

## Item 19bi (in support of main agenda item 12 (paper G: GBAF 2018/19 Quarter 4 Update))

### Introduction

### GBAF REFRESH 2018/19

The Governing Body 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	Risk	Principal Risk identified	Risk Owner	Risk Initial Score	Risk current Score	Risk Target or Appetite Score	Are there GAPS in control?	Are there GAPS in assurance?
1. To improve patient experience and access to care (Goals 1, 2,5 & 8)	<a href="#">1.1</a>	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	12	6	No	No
	<a href="#">1.2</a>	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 (Goals 1, 2, 3, 4 & 6)	<a href="#">2.1</a>	Providers delivering poor quality care and not meeting quality targets.	MP	9	9	6	No	No
	<a href="#">2.2</a>	CCG unable to influence equality of access to healthcare because insufficient or ineffective mechanisms to change	BH	9	9	6	No	No
	<a href="#">2.3</a>	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	Yes
	<a href="#">2.4</a>	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	10	10	6	No	No
3. To work with Sheffield City Council and other partner organisations to reduce health inequalities in Sheffield (Goals 3 & 7)	<a href="#">3.1</a>	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

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4. To ensure there is a sustainable, affordable healthcare system in Sheffield. (Goal 2, 5, 7 & 8)	<a href="#">4.1</a>	Financial Plan with insufficient ability to flex to meet in year demands and at same to meet the NHSE business rules for 2018/19	JN	16	6	9	No	No
	<a href="#">4.2</a>	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	12	6	No	No
	<a href="#">4.3</a>	Unable to deliver the QIPP (efficiency) savings plan due to lack of internal capacity and lack of engagement by key partners.	BH	16	8	6	No	No
	<a href="#">4.4</a>	Inability to secure partnerships with secondary and primary care providers to deliver the Sheffield Place Plan and to develop the Accountable Care Partnership .	MR (with BH)	12	12	6	No	No
	<a href="#">4.5</a>	Inability to agree and progress service changes across the South Yorkshire and Bassetlaw Integrated Care System which address the gaps/challenges of financial efficiency, workforce and quality.	MR (with JN)	12	12	4	No	No
	<a href="#">4.6</a>	High volume of patients in hospital with delayed transfer of care (DToc) as a result of insufficient capacity to meet increasing demand on Route 2 services (eg Active Recovery, Discharge to Assess) created by increasing frailty and complexity of admissions and impact of successful transformation programmes reducing need for long term care	ND	16	16	9	No	No
5. Organisational development to ensure CCG meets organisational health and capability requirements. (Goals 1 - 8)	<a href="#">5.1</a>	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
	<a href="#">5.2</a>	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
	<a href="#">5.3</a>	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
	<a href="#">5.4</a>	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
		Insufficient workforce, talent management and succession planning could lead to						

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	<a href="#">5.5</a>	inability to deliver organisational objectives and priorities.	MP	16	12	6	No	No

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

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

Strategic Goals	Principal Objective
<b>Goal 1</b> Deliver timely and high quality care in hospital for all patients and their families	
<b>Goal 2</b> Become a person-centred city: promoting independence for our citizens and supporting them to take control of their health and wellbeing through reducing health inequalities across the Sheffield population*	1 To improve patient experience and access to care (Goals 1, 2, 5 & 8)
<b>Goal 3</b> Tailor services to support a reduction in health inequalities across the Sheffield Population	2 To improve the quality and equality of healthcare in Sheffield (Goals 1, 2, 3, 4 & 6)
<b>Goal 4</b> Integration of physical and mental health, ensuring parity of esteem for people with mental health needs	3 To work with Sheffield City Council and other organisations to reduce health inequalities in Sheffield (Goals 3 & 7)*
<b>Goal 5</b> Support people living with and beyond life threatening or long term conditions	4 To ensure there is a sustainable, affordable healthcare system in Sheffield (Goals 2, 5, 7 & 8)
<b>Goal 6</b> Give every child and young person the best start in life	5 Organisational development to ensure CCG meets organisational health and capability requirements (Goals 1 - 8)
<b>Goal 7</b> Prevent the early onset of avoidable disease and premature deaths	
<b>Goal 8</b> We will work in collaboration with partners across the Sheffield Accountable Care Partnership and South Yorkshire and Bassetlaw Accountable Care System to develop sustainable integrated care models and be recognised as a system leader for public sector reform.	

\* Strategic Goals and Aims updated following Governing Body approval 1 November 2018

<b>Principal Objective</b> To improve patient experience and access to care (Goals 1, 2 5 & 8)		<b>Director Lead:</b> Nicki Doherty, Director of Delivery and Care Outside of Hospital	
<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>	20/02/2019 2:35:18 PM
<b>Risk Rating:</b> (likelihood x consequence) Initial: 4 x 4 = 16  Current: 3 x 4 = 12 Appetite: 2 x 3 = 6			<b>Rationale for current score:</b> CCG is planning major transformation locally and with SY partners. Will require significant engagement with public and patients to ensure public understanding and compliance with good practice, potentially to very tight timescales with limited resource. 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.
			<b>Rationale for risk appetite:</b> We should have mechanisms in place that make effective engagement, and securing the capacity to delivery it, routine; 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?) Communication and engagement strategy and engagement plan. Strategic Patient Experience, Engagement and Equality Committee (SPEEEC), led by GB lay member, in place. "Involve me" network established. Engagement group overseeing and monitoring activity.		<b>Existing Gaps in Control:</b> Please select (Where are we failing to put controls in place and what more should be done?)	No
<b>Mitigating Actions:</b> (What controls are to be put in place to address Gaps in Control and by what date?)			
<b>Action</b>		<b>Date</b>	<b>Completed</b>
Review capacity of the comms and engagement team		01/10/2018	Yes
Recruitment to impending vacancy of Strategic Communications and Engagement Lead		Complete	Yes
Having appointed to the vacancy review programmes planned for 18/19 and advise portfolios where additional capacity is required to meet communication		31/07/2018	Yes
Confirm running costs to support future proposed structure and model for Comms and Engagement Team		01/01/2019	No
Work with PMO and Planning leads to embed SPEEEC in their processes		01/10/2018	Yes
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) Aspire, the Programme Management Software Programme Management Framework CCG is planning major transformation locally and with SY partners. Will require significant		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) Programme Management Framework, Minutes of SPEEEC, Terms of Reference of Internal • Patient experience and engagement reports received by GB Please Select	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?) None		Please select	No
<b>Principal Risk Reference:</b>			1.1

<b>Principal Objective</b> To improve patient experience and access to care (Goals 1, 2 5 & 8)		<b>Director Lead:</b> Brian Hughes - Director of Commissioning and Performance	
<b>Principal risk</b> 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		<b>Date last reviewed:</b> 26/02/2019 1:19:04 PM	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 5 x 3 = 15  Current: 5 x 3 = 15 Appetite: 3 x 3 = 9		<b>Rationale for current score:</b> STHFT continues to experience difficulties in relation to A&E 4 hour waiting times, delayed discharges and diagnostic waits . Ambulance response times require improvement. Primary care access and capacity remains a concern for the public. Sustainability of the care system/care homes/care providers may also present overarching risks. RTT standards are being met by our main providers. Key cancer waiting time targets including 31 day radiotherapy and 62 days have not been met in 2018/19.	
		<b>Rationale for risk appetite:</b> We should aim to reduce the likelihood of performance problems to no more than "possible" so that the public can expect that constitution pledges are routinely achieved.	
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) Contract Management Boards at Director level are embedded with each of the CCGs main contracts, through which all performance issues are escalated. Formal Recovery plans for areas of concern have been requested and are being implemented through various mechanisms. A review of performance oversight processes is underway. Neighbourhood development work to develop primary care capacity to respond to more care out of hospital underway. A&E Delivery Board oversees A&E performance and holds 'system partners' to account for delivering sustainable performance. Cancer performance overseen at system level by Cancer Alliance to provide integrated approach to planning and delivery,		<b>Existing Gaps in Control:</b> Please select No (Where are we failing to put controls in place and what more should be done?) 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>	<b>Completed</b>
Operational Resilience Group overseeing tactical actions on behalf of A&E Delivery Board		Mar-19	Yes
Embed regular usage of Escalation Management System across acute providers		Dec-18	Yes
System wide winter resilience plans signed off on behalf of the ACP at the UECTDB		Sep-18	Yes
Escalation Management System (real time capacity management system) being implemented across all acute providers		Mar-18	Yes
Support in place through Cancer Alliance to increase capacity across acute providers to deliver recovery trajectory		Mar-19	No
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) <ul style="list-style-type: none"> <li>Quality &amp; Outcomes Report to Governing Body, A&amp;E Delivery Board Minutes</li> <li>PMO assurance documentation and delivery plans</li> </ul>		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) <ul style="list-style-type: none"> <li>Quality &amp; Outcomes Report to Governing Body</li> <li>Referrals for Secondary Care Gastroenterology services have already started to decline</li> <li>Recovery plans in place for Dexa scanning and echocardiography</li> <li>system to maintain resilience and improve front end performance indicators e.g. the 4</li> </ul>	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?) No current gaps – to be reviewed		Please select No	
<b>Principal Risk Reference:</b>			1.2

<b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield (Goals 1, 2, 3 4 & 6)		<b>Director Lead:</b> 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> 13/11/2018 7:49:03 AM	
<b>Risk Rating:</b> (likelihood x consequence)  Initial: 3 x 3 = 9  Current: 3 x 3 = 9  Appetite: 2 x 3 = 6		<b>Rationale for current score:</b> 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	
		<b>Rationale for risk appetite:</b> To ensure that the consequence is moderate and although there will always be risks to poor quality care, that the impact on patient outcomes and experience is as low as possible.	
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) National /Local Policy/ regulatory standards; CQC regulations, SI's, Infection Control, Safeguarding procedures, NICE/Quality Standards, Patient Surveys, Quality standards in Contracts, Quality incentive schemes, Contract Quality Review Groups, Contract Management Boards		<b>Existing Gaps in Control:</b> Please select No (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>Actions</b>		<b>Date</b>	<b>Completed</b>
Continue to robustly implement the PC quality framework to drive informed decision making supported through contracting		Feb-19	Yes
Developed primary care quality framework (RASCI and Risk Profile)		Apr-18	Yes
Reporting into GB primary care and care home performance (CQC outcomes)		Jan-18	Yes
Internal audit quality governance		Feb-19	Yes
Easy read quality performance document used for reporting at QAC		Apr-18	Yes
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) Contracting monitoring board meeting PC escalation meetings (supporting PC framework) 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, development of primary training competency framework. Quarterly regional QSG (NHSE)		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) GB Board Report Quality Assurance Committee notes Commissioning 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 UEC Board. Modified GB paper to GB place with further quality assurance on PC and Care Homes.	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)		Please select	No
			Please Select
<b>Principal Risk Reference:</b>			2.1

<b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield (Goals 1, 2, 3 4 & 6)		<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>	6/11/2018 10:18:27 AM
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 3 = 9 Current: 3 x 3 = 9 Appetite: 2 x 3 = 6		<b>Rationale for current score:</b>	
		There are contractual obligations in place and providers have obligations under the Equality Act. However, data to assess equality of access to services is poor and no specific contractual processes have been put in place yet to measure and if necessary remedy shortcomings.	
		<b>Rationale for risk appetite:</b>	
		The consequence of the risk cannot be mitigated, but we should be able to improve data and then establish processes for measuring and remedying problems.	
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?)		<b>Existing Gaps in Control:</b> Please select No	
Equality of access is discussed through the SPEEEC. An Equality Impact Assessment will be a part of all projects and programmes, a revised EIA template is being developed, and EIA will from 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.		(Where are we failing to put controls in place and what more should be done?)	
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)			
<b>Action</b>	<b>Date</b>	<b>Completed</b>	
Practice and neighbourhood reports to provide information adjusted for levels of deprivation	01/03/2019	No	
Work with public health colleagues to refresh inequalities dashboard and plan	01/01/2019	Yes	
Work with public health and the Inequalities Steering Group to identify where there are gaps in information that would enhance our approach to addressing inequalities	01/12/2018	Yes	
<b>Assurances:</b> (Where should we find the evidence that controls are effective?)		<b>Positive Assurance:</b> (Provide specific evidence of Assurances)	
Equality reporting to GB and published in website		Governing Body discussion in April 2018 highlighting call to include inequalities	
EIA completed and reviewed for all projects and programmes		Internal	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)		Please select No	
<b>Principal Risk Reference:</b>			2.2



<b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield (Goals 1, 2, 3 4 & 6)		<b>Director Lead:</b> Brian Hughes, Director of Commissioning and Performance	
<b>Principal Risk:</b> 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)		<b>Date last reviewed:</b> 19/11/2018 4:25:33 PM	
<b>Risk Rating:</b> (likelihood x consequence) Initial: $4 \times 4 = 16$ Current: $4 \times 3 = 12$ $3 \times 3 = 9$	<p>The graph shows two data series: 'Risk Score' and 'Risk appetite'. The Y-axis represents the risk rating from 0 to 18. The X-axis shows 'Initial Risk Rating' and 'Current Risk Rating'. 'Risk Score' starts at 16 and decreases to 12. 'Risk appetite' is a constant horizontal line at 9.</p>	<b>Rationale for current score:</b> The current life expectancy gap between people with a severe mental illness and the wider Sheffield population is on average up to <b>20 YEARS</b> .	
		<b>Rationale for risk appetite:</b> The Sheffield Health and Social Care economy have historically invested disproportionately in physical healthcare services. Sheffield CCG spends just 10% of their budget on mental health services whilst mental ill health is the cause of 23% of all disabilities in the city.	
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?)		<b>Existing Gaps in Control:</b> Please select Yes	
1. We have invested in mental health services in 2017/18 and are forecasting full achievement of the national investment standard for mental health in 2018/19, with further investment planned; 2. We now have 15 trained Mental Health First Aiders actively working in the CCG. We delivered a full week of mental health events during mental health week for the first time in 2017. Further activity will be delivered in 2018, and additional staff will receive MHFA training and refresher training; 3. We have increased the leadership on mental health by appointing a Deputy Director of Mental Health Transformation; 4. We have secured the national work and health unit DWP and NHS England funding across the Sheffield city region to improve employment for people with mental health conditions; 5. We have agreed that this risk should, where appropriate, be added to other public sector partner organisations' risk registers; so that we can take a more coordinated strategic approach to this issue; 6. We are currently implementing a multi-agency Physical Health Group, which will include clinical, managerial and strategic leaders from across the system. This will help ensure that as a city we have a much more coordinated approach in terms of addressing Parity of Esteem, particularly access to physical healthcare		(Where are we failing to put controls in place and what more should be done?) 1. As an organisation working more collaboratively as part of an accountable care partnership (ACP), we need to develop a more coherent and collegiate response to Parity of Esteem; 2. We need to ensure that Parity of Esteem is embedded into organisational commissioning and delivery plans in all portfolios and in the plans of partner organisations across the ACP; and 3. The CCG, in partnership with other organisations, needs to systemically change the way we commission mental health services, so that fluctuations in demand are equitably addressed as they are for physical healthcare services. In addition we also need to review and increase the level of funding, so that we can begin to proactively address the societal and financial impacts of mental ill health.	
<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>	<b>Completed</b>
MHCT Managers are attending SPEEC on 25th September 2018 to discuss a range of issues relating to mental health including Parity of Esteem		Sep-18	Yes
MHCT to discuss with Director of Commissioning and Performance how to embed Parity of Esteem into all portfolio commissioning plans (to be refreshed in preparation for 2019/20)		Dec-18	Yes
A paper on Parity of Esteem will be presented to CSMT for executive discussion around the strategic leadership required across Sheffield and the ACP: this will be completed by January 2019		Jan-19	No
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) 1. Presentations and materials developed by MHCT available through Comms/internet/intranet; 2. Minuted discussion across a range of meetings including MHCT and portfolio Commissioning team meetings, other team meetings and 'corporate' meetings e.g. CSMT, GB and EMG; 3. Information included in Quality reports to GB; 4. MH investment guarantee reported to NHSE monthly; and 5. ACP work stream documentation."		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) There is now a joint work programme with SHSC, SCC and SCCG to redesign services across the city. This joint approach will also help to promote a more collegiate response to future investment decisions, so that we can jointly implement innovative ways of supporting the mental health of the Sheffield population alongside their physical health. Our joint transformation plan underpins a system wide commitment, through the ACP, to genuinely integrate physical and mental health work streams. However, with a 20 year mortality gap for people with mental health conditions, we cannot and should not rate ourselves as anything other than red on this risk; as this would undermine the importance of ensuring that we have a system wide response to this issue given the multifaceted societal impact.	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)		Please select Yes	
Whilst there has been a gap in the organisation relating to an Equality Lead, SPEEC is performing this role as a committee, and there has been recent discussion with members about how the MHCT Portfolio could work closer with this committee.			
<b>Principal Risk Reference:</b>			2.3

<b>Principal Objective:</b> To improve the quality and equality of healthcare in Sheffield (Goals 1, 2, 3 & 6)		<b>Director Lead:</b> Mandy Philbin <b>Chief Nurse Mandy Philbin</b>	
<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> 21/08/2018 11:10:44 AM	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 2 x 5 = 10 Current: 2 x 5 = 10 Appetite: 2 x 3 = 6		<b>Rationale for current score:</b> Sheffield has high ambitions in this area, as set out in the Best Start in Life, Every Child Matters and Future in Mind documents 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 the LA.	
		<b>Rationale for risk appetite:</b> Whilst resources will remain a constraint, we should aim for a clearer understanding of what is possible, targetting our resources to best effect.	
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?)  Children's Transformation:- new delivery board under Sheffield Transformation Programme Community health ● PID for community health programme ● Revised integrated commissioning/transformation structure will ensure that the combined commissioning of resources between SCC/SCCG will work closely with the service improvement resources for SCH to deliver our joint plan.		<b>Existing Gaps in Control:</b> Please select No (Where are we failing to put controls in place and what more should be done?) Delays in progressing for transformational lead. Previ	
<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>	<b>Completed</b>
Progress GP Recruitment		Feb-19	No
SCH to provide MH leadership support- this is now transferred into the MH portfolio		Feb-19	Yes
Gap analysis to identify clinical leadership		Apr-18	Yes
SCH leading on recruitment for transformation post		May-18	No
Recruitment for 2nd Head of Childrens Commissioning underway		May-18	Yes
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) Reports from the new Transformation Board. In time, evidence of impact in quality and outcome reports. Clinical lead in place from Sept(2.0wte). Business case to support staffing resource. Minutes from JCCC and EMG. Agreement for city wide Childrens Strategy to be completed (next 2 year)		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) Terms of reference for new Transformation Board now agreed Please Health and Wellbeing Board. Clinical leadership in place from Sept. Provisional select agreement to support system wide approach by SCH. Revised Safeguarding Partnership Board to minimise impact on resources (workforce, duplication and time)	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)		Please select	No
		<b>Principal Risk Reference:</b> 2.4	

<b>Principal Objective:</b> To work with Sheffield City Council and other partner organisations to reduce health inequalities in Sheffield (Goals 3 & 7)		<b>Director Lead:</b> Nicki Doherty - Director of Delivery and Care Outside of Hospital	
<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> 15/11/2018 9:39:38 AM	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 3 = 9 Current: 3 x 3 = 9 Appetite: 2 x 3 = 6			<b>Rationale for current score:</b> The HWB has developed a plan to reduce health inequalities (which the CCG is party to), and the CCG has set out the actions it can undertake. Given the scale of the challenge, it is possible that the actions for the CCG will prove difficult to achieve.
			<b>Rationale for risk appetite:</b> We should not commit to actions we cannot deliver, especially within the HWB partnership, and therefore need to take steps to ensure we can deliver.
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) HWB Plan considered and agreed by GB CCG specific plan originally agreed by GB January 2015 Sheffield Place Based Plan and underlying BCF specifically highlight inequality impacts.		<b>Existing Gaps in Control:</b> Please select No (Where are we failing to put controls in place and what more should be done?)	
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)			
<b>Action</b>		<b>Date</b>	<b>Completed</b>
Link with urgent care new contractual models to align investment opportunities with the health inequalities agenda		Jan-19	Yes
Support the integrated commissioning strategy and delivery, using the better care fund and other joint mechanisms to support actions on inequalities		Dec-18	Yes
Having agreed a joint approach to Equality with Sheffield City Council implement the action plan agreed to put this in place		Sep-18	Yes
Support the Sheffield refresh of the Health Equalities Strategy and develop a CCG action plan		Jan-19	Yes
Work with the ACP Programme Director to harness the opportunities of the ACP programmes to secure a shift in resource into care out of hospital that		Mar-19	Yes
Scene setting paper to Governing Boady on 24th May		May-18	Yes
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) GB papers with regard to PH paper on Health inequalities and HWB papers and plan going forward For 18/19 Exec Management Group (SCC/SCCG) will take active role in managing the performance of the BCF, escalating where initiatives to deliver the prevention agenda and reducing health inequalities are not having the required outcome. Health and Wellbeing Board will oversee the refresh of the Health Inequalities Plan		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) Minutes of Health and Wellbeing Boards Sheffield Place Based Plan 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?) We do not yet have specific reports on the health inequalities plan		Please select	Yes
<b>Principal Risk Reference:</b>			3.1

<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield (Goals 2, 5, 7 & 8)		<b>Director Lead:</b> Julia Newton - Director of Finance	
<b>Principal Risk:</b> 4.1 Financial Plan with insufficient ability to flex to meet in year demands and at same to meet the NHSE business rules for 2018/19		<b>Date last reviewed:</b> 20/02/2019 2:45:35 PM	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 4 x 4 = 16 Current: 2 x 3 = 6 Appetite: 3 x 3 = 9			<b>Rationale for current score:</b> The CCG submitted a final plan on 30 April 2018 which included £18.5m QIPP plan of which £3.4m was "unidentified". Expectd out-turn delivery of QIPP is now £15.7m or 85%. The plan also highlighted a range of significant risks and challenges to be managed in year. At M10 overall we have sufficient mitigations to deliver our financial plan and hence risk rating taken down to 6
			<b>Rationale for risk appetite:</b> 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.
<b>Existing Controls:</b> (What are we doing about the rist prior to any new mitigating actions?) Plans scrutinised by Governing Body; detailed monthly financial reports to Governing Body; 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> Please select No (Where are we failing to put controls in place and what more should be done?)	
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)			
<b>Action</b>		<b>Date</b>	<b>Completed</b>
Once had M2 data and final out-turn information eg on prescribing full re-assessment of risks/issues with scenario planning		July 18	Yes
Increase work with ACP and ICS colleagues on system workstreams to look for additional efficiencies and secure transformation funding		Sept 18	Yes
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) • NHS E review of financial plan and monthly review of in year financial position; reviews on financial systems/processes by internal and external audit; external audit VFM reviews		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) • Monthly reports to Governing Body	
		Internal	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?) None.		Please select No	
<b>Principal Risk Reference:</b>			4.1

<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield (Goals 2, 5, 7 & 8)		<b>Director Lead:</b> Julia Newton - 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> 26/02/2019 1:23:35 PM									
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 3 = 9  Current: 3 x 4 = 12 Appetite: 2 x 3 = 6	<table border="1"> <caption>Risk Rating Data</caption> <thead> <tr> <th>Category</th> <th>Value</th> </tr> </thead> <tbody> <tr> <td>Initial Risk Rating</td> <td>9</td> </tr> <tr> <td>Current Risk Rating</td> <td>12</td> </tr> <tr> <td>Risk Appetite</td> <td>6</td> </tr> </tbody> </table>		Category	Value	Initial Risk Rating	9	Current Risk Rating	12	Risk Appetite	6	<b>Rationale for current score:</b> SCC and CCG have ambitious integrated commissioning programme, but major changes (and savings) take time to implement. Additional social care funding identified for 2018/19 but non recurrent. Three Way MH risk pool arrangements implemented but there will be a shortfall on 2018/19 requirement. Risk score left at 12 because significant non recurrent measures in place in 18/19 and need sustainable solutions going forward.
	Category	Value									
Initial Risk Rating	9										
Current Risk Rating	12										
Risk Appetite	6										
		<b>Rationale for risk appetite:</b> 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?) 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> Please select No (Where are we failing to put controls in place and what more should be done?)									
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)											
<b>Action</b>		<b>Date</b>	<b>Completed</b>								
Via EMG continue to monitor management of the financial position and risk - another full review post Q2		Oct-18	Yes								
Agree Mental Health programme Memorandum of Agreement with SCC and SHSC and obtain GB agreement		Jul-18	Yes								
Agree Joint Commissioning Committee arrangements for 2019/20		Mar-19	No								
Agree Joint risk share arrangements for 2019/20 re patients at risk of admission to hospital		Jun-19	No								
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) HWBB minutes; Minutes of Executive Mgt meetings. Continuation of Governance & Finance working group if required		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) • Updates monthly to Executive Mgt Group and Governing Body.									
		Internal									
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?) N/A		Please select No									
<b>Principal Risk Reference:</b>			4.2								

<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield (Goals 1, 5, 6 & 8)		<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 due to lack of internal capacity and lack of engagement by key partners.		<b>Date last reviewed:</b> 26/02/2019 1:26:05 PM	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 4 x 4 = 16  Current: 2 x 4 = 8 Appetite: 2 x 3 = 6			<b>Rationale for current score:</b> The financial plan for 2019/20 currently has a QIPP plan of £12.2m, however this is subject to change once contract negotiations with providers have concluded and the actual QIPP target has been calculated. The current plan of £12.2m has been worked up with CCG Portfolios who have aligned their 19/20 programmes with the ACP workstreams. Once the final target is known, further work is required to close any potential gap and identify further areas of efficiency.
			<b>Rationale for risk appetite:</b> Delivery of the QIPP plan is crucial to delivery of overall financial position
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) QIPP leadership clearly established (responsible Director and Deputy). PMO process established and reviewed for 2018/19, including the implementation of programme management software in order to monitor and manage all CCG programmes. Scrutiny of QIPP plan and progress by Integrated QIPP Working Group on a monthly basis. Monthly report to Integrated QIPP Working Group and assurance to GB.  As a result of having a shortfall against plan, NHSE provided support through Deloittes in order to mitigate this and assist in achieving the overall QIPP target, which has now been implemented within the 18/19 QIPP plan and presented to Governing Body.		<b>Existing Gaps in Control:</b> Please select No (Where are we failing to put controls in place and what more should be done?) None	
<b>Mitigating Actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?) The QIPP project lines have now been aligned to Programmes of Delivery supported by matrix working and aligned to ACP and ICS 2018/19 priorities. Director leadership for each work stream and programme clearly defined and project teams are meeting with joint ownership of delivery. Additional opportunities have been reviewed by Deloittes. Three main programmes have commenced following the review and further opportunities have been explored and identified. Rightcare opportunities continue to be worked up with the SY&B NHSE RightCare Delivery Partner. ACP & ICS workstreams continue to be developed and integrated into SCCG work plans.			
<b>Action</b>		<b>Date</b>	<b>Completed</b>
Aspyre system used to routinely monitor progress against portfolio areas		May-18	No
Final QIPP plan presented to Governing Body for 18.19		May 18	No
2018/19 QIPP schemes developed across all portfolio areas confirming alignment to commissioning intentions and ACP work streams		Mar 18	Yes
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) • NHS E review of financial plan and monthly review of in year financial position; reviews on financial systems/processes by internal and external audit; external audit VFM reviews. External review of QIPP process commissioned by NHS England and delivered by Deloittes		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) • Monthly reports to Governing Body and more in depth reporting to Integrated QIPP Working Group. (Internal) • Governing Body papers, presentations and minutes. (Internal) • Deloittes presentation to CLG and IQWG (External)	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?) None.		Please select No	
<b>Principal Risk Reference:</b>			4.3

<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield (Goals 2, 5, 7 & 8)		<b>Director Lead:</b> Maddy Ruff (supported by Brian Hughes)	
<b>Principal Risk:</b> 4.4 Inability to secure partnerships with secondary and primary care providers to deliver the Sheffield Place Plan and to develop the Accountable Care Partnership .		<b>Date last reviewed:</b>	26/02/2019 2:01:58 PM
<b>Risk Rating:</b> (likelihood x consequence) Initial: $3 \times 4 = 12$ Current: $3 \times 4 = 12$ Appetite: $2 \times 3 = 6$		<b>Rationale for current score:</b> 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>Rationale for risk appetite:</b> We should aspire to establish relationships with partners that mean that it is most unlikely that those partnerships do not help us deliver our plans.	
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) Partnership structures - ACP Board supported by Executive Delivery Group, HWB, Children's HWB, Transforming Sheffield Programme Board, 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> Please select No (Where are we failing to put controls in place and what more should be done?)	
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)			
<b>Action</b>		<b>Date</b>	<b>Completed</b>
Refresh of shaping Sheffield Plan		01/04/2019	No
Alignment of organisational and ACP priorities with commissioning intentions		01/03/2019	No
Implement the agreed CQC system wide action plan, which responds to system gaps in integrated ways of working		01/03/2019	No
ACP Programme Board supported by ACP EDG focusing on priority workstreams		01/03/2018	Yes
Establish arrangements to replace the city-wide planning group		Mar-19	No
Fully establish and implement the Transforming Sheffield Programme structure including a shadow Accountable Care P/ship Board		Complete	Yes
Produce a single Financial Strategy and Account for Sheffield		Apr-19	No
Agree citywide posts to work across system partners to support delivery of transformational programmes and where sufficiently mature to provide		March 18	Yes
<b>Assurances:</b> (Where should we find the evidence that controls are effective?)		<b>Positive Assurance:</b> (Provide specific evidence of Assurances)	
New governance arrangements being implemented to support Sheffield transformation. These will monitor delivery and improved outcomes through evaluation process		QIPP confirm and challenge process (notes of April 2016 review).	Internal
			Please select
			Please select
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)		Please select	No
		<b>Principal Risk Reference:</b>	4.4

<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield (Goals 2, 5, 7 & 8)		<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 Integrated Care System which address the gaps/challenges of financial efficiency, workforce and quality.		<b>Date last reviewed:</b>	20/02/2019 3:14:19 PM
<b>Risk Rating:</b> (likelihood x consequence) Initial: $3 \times 4 = 12$  Current: $4 \times 3 = 12$ Appetite: $2 \times 2 = 4$		<b>Rationale for current score:</b> As part of national FYFV, SY & BL CCGs and providers came together as an Integrated Care System (ICS) to produce and implement plans. 2018/19 MoU with NHSE/NHSI signed and overall control total agreed. New governance arrangements being established. Workstreams in all key areas are operational but at varying stages of implementation. Hospital Services SOC considered by all partners in September. Progress on major transformational service change to address 3 gaps of finance, workforce and quality remains slow in many areas and risk of providers losing some of their STF funding at year end remains hence rating held at 12.	
		<b>Rationale for risk appetite:</b> If we are to have a sustainable healthcare system across our ICS geography we need to have a programme of service change which will meet the finance and other challenges we face.	
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) 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> Please select No (Where are we failing to put controls in place and what more should be done?) 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>	<b>Completed</b>
Complete the strategic commissioning review and determine the increased remit of the Joint Committee of CCGs		31-Mar-19	No
Complete the governance review for 19/20 arrangements		31-Mar-19	No
New management and governance arrangements for ICS implemented eg Efficiency Board established		30-Sep-18	Yes
Confirm formal shadow arrangements for 2018/19 ICS		01-Jun-18	Yes
CCGs through Jt Committee and individual GBs consider SOC in response to independent Hospital Services Review		01-Sep-18	Yes
<b>Assurances:</b> (Where should we find the evidence that controls are effective?)  NHSE review of STP plan		<b>Positive Assurance:</b> (Provide specific evidence of Assurances)  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?)		Please select No	
<b>Principal Risk Reference:</b>			4.5



<b>Principal Objective:</b> To ensure there is a sustainable, affordable healthcare system in Sheffield (Goals 2, 5, 7 & 8)		<b>Director Lead:</b> Nicki Doherty, Director of Delivery and Care Outside of Hospital	
<b>Principal Risk:</b> 4.6 High volume of patients in hospital with delayed transfer of care (DToC) as a result of insufficient capacity to meet increasing demand on Route 2 services (eg Active Recovery, Discharge to Assess) created by increasing frailty and complexity of admissions and impact of successful transformation programmes reducing need for long term care		<b>Date last reviewed:</b> 26/02/2019 1:37:46 PM	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 4 x 4 = 16  Current: 4 x 4 = 16 Appetite: 3 x 3 = 9			
<b>Rationale for current score:</b> As a result of successful reduction in long term care needs and an increase in the number of hours of care required to meet the more complex needs of patients flow out of hospital is being limited. Delayed Transfers of Care continue to fluctuate and the system has been unable to sustain any long term reduction. Long term solutions require redesign and an investment in route 2 services supported by cultural/behavioural change that will take time. Winter pressures are a significant concern in relation to further escalation of numbers and the mitigations are not yet fully in place.		<b>Rationale for risk appetite:</b> If we are to have a sustainable and affordable healthcare system in Sheffield we need to have flow through our services that ensures that patients are in the right place to receive care that adds value to their healthcare and supports them living as independently as possible in the right care setting. Delays in transfers of care add cost	
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) Programme Management resource to support the transformation programme of work.  Weekly system wide Chief Operating Officer meetings to scrutinise progress and to respond to escalations  Why Not Home Why Not Today Board and Urgent and Emergency Care Transformation Board providing governance, scrutiny and oversight of progress		<b>Existing Gaps in Control:</b> Please select No (Where are we failing to put controls in place and what more should be done?) No	
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)			
<b>Action</b>	<b>Date</b>	<b>Completed</b>	
Short term interventions to secure required capacity in route 2 services ahead of the longer term solutions being in place	01-Oct-18	Yes	##### Short term interventions to secure required capacity in route 2 services
Programme Overview progress reports with clear KPIs, trajectories and milestones	01-Sep-18	Yes	##### Programme Overview progress reports with clear KPIs, trajectories and
Business case for investment in route 2 capacity (interactive modelling tool to be complete by October to support a full route 2 approach)	01-Mar-19	No	##### Business case for investment in route 2 capacity (interactive modelling t
<b>Assurances:</b> (Where should we find the evidence that controls are effective?)		<b>Positive Assurance:</b> (Provide specific evidence of Assurances)	
Why Not Home Why Not Today Board	Minutes from the Why Not Home Why Not Today Board, Urgent and Emergency Care Transformation Board, Executive Management Group	Internal	
Better Care Fund Reports	Better Care Fund Returns, Better Care Fund Plan, Better Care Fund Monitoring/KPI Report	Internal	
Urgent and Emergency Care Transformation Board			
Executive Management Group			
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)		Please select No	
<b>Principal Risk Reference:</b>			4.6

<b>Principal Objective:</b> Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements. (Goals 1 - 8)		<b>Director Lead:</b> Nicki Doherty - Director of Delivery and Care Outside of Hospital	
<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>	15/11/2018 9:42:38 AM
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 4 = 12  Current: 3 x 4 = 12  Appetite: 2 x 3 = 6			<b>Rationale for current score:</b> The CCGs GPFV plan 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.
			<b>Rationale for risk appetite:</b> Maximising anticipated benefits is crucial to ensuring sustainable primary care services in Sheffield which in turn is crucial to delivery of a sustainable healthcare system in the city.
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) 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		<b>Existing Gaps in Control:</b> Please select No (Where are we failing to put controls in place and what more should be done?)	
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)			
<b>Action</b>		<b>Date</b>	<b>Completed</b>
Restructure of existing internal resource in order to create capacity to meet the demands of the primary care agenda		01/10/2018	Yes
Communications with member practices, partners and public on the GPFV and ACP Primary Care transformation programme with a link to wider primary care		01/12/2018	Yes
Partner working with LMC and PCS to develop solutions for practices working at scale, for example addressing indemnity, interoperability		01/12/2018	Yes
Recruit a programme manager post for the ACP Primary Care Programme, which will support delivery of appropriate GPFV priorities. This will be a joint		01/11/2018	Yes
Recruitment to vacant posts, support from additional agency staff, review of priorities and wider organisational support (eg from PMO)		31/07/2018	Yes
Following assessment of the neighbourhood maturity returns in April develop a clear plan for developing the neighbourhoods to support primary care at		01/06/2018	Yes
Confirm year 2 of the transformation and resilience funding (stopping initiatives that did not work, continuing those that did, and putting in new		01/06/2018	Yes
Increase the activity commissioned at scale to support and enhance primary care at scale work, e.g new model for Locally Commissioned Services		01/07/2018	Yes
<b>Assurances:</b> (Where should we find the evidence that controls are effective?)		<b>Positive Assurance:</b> (Provide specific evidence of Assurances)	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)		Please select	No
<b>Principal 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. (Goals 1 - 8)		<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>	26/02/2019 1:29:27 PM
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Appetite: 2 x 3 = 6			<b>Rationale for current score:</b> Current commissioning support arrangements have been reviewed and have gone through significant change. New providers are delivering both IT and data management services and satisfactory delivery is as yet unproven.
			<b>Rationale for risk appetite:</b> 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?) Contract contains key performance indicators, process for oversight of contract and escalation processes for underdelivery.		<b>Existing Gaps in Control:</b> Please select Yes (Where are we failing to put controls in place and what more should be done?) 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?)			
<b>Actions</b>			<b>Completed</b>
Internal capacity secured to provide technical and strategic support		Apr-19	Yes
Future model for service delivery to be agreed		Apr-19	Yes
Internal user group (GPIT/corporate) routinely meeting to identify and resolve operational and strategic issues		Apr-18	Yes
Extension of technical support with SHSC to provide technical challenge on outsourced contracts		Apr-19	Yes
Discussions with neighbouring CCGs to identify future shared requirements		Dec-18	Yes
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) Governing Body Paper/Minutes. Minutes of GPIT and Corporate IT User Group		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) Minutes of CSMT and via Governing Body papers Internal	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?) Please select No			
<b>Principal 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. (Goals 1 - 8)		<b>Director Lead:</b> Zak McMurray - Medical Director	
<b>Principal Risk:</b> 5.3 Inability to secure active engagement/participation between Member Practices and relevant CCG teams which may result in not achieving CCG priorities		<b>Date last reviewed:</b>	26/02/2019 1:31:37 PM
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Appetite: 2 x 4 = 8			<b>Rationale for current score:</b> The new joint PLI/Members Council approach has increased attendance and participation by member practices. However the tight financial landscape and necessity of member practice engagement in order to achieve QIPP is making consequences of disengagement greater.
			<b>Rationale for risk appetite:</b> Service transformation requires high take up from clinicians and with mechanisms in place for engagement, as part of our organisational development strategy, will reflect CCG working practices.
<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) Clinical directors in post with executive role within CCG giving clear clinical direction for the organisation. Regular engagement with practices OD Strategy includes clinical engagement and member practice engagement at its core CCG structure includes GP involvement at GB and its associated committees, CCC, CRG and H&WB Board Localities also collaborate through the City-wide Locality Group where membership includes links to the commissioning portfolios and CCC Allocation of an Executive Lead for each locality should improve engagement with the senior management team.  Revised ToFR for CLG which is chaired by the Chair of the CCG has strengthened links between localities and CCG Programme Director Primary Care visits primary care teams and reports back to PCCC following visits Existing directors included in practice visits as part of PCC in which CDs involved Executive leads now attending locality meetings.		<b>Existing Gaps in Control:</b> Please select No (Where are we failing to put controls in place and what more should be done?) Long term absence of Medical Director has resulted in reduced capacity to deliver this. Mitigations have been put in place and discussions ongoing about what other temporary capacity we might secure to support	
<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>	<b>Completed</b>
Coordination of engagement and information/intelligence via the Core Primary Care Team to ensure consistency in message, interactive engagement, and action		Dec-18	Yes
Refreshed communications approach to be developed		Dec-18	Yes
Members Council in March a good opportunity to update and engage Member practices		Complete	Yes
Strengthened approach to engage with Citywide Locality Group		Complete	Yes
Work with localities and with portfolios on creating better ways of engaging with priority areas		Aug-18	Yes
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) PLI Minutes from city-wide locality group meetings		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) Reports to CCG and minutes of meetings Internal	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?) none		Please select No	
<b>Principal Risk Reference:</b>			5.3

<b>Principal Objective:</b> Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements. (Goals 1 - 8)		<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> 26/02/2019 2:04:02 PM	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 3 x 4 = 12  Current: 3 x 4 = 12  Appetite: 1 x 4 = 4	<p>The graph plots Risk Score and Risk appetite against Initial and Current Risk Rating. The Y-axis ranges from 0 to 14. Risk Score (blue line with diamonds) is constant at 12. Risk appetite (red line with squares) is constant at 4.</p>		<b>Rationale for current score:</b> CCG has embedded governance structures and arrangements. We are seeking to adopt a new Constitution in March 2019. The rationale for the risk score primarily relates to ensuring effective management of conflict of interests and that we will successfully implement new robust governance arrangements with our partners in ACP including a joint Committee for commissioning with SCC and across the ICS.
	<b>Rationale for risk appetite:</b> 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?) 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 perceived conflicts to start meetings		<b>Existing Gaps in Control:</b> Please select No (Where are we failing to put controls in place and what more should be done?) 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>		<b>Date</b>	<b>Completed</b>
New model constitution to be reviewed by Governing Body		Jan-19	Yes
New model constitution to be approved by Governing Body		Mar-19	No
Reports on ACP and ICS governance to AIGC each quarter		Ongoing	No
Ensure full roll out of conflicts of interest mandatory training which recently been published		May-18	Yes
Paper to GB on ACP Board governance arrangements		May-18	Yes
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) <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>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>	
		Internal	
		Internal	
		Please select	
		External	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)		Please select	No
<b>Principal 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. (Goals 1 - 8)		<b>Director Lead:</b> 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> 26/02/2019 2:06:19 PM	
<b>Risk Rating:</b> (likelihood x consequence) Initial: 4 x 4 = 16 Current: 3 x 4 = 12 Appetite: 2 x 3 = 6	<p>The graph shows two data series over two points: Initial Risk Rating and Current Risk Rating. The Y-axis ranges from 0 to 18. The 'Risk Score' (blue line with diamond markers) starts at 16 for the initial rating and decreases to 12 for the current rating. The 'Risk Appetite' (red line with square markers) is constant at 6 for both initial and current ratings.</p>		<b>Rationale for current score:</b> 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
	<b>Existing Controls:</b> (What are we doing about the risk prior to any new mitigating actions?) 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) together with a range of learning opportunities		<b>Existing Gaps in Control:</b> <b>Please select</b> No (Where are we failing to put controls in place and what more should be done?)
<b>Mitigating actions:</b> (What new controls are to be put in place to address Gaps in Control and by what date?)			
<b>Action</b>		<b>Date</b>	<b>Completed</b>
Deloitte working with CCG to rationalise QIPP to minimise impact on workforce priorities		Oct-19	Yes
CHC completing workforce planning to support capacity and demand		Sep-19	Yes
Integrated posts being developed (as part of transformation and ongoing care work with LA and providers)		Aug-18	Yes
Deputy Director leadership development programme initiated		Mar-18	Yes
Increase OD and HR support within the organisation		Mar-18	Yes
OD Strategy refresh to Governing Body		Feb-19	No
People plan discussions in place with Directors on a quarterly basis		May-18	Yes
<b>Assurances:</b> (Where should we find the evidence that controls are effective?) 1. Workforce reports to Governance Sub-committee 2. OD Strategy 3. Employment policies 4. Values Based Recruitment Guidance 5. JSCF minutes 6. Ongoing care minutes 8. Staff Survey action plan		<b>Positive Assurance:</b> (Provide specific evidence of Assurances) Minutes from Governance Sub-committee and Sub-committee report to AIGC	
		Internal	
<b>Gaps in assurance:</b> (Where are we failing to gain evidence that our controls are effective?)		<b>Please select</b>	No
<b>Principal Risk Reference:</b>			5.5

**Gaps**

Date: 27-Jun

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 (Goals 1, 2,5 & 8)	1.1	Insufficient communication and engagement with patients and the public on CCG priorities and service developments, leading to loss of confidence in CCG decisions.	ND	16	12	6	No	SPEEC 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 (Goals 1, 2, 3, 4 & 6)	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 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	10	10	6	No			No		
3. To work with Sheffield City Council and other partner organisations to reduce health inequalities in Sheffield (Goals 3 & 7)	3.1	CCG is unable to undertake the actions, and deliver the outcomes from them, that are set out in the HWB's plan for reducing health inequalities, eg due to financial constraints.	ND	9	9	6	No			No	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. (Goal 2, 5, 7 & 8)	4.1	Financial Plan with insufficient ability to flex to meet in year demands and at same to meet the NHSE business rules for 2018/19	JN	16	6	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	12	6	No			No		
	4.3	Unable to deliver the QIPP (efficiency) savings plan due to lack of internal capacity and lack of engagement by key partners.	BH	#REF!	#REF!	#REF!	No			No		
	4.4	Inability to secure partnerships with secondary and primary care providers to deliver the Sheffield Place Plan and to develop the Accountable Care Partnership .	MR (with BH)	12	12	6	No			No		
	4.5	Inability to agree and progress service changes across the South Yorkshire and Bassetlaw Integrated Care System which address the gaps/challenges of financial efficiency, workforce and quality.	MR (with JN)	12	12	4	No			No		
	4.6	High volume of patients in hospital with delayed transfer of care (DToc) as a result of insufficient capacity to meet increasing demand on Route 2 services (eg Active Recovery, Discharge to Assess) created by increasing frailty and complexity of admissions and impact of successful transformation programmes reducing need for long term care	ND	16	16	9	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.	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	12	6	No			No		