

Principal Objectives

		Executive Lead
Objective 1	1. Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners	Brian Hughes
Objective 2	2. Lead the improvement of quality of care and standards	Alun Windle
Objective 3	3. Bring care closer to home	Sandie Buchan
Objective 4	4. Improve health care sustainability and affordability	Jackie Mills
Objective 5	5. Be a caring employer that values diversity and maximises the potential of our people	Lesley Smith

Introduction

GBAF REFRESH 2020/21

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. Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners(Lead: Brian Hughes)	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	BH	12	12	9	No	No
	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.	SB	12	12	6	No	No
	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.	SB	12	12	9	Yes	No
2. Lead the improvement of quality of care and standards (Lead: Alun Windle)	2.1	There is a risk that organisations fail to meet quality standards , resulting in reduced quality of services, increased patient safety risks and a lack of satisfaction in commissioned services.	AW	12	16	9	No	No
	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, Long Term Plan and 2020/2021 Operational Plan expectations.	SB	15	15	9	No	No
	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.	BH	12	16	8	No	No
	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.	AW	12	12	9	Yes	No
	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	BH	15	15	8	No	No
	2.6	There is a risk that the CCG may not meet the new flu vaccine requirements set by NHSE of 75% against each cohort due to insufficient numbers within the population being vaccinated, concerns about availability of the vaccine, capacity to deliver and access to vulnerable patients at the same time as managing the Covid-19 risk, resulting in a possible increase in the number of influenza infections across the Sheffield population.	AW	16	16	9	Yes	Yes
3. Bring care closer to home(Lead: Sandie Buchan)	3.1	There is a risk that we have insufficient capacity and resources to support development of Primary Care Networks (PCNs) and primare care at scale working or that PCNs are overwhelmed by multiple demands for their involvement	SB	12	12	9	Yes	Yes
	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 .	SB	16	16	6	No	No
	3.3	Inability to secure active engagement/participation between Member Practices and relevent CCG teams which may result in not achieving CCG priorities.	ZM	12	9	8	No	No
4. Improve health care sustainability and affordability(Lead: Jackie Mills)	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	JM	16	16	9	No	No
	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.	ZM/BH	12	12	6	No	No
	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.	LS	12	12	6	No	No
	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.	CT	16	16	9	Yes	No
	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 .	JM	12	12	9	No	No
	4.6	There is a risk that we fail to address the impact that the services that we commission have on the environment .	ZM	12	12	9	No	Yes
	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.	SB	16	16	9	Yes	No
	4.8	There is a risk that our collective risk appetite is insufficient to realise the potential of our plans.	JM	12	16	8	No	No
5. Be a caring employer that values diversity and maximises the potential of our people(Lead: Lesley Smith)	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.	LS	9	9	4	No	Yes

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

		Likelihood					
		1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain	
Consequence	1 Negligible	1	2	3	4	5	1 to 3
	2 Minor	2	4	6	8	10	4 to 9
	3 Moderate	3	6	9	12	15	10 to 14
	4 Major	4	8	12	16	20	15 to 19
	5 Catastrophic	5	10	15	20	25	20 to 25

Gaps in Control or Assurance

Quarter 1 - 1 April - 30 June 2020

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. Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners(Lead: Brian Hughes)	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	BH	12	12	9	No			No		
	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.	SB	12	12	6	No			No		
	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.	SB	12	12	9	Yes	Still awaiting national guidance regarding the availability of funding to invest in service developments (mental health investment standard).	Identify and deliver against 5-6 key priority areas, and ensure that any potential investment is targeted so as to achieve maximum benefit.	No		
2. Lead the improvement of quality of care and standards (Lead: Alun Windle)	2.1 There is a risk that organisations fail to meet quality standards, resulting in reduced quality of services, increased patient safety risks and a lack of satisfaction in commissioned services.	AW	12	16	9	No			No		
	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, Long Term Plan and 2020/2021 Operational Plan expectations.	SB	15	15	9	No			No		
	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.	BH	12	16	8	No			No		
	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.	AW	12	12	9	Yes	National People Plan not yet published due to Covid-19	Review of 'People Plan' when published against established workforce plan	No		
	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	BH	15	15	8	No			No		
	2.6 There is a risk that the CCG may not meet the new flu vaccine requirements set by NHSE of 75% against each cohort due to insufficient numbers within the population being vaccinated, concerns about availability of the vaccine, capacity to deliver and access to vulnerable patients at the same time as managing the Covid-19 risk, resulting in a possible increase in the number of influenza infections across the Sheffield population.	AW	16	16	9	Yes			Yes		
3. Bring care closer to home(Lead: Sandie Buchan)	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	SB	12	12	9	Yes			Yes		
	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.	SB	16	16	6	No			No		
	3.3 Inability to secure active engagement/participation between Member Practices and relevant CCG teams which may result in not achieving CCG priorities.	ZM	12	9	8	No			No		
4. Improve health care sustainability and affordability(Lead: Jackie Mills)	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	JM	16	16	9	No	Approved financial plan is no longer fit for purpose in the current financial framework	Revised financial plan to be agreed once NHS England/Improvement confirm revised arrangements	No		
	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.	ZM/BH	12	12	6	No			No		
	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.	LS	12	12	6	No			No		
	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.	CT	16	16	9	Yes	Shared service MOU finalisation, CCG Digital Strategy completion	MOU drafted and requires signature. Action plan in place to finalise the Digital Strategy	No		
	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.	JM	12	12	9	No			No		
	4.6 There is a risk that we fail to address the impact that the services that we commission have on the environment.	ZM	12	12	9	No			Yes	Sustainable Development Strategy and Action Plan not yet approved by Governing Body	Review of Sustainable Development Strategy and Action Plan to be completed and presented to Governing Body for approval
	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.	SB	16	16	9	Yes	Until we are clear of the revised contractual and financial framework for CCGs and partners, we do not have an agreed plan for securing improvements in Quality, Innovation, Prevention and Productivity.	Revised QIPP plan to be agreed once the revised planning and financial framework information is available from NHS E/I	No		
	4.8 There is a risk that our collective risk appetite is insufficient to realise the potential of our plans.	JM	12	16	8	No			No		
5. Be a caring employer that values diversity and maximises the potential of our people(Lead: Lesley Smith)	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.	LS	9	9	4	No			Yes	Impact of Covid-19 has delayed progress with regard to refresh of the Strategy	Strategy has been refreshed and will be presented to Deputy Directors November 2020 with a view to presentation to Governing Body in January 2021

