

Meeting: Governing Body			
Meeting Date	04 June 2021	Action	Approve
Item No.	6	Confidential	No
Title	End-of Year Assurance Framework Review		
Presented By	Chris Wild, Lay Member and Audit Chair		
Author	Lynne Byers, Interim Risk Manager		
Clinical Lead	-		

Executive Summary

This paper provides an end-of year overview on the Assurance Framework for 2020/21 financial year and reporting period.

The Governing Body Assurance Frameworks (GBAF) provides a repository of principal risks to delivery of strategic objectives. The Audit Committee has responsibility, on behalf of the Governing Body, for scrutiny of these risks, before submission for oversight by the Governing Body

Since last presentation of the GBAF to the Governing Body in March 2021 the end-of year review process undertaken on 1st April 2021 reflected on the risk position for all 10 risks as at 31 March 2021 and also included a forward view as to whether the risk would remain as a principal risk to delivery of the strategic objectives for inclusion on the 2021/22 GBAF.

At the start of the reporting period there were 8 risks identified across the 4 strategic objectives. In the final quarter of the reporting period, 2 new risks were identified and added to the GBAF.

At the end of the reporting period, 10 risks remained on the GBAF and are profiled as follows:

- Three (3) are reported as significant risks, with an assessed risk score of 15 or above;
- Six (6) are reported as high risks, with an assessed risk score between 8 and 12;
- One (1) risk is reported as low, with an assessed level of 1.

Of the ten risks, two have been recommended for closure as having been mitigated sufficiently in-year to reach their target risk level;

- Service redesign processes, innovations, and new approaches; and
- Risk of in-year deficit.

Seven of the remaining risks on the GBAF have seen some slight reduction over the reporting period.

All risks have been managed in year, with significant assurance reported against 70% of the risks and the overall approach and delivery of the GBAF has been assessed through an Internal Audit review which determined a level of significant assurance in respect to the design, application and use of the framework.

The GBAF reports presents a range of qualitative and quantitative information to support the Audit Committee in its considerations and scrutiny, on behalf of the Governing Body.

- Appendix 1 : Summary Dashboard reflecting Quarter on Quarter changes
- Appendix 2 : Detailed Governing Body Assurance Framework
- Appendix 3 : Detailed narrative and supporting rationale for GBAF position

Through the year-end evaluation although subject to the annual ratification process the review concluded that 8 of the 10 risks are expected to transfer across to the 2021/22 GBAF and a new risk to capture the 'risk of in-year deficit' for 2021/22 will be added.

Additionally, the Governing Body will be invited to identify any additional risks for inclusion as the new framework for 2021/22 is prepared.

The Audit Committee is scheduled to review the detail of the GBAF at its meeting on the 4 June 2021 and a verbal update will be provided to the Governing Body at its meeting on the same date.

Recommendations

It is recommended that the Governing Body:

- Receive the end-of year Governing Body Assurance Framework presented;
- Receive the Audit Committee feedback by means of a verbal update; and
- Consider any new principal risks that should be included on the GBAF to inform future developments.

Links to CCG Strategic Objectives

SO1 To support the Borough through a robust emergency response to the Covid-19 pandemic	<input checked="" type="checkbox"/>
SO2 To deliver our role in the Bury 2030 local industrial strategy priorities and recovery	<input checked="" type="checkbox"/>
SO3 To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision	<input checked="" type="checkbox"/>
SO4 To secure financial sustainability through the delivery of the agreed budget strategy	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	Yes
All GBAF risks are articulated within the report	

Implications

Are there any quality, safeguarding or	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
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patient experience implications?						
These will be addressed through management of the risks						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
These will be addressed through management of the risks						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
The risks are articulated within the report and managed through the respective committees as appropriate						

Governance and Reporting		
Meeting	Date	Outcome
Audit Committee	24/05/2021	Due to committee timescales, a verbal update will be provided to the Governing Body at the 26 May 2021 meeting as appropriate.

Governing Body Assurance Framework

1. Introduction

- 1.1. This paper provides an end-of year overview on the Assurance Framework for 2020/21 financial year and reporting period.

2. Background

- 2.1. All NHS organisations are required to develop and maintain an Assurance Framework in accordance with governance regulations applied to the NHS.
- 2.2. Developed from and aligned to the 5-year strategy and 2-year operational plan, the GBAF should reflect the strategic objectives of the CCG and provide a simple but comprehensive method for ensuring that the CCG's objectives are delivered and that the principal risks to meeting those objectives are effectively managed.
- 2.3. It also provides a structure for providing the evidence to support the Annual Governance Statement.

3. The Assurance Framework

- 3.1. Whilst there is no formally prescribed template for presenting the GBAF, there are specific areas that should be included to provide a comprehensive 'snapshot' to tell the story in relation to each risk identified, as detailed in *italics* below.
- 3.2. The risks that threaten the achievement of the organisations strategic objectives are defined as *principal risks*. The Governing Body should proactively manage potential principal risks, rather than reacting to the consequences of risk exposure.
- 3.3. These risks are assessed against and an *original* level of risk is determined on the basis of no controls being in place.
- 3.4. Mitigation actions to address the gaps and further control or assure against the risk are identified, the target risk, which should be achieved once actions are complete and gaps reduced is also reflected.
- 3.5. The Governing Body needs to assure itself that the controls identified not only manage the principal risks but are also provided at the right level. These are captured as sources of assurance, and where possible, independent assurance sources should be used.
- 3.6. Having identified the current level of controls and assurance the current risk level is determined and the level of assurance that the risk is managed is also agreed. There are four levels of assurance: full, significant, limited and none.
- 3.7. Where assurance mechanisms show that controls are not sufficient to manage the principal risks, or the assurance is not at a sufficient level, then gaps in controls and

gaps in assurance should be recorded.

- 3.8. Consideration is then given to the key controls that are in place to manage the principal risks. These risks and the controls should be documented and subject to scrutiny by independent reviewers where possible.
- 3.9. It is essential that the Governing Body receive an update on the effectiveness of the GBAF on a regular basis so that it has assurance that principal risks are being effectively controlled and managed. This can then be reflected in the AGS at the end of the year.
- 3.10. The Governing Body has delegated authority to the Audit Committee to advise on the establishment and maintenance of the effective system of integrated governance across the whole of the CCG's activity, which includes receiving, scrutinising, challenging and providing the necessary assurance to the Governing Body on the GBAF.
- 3.11. The GBAF remains a dynamic document and will be further updated to ensure the end-of-year position, to inform the Annual Governance Statement and Annual Report, is consolidated.

4. End of Year Review of Assurance Framework 2020/21

- 4.1. The end-of-year review process undertaken on the 1st April 2021 reflected on the risk position for all ten risks as at 31 March 2021 and also included a forward view as to whether the risk would remain as a principal risk to delivery of the strategic objectives for inclusion on the 2021/22 GBAF, and included a forward view for the 2021/22 financial year.
- 4.2. At the start of the reporting period, the Governing Body reviewed the Strategic Objectives and agreed the principal risk to delivery of these. Eight (8) principal risks were identified under the four strategic objectives and were assessed in relation to the current level of risk taking into account existing controls, of which:
 - Seven (7) of these risks had been included on the GBAF from the previous year;
 - One (1) new risk relating to 'risk of in-year deficit' was identified for inclusion;
 - Seven (7) of the risks were assessed at a significant level with a risk rating of 15 and above; and
 - One (1) risk was assessed as a high risk with a rating between 10 and 12.
- 4.3. Actions were identified for each risk on the GBAF, irrespective of the assessed risk score. To further increase controls, reduce gaps in assurance, and progress each risk towards its target level.
- 4.4. Additionally in the last quarter of the year two new risks, one relating to the creation of GM ICS (Integrated Care System) assessed as a high level with a risk rating of 12 and a risk relating to the financial approach by the Council and CCG assessed as a significant level with a risk rating of 15 were included on the GBAF.

- 4.5. Since the establishment of the GBAF at the start of the reporting period, the Governing Body approved, in November 2020, the Let's Do It! Strategy and the joint Corporate Plan for the CCG and Council, which set out retrospectively, new Strategic and Corporate Objectives for the period 2020-21. Each of the risks within the GBAF was realigned to sit within the new objectives, as appropriate.
- 4.6. The end-of year position reflects the 10 risks mapped against the 4 strategic objectives, which are assessed as:
- Three (3) are reported as significant risks, with an assessed risk score of 15 or above;
 - Six (6) are reported as high risks, with an assessed risk score between 8 and 12;
 - One (1) risk is reported as a low risk assessed at level 1.

Of the ten risks, two have been recommended for closure as both risks have been mitigated sufficiently and have reached their target risk level;

- Service redesign processes, innovations, and new approaches; and
- Risk of in-year deficit.

- 4.7. The following risks have been assessed in respect of their current risk levels and are reported as follows. Full narrative is provided at Appendix 3.

Risks that have increased in score:

- No risks have increased in score.

Risks that have decreased in score:

- GB2021_PR_3.2 Service re-design processes, innovations, and new Approaches (Level 8)
- GB2021_PR_4.1 Risk of in-year deficit (Level 1)
- GB2021_PR_4.2 Risk that the CCG is unable to meet financial duties over the medium term (Level 15)
- GB2021_PR_4.3 Risk of divergence of the financial approach by the Council and CCG (previously risk of dis-integration of OCO financial management (Level 10)

Risks that have remained static:

- GB2021_PR_1.1 COVID-19 Increased demand on services (Level 25)
- GB2021_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health (Level 10)
- GB2021_PR_2.2 Creation of GM ICS (Integrated Care System) (Level 12)
- GB2021_PR_2.3 Assuring decisions are influenced by all staff including clinicians (Level 10)
- GB2021_PR_3.1 Lack of effective engagement with communities (Level 15)
- GB2021_PR_3.3 Urgent Care System – Re-design 2020/21 (Level 12)

Risks recommended for closure:

- GB2021_PR_3.2 Service re-design processes, innovations, and new Approaches (Level 8)
- GB2021_PR_4.1 Risk of in-year deficit (Level 1)

Looking Forward - New Risks 2021/22:

- GB2022 Risk of in-year deficit

5. Recommendations

5.1. The Governing Body is asked to:

- Receive the end-of year Governing Body Assurance Framework presented;
- Receive the Audit Committee feedback by means of a verbal update; and
- Consider any new principal risks that should be included on the GBAF to inform future developments.

Lynne Byers

Interim Risk Manager

May 2021

Appendix 1: End-of Year Governing Body Assurance Framework – Summary Dashboard Report

Strategic Objective 1 – To support the Borough through a robust emergency response to the Covid-19 pandemic													
Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Jan	Trend	Mar 21	Trend	Target risk
GB2021_PR_1.1	Because of the nature, spread and impact of COVID-19 illness, there is a risk that the health and care organisation's services struggle to cope with increased demand and potential reductions in their own capacity, impacting upon the treatment, care and support provided to local people.	Geoff Little	25	New	25		25		25		25		5

Strategic Objective 2 – To deliver our role in the Bury 2030 local industrial strategy priorities and recovery													
Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Jan	Trend	Mar 21	Trend	Target risk
GB2021_PR_2.1	Because of the significant impact that the Public Sector Services has on health, there is a risk that opportunities to reduce health inequalities will be minimised if health does not influence and work in harmony with key partners	Will Blandamer	20		15		10		10		10		10
GB2021_PR_2.2	Because of the impending changes which will see the disestablishment of the CCG (2021/2022) in favour of an Integrated care System (ICS). There is a risk that current relationships and progress to deliver the local place-based agenda and outcomes is overshadowed. Resulting in adverse impact on delivery of outcomes at a locality/borough level	Will Blandamer							12	New	12		8
GB2021_PR_2.3	Because of the commitment to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of staff and clinicians in shaping the One Commissioning Organisation (OCO) and its decision making	Will Blandamer	20		15		10		10		10		10

Strategic Objective 3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision													
Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Jan	Trend	Mar 21	Trend	Target risk
GB2021_PR_3.1	Because of a lack of effective engagement with communities there is a risk that the public will not access preventative services and make lifestyle changes which supports good health and quality of life	Will Blandamer	15		Not reviewed		15		15		15		10
GB2021_PR_3.2	Because of a lack of engagement with the public, partners and other key stakeholders the borough transformational programmes will not be realised	Catherine Jackson	12		12		12		12		8		8
GB2021_PR_3.3	Because of long standing pressures on urgent care there is a risk that If the urgent care system re-design (which also takes in to account an element of the programme related to GM urgent care by appointment strategy) is not implemented in a timely manner, then the improvements across the wider economy will not materialise, impacting upon patient experience and CCG reputation	Will Blandamer	20		20		16		12		12		12

Strategic Objective 4 - To secure financial sustainability through the delivery of the agreed budget strategy													
Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Jan	Trend	Mar 21	Trend	Target risk

GB2021_PR_4.1	Because of the increasing demand for services, together with the impact of Covid-19, the uncertainty around the future financial, contracting and governance framework, risk of underachieving savings targets, other emerging financial pressures, there is a risk that the CCG will be in deficit for the current financial year resulting in a failure of Statutory Duty and a depletion of historic surplus.	Pat Crawford			25	New	15	↓	12	↓	1	↓	12
GB2021_PR_4.2	Because of the short term financial pressures together with the impact of Covid-19, the uncertainty around the future financial, contracting and governance framework and the uncertainty of the future of CCG's and commissioning in GM, increasing demand for services and barriers to transformational change, there is a risk that the CCG will be unable to agree a credible and financially sustainable medium term plan resulting in failure of statutory duties, which would also adversely impact upon the provision and quality of services and patient outcomes	Pat Crawford	25	▬	25	▬	25	▬	25	▬	15	↓	15
GB2021_PR_4.3	Because of the increasing financial pressures occurring concurrently in both the CCG and the Council, alongside: the impact of segregation at a senior level in the joint financial management structure; the impending departure of the Joint CFO (potentially leaving a significant gap on the CCG side of the OCO); weaknesses in the joint governance arrangements; and a perception of a diminution of CCG/clinical voice in decision making; there is a risk that the individual OCO partners take actions that are in the narrow interests of their own organisation to the detriment of the wider system	Geoff Little							15	New	10	↓	5

Key			
↑	Increased	↓	Decreased
▬	Static		

Appendix 2: End-of Year Governing Body Assurance Framework – Detailed Report

Strategic Objective 1 - To support the Borough through a robust emergency response to the Covid-19 pandemic																		
Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk	
1.1 - Because of the nature, spread and impact of COVID-19 illness, there is a risk that the health and care organisation's services struggle to cope with increased demand and potential reductions in their own capacity, impacting upon the treatment, care and support provided to local people.	Geoff Little	5	5	25	<ol style="list-style-type: none"> Emergency Response Governance arrangements including Borough-wide GOLD response working with partners and Local internal GOLD response Incident Management Team established for OCO Incident management Team established for system healthcare Business Continuity Planning including redeployment of resources to support front-line delivery Remote working technology to reduce risk or transmission, support social distancing and enable continuation of key functions Revised legislation and guidance COVID Management Service established NHS Phase 3 planning guidance Routine review of current COVID status with regard to a second wave NCA undertaking a phased clinical prioritisation of existing waiting lists Commencement of a further scenario test system response including Out of Hours testing COVID vaccination 	<ol style="list-style-type: none"> Direction issued nationally for local applications across both health and care Silver Health and Care Covid Group Weekly Acute Recovery & Restoration Group (ARRG) meetings between NCA, CCG and other locality colleagues Daily system pressures meeting introduced from mid October 2020 (now operating as a system bronze meeting) Urgent Care Improvement Board overseeing implementation of the winter planning arrangements Weekly Health and Care Gold Meeting System working group 	31-Mar-2021	5	5	25	Limited	<p>Gap(s) in Controls:</p> <ol style="list-style-type: none"> Risk cannot be wholly controlled due to unknown nature of the virus Data limited both nationally and locally at this time to fully assess potential impact <p>Gap(s) in assurances:</p> <ol style="list-style-type: none"> Joint Governance arrangements associated with the SCB are not fully embedded 	<p>Fully established Emergency Planning structure, including Emergency Decisions to support key business</p> <p>Development of routine reporting arrangements to provide assurance</p> <p>Regular cascade and review of national intelligence and guidance to inform priorities and actions</p> <p>Further implement the NHS Planning Guidance issued mid-August 2020</p>	<p>100%</p> <p>100%</p> <p>50%</p> <p>100%</p>	5	1	5	

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
					Programme rolled out across the locality (health and care staff initially) 13. Standing up System Working Group to review the elective care backlog focuses on clinical priorities and health inequalities												

Strategic Objective 2 - To deliver our role in the Bury 2030 local industrial strategy priorities and recovery

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
2.1 Because of the significant impact that the Public Sector Services has on health, there is a risk that opportunities to reduce inequalities will be minimised if health does not influence and work in harmony with key partners	Will Blandamer	5	4	20	1. Bury 2030 Strategy under development, including supporting strategies and delivery plans (e.g. Housing, Industry, Environment) 2. Refresh of Locality Plan completed emphasising the importance of wider Public Sector Reform on improving health and reducing health inequalities 3. The Northern Care Alliance (NCA) is the anchor organisation for commissioning social value (e.g. inclusion of social value goals in Provider contracts, support environmental sustainability etc) 4. Council and CCG Operating Plan under development - timeline December 2020	1. Health and Well-Being Board (reformatted) 2. Governing Body 3. Council Cabinet (key partner) 4. Joint Strategic Commissioning Board 5. Neighbourhood Development Group established	31-Mar-2021	5	2	10	Significant	Gap(s) in controls: 1. Potential failure of a systematic process to oversee the implementation of a number of high-level strategies which together could have a major impact in reducing health inequalities/improving health and well-being 2. Resources required to support the Bury 2030 Strategy is unclear Gap(s) in assurances: 1. None identified	Continue with on-going engagement as the Bury 2030 Strategy develops and is implemented	70%	5	2	10
2.2 - Because of the impending changes which will see the disestablishment of the CCG (2021/2022) in favour of an Integrated care System (ICS). There is a risk that current relationships and progress to deliver the local place-based agenda and outcomes is overshadowed. Resulting in adverse impact	Will Blandamer	4	4	16	1. Local governance structures reflect the proposal 2. Shadow operating of revised governance 3. Approved corporate plan which sets priorities for the borough 4. Bury 2030 strategy 5. Generic Communications and Engagement Strategy which supports the public message	1. Governing Body oversight 2. Strategic Commissioning Board oversight 3. Engagement in Greater Manchester Governance arrangements	31-Mar-2021	4	3	12	Limited	Gap(s) in controls: 1. Shadow operating arrangements still to be designed in full 2. A clear public communication strategy specific to this agenda 3. Awaiting further clarity on the GMICS model Gap(s) in current assurances: 1. NHSE/I outcome of consultation paper and response submissions	Local response approved through local governance groups and submitted to NHSE/I by 8/1/2021 Shadow governance arrangements to be designed Bespoke Communication Strategy to address this agenda	100% 75% 60%	4	2	8

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
on delivery of outcomes at a locality /borough level																	
2.3 - Because of the commitment to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of staff and clinicians in shaping the One Commissioning Organisation (OCO) and its decision making	Will Blandamer	5	4	20	1. Clinical Director and Executive Director involvement in all key decision making Committees/ Groups / Boards 2. Regular meetings across Health and Social Care to shape the working arrangements for integrated commissioning 3. Staff engagement events ongoing 4. External capacity secured to support OCO transformation which has development of a comprehensive OD programme as a priority area which will ensure alignment across CCG and Council offer. 5. OCO Senior Team restructure now complete 6. Additional Clinical Director (CCG) appointed	1. Reports to GB on progress and development 2. GB and Clinical Cabinet sessions - stakeholder engagement 3. Joint Executive Team meetings 4. Primary Care Working Together meetings 5. Monthly EMT meetings with Clinical Directors 6. Bury System Board 7. Strategic Commissioning Board 8. Executive Director in Post (July 2020) 9. System Wide Clinical Reference Group 10. Weekly Primary Care Webinar	31-Mar-2021	5	2	10	Significant	Gap(s) in controls: 1. Clarity regarding support available to staff during the period of restructure 2. Sub Senior structure still under review Gap(s) in assurances: 1. Different decision making cultures 2. Clarification of the committee substructure and role of clinicians in future sub-committees being explored 3. System wide Clinical Reference Group yet to be strengthened	Strengthening relations between the OCO and LCO Continued development, engagement and involvement of all staff Development of a clinical and professional senate	100% 100% 50%	5	2	10

Strategic Objective 3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
3.1 - Because of a lack of effective engagement with communities there is a risk that the public will not access preventative services and make lifestyle changes which supports good health and quality of life	Will Blandamer	5	4	20	1. Close working with Public Health to co-ordinate joint working and messages 2. Communications and Engagement Strategy for CCG activity 3. Self-care has an increased focus in the refreshed locality plan 2017 4. Beginning to mobilise locality plan e.g. integrated neighbourhood teams. 5. Neighbourhood engagement models under development 6. Joint Comms & Engagement Team in place. 7. Inclusion of the objectives of the Locality Plan within the Bury 2030 Strategy 8. Strengthened working relationship with the new Health Watch Team	1. Patient Cabinet reports to the Governing Body 2. Lay Member for PPI voting member on the Governing Body and Primary Care Commissioning Committee 3. Healthwatch attend PCCC 4. NHSE PPI indicator assessment (an external assessment of the CCG's website/annual reports etc.) 5. Annual 360 Stakeholder Survey 6. New Strategic Commissioning Board in place October 2019 7. Health and Well-being Board (role reformed)	31-Mar-2021	5	3	15	Significant	Gap(s) in controls: 1. Engagement Strategy related to the locality plan not yet in place 2. Slow pace in respect of the implementation required to deliver the transformation programme Gap(s) in assurances: 1. Unable to monitor the strategy as currently being developed	Scrutiny of the health and wellbeing of the local population to be built into regular reporting Ensuring the work on Bury 2030 Strategy and the Operating Plan reflects the particular contribution of the OCO	100% 100%	5	2	10
3.2 - Because of a lack of engagement with the public, partners and other key stakeholders the borough transformational programmes will not be realised	Catherine Jackson	4	3	12	1. Key partners engaged through LCO Partnership Board and OCO 2. Internal governance supports engagement and involvement with stakeholders 3. Engagement Framework under review, communications and Engagement Strategy developed 4. Individual Engagement Strategies when significant service redesign is anticipated e.g. urgent care, NES	1. OCO established 2. NES governance architecture across health and social care supports alignment where appropriate across sectors 3. Bury System Board in place 4. GM Joint Commissioning Board refreshed 5. Strategic Commissioning Board established October 2019 6. Monthly Clinical Leaders meeting	31-Mar-2021	4	2	8	Significant	Gap(s) in controls: Gap(s) in assurances:	New Communications and Engagement Strategy to be implemented New neighbourhood working The Strategic Commissioning Board to agree the commissioning priorities for Phase 3 To understand the effectiveness of the Communication and Engagement Strategy Implementation of the 10 point Recovery and Transformation Plan	100% 100% 100% 100%	4	2	8

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
					clinical services 5. Locality Care Organisation (LCO)/Partners working together to stimulate new approaches 6. OCO/LCO clinical reference group being explored 7. Patient Cabinet developments under review 8. Ten point Recovery and Transformation plan developed by the LCO/Partners	7. Patient Cabinet meetings							(phased approach)				
3.3 - Because of long standing pressures on urgent care there is a risk that if the urgent care system re-design (which also takes in to account an element of programme related to GM urgent care by appointment strategy) is not implemented in a timely manner, then the improvements across the wider economy will not materialise, impacting upon patient experience and CCG reputation	Will Blandamer	4	5	20	1. Review of the system wide urgent care facilities 2. Implementation of a suite of initiatives under Transformation Programme 5 (urgent care treatment centre, NWS Green Car (approved), same day emergency/ambulatory care established) 3. Implementation of the redesign of intermediate care including the development of integrated neighbourhood teams, rapid response to minimise demand in the system 4. Engagement with GM Urgent and Emergency Care Board to explore system wide solutions to address urgent care demand and capacity 5. Working closely with HMR CCG to appropriately deflect A&E hospital attendances 6. Delivery of Phase 1 completed 7. Reframing of urgent	1. Bury System Board oversight of performance reports 2. Detailed scrutiny by the Recovery and Transformation Board 3. Primary Care Commissioning Committee oversee the development of the Primary Care Networks and alignment with Neighbourhoods 4. Oversight by the Strategic Commissioning Board (SCB) 5. Clinical/Cabinet/Professional Congress	31-Mar-2021	4	3	12	Significant	Gap(s) in controls: 1. Financial sustainability of the Urgent Care Treatment Centre to be determined as part of the urgent care review 2. Understanding the impact of covid Gap(s) in assurances:	System Board and Integrated Delivery Collaborative to ensure the development of Primary Care Networks is aligned with the Neighbourhood Teams Bury System Board and Strategic Commissioning Board to receive and agree proposals of IMC Discussions commenced to hand over implementation of new model when agreed to the LCO	90% 100% 100%	4	3	12

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
					care phase 2 in the light of delivery of phase 1 and lessons learnt through COVID												

Strategic Objective 4 - To secure financial sustainability through the delivery of the agreed budget strategy

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
4.1 - Because of the increasing demand for services, together with the impact of Covid-19, the uncertainty around the future financial, contracting and governance framework, risk of underachieving savings targets, other emerging financial pressures, there is a risk that the CCG will be in deficit for the current financial year resulting in a failure of Statutory Duty and a depletion of historic surplus.	Pat Crawford	5	5	25	1. Project management arrangements in place through Health and Care Sustainability Recovery Board 2. Management and oversight of system savings through the Health and Care System Recovery Task Group 3. Financial Framework Redesign and GM wide planning through fortnightly Finance Advisory Committee (FAC) GM meetings and other GM Groups 4. Interim solution sourced two out of three senior financial management posts filled for a period of six months	1. Fortnightly meeting of the Bury Locality Strategic Finance Group 2. Bury System Board 3. Finance, Contracting and Procurement Committee (FC&P) 4. Governing Body 5. Strategic Oversight Group 6. Executive Team 7. Health and Care System Recovery Task Group 8. Strategic Commissioning Board 9. Greater Manchester Health and Social Care Partnership Board 10. Budgetary Control Group 11. Fortnightly GM CFO meetings 12. Fortnightly NES CFO/DFO meetings 13. Fortnightly Finance Advisory Committee GM meetings (FAC) 14. Weekly Council / CCG joint Finance Group meetings 15. Weekly Strategic Finance Group Meetings (sub-group to Bury System Board)	31-Mar-2021	1	1	1	Significant	Gap(s) in controls: 1. Health and Care Sustainability and Recovery programmes underdeveloped Gap(s) in assurances:	Revise 2020/21 budget Update financial assessment of the Health and Care Sustainability and Recovery Programmes and bring action plan to FCP	100% 80%	4	3	12
4.2 - Because of the short term financial pressures together with the impact of Covid-19, the uncertainty around the	Pat Crawford	5	5	25	1. Refresh of the Medium-Term Financial Plan 2. Budget setting process in place 3. Review of transformation programmes and associated investment	1. Fortnightly meeting of the Bury Locality Strategic Finance Group 2. Bury System Board 3. Finance, Contracting and Procurement Committee (FC&P)	31-Mar-2021	5	3	15	Limited	Gap(s) in controls: 1. Medium Term Financial Strategy not yet finalised 2. Detailed NHSEI financial guidance not yet received for period Oct 2021 to March 2022 3. Health and Care Sustainability and	Finalise the medium term 5 year plan	20%	5	3	15

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
future financial, contracting and governance framework and the uncertainty of the future of CCG's and commissioning in GM, increasing demand for services and barriers to transformational change, there is a risk that the CCG will be unable to agree a credible and financially sustainable medium term plan resulting in failure of statutory duties, which would also adversely impact upon the provision and quality of services and patient outcomes					agreements 4. Working jointly with the Northern Care Alliance (NCA) on joint system savings programmes 5. Management and oversight of system savings through the Health and Care System Recovery Task Group 6. Financial Framework Redesign and GM wide planning through fortnightly Finance Advisory Committee (FAC) GM meetings and other GM Groups 7. Interim solution sourced two out of three senior financial management posts filled for a period of six months 8. Future years planning and financial guidance received 26th / 27th March 2021.	4. Governing Body 5. Strategic Oversight Group 6. Executive Team 7. Health and Care System Recovery Task Group 8. Strategic Commissioning Board 9. Greater Manchester Health and Social Care Partnership Board 10. Budgetary Control Group 11. Fortnightly GM CFO meetings 12. Fortnightly NES CFO/DFO meetings 13. Fortnightly Finance Advisory Committee GM meetings (FAC) 14. Weekly Council / CCG joint Finance Group meetings 15. Weekly Strategic Finance Group Meetings (sub-group to Bury System Board)						Recovery programmes underdeveloped 4. Financial framework and mechanisms for the GM ICS are unknown Gap(s) in assurances:					
4.3 - Because of the increasing financial pressures occurring concurrently in both the CCG and the Council, alongside the impact of segregation at a senior level in the joint financial management structure; the	Geoff Little	5	4	20	1. Management of oversight of the Integrated Care Fund through the Strategic Commissioning Board. 2. Management and oversight of system savings through the Health and Care Sustainability Recovery Board	1. Bury System Board 2. Finance, Contracting & Procurement Committee 3. Governing Body 4. Strategic Oversight Group 5. Executive Team 6. Health and Care Sustainability Recovery Board 7. Strategic Commissioning Board 8. Budgetary Control Group 9. CCG and Council Strategic Group	31-Mar-2021	5	2	10	Significant	Gap(s) in controls: Gap(s) in assurances: 1. No joint finance committee substructure to the Strategic Commissioning Board	Meeting required with Joint AO, Joint CFO, Joint DoC and others key execs to discuss risk and agree proposed actions to support mitigation Health and Care Sustainability Recovery Board and SCB to receive latest version of Council savings plans and to consider any potential wider system impact Recruit a replacement Joint CFO or, failing that, implement interim measures to ensure the	100% 100% 100%	5	1	5

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
impending departure of the Joint CFO (potentially leaving a significant gap on the CCG side of the OCO); weaknesses in the joint governance arrangements; and a perception of a diminution of CCG/clinical voice in decision making; there is a risk that the individual OCO partners take actions that are in the narrow interests of their own organisation to the detriment of the wider system						established							CCG CFO role is being suitably discharged				
													Governance arrangements to be strengthened.	60%			
													Increase engagement with Clinical Directors	100%			

Appendix 3: End-of Year Governing Body Assurance Framework

1.0 Risks that have increased in score

- 1.1. During the reporting period no risks have increased in score.

2.0 Risks that have decreased in score

- 2.1. During the reporting period four (4) risks have decreased in score. Two of the four risks have been recommended for closure.
 - **GB2021_PR_3.2 Service re-design processes, innovations and new approaches**
- 2.2. The March risk assessment saw this risk reduced to its target level of 8, which was in line with the anticipated timeframe.
- 2.3. The likelihood of 3 (possible) has reduced to 2 (unlikely) as through the establishment of the OCO there is greater clarity and understanding of the organisation's stakeholders and communication channels. Additionally, there is a well-articulated Bury 'Let's Do It!' Strategy for 2030, a Communications Strategy, established networks and embedded team in place.
- 2.4. Learning from the pandemic has increased our engagement with key stakeholders with communication channels being strengthened with business networks and faith communities, which feel sufficient to reduce the risk of lack of engagement.
- 2.5. Furthermore, experience throughout the pandemic has provided the CCG with the intelligence needed to understand the effectiveness of the Communication and Engagement Strategy.
- 2.6. The implementation of the 10-point Recovery and Transformation Plan has been refreshed with support from AMEO (reorganisation and transformation specialists) and the formation of the ICS will support any future plan developments.
- 2.7. All mitigating actions have been completed and gaps closed. This risk has therefore been recommended for closure by the risk owner.
- 2.8. Following discussion around this risk, the Bury System Board at the 15 April 2021 meeting agreed to support the recommendation to close this risk and noted the onward reporting to the Audit Committee.
 - **GB 2021_PR_4.1 Risk of in-year deficit**
- 2.9. As previously reported, the year-end review has seen this GBAF risk reduce further exceeding its anticipated target level of 12. The risk has been well-managed and did not materialise during 2020/21 financial year.
- 2.10. The impact of 4 (high) has reduced to 1 (very low), alongside the likelihood of 3 (possible) reducing to 1 (rare) which has reduced the overall risk score from a level 12 to a level 1.

- 2.11. The CCG will be reporting a break even position as additional funding has been secured which has addressed the year-end deficit. Both the Finance, Contracting and Procurement Committee and the Strategic Commissioning Board have been sighted on the break-even position for 2020/21 financial year.
- 2.12. The final accounts for 2020/21 are currently being reviewed by External Audit for sign-off in June 2021 followed by Governing Body approval.
- 2.13. A new financial risk to manage the 2021/22 financial in-year deficit will be added to the GBAF risk register and any open actions transferred across in due course.
- 2.14. Following discussion around this risk, the Finance, Contracting and Procurement Committee at the 22 April 2021 meeting agreed to support the recommendation to close this risk and noted the onward reporting to the Audit Committee.
- **GB 2021_PR_4.2 Risk that the CCG is unable to meet financial duties over the medium term**
- 2.15. The year-end 2021 risk assessment saw this GBAF risk reduce from a level 25 to its target level of 15.
- 2.16. The future nature of this risk indicates that the likelihood of 5 (almost certain) has reduced to 3 (possible) as the management and responsibility of this risk will transfer in 12 months-time to the GM ICS whereby the financial aggregate position for all CCGs will be addressed.
- 2.17. In addition, the suspension of the financial framework has resulted in the CCG being fully reimbursed for COVID activity in 2020/21 which will continue for the first half of 2021/22. This has subsequently reduced the financial pressure on the transformation funded schemes and therefore the overall risk to the CCG is deemed lower at this time.
- 2.18. Continued development of local savings and transformation plans remain on-going. However, looking forward the full medium-term plan will become the responsibility of the GM ICS who will require the necessary guidance and clarity from national regional and GM teams regarding full financial planning and governance frameworks. In the interim, the on-going action to 'finalise the medium term plan' will carry forward across to 2021/22 albeit updated to reflect a new action due from March 2021 to September 2021.
- 2.19. As this risk cannot be addressed in isolation and although at target level it will remain on the GBAF risk register for oversight during 2021/22 and updated quarterly by the risk owner.
- 2.20. Following discussion around this risk, the Finance, Contracting and Procurement Committee at the 22 April 2021 meeting was assured that this risk is being effectively managed.
- **GB2021_PR_4.3 Risk of divergence of financial approach by the Council and CCG (Previously: Risk of dis-integration of OCO financial management)**
- 2.21. The second assessment of this risk saw the risk reduce from a level 15 to a level 10,

however the risk did not meet its projected target level of 5 at the end of the reporting period. As part of the review, the risk owner also reflected on the current risk title and determined this would benefit from revision. This has been completed.

- 2.22. The likelihood of 3 (possible) has been reduced to 2 (unlikely) as since identification in January 2021 most of the mitigating actions and gaps have been addressed.
- 2.23. Concerns in relation to the savings plans and any potential wider system gap have been addressed through on-going joint work relating to the integrated fund for 2021/22 whereby there is a shared understanding of the position in both the Council and the CCG. As an additional assurance a new CCG and Council Strategic Finance Group has been established.
- 2.24. To address the senior management post, an experience interim CFO was appointed to the CCG in February 2021. In addition, a joint finance lead for the Council and CCG has been appointed and is due to commence in post May 2021.
- 2.25. Governance arrangements are in place and will continue to be strengthened through 2021/22.
- 2.26. This risk will remain on the GBAF risk register for 2021/22 and upon completion of the annual GBAF rationalisation process will be amended to reflect a revised target date of March 2022.
- 2.27. Following discussion around this risk, the Finance, Contracting and Procurement Committee at the 22 April 2021 meeting was assured that this risk is being effectively managed.

3.0 Risks that have remained static

- 3.1. The following six (6) risks have remained static.
 - **GB2021_PR_1.1 COVID-19 Increased demand on services**
- 3.2. This risk remains at its current level of 25 and did not reach its target level of 5 by March 2021.
- 3.3. The risk remains unchanged as there is a real time risk to achievement of elective care capacity due to a large backlog which requires review with Provider colleagues. To address these demands on services the System Working Group is tasked with reviewing the elective care backlog in the first instance by focussing on clinical priorities and health inequalities.
- 3.4. The 2021/22 priorities and operational planning guidance was published 25 March 2021 this guidance sets out the priorities for the year ahead which includes restoring services, new care demands and reducing back logs as a direct consequence of the pandemic. This guidance has been widely circulated across the organisation.
- 3.5. This risk will remain on the GBAF risk register for 2021/22 and upon completion of the annual GBAF rationalisation process will be amended to reflect a revised target date of March 2022.

3.6. The Quality and Performance Committee considered this risk at the 14 April 2021 meeting and was assured that this risk is being effectively managed, however considered that it should be assessed at a lower level than currently reported (25) as the Committee felt that the CCG appears to have more control in respect to identification, treatment and management of Covid-19 and that although elective care issues are still on-going, this does not contribute to the likelihood of the risk occurring at a level 5.

3.7. The Committee requested that the risk owner give further consideration to the risk score at the next assessment scheduled for July 2021.

- **GB2021_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health**

3.8. As previously reported, this risk reached its target level of 10 in November 2020. The year-end review saw no change to the level of risk. Although at target level this risk will transfer across to the 2021/22 GBAF with open actions transferring across with revised due dates.

3.9. Since the Health and Well-being Board membership has been refreshed there is a clearer shared understanding of what the neighbourhood team model with resemble within Health and Care and with wider public service.

3.10. To ensure on-going public engagement continues regarding continuous development and implementation of the Let's Do It! Bury 2030 Strategy, a management action has been determined through the Strategic Commissioning Board and System Board to deliver the transformation programme in health and care.

3.11. In addition, a new action has been identified for 2021/22 which is to continue to build the neighborhood team model in health and care with wider public services and communities with first steps being discussed at a scheduled inaugural workshop meeting in April 2021.

3.12. This risk has not been discussed through its oversight Committee, which in this instance is the Strategic Commissioning Board.

- **GB2021_PR_2.2 Creation of GM ICS (Integrated Care System)**

3.13. The second assessment saw no change to the level of risk. This risk remains at its current level of 12 against a target level of 8 to be achieved by March 2022.

3.14. The risk remains unchanged as although the white paper was circulated in February 2021 and has provided clarity on the shape of the GM ICS model and the cessation of the CCG, further detail on the GM ICS model has yet to be confirmed.

3.15. Shadow governance arrangements have been designed and are in the process of being implemented however remain subject to further guidance from the GM ICS including financial flow, workforce, and clinical leadership.

3.16. Progress has been made in relation to a bespoke communication strategy to address this agenda. This has been initially addressed through briefings held with Staff, Trade Unions, Health Scrutiny, Healthwatch, GP's and the VCFA as well as public meetings

of the Strategic Commissioning Board and Governing Body.

3.17. This risk will transfer to the 2021/22 GBAF with open actions transferring across with revised due dates

3.18. This risk has not been discussed through its oversight Committee, which in this instance is the Strategic Commissioning Board.

- **GB2021_PR_2.3 Assuring decisions are influenced by all staff including clinicians**

3.19. As previously reported, this risk reached its target level of 10 in November 2020. The year-end review saw no change to the level of risk. Although at target level this risk will transfer across to the 2021/22 GBAF and further actions considered thereafter.

3.20. The risk will remain open as there is still uncertainty regarding clinical leadership in the context of the new Integrated Care System (ICS).

3.21. To mitigate against the potential loss of mandated and elected clinical leadership in the Borough, a clinical and professional senate has been developed which is currently in shadow form, with the expectation that this will be fully embedded into new and emerging governance structures by March 2022. An inaugural meeting is expected to take place during May 2021.

3.22. On-going joint work particularly around the integrated budget and cost saving plans for 2021/22 remain a priority with close oversight from the Strategic Commissioning Board.

3.23. This risk has not been discussed through its oversight Committee, which in this instance is the Strategic Commissioning Board.

- **GB2021_PR_3.1 Lack of effective engagement with communities**

3.24. The year-end review saw no change to the level of risk. This risk remains at its current level of 15 and did not reach its target level of 10 by the anticipated date.

3.25. Although good progress has been made there remains a level of uncertainty surrounding the new Integrated Care System (ICS) and although we are moving quickly in terms of the disestablishment of CCGs and creation of new partnership arrangements, there is still a requirement to ensure there is effective engagement as part of the transformation programme.

3.26. The performance and outcomes framework remains in development to ensure health and well-being is built into regular reporting to the Health and Well-Being Board.

3.27. The Let's Do It! Bury 2030 Strategy is now complete and evidences strong relationships from all sections of the community, including strengthened working relationships with the new Healthwatch team.

3.28. A new action for 2021/2022 has been identified which is to ensure the work on the Let's Do It! Bury 2030 Strategy and the operating plan continue to reflect the

particular contribution of the OCO throughout 2021/22.

- 3.29. This risk will transfer to the 2021/22 GBAF albeit amended to reflect a new target date from March 2021 to March 2022. Further mitigating actions will be considered thereafter
- 3.30. This risk has not been discussed through its oversight Committee, which in this instance is the Strategic Commissioning Board.
- **GB2021_PR_3.3 Urgent Care – Re-design 2020/21**
- 3.31. As previously reported this risk reached its target level of 12 in January 2021. The year-end review saw no change to the level of risk. Although at target level this risk will transfer across to the 2021/22 GBAF, albeit amended to reflect:
- Revised title year from 2020/21 to 2021/22.
 - Open actions transferred across with revised due dates.
 - New actions considered.
- 3.32. All aspects of the urgent care phase 1 programme has been delivered. The next phase is to reconfirm next steps for urgent care transformation and doing so in the context of the lessons learnt through COVID and the new partnership arrangements through the System Board and the Integrated Delivery Collaborative.
- 3.33. This risk has not been discussed through its oversight Committee, which in this instance is the Strategic Commissioning Board.

4.0 Risks recommended for closure

- 4.1. During the reporting period two (2) risks have been recommended for closure, with more detail outlined earlier in the report.
- **GB2021_PR_3.2 Service re-design processes, innovations and new Approaches**
 - **GB 2021_PR_4.1 Risk of in-year deficit**

5.0 New risks Identified

- 5.1. During the reporting period zero (0) new risks have been identified, however one new risk has been identified for 2021/22 and will be added into the GBAF in due course.
- **GB 2022 Risk of in-year deficit**

6.0 Risks not reviewed in the reporting period

- 6.1. During the reporting period zero (0) risks have not been reviewed.