

Governing Body

23 November 2016

Details	Part 1	✓	Part 2		Agenda Item No.	12b
Title of Paper:	Governing Body Assurance Framework					
Board Member:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
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Presenter:	Margaret O'Dwyer, Director of Commissioning and Business Delivery					
Please indicate:	For Decision		For Information		For Discussion	X

Executive Summary

Summary	<p>More than ever before and in context of a culture of decentralisation, increased local autonomy and accountability, the CCG's Governing Body needs to be confident in the systems, policies and people it has in place to efficiently and effectively drive the delivery of its objectives by focusing on the minimising of risk.</p> <p>This Governing Body Assurance Framework (GBAF) for 2016-17 is presented to the Governing Body to advise on the current levels of risk and continued actions to enable the delivery of the strategic objectives.</p>					
Risk	High		Medium	X	Low	
	Failing to develop an integrated Governing Body Assurance Framework, which includes engagement with the Governing Body, could adversely impact on the Head of Internal Opinion provided as part of the year-end reporting process.					
Recommendations	<p>The Governing Body is asked to:</p> <ul style="list-style-type: none"> note the Governing Body Assurance Framework presented; and acknowledge the continued development as a dynamic document. 					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Impact Assessed?	Supports NHS Bury CCG Governance arrangements X

Governing Body Assurance Framework

1. Introduction

- 1.1. This paper is presented to the Governing Body to provide an overview of the strategic risks which may threaten the achievement of the Clinical Commissioning Group's Strategic Objectives.
- 1.2. More than ever before and in context of a culture of decentralisation, increased local autonomy and accountability, the CCG Governing Body needs to be confident in the systems, policies and people it has in place to efficiently and effectively drive the delivery of its objectives by focusing on the minimising of risk.
- 1.3. As part of the signing of the Annual Governance Statement (AGS) by the Accountable Officer and approval of the Annual Accounts and Annual Report, the need for the Governing Body to demonstrate they have been properly informed of the totality of their risks is paramount.
- 1.4. The Governing Body needs to be able to evidence that it has systematically identified its objectives and managed the principal risks to achieving them over the course of the year.
- 1.5. The Governing Body Assurance Framework (GBAF) formalises the process of securing assurance and scrutinising risks to the delivery of the CCG's strategic Objectives and is a key piece of evidence to support and demonstrate the effectiveness of the CCG's system of internal control.

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 2016-17 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 'snap shot' 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. 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.

- 3.5. 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. 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.
- 3.9. 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.

4. Developing the Assurance Framework

- 4.1. As part of the annual audit process, Mersey Internal Audit Agency (MIAA) undertook an audit of the Governing Body Assurance Framework, to inform the Director of Internal Audit Opinion, and whilst positively reporting significant assurance, the report identified the following areas for improvement:
 - the GBAF to be amended to reflect the target level of risk to be achieved alongside current and original levels, in order to demonstrate movement and improvement over the reporting period;
 - the Governing Body to undertake a greater level of discussion of the GBAF at its meetings and to ensure greater alignment between agenda items and the GBAF;
 - consideration to be given as to how the assurance provided through the governance structure feeds into the GBAF and discussions at the Governing Body.
- 4.2. The Governing Body, through a series of development sessions, has agreed the strategic objectives for 2016-17 and identified the principal risks to delivery of these. These form the basis of the GBAF presented.
- 4.3. Work has also been completed with senior officers, at the request of the Governing Body, on assessing the risks, identifying the sources of control and assurance and associated mitigating actions to address any gaps that exist.
- 4.4. The GBAF is presented at Appendix 1.
- 4.5. It should be noted that this remains a dynamic document and the journey of developing the GBAF as a robust and fit-for-purpose report, which provides the necessary level of assurance, will continue over the remainder of the year.
- 4.6. Further iterations of the GBAF, which will seek to enhance the assurance provided to the Audit Committee Governing Body through implementation of mitigation plans to manage the risks,

increasing the controls and reducing the gaps at an operational level, will be submitted through the governance arrangements of the CCG and onto the Governing Body in a timely manner.

5. A Summary Assessment

- 5.1. As outlined above, the GBAF presented at Appendix 1 reflects the current position as reported at November 2016.
- 5.2. Twenty (20) risks have been identified across the seven (7) strategic objectives, which is an increase of 3 risks since the last report to the Governing Body.
- 5.3. The current level of risk reflected from those on the report is summarised as :
 - 11 presenting a significant level of risk (level 15 or above) to delivery of the CCG's strategic objectives; and
 - 9 presenting a high level of risk (level 8-12) to delivery of the CCG's strategic objectives.
- 5.4. This is an improved position as all identified risks were originally assessed as significant at the start of the report period.
- 5.5. It should also be noted that this risk profile is not unusual at the current stage in the reporting period, and as controls increase and become more robust, the level of risk is expected to reduce and levels of assurance expected to increase.
- 5.6. All risks have mitigation actions in place and will be subject to regular review by the Deputy Director of Business Delivery and the risk owner where progress will be explored and additional actions identified where the risk is not reducing at the rate expected.
- 5.7. The GBAF will be presented to the Audit Committee in December 2016 for additional review and scrutiny and will be presented to the Governing Body at each meeting.

6. Recommendations

- 6.1. The Governing Body is asked to:
 - note the Governing Body Assurance Framework presented; and
 - acknowledge the continued development as a dynamic document.

Lisa Featherstone
Deputy Director of Business Delivery
November 2016

Appendix 1 : Governing Body Assurance Framework

Strategic Objective 1 - To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies

Risk Description	Risk Owner	Original Risk		Controls What is already in place to stop the risk from materialising	Assurance What assurances do you have that the controls are working	Current Risk		Level of Assurance	Gaps in Controls/Assurance - What else needs to be in place	Mitigating actions - how are you going to address the risk	Target Risk				
		C	L			C	L				C	L			
Because of differing priorities, drivers and cultures there is a risk that the Local Authority does not buy into our preventative strategies leading or does not have appropriate resources to support delivery of improvements at the pace and scale required	Stuart North	5	3	15	<ul style="list-style-type: none"> Health and Wellbeing Board in place attended by CCG Chair and Accountable Officer Joint Planning team in place Single vision confirmed between CCG and LA Development of single commissioning function between CCG and LA underway Director of Public Health voting member on Governing Body and Primary Care Commissioning Committee 	<ul style="list-style-type: none"> Exec to Exec Meetings in place and hold to account Exec to Exec with early sight on proposals where services likely to reduce and facilitates whole system discussion One Commissioning Organisation (OCO) PID developed by both organisations Open book accounting and pooled budget arrangements 	5	3	15	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Exec to Exec meeting require firmly embedding Common approach to commissioning intentions agreed One Commissioning Organisation PID not yet approved <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> LA resources not explicitly known by CCG Open book accounting and pooled budget arrangements not yet formally agreed 	<ul style="list-style-type: none"> Regular dates for Exec to Exec meeting to be added to diary and prioritised Principles to support commissioning as one organisation to be agreed and progressed through governance arrangements OCO PID to be approved in December by both organisations Open book accounting and pool budget arrangements to be confirmed and progressed through governance arrangements 	5	2	10
Because of a lack of effective engagement with communities there is a risk that the public will not access preventative services or accept responsibility for own healthcare	Margaret O'Dwyer	5	4	20	<ul style="list-style-type: none"> Close working with Public Health to co-ordinate joint working and messages Communications and Engagement Strategy for CCG activity Public engagement on urgent care re-design will promote self-care Engagement Strategy for Locality Plan Patient Cabinet in place to promote active engagement and public voice 	<ul style="list-style-type: none"> Patient Cabinet reports to Governing Body Lay Member for PPI voting member on Governing Body and Primary Care Commissioning Committee (PCCC) Healthwatch attend PCCC Patient Feedback reports to Governing Body 	5	4	20	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Patient engagement is specific to schemes but could be more proactive or wide reaching <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> Assurance is only internal at this time, external sources of assurance to be identified 	<ul style="list-style-type: none"> Communications and Engagement strategy to be refreshed to include OCO and Locality Care Organisation Patient Engagement Toolkit to be re-introduced 	5	2	10

Strategic Objective 2 - To deliver service re-design in priority areas through innovation

Risk Description	Risk Owner	Original Risk		Controls What is already in place to stop the risk from materialising	Assurance What assurances do you have that the controls are working	Current Risk		Level of assurance	Gaps in Controls/Assurance - What else needs to be in place	Mitigating actions - how are you going to address the risk	Target Risk				
		C	L			C	L				C	L			
Because of national, regional and local drivers there is a risk that we will direct our resources to work areas that may not be high priority	Stuart North	4	5	20	<ul style="list-style-type: none"> National Planning Guidance 2016-17 Operational Plan agreed for 16-17 which directs resources Patient Cabinet and engagement with patients and public through other for a ensure patient voice influences priorities Clinical cabinet and engagement with clinicians through other fora ensures clinical priorities remain pre-eminent Strategic Objectives agreed and supported at directorate and individual level 	<ul style="list-style-type: none"> Operating plan approved by NHS England Quarterly assurance visits from GMHSC Partnership Strategic horizon scanning through involvement in AGG and GM partnership Revised governance arrangements approved through membership to ensure all statutory duties and high priority areas are addressed 	4	2	8	Significant	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Monitoring of delivery of objectives yet to be undertaken Business planning process not fully aligned to financial year <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> Only one quarterly review meeting completed to date 	<ul style="list-style-type: none"> Business Planning process to be undertaken in good time for financial year Business planning to be aligned to locality plan and operational plan processes Monitoring of objectives to be undertaken to assess progress 	4	1	4
Because of a lack of engagement with partners and other key stakeholders at the right time in service re-design processes there is a risk that innovative and new approaches across sector may not be considered	Margaret O'Dwyer	4	5	20	<ul style="list-style-type: none"> NES Commissioning Board ensures common approach agreed on areas of service re-design Key partners engaged through CCG Clinical Cabinet Internal Governance arrangements supports engagement and involvement of stakeholders Communications and Engagement Strategy in place 	<ul style="list-style-type: none"> North East Sector governance architecture across health and social care supports alignment where appropriate across sectors Contract and Quality monitoring arrangements 	4	3	12	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Communications and Engagement Strategy not reflective of changing landscape <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> Commissioning Internal Audit to be completed 	<ul style="list-style-type: none"> Communications and Engagement strategy to be refreshed to include OCO and Locality Care Organisation 	4	2	8
Because of out of date and lack of clarity in governance arrangements there is a risk that the CCG does not meet its statutory duties leading to legal challenge to decisions or financial penalties	Margaret O'Dwyer	4	5	20	<ul style="list-style-type: none"> CCG constituted in accordance with statute Governance structure refreshed Terms of Reference for all governance committees refreshed Scheme of Reservation, Delegation and SFI's in place Conflicts of Interest Policy approved by the GB Corporate Registers in place 	<ul style="list-style-type: none"> Constitution approved by NHS England Terms of Reference for governance approved by the CCG Membership CCG Improvement and Assessment Framework outcome Conflicts of Interest quarterly Self Assessments Quarterly Assurance reviews MIAA Conflicts of Interest 	4	3	12	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Constitution is silent on a number of areas and does not reflect changing landscape Annual Schedule of Business required for each Committee Conflicts of Interest/Business Conduct and Gifts & Hospitality Policies require review in light of NHSE guidance <p>Gap(s) in assurances:</p>	<ul style="list-style-type: none"> CCG Constitution to be reviewed to ensure it is fit for purpose and future proof Scheme of Reservation, delegation and SFI's to be reviewed alongside constitution Conflicts of Interest Policy and arrangements to be refreshed and re-approved Annual Governance Statement to be drafted 	4	1	4

Risk Description	Risk Owner	Original Risk		Controls What is already in place to stop the risk from materialising	Assurance What assurances do you have that the controls are working	Current Risk		Level of assurance	Gaps in Controls/Assurance - What else needs to be in place	Mitigating actions - how are you going to address the risk		Target Risk			
		C	L			C	L			C	L				
					<ul style="list-style-type: none"> Review MIAA Governance review Head of Internal Audit Opinion Annual Governance Statement 				<ul style="list-style-type: none"> MIAA Conflicts of Interest Review not yet complete MIAA Governance Review not yet complete Head of Internal Audit Opinion not due to be issued until February 17 Annual Governance Statement not yet due 						
Because of lack of maturity in planning processes there is a risk that resource requirements are not fully understood to deliver re-design in all areas	Margaret O'Dwyer	4	5	20	<ul style="list-style-type: none"> Operational Plan 2016-17 Strategic Objectives in place Directorate Objectives agreed Appraisal process in place to support delivery of objectives Training Needs Analysis completed Organisational Development offer for staff to support delivery of objectives and enhancement of skill set 	<ul style="list-style-type: none"> Strategic Objectives approved by Governing Body Directorate Objectives approved by SMT PDR and OD arrangements reviewed by SMT 	4	3	12	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> OD offer not yet signed off Organisational Development Policy to be refreshed <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> Monitoring against objective delivery not routinely taking place 	<ul style="list-style-type: none"> Business Planning process to be undertaken in good time for financial year Business planning to be aligned to locality plan and operational plan processes Monitoring of objectives to be undertaken to assess progress OD Policy to include wider organisational need 	4	1	4
Because of a limited capacity within Business Intelligence and accessibility of data there is a risk that we do not capture all relevant data and therefore are unable to evaluate change	Margaret O'Dwyer	4	5	20	<ul style="list-style-type: none"> Business Intelligence capacity strengthened to support CCG business plan Additional investment in technological solutions to support increased coordination of data capture and extraction Data Warehouse in place Primary Care dashboards 	<ul style="list-style-type: none"> Business cases to support increased technological solutions approved through SMT IAF assessment of data aligned to internal reflections 	4	3	12	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Qlikview not yet rolled out to practices Outcomes manager not yet in place <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> External sources of assurance to be identified 	<ul style="list-style-type: none"> Qlikview pilot to be progressed with practices and rolled out Outcomes manager to be implemented Internal resilience to be increased through development Increased automation and data extraction to be agreed 	4	2	8

Strategic Objective 3 - To develop Primary Care to become excellent and high performing commissioners

Risk Description	Risk Owner	Original Risk			Controls What is already in place to stop the risk from materialising	Assurance What assurances do you have that the controls are working	Current Risk			Level of assurance	Gaps in Controls/Assurance - What else needs to be in place	Mitigating actions - how are you going to address the risk	Target Risk		
		C	L				C	L					C	L	
Because of limited capacity and skills as commissioners there is a risk that primary care do not play their full part in being able to shape and participate in the new landscape	Kiran Patel	5	4	20	<ul style="list-style-type: none"> CCG primary care capacity increased to provide additional support Wider primary care team developed to increase expertise and offer to general practice Primary care framework in place Monthly sector meetings update on developments Additional support commissioned from Primary Care Commissioning GP Fed key partner in Locality Care Organisation 	<ul style="list-style-type: none"> monitoring through Primary Care Commissioning Committee Sector Leadership and Sector Meetings on a monthly basis provide updates 	5	3	15	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Primary Care Strategy not yet approved OD Strategy to be refreshed to reflect primary care commissioning skill set <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> Assurance on LCO development still required 	<ul style="list-style-type: none"> Primary Care Strategy to be approved through governance arrangements following engagement and development 	5	2	10
Because of a lack of clarity in relation to the new landscape there is a risk that primary care are unable to take a proactive approach to commissioning	Kiran Patel	5	4	20	<ul style="list-style-type: none"> LCO and ICO arrangements more clearly defined Key LCO Partners identified Updates provided through CCG Governance arrangements, including sector meetings Operating Plan outlines delivery requirements for Primary care in 16-17 Future of Primary Care, including Commissioning principles, facilitated discussion will all practices Primary Care Strategy 	<ul style="list-style-type: none"> Memorandum of Understanding between all partners which outlined purpose and provides clarity to all CCG and Primary care Plans aligned to GP Five Year Forward View LCO steering group in place LCO development considered through quarterly assurance visits 	5	4	20	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Primary Care Strategy not yet approved <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> GP Five Year Forward View yet to be implemented Additional External sources of assurance to be identified 	<ul style="list-style-type: none"> Engagement events with primary care to help shape LCO Primary Care Strategy to be approved through governance arrangements following engagement and development 	5	2	10

Strategic Objective 4 - To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners

Risk Description	Risk Owner	Original Risk		Controls What is already in place to stop the risk from materialising	Assurance What assurances do you have that the controls are working	Current Risk		Level of assurance	Gaps in Controls/Assurance - What else needs to be in place	Mitigating actions - how are you going to address the risk	Target Risk				
		C	L			C	L				C	L			
Because of a lack of agreed vision and shared goals between the CCG and the Local Authority there is a risk that integrated commissioning will not achieve value for money or improved outcomes	Stuart North	5	4	20	<ul style="list-style-type: none"> Joint vision expressed in Locality Plan One Commissioning Organisation PID developed Open book accounting and pooled budgets 	<ul style="list-style-type: none"> Governance arrangements in place to support continued development of one commissioner organisation, values, strategies and operational arrangements 	5	3	15	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Locality Plan and vision require refresh One Commissioning Organisation PID not yet approved Quick Wins yet to be identified Open book accounting and pooled budget arrangements not yet formally agreed <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> External sources of assurance to be identified 	<ul style="list-style-type: none"> Locality Plan to be refreshed and progressed through governance arrangements OCO PID to be approved in December by both organisations Open book accounting and pool budget arrangements to be confirmed and progressed through governance arrangements 	5	2	10
Because of differing cultures between local commissioners there is a risk that Bury will not be at the fore front of delivering regional or local agendas for its population	Stuart North	5	4	20	<ul style="list-style-type: none"> Health and Wellbeing Board in place attended by CCG Chair and Accountable Officer CCG and LA management Team in place Vision, unified commissioning approach and common commissioning intentions Locality Plan 	<ul style="list-style-type: none"> Exec to Exec meetings Locality Plan approved through governance arrangements, including CCG Governing Body 	5	4	20	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Future remit of commissioning to be agreed Culture will take some time to change Vision, unified commissioning approach and common commissioning intentions <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> External sources of assurance to be identified 	<ul style="list-style-type: none"> Organisational Development to be undertaken to understand the differing cultures and establish shared principles and governance 	5	2	10
Because of the need to work as one commissioner there is a risk that the balance clinical input will be over shadowed leading to dis-engagement from clinicians	Kiran Patel	5	4	20	<ul style="list-style-type: none"> Clinical involvement to shape LCO Clinical input into Health and Well-Being Board Clinical input into work streams, e.g. social prescribing Clinicians involved in joint leadership team 	<ul style="list-style-type: none"> Meeting minutes of LCO steering group Reports to GB on progress and development 	5	4	20	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Role of clinicians as providers or commissioners in LCO development to be agreed <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> External sources of assurance to be identified 	<ul style="list-style-type: none"> Continued development, engagement and involvement of primary care Roles and responsibilities of primary care as commissioners and providers to be explored and made explicit 	5	2	10

Strategic Objective 5 – To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning

Risk Description	Risk Owner	Original Risk		Controls What is already in place to stop the risk from materialising	Assurance What assurances do you have that the controls are working	Current Risk		Level of assurance	Gaps in Controls/Assurance - What else needs to be in place	Mitigating actions - how are you going to address the risk	Target Risk				
		C	L			C	L				C	L			
Because of the current position there is a risk that senior leadership teams do not have sufficient trust to take forward the Integrated Commissioning agenda leading to lack of commitment and continued levels of silo working	Stuart North	5	4	20	<ul style="list-style-type: none"> Open book accounting and pooled budgets Common commissioning principles and intentions Chief Officer and Chief Executive agreed leadership framework 	<ul style="list-style-type: none"> Exec to Exec meetings 	5	3	15	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Open book accounting and pooled budget arrangements not yet formally agreed <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> External sources of assurance to be identified 	<ul style="list-style-type: none"> Quick wind to be identified between LA and CCG to support working together and developing trust 	5	2	10
Because of the continued change across the wider health economy there is a risk that progress and delivery of local priorities may be derailed	Stuart North	4	4	16	<ul style="list-style-type: none"> CO on GMHSC Partnership Board CCG Chair also chairs AGG CO identified as new Senior Responsible Officer on Delivery Board Senior managers and clinicians on NES transformation Locality Plan Operational Plan 2016-17 	<ul style="list-style-type: none"> Regular updates to Governing Body Quarterly Assurance visits review local progress and integrations as wider system 	4	3	12	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Current stage of development and impact of GM Devolution not yet fully understood <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> Only one quarterly assurance visit undertaken to date 	<ul style="list-style-type: none"> Watching brief to be maintained Priority re-alignment to be undertaken as required 	4	2	8
Because of the complexities of the Bury Locality Plan, there is a risk that the vision of a seamless health and social care economy focussed on prevention and reablement may not be met impacting on the long term financial sustainability of the local system ability to achieve a transfer of services from acute to community based care.	Stuart North	4	4	16	<ul style="list-style-type: none"> Ongoing scrutiny by designated CCG officers. Periodic scrutiny by Committees of the CCG – Finance Committee meets monthly. Contract monitoring in place 	<ul style="list-style-type: none"> Joint formal governance structure created to monitor delivery of the locality plan (CCG and Council) Internal PMO provide the challenge. Milestones delivery 	4	3	12	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Assumptions in the plan aren't aligned with those in providers' plans. <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> No assurance yet around the deliverability of the 2017-19 financial plan. 	<ul style="list-style-type: none"> Ensure there is an alignment in assumptions during contract negotiations and 2017-19 planning round Determine how element of locality plan will be monitored through contracts 	4	2	8

Strategic Objective 6 - To develop long term financial sustainability through effective commissioning and innovative investment across the wider system

Risk Description	Risk Owner	Original Risk		Controls What is already in place to stop the risk from materialising	Assurance What assurances do you have that the controls are working	Current Risk		Level of assurance	Gaps in Controls/Assurance - What else needs to be in place	Mitigating actions - how are you going to address the risk	Target Risk				
		C	L			C	L				C	L			
Because of lack of internal resource there is a risk that the CCG is unable to develop effective and innovative commissioning plans resulting in failure to deliver effective change in healthcare	Margaret O'Dwyer	4	4	16	<ul style="list-style-type: none"> Operating Plan 2016 -17 translated into Directorate objectives for 16/17 Locality Plan in place Organisational Re-structure aligned to 16/17 Operating Plan Objectives and PDRs identify priorities 	<ul style="list-style-type: none"> Strategic and directorate objectives approved through Governing body and SMT respectively PMO reporting in place through to Clinical Cabinet MIAA Commissioning Audit 	4	2	8	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Structures and additional capacity requires embedding Performance against objective delivery still to be reported <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> MIAA Commissioning Audit yet to be completed 	<ul style="list-style-type: none"> Performance framework to be developed which includes objective monitoring and reporting 	4	1	4
Because of the inability to identify sufficient QIPP programmes there is a risk that the CCG will not achieve required quality, innovation, productivity of prevention improvements	Margaret O'Dwyer	5	4	20	<ul style="list-style-type: none"> QIPP process in place PMO arrangements in place Additional capacity across commissioning in place Outsourcing of QIPP related capacity and scheme identification through Right Care QIPP initiative identified in workplans 	<ul style="list-style-type: none"> MIAA QIPP report QIPP reports to finance committee and governing body 	5	4	20	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Recommendations for QIPP Audit require implementation Longer term (5 year) QIPP plan to be developed QIPP / PMO processes to be overhauled to expedite delivery of priority schemes Full suite of alternative mitigations yet to be identified <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> QIPP report assurance level to be increased 	<ul style="list-style-type: none"> QIPP and Project Assurance Framework to be developed QIPP process to be reviewed QIPP pipeline to be developed Roles and responsibilities to be agreed at an operational level Rightcare to be interrogated as a source of opportunity 	5	2	10
Because NHSE business rules target short term balance & the CCG is poorly funded there is a risk that the CCG may not have flexibility to invest for the long term meaning that it cannot make the necessary changes required for financial sustainability & optimal service provision	Mike Woodhead	5	4	20	<ul style="list-style-type: none"> 5 year Plan Short term mitigations and contingencies Risk Sharing 	<ul style="list-style-type: none"> Monthly Financial Position reported to Finance Committee and Governing Body Financial summary bi- monthly to Governing Body NHSE/GM returns NHSE assurance framework and self-assessment Internal and external audit reviews 	5	3	15	Limited	<p>Gap(s) in control:</p> <ul style="list-style-type: none"> Access to Transformation & Sustainability Funds Uncertain future Clarity on long term GM Funding Clarity on GM vs Local vs organisational control totals Clarity on OCO/LCO and integration plans <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> External Audit reviews not yet due 	<ul style="list-style-type: none"> Develop robust, transparent locality plan and 5 year financial plans Engagement in GM Strategy setting Strengthen risk sharing agreements Exploration of different contracting models Moving to 2-year contracts and operating plans 	5	2	10

Strategic Objective 7 - To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)

Risk Description	Risk Owner	Original Risk		Controls What is already in place to stop the risk from materialising	Assurance What assurances do you have that the controls are working	Current Risk		Level of assurance	Gaps in Controls/Assurance - What else needs to be in place	Mitigating actions - how are you going to address the risk	Target Risk				
		C	L			C	L				C	L			
Because of a lack of clarity on the form of the provider there is a risk that any associated contractual options progress may be impeded	Stuart North	4	4	16	<ul style="list-style-type: none"> High level objectives for new LCO agreed by CCG and Local Authority Key LCO partners confirmed Contractual arrangements agreed to include flexibility to serve notice and novate accordingly 	<ul style="list-style-type: none"> Exec to Exec meetings Stakeholder and LCO meetings 	4	3	12	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Contractual arrangements to be confirmed following issue of 2017-19 national planning guidance Scope of delegated budget to be confirmed to LCO <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> Authorisation of LCO as legal entity 	<ul style="list-style-type: none"> Arrangements to be supported to enable LCO to develop form and function, including establishment as a legal entity 	4	2	8
Because of a recent CQC report at Pennine Acute Hospital Trust, there is a risk that current quality and performance at the local provider does not make the anticipated improvements for the population of Bury	Catherine Jackson	5	4	20	<ul style="list-style-type: none"> New SRFT Leadership team in place Improvement Plan submitted to CQC PAHT Assurance Board established 	<ul style="list-style-type: none"> Regular reports to Governing Body on performance and quality Quality and performance Committee scrutiny of measures 	5	3	15	Limited	<p>Gap(s) in controls:</p> <ul style="list-style-type: none"> Improvement plan monitoring to be reported to Governing Body on a regular basis <p>Gap(s) in assurances:</p> <ul style="list-style-type: none"> Updated CQC report 	<ul style="list-style-type: none"> Reporting mechanism to be considered to provide increased assurance to Governing Body 	5	2	10