

Introduction**GBAF REFRESH 2019/20**

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, 3,5 & 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	12	12	8	No	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 NHS Longer Term Plan (published January 2019)	BH	15	15	9	No	No
2. To improve the quality and equality of healthcare in Sheffield (Goals 1, 2, 3, 4 & 7)	2.1	Providers delivering poor quality care and not meeting quality targets particularly in a period of system wide organisational changes	MP	9	9	6	No	No
	2.2	CCG unable to meet equality duty standard because insufficient or ineffective mechanisms to change.	ND	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	12	12	9	Yes	Yes
	2.4	Insufficient performance data and clinical 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 on health care providers and care services.	MP	12	12	6	No	No
3. To work with Sheffield City Council and other partner organisations to reduce health inequalities in Sheffield (Goals 2 & 6)	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

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4. To ensure there is a sustainable, affordable healthcare system in Sheffield. (Goal 1, 5, 6 & 8)	4.1	Financial Plan with insufficient flexibility and resilience to meet investment requirements and in year pressures	JN	16	16	9	No	No
	4.2	Joint Commissioning arrangements (to encompass existing BCF) do not progress sufficiently to allow the release of savings across the system, to support transfer of funding to ensure sustainable social and community care	ND	16	16	9	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	16	16	9	No	No
	4.4	Inability to deliver demonstrable change through agreed collaborative arrangements with our partners across the Accountable Care Partnership, and deliver the ambitions within the refreshed Shaping Sheffield Plan	MR (with BH)	12	12	6	No	No
	4.5	Insufficient progress on joint commissioning and transformation of services across the South Yorkshire and Bassetlaw Integrated Care System to address efficiency, workforce and quality gaps which could adversely impact on local services.	MR (with JN)	12	12	6	No	No
	4.6	Ability to resource and deliver sustainable out of hospital services to support a preventative and proactive model of care that minimises avoidable emergency admissions and reduces delayed transfers of care	ND	16	16	9	No	No
5. Organisational development to ensure CCG meets organisational health and capability requirements. (Goals 1-8)	5.1	Insufficient capacity and resources to support development of neighbourhoods and primary care at scale working.	ND	16	16	9	No	No
	5.2	Unable to secure timely and effective shared services in light of required running cost reduction, to enable us to adequately respond and secure delivery to existing and new emerging requirements.	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 (with ND)	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 particularly at a period of change	JN	12	12	4	No	No
	5.5	Insufficient internal workforce, talent management and succession planning could lead to inability to monitor and evaluate services while delivering organisational objectives and priorities during transformational changes.	MR	12	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

Principal Objectives

Objective 1	To improve patient experience and access to care (Goals 1, 3, 5 & 8)
Objective 2	To improve the quality and equality of healthcare in Sheffield (Goals 1, 2, 3, 4 & 7)
Objective 3	To work with Sheffield City Council and other organisations to reduce health inequalities in Sheffield (Goals 2 & 6)
Objective 4	To ensure there is a sustainable, affordable healthcare system in Sheffield (Goals 1, 5, 6 & 8)
Objective 5	Organisational development to ensure CCG meets organisational health and capability requirements (Goals 1 - 8)

Supporting Goals

Goal 1	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*
Goal 2	Tailor services to support a reduction in health inequalities across the Sheffield Population
Goal 3	Integration of physical and mental health, ensuring parity of esteem for people with mental health needs
Goal 4	Deliver timely and high quality care in hospital for all patients and their families
Goal 5	Support for people living with and beyond life threatening or long term conditions
Goal 6	Prevent the early onset of avoidable disease and premature deaths
Goal 7	Give every child and young person the best start in life
Goal 8	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.

NB Supporting Goals updated following Governing Body approval 1 November 2018 and rearranged following GBAF Refresh 3 January 2019

Principal Objective To improve patient experience and access to care (Goals 1, 3, 5 & 8)		Director Lead: Nicki Doherty, Director of Delivery and Care Outside of Hospital	
Principal Risk 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.		Date last reviewed:	27/02/2019 1:52:37 PM
Risk Rating: (likelihood x consequence) Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Appetite: 2 x 4 = 8		Rationale for current score: 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.	
		Rationale for risk appetite: 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	
Existing Controls: (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.		Existing Gaps in Control: Please select No (Where are we failing to put controls in place and what more should be done?)	
Mitigating Actions: (What controls are to be put in place to address Gaps in Control and by what date?)			
Action		Date	Completed
Confirm running costs to support future proposed structure and model for Comms and Engagement Team		01/01/2019	No
Work with PMO to further strengthen proactive planning of capacity		01/07/2019	No
Assurances: (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		Positive Assurance: (Provide specific evidence of Assurances) Programme Management Framework, Minutes of SPEEEC, Terms of Reference of SPEEEC, Minutes of Governing Body re SPEEC feedback • Patient experience and engagement reports received by GB	
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?) None		Please select	No
Principal Risk Reference:			1.1

Principal Objective To improve patient experience and access to care (Goals 1, 3, 5 & 8)		Director Lead: Brian Hughes - Director of Commissioning and Performance	
Principal risk 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 NHS Longer Term Plan (published January 2019)		Date last reviewed: 27/02/2019 1:53:10 PM	
Risk Rating: (likelihood x consequence) Initial: 5 x 3 = 15 Current: 5 x 3 = 15 Appetite: 3 x 3 = 9			
		Rationale for current score: 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 remain vulnerable. Also need to monitor any risks on workforce capacity and access to drugs post Brexit.	
		Rationale for risk appetite: 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.	
Existing Controls: (What are we doing about the risk prior to any new mitigating actions?) Contract Management Boards at Director level embedded for all main contracts, through which all performance issues are escalated. 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. Urgent Care Delivery Board oversees A&E performance and holds 'system partners' to account for delivering sustainable performance, supported by multi-partner Operational Resilience Group. Cancer performance overseen at system level by Cancer Alliance to provide integrated approach to planning and delivery, re Brexit there is a city wide co-ordination group to manage implications		Existing Gaps in Control: Please select No (Where are we failing to put controls in place and what more should be done?) None	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Action		Date	Completed
Support in place through Cancer Alliance to increase capacity across acute providers to deliver recovery trajectory		Mar-19	No
Operational Resilience Group targeted focus on key periods of pressure (Christmas, Easter, Bank Holidays, etc), whilst maintaining oversight across all areas		Dec-19	No
Assessment of annual operational plan submission to identify any risk to delivery of key targets		Jun-19	No
Assurances: (Where should we find the evidence that controls are effective?) <ul style="list-style-type: none"> Quality & Outcomes Report to Governing Body, A&E Delivery Board Minutes Quality & Outcomes Report to Governing Body, A&E Delivery Board Minutes PMO assurance documentation and delivery plans 		Positive Assurance: (Provide specific evidence of Assurances) <ul style="list-style-type: none"> Quality & Outcomes Report to Governing Body Internal Recovery plans in place for Dexa scanning and echocardiography Internal Operational Resilience Group ensures appropriate actions are being taken across the system to maintain resilience and improve front end performance indicators e.g. the 4 hour target and ambulance handover. External 	
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?) No current gaps – to be reviewed		Please select No	
		Principal Risk Reference: 1.2	

Principal Objective: To improve the quality and equality of healthcare in Sheffield (Goals 1, 2, 3 4 & 7)		Director Lead: Chief Nurse: Mandy Philbin	
Principal Risk: 2.1 Providers delivering poor quality care and not meeting quality targets particularly in a period of system wide organisational changes		Date last reviewed: 27/02/2019 1:54:59 PM	
Risk Rating: (likelihood x consequence) Initial: 3 x 3 = 9 Current: 3 x 3 = 9 Appetite: 2 x 3 = 6			Rationale for current score: 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
			Rationale for risk appetite: 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.
Existing Controls: (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, 360 assurance audit, PC quality framework		Existing Gaps in Control: Please select No (Where are we failing to put controls in place and what more should be done?)	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Actions		Date	Completed
Serious incident process to be introduced into PC		Jun-19	No
Refresh of the Quality Strategy		Nov-19	No
Implementaion of a researched /evidenced based QIA /EIA tool		Aug-19	No
Assurances: (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) Board to Board Assurance review with SHSC trust, Review of themes and trends for Whistleblowing and lessons learnt shared with staff.		Positive Assurance: (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. Modified GB paper to GB place with further quality assurance on PC and Care Homes. Board to Board assurance meetigns	
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?)		Please select	No
			Please Select
Principal Risk Reference:			2.1

Principal Objective: To improve the quality and equality of healthcare in Sheffield (Goals 1, 2, 3, 4 & 7)		Director Lead: Nicki Doherty - Director of Delivery Care Outside of Hospital	
Principal Risk: 2.2 CCG unable to meet equality duty standard because insufficient or ineffective mechanisms to change.		Date last reviewed:	27/02/2019 1:55:50 PM
Risk Rating: (likelihood x consequence) Initial: 3 x 3 = 9 Current: 3 x 3 = 9 Appetite: 2 x 3 = 6		Rationale for current score:	
		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.	
		Rationale for risk appetite:	
		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.	
Existing Controls: (What are we doing about the risk prior to any new mitigating actions?)		Existing Gaps in Control: 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 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.		(Where are we failing to put controls in place and what more should be done?)	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Action	Date	Completed	
Practice and neighbourhood reports to provide information adjusted for levels of deprivation	01/03/2019	No	
Pilot new joint equality and quality impact assessment for two projects	01/04/2019	No	
Implement EDS2 for extended access	01/04/2019	No	
Embed Equality duties in PMO and business functions of the CCG	01/07/2019	No	
Assurances: (Where should we find the evidence that controls are effective?)		Positive Assurance: (Provide specific evidence of Assurances)	
Equality reporting to GB and published in website		Governing Body discussion in April 2018 highlighting call to include inequalities	Internal
EIA completed and reviewed for all projects and programmes			
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?)		Please select No	
Principal Risk Reference:			2.2

Principal Objective: To improve the quality and equality of healthcare in Sheffield (Goals 1, 2, 3, 4 & 7)		Director Lead: Brian Hughes, Director of Commissioning and Performance	
Principal Risk: 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)		Date last reviewed:	27/02/2019 1:56:43 PM
Risk Rating: (likelihood x consequence) Initial: 4 x 3 = 12 Current: 4 x 3 = 12 3 x 3 = 9		Rationale for current score: The current life expectancy gap between people with a severe mental illness and the wider Sheffield population is on average up to 20 YEARS . Rationale for risk appetite: 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. Whilst strategic leadership by SCCG will help to influence the system wide change required to address disparity and reduce this risk over time, it is recognised that disparity of esteem is a societal issue, that the CCG cannot solely reduce. The inclusion of this risk on the GBAF is therefore recognition by SCCG that there is the need for us to help to lead a CALL FOR ACTION in all public sector organisations, to address the attitudinal norms that lead to disparity to reduce this profound inequality. However, for parity to genuinely exist we would need to see an incremental increase in the amount we spend on preventing mental ill health.	
Existing Controls: (What are we doing about the risk prior to any new mitigating actions?)		Existing Gaps in Control: Please select Yes	
<ol style="list-style-type: none"> We will meet the national investment standard for mental health in 2018/19, and are forecasting full achievement of the standard in 2019/20; We are developing a joint plan with partner organisations for the delivery of the NHS Long Term Plan; including the identification of local investment priorities; We continue to contribute to events aimed at raising awareness of mental health and learning disabilities including, but not limited to, mental health week. We are planning further activity, with our partner organisations, during 2019. This will include supporting additional staff to undertake MHFA training; We have extended the remit of the commissioning portfolio to include children's and young people mental health. The aim is to promote an all-age approach to the development and delivery of services, which will encourage seamless care, better transitional arrangements and a greater focus on early intervention and prevention. The governance arrangements that will support and underpin this are currently being reviewed; As one of five health economies that form the wider South Yorkshire and Bassetlaw Integrated Care System, Sheffield are taking the lead on a number of key priority areas. As a consequence we have secured (and are planning to secure) additional national funding to support these key areas; We have secured agreement ensuring that, where appropriate, the delivery of 'Parity of Esteem' will be added to other public sector partner organisations' risk registers. This will enable us to take a more coordinated strategic approach; and The Memorandum of Agreement that underpins the Sheffield Mental Health Transformation Programme has now been agreed by SCCG, SHSC and SCC. This agreement, which includes a risk and benefit share arrangement, will help to ensure a much more collaborative response to Parity of Esteem. 		(Where are we failing to put controls in place and what more should be done?) <ol style="list-style-type: none"> Whilst the Memorandum of Agreement that underpins the Sheffield Mental Health Transformation Programme will, in part, help to ensure a more collective response to Parity of Esteem; we need to ensure the principles of Parity are embedded into the delivery plans of all partner organisations across the ACP; and 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. 	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Action:		Date	Completed
A specific item will be included on Governing Body agenda during 2019/20 to discuss Parity of Esteem.		May-19	No
Assurances: (Where should we find the evidence that controls are effective?)		Positive Assurance: (Provide specific evidence of Assurances)	
<ol style="list-style-type: none"> A series of presentations and materials developed by the Mental Health Commissioning Team that have been delivered/distributed to both local and national events and committees; Minuted discussions across a number of meetings including the Mental Health and Learning Disability Delivery Board and a range of 'corporate' meetings including Governing Body and the Executive Management Group; Data and narrative included in quality and performance reports that are presented to Governing Body; Mental Health Investment Standard reported to NHS England monthly; and Accountable Care Partnership documentation including, but not limited to, papers that have been presented to the Executive Delivery Group. 		The Sheffield Mental Health Transformation Programme is about to enter its third year, and a joint plan has been developed to ensure consistency and therefore collaboration between all parties. This plan underpins a system wide commitment, through the ACP, to genuinely integrate physical and mental health work streams. However, <u>there is still a 20 year mortality gap for people with mental health conditions</u> , and we should not therefore rate ourselves as anything other than red for this risk. This would undermine the importance of ensuring that we have a system wide response to this issue given the multifaceted societal impact.	
Gaps in assurance: (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, SPEC 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.			
Principal Risk Reference:			2.3

Principal Objective: To improve the quality and equality of healthcare in Sheffield (Goals 1, 2, 3, 4 & 7)		Director Lead: Mandy Philbin Chief Nurse Mandy Philbin	
Principal Risk: 2.4 Insufficient performance data and clinical 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 on health care providers and care services.		Date last reviewed: 27/02/2019 1:57:18 PM	
Risk Rating: (likelihood x consequence) Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Appetite: 2 x 3 = 6		Rationale for current score: 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.	
		Rationale for risk appetite: Whilst resources will remain a constraint, we should aim for a clearer understanding of what is possible, targetting our resources to best effect.	
Existing Controls: (What are we doing about the risk prior to any new mitigating actions?) Children's Transformation:- 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. Senior level representiaon at ICS relevent Children and Maternity Boards		Existing Gaps in Control: Please select No (Where are we failing to put controls in place and what more should be done?) Data and performance assurance	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Action		Date	Completed
Recruitment to support DCO for SEND		May-19	No
Continue to review need for primary/ clinical care input for workstreams		Jun-19	No
Develop service level dashboard for assurance and performance oversight			
Assurances: (Where should we find the evidence that controls are effective?) Meeting outcome minutes Transformation Board. quality and outcome reports for GB. Minutes from JCCC and EMG. Agreement for city wide Childrens Strategy to be completed (next 2 year) Written statement of action for SEND. Whistleblowing review for Childrens CHC services.		Positive Assurance: (Provide specific evidence of Assurances) Allocated commissioning lead for SEND and maternity workstream Please select	
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?)		Please select	No
Principal Risk Reference:			2.4

Principal Objective: To work with Sheffield City Council and other partner organisations to reduce health inequalities in Sheffield (Goals 2 & 6)		Director Lead: Nicki Doherty - Director of Delivery and Care Outside of Hospital	
Principal Risk: 3.1 CCG is unable to undertake the actions, and deliver the outcomes from them, that are set out in the HWB's plan for reducing health inequalities, eg due to financial constraints.		Date last reviewed: 27/02/2019 1:57:53 PM	
Risk Rating: (likelihood x consequence) Initial: 3 x 3 = 9 Current: 3 x 3 = 9 Appetite: 3 x 2 = 6			Rationale for current score: 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.
			Rationale for risk appetite: 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.
Existing Controls: (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.		Existing Gaps in Control: Please select No (Where are we failing to put controls in place and what more should be done?)	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Action		Date	Completed
Strengthen the link between the Health Inequalities Steering Group and Health and Wellbeing Board, including inviting the Director of Public Health to Join		Jul-19	No
Review of the Health Inequalities Action Plan in light of the new Health and Wellbeing Board Inequalities Strategy		Jul-19	No
Work across portfolios to support targeted investment, linked to neighbourhoods, in areas of greatest need and in a way that supports a reduction in reported health inequalities		Oct-19	No
Assurances: (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		Positive Assurance: (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 meeting with new attendees looks at Urgent and Primary Care in particular who to move the money around the system.	
		External	
		External	
Gaps in assurance: (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	
Principal Risk Reference:			3.1

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield (Goals 1, 5, 6 & 8)		Director Lead: Julia Newton - Director of Finance	
Principal Risk: 4.1 Financial Plan with insufficient flexibility and resilience to meet investment requirements and in year pressures		Date last reviewed: 27/02/2019 1:58:43 PM	
Risk Rating: (likelihood x consequence) Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Appetite: 3 x 3 = 9			Rationale for current score: At its 7 February meeting Governing Body agreed that the CCG would agree to its in year break even control total but that an initial plan should be submitted on 12 February 2019 which included a £15.2m QIPP plan of which £3m was classed as "unidentified". This was the "balancing figure" based on the latest assessment of cost pressures and investment requirements. There is a substantial risk that the actual gap is greater than this and that risks exceed the contingency reserves available at the start of the year. Hence current risk score is rated at 16.
			Rationale for risk appetite: Stress testing of plan in different scenarios and identifying further mitigations to risk should give us the confidence that we can deliver as a minimum our statutory duty of breakeven.
Existing Controls: (What are we doing about the risk 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		Existing Gaps in Control: Please select No (Where are we failing to put controls in place and what more should be done?)	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Action		Date	Completed
contracts for 2019/20 agreed with main providers		01-Mar	No
updated plan to governing body and then submission to NHSE - with further consideration of risks and mitigations		April 19	No
In year scenario planning at end of Q1		July 19	No
Assurances: (Where should we find the evidence that controls are effective?) • NHS E review of financial plan and monthly review of in year financial position; reviews on financial systems/processes by internal and external audit; external audit VFM reviews		Positive Assurance: (Provide specific evidence of Assurances) • Monthly reports to Governing Body	
		Internal	
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?) None.		Please select No	
Principal Risk Reference:			4.1

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield (Goals 1, 5, 6 & 8)		Director Lead: Nicki Doherty - Director of Delivery Care Outside of Hospital	
Principal Risk: 4.2 Joint Commissioning arrangements (to encompass existing BCF) do not progress sufficiently to allow the release of savings across the system, to support transfer of funding to ensure sustainable social and community care		Date last reviewed: 27/02/2019 2:09:20 PM	
Risk Rating: (likelihood x consequence) Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Appetite: 3 x 3 = 9			Rationale for current score: SCC and CCG have ambitious integrated commissioning programme, but major changes in services, areas of investment such as prevention and savings in acute services will take time to implement. It will also take time to embed formal joint commissioning arrangements and any extension of risk share arrangements with key providers. This important Place work needs to happen within a changing national and ICS regulatory framework.
			Rationale for risk appetite: We need to get to a position where we have recurrent service transformational solutions to address significant budget pressures across the health and social care system.
Existing Controls: (What are we doing about the risk prior to any new mitigating actions?) Section 75 BCF agreement in place. monthly meeting of a joint Executive Mgt Group reporting to Joint Committee, Governing Body, HWBB, Cabinet and ACP Board.		Existing Gaps in Control: Please select No (Where are we failing to put controls in place and what more should be done?)	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Action		Date	Completed
Joint Committee is established with agreed terms of reference and agreed priorities for 19/20		Jun-19	No
Sheffield Place financial risk share and strategy within ICS financial framework		May-19	No
Assurances: (Where should we find the evidence that controls are effective?) Minutes of Joint Committee and Executive Mgt meetings.		Positive Assurance: (Provide specific evidence of Assurances) • Updates monthly to Executive Mgt Group and Governing Body.	
		Internal	
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?) N/A		Please select No	
Principal Risk Reference:			4.2

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield (Goals 1, 5, 6 & 8)		Director Lead: Brian Hughes - Director of Commissioning and Performance	
Principal Risk: 4.3 Unable to deliver the QIPP (efficiency) savings plan due to lack of internal capacity and lack of engagement by key partners.		Date last reviewed: 27/02/2019 2:11:27 PM	
Risk Rating: (likelihood x consequence) Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Appetite: 3 x 3 = 9			Rationale for current score: 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.
			Rationale for risk appetite: Delivery of the QIPP plan is crucial to delivery of overall financial position
Existing Controls: (What are we doing about the risk prior to any new mitigating actions?) QIPP leadership clearly established (responsible Director and Deputy). PMO processes are already established and will be reviewed in 2019/20. Programme management software is embedded within the CCG 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.		Existing Gaps in Control: Please select No (Where are we failing to put controls in place and what more should be done?) None	
Mitigating Actions: (What new controls are to be put in place to address Gaps in Control and by what date?) The QIPP project lines have now been aligned to Programmes of Delivery supported by matrix working and aligned to ACP and ICS priorities. Director and clinical leadership for each work stream and programme clearly defined and project teams are meeting with joint ownership of delivery. ACP & ICS workstreams continue to be developed and integrated into SCCG work plans.			
Action		Date	Completed
QIPP plan finalised with agreed final total		31/03/2019	No
Assurances: (Where should we find the evidence that controls are effective?) • NHS E review of financial plan and monthly review of in year financial position; reviews on financial systems/processes by internal and external audit; external audit VFM reviews.		Positive Assurance: (Provide specific evidence of Assurances) • Monthly reports to Governing Body and more in depth reporting to Integrated QIPP Working Group. (Internal) • Governing Body papers, presentations and minutes. (Internal)	
		External	
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?) Please select No			
None.		Principal Risk Reference: 4.3	

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield (Goals 1, 5, 6 & 8)		Director Lead: Maddy Ruff (supported by Brian Hughes)	
Principal Risk: 4.4 Inability to deliver demonstrable change through agreed collaborative arrangements with our partners across the Accountable Care Partnership, and deliver the ambitions within the refreshed Shaping Sheffield Plan		Date last reviewed:	21/02/2019 8:07:00 AM
Risk Rating: (likelihood x consequence) Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Appetite: 2 x 3 = 6		Rationale for current score:	
		The CCG partnerships have continued to strengthen, 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	
		Rationale for risk appetite:	
		We should aspire to establish relationships with partners that mean that it is most unlikely that those partnerships do not help us deliver our plans.	
Existing Controls: (What are we doing about the 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. Join commissioning arrangements between CCG and SCC with identified work programme agreed and operational		Existing Gaps in Control: Please select No (Where are we failing to put controls in place and what more should be done?)	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Action	Date	Completed	
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	
Produce a single Financial Strategy and Account for Sheffield	Apr-19	No	
Establish arrangements to replace the city-wide planning group	Mar-19	No	
Joint commissioning arrangements between CCG and SCC agreed with work programme and priorities agreed	Jun-19	No	
Assurances: (Where should we find the evidence that controls are effective?)		Positive Assurance: (Provide specific evidence of Assurances)	
ACP governance arrangements continue to be embedded to support Sheffield transformation. These will monitor delivery and improved outcomes through evaluation process. Joint commissioning priorities agreed and implementation underway	Minutes of ACP Board presented to all partner governance structures	Internal	
	ACP Executive Delivery Group minutes and actions made available to	Internal	
	TOR for joint commissioning arrangements agreed between partner organisations	External	
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?)		Please select	No
		Principal Risk Reference:	4.4

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield (Goals 1, 5, 6 & 8)		Director Lead: Julia Newton, DoF for Maddy Ruff, Accountable Officer	
Principal Risk: 4.5 Insufficient progress on joint commissioning and transformation of services across the South Yorkshire and Bassetlaw Integrated Care System to address efficiency, workforce and quality gaps which could adversely impact on local services.		Date last reviewed:	21/02/2019 8:09:41 AM
Risk Rating: (likelihood x consequence) Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Appetite: 2 x 3 = 6			Rationale for current score: The SY & BL CCGs and providers have come together as a leading Integrated Care System (ICS). New governance arrangements will be in place from April. Workstreams in all key areas are operational but at varying stages of implementation. Hospital Services SOC considered by all partners in September and review progressing. Limited or no impact expected in 19/20. Impact if any of single finance control for 19/20 on CCGs yet to be confirmed.
			Rationale for risk appetite: 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.
Existing Controls: (What are we doing about the risk prior to any new mitigating actions?) Establishment of ICS working arrangements including governance structure with PMO and various CEO/Director led workstreams; Plans to be assessed by NHSE and NHSI jointly		Existing Gaps in Control: Please select No (Where are we failing to put controls in place and what more should be done?) None	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Action		Date	Completed
Complete the strategic commissioning review and determine the increased remit of the Joint Committee		01-Mar-19	No
Complete the governance review for 19/20 arrangements		01-Mar-19	No
Agreed areas for joint commissioning agreed across all CCGs in SYB		01-Apr-19	No
Assurances: (Where should we find the evidence that controls are effective?) NHSE/I review of an ICS level operational plan for 19/20		Positive Assurance: (Provide specific evidence of Assurances) Reports to Board and various committees of ICS and all partner organisation boards.	
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?)		Please select	No
Principal Risk Reference:			4.5

Principal Objective: To ensure there is a sustainable, affordable healthcare system in Sheffield (Goals 1, 5, 6 & 8)		Director Lead: Nicki Doherty, Director of Delivery and Care Outside of Hospital	
Principal Risk: 4.6 Ability to resource and deliver sustainable out of hospital services to support a preventative and proactive model of care that minimises avoidable emergency admissions and reduces delayed transfers of care		Date last reviewed:	26/02/2019 1:57:52 PM
Risk Rating: (likelihood x consequence) Initial: $4 \times 4 = 16$ Current: $4 \times 4 = 16$ Appetite: $3 \times 3 = 9$		Rationale for current score:	
		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.	
		Rationale for risk appetite:	
		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	
Existing Controls: (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		Existing Gaps in Control: Please select No (Where are we failing to put controls in place and what more should be done?) No	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Action		Date	Completed
Implementation of the Why Not Home Why Not Today programmes of work		01-Mar-20	No
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
Implementation plan for the Integrated Model of Care (linked to Active Support and Recovery model)		01-Jul-19	No
Assurances: (Where should we find the evidence that controls are effective?)		Positive Assurance: (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	
Better Care Fund Reports		Better Care Fund Returns, Better Care Fund Plan, Better Care Fund Monitoring/KPI Report	
Urgent and Emergency Care Transformation Board			
Executive Management Group			
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?)		Please select	No
Principal Risk Reference:			4.6

Principal Objective: Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements. (Goals 1 - 8)		Director Lead: Nicki Doherty - Director of Delivery and Care Outside of Hospital	
Principal Risk: 5.1 Insufficient capacity and resources to support development of neighbourhoods and primary care at scale working.		Date last reviewed:	21/02/2019 8:47:39 AM
Risk Rating: (likelihood x consequence) Initial: 4 x 4 = 16 Current: 4 x 4 = 16 Appetite: 3 x 3 = 9			Rationale for current score: 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.
			Rationale for risk appetite: 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.
Existing Controls: (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		Existing Gaps in Control: Please select No (Where are we failing to put controls in place and what more should be done?) Insufficient capacity and resources to support development of neighbourhoods and primary care at scale working	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Action		Date	Completed
Review support requirements as part of ACP Organisational Development programme to support strengthening leadership and maturing models of working		01/05/2019	No
Confirm funding available for primary care and community delivery and proportion available to support neighbourhood working		01/05/2019	No
Partnership working with the Local Authority to develop neighbourhood hubs		01/12/2019	No
Work via the Primary Care ACP Delivery Board Task and Finish Group to deliver a clear programme for neighbourhood implementation		01/07/2019	No
Work via Deputy Directors and Clinical Commissioning Committee to ensure that all portfolios and programmes have clearly articulated their ambitions around neighbourhood delivery		01/06/2019	No
Assurances: (Where should we find the evidence that controls are effective?)		Positive Assurance: (Provide specific evidence of Assurances)	
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?)		Please select	No
Principal Risk Reference:			5.1

Principal Objective: Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements. (Goals 1 - 8)		Director Lead: Brian Hughes, Director of Commissioning and Performance	
Principal Risk: 5.2 Unable to secure timely and effective shared services in light of required running cost reduction, to enable us to adequately respond and secure delivery to existing and new emerging requirements.		Date last reviewed:	11/02/2019 11:05:33 AM
Risk Rating: (likelihood x consequence) Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Appetite: 2 x 3 = 6			Rationale for current score: 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.
			Rationale for risk appetite: Effective commissioning capacity is essential for effective working of CCG. Contracts have been signed and performance management processes of new providers are being implemented.
Existing Controls: (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.		Existing Gaps in Control: 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.	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Actions			Completed
Future model for service delivery to be agreed		Apr-19	No
Assurances: (Where should we find the evidence that controls are effective?) Governing Body Paper/Minutes. Minutes of GPIT and Corporate IT User Group		Positive Assurance: (Provide specific evidence of Assurances) Minutes of CSMTand via Governing Body papers Internal	
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?)		Please select No	
Principal Risk Reference:			5.2

Principal Objective: Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements. (Goals 1 - 8)		Director Lead: Zak McMurray - Medical Director	
Principal Risk: 5.3 Inability to secure active engagement/participation between Member Practices and relevant CCG teams which may result in not achieving CCG priorities		Date last reviewed:	28/01/2019 11:48:13 AM
Risk Rating: (likelihood x consequence) Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Appetite: 2 x 4 = 8			Rationale for current score: 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.
			Rationale for risk appetite: 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.
Existing Controls: (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.		Existing Gaps in Control: 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	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Action		Date	Completed
Proactively plan Citywide Locality Group and Locality Council agendas to ensure both engagement on key priorities and information sharing in line with the operational plan		May-19	No
Strengthen visibility and understanding of the roles of the Locality Managers and elected Locality Governing Body GPs to ensure all staff working proactively with them to engage		Jun-19	No
Ensure Member Council meetings provide the opportunity for member practices to engage in review of progress to date as well as forward intentions		Mar-20	No
Assurances: (Where should we find the evidence that controls are effective?)		Positive Assurance: (Provide specific evidence of Assurances)	
PLI		Reports to CCG and minutes of meetings	
Minutes from city-wide locality group meetings		Internal	
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?)		Please select No	
none			
Principal Risk Reference:			5.3

Principal Objective: Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements. (Goals 1 - 8)		Director Lead: Julia Newton, Director of Finance	
Principal Risk: 5.4 Inadequate adherence to principles of good governance and legal framework leading to breach of regulations and consequent reputational or financial damage particularly at a period of change		Date last reviewed: 10/02/2019 2:41:22 PM	
Risk Rating: (likelihood x consequence) Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Appetite: 1 x 4 = 4			Rationale for current score: CCG has embedded governance structures and arrangements; 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 and ICS. Some good progress but substantial work still required as Joint Commissioning and other arrangements develop over coming months
			Rationale for risk appetite: 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.
Existing Controls: (What are we doing about the risk prior to any new mitigating actions?) OD strategy to strengthen governance systems and processes. Stringent policies in place to safeguard against conflict of interest. Explanatory statement on committee agendas and explicit discussion regarding perceived conflicts to start meetings		Existing Gaps in Control: Please select No (Where are we failing to put controls in place and what more should be done?) no gaps	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Action		Date	Completed
New model constitution to be reviewed by Governing Body - highlights at Feb Development session - full review in March		Mar-19	No
Reports on ACP and ICS governance to AIGC each quarter		Ongoing	No
Assurances: (Where should we find the evidence that controls are effective?) <ul style="list-style-type: none"> Publication of registers of interest Internal Audit review of governance arrangements 		Positive Assurance: (Provide specific evidence of Assurances) <ul style="list-style-type: none"> Constitution Management of Conflicts of interest noted at all meetings Reports to Governing Body CCG IAF Indicator 162a Part two (quarterly) Part one (annual) 	
		Internal	
		Internal	
		Internal	
		External	
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?)		Please select	No
Principal Risk Reference:			5.4

Principal Objective: Organisational development to ensure the CCG can achieve its aims and objectives and meet national requirements. (Goals 1 - 8)		Director Lead: Accountable Officer, Maddy Ruff	
Principal Risk: 5.5 Insufficient internal workforce, talent management and succession planning could lead to inability to monitor and evaluate services while delivering organisational objectives and priorities during transformational changes.		Date last reviewed: 11/02/2019 12:13:19 PM	
Risk Rating: (likelihood x consequence) Initial: 3 x 4 = 12 Current: 3 x 4 = 12 Appetite: 2 x 3 = 6	<p>Initial Risk Rating Current Risk Rating</p>	Rationale for current score: 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.	
		Rationale for risk appetite: Delivery of the OD Strategy is essential to the achievement of the overall objective.	
Existing Controls: (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 and Quarterly People Plan reports and meetings with Directors. 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 for staff including actions towards the development of a coaching approach and culture and wellbeing initiatives.		Existing Gaps in Control: Please select No (Where are we failing to put controls in place and what more should be done?)	
Mitigating actions: (What new controls are to be put in place to address Gaps in Control and by what date?)			
Action		Date	Completed
OD Strategy refresh to Governing Body		May-19	No
Assurances: (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		Positive Assurance: (Provide specific evidence of Assurances) Minutes from Governance Sub-committee and Sub-committee report to AIGC	
			Internal
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?)		Please select	No
Principal Risk Reference:			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, 3,5 & 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	12	12	8	No	SPEEEC oversight needs to be embedded in programme management and planning procedures	Recruitment to impending vacancy of Strategic Communications and Engagement Lead	No		
	1.2	System wide or specific provider capacity problems emerge in secondary and/or primary care to prevent delivery of statutory requirements of the NHS Constitution and requirements of the NHS Longer Term Plan (published January 2019)	BH	15	15	9	No			No		
2. To improve the quality and equality of healthcare in Sheffield (Goals 1, 2, 3, 4 & 7)	2.1	Providers delivering poor quality care and not meeting quality targets particularly in a period of system wide organisational changes	MP	9	9	6	No			No		
	2.2	CCG unable to meet equality duty standard because insufficient or ineffective mechanisms to change.	ND	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	12	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 performance data and clinical 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 on health care providers and care services.	MP	12	12	6	No			No		
3. To work with Sheffield City Council and other partner organisations to reduce health inequalities in Sheffield (Goals 2 & 6)	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 prupose of HWB linking to ACP.
4. To ensure there is a sustainable, affordable healthcare system in Sheffield. (Goal 1, 5, 6 & 8)	4.1	Financial Plan with insufficient flexibility and resilience to meet investment requirements and in year pressures	JN	16	16	9	No			No		
	4.2	Joint Commissioning arrangements (to encompass existing BCF) do not progress sufficiently to allow the release of savings across the system, to support transfer of funding to ensure sustainable social and community care	ND	16	16	9	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	16	16	9	No			No		
	4.4	Inability to deliver demonstrable change through agreed collaborative arrangements with our partners across the Accountable Care Partnership, and deliver the ambitions within the refreshed Shaping Sheffield Plan	MR (with BH)	12	12	6	No			No		
	4.5	Insufficient progress on joint commissioning and transformation of services across the South Yorkshire and Bassetlaw Integrated Care System to address efficiency, workforce and quality gaps which could adversely impact on local services.	MR (with JN)	12	12	6	No			No		
	4.6	Ability to resource and deliver sustainable out of hospital services to support a preventative and proactive model of care that minimises avoidable emergency admissions and reduces delayed transfers of care	ND	16	16	9	No			No		
5. Organisational development to ensure CCG meets organisational health and capability requirements. (Goals 1 - 8)	5.1	Insufficient capacity and resources to support development of neighbourhoods and primary care at scale working.	ND	16	16	9	No			No		
	5.2	Unable to secure timely and effective shared services in light of required running cost reduction, to enable us to adequately respond and secure delivery to existing and new emerging requirements.	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 (with ND)	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 particularly at a period of change	JN	12	12	4	No			No		
	5.5	Insufficient internal workforce, talent management and succession planning could lead to inability to monitor and evaluate services while delivering organisational objectives and priorities during transformational changes.	MR	12	12	6	No			No		