

Principal Objectives - 2021/22

		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 2021/22, 1 April 2021-July 2021

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 our agreed joint commissioning priorities do not deliver the anticipated impact on improving the health and well being of our population, and a positive impact on reducing health inequalities. The backlog of service deliver, and recovery (economic and service delivery) from the pandemic could have a significant impact on the delivery of our priorities.	BH	12	12	9	No	No
	1.2	There is a risk that, due to insufficient data/intelligence 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	16	16	9	No	No
	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.	SB	20	20	12	No	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	16	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 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.	SB	20	20	9	No	No
	2.3	There is a risk that we fail to effectively engage and communicate our messages with the public and involve patients and carers in CCG and system priorities and service developments, leading to loss of confidence in CCG decisions, potential legal challenge and barriers to progressing required change.	BH	16	16	8	No	No
	2.4	There is a risk that there is insufficient workforce to deliver high quality care across the health care economy, particularly in primary and secondary care covering all professions due to increasing demands on health services	AW	12	12	9	No	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. We need to ensure our response reflects the lessons learned and experiences from the Covid Pandemic	BH	15	15	8	No	No
	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	AW	12	12	9	Yes	No
	2.7	There is a risk that the CCG is unable 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, resulting in our population not being protected from the virus, higher morbidity and mortality, continued high demand for health and care services and in inability to restart the local economy.	AW	16	16	9	No	No
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	16	16	9	No	No
	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	20	6	No	No
	3.3	inability to secure active engagement/participation and involvement of PCN Clinical Directors, Members Practices and relevant CCG teams which may result in not achieving CCG priorities.	ZM	9	9	6	No	No
	3.4	There is a risk that the capacity and role of the voluntary and community sector is not fully realised as part of our system infrastructure and presence	BH	12	12	6	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 the proposed legislative changes and potential dissolution of the CCG have a disruptive effect on commissioning and provider partnerships during 2021/22 resulting in failure to secure the level of transformation required and an ability to deliver on our joint objectives.	LS	12	12	6	No	No
	4.3	There is a risk that our digital infrastructure is inadequately maintained/developed and thus impacts our ability to deliver safe, efficient and high quality health and care services and make informed decisions. This is both a current issue and is also a risk for the delivery of the digital strategy building blocks.	CT	12	12	9	No	No
	4.4	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
	4.5	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	No
	4.6	There is a risk that our internal QIPP plan does not deliver the level of efficiency changes required to enable us 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	No	No
	4.7	There is a risk that our collective risk appetite is insufficient to realise the potential of our plans	JM	16	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 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.	LS	12	12	9	No	No
	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 .	LS	12	12	9	No	No
	5.3	There is a risk that our focus on future system design means that we lose focus and momentum on our culture change programme, talent management and succession planning and our ambitions on equality and diversity.	LS	12	12	9	No	No
	5.4	There is a risk that due to the wide range of staff home working experiences during the pandemic, our post-pandemic flexible working arrangements will not cater for the needs of all our staff.	CT	12	12	9	No	No

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

Consequence	Likelihood					
	1 Rare	2 Unlikely	3 Possible	4 Likely	5 Almost certain	
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

GBAF 2021/22, 1 April 2021-July 2021

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 our agreed joint commissioning priorities do not deliver the anticipated impact on improving the health and well being of our population, and a positive impact on reducing health inequalities. The backlog of service deliver, and recovery (economic and service delivery) from the pandemic could have a significant impact on the delivery of our priorities.	BH	12	12	9	No			No		
	1.2 There is a risk that, due to insufficient data/intelligence 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		
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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	16	16	9	No			No		
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	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	AW	12	12	9	Yes			No		
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	3.3 Inability to secure active engagement/participation and involvement of PCN Clinical Directors, Members Practices and relevant CCG teams which may result in not achieving CCG priorities.	ZM	9	9	6	No			No		
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	4.3 There is a risk that our digital infrastructure is inadequately maintained/developed and thus impacts our ability to deliver safe, efficient and high quality health and care services and make informed decisions. This is both a current issue and is also a risk for the delivery of the digital strategy building blocks.	CT	12	12	9	No			No		
	4.4 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		
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	4.6 There is a risk that our internal QJPP plan does not deliver the level of efficiency changes required to enable us 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	No			No		
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Principal Objective: 3. Bring care closer to home		Director Lead: Sandie Buchan -Director of Commissioning Development														
Principal Risk: 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.		Date last reviewed: 22 July 2021														
Risk Rating: (likelihood x consequence) Initial: $4 \times 4 = 16$ Current: $4 \times 4 = 16$ Appetite: $3 \times 3 = 9$		Rationale for current score: There are significant expectations of emerging PCNs. The role of the PCN CDs during Covid has been significant, and has involved hours beyond those funded via the Network DES; there is a risk that the system ask of PCN CD time is greater than that available. The GP contract identifies significant additional resources to support their development, although there are risks that there is insufficient trained workforce to undertake the additional roles.														
		Rationale for risk appetite: Strong and effective PCNs are key to delivery of our out of hospital strategy. A strong and effective primary care at scale provider will be able to provide support to PCNs as well as to support delivery where duplication in each PCN is unnecessary or undesirable.														
Existing Controls: (What are we doing about the risk prior to any new mitigating actions?) Primary Care Co-commissioning Committee (PCCC). Local GPV plan - implementation regularly reviewed. Continued engagement with primary care managers and clinicians ensures effective implementation. Operational Plan 2021/22		Existing Gaps in Control: Please select <input type="radio"/> 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)																
Action Review support requirements as part of ACP Organisational Development programme to support strengthening leadership and maturing models of working. Update: PC ACP Board "paused" but some of work continuing. Meeting next month to discuss "reset" Recruit to the vacancies in the Primary Care development team Agree partnership working plan with PCS Operation Plan 21/22 approved by GB PCN Clinical Director in role to work with CCG and primary care organisations to align leadership. ACP Summit to be held in September to define and strengthen the clinical leadership models across the ACP/ICS	<table border="1"> <thead> <tr> <th>Date</th> <th>Completed</th> </tr> </thead> <tbody> <tr> <td>Mar-21</td> <td>Action Changed</td> </tr> <tr> <td>Sep-21</td> <td></td> </tr> <tr> <td>Sep-21</td> <td></td> </tr> <tr> <td>Jul-21</td> <td>Yes</td> </tr> <tr> <td>May-21</td> <td>Yes</td> </tr> <tr> <td>Sep-21</td> <td></td> </tr> </tbody> </table>	Date	Completed	Mar-21	Action Changed	Sep-21		Sep-21		Jul-21	Yes	May-21	Yes	Sep-21		please note reason for change on new actions page
Date	Completed															
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Sep-21																
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Jul-21	Yes															
May-21	Yes															
Sep-21																
Assurances: (Where should we find the evidence that controls are effective?) PC ACP Board established PCCC oversee developments and business cases SMT and Governing Body		Positive Assurance: (Provide specific evidence of Assurances. Please select Internal/External) 21/22 Commissioning plan Internal Minutes of SMT and Governing Body														
Gaps in assurance: (Where are we failing to gain evidence that our controls are effective?)		Please select <input type="radio"/> No														
Principal Risk Reference:		3.1														

