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	Brian Hughes

Introduction **GBAF 2021/22, 1 April 2021-31 March 2022**

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 Score Q1	Risk Score Q2	Risk Score Q3	Risk Score Q4	Risk Target or Appetite Score	Are there GAPS in control?	Are there GAPS in assurance?	2022/23 Risk Initial Score	Rationale if different from Q4	*Admin (last reviewed)*
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 wellbeing of our population, and a positive impact on reducing health inequalities. The backlog of service delivery, and recovery (economic and service delivery) from the pandemic could have a significant impact on the delivery of our priorities.	BH	12	12	12	12	12	9	No	No	12		*22/04/2022*
	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	12	12	12	6	No	No	12		*20/04/2022*
	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	12	12	12	9	No	No	16	This risk has increased due to recent complications linked to the pathways for 16/17 year olds in a mental health crisis. Increased complexities due to other commissioners and provider collaborations.	*20/04/2022*
	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	20	20	20	12	No	No	20		*20/04/2022*
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	16	16	20	9	Yes	No	20		*24/04/2022*
	2.2	There is a risk that system wide or specific provider **capacity problem**s 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	20	20	20	9	No	No	20		*20/04/2022*
	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	12	12	12	8	No	No	12		*14/04/2022*
	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	12	12	12	9	No	No	12		*20/04/2022*
	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	15	15	15	8	No	No	15		*20/04/2022*
	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	12	9	9	9	No	No	12	Although the risk was successfully managed in 2021/22 the risk increases as we go into 2022/23 due similar issues outlined previously (eg workforce, vaccine availability) and clarity requirements regarding the long term plans for the national flu and covid vaccine programme.	*12/04/2022*
	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	16	16	16	9	No	No	16		*20/04/2022*
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	16	16	16	9	No	No	16		*20/04/2022*
	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	20	20	20	6	No	No	20		*20/04/2022*
	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	9	6	6	6	No	No	6	No change. Risk is at risk appetite level but the rationale for carrying over this risk is that the pressure in primary care makes this risk vulnerable to increase if the mitigations are not maintained.	*14/04/2022*
	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	12	12	12	6	No	No	12		*20/04/2022*
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	12	12	16	9	No	No	16		*22/04/2022*
	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.	BH	12	12	12	12	12	6	No	No	12		*20/04/2022*
	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	12	12	12	9	No	No	12		*20/04/2022*
	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	12	12	12	9	No	No	12		*22/04/2022*
	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	12	12	12	9	No	No	12		*13/04/2022*
	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	12	12	12	9	No	No	16	The risk has increased due to the challenge of achieving the required level of efficiencies for 2022/23	*20/04/2022*
	4.7	There is a risk that our collective **risk appetite** is insufficient to realise the potential of our plans	JM	16	16	16	16	16	8	No	No	16		*22/04/2022*
5. Be a caring employer that values diversity and maximises the potential of our people(Lead: Brian Hughes)	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.	CT	12	12	16	16	16	9	No	No	16		*14/04/2022*
	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.	BH	12	12	12	12	12	9	No	No	12		*20/04/2022*
	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.	BH	12	12	12	12	12	9	No	No	12		*20/04/2022*
	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	12	12	12	9	No	No	12		*13/04/2022*

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 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 Catastrophic	5	10		15		20	25	20 to 25 Critical

Gaps in Control or Assurance

GBAF 2021/22, 1 April 2021-31 March 2022

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 wellbeing of our population, and a positive impact on reducing health inequalities. The backlog of service delivery, 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	12	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	20	9	Yes	As a result of the 21/22 national Covid legislation a numberof the clinical quality related processes/ contractual levers were removed from CCGs.	The CCG has continued to work with providers to ensure an open dialogue about quality related issues. From 1 April 2022 the national contract processes have been (in most part) restablished and therefore this gap in control will not be an issue for 2022/23.	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	12	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	9	9	No			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	6	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.	BH	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	12	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: Brian Hughes)	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.	CT	12	16	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.	BH	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.	BH	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		

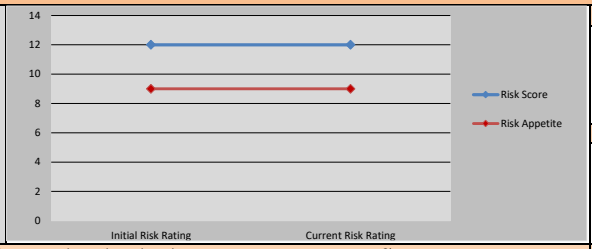
Principal Objective	**1. Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners**	**Director Lead:**	**Brian Hughes - Deputy Accountable Officer**
Principal Risk 1.1	**There is a risk that our agreed joint commissioning priorities do not deliver the anticipated impact on improving the health and wellbeing of our population, and a positive impact on reducing health inequalities. The backlog of service delivery, and recovery (economic and service delivery) from the pandemic could have a significant impact on the delivery of our priorities.**	**Date last reviewed:**	22 April 2022

Risk Rating:
(likelihood x consequence)

Initial:
3 x 4 = 12

Current:
3 x 4 = 12

Appetite:
3 x 3 = 9



Rationale for current score: **(max 180 words)**

Whilst we have made significant progress in developing and agreeing our joint commissioning plan and priorities for focus, the impact of recovery from the pandemic could have a significant impact on the ability forus to make progress on delivery of these priorities

Rationale for risk appetite:

There is a risk that the level of recovery needed within services may impact on the progress we aim to achieve, including the postive impact we want to have on reducing health inequalities, but we have stronger mechanisms in place, with priorities aligned to partners ambitions, and a more proactive reach into communities to montitor the impact of changes

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 Management Group (EMG) reporting to Joint Committee, Governing Body, HWBB, Cabinet and ACP Board. CCG Operation Plan 21/22. Joint plan signed off by SCC and CCG GB, and ACP Board. Sheffield Wide Outcomes 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 additional controls are to be put in place to further strengthen existing controls and by what date?)*

Action	Date	Completed
Sheffield Wide Outcomes Framework to monitor imapct of Health Inequalities - first draft to all Boards/public meetings	Oct-21	Yes
Operation Plan 21/22 approved by GB	Jul-21	Yes
SMT Plus session focusing on health inequalities, and complimented with GB session to support	Mar-22	Yes

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Two Health Inequalities Groups (CCG and HWB)	Updates monthly to EMG	External
Lead Committee Governing Body (GB)	Updates to Governing Body	Internal
Lead Committee Joint Commissioning Committee (JCC)	Updates to Joint Commissioninng Committee	External
	Updates to CCG Health Inequalities Group	Internal
	Updated to the Health and Wellbeing Group	External

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

Principal Risk Reference: 1.1

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 1.2	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.	Date last reviewed:	20 April 2022

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 joint commissioning plan has now been developed and agreed across both organisations and presented to Governing Body and Joint Commissioninng Committee (in public)
COVID-19 pandemic has exacerbated health inequalities across the City. The joint commissioning plan and health inequalities plan look at reducing the impact, however the risk remains high due to the consequences of the pandemic.

Rationale for risk appetite:

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.

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

Children's Transformation Board established under Health and Wellbeing Board. The revised integrated commissioning/transformation structure ensures that the combined commissioning of resources between SCC/SCG will work closely with the service improvement resources for SCH to deliver our joint plan. Senior level representation at ICS relevent Children and Maternity Boards. Operational Plan 21/22

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
Deep Dive to GB regarding Children's Services	Jul-21	Yes
Establish Director level joint working with SCC on joint commissioning for Childrens Services	Aug-21	Yes
Children's commissioned services to be integrated in the BCF pooled budget	Apr-22	Yes
SEND inspection preparation completed (expected Sep 21)	Aug-21	Yes
SEND inspection outcome and priority actions	Mar-22	Yes
Joint Commissioning Plan 22/23 developed	Apr-22	Yes
Updated health inequalities plan for 22/23	Apr-22	Yes
Joint Commissioning Plan 22/23 finalised and agreed by partners	Aug-22	No
Outcomes framework/dashboard finalised and agreed by partners	Aug-22	No

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Updates to Children's HWB	Children's HWB minutes	Internal
Updates to Improvement Board	Improvement Board minutes	External
Lead Committee Governing Body (GB)	Deep Dive on SEND/Children's Services to GB (July 21)	Internal
Lead Committee Joint Commissioning Committee (JCC)	Updates to Joint Commissioninng Committee	External

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

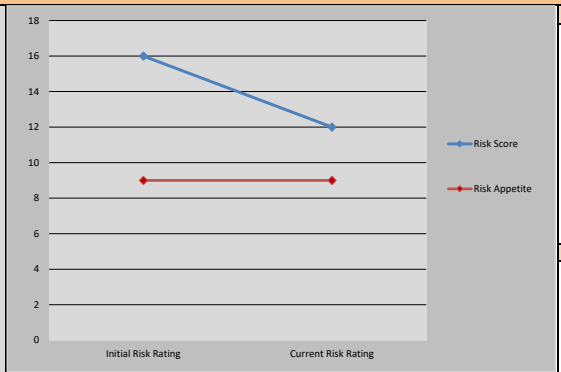
Principal Risk Reference: 1.2

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 1.3	**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.**	**Date last reviewed:**	20 April 2022

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

Current:
3 x 4 = 12

Appetite:
3 x 3 = 9



Rationale for current score:

Whilst some progress is being made in terms of investment in new services by CCG against the national MH LTP, and MH Minimum Investment Standard targets (MHMIS) there have been significant increases in demand prior to and since Covid 19 pandemic, for all MH services, leading to increased waiting times, which impacts on timely access for people experiencing a range of MH conditions, from common to severe. We have predicted that this position will be made worse due to the psychological consequences of the COVID-19 Pandemic. Nationally and locally Parity of Esteem between funding and availability of MH services compared to physical health services still exists and impacts on health inequalities. Risk score has reduced due to an increase in investment to help during Winter, however waiting times continue to remain high in key areas across Children and Adults. Both a LD Strategy and an Autistic Spectrum Conditions strategy are in development.

Rationale for risk appetite:

Whilst strategic leadership by SCCG with partners is helping to influence the system wide change required to address inequality, which will reduce this risk over time, it is recognised that disparity of esteem between how we view and invest in MH services compared to physical health services is a societal issue, which the CCG will not be able to impact upon alone. The risk appetite reflects that work that the CCG expects to be able to do with partners to improve outcomes for people.

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

The Sheffield MH Transformation Programme. The MH, LD, Autism and Dementia Board (MHLDDA). Mental Health 1 of 3 key priorities for the JCC. 2 jointly funded Assistant Director Posts (CCG/SCC). Sheffield Mental Health Strategy (draft presented to MHLDDA in early February 2021). . The Dementia Strategy published. Sheffield CCG has been successful in bidding for additional financial allocation to ICS/NHSEI for a number of programmes of work across mental health including Primary Care Mental Health Service roll out across the city; Alternatives to Crisis Care; Improving Flow/Winter planning. Meeting Mental Health Minimum Investment Standards. Operational Plan 21/22.
System wide process overseen by CEXs in place when 16-17 year olds present at A&E in mental health crisis and require a Tier 4 bed and one isn't available.
Mental health capacity discussed at operational forums to mitigate increase in demand and workforce issues such as H&SC Gold/Silver, ICS system calls, Sheffield Winter Operational Plan.
NHSE review on crisis pathway produced a report detailing recommendations of service changes and provision. The implementation of these are being overseen by the Crisis Transofrmation 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 additional controls are to be put in place to further strengthen existing controls and by what date?)*

Action	Date	Completed
Deep Dive to GB on the crisis pathway	Jul-21	Yes
Sheffield wide protocol agreed with partners	Jun-21	Yes
Lessons learnt review jointly funded by SCCG and SCC on recent incidents (Preceeded by NHSE funded review)	Mar-22	Yes
Operation Plan 21/22 approved by GB	Jul-21	Yes
System wide process agreed and in place to manage 16-17 year olds in mental health crisis who attend A&E	Nov-21	Yes
Workforce shortages being reviewed across the whole Sheffield system by Providers to look at mitigating actions	Dec-21	Yes
All age eating disorder service established	Mar-22	Yes
NHSE Crisis pathway review report, recommendations implemented	Oct-22	No

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
CCG Governing Body Minutes.	Co-production a core element of all project and programme plans. Evidence of Co-production sessions.	Internal
Mental Health, Learning Disability and Dementia Delivery Board Minutes.	Evidence	External
Feedback from Service User, Carer and Experts by Experience groups.	Bids submitted to ICS/NHSEI for Primary Care MH programme; Alternatives to Crisis Care (date tbc)	External
QEIA Completed for all aspects of joint work.	Rapid Impact Assessment presented to H&SC Gold command as evidence of rising demand (date tbc)	External
Contract Management Group/Board Minutes	Updates to Joint Commissioninng Committee	External
lead Committee Governing Body (GB)		
Lead Committee Joint Commissioning Committee (JCC)		

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

Principal Risk Reference: 1.3

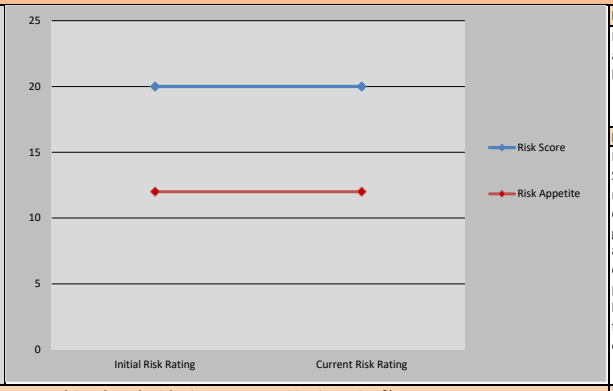
Principal Objective	1. Reduce the impact of health inequalities on peoples' health and wellbeing through working with Sheffield City Council and partners	Director Lead:	Sandie Buchan -Director of Commissioning Development
Principal risk 1.4	There is a risk that inequalities have worsened as a result of the COVID-19 pandemic due to elective activity being paused and exacerbating those with long term conditions.	Date last reviewed:	20 April 2022

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. The delivery of elective activity continues to be impacted following the latest Omicron wave, therefore the risk remains 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
Joint Commissioning Plan 22/23 developed	Apr-22	Yes
Joint Commissioning Plan 22/23 finalised and agreed by partners	Aug-22	No
Outcomes framework/dashboard finalised and agreed by partners	Aug-22	No

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
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
Lead Committee Governing Body (GB)		
Lead Committee Joint Commissioning Committee (JCC)		

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

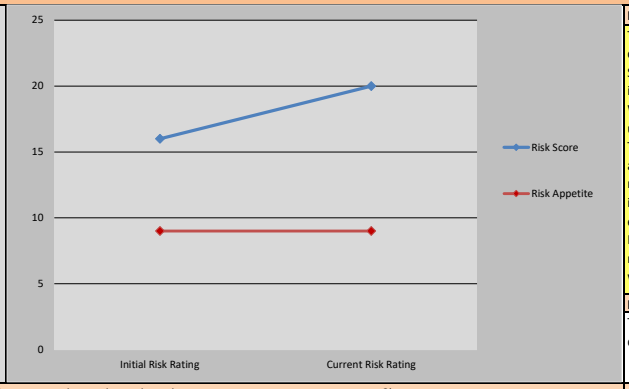
Principal Risk Reference: 1.4

Principal Objective:	2. Lead the improvement of quality of care and standards	Director Lead:	Alun Windle, Chief Nurse
Principal Risk:	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.	Date last reviewed:	24 April 2022

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

Current:
5 x 4 = 20

Appetite:
3 x 3 = 9



Rationale for current score:

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 sevices and patient safety risk is reduced. Where areas of concern are identified there is robust, intervention and scrutiny. Regular updates of quality assurance and mitigation is provided to the QAC 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 CCG rating therefore the level of risk has been increased. As at November 2021 the rating has improved to 'requires improvement'. As at end of March 2022, the CCG received the embargoed final report and the final CQC report for STH with an overall rating of Requires Improvement, noting that a number of services such as urgent and emergency care, medicine, surgery and maternity, are rated as Inadequate. This impacts on both local and wider regional services

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?)*

Equality of access via SPIEEC. An Equality Impact Assessment is required for all projects / programmes, a revised EIA template has been developed, forming part of approval process for all proposed projects/ programmes. Existing quality assurance and contract management forums in place with additional NHSE Quality Surveillance Scrutiny as per escalations including necessary oversight and involvement from CQC. Increased scrutiny: monthly quality meetings with both providers that are under review plus System Quality Boards (NHSE/CQC/SCCG) for both. CCG's lessons learnt on quality oversight presentation. From October 2021 the CCG along with NHSE and the CQC established a Maternity Quality Board to focus on improvements in services. As of April 2022 the Board will move to a full Quality Board

Existing Gaps in Control: **Please select** Yes
(Where are we failing to put controls in place and what more should be done?)

In the past two years of the pandemic, COVID legislation was implemented that reduced performance and quality data submissions to the CCG to focus the NHS's response to both the covid outbreak and vaccination. This will be removed as at 1 April 2022 but it will take time to get established the new ways of working.

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

Actions	Date	Completed
New combined quality and equality impact assessment (QEIA) has been soft launched. Full roll out, training and policy scheduled for January	Feb-20	Yes
Review of ToRs of all provider quality assurance meetings	Aug-20	Yes
SHSC Lessons Learnt	Jun-21	Yes
Roll out of Lessons Learnt to wider Providers	Mar-22	Yes
Review STH CQC Report when published	Mar-22	Yes
Ensure clarity on responsibility for quality, oversight, assurance and improvement in the new ICB structures	Jul-22	No

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
SPIEEC minutes	Governing Body minutes including roll out of lessons learnt	Internal
QEIA completed and reviewed for all projects and programmes	Minutes of QAC meetings	Internal
CQC Reports and Action Plan	Minutes of QRG/ CMG/ CMB	Internal
Lead Committee Quality Assurance Committee (QAC)	System Quality Boards	External
	Minutes of QSG - roll out of lessons learnt	External
	SMT and QAC paper summarisinmg actions undertaken as part of the CCG's response to the CQC report	Internal

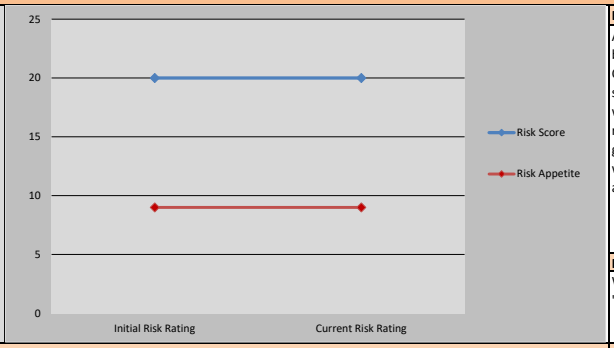
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)* **Please select** No

Principal Risk Reference: 2.1

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:**	20 April 2022

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

Current:
5 x 4 = 20
Appetite:
3 x 3 = 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?)*

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.

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
Reinstatment of Primary Care ACP Delivery Board to oversee primary care delivery of requirements of NHS Long Term Plan (19/20) - Stood down temporarily due to COVID.	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 managed by the gold/silver/bronze system groups	Mar-22	Yes
National planning guidance activity submissions detailing achievement of national ambitions	Apr-22	No

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Urgent and Emergency Care ACP Board	City wide Health and Care Silver/Gold minutes, risks and action log	External
HCP Elective Work stream and any other work streams overseen by the HCP	Quality and Outcomes Report to Governing Body	Internal
Coordination Group and SMT	SMT Minutes	Internal
SCCG Primary Care Commissioing Committee (PCCC)	GB Minutes	Internal
Lead Committee Governing Body	PCCC Minutes	Internal
Lead Committee 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 Risk Reference: 2.2

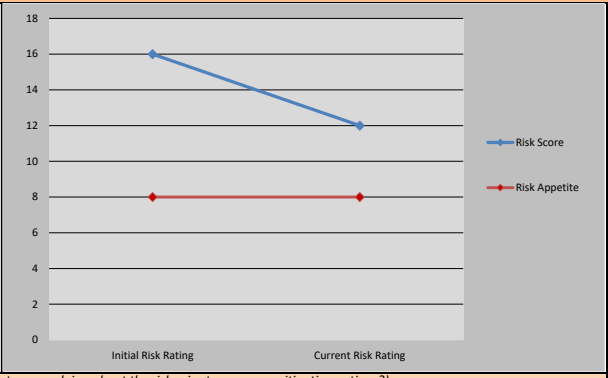
Principal Objective:	2. Lead the improvement of quality of care and standards	Director Lead:	Brian Hughes - Deputy Accountable Officer
Principal Risk: 2.3	There is a risk that we fail to effectively engage and communicate our messages with the public and involve patients and carers in CCG and system priorities and service developments, leading to loss of confidence in CCG decisions, potential legal challenge and barriers to progressing required change.	Date last reviewed:	14 April 2022

Risk Rating:
(likelihood x

Initial:
4 x 4 = 16

Current:
3 x 4 = 12

Appetite
2 x 4 = 8



Rationale for current score:

The COVID 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 to ensure that appropriate care is accessible to people so time to engage, communicate and consider decisions has been limited. As we reset we will need to consider how the changes that need to be sustained and how it engages and communicates appropriately with the public on this. The transformational changes we seek will require significant engagement with public and patients to ensure public understanding and compliance with good practice. 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. The reputation of the CCG's decisions need to reflect the needs of the population and be influenced by them. Actions implemented in year have helped to reduce the likelihood of legal challenge being upheld.

Rationale for risk appetite:

We should have mechanisms in place that make effective engagement and securing the capacity to deliver it routinely; 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 developed and approved. Strategic Patient Experience, Engagement and Equality Committee (SPEEEC) led by GB lay member in place, with Terms of Reference refreshed annually. Working with the Consultation Institute to provide briefings and training to key committees, senior staff and operational staff on legal requirements and best practice. Plan on how we meet legal duties around the temporary closure of services approved by SPIEEC. Process introduced to double check all relevant SMT papers include a QEIA and have developed training tool for staff. Share proposals on potential change with OSC for comment and decision early. Carried out training on statutory duties with commissioning directorate staff. Training on equality duties will all CCG directorates. Weekly comms meeting with Sheffield partners

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
Establish funding for project group to co-ordinate engagement across Sheffield Communities	Oct-21	Yes
Establish funding for voluntary groups to engage on next year's commissioning intentions and implementation of this year's commissioning intentions	Jan-22	Yes
Comms and Engagement Workstream established for the primary care capital transformation project	Jan-22	Yes

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
H&WB Engagement Group	Programme Management Framework	Internal
Governing Body	Minutes of SPIEEC	Internal
Lead Committee Strategic Public Involvement Experience Equality Committee (SPIEEC)	Patient experience and engagement reports received by GB	External
QEIA Policy	Governing Body minutes	Internal
	Communication with the Healthier Communities Scrutiny Committee	External

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

Principal Risk Reference: 2.3

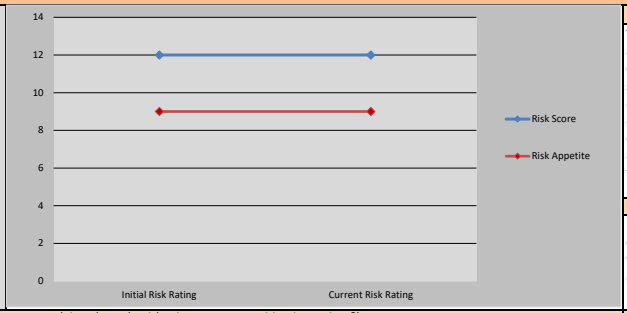
Principal Objective:	2. Lead the improvement of quality of care and standards		Director Lead:	Alun Windle, Chief Nurse
Principal Risk: 2.4	There is a risk that there is insufficient workforce to deliver high quality care across the health care economy, particularly in primary and secondary care covering all professions due to increasing demands on health services		Date last reviewed:	20 April 2022

Risk Rating:
(likelihood x consequence)

Initial:
3 x 4 = 12

Current:
3 x 4 = 12

Appetite
3 x 3 = 9



Rationale for current score:

There has been a significant impact on workforce across our system Providers in Sheffield from an NHS and Independent perspective (inclusive of VCF) not only from increases in demand / activity but as a consequence of the COVID pandemic throughout 2020 and moving into 2021/22. This has impacted staff sickness / service delivery/ vacancy factors in some areas and continues to do so. Workforce risk and therefore impact to the delivery of quality of services and patient safety continues to be monitored and managed via our current Governance forums, Provider reporting with the oversight and use of our quality and contractual levers and in association with regulatory bodies. the risk score remains as although the introduction of mandory vaccinations from April 22 has been repealed, routine testing of the population is significantly reduced

Rationale for risk appetite:

Providers will always have to manage some level of workforce issues ie turnover factors / sickness / change management and transformations. Understanding and addressing the workforce challenges with Providers will be key to delivering safe, efficient and high quality services as well as being able to adapt and improve services to address changing health needs and delivery models.

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

Each provider has workforce development plans in place, through contract, quality and commissioning assurance meetings providers share staffing establishments and exception reports. Exceptions are raised at Quality Assurance Committee and Governing Body. The CCG Chief Nurse is a member at the Integrated Care Systems Local Workforce Action Board. Monitoring workforce vaccination and infection rates

Existing Gaps in Control: (Where are we failing to put controls in place and what more should be done?) **Please select**: No

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 'People Plan' when published against established workforce plan	Sep-20	Yes
Review impact of mandatory vaccinations on the workforce (NHS and Social Care) - to be picked up in the City Wide Vaccination Group	Mar-22	Action Changed

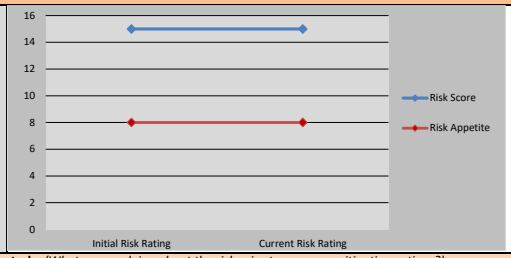
Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Lead Committee Quality Assurance Committee (QAC)	Quality Assurance Forums	External
Lead Committee Primary Care Commissioning Committee (PCCC)	Provider Reports	External
	Integrated Care Systems Local Workforce Action Board.	External

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:	**2. Lead the improvement of quality of care and standards**	**Director Lead:**	**Brian Hughes - Deputy Accountable Officer**
Principal Risk: **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**	**Date last reviewed:**	20 April 2022

Risk Rating:
(likelihood x consequence)
Initial:
5 x 3 = 15
Current:
5 x 3 = 15
Appetite
2 x 4 = 8



Rationale for current score:

Annual assurance process undertaken against EPRR readiness. Lived experience and learning from the command and control structures as part of the current pandemic, alonsgide implementation plans for the UK exiting the EU. However, these need to be flexible enough to deal with any different or escalating threats.

Rationale for risk appetite:

All systems should have robust arrangements in place to plan for, and respond to, a wide range of incidents and emergencies that could affect health or patient care. These could be anything from extreme weather conditions to an outbreak of an infectious disease or a major transport accident.

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

There is an Emergency Preparedness, Resilence and Response Policy and Business Continuity Policy in place approved by Governance Sub-committee in February 2022. Each team is requested to prepare a Business Continuity Plan and BCP leads meet quarterly to review plans and agree desk top exercises. CCG staff have a laptop to allow remote working. Citywide health and social care cell reinstated as required. Healthcare management across SYB. EPRR support across SYB.

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 EPRR policy to include commmand and control structure	Apr-21	Yes
ACP Gold Cell Lessons learnt debrief complete and circulated	Aug-21	Yes
City wide gold cell (Chief Exective level) re-established and meeting routnely through winter period	Nov-21	Yes
Business Continuity Policy approved by Governance sub-committee 23/02/22	Feb-22	Yes
Communication cascade undertaken across organisation to test resilience	Mar-22	Yes

Assurances (Ongoing unless stated otherwise)**:** *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Lead Committee Governing Body (GB)	Governance Sub-committee mins and notes of meetings	Internal
Lead Committee Governance Sub Committee (GSc)	EPRR Self-assessment tool - LRF Confirm and Challenge	Internal
	EPRR and BCP Policies (February 2022)	Internal
	Governing Body minutes	Internal

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

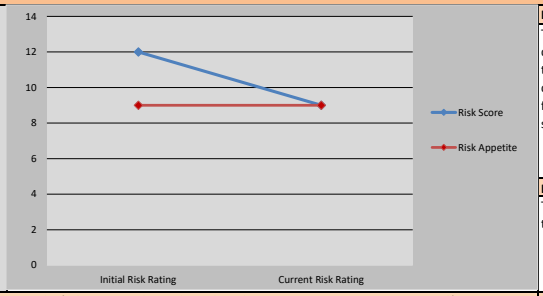
Principal Risk Reference:	2.5

Principal Objective:	**2. Lead the improvement of quality of care and standards**	**Director Lead:**	**Alun Windle, Chief Nurse**
Principal Risk: **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**	**Date last reviewed:**	12 April 2022

Risk Rating:
(likelihood x consequence)
Initial:
4 x 3 = 12

Current:
3 x 3 = 9

Appetite
3 x 3 = 9



Rationale for current score:

The increased population eligibility for Flu Vaccinations has remained the same as last year as has the deliverable criteria, access to national stocks of vaccine and local systems to working together effectively may reduce the ability to meet the national vaccination target requirements. There is a slight risk linked to vaccine availability in the time constraints required. Increasing Covid vaccination requirements in Q3 is impacting capacity to deliver the flu vaccine from a workforce perspective. Delivery to housebound patients remains a risk as normal. December 2021 metrics show we have achieved flu vaccination coverage as in previous years therefore risk rating is to target

Rationale for risk appetite:

To ensure as far as possible that the eligible population of Sheffield will receive an annual vaccination, recognising the rate limiting factors of flu vaccine and workforce availability, the target for delivery is 75% of the population.

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

Development of the Sheffield Flu Plan, oversight provided by the ICS Flu Board and Urgent and Emergency Board.
Covid/Flu discssions with PCNS on weekly basis, CCG Flu Group (during flu season).

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**
CCG Vaccine Lead recruitment complete	Sep-21	Yes
Review in December when the metrics are available.	Dec-21	Yes

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
City Wide Locality Group	SMT and GB minutes	Internal
SMT and Governing Body	Quality Report to GB	Internal
SYB Covid Vaccination programme meetings (2 per week)	December flu vaccination reporting	Internal
Lead Committee Primary Care Commissioning Committee (PCCC)		
Lead Committee Quality Assurance Committee (QAC)		

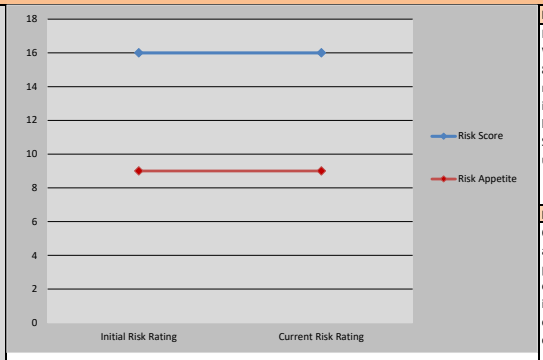
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)* **Please select** No

Principal Risk Reference:	2.6

Principal Objective:	**2. Lead the improvement of quality of care and standards**	**Director Lead:**	**Alun Windle, Chief Nurse**
Principal Risk: **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.**	**Date last reviewed:**	20 April 2022

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

Current:
4 x 4 = 16
Appetite
3 x 3 = 9



Rationale for current score:

Nationally mandated vaccine programme with minimal flexibility in delivery to the local diverse population. Workforce managing PCN vaccine delivery are also delivering Primary Care services which now means a 7 days, 8am - 8pm service having an impact on working environment. Vaccine flow to PCN sites are intermittent against the national delivery timeframe expectations. New contract offer to PCNs for cohort 10 & 11 being considered may also impact on a consistent delivery particularly to our BAMER and hard to reach groups. Delivery of the Phase 3 vaccine booster programme is an additional in year requirement with increasing cohort requirements on a 6 monthly basis. Sheffield remains the top core city for vaccination coverage, the challenge is now vaccinating the remaining unvaccinated population

Rationale for risk appetite:

COVID-19 is the single greatest public health emergency facing the NHS and PCNs play a significant part in delivery and roll-out of the national multi-commissioned vaccination programme, whilst continuing to deliver day-to-day primary care services. Structures to support delivery of the programme should be in place in order to ensure an effective programme is rolled out and that all eligible individual's can receive relevant, informed and timely information regarding the vaccinations offered to them in order to meet the proposed national target of vaccination of 100% of eligible individuals by 31st July 2021. We have continued spring and winter boosters identified for key cohorts of individuals, with an assumption of 100% delivery.

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

ICS Healthcare Management Team and HCP HEG overseeing programme. CCG Vaccination Team. CCG Covid Vaccination PCN Team to give PCNs opportunity to share issues and enable relationship building . intensive public engagement including several direct contact measures with unvacianted indivduals such as primary care, voluntary and community sector and public health

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**
Agree the vaccination Plan for 21/22 including contingencies	Aug-21	Yes
CCG Vaccine Lead recruitment complete	Sep-21	Yes
Ongoing capacity planning to deliver the national programme on a long term basis	31/06/2022	Action Changed

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
City Wide Locality Group	SMT and GB Minutes (including vaccination coverage)	Internal
SMT and Governing Body	Performance and Delivery / Quality Reports to GB	Internal
SYB Covid Vaccination programme meetings (2 per week)	Sheffield remains the top core city for vaccination coverage, the challenge is now vaccinating the remaining unvaccinated population	Internal
Lead Committee Primary Care Commissioning Committee (PCCC)		
Lead Committee Quality Assurance Committee (QAC)		

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

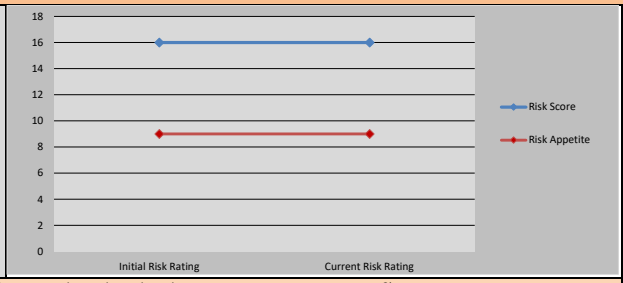
Principal Risk Reference:	2.7

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:**	20 April 2022

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

Current:
4 x 4 = 16

Appetite:
3 x 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 additonal 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?)*

Local GPFV plan - implementation regularly reviewed. Continued enagement with primary care managers and clinicians ensures effective implementation. Operational Plan 2021/22

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
Recruit to the vacancies in the Primary Care development team (as 18.11.21 only 1 post left to recruit to)	Apr-22	Yes
Agree partnership working plan with PCS	Sep-21	Yes
Operation Plan 21/22 approved by GB	Jul-21	Yes
PCN Clinial Director in role to work with CCG and primary care organisations to align leadership.	May-21	Yes
ACP Summit to be held in September to define and strengthen the clinical leadership models across the ACP/ICS	Sep-21	Yes
Primary Care Senior Programme Manager appointed through a secondment in PCS to work in partnership with SCCG to development PCNs	Apr-22	Yes
Primary Care Clinical Director appointed	Apr-22	Yes

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
PC ACP Board established	21/22 Commissioning plan (date tbc)	Internal
PCCC oversee developments and business cases	Minutes of SMT and Governing Body	Internal
SMT and Governing Body	Minutes of PCCC	Internal
Lead Committee Primary Care Commissioning Committee (PCCC)		

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

Principal Risk Reference: 3.1

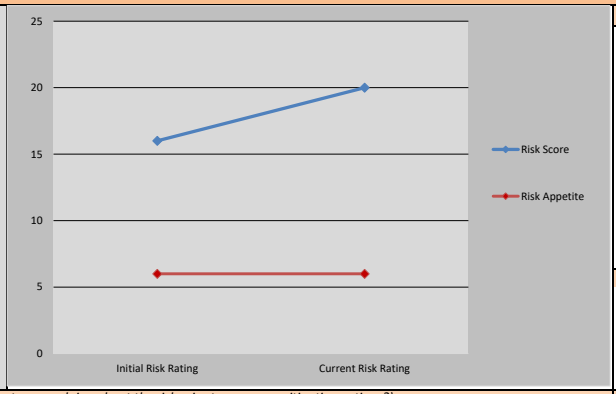
Principal Objective:	**3. Bring care closer to home**	**Director Lead:**	**Sandie Buchan -Director of Commissioning Development**
Principal Risk: **3.2**	**There is a risk that there is insufficient resilience in primary and community care, in particular GP practices but also in the community pharmacy, care providers and the voluntary sector, that we are unable to expand capacity in primary and community care.**	**Date last reviewed:**	20 April 2022

Risk Rating:
(likelihood x consequence)

Initial:
4 x 4 = 16

Current:
5 x 4 = 20

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 workfore as a result of either shielding or a requirement to isolate due to nosocomial transmission.

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	Aug-22	Action Changed
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	Yes
Primary Care Clinical Director recruited	Apr-22	Yes

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

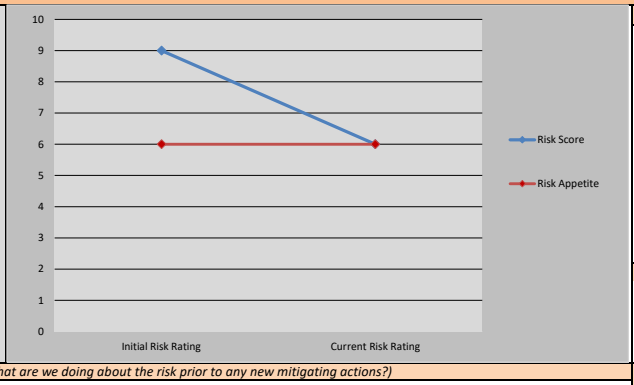
Gaps in assurance: *(Where are we failing to gain evidence that our controls are effective?)* **Please select** No

Principal Risk Reference: 3.2

Principal Objective:	**3. Bring care closer to home**	**Director Lead:**	**Zak McMurray - Medical Director**
Principal Risk: 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.**	**Date last reviewed:**	14 April 2022

Risk Rating:
(likelihood x consequence)
Initial:
3 x 3 = 9

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



Rationale for current score:

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 CLG has been rejuvenated and is active, chaired by a GB GP member. The MD meets with CLG Chair monthly to discuss agendas. The Covid vaccination programme has enhanced engagement with the support given to practices. There are bi-weekly catch up sessions with CDs, the MD, AO and Chair with regard to issues with the vaccination programme and supporting PCNs and practices. We are also working closely with PCS with regard to PCN development. Risk has been reduced due to CRG more active and more frequent meetings as covid declines, alongside the relationships which have grown.

Rationale for risk appetite:

Service transformation requires high take up from clinicans and with mechanisms in place for engagement, as part of our organisational development stragegy, will reflect CCG working practices. (note: risk appetite consequence reduced at Q1 as had been higher than the current level)

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

Clinical directors in post with executive role to give clear clinical direction for the organisation. Regular engagement with practices. Regular monthly meetings with locality managers to understand level of engagement. Attendance at PLI events. Attendance at Members Council where practices able to raise concerns with MD. Regular meetings with LMC. CCG structure includes GP involvement at GB and its associated committees, Coordination Group and H&WB Board. Localities also collaborate through the city-wide Locality Group where membership includes links to the commissioning portfolios. Executive Lead for each locality. Revised ToR for CLG which is chaired by the CCG Chair has strengthened links between localities and CCG. Programme directors included in practice visits as part of PCCC in which CDs involved. The MD together with the CE from PCS are attending locality meetings with a view to increasing engagement with practices. Regular meetings between GB GPs and LMS. Dr Tom Holdsworth, PCN Network Chair (new role) now works within the CCG clinical executive, in a liaison role across to PCNs. Strengthening relationship with LMC puts us in a good position for transition, with more working together to resolve issues. Clinical Reference Group (CRG) fully active post-COVID early 2022. Both Executive Directors and often the Medical Director attend and feed into each of the monthly Locality meetings. We now have a dedicated Clinical Director for Primary Care who will offer additional capacity to support this work

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
Consider involving the regular public health and primary care updates beyond covid and into hot topics for public health, likely to be post-March	May 22`	No

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Minutes from city-wide locality group meetings	Reports to GB and PCCC and minutes of meetings	Internal
Minutes from LMC / CCG meetings	Regular Joint Covid updates to practices (via Teams) by Sheffield Director of Public Health, Greg Fell and CCG Medical Director	External
Lead Committee Primary Care Commissioning Committee (PCCC)	Discussions with LMC about improved access and funding arrangements reflected in LMC meeting minutes	External
CRG record of clinical discussions	LMC city-wide meetings and locality group meetings are well attended	External
	February 2022 GB private development session on Team Sheffield with CDs	Internal

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

Principal Risk Reference: 3.3

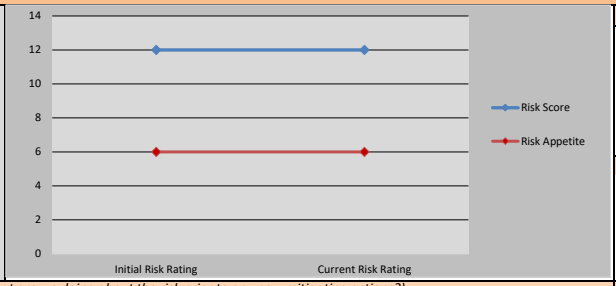
Principal Objective:	**3. Bring care closer to home**	**Director Lead:**	**Brian Hughes - Deputy Accountable Office**
Principal Risk: **3.4**	**There is a risk that the capacity and role of the voluntary and community sector is not fully realised as part of our system infrastructure and presence**	**Date last reviewed:**	20 April 2022

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 high level of engagement, involvement and commitment from the voluntary and community sector is well recognised and has been a huge asset through the pandemic. The reslience and viability of services is a key challenge for our system as we move forward into recovery and restoration

Rationale for risk appetite:

The support and viability of our voluntary and community partners will require full system commitment and acknoweldgement, and has been endorsed through the Health and Well Being Board, and Accountable Care Partnership structures

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

Outcomes framework 21/22, H&WB Board Engagement Group, VCSE and community involvement with Covid vaccination programme which was also joined up with council. Operational Plan 21/22. Investment of £250k into VCSE to deliver services to alleviate winter pressures. Significant investment to deliver engagement with VCSE on CCGs priorities. Both funding streams will help with their sustainability.

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
MH Voluntary Community and Social Enterprise sector (VCSE) Strategy for 21-24 to SMT/GB	Oct-21	Yes
Operational Plan 21/22 approved by GB	Jul-21	Yes
Develop Team Sheffield model on how we working with VSCE linked to governance, engagement and service delivery to realise their potential.	Jul-22	No
Formation of VCSE Alliance model (60+ VCSE organisations) working with Rethink	Jul-22	No

Assurances (Ongoing unless stated otherwise)**:** *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
SMT, GB	Minutes of SMT and GB	Internal
Lead Committee Joint Commissioning Committee (JCCC)	SPIEEC Minutes	Internal
Lead Committee Primary Care Commissioning Committee (PCCC)	HWB minutes	External
Coordination Group action notes		

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

Principal Risk Reference: 3.4

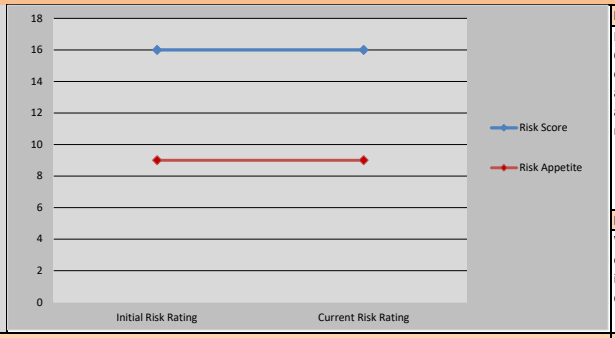
Principal Objective:	4. Improve health care sustainability and affordability	Director Lead:	Jackie Mills - Director of Finance
Principal Risk: 4.1	There is a risk that the financial challenges of our own organisation and that of our system partners distort our short term spending priorities and prevent us investing in the key areas to deliver our objectives	Date last reviewed:	22 April 2022

Risk Rating:
(likelihood x consequence)

Initial:
4 x 4 = 16

Current:
4 x 4 = 16

Appetite:
3 x 3 = 9



Rationale for current score:

Financial Arrangements for 2021/22 are confirmed and draft accounts indicate that Sheffield CCG has delivered an in-year breakeven position. We have been able to make some progress on delivering our agreed priorities in 21/22. During Q4, the financial allocations and arrangments for 2022/23 have been confirmed. The reduction in funding and allocation of available resources means that there is no discretionary funding available to take forward new investments, any funding will need to be released from baseline expenditure.

Rationale for risk appetite:

Whilst there will always be a level of financial risk at organisation/system level, we need to ensure that we are using our contractual levers and influence appropriately. We need to identify the opportunities that can be secured by working across organisations to reduce duplication or inefficiencies.

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

Initial financial plan 21/22 approved by Governing Body in March 2021. Revised financial plan for H1 approved May 21. H2 financial plan and updated annual budgets approved November 21. Initial budgets for 22/23 approved by Governing Body in March 22. Update on financial plan considered in Private Governing Body in March and draft financial plan submitted to ICS in March and April. Updates of changing financial regime provided to Governing Body. Robust financial monitoring procedures. Detailed financial reports to Governing Body; CCG has SOs, Prime Financial Policies and other detailed financial policies and procedures. Shared methodolody for forecasting spend with SYB CCGs. Reports to ICS.

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
Updated financial plan for H2 to be produced in line with national deadlines - tbc	Nov-21	Yes
Financial plan for 2022/23 onwards to be produced in line with national deadlines - tbc	Mar-22	Yes

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Reports to Governing Body (GB)	Minutes of Governing Body	Internal
Non ISFE monthly reports to NHS England	Financial Reports	Internal
ICS reports	Minutes of ICS DoF meetings	External
Lead committee Joint Commissioning Committee (JCC)		

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

Principal Risk Reference: 4.1

Principal Objective:	4. Improve health care sustainability and affordability	Director Lead:	Brian Hughes - Deputy Accountable Officer
Principal Risk: 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.	Date last reviewed:	20 April 2022

Risk Rating: (likelihood x consequence)

Initial: 3 x 4 = 12

Current: 3 x 4 = 12

Appetite: 2 x 3 = 6

Rationale for current score:

There is a risk that legislation changes impact on our ability to focus on recovery and transformation change, with our local partners and SYB arrangements. White Paper legislation now published with system and local implementation now underway, highlighting need for minmal disruption, which will require signifcant partneship effort over the next period to ensure effective transition to new arrangements

Rationale for risk appetite:

Legislation confirms establishment of ICS, with responsibilities for commissioning function at system, with delegation to place based arrangements. A strong and successful ICS will support performance and transformation, which in turn should support delivery of our strategic objectives.

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. Revised Terms of Reference and Workplan agreed for JCCCG, with introduction of a sub group to progress actions. Monthly SCCG update sessions on ICS transition in place for staff. National Thriving Places guidance. Sheffield partnership presentation, summarising the work of the parntnership over the last year, to be presented to Sheffield Health & Care Board, Joint Commissioning Committee, SCCG Governing Body and ICB designates during November and December 2021

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
Governance review of ICS to be undertaken with all SYB partners across ICS	Feb-21	Yes
Workstreams established at place and system level with CCG engagement in translation of legislation arrangements	Apr-21	Yes
Publication of ICS System Operating Framework	Jun-21	Yes
Change and Transition Programme Board established	Jun-21	Yes
System Design programme Board established	Jun-21	Yes
ICS Peoples HUB established	Jul-21	Yes
Produce a summary partnership presentation and present to system partners	Dec-21	Yes
Interim Due Diligence Report published and considered by Governing Body on 4 February 2022 with feedback to Change and Transition Board at its meeting of 9 February 2022	Feb-22	Yes
Place based structures recruited to and in place prior to July 2022 go live	Jul-22	No

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Reports to Governing Body on key ICS issues.	Minutes of Governing Body (including presentations of Joint Commissioning Plan)	Internal
Weekly Health and Care Management Team meetings held with all partners	ICS CEO report to Governing Body	External
Lead Committee Joint Commissioning Committee (JCC)	Minutes of JCCCG	External
Lead Committee Governing Body (GB)		

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

Principal Risk Reference: 4.2

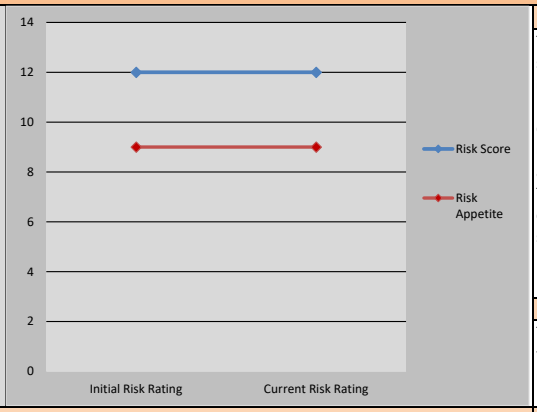
Principal Objective:	**4. Improve health care sustainability and affordability**	**Director Lead:**	**Cath Tilney - Associate Director of Corporate Services**
Principal Risk: **4.3**	**There is a risk that our digital infrastructure is inadequately maintained/developed and thus impacts our ability to 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.**	**Date last reviewed:**	20 April 2022

Risk Rating:
(likelihood x consequence)

Initial:
3 x 4 = 12

Current:
3 x 4 = 12

Appetite:
3 x 3 = 9



Rationale for current score: **(max 180 words)**

There are significant demands on the current digital infrastructure, both in terms of our CCG staff and General Practices as well as across Health and Care partners, and there may be insufficient funding available to address all these.
Development of shared care records (enabling more joined up health and social care and dentification of need) plus the ability to access high quality data (for population health management and evidence based decision making) are two key priorities for Sheffield place and the wider SYB system.
There are also significant additional plans, as set out in the NHS Long Term Plan as well as our local system transformation priorities that will require additional development of digital solutions and investment.

Rationale for risk appetite:

The Long Term Plan sets out a number of key areas that should be supported by digital transformation. We need to ensure that we deliver on these as well as having a robust infrastructure that can be built upon.

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

ICS Digital Delivery Board oversight of shared projects. Digital update to PCCC. Shared service CCG Digital Delivery Group for primary care delivery issues. Sheffield CCG Corporate IT issues taken to 'Deputy Directors Teams and Corporate' meeting and assurance reports to Governance Sub Committee. Active membership of the SYB ICS YHCR Steering Group. Sheffield CCG draft digital roadmap is now a building block to shape discussions with commissioning colleagues and Sheffield/SY partners.

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**
Second CCG senior digital time out to finalise draft digital roadmap	Dec-21	Yes
Funding obtained to ensure futher progression of the Sheffield Shared Care Record Plan (£250k obtained)	Dec-21	Yes
Present the draft digital roadmap to SMT.	Feb-22	Yes
Hold a CCG and SCC 'dragons den' which considers digital potential within the CCG commissioning plan	Mar-22	Yes

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Updates to PCCC and GSc	Reports and minutes of PCCC	Internal
Reports from ICS Digital Delivery Group	ICS Digital Delivery Group minutes	External
Reports to IT governance groups listed in the controls	IT governance group minutes/reports	Internal
Sheffield YHCR Group	SYB ICS YHCR Steering Group minutes	External
Lead Committee Primary Care Commissioning Committee (PCCC)		
Lead Committee Governance Sub-committee (GSc)		

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

Principal Risk Reference: 4.3

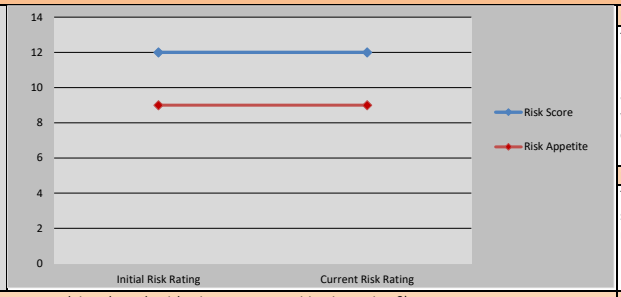
Principal Objective:	**4. Improve health care sustainability and affordability**	**Director Lead:**	**Jackie Mills - Director of Finance**
Principal Risk: **4.4**	**There is a risk that the estates infrastructure is inadequately maintained/developed and so impacts on the ability to integrate services/bring services closer to home.**	**Date last reviewed:**	22 April 2022

Risk Rating:
(likelihood x consequence)

Initial:
3 x 4 = 12

Current:
3 x 4 = 12

Appetite:
3 x 3 = 9



Rationale for current score: **(max 180 words)**

There are significant constraints on our estates infrastructure, in particular in relation to primary and community estate. Sheffield has a higher proportion of older converted houses being utilised by General Practice which may limit the ability to co-locate/integrate services around patients. The continued work on the ICS primary care capital funding is progressing with outline approval of the programme business case by Joint Investment Sub Committee on 22/7/21. Treasury approval confirmed March 2022. Strategic Outline Cases/Project Initiation Documents submitted for all Sheffield projects. Patient engagement work

Rationale for risk appetite:

The ICS Primary Care Capital funding gives us some opportunity to explore how estates can support service change. Citywide strategic estates group is reviewing the opportunities for maximising the efficient use of all available estate to support agreed service changes.

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

ICS capital programme with central PMO function is overseeing the progress of the development of the ICS programme business case.
Sheffield strategic estates group has oversight of the citywide estates strategy ensuring co-ordination and integrated solutions to estates challenges.

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**
Refresh of the Sheffield strategic estates strategy (in line with changed ICS deadline)	Sep-22	Changed
Development of project strategic outline case/project initiation documents for individual projects within the SYB ICS primary care capital programme	Mar-22	Yes

Assurances (Ongoing unless stated otherwise)**:** *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Lead Committee / Updates to Primary Care Commissioning Committee (PCCC)	Minutes and actions from ICS primary care capital programme board	External
	Minutes and actions from Sheffield Strategic Estates group	Internal

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

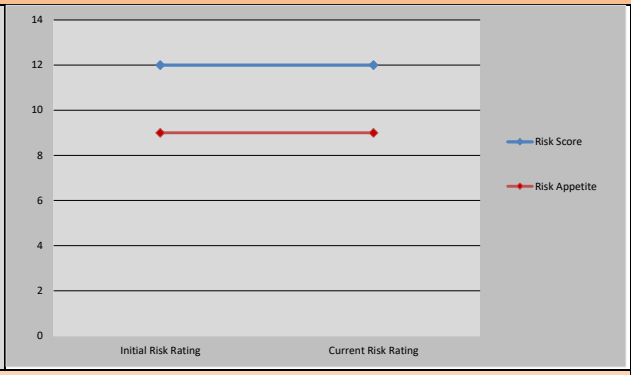
Principal Risk Reference: 4.4

3wk	4. Improve health care sustainability and affordability	Director Lead:	Zak McMurray - Medical Director
Principal Risk: 4.5	There is a risk that we fail to address the impact that the services that we commission have on the environment.	Date last reviewed:	13 April 2022

Risk Rating:
(likelihood x consequence)
Initial:
4 x 3 = 12

Current:
4 x 3 = 12

Appetite:
3 x 3 = 9



Rationale for current score: **(max 180 words)**

Failure to continually evidence the organisations commitment to sustainability and comply with ever broadening statutory obligations, national guidance and policy requirements will place the CCG at risk of financial implications; negative environmental impacts and failure to deliver social value. Further consequences include external scrutiny from our system-wide colleagues, the public and negative media attention leading to reputational damage and a lack of trust. There are opportunities post Covid to do things differently and reduce CO2 for example using virtual consultations and supporting the implementation of the new Standard Contract environmental requirements on providers.

Rationale for risk appetite:

The Long Term Plan published in 2019 sets out the sustainability commitments for the NHS. In 2020, the For a Greener NHS programme launched, driving the ambition for the NHS to become a net-zero healthcare system.Following the outcomes of the NHSE initiative - Developing the Net Zero Plan. The ICS is required to develop a Green Plan which should be in place from Spring 2022. There is curently a draft plan however this has not been fully developed given the ongoing Covid pandemic.

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

There is a CCG Sustainability Development Group which is chaired by an Executive Director and attended by GB GPs, SCC representation and Head of Procurement. The Medical Director and a GB GP sit on the Green City Partnership Board encouraging a joined-up approach across the city with the aim of encouraging anchor organistions to adopt green policies. The Group also identifies and reviews funding and grants in support of the city's green agenda. The CCG is part of the National Green Plan Group which provides support to CCGs and ICSs in developing their Green Plan agenda. The meetings have now been reinstated. CCG Green Plan and associated action plan. The CCG Facilities Manager is our representative on the ICS Sustainability Group which has representatives from SY providers and responsibility for production of the SY ICS Green Plan.

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
Clinical Directors to provide input into clinical roadmap	Nov-20	Yes
Development of Green Plan for the CCG	Mar-22	Yes
Relaunch awareness of sustainability within the CCG as part of the Return to 722 Group	Jul-21	Yes
Develop future PLI event for Member Practices	Mar-22	Yes
Staff briefing session regarding environmental sustainability	Mar-22	Yes
SMT briefing paper	May-22	No

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Notes of Sustainability Development Group	Governing Body minutes	Internal
Lead Committee Joint Commissioning Committee (JCC)	Notes of Green City Partnership Board (when reinstated)	External
Lead Committee Governing Body (GB)		
ICS Sustainability Group summary notes		

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

Principal Risk Reference: 4.5

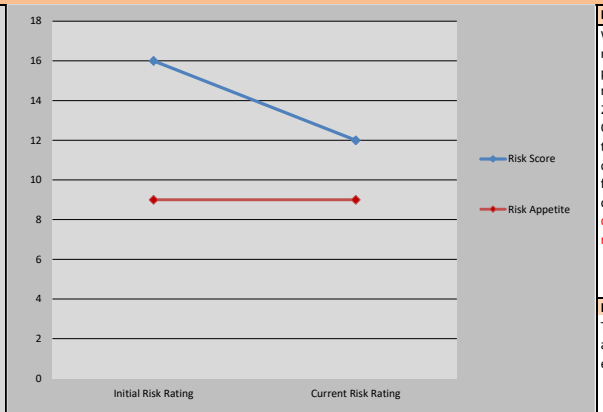
Principal Objective:	**4. Improve health care sustainability and affordability**	**Director Lead:**	**Sandie Buchan -Director of Commissioning Development**
Principal Risk: **4.6**	**There is a risk that our internal QIPP plan does not deliver the level of efficiency changes required to enable us invest 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.**	**Date last reviewed:**	20 April 2022

Risk Rating:
(likelihood x consequence)

Initial:
4 x 4 = 16

Current:
4 x 3 = 12

Appetite
3 x 3 = 9



Rationale for current score: **(180 word max)**

Whilst the response to the pandemic may have accelerated some plans eg the move to more remote monitoring, we need to refocus efforts to secure best value and changes that deliver patient quality as well as improved efficiency. The response to the COVID-19 pandemic and the revised financial/contractual arrangements have meant that a QIPP value has not been agreed for 2021/22. The CCG has however identified a number of projects that are expected to generate QIPP efficiencies that are included in the 20/21 Operational Plan. It should be noted that whilst the projects to generate efficiencies have been agreed, the ability to make progress on these is constrained by capacity focused on responding the the pandemic and the impact of the pandemic for a number of years. Teams are currently balancing demands for support for vaccination and discharge planning with plans to deliver QIPP programme. Q3 - the risk has decreased this quarter due the forecast of delivering this year's QIPP requirement, however is rated as a 12 due to the recurrent position risk.

Rationale for risk appetite:

The QIPP plan is not just about delivering efficency savings but also about doing those things that also improve quality of services and outcomes for patients. Delivery of QIPP efficiencies is vital to enabling the CCG to make progress on delivering our objectives.

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

Operational Plan 2021/22. Coordiation Group and SMT discission and approval of business cases. Joined up working with partners in the ACP/ICS to identify and implement QIPP efficiencies.
Finance paper to Governing Body details a forecast of delivering the required QIPP savings for this year.

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
Operational Plan 22/23 developed	Apr-22	Yes
Joint Commissioning Plan 22/23 finalised and agreed by partners	Aug-22	No
QIPP Plan 22/23 developed and agreed by GB and ICB	May-22	No

Assurances (Ongoing unless stated otherwise)**:** *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
NHSE/I review of financial plan and monthly review of in year financial position; reviews on financial systems/processes by internal and external audit;	Monthly reports to GB and more in depth reporting to Integrated QIPP Working Group	Internal
Lead Committee Joint Commissioning Committee (JCC)	Governing Body papers, presentations and minutes	Internal
Lead Committee Governing Body (GB)	External Audit VFM reviews	External
	Action notes/minutes from Coordination Group/SMT	Internal

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

Principal Risk Reference: 4.6

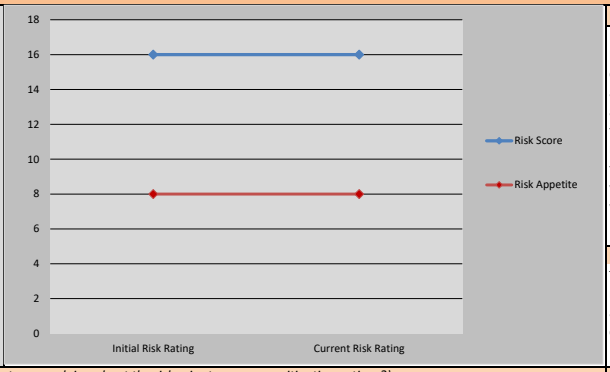
Principal Objective:	**4. Improve health care sustainability and affordability**	**Director Lead:**	**Jackie Mills - Director of Finance**
Principal Risk:	**4.7 There is a risk that our collective risk appetite is insufficient to realise the potential of our plans**	**Date last reviewed:**	22 April 2022

Risk Rating:
(likelihood x consequence)

Initial:
4 x 4 = 16

Current:
4 x 4 = 16

Appetite:
2 x 4 = 8



Rationale for current score: **(180 word max)**

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 those requirements, the CCG has a responsibility to ensure proper governance in line with best practice in corporate, clinical, and financial governance. Decisions made by partnerships may fail to recognise the full risks to individual organisations and as a result organisations my lose trust in those decisions. Equally, a single organisation who 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 frameworks makes the whole environment in which we are operating more risky.

Rationale for risk appetite:

The Governing Body should be able to take informed decisions, understanding the potential risks of agreed actions. Decisions made that impact on partners should recognise and take account of respective risks (legal, financial, reputational) in order that all partners have confidence in the decisions made.

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

Agreed structures for reviewing proposals and making decisions in place. Financial risks inherent in financial plan and forecasts included in reports to Governing Body.

Existing Gaps in Control: **Please select** No
(Where are we failing to put controls in place and what more

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

Action:	**Date**	**Completed**
Agreed plan for updating Joint Commissioning Intentions	Oct-21	Yes
Agreed Partnership agreement, supported by Health and Care Partnership vision agreed by partners	Jan-22	Yes

Assurances (Ongoing unless stated otherwise)**:** *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Revised plans agreed by Governing Body	reports and minutes of Governing Body	Internal
Revised plans agreed by ACP board	reports and minutes of ACP board	External
Lead Committee Joint Commissioning Committee (JCC)		
Lead Committee Governing Body (GB)		

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

Principal Risk Reference: 4.7

Principal Objective:	**5. Be a caring employer that values diversity and maximises the potential of our people**	**Director Lead:**	**Cath Tilney - Associate Director of Corporate Services**
Principal 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.**	**Date last reviewed:**	14 April 2022

Risk Rating:
(likelihood x consequence)

Initial:
3 x 4 = 12

Current:
4 x 4 = 16

Appetite:
3 x 3 = 9

Rationale for current score: **(180 words Max)**

Legislative change will undoubtedly raise uncertainty and anxiety for our people However the CCG together with the ICS is committed to a smooth transition with minimal uncertainty underpinned by a has a robust staff communication and engagement plan, that seeks to reduce anxiety and minimise uncertainty by promoting the employment commitment and the principle of opportunities for all staff to be part of the future and involving staff in the co-design of the future so that they can see how they fit into the future architecture.
Given the transition is now very close there 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 Q3 but have moved closer to 'normal' levels in Q4)

Rationale for risk appetite:

The ICS and the CCG are working in partnership and jointly committed to minimising uncertainty for our people.

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

(1) The monthly staff temperature check gives staff the opportunity to feed in concerns regarding ICS changes and workload (2) Staff also have the opportunity to feed in via their managers, team meetings and Staff Forum (3) The Deputy Director group considers approaches and feeds in team issues to help ensure a consistant approach. (4) Staff briefing/WRU is used to update staff and gives the opportunity for staff input (5) SYB Recruitment agreement in July with the CCG retained autonomy to maintain capacity through wider recruitment (6) SYB People's Hub as a resource for staff across SYB to maintain co-ordination and consistency of messages and sharing of information (7) Co-Design workshops for all staff (8) Transition 1:1s to encourage discussion with manager (8) Workshop with Deputy Directors and other managers about how to support staff with wellbeing. (9) Staff SYB monthly sessions

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
Encourage all managers to complete Transition 1:1s with their staff	Nov-21	Yes
Staff Wellbeing Workshop for Deputy Directors and Managers taking place (took place on 27 January 2022)	Dec-21	Yes
Fortnightly ICB all staff webinars in place, led by ICB Chief Executive Designate	Feb-22	Yes
ICB Chief Executive Designate appointed and commenced in role from 1 February 2022	Feb-22	Yes
Deputy Director session led by HR to discuss the Management of Change Policy and the Consultation Document to ensure all DDs are clear regarding the transition process	Apr-22	No

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Senior Management Team	Minutes of SMT, Governing Body and Governance Sub Committee	Internal
Lead Committee Governing Body (GB)	Staff Temperature Check	Internal
Staff Briefing and Weekly Round Up (CCG and ICS)	Staff Survey	Internal
Lead Committee Governance Sub Committee (GSc)		
Deputy Director Meeting and Staff Forum and Wellbeing Group		

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

Principal Risk Reference: 5.1

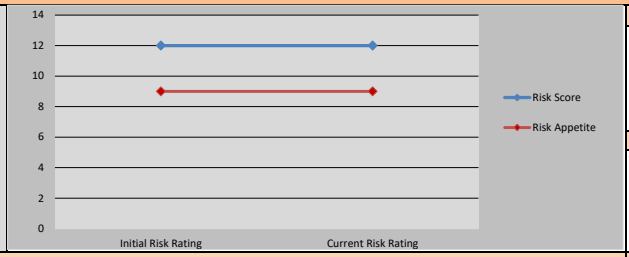
Principal Objective:	**5. Be a caring employer that values diversity and maximises the potential of our people**	**Director Lead:**	**Brian Hughes - Deputy Accountable Officer**
Principal Risk: 5.2	**There is a risk that if we do not engage actively in the co- design of the future arrangements for place and commissioning we will not have maximised the potential of our staff and their contribution to an integrated health and care system.**	**Date last reviewed:**	20 April 2022

Risk Rating:
(likelihood x consequence)

Initial:
3 x 4 = 12

Current:
3 x 4 = 12

Appetite:
3 x 3 = 9



Rationale for current score: **(180 words Max)**

Whist Legislative change will undoubtedly be disruptive the CCG and the ICS are working in partnership with a joint commitment to ensure we value and maximise the potential of our people.

Rationale for risk appetite:

The ICS and the CCG are working in partnership and jointly committed to ensuring we maximise the opportunities for our people

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

National Thriving Places Guidance (was due by end July) will support clarity on role of commissioners and providers in Sheffield. Monthly SCCG update sessions on ICS transition in place for staff. Joint Commissioning Office (SCCG and SCC) in place to coordinate the achievement of the Joint Commissioning Plan. Change and Transition workstreams (close down and design) established with work plans and an overall coordination group. South Yorkshire wide Co-Design workshops for all staff taking place between Nov-early Jan. There are also SY staff webinar sessions taking place on a regular basis with opportunity for staff input.

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
Change and Transition Programme Board to be established co chaired by SCCG Chair and ICS Lead	Jun-21	Yes
ACP Vision for Provision to be reviewed by Governing Body	Jul-21	Yes
ACP Place design group established with CCG input	Jul-21	Yes
ICS People's HUB to be established	Jul-21	Yes
CCG Team Sheffield approach established with input from GB, Deputy Directors, Locality Managers and PCN CDs	Feb-22	Yes
GB development sessions on team Sheffield Approach 3 February 2022	Feb-22	Yes
ICS Co design workshops resumed	Feb-22	Yes
ICB CEO Designate appointed and in place from 1 Feb	Feb-22	Yes
Place Director appointments made	Apr-22	No
Sheffield CCG staff involvement in Clever Together conversations	Jun-22	No

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Lead Committee Governing Body (GB)	Minutes of Governing Body	
ICS Change and Transition Board		
Reporting from the change and transition workstreams and design groups		

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

Principal Risk Reference: 5.2

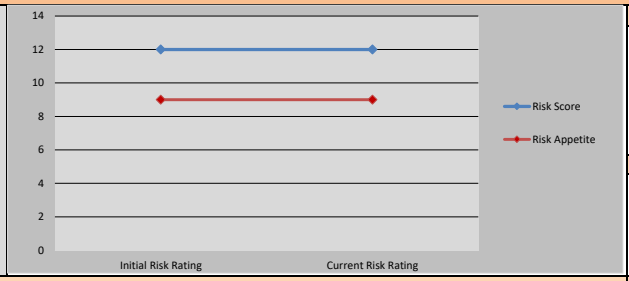
Principal Objective:	**5. Be a caring employer that values diversity and maximises the potential of our people**	**Director Lead:**	**Brian Hughes - Deputy Accountable Officer**
Principal Risk: 5.3	**There is a risk that our focus on future system design means that we lose focus and momentum on our culture change programme, talent management and succession planning and our ambitions on equality and diversity.**	**Date last reviewed:**	20 April 2022

Risk Rating:
(likelihood x consequence)

Initial:
3 x 4 = 12

Current:
3 x 4 = 12

Appetite:
3 x 3 = 9



Rationale for current score: (180 words Max)

Whilst there is the potential to lose focus through the transition year, the CCG recognises that its ongoing culture change programme underpins our approach to future place and system design and is an important legacy for the transition and beyond.

Rationale for risk appetite:

The ICS and the CCG share the same objective of being a caring employer that values diversity and maximises the potential of our people

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

OD approach regularly reviewed/refreshed to ensure meets organisational needs. Next iteration to consider COVID-19 impact of the challenges/opportunities presented and the learning that can be incorporated into new ways of working. Quarterly workforce reports presented to GSC 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) plus a range of learning opportunities for staff (e.g. development of a coaching and mentoring approach and culture and wellbeing initiatives). Focus on delivering 'bite size' OD sessions on the specific tools learnt from the Cultural Change programme to embed practice. 2-day programme delivered to new starters by internal trainers to maintain momentum. SYB wide Inclusive Cultures Reciprocal Mentoring Programme.

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
Assess the numbers of staff that have not undertaken the cultural change programme and take steps to encourage completion where required.	Mar-22	Yes
Thinking differently culture change programme running across ICS and promoted in SCCG	Jan-22	Yes
Thinking differently culture change programme running across ICS mirrors SCCG Upwards and Onwards Programme	Jan-22	Yes
ICS All staff fortnightly webinars	Feb-22	Yes
Sheffield CCG staff engaged in Clever Together conversations	Jun-22	No

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Senior Management Team	Minutes of SMT and Governing Body	Internal
Lead Committee Governing Body (GB)	Staff Temperature Check	Internal
	Staff Survey	Internal

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

Principal Risk Reference: 5.3

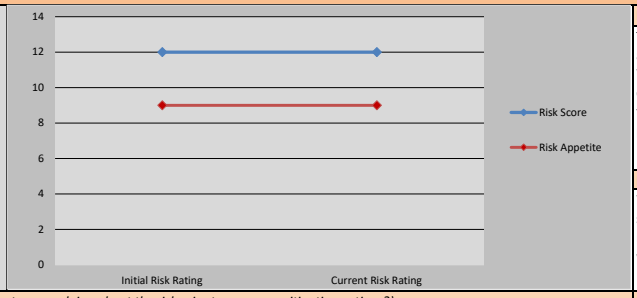
Principal Objective:	**5. Be a caring employer that values diversity and maximises the potential of our people**	**Director Lead:**	**Cath Tilney - Associate Director of Corporate Services**
Principal Risk: **5.4**	**There is a risk that due to the wide range of staff home working experiences during the pandemic, our post-pandemic flexible working arrangements will not cater for the needs of all our staff.**	**Date last reviewed:**	13 April 2022

Risk Rating:
(likelihood x consequence)

Initial:
3 x 4 = 12

Current:
3 x 4 = 12

Appetite:
3 x 3 = 9



Rationale for current score: **(180 words Max)**

The Temperature Check in particular has highlighted the high levels of staff anxiety linked to an increased use of 722 as a work base and establishing new ways of working for the future. We know that there are a wide range of concerns but will need time to work with staff to establish a fair and balanced model that works for staff and also enables the organisation to achieve its objectives. Following the easing of national restrictions, the trial transtion period is now taking place in April-June 2022.

Rationale for risk appetite:

We should aim to reduce the likelihood of anxiety by involving staff in the process with a strong feedback loop to all staff. There will also be a number of outside influences that will not be in our control and we will need to ensure that these are managed as well as it is within our gift to do so.

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

(1) The monthly staff temperature check gives staff the opportunity to feed in concerns/what is working well and ideas. (2) Staff can also feed in via Staff Forum and some supported the 'return to 722 project' and fed in via the Covid Learning Group. (3) The Deputy Director group considers approaches and feeds in team issues to help ensure a consistant approach. (4) Staff briefing/WRU is used to update staff and is another opportunity to input. (5) A Home Working Policy has been approved by GSC and will be trialed as soon as 722 can open up. (6) Welcome Back to 722 Induction Pack shared with staff and updated as

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 the Welcome Back to 722 Pack in line with government requirements linked to easing of home working restrictions	Jul-21	Yes
Review the pack and the home working policy following the learning from the transition period (originally Jan 22 - extended twice to give more time due to the restrictions still in place)	Jul-22	No
Work with SY colleagues to ensure there are clear plans for the office requirements linked to the the new ways of working (originally Mar-22, extended twice due to additional time required)	Oct-22	No

Assurances (Ongoing unless stated otherwise): *Where should we find the evidence that controls are effective?*	**Positive Assurance** (Ongoing unless stated otherwise): *Provide specific evidence of Assurances and if Internal/External*	
Lead Committee / Updates to Governing Body (GB)	GB Performance and Delivery report and minutes	Internal
Updates at Staff Briefing	Staff briefing follow up emails and staff weekly round up emails	Internal
Staff survey and temperature check polls	Summary reports on intranet about staff survey and temp check	Internal

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

Principal Risk Reference: 5.4