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Governing Body Assurance Framework

2021/22 Second Quarter Review up to and including 31 October 2021

Governing Body meeting

13 January 2022

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Purpose of Paper

This report presents the Governing Body Assurance Framework (GBAF) second review 2021/2022. The report covers the period from 1 August 2021 up to and including 31 October 2021.

The report provides assurance to the Governing Body that there are systems and processes in place for the effective management of both strategic and operational risks.

The GBAF has been shared with Governing Body members as part of the supporting information pack. However, we have brought the detail of the three Critical risks (1.4, 2.2 and 3.2) into the report (Appendix A) and the Director of Commissioning Development, as risk owner of all three risks, will go into more detail as part of the presentation to give assurance to Governing Body that these risks are being managed.

Key Issues

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 1 August to 31 October 2021 position for 2021/2022

- Twenty-six principal risks are identified on the GBAF
- Four risks have reduced in risk score
- One risk has increased in score
- Three risks continue to show gaps in control, none in assurance
- The Senior Management Team (SMT) considered the review on 2 December. SMT approved the requested changes to three of the actions and confirmed and agreed that the actions previously agreed by SMT, Audit and Integrated Governance Committee (AIGC) and Governing Body, and the proposed actions recommended by Internal Audit, as outlined in section 1, had been taken into consideration in this review.
- AIGC considered the review on 9 December and noted that two of the three critical risks related to workforce issues and there were other risks in the GBAF that could be linked to these.

Is your report for Approval / Consideration / Noting

Consideration

Recommendations / Action Required by Governing Body

Governing Body is recommended to:
- Review and comment on the GBAF review from August to October 2021
- Note SMT's approval of the requested changes to the three actions set out in section 4 and their agreement that the actions previously agreed by SMT, AIGC and Governing Body, and the proposed actions recommended by Internal Audit, as outlined in section 1, had been taken into consideration in this review

Governing Body Assurance Framework

Which of the CCG's Objectives does this paper support?
This paper supports each of the five CCG objectives in addition to all identified principal risks.

Are there any resource Implications (including Financial, Staffing etc)?

No specific resource implications

Have you carried out an Equality Impact Assessment and is it attached?

There are no specific issues associated with this report.

Have you involved patients, carers and the public in the preparation of the report?

Not applicable

Governing Body Assurance Framework
2021/22 Second Quarter Review up to and including 31 October 2021

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1.   Introduction

The CCG's Governing Body needs to be confident in the systems, policies and people it has in place to efficiently and effectively drive the delivery of its strategic objectives by focusing on minimising the level of risk. The Governing Body Assurance Framework (GBAF) is the key document for ensuring all principal risks to delivery of the CCG's objectives are identified and controlled, and for providing sufficient assurances to Audit and Integrated Governance Committee (AIGC) and ultimately the Governing Body, as to the effectiveness of these controls.

Effective risk management is an essential part of the CCG's system of internal control and regular, consistent reporting of the GBAF to the Governing Body not only represents recommended good practice, but also supports the provision of a fair and illustrative Annual Governance Statement.

This paper provides the Governing Body with the position on the GBAF from August to October 2021

A number of actions were agreed by SMT/AIGC/Governing Body for the Quarter 2 review:

- Governing Body noted the increased number of critical risks compared to previous years and agreed that as part of the Quarter 2 review, each of the three critical risks would be tested to ensure they meet the criteria. AIGC agreed that the review would particularly concentrate on the critical and very high risks including consideration of which are long term systemic risks vs short term acute risks. It would also ensure that there is a particular focus on assessing if we have adequate assurances and controls for the critical and very high risks.

  We have brought the detail of the three Critical risks (1.4, 2.2 and 3.2) into the report(Appendix A) and the Director of Commissioning Development, as risk owner of all three risks, will go into more detail as part of the presentation to give assurance to Governing Body that these risks are being managed.

- SMT felt that the score of 16 for Risk 2.3 could be lower and noted that a similar risk on the corporate risk register was scored at 12.

- It was agreed at SMT that to review the wording of Risk 4.2 given much of the legislation was now available. The wording was reviewed and agreed it remained fit for purpose

In addition to the above, the Head of Internal Audit Opinion Stage 1 review of the GBAF content identified a low risk in the GBAF content in that the effectiveness of the GBAF in managing strategic risks may be adversely impacted if the key information is not clear or fully completed. They proposed a number of actions for consideration when reviewing our risks, some of which SMT were already picking up as part of the planned actions:

- actions within the GBAF are updated with revised implementation dates to allow for robust monitoring

- mitigating actions are identified for risks that have a current rating that is above the risk appetite

- a lead committee(s) is identified for each risk area

- controls clearly articulate what the CCG has already put in place to mitigate the identified risks

- expected assurances

2.   Review up to and including 31 October 2021

The review of the GBAF covering the period 1 August to 31 October 2021 was presented to the Senior Management Team (SMT) on 2 December 2021 and the AIGC on 9 December 2021.

At the end of the monitoring period there remained 26 identified principal risks. No new risks were identified during this review period. The level of risk is set out below.

31 October 2021	Critical	Very High	High	Medium	Low	Risks Closed	TOTAL
1 August to 31 October 2021	3	6	16	1	0	0	26

3.   Movement in risk scores

3.1   Risks reduced in score:

Four risks were reduced in score during the review period.

3.2   Increase in risk score

One risk increased in score during the review period.

Risk 5.1: There is a risk that the proposed legislative changes and potential dissolution of the CCG have a disruptive effect during 2021/22 causing anxiety and uncertainty in staff and that we have insufficient workforce to deliver our organisational objectives and commissioning intentions during times of major change.

Rationale: Given the transition is now very close the score has been increased as there is evidence of increased staff anxiety linked to uncertainty about the future (eg staff 'temperature check' score for 'work situation' and 'mental health' both fell in October).

The table below summarises risk ratings against the initial risk score, and the risk appetite score. Gaps in control and/or assurance are also identified.

Objective	Risk Reference	Principal Risk	Risk Owner	Risk Initial Score	Current Risk Score				Risk Target or Appetite Score	Gaps in Control?	Gaps in Assurance?
					Q1	Q2	Q3	Q4		Position at 31.10.21	
1. Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners	1.1	Failure to make sufficient progress on our Joint Commissioning priorities	BH	12	12	12			9	No	No
	1.2	Fail to make sufficient progress on our goal of best start in life	SB	12	12	12			6	No	No
	1.3	Fail to make sufficient progress on delivering our all-age mental health objectives	SB	16	16	12			9	No	No
	1.4	Inequalities worsen as a result of the Pandemic due to elective activity being paused and exacerbating those with long term conditions.	SB	20	20	20			12	No	No
2. Lead the improvement of quality of care and standards	2.1	Organisations fail to meet quality standards	AW	16	16	16			9	No	No
	2.2	System wide or specific provider capacity problems.	SB	20	20	20			9	No	No
	2.3	Fail to effectively communicate our messages with the public and involve patients	BH	16	16	12			8	No	No
	2.4	Insufficient workforce to be able to maintain safe, efficient and high quality services	AW	12	12	12			9	No	No
	2.5	Insufficient preparedness to deal with significant emergency events	BH	15	15	15			8	No	No
	2.6	Unable to meet flu vaccine requirements set by NHSE of 75% against each cohort	AW	12	12	12			9	Yes	No
	2.7	Failure to deliver on national expectations of uptake of the Covid 19 vaccine due to the lack of workforce, vaccine supply, or the appetite of our population	AW	16	16	16			9	No	No
3. Bring Care Closer to Home	3.1	Insufficient capacity and resources to support development of Primary Care Networks (PCNs) and primary care at scale working	SB	16	16	16			9	No	No
	3.2	Insufficient resilience in primary and community care.	SB	16	20	20			6	No	No
	3.3	Inability to secure active engagement/participation and involvement of PCN Clinical Directors, Members Practices and relevant CCG teams	ZM	9	9	9			6	No	No

	3.4	Capacity and role of the voluntary and community sector is not fully realised as part of our system infrastructure and presence	BH	12	12	12			6	No	No
4. Improve health care sustainability and affordability	4.1	The financial challenges of our own organisation and that of our system partners distort our short term priorities	JM	16	16	12			9	No	No
	4.2	Policy drive for system integration ahead of legislative change may risk the development of partnerships	LS	12	12	12			6	No	No
	4.3	The digital infrastructure is inadequately maintained/ developed.	CT	12	12	12			9	No	No
	4.4	The estates infrastructure is inadequately maintained/ developed	JM	12	12	12			9	No	No
	4.5	Fail to address the impact that the services that we commission have on the environment.	ZM	12	12	12			9	No	No
	4.6	Our internal QIPP plan does not deliver the level of efficiency changes required	SB	16	16	12			9	No	No
	4.7	Our collective risk appetite is insufficient to realise the potential of our plans	JM	16	16	16			8	No	No
5.Be a caring employer that values diversity and maximises the potential of our people	5.1	Anxiety and uncertainty in staff and that we have insufficient workforce to deliver our organisational objectives and commissioning intentions during times of major change.	LS	12	12	16			9	Yes	No
	5.2	Failure to maximise the potential of our staff and their contribution to an integrated health and care system	LS	12	12	12			9	Yes	No
	5.3	Insufficient internal workforce, talent management and succession planning	LS	12	12	12			9	No	No
	5.4	Our post-pandemic flexible working arrangements will not cater for the needs of all our staff.	CT	12	12	12			9	No	No

3.3 Gaps in Assurance and/or Control

Three risks (2.6, 5.1 and 5.2) show a gap in control and all have actions plans in place to close the gaps. No risks have identified gaps in assurance.

Risk Ref	Risk	Gap in Control
2.6	There is a risk that the CCG may not meet Flu Vaccine requirements set by NHSEI 2021/22, due to availability of vaccine, workforce capacity with other vaccination programmes, access to vulnerable Cohorts in a period of both Covid and General practice work recovery and restoration	There are national vaccine supply issues beyond the CCG's control. Vaccine is distributed where most needed as and when available. The CCG cannot do any more.
5.1	There is a risk that the proposed legislative changes and potential dissolution of the CCG have a disruptive effect during 2021/22 causing anxiety and uncertainty in staff and that we have insufficient workforce to deliver our organisational objectives and commissioning intentions during times of major change.	The lack of confirmation regarding the ICB CEO is slowing down progress in HR processes which are required to minimise the period of uncertainty for staff. Plans are being put in place to ensure the next HR steps are undertaken as quickly as possible after the announcement is made.
5.2	There is a risk that if we do not engage actively in the co- design of the future arrangements for place and commissioning, we will not have maximised the potential of our staff and their contribution to an integrated health and care system.	Same gap as risk 5.1 above.

3.4   Action Log

There were 20 new actions added during Quarter 2. Good progress has been made with regard to closing identified actions and all are now either completed or are not yet due for completion.

Period	No of Actions identified	Actions Completed	Actions not due for completion	Actions overdue
August 2021 to October 2021	82	54	28	0

4. GBAF Review

The Senior Management Team (SMT) considered the August to October GBAF review prior to the AIGC and Governing Body meetings. SMT considered those risks scored as Critical and agreed that the scores were appropriate as they reflected the level of anxiety the CCG was under and the current levels of pressures in the system. They considered whether the score for risk 3.2 could be reduced from Critical to Very High but agreed that the risk score of 20 was appropriate for now until the impact of the actions put in place to reduce the risk could be seen. SMT approved the requested changes to three actions.

SMT also confirmed and agreed that the actions previously agreed by SMT, AIGC and Governing Body, and the proposed actions recommended by Internal Audit, as outlined in section 1, had been taken into consideration in this review.

AIGC considered the GBAF on 9 December 2021. They noted that two of the three Critical risks related to workforce issues and there were other risks in the GBAF that could be linked to these. AIGC noted that the review of the GBAF was the position as at 31 October and recognised that it is important to keep reviewing the scores to ensure they are accurate and appropriate which will be picked up in the next review.

AIGC received assurance that actions were being taken to mitigate those risks but that the reasons why they remained as Critical risks were because the risk assessments were based around the impacts those risks were currently having and we were not yet seeing the impact of the implementation of those actions.

5. The 3 Critical Risks

As described above there are currently three critical risks that are under regular review. This is not a position that the CCG has previously experienced. This high level of risk is reflective of the impact of the persistently high pressure that the health and social care system has been under since the start of the pandemic. These risk areas are all being managed as a priority and the more detailed information on these, including the rationale, controls in place and the assurances, is provided in Appendix A.

6. Recommendations

Governing Body is recommended to:
- Review and comment on the GBAF review from August to October 2021
- Note SMT's approval of the requested changes to the three actions set out in section 4 and their agreement that the actions previously agreed by SMT, AIGC and Governing Body, and the proposed actions recommended by Internal Audit, as outlined in section 1, had been taken into consideration in this review

Paper prepared by Carol Henderson, Corporate Governance Manager

On behalf of Cath Tilney, Associate Director of Corporate Services

December 2021

Appendix A – More detail on the 3 Critical Risks

Principal Objective	1. Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners	Director Lead:	Sandie Buchan -Director of Commissioning Development
Principal risk 1.4	There is a risk that inequalities have worsened as a result of the COVID-19 pandemic due to elective activity being paused and exacerbating those with long term conditions.	Date last reviewed:	02 December 2021

Risk Rating:
(likelihood x consequence)
Initial:
4 x 5 = 20

Current:
4 x 5 = 20

Appetite:
4 x 3 = 12

Rationale for current score:
It is well documented that the COVID pandemic has had a major impact on our population and has widened the gap of health inequalities. Therefore, as we are currently still in wave 3 of the pandemic, the likelihood is certain that this has happened with the consequnce being high. Until we are out of lockdown and proceed with recovering elective activity services, this risk will remain high.

Rationale for risk appetite:
Recovery of the elective activity is a Sheffield place priority and is embedded within Sheffield CCG's commissioning plan for 2021/22. It is however recognised that there are a number of risks that underpin the achievement of the recovery plan. These include the continued unknowns of demand around the COVID-19 pandemic, the national planning guidance requirements that will be published late March and the complexity of the elective activity due to having longer waits due to the pandemic. The waiting lists have increased over the past 12 months and the waiting time has also increased. The Sheffield recovery plan will therefore depend on a number of factors and it is recognised that this will take longer than 12 months to fully recover. Managing inequalities as well as the backlog will be factored into the recovery planwhilst ensuring clinical decision making remains at the heart of the plan.

Existing Controls: *(What are we doing about the risk prior to any new mitigating actions?)*
Operational Plan 21/22, SYB Accelerator programme
Sheffield place submitted a 21/22 H2 plan to eliminate 104+ week waiters and to stablise the number of people waiting 52+ weeks.
Increase utilisation of independent sector.
Increased capacity in Primary Care to support those people waiting for elective treatment.
Extended CASES programme for a further 2 years to provide advice adn guidance between secondary and primary care clinicians.
ICS system wide mutual aid support as and when required.

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 additional controls are to be put in place to further strengthen existing controls and by what date?)*

Action	Date	Completed
Operation Plan 21/22 approved by GB	Jul-21	Yes
Diabetes one stop clinic pilot established	Jun-21	Yes
System accelerator program commenced to clear elective backlog	May-21	Yes
Funding identification of programme team to deliver at pace (using ERF/accelerator funding)	Jul-21	Yes
Sheffield place plan submitted to identify meeting national assumptions of reducing elective waiting list	Nov-21	Yes

Assurances: *(Where should we find the evidence that controls are effective?)*	**Positive Assurance:** *(Provide specific evidence of Assurances)*	
SCCG 20/21 Plans	In comparison to other core cities, we are one of the best performing CCGs	
SYB Monitoring	Updates to Governing Body	Internal
GB performance report	Updates to Joint Commissioninng Committee	External
Governing Body (GB)		
Joint Commissioning Committee (JCC)		

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*	Please select	No	

Principal Objective:	2. Lead the improvement of quality of care and standards	Director Lead:	Sandie Buchan -Director of Commissioning Development
Principal Risk: 2.2	There is a risk that system wide or specific provider capacity problems emerge in secondary and/or primary care that hinder the recovery of service delivery post COVID as well as delivery of statutory requirements of the NHS Constitution, Long Term Plan and 2021/2022 Operational Plan expectations.	Date last reviewed:	02 December 2021

Risk Rating:
(likelihood x consequence)

Initial:
5 x 4 = 20

Current:
5 x 4 = 20

Appetite:
3 x 3 = 9

(Chart: Initial Risk Rating / Current Risk Rating — Risk Score at 20, Risk Appetite at 9)

Rationale for current score:

As a consequence of the COVID-19 pandemic, elective and cancer waiting time targets have been adversely affected. There is now a large backlog of patients who need be treated.
Capacity in primary care continues to be lower as a result of Covid precautions/staff sickness with demand now at normal levels. This is also impacting primary care staff wellbeing. Even though mitigating actions are being implemented, there is still a high risk relating to the workforce issues across all sectors including social care. System wide gold/silver/bronze groups have been established to monitor the capacity and demand over winter and monitor the impact of the agreed actions to determine whether any further actions are required.

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?)	Existing Gaps in Control:	Please select	No	

Contract Management Boards (CMB) where capacity issues/performance discussed. CCG support to the Primary Care Networks to ensure resilience in practices, to enable joint working and to support primary care working in new ways (eg non face to face appointments/creation of "hot hubs" for symptomatic patients). Intensive support to individual practices (system response CCG, PCS, PCN) further direct support in development. Ongoing workforce support being offered. SYB/ACP Gold Commands in place to be stood up as required. Primary Care ACP Delivery Board. CCG Co-ordination Group and Senior Management Team (SMT). Operational Plan 2021/22
Sheffield winter action plan detailing the workforce and capacity risks and identified mitigating actions.

(Where are we failing to put controls in place and what more should be done?)

Mitigating actions: *(What additional controls are to be put in place to further strengthen existing controls and by what date?)*

Action	Date	Completed
Reinstatment of Primary Care ACP Delivery Board to oversee primary care delivery of requirements of NHS Long Term Plan (19/20) - Stood down	Mar-21	Yes
Primary/Secondary Care Capacity Plan agreed. (Winter Plan)	Oct-21	Yes
Operation Plan 21/22 approved by GB	Jul-21	Yes
Mitigating action plans have been developed and are actions and managed by the gold/silver/bronze system groups	Mar-22	

Assurances: (Where should we find the evidence that controls are effective?)	Positive Assurance: (Provide specific evidence of Assurances)	
Urgent and Emergency Care ACP Board	City wide Health and Care Silver/Gold minutes, risks and action log	External
ACP Elective Work stream and any other work streams overseen by the ACP	Quality and Outcomes Report to Governing Body	Internal
Coordination Group and SMT	SMT Minutes	Internal
SCCG Primary Care Commissioing Committee (PCCC)	GB Minutes	Internal
Governing Body	PCCC Minutes	Internal
Joint Commissioning Committee	JCC Minutes	External

Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?)	Please select	No	

Principal Objective:	3. Bring care closer to home			Director Lead:	Sandie Buchan -Director of Commissioning Development
Principal Risk: 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.			Date last reviewed:	02 December 2021

Risk Rating:
(likelihood x consequence)
Initial:
4 x 4 = 16

Current:
4 x 4 = 16
Appetite:
3 x 2 = 6

Rationale for current score:

Current known issues in relation to resilience in a number of GP practices, as well potential risks in relation to the new community pharmacy contract may limit the ability to implement agreed changes. In addition, risks in relation to resilience of a small number of care providers and voluntary sector organsations may lead to transfer of demand into primary care, again limiting ability to move more care closer to home. The Covid-19 pandemic has introduced further risks in relation to the ability for practices to be able to respond to local outbreaks or significant impact on their workforce as a result of either shielding or a requirement to isolate due to nosocomial transmission. The risk score has decreased this quarter due to the number of mitigating actions being put in place to increase capacity and delivery service improvements to assist in the ongoing pressures within primary care.

Rationale for risk appetite:
A resilient primary and community care sector is vital if we are to achieve our aim of moving more care closer to the patients normal residence.

Existing Controls: *(What are we doing about the risk prior to any new mitigating actions?)*

Primary Care Co-commissioning Committee (PCCC). Local GPFV plan is regularly reviewed. Continued engagement with primary care managers and clinicians ensures effective implementation. ACP Primary Care workstream reviewing priorities for development in the wider primary care arena. ACP EDG reviewing overall priorities, including the role of the voluntary/third sector. EMG overseeing joint commissioning work in relation to the care sector. Operational Plan 21/22
SCCG coordination group identified as the system Bronze group to discuss primary care pressures and oversee actions in relation to the winter delivery plans. These will be escalated to the system silver/gold forums as and when necessary.

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 additional controls are to be put in place to further strengthen existing controls and by what date?)*

Action:	Date	Completed
Review of the sustainability of the care home sector overseen by EMG: Update, currently ongoing and being led by SCC	Mar-22	No
Paper to ACP EDG regarding critical position of primary care (presented by GP leaders)	Sep-21	Yes
Operation Plan 21/22 approved by GB	Jul-21	Yes
Plans to increase capacity and improve systems developed and implemented	Mar-22	

Assurances: *(Where should we find the evidence that controls are effective?)*	Positive Assurance: *(Provide specific evidence of Assurances) Please select Internal/External*	
Updates to Governing Body	GB minutes	Internal
Operational Plan 2021/22	ACP EDG minutes	External
SMT	ACP Primary Care Workstream work plan	External
SCCG coordination group	EMG minutes	External
Joint Commissioining Committee (JCC)	2021/22 Commissioning Plan	Internal
Primary Care Commissioning Committee (PCCC)		

Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)*   **Please select**   No