  |
| Risk appetite   | 9  | 9  |         |         |            |    |   |               |   |   |  |
| <b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?)<br>Plans scrutinised by Governing Body; detailed monthly financial reports to Governing Body; Monthly review of QIPP by GB QIPP sub group; 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?)  |  |  |         |         |            |    |   |               |   |   |  |
| Action  | <b>Date</b>  |  |         |         |            |    |   |               |   |   |  |
| Focus on understanding 17/18 out-turn as part of 2018/19 planning - updates to GB April and May 18  | April 18   |  |         |         |            |    |   |               |   |   |  |
| In year quantification of financial risks and potential mitigating actions reviewed and reported to GB and NHS E on a monthly basis   | Each month   |  |         |         |            |    |   |               |   |   |  |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)<br>• 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)<br>• Monthly reports to Governing Body  |  |         |         |            |    |   |               |   |   |  |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)<br>None.   |  |  |         |         |            |    |   |               |   |   |  |
| <b>Principle Risk Reference:</b>  |  | 4.1  |         |         |            |    |   |               |   |   |  |

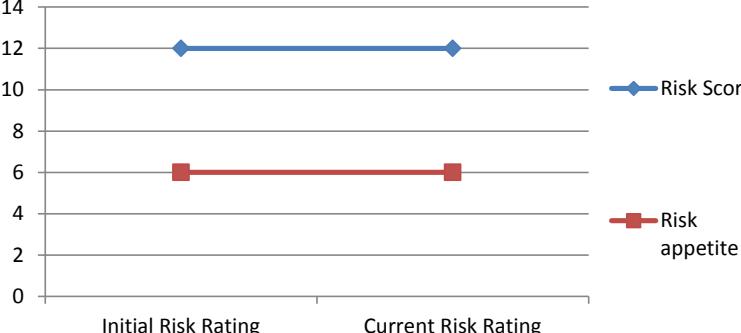
|  |  |   |
|--|--|---|
| <b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield  |  | <b>Director Lead:</b> Director of Finance: (Julia Newton)   |
| <b>Principal Risk:</b> 4.2 Risk management and other governance arrangements put in place by CCG and SCC to manage the BCF prove inadequate to deliver our integrated commissioning programme and meet our joint efficiency challenges   |  | <b>Date last reviewed:</b> 09 March 2018  |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br><br>Initial:<br>$3 \times 3 = 9$<br><br>Current:<br>$3 \times 3 = 9$<br>Appetite:<br>$2 \times 3 = 6$   |  <p>The chart displays a risk matrix with a Y-axis from 0 to 10 and an X-axis with two points: 'Initial Risk Rating' and 'Current Risk Rating'. A blue diamond represents the 'Risk Score' at 9, and a red square represents 'Risk appetite' at 6.</p> | <b>Rationale for current score:</b><br>SCC and CCG have ambitious integrated commissioning programme, but major changes (and savings) will take time to implement. Additional social care funding identified in budget (£12.7m for Sheffield in 2017/18) and plans for expenditure areas approved in conjunction with partners in July. MH pooled budget arrangements approved in May 17 and joint transformation programme with SCC and SHSC underway. At M10 both SCC and CCG reporting overspends against BCF budget with some MH QIPP slippage. Pressures being managed through overall financial risk management arrangements but this is why risk left at 9.<br><br><b>Rationale for risk appetite:</b><br>We need to get to a position where we have recurrent solutions to address budget reductions. |
| <b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?)<br>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><br>Regular papers on financial strategy/financial performance across key Sheffield health and social care partner organisations to EMG and ACP Exec Delivery Group going forward<br>Performance reporting against key metrics to GB and EMG  |  | <b>Date</b><br>Apr-18<br>Monthly  |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)<br>HWBB minutes; Minutes of Executive Mgt meetings. Continuation of Governance & Finance working group if required   |  | <b>Positive Assurance:</b> (Provide specific evidence of Assurances)<br><ul style="list-style-type: none"> <li>Updates monthly to Executive Mgt Group and Governing Body.</li> </ul>  |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)<br>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> Brian Hughes, Director of Commissioning and Performance   |            |  |                     |  |          |   |          |  |  |  |          |  |
|---|--|---|------------|--|---------------------|--|----------|---|----------|--|--|--|----------|--|
| <b>Principal Risk:</b> 4.3 Unable to deliver the QIPP (efficiency) savings plan of £21.6m due to lack of internal capacity and lack of engagement by key partners.  |  | <b>Date last reviewed:</b> 19 March 2018  |            |  |                     |  |          |   |          |  |  |  |          |  |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br><br>Initial:<br>$4 \times 4 = 16$<br><br>Current:<br>$4 \times 3 = 12$<br><br>Appetite:<br>$2 \times 4 = 8$  |  <p>The graph illustrates the change in risk score over time. The initial risk rating was 16, and it has since decreased to 12. The risk appetite is set at 8. The chart shows a downward trend from the initial point to the current point.</p> <table border="1"> <thead> <tr> <th>Point</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Initial Risk Rating</td> <td>16</td> <td>8</td> </tr> <tr> <td>Current Risk Rating</td> <td>12</td> <td>8</td> </tr> </tbody> </table> | Point   | Risk Score | Risk Appetite  | Initial Risk Rating | 16   | 8        | Current Risk Rating   | 12       | 8  | <b>Rationale for current score:</b><br><p>The Financial Plan requires the achievement of a £21.6m QIPP plan as a minimum in order to enable the CCG to meet its statutory obligations. The Integrated QIPP Working Group requested a QIPP plan in place before 1 April 2017 which was in excess of the minimum required and a working target of £25m was agreed. However, it continues to be challenging to produce a plan at £25m. This target is almost double the (approx £13.m) QIPP savings delivered in 2016/17. Plans are in place to deliver a QIPP of £18.6m and robust governance and monitoring arrangements are in place. Further work continues to identify additional QIPP to meet the shortfall and Governing Body are receiving regular updates on these.</p> <p><b>Rationale for risk appetite:</b><br/>           Delivery of the QIPP plan is crucial to delivery of overall financial position</p> |  |          |  |
| Point   | Risk Score   | Risk Appetite   |            |  |                     |  |          |   |          |  |  |  |          |  |
| Initial Risk Rating   | 16   | 8   |            |  |                     |  |          |   |          |  |  |  |          |  |
| Current Risk Rating   | 12   | 8   |            |  |                     |  |          |   |          |  |  |  |          |  |
| <b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?)<br>QIPP leadership clearly established (responsible Director and Deputy in post). Additional scrutiny of QIPP plan and progress by Integrated QIPP Working Group. Monthly report to Integrated QIPP Working Group and assurance to GB.  |  | <b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?)<br>None  |            |  |                     |  |          |   |          |  |  |  |          |  |
| <b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)<br><p>The QIPP project lines are aligned to Programmes of Delivery supported by matrix working against five key strategic outcomes. Project teams are meeting with joint ownership of delivery. Programme Management Framework documentation underpins progress. The five key areas of priority reflect strategic must-do's and delivery against our operational plan. The new approach has reduced silo working and maximised more integrated use of expertise and capacity. With additional oversight from the Deputy Director of Strategic Commissioning and close working with the Head of PMO, Performance and Information.</p> <p>A series of financial management principles have been adopted to support the organisation meet its obligations including a rolling approach to QIPP. Additional plans were approved by Governing Body in September and rolled out across the organisation. PMO training which has been made part of the mandatory training programme for commissioning staff. Aspyre programme management software has been implemented and programme managers trained. Gluten free suspension implemented wef 1 December 2017. National QIPP support team agreed workplan will be completed by end March 2018. Development of additional primary care variation reporting tools and approach and UEC review. NHS England 2018/19 QIPP review underway - to assess QIPP governance and scheme plans and identify any recommendations or actions to improve CCG position.</p> |  |   |            |  |                     |  |          |   |          |  |  |  |          |  |
| <table border="1"> <thead> <tr> <th>Action</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>Service reviews established, monthly QIPP reports to Sub Group for GB and Matrix working being implemented</td> <td>Monthly</td> </tr> <tr> <td>Metrics or proxy measures to be established for all schemes.</td> <td>Complete</td> </tr> <tr> <td>Project management methodology training rolled out through the organisation</td> <td>Complete</td> </tr> <tr> <td>Gluten Free Prescribing suspension implemented</td> <td>Complete</td> </tr> <tr> <td>2018/19 QIPP in development, confirming alignment to commissioning intentions and ACS workstreams.</td> <td>Complete</td> </tr> </tbody> </table>   |  | Action  | Date       | Service reviews established, monthly QIPP reports to Sub Group for GB and Matrix working being implemented | Monthly             | Metrics or proxy measures to be established for all schemes. | Complete | Project management methodology training rolled out through the organisation | Complete | Gluten Free Prescribing suspension implemented | Complete   | 2018/19 QIPP in development, confirming alignment to commissioning intentions and ACS workstreams. | Complete |  |
| Action  | Date   |   |            |  |                     |  |          |   |          |  |  |  |          |  |
| Service reviews established, monthly QIPP reports to Sub Group for GB and Matrix working being implemented  | Monthly  |   |            |  |                     |  |          |   |          |  |  |  |          |  |
| Metrics or proxy measures to be established for all schemes.  | Complete   |   |            |  |                     |  |          |   |          |  |  |  |          |  |
| Project management methodology training rolled out through the organisation   | Complete   |   |            |  |                     |  |          |   |          |  |  |  |          |  |
| Gluten Free Prescribing suspension implemented  | Complete   |   |            |  |                     |  |          |   |          |  |  |  |          |  |
| 2018/19 QIPP in development, confirming alignment to commissioning intentions and ACS workstreams.  | Complete   |   |            |  |                     |  |          |   |          |  |  |  |          |  |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)<br><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.</li> </ul>  |  | <b>Positive Assurance:</b> (Provide specific evidence of Assurances) <ul style="list-style-type: none"> <li>Monthly reports to Governing Body and more in depth reporting to Integrated QIPP Working Group.</li> <li>Governing Body papers, presentations and minutes.</li> </ul> |            |  |                     |  |          |   |          |  |  |  |          |  |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)<br>None.   |  |   |            |  |                     |  |          |   |          |  |  |  |          |  |
| <b>Principle Risk Reference:</b>  |  | 4.3   |            |  |                     |  |          |   |          |  |  |  |          |  |

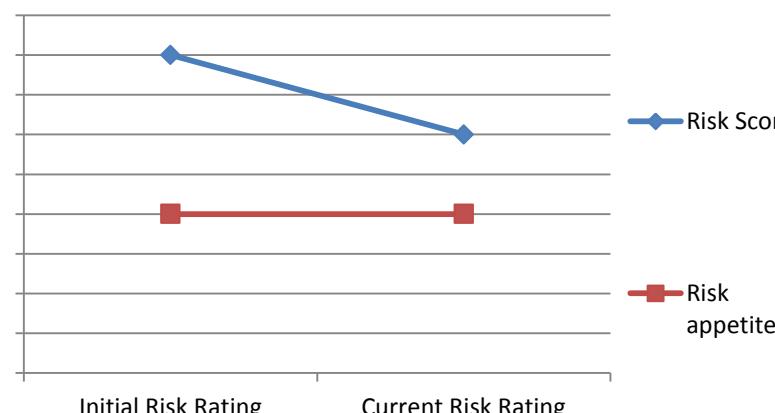
| <b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield  |  | <b>Director Lead:</b> Nicky Doherty, Director of Transformation and Delivery  |        |      |  |          |  |         |  |          |  |          |   |                  |
|--|--|---|--------|------|--|----------|--|---------|--|----------|--|----------|---|------------------|
| <b>Principal Risk:</b> 4.4 Inability to secure partnerships with secondary and primary care providers to deliver the Sheffield Transformation Programme and to develop the Accountable Care Partnership (with reference in particular to our out of hospital strategy)   |  | <b>Date last reviewed:</b> 19 March 2018  |        |      |  |          |  |         |  |          |  |          |   |                  |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br>Initial:<br>$3 \times 3 = 9$<br>Current:<br>$3 \times 3 = 9$<br>Appetite:<br>$2 \times 3 = 6$   | <br>Initial Risk Rating      Current Risk Rating   | <b>Rationale for current score:</b><br>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. Also there is a risk that we fail to secure the expected benefits of our strategy  |        |      |  |          |  |         |  |          |  |          |   |                  |
| <b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?)<br>Partnership structures - HWB, Children's HWB, Transforming Sheffield Programme Board, Sheffield Planning Group, Neighbourhoods, Urgent Care Board, STP/Working Together: Single Place Based Plan: Care Out of Hospital Strategy supported by a MOU: BCF commitment and expansion to include partnership approach in mental health and children's services |  | <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?)   |  | <table border="1"> <thead> <tr> <th>Action</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>ACP Programme Board supported by ACP Executive Delivery Group focusing on priority workstreams</td> <td>Complete</td> </tr> <tr> <td>Redefine the citywide partnership planning group</td> <td>On hold</td> </tr> <tr> <td>Fully establish and implement the Transforming Sheffield Programme Structure including a Shadow Accountable Care Partnership Board</td> <td>Complete</td> </tr> <tr> <td>Agree citywide posts to work across system partners to support delivery of transformational programmes and where sufficiently mature to provide systems operational management: Nov 17: some in place but more to establish. The appointment of a joint programme director post in place and</td> <td>Complete</td> </tr> <tr> <td>Produce a single Financial Strategy and Account for Sheffield</td> <td>To agree via ACP</td> </tr> </tbody> </table> | Action | Date | ACP Programme Board supported by ACP Executive Delivery Group focusing on priority workstreams | Complete | Redefine the citywide partnership planning group | On hold | Fully establish and implement the Transforming Sheffield Programme Structure including a Shadow Accountable Care Partnership Board | Complete | Agree citywide posts to work across system partners to support delivery of transformational programmes and where sufficiently mature to provide systems operational management: Nov 17: some in place but more to establish. The appointment of a joint programme director post in place and | Complete | Produce a single Financial Strategy and Account for Sheffield | To agree via ACP |
| Action   | Date   |   |        |      |  |          |  |         |  |          |  |          |   |                  |
| ACP Programme Board supported by ACP Executive Delivery Group focusing on priority workstreams   | Complete   |   |        |      |  |          |  |         |  |          |  |          |   |                  |
| Redefine the citywide partnership planning group   | On hold  |   |        |      |  |          |  |         |  |          |  |          |   |                  |
| Fully establish and implement the Transforming Sheffield Programme Structure including a Shadow Accountable Care Partnership Board   | Complete   |   |        |      |  |          |  |         |  |          |  |          |   |                  |
| Agree citywide posts to work across system partners to support delivery of transformational programmes and where sufficiently mature to provide systems operational management: Nov 17: some in place but more to establish. The appointment of a joint programme director post in place and   | Complete   |   |        |      |  |          |  |         |  |          |  |          |   |                  |
| Produce a single Financial Strategy and Account for Sheffield  | To agree via ACP   |   |        |      |  |          |  |         |  |          |  |          |   |                  |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)<br>New governance arrangements being implemented to support Sheffield transformation. These will monitor delivery and improved outcomes through evaluation process   | <b>Positive Assurance:</b> (Provide specific evidence of Assurances)<br>QIPP confirm and challenge process (notes of April 2016 review).<br>Minutes of Boards (December/January/February 2017)<br>Transforming Sheffield Programme Meeting (March 2017)<br>ACP Exec Delivery Group meeting and actions communicated. |   |        |      |  |          |  |         |  |          |  |          |   |                  |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)   |  |   |        |      |  |          |  |         |  |          |  |          |   |                  |
| <b>Principle Risk Reference:</b> 4.4   |  |   |        |      |  |          |  |         |  |          |  |          |   |                  |

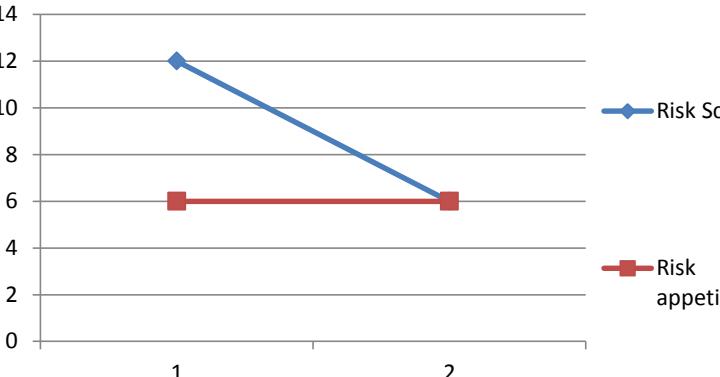
| <b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield  |  | <b>Director Lead:</b> Julia Newton, DoF for Maddy Ruff, Accountable Officer  |               |               |            |    |    |               |   |   |  |
|--|--|--|---------------|---------------|------------|----|----|---------------|---|---|--|
| <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, workforce and quality "gap" challenges |  | Date last reviewed: 09 March 2018  |               |               |            |    |    |               |   |   |  |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br>Initial:<br>$4 \times 4 = 16$<br><br>Current:<br>$3 \times 4 = 12$<br>Appetite:<br>$2 \times 4 = 8$   |  <p>The chart displays two horizontal line graphs side-by-side. The left graph, labeled 'Initial Risk Rating', shows a blue line starting at 16 and ending at 12, with a blue diamond marker at 16 and a red square marker at 12. The right graph, labeled 'Current Risk Rating', shows a red line starting at 8 and ending at 8, with a red square marker at both points. Both graphs have a y-axis ranging from 0 to 18 in increments of 2. A legend indicates that the blue diamond represents 'Risk Score' and the red square represents 'Risk appetite'.</p> <table border="1"> <thead> <tr> <th>Rating Type</th> <th>Initial Value</th> <th>Current Value</th> </tr> </thead> <tbody> <tr> <td>Risk Score</td> <td>16</td> <td>12</td> </tr> <tr> <td>Risk Appetite</td> <td>8</td> <td>8</td> </tr> </tbody> </table> | Rating Type  | Initial Value | Current Value | Risk Score | 16 | 12 | Risk Appetite | 8 | 8 | <b>Rationale for current score:</b><br>As part of national Five Year Forward View, CCGs and providers have come together in regional (STP) footprints (now known as Accountable Care Systems) to produce plans which are required to address a series of challenges. MoU with NHSE/NHSI setting out expectations for 2017/18 agreed in September. Workstreams in all key areas are now operational and review of hospital services underway. In relation to financial challenges for 2017/18 most will need to be addressed by local place based plans and internal CIPs. These remain work in progress. Leave current risk score at 12<br><b>Rationale for risk appetite:</b><br>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. |
| Rating Type  | Initial Value  | Current Value  |               |               |            |    |    |               |   |   |  |
| Risk Score   | 16   | 12   |               |               |            |    |    |               |   |   |  |
| Risk Appetite  | 8  | 8  |               |               |            |    |    |               |   |   |  |
| <b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?)<br>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> (Where are we failing to put controls in place and what more should be done?)<br>None                                       |               |               |            |    |    |               |   |   |  |
| <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>  |               |               |            |    |    |               |   |   |  |
| Workstreams to further develop business cases to support the service changes which underpin delivery of financial savings  |  | Ongoing  |               |               |            |    |    |               |   |   |  |
| Work ongoing to triangulate individual organisational plans for 2018/19 and bring together as single ACS plan for 30 April deadline  |  | 30-Apr-18  |               |               |            |    |    |               |   |   |  |
| Start to establish shadow governance structures for Accountable Care System and Sheffield Accountable Care Partnership - complete in terms of arrangements for 2017/18. Discussions commenced for what needs to be in place from April 2018  |  | 01-Apr-18  |               |               |            |    |    |               |   |   |  |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)<br>NHSE review of STP plan   |  | <b>Positive Assurance:</b> (Provide specific evidence of Assurances)<br>Reports to STP Executive Group and respective boards/Governing Body on regular basis |               |               |            |    |    |               |   |   |  |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)   |  |  |               |               |            |    |    |               |   |   |  |
|  |  | Principle Risk Reference: 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 the GP Forward View to deliver a sustainable and transformed primary care sector.   |  | <b>Date last reviewed:</b> 19 March 2018   |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br>Initial:<br>$3 \times 4 = 12$<br>Current:<br>$2 \times 3 = 6$<br>Appetite:<br>$2 \times 3 = 6$  |  <table border="1"> <thead> <tr> <th>Rating Type</th> <th>Initial</th> <th>Current</th> </tr> </thead> <tbody> <tr> <td>Risk Score</td> <td>12</td> <td>6</td> </tr> <tr> <td>Risk appetite</td> <td>6</td> <td>6</td> </tr> </tbody> </table> | Rating Type  | Initial | Current | Risk Score | 12 | 6 | Risk appetite | 6 | 6 | <b>Rationale for current score:</b><br>The CCGs GPFV has been well received locally and by NHSE. The extended Primary Care Team is actively supporting all practices as well as focussing on those identified at greatest risk in terms of resilience and sustainability. Practices are actively engaging in this approach.<br><br><b>Rationale for risk appetite:</b><br>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. |  |  |  |  |  |
| Rating Type  | Initial  | Current  |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
| Risk Score   | 12   | 6  |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
| Risk appetite  | 6  | 6  |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
| <b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?)  |  | <b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?) |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
| Primary Care Co-commissioning Committee (PCCC) established which is a formal sub-committee of Governing Body and meets. We have a local GPFV plan the implementation of which we regularly review. Continued engagement with primary care managers and clinicians ensures effective implementation |  | None   |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
| <b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)   |  |  |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
| <table border="1"> <thead> <tr> <th>Action</th> <th>Date</th> </tr> </thead> <tbody> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> <tr><td></td><td></td></tr> </tbody> </table>                     |  |  | Action  | Date    |            |    |   |               |   |   |  |  |  |  |  |  |
| Action   | Date   |  |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
|  |  |  |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
|  |  |  |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
|  |  |  |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
|  |  |  |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
|  |  |  |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
|  |  |  |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)  |  | <b>Positive Assurance:</b> (Provide specific evidence of Assurances)   |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
| PCCC minutes and papers.   |  |  |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)   |  |  |         |         |            |    |   |               |   |   |  |  |  |  |  |  |
|  |  | <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> Brian Hughes, Director of Commissioning and Performance  |
|---|--|--|
| <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> 27 March 2018   |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br>Initial:<br>$3 \times 4 = 12$<br>Current:<br>$3 \times 4 = 12$<br>Appetite:<br>$2 \times 3 = 6$  |  | <b>Rationale for current score:</b><br>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.<br><br><b>Rationale for risk appetite:</b><br>Effective commissioning capacity is essential for effective working of CCG. Contracts have been signed and performance management processes of new providers are being implemented. |
| <b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?)<br>Contract contains key performance indicators, process for oversight of contract and escalation processes for underdelivery.  |  | <b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?)<br>Limited contractual mechanisms available via the LPF contract to drive performance improvement.  |
| <b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)<br>Recruitment to joint Head of IT or another solution.<br>Service specifications and their development where non-existent are now a priority.                                   |  |  |
| Action  | Date   |  |
| Internal user groups (both GPIT and corporate IT) routinely meeting to identify and resolve operational and strategic issues  |  |  |
| Technical support secured through SLA with SHSC to provide technical challenge on outsourced contracts  |  |  |
| Team restructured to support delivery of agenda   |  |  |
|   |  |  |
|   |  |  |
| Implement plans for the contract management arrangements of the provider.   | Completed  |  |
| Formal monthly contract review process in place with escalation arrangements agreed   | Completed  |  |
| Internal user group established (including locality manager representation) to identify and address operational matters and issues  | Completed  |  |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)   | <b>Positive Assurance:</b> (Provide specific evidence of Assurances)               |  |
| Governing Body Paper/Minutes  | Minutes of CET & CET Approvals Group and via Governing Body papers                 |  |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)  |  |  |
|   |  |  |
| <b>Principle Risk Reference:</b>  |  | 5.2  |



|   |   |   |
|---|---|---|
| <b>Principal Objective:</b> Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.  |   | <b>Director Lead:</b> Julia Newton, Director of Finance   |
| <b>Principal Risk:</b> 5.4 Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage.  |   | <b>Date last reviewed:</b> 09 March 2018  |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br>Initial:<br>$2 \times 4 = 8$<br><br>Current:<br>$2 \times 3 = 6$<br><br>Appetite:<br>$1 \times 4 = 4$  |  <p>The graph illustrates the change in risk rating. The Y-axis represents the risk score from 0 to 9. The X-axis has two points: 'Initial Risk Rating' and 'Current Risk Rating'. A blue diamond marks the initial rating at 8, and a red square marks the current rating at 6. A downward-sloping line connects these two points, indicating a reduction in risk.</p> | <b>Rationale for current score:</b><br>CCG has embedded governance structures and arrangements; Detailed review of Constitution including Standing Orders took place in September 2016, following changes to executive team structure and further update to Constitution in October 2017. CCG continually reviews whether any new guidance eg re Conflicts of Interest and implements changes to our governance arrangements as necessary<br><br><b>Rationale for risk appetite:</b><br>Good governance is integral to effective management of the organisation and is reviewed annually as part of our Annual Governance Statement/Head of Internal Audit Opinion. |
| <b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?)<br>OD strategy to strengthen governance systems and processes. Stringent policies in place to safeguard against conflict of interest. OD session Feb 2017 on GB Assurance Framework. Explanatory statement now added to committee agendas and explicit discussion regarding |   | <b>Existing Gaps in Control:</b> (Where are we failing to put controls in place and what more should be done?)<br>no gaps   |
| <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><br>Continual review of governance arrangements, especially with regard to integrated commissioning, co-commissioning with NHSE<br>Role out of mandatory Conflicts of Interest training for all staff  |   | <b>Date</b><br>Ongoing<br>May 2018  |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)<br><ul style="list-style-type: none"> <li>Publication of registers of interest</li> <li>Internal Audit review of governance arrangements</li> </ul>   |   | <b>Positive Assurance:</b> (Provide specific evidence of Assurances)  |
| <ul style="list-style-type: none"> <li>Publication of registers of interest</li> <li>Internal Audit review of governance arrangements</li> </ul>  |   | <ul style="list-style-type: none"> <li>Constitution</li> <li>Management of Conflicts of interest noted at all meetings</li> <li>Reports to Governing Body</li> <li>CCG IAF Indicator 162a Part two (quarterly) Part one (annual)</li> </ul>   |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)<br>No gaps   |   |   |
|   |   | <b>Principle Risk Reference:</b> 5.4  |

| <b>Principal Objective:</b> Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements.  |  | <b>Director Lead:</b> Acting Chief Nurse Mandy Philbin  |            |               |                     |        |   |            |  |        |  |            |
|---|--|---|------------|---------------|---------------------|--------|---|------------|--|--------|--|------------|
| <b>Principal Risk:</b> 5.5 Insufficient workforce, talent management and succession planning could lead to inability to deliver organisational objectives and priorities.   |  | <b>Date last reviewed:</b> 27 March 2018  |            |               |                     |        |   |            |  |        |  |            |
| <b>Risk Rating:</b><br>(likelihood x consequence)<br>Initial:<br>$3 \times 4 = 12$<br><br>Current:<br>$3 \times 2 = 6$<br>Appetite:<br>$3 \times 2 = 6$   |  <table border="1"> <thead> <tr> <th>Phase</th> <th>Risk Score</th> <th>Risk Appetite</th> </tr> </thead> <tbody> <tr> <td>Initial</td> <td>12</td> <td>6</td> </tr> <tr> <td>Current</td> <td>6</td> <td>6</td> </tr> </tbody> </table> | Phase   | Risk Score | Risk Appetite | Initial             | 12     | 6   | Current    | 6  | 6      | <b>Rationale for current score:</b><br>The CCG is now embedding new organisational structures and detailed plans need to be established across directorates. The organisation needs to ensure effective implementation of the OD strategy within teams/ directorates and to identify areas of particular risk which require more detailed action plans utilising key workforce metrics and data. Lack of succession planning may limit ongoing delivery of strategic aims.<br><b>Rationale for risk appetite:</b><br>Delivery of the OD Strategy is essential to the achievement of the overall objective. |            |
| Phase   | Risk Score   | Risk Appetite   |            |               |                     |        |   |            |  |        |  |            |
| Initial   | 12   | 6   |            |               |                     |        |   |            |  |        |  |            |
| Current   | 6  | 6   |            |               |                     |        |   |            |  |        |  |            |
| <b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?)<br>OD strategy in place which includes workforce planning, talent management and succession planning. Quarterly workforce report presented to Governance Sub Committee. Range of employment policies. PDR process and associated guidance. Values based recruitment processes. Management and leadership programme (MALTS). |  | <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?)  |  | <table border="1"> <thead> <tr> <th>Action</th> <th>Date</th> </tr> </thead> <tbody> <tr> <td>OD Strategy Refresh</td> <td>Dec 17</td> </tr> <tr> <td>Directorate level workforce and succession planning utilising key workforce metrics including People Planning meetings with Directors</td> <td>31/03/2018</td> </tr> <tr> <td>ESR updated to reflect revised organisational structure enabling accurate workforce reporting.</td> <td>Closed</td> </tr> <tr> <td>Personal profile updates 1/4 to directors</td> <td>31/01/2018</td> </tr> </tbody> </table> | Action     | Date          | OD Strategy Refresh | Dec 17 | Directorate level workforce and succession planning utilising key workforce metrics including People Planning meetings with Directors | 31/03/2018 | ESR updated to reflect revised organisational structure enabling accurate workforce reporting. | Closed | Personal profile updates 1/4 to directors  | 31/01/2018 |
| Action  | Date   |   |            |               |                     |        |   |            |  |        |  |            |
| OD Strategy Refresh   | Dec 17   |   |            |               |                     |        |   |            |  |        |  |            |
| Directorate level workforce and succession planning utilising key workforce metrics including People Planning meetings with Directors   | 31/03/2018   |   |            |               |                     |        |   |            |  |        |  |            |
| ESR updated to reflect revised organisational structure enabling accurate workforce reporting.  | Closed   |   |            |               |                     |        |   |            |  |        |  |            |
| Personal profile updates 1/4 to directors   | 31/01/2018   |   |            |               |                     |        |   |            |  |        |  |            |
| <b>Assurances:</b> (Where should we find the evidence that controls are effective?)<br>1 Workforce reports to Governance Sub-committee 2 OD Strategy<br>2 OD Strategy 3 Employment policies 4 National Staff Survey<br>5 Values Based Recruitment Guidance 6 Quarterly People Plan reports<br>7 Meetings with Directors   | <b>Positive Assurance:</b> (Provide specific evidence of Assurances)<br>Minutes from Governance Sub-committee and Sub-committee report to AIGC   |   |            |               |                     |        |   |            |  |        |  |            |
| <b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)  |  |   |            |               |                     |        |   |            |  |        |  |            |
|   |  | <b>Principle Risk Reference:</b> 5.5  |            |               |                     |        |   |            |  |        |  |            |

## 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          | 12                 | 12                 | 6                             | No                         | We need to further develop operating models and ensure sufficient capacity to support portfolios   | Currently refreshing our comms and engagement operational approach and the team structure to support, this will include clarification of expected roles of all staff. | 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.   | BH          | 15                 | 12                 | 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          | 12                 | 6                  | 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 fails to achieve Parity of Esteem for its citizens who experience mental health conditions, so reinforcing their health inequality and life expectancy   | BH/ST       | 16                 | 16                 | 12                            | 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 | Clinical Director (CD) and Head of Commissioning (HOC) to further engage with relevant teams/ meetings and individuals to highlight this agenda                       | 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 incresing demand for health and care services.. | MP          | 12                 | 12                 | 9                             | 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                         |  |   | No                          | Health inequalities reported on to GB. Role of HWB also strengthened alongside city council's new Director of Public Health. This now needs to be evidenced as effective during the year. | Health inequalities is on the HWB forward plan for Jan 18 . Once evidenced gap will be addressed.<br>Revised TOR and prupose 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 2017/18.   | JN          | 16                 | 9                  | 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 £21.6m due to lack of internal capacity and lack of engagement of key partners  | BH          | 16                 | 12                 | 8                             | No                         |  |   | No                          |   |   |
|  | 4.4 Inability to secure partnerships with secondary and primary care providers to deliver the Sheffield Transformation Programme and to develop the Accountable Care Partnership (with refence I particular to our out of hospital strategy).                                 | ND          | 9                  | 9                  | 6                             | No                         |  |   | No                          |   |   |
|  | 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                 | 12                 | 8                             | 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.   | KaC         | 12                 | 6                  | 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                 | 6                  | 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.   | JN          | 8                  | 6                  | 4                             | No                         |  |   | No                          |   |   |
|  | 5.5 Insufficient workforce, talent management and succession planning could lead to inability to deliver organisational objectives and priorities.  | MP          | 12                 | 6                  | 6                             | No                         | Ensuring key workforce analytics are used to inform decisions made and to address areas of development at a directorate level.                           | OD Strategy Refresh. Directorate level workforce and succession planning utilising key workforce metrics  | No                          |   |   |