

Governing Body Assurance Framework (First Update)**Governing Body Meeting****6 August 2020****D**

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Purpose of Paper	
<p>This report presents the Governing Body Assurance Framework (GBAF) initial review 2020/2021 for consideration. The report covers the period up to 31 July 2020. Due to timings of meetings this report has not been shared with the Audit and Integrated Governance Committee (AIGC) prior to presentation to Governing Body.</p> <p>The GBAF has been circulated to members as part of the information pack for this meeting of the Governing Body.</p>	
Key Issues	
<p>The GBAF is a “rolling” document reviewed approximately quarterly with a full refresh undertaken prior to the start of each financial year. This report sets out the first four month position for 2020/2021</p> <ul style="list-style-type: none"> • 20 risks identified on the GBAF • 1 risk has decreased in risk score • 4 risks have increased in score • 5 risks continue to show gaps in control and / or assurance • Each risk has been considered in light of the Covid-19 pandemic • There has been a minor change proposed with regard to the wording of objective 5 – Be a caring employer that values diversity and maximises the potential of our people 	
Is your report for Approval / Consideration / Noting	
Consideration and Approval	
Recommendations / Action Required by Governing Body	
<p>Governing Body is recommended to:</p> <ul style="list-style-type: none"> • Note and comment on the review of the GBAF as at the end of July 2020. • Note the review of objectives in light of the Covid-19 pandemic and approve the minor change to Objective 5 • Note the proposed review of risk owners in light of the CCG’s restructure at executive level 	

Governing Body Assurance Framework
<p><i>Which of the CCG's Objectives does this paper support?</i> This paper supports each of the 5 CCG objectives in addition to all identified principal risks.</p>
<p>Are there any resource Implications (including Financial, Staffing etc)?</p> <p>No specific resource implications</p>
<p>Have you carried out an Equality Impact Assessment and is it attached?</p> <p>There are no specific issues associated with this policy.</p>
<p>Have you involved patients, carers and the public in the preparation of the report?</p> <p>Not applicable</p>

Governing Body Assurance Framework (Initial Update)

Governing Body meeting

6 August 2020

1. Introduction

This paper provides the Governing Body with the initial position on the Governing Body Assurance Framework (GBAF) up to 31 July 2020.

2. Covid-19

In the last month of 2019/2020, the CCG has seen the significant impact of Covid-19 and in response has established local system arrangements ensuring business critical functions are able to remain operational. We have supported our staff to enable effective remote working and to maximise their availability, focussing on key priorities in line with national directions and building on and accelerating existing system plans. We have established a Gold, Silver and Bronze command structure reporting through the South Yorkshire and Bassetlaw Local Resilience Forum with focussed cell reporting to Gold Cell on system response. We have maintained a log of information received, issues and risks arising, decisions and actions taken. All risks and issues relating to Covid-19 pandemic are managed through this structure.

3. Key Messages

- Gaps in control/assurance remain in respect of five risks
- One risk has reduced in risk score (3.3) and four risks have increased (2.1; 2.3; 4.1 and 4.8)

4. Review up to and including 31 July 2020

At the end of the monitoring period there remained 20 identified risks, no new risks have been identified during this review period. The level of risk is set out below.

Review period	Critical	Very High	High	Medium	Low	Risks Closed
Up to and including 31 July 2020	1	8	9	2	0	0

5. Changes to risk scores

Of the 20 risks, the following risk has reduced in score:

3.3 Inability to secure active engagement/participation between Member Practices and relevant CCG teams which may result in not achieving CCG priorities

Rationale

The engagement of member practices is key to delivering the strategic objectives of the CCG. Primary Care capacity is one of the key challenges to the CCG. During the Covid situation there has been a high level of engagement with Member practices via PCNs, the

opportunity for engagement is now much higher as a result of Covid-19 pandemic. The CRG has been rejuvenated and is active, chaired by a GB GP member. The MD meets with CRG Chair monthly to discuss agendas.

The following risks have increased

- 2.1 There is a risk that organisations fail to meet quality standards, resultant in poor quality services, increased patient safety risks and lack of satisfaction in commissioned services.**

Rationale

The CCG has processes and systems for formal, regular and detailed scrutiny of commissioned providers by the CCG and in collaboration with system partners such as CQC, Sheffield City Council and Healthwatch. Areas of quality concern are proactively being identified to ensure delivery of high quality services and patient safety risk is reduced. where areas of concerns are identified there is robust, intervention and scrutiny. Regular updates of quality assurance and mitigation is provided to Quality Assurance Committee and Governing Body. The CCG received Significant Assurance by internal audit of its quality assurance processes and oversight in 2019, however one of the CCG providers has received an inadequate CQC rating therefore the level of risk has been increased.

- 2.3 There is a risk that we fail to effectively communicate with the public and involve patients in CCG and system priorities and service developments, leading to loss of confidence in CCG decisions and potential legal challenge or referral to the Secretary of State.**

Rationale

The Covid-19 pandemic has impacted on the way in which people and communities are able to engage and communicate. Additionally the CCG has had to make rapid decisions in exceptional times in order to ensure that appropriate care is accessible to people as well as preventing transmission of Covid-19; time to engage, communicate and consider decisions has been limited. As the CCG resets and stands down the command and control environment, it will need to consider how the changes that need to be sustained and how it engages and communicates appropriately with the public on this. Furthermore, the CCG is planning major transformation locally and with Sheffield and SY partners. This 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. There is a risk that the population do not engage with the proposed changes, focussed on creating independence, self-care and education, and we end up with a system that encourages dependence on it. There is a risk to the reputation of the CCG if our decisions don't reflect the needs of the population and aren't influenced by them. There is also the risk of judicial review which will impact on reputation, implementation of change and financially.

- 4.1 There is a risk that the financial challenges of our own organisation and that of our system partners distort our short term spending priorities and prevent us investing in the key areas to deliver our objectives**

Rationale

The changes to the financial regime in response to the COVID-19 pandemic mean that for the 4 months to July 2020 are designed only to cover existing expenditure commitments without additional investment to support delivery of our objectives. Whilst some of the pathway changes as a result of the response to the pandemic have accelerated changes in support of our objectives, others have increased the need and as a result additional

investment to address this increased need will be required. It is currently very uncertain as to how the financial regime will support the CCG and partner organisations to work in a collaborative way to support delivery of our strategic objectives.

4.8 There is a risk that our collective risk appetite is insufficient to realise the potential of our plans

Rationale

Every activity that the CCG undertakes, or commissions others to undertake on its behalf, brings with it an element of risk that has the potential to undermine, or prevent the organisation achieving its strategic objectives. To discharge these requirements, the CCG has a responsibility to ensure proper governance in line with best practice in corporate, clinical and financial governance. Decisions made in partnership may fail to recognise the full risks to individual organisations and as a result organisations may lose trust in those decisions. Equally, a single organisation that is more risk adverse than partners may limit the progress that can be made. The current uncertainty regarding how services will operate post-COVID as well as lack of clarity re planning and financial framework makes the whole environment in which we are operating far more risky.

The table below summarises risk ratings (both current and previous reviews) against the initial risk score, and risk appetite. Gaps in control and/or assurance are also identified.

Risk Reference	Risk Owner	Risk Initial Score	Current Risk Score				Risk Target or Appetite Score	Are there Gaps in Control?	Are there Gaps in Assurance
			Q1	Q2	Q3	Q4		Position at 31.07.20	
1.1	Brian Hughes	12	12				9	No	No
1.2	Brian Hughes	12	12				6	No	No
1.3	Brian Hughes	12	12				9	Yes	No
2.1	Alun Windle	12	16↑				9	No	No
2.2	Brian Hughes	15	15				9	No	No
2.3	Nicki Doherty	12	16↑				8	No	No
2.4	Alun Windle	12	12				9	Yes	No
2.5	Brian Hughes	15	15				8	No	No
3.1	Nicki Doherty	12	12				9	No	No
3.2	Nicki Doherty	16	16				6	No	No
3.3	Zak McMurray	12	9↓				6	No	No
4.1	Jackie Mills	16	20↑				6	Yes	No
4.2	Zak McMurray	12	12				9	No	No
4.3	Lesley Smith	12	12				9	No	No
4.4	Brian Hughes	16	16				6	No	No
4.5	Jackie Mills	12	12				8	No	No
4.6	Zak McMurray	12	12				4	No	Yes
4.7	Brian Hughes	16	16				6	Yes	No
4.8	Jackie Mills	12	12				8	No	No
5.1	Lesley Smith	9	9				4	No	No

6. Gaps in Assurance and/or Control

Five risks show gaps in either control and assurance or both and these have action plans in place to close the gaps.

7. Review of NHS Sheffield CCG Objectives

At its meeting in February 2020, Governing Body members considered the paper presented on the CCG's Commissioning Intentions for 2020/2021 and approved the refreshed strategic objectives for the year ahead. Executive Directors were each assigned the role of lead for one of the 5 strategic objectives. Given the significant impact of COVID-19, it was proposed that a further review of the CCG's objectives and principal risks should be considered and therefore executive leads were asked to review the objectives and confirm they remained relevant in light of the current climate. It was agreed that with the exception of Objective 5, the remaining 4 objectives did not require any change. The Accountable Officer proposed a change to objective 5 as set out below:

“Be a caring employer that values diversity and maximises the potential of our people.”

8. Changes to Risk Owners

Following the recent restructure at executive level, a review of risk owners will be completed and risks reassigned prior to the next review.

9. Recommendations

Governing Body is asked to:

- Note and comment on the review of the GBAF as at the end of July 2020.
- Note the review of objectives in light of the Covid-19 pandemic and approve the minor change to Objective 5
- Note the proposed review of risk owners in light of the CCG's restructure at executive level

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

On behalf of: Jackie Mills, Director of Finance

July 2020

Risk Descriptions GBAF 2020/2021

<p>1. Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners</p>	<p>1.1 There is a risk that we fail to make sufficient progress on our Joint Commissioning priorities with Sheffield City Council, in particular in relation to those areas that impact on health inequalities.</p> <p>1.2 There is a risk that, due to insufficient performance data and clinical leadership across health, education and social care, we fail to make sufficient progress to 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, education and care services.</p> <p>1.3 There is a risk that due to the increase in demand, the magnitude of change required and lack of workforce capacity, we are unable to make sufficient progress on delivering our all age mental health objectives, and as a result fail to impact on the health and social inequalities faced by people with mental health conditions, learning disability and autism, resulting in reduced life expectancy.</p>
<p>2. Lead the improvement of quality of care and standards</p>	<p>2.1 There is a risk that organisations fail to meet quality standards, resultant in poor quality services, increased patient safety risks and lack of satisfaction in commissioned services.</p> <p>2.2 There is a risk that 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 Long Term Plan and 2020/2021 operational plan expectations.</p> <p>2.3 There is a risk that we fail to effectively communicate with the public and involve patients in CCG and system priorities and service developments, leading to loss of confidence in CCG decisions and potential legal challenge or referral to the Secretary of State.</p> <p>2.4 There is a risk that there is insufficient workforce to be able to maintain safe, efficient and high quality services or to allow us to implement changes to achieve our objectives.</p> <p>2.5 There is a risk that insufficient preparedness to deal with significant emergency events mean that if those events occur local health services may be overwhelmed distorting delivery of our priorities.</p>
<p>3. Bring care closer to home</p>	<p>3.1 There is a risk that we have insufficient capacity and resources to support development of Primary Care Networks (PCNs) and primary care at scale working or that PCNs are overwhelmed by multiple demands for their involvement.</p> <p>3.2 There is a risk that there is insufficient resilience in primary and community care, in particular GP practices but also in the community pharmacy, care providers and the voluntary sector, that we are unable to expand capacity in primary and community care.</p> <p>3.3 Inability to secure active engagement/participation between Member Practices and relevant CCG teams which may result in not achieving CCG priorities.</p>
<p>4. Improve healthcare sustainability and affordability</p>	<p>4.1 There is a risk that the financial challenges of our own organisation and that of our system partners distort our short term spending priorities and prevent us investing in the key areas to deliver our objectives.</p> <p>4.2 There is a risk that due to the lack of maturity of the place based relationships we make insufficient progress on delivering our joint objectives and as a result fail to address efficiency, workforce and quality gaps for the people of Sheffield.</p> <p>4.3 There is a risk that having a policy drive for system integration ahead of legislative change may risk the development of partnerships resulting in failure to secure the level of transformation required.</p> <p>4.4 There is a risk that the digital infrastructure that we have to deliver safe, efficient and high quality services is inadequately maintained / developed.</p> <p>4.5 There is a risk that the estates infrastructure is inadequately maintained/developed and so impacts on the ability to integrate services/bring services closer to home.</p> <p>4.6 There is a risk that we fail to address the impact that the services that we commission have on the environment.</p> <p>4.7 There is a risk that our internal QIPP plan does not deliver the level of efficiency changes required to enable us to invest in the services that we have prioritised to achieve our objectives either because the schemes are not developed robustly or because we have insufficient people/resources to deliver it or we cannot engage key partners appropriately.</p>

	4.8 There is a risk that our collective risk appetite is insufficient to realise the potential of our plans.
5. Be a compassionate and inclusive employer that maximises the potential of our people *	5.1 There is a risk that we have insufficient internal workforce, talent management and succession planning to enable us to deliver the NHS People Plan, our organisational objectives and commissioning intentions during transformational changes.

* to be amended subject to approval of the recommendation in this paper