

Governing Body

25 January 2017

Details	Part 1	✓	Part 2		Agenda Item No.	11
Title of Paper:	Governing Body Assurance Framework					
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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 advise on the current levels of risk and continued actions to enable the delivery of the Strategic objectives.</p> <p>Since last presentation of the GBAF to the Governing Body in November 2016 and Audit Committee in December 2016, each risk, with the expectation of one has been subject to review and changes made accordingly.</p> <p>The attached report and GBAF has been reviewed by the Audit Committee members (voting) outside of the schedule of business under agreed Chair's Action to provide a timely update to the Governing Body.</p> <p>The Governing Body is also advised that a development session will be arranged to review the strategic objectives and associated risk to consider the development of the GBAF for the next financial year. This will considered in light of the refreshed Locality Plan.</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; • note the updates provided for each risk; • note the assurance provided by the Audit Committee that risks are being managed appropriately. 					

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

1.0 Introduction

- 1.1. This paper is presented 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.

2.0 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.

3.0 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.

4.0 Quarter 3 Governing Body Assurance Framework Review

- 4.1. The Governing Body Assurance Framework was last presented to the Governing Body at its meeting on 23 November 2016 for information in advance of a formal review by the Audit Committee on 2 December 2016. Ordinarily the Audit Committee would review and provide assurance on the GBAF in advance of presentation to the Governing Body.
- 4.2. Following review at the Audit Committee meeting, it was agreed that a further update should be provided to the Audit Committee for subsequent recommendation to the Governing Body in January 2017.
- 4.3. The GBAF presented at Appendix 1 reflects the reviews that have been undertaken with the Risk Owners and was considered by the Audit Committee members on 18 January 2016.
- 4.4. The GBAF remains a dynamic document and will be further updated to provide the necessary level of assurance over the remainder of the year.

5.0 A Summary Assessment

- 5.1. As outlined above, the GBAF presented at Appendix 1 reflects the current position as reported at 18 January 2016.
- 5.2. Twenty (20) risks were identified across the seven (7) strategic objectives and all of these have been reviewed during this reporting period.
- 5.3. As part of the review, the Chief Officer (risk owner) proposed that three risks, as detailed below, were encapsulated as one risk due to the level of similarities:

- **GBAF 1.1 because of differing priorities, drivers and cultures, there is a risk that the Local Authority does not buy into our preventative strategies leading to an inability to deliver improvements at the pace and scale required;**
- **GBAF 4.1 Because of a lack of agreed vision and shared goals between the CCG and the Local Authority, there is a risk that the integrated commissioning will not achieve value for money or improved outcomes; and**
- **GBAF 5.1 Because of the current position, there is a risk that the senior leadership teams do not have sufficient trust to take forward the integrated commissioning agenda leading to a lack of commitment and continued levels of silo working.**

5.4. These changes have not been reflected on the GBAF presented, however GBAF 4.1 and GBAF 5.1 have been 'greyed out' and no updates are reported. The wording will be agreed with the risk owner (Chief Officer) for inclusion in the next report.

5.5. Taking this amended position into consideration, there are eighteen risks (18) on the GBAF and the current risk profile of these is summarised as :

- 10 presenting a significant level of risk (level 15 or above) to delivery of the CCG's strategic objectives; and
- 8 presenting a high level of risk (level 8-12) to delivery of the CCG's strategic objectives.

5.6. Since the last report, the following risks have been reviewed:

Risks that have remained at the same level

- **GBAF 1.2 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 their own health**

5.7. Whilst the risk has been reviewed, there has been no change to the current level of risk (level 20) reported. It is recognised that this risk will not be turned around overnight as it requires a significant change in the perception of role and responsibility for own healthcare across the population.

5.8. Engagement is part of our core service re-design strategy, however in isolation it will not deliver the mind-set change required and needs to be bolstered with pro-active engagement and widespread education programmes.

5.9. The Locality Plan, which is currently being refreshed, is a key pillar in taking us on a journey that will place self-care at the heart of our strategy and help shape the way we not only commission but also how services will be delivered.

5.10. In this context, we expect to see a reduction in the level of risk over the next 12 months, however given the scale of change truly required, a comprehensive change in perception that brings about benefits may take up to 5 years to achieve.

5.11. There is a significant level of assurance that the controls in place to manage the risk and the sources of assurance identified are sufficient to control the risk at this time.

- **GBAF 2.1 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**

5.12. Significant assurance can be taken from the controls in place and their effectiveness, as these have brought about a reduction in the level of risk from when it was first identified (level 20) to when it was last reported (level 8).

- 5.13. There is a clear understanding of the work that needs to be undertaken statutorily and this is articulated through strategic and operation objectives. Monitoring against these will add some further assurance that the CCG is on track to deliver what it must and has set out to do.
- 5.14. The quarterly assurance meeting with the GM Health and Social Care Partnership, chaired by their Chief Officer, Mr Jon Rouse, provided an additional level of assurance and NHS Bury CCG was commended on its approach and 'grip' on the current ask.
- **GBAF 2.4 because of a lack of maturity in planning processes there is a risk that resource requirements are not fully understood to deliver re-design in all areas**
- 5.15. The CCG has recently undertaken the planning, both financially and operationally as part of the national process, for the 2017-19 period and plans were discussed with the Governing Body prior to submission. This earlier planning, which has been driven by the national agenda, will enable a more timely approach for the next financial year.
- 5.16. Central to mitigating the risk further is the development of the organisation and ensuring that processes, including appraisal and review are embedded into everyday routine whilst alignment of resources to deliver key objectives is undertaken in a timely manner.
- 5.17. Strategic Objectives have been set and translated into directorate level and individual objectives, however monitoring of these has not yet been undertaken to understand progress or provide opportunity for learning and improvement.
- 5.18. Processes are in place that supports the alignment of resources and a new prioritisation matrix has been introduced to add additional focus. These will help to mitigate against the risk as they become more embedded.
- 5.19. The risk cannot therefore be reduced from its current level of 12 until assurance is provided that these controls are in place and working consistently and effectively.
- **GBAF 3.1 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**
- 5.20. There are almost three separate but related aspects to Primary Care. The first aspect is the operational commissioning support which is delivered through the CCG's Primary Care Team. This is in place and identified as a control to mitigating the risk with work also underway to include Local Authority commissioners as an extended resource. The second aspect is the General Practice aspect of Primary Care, and the third is the broadest consideration of Primary Care which includes additional contractors.
- 5.21. It is acknowledged that implementation of the Primary Care Strategy and the GP Forward View (GPFV) will be key to reducing this risk alongside the development of the Locality Plan and associated care pathways.
- 5.22. One of the remaining challenges is determining the skills that are required and whether these are in place or require further development. The continued development of the form and function of the OCO and LCO should help to flush this out further.
- 5.23. The widening of the membership of the Primary Care Commissioning Committee to include professional representation from the LDC, LOC and LPC to sit alongside the LMC is a starting point and will bring increased value and perspectives to the commissioning discussions.

- 5.24. Additional resources have also been put in place through subscribing to the Primary Care Commissioning (PCC) service which provides the opportunity for further development through training, events and discussion.
- 5.25. Reduction of this risk, from its current level of 15, will take some time as new arrangements are confirmed and embed.
- **GBAF 4.2 Because of differing cultures between local commissioners, there is a risk that Bury will not be at the forefront of delivering regional or local agendas for its population.**
- 5.26. The culture of the CCG and Local Authority differ significantly, predominantly due to form and function of each respective organisation but equally with regard to statutory requirements.
- 5.27. Operational arrangements are in place through the Health and Well-Being Board, Exec to Exec meetings and joint planning arrangements which serve to control the risk from materialising.
- 5.28. As reiterated elsewhere, the Locality Plan will be a key driver in outlining the direction of travel and priorities to be addressed for integrated commissioning on a locality footprint. Translating this into delivery will not only require a spotlight on what needs to happen but also the skills needed to implement. Addressing the differing cultures of respective partner organisations and bringing these together to facilitate integration and seamless commissioning will be key, however will not be delivered until March 2017.
- 5.29. The existing controls in place are working effectively and provide significant assurance that the risk will not be realised during the reporting period, however as there are a number of gaps in both controls and assurance at the time of review, no change to the level of risk has been made by the risk owner.
- 5.30. The risk remains at a level 15.
- **GBAF 4.3 because of the need to work as one commissioner, there is a risk that the balance of clinical input will be overshadowed leading to dis-engagement from clinicians**
- 5.31. There has been no reduction in the level of risk, and the importance of managing this effectively increases the more the integrated commissioning and one commissioning organisation ethos is developed. The risk remains at a level 12.
- 5.32. Governance arrangements of the respective new organisational landscapes are being explored to ensure not only that statutory duties continue to be delivered by all parties, but that the clinical voice imperative in enabling clinical commissioning to remain central.
- 5.33. In addition, the CCG is focused on maintaining its clinical make-up as set out within the CCG Constitution and through a review of clinical representation will determine where this will best fit within the new landscape.
- 5.34. Further reduction in the risk is dependent on deliverables from other risks being realised.
- **GBAF 5.2 Because of the continued change across the wider health economy, there is a risk that progress and delivery of local priorities may be de-railed**
- 5.35. Recognising that the landscape has changed regionally with GM Devolution, it should however be noted that the impact of this locally at a strategic level has been limited, particularly in the context of addressing priorities.

- 5.36. National processes are still in place and the CCG follows these, whilst also being cogniscent of the Greater Manchester Health and Social Care Partnership (GMHSCP) requirements.
- 5.37. The work that is being progressed by GMHSCP may in the future have an impact that the CCG will need to respond to however it is recognised that NHS Bury CCG and the Local Authority are progressing the integration agenda and are therefore well placed for this.
- 5.38. The risk remains assessed at a level 15 and although there has been no reduction in the level of risk through this review, the risk owner has suggested a further review in March to understand the alignment of the GMHSCP work referred to above and the CCG's direction of travel.
- **GBAF 6.1 Because of a lack of internal resource, the CCG is unable to develop effective and innovative commissioning plans resulting in failure to deliver effective change in healthcare.**
- 5.39. This risk is closely linked to GBAF 2.4 which reflects on business planning maturity of the CCG, although there is a difference in the risk scoring between the two risks.
- 5.40. This risk is currently assessed at a level 8 and following review, no change to this assessment is proposed.
- 5.41. The focus of this risk is more operational. Internal resource is limited, however better business planning and the refresh of the Locality Plan, both of which are strategic enablers, will allow alignment of priorities to deliver transformation change and the assigning of resource to deliver the greatest and most important changes.
- 5.42. Work continues within the CCG to support the clinical workstreams to increase oversight, awareness and responsibility for the areas to be delivered, whether objectives, performance KPIs or management of risk.
- 5.43. The current controls and sources of assurance are considered sufficient for the level of risk, although work will continue to mitigate the risk further, though this is reliant on other actions.
- **GBAF 6.2 Because of the inability to identify sufficient QIPP programmes there is a risk that we will not achieve the required quality, innovation, productivity or prevention improvements required.**
- 5.44. Originally scored and presented as a level 20 risk with an impact of 5 and a likelihood of 4, the review undertaken with the Risk Owner has resulted in a reassessment of the scoring which has been changed to a level 4 impact and a level 5 likelihood.
- 5.45. This change has been brought about from considering the risk on the basis of the ability to identify schemes that will deliver the required outcomes within the reporting period, and whilst process are in place, the confidence level in these is lower than would be comfortable.
- 5.46. The impact of this has however been mitigated in year through the financial de-risk of the PAHT contract and other mitigating measures.
- 5.47. Work continues to be progressed as it is recognised that management of this risk will also be required as we move into 2017-18 delivery as the financial gap reported will require identification and delivery of transformation schemes to support achievement of business rules.
- **GBAF 6.3 Because NHSE business rules target short term balance and the CCG is poorly funded, there is a risk that the CCG may not have the flexibility to invest for the**

long term meaning that it cannot make the necessary changes required for financial sustainability and optimal service provision

- 5.48. At the point of review, it was considered that the level of risk (level 20) is reflective of the current position, however it is anticipated that the Locality Plan and the Transformation Fund bid will provide the opportunity to address the risk and therefore bring about a reduction.
- 5.49. To support delivery of both these programmes, seed funding has been secured and allocated to the locality. This work is progressing at pace and is expected to deliver a robust product.
- 5.50. A number of the actions identified to mitigate against the gaps are underway or have been completed and are now providing an additional level of control.
- **GBAF 7.1 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.**
- 5.51. Clarity has now been provided on the organisational form of the provider, however as this is under an alliance model there are still residual risks associated with the contractual arrangements.
- 5.52. Governance arrangements still require work up, although discussions are underway. Support will be made available to enable the appropriate transitions to be progressed.
- 5.53. There has been no reduction in risk, which remains at level 12.

Risks that have reduced

- **GBAF 2.3 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 of financial penalties**
- 5.54. During the reporting period, significant work has been undertaken across the CCG to re-shape the governance arrangements, specifically the membership and responsibilities of the sub-committees within the governance structure.
- 5.55. These arrangements were approved by the CCG Membership and are now progressing through implementation.
- 5.56. Forward plans for each of the committees have been developed and a number of key policies, which were previously out of date, have been refreshed and approved through appropriate governance arrangements.
- 5.57. The GBAF is providing assurance around principal risks to delivery of strategic objectives and would include further risks to achievement of statutory duties if these existed.
- 5.58. It is considered that the controls are sufficiently robust and that the progress made over the last quarter has reduced the likelihood of the risk materialising. The overall level of risk has reduced from a Level 12 to Level 8.
- **GBAF 2.5 because of limited capacity within Business Intelligence and accessibility to data, there is a risk that we do not capture all relevant data and therefore are unable to evaluate change**
- 5.59. During the reporting period, significant investment has been made in relation to Business Intelligence (BI) capacity. Additional staffing has been put in place on a substantive basis, new systems have been implemented, including the data warehouse and additional external capacity

has been commissioned to support the CCG identify and develop the RightCare opportunities further.

- 5.60. Additionally strong relationships are in place between the CCG's BI team and that of the Local Authority which is enabling the sharing of information to support joint projects. Recent examples include information provision and analysis to the GP Federation and datasets to support the refresh of the Locality Plan.
- 5.61. At review, it was felt that these factors further reduced the risk from a likelihood perspective, meaning the overall risk is now at level 8. The risk has also been reduced to its target level.
- **GBAF 3.2 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**
- 5.62. A number of controls are already in place and there is a significant level of assurance that these are working effectively in mitigating against the risk materialising. Additional controls have been identified and the original gap in control has now been addressed as the Primary Care Strategy was ratified by the Primary Care Commissioning Committee in December.
- 5.63. As referenced earlier in the report, the on-going work in respect to the refresh of the Locality Plan is anticipated to add further clarity on the new landscape, however as this is not yet completed, this is considered a new gap in control and is reflected as such.
- 5.64. The CCG continues to facilitate conversations with Primary Care around the development and direction of travel and also provides the necessary operational support through the Primary Care Team to enable General Practice to develop its 'form' to be best placed to respond and meet the commissioning ask as this becomes known. It is recognised that as the pace of change increases, the capacity of operational resources may need to be reconsidered to ensure support is maintained.
- 5.65. Reflecting on the above factors, the level of risk has been reduced from level 20 to a level 15, through a change in the likelihood score assigned (from a 4 to a 3), although it should be noted that this is still a significant risk to delivery of the CCG's objectives.

Risks that have increased

- **GBAF 5.3 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 enablement may not meet the necessary impact required.**
- 5.66. During the review, the risk description has been amended to that provided above and the risk score allocated has also change, resulting in an increase to the overall level of risk from that previously reported.
- 5.67. In the last report, the risk was assessed with a level 4 impact and level 3 likelihood, providing an overall risk level of 12. The impact of this risk has been changed to a level 5, and whilst the likelihood remains the same, the overall risk has increased to a level 15.
- 5.68. The rationale for the change in impact is linked to the additional risk associated with the timescales for delivery and submission of not only the Locality Plan, but also the Transformation Fund bid, which could adversely impact on the CCG's reputation.
- 5.69. A series of controls have been put in place to support deliver of both these programme areas, with a programme director appointed, a robust project plan and programme of engagement, additional external support commissioned from seed funding and a schedule of care pathway workshops which have been prioritised across the locality.

- 5.70. The risk will be reviewed as the due date for both submissions approaches.
- **GBAF 7.2 Because of a recent CQC report at Pennine Acute Hospital Trust, there is a risk that the current quality and performance of the local provider does not make anticipated improvements for the population of Bury.**
- 5.71. Previously reported as a level 16 risk, a review by the North East Sector (NES) Quality Leads against the Quality Risk Profiling Tool for PAHT has seen the level of risk be reassessed to a level 20. This increase reflects a desire for the risk to be reported with consistency across the NES commissioners.
- 5.72. Although activity and progress around stabilisation of fragile services is noted at the Greater Manchester Health and Social Care Partnership (GMHSCP) Improvement Board, further evidence of quality improvement at a patient level will need to be validated to support a reduction in risk.
- 5.73. The risk will continue to be reviewed, with assurance of further monitored provided to the Governing Body on a regular basis.

6.0 Recommendations

- 6.1. The Audit Committee is asked to:
- note the Governing Body Assurance Framework presented;
 - note the updates provided for each risk;
 - support presentation to the Governing Body in January 2017.
- 6.2. The Audit Committee, following discussion, supported the presentation of the report to the Governing Body

Lisa Featherstone
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January 2017

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	C	L	Score	Controls	Assurance	C	L	Risk	Level of Assurance	Gap(s) in Controls/Assurance	Action	Progress	C	L	Risk
Because of differing priorities, drivers and cultures there is a risk that the Local Authority does not buy into our preventative strategies leading to inability to deliver improvements at the pace and scale required	Stuart North	5	3	15	1. Health and Wellbeing Board in place attended by CCG Chair and Accountable Officer 2. Joint planning team in place 3. Single vision confirmed by CCG and LA 4. Development of a single commissioning function underway 5. Director of Public Health is a voting member on Governing Body and Primary Care Commissioning Committee 6. Exec to Exec meeting require firmly embedding 7. OCO PID approved	1. Exec to Exec meetings in place and hold to account 2. Exec to Exec with early sight on proposals where services likely to reduce and facilitates whole system discussion. 3. One Commissioning Organisation (OCO) PID developed by both organisations 4. Open book accounting and pooled budget arrangements 5. Assurance meetings with GM H+SC Partnership	5	3	15	Significant	Gap(s) in controls: 1. Common approach to commissioning intentions yet to be agreed 2. Locality Plan refresh not yet approved. Gap(s) in assurances: 1. LA resources not explicitly known by the CCG 2. Open book accounting and pooled budget arrangements yet to be formally agreed.	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	100% 30% 100% 0%	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	1. Close working with Public Health to co-ordinate joint working and messages 2. Communications and Engagement Strategy for CCG activity 3. Public engagement on urgent care re-design will promote self-care 4. Patient Cabinet in place to promote active engagement and public voice 5. Self-care will have an increased focus in refresh locality plan 2017	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. Patient Feedback reports to PCCC 5. Quarterly assurance reviews with GM IAF	5	4	20	Significant	Gap(s) in controls: 1. Patient engagement specific to schemes but could be more proactive or wide-reaching 2. Engagement Strategy for locality plan 3. Locality Plan not yet approved Gap(s) in assurances: 1. Assurance is only internal at this time, external sources of assurance to be identified 2. 360 Stakeholder Survey	Communications and Engagement strategy to be refreshed to include OCO and Locality Care Organisation Patient Engagement Toolkit to be re-introduced CCG Engagement Programme to be developed	10% 0% 0%	5	2	10

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

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
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	1. National Planning Guidance 2016/17 2. Operational Plan 16/17 which directs resources 3. Patient Cabinet and engagement with patients and public through other channels means patient voice influences priorities 4. Clinical Cabinet and engagement with clinicians through other fora ensure clinical priorities remain pre-eminent 5. Strategic objectives agreed and supported at directorate and individual level	1. Operating plan approved by NHS England 2. Quarterly assurance visits with GMHSC partnership 3. Strategic horizon scanning through involvement in AGG and GM partnership 4. Revised governance arrangements approved through the membership to ensure all statutory duties and high priority areas are addressed 5. Q2 Assurance Meeting with GM H+SC Partnership	4	2	8	Significant	Gap(s) in controls: 1. Monitoring of delivery of objectives yet to be undertaken 2. Business planning process not fully aligned to financial year 3. Locality Plan refresh not yet approved. Gap(s) in assurances: 1. Only one quarterly review meeting completed to date - Q3 meeting to be scheduled.	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 Q3 Meeting with GM H+SC Partnership to be undertaken	100% 0% 0% 0%	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	3	12	1. Key partners engaged through CCG Clinical Cabinet 2. Internal governance supports engagement and involvement with stakeholders 3. Communications and Engagement Strategy in place 4. Terms of Reference for Clinical Cabinet and Patient Cabinet 5. Individual Engagement Strategies when significant service redesign is anticipated e.g. urgent care	1. NES governance architecture across health and social care supports alignment where appropriate across sectors 2. Contract and Quality Monitoring arrangements	4	3	12	Limited	Gap(s) in controls: 1. Communications and Engagement Strategy not reflective of the changing landscape 2. Effectiveness of Clinical Cabinet Gap(s) in assurances: 1. Commissioning Internal Audit to be completed	Current Communications and Engagement strategy to be refreshed Ensuring Clinical Cabinet and Patient Cabinet ways of working supports engagement in its wider sense and will prolegigate engagement	0% 0%	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	Margaret O'Dwyer	4	3	12	1. CCG constituted in accordance with statute 2. Governance structure refreshed 3. Terms of Reference for	1. Constitution approved by NHS England 2. Terms of Reference approved by the CCG membership	4	2	8	Significant	Gap(s) in controls: 1. Constitution is silent on a number of areas and does not reflect the changing	CCG Constitution to be reviewed to ensure it is fit for purpose and future proof Scheme of Reservation, delegation and SFIs to be	0% 0%	4	1	4

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
legal challenge to decisions or financial penalties					all committees refreshed 4. Scheme of Reservation and Delegation and SFI's in place. 5. Conflicts of Interest Policy approved by the GB 6. Corporate Registers in place 7. Annual schedule of business for each Committee 8. COI/Business Conduct and Hospitality Policy reviewed and approved in line with NHSE guidance 9. Governing Body Assurance Framework	3. CCG Improvement and Assessment Framework outcome 4. Conflicts of Interest quarterly self-assessment 5. Quarterly assurance review 6. MIAA Conflict of Interest Review 7. MIAA Governance Review 8. Head of Audit Opinion 9. Annual Governance Statement					landscape Gap(s) in assurances: 1. MIAA Conflicts of Interest Review yet to be completed 2. MIAA Governance Review not yet complete 3. Head of IA opinion not due to be issued until February 2017 4. Annual Governance Statement not yet due	reviewed alongside constitution Conflicts of Interest Policy and arrangements to be refreshed and re-approved Annual Governance Statement to be drafted	100% 0%			
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	3	12	1. Operational Plan 2017/19 completed 2. Strategic Objectives in place 3. Directorate Objectives agreed 4. Appraisal process in place to support delivery of objectives 5. Training Needs Analysis completed 6. Organisational Development offer for staff to support delivery of objectives and enhancement of skill set.	1. Strategic Objectives approved by the Governing Body 2. Directorate Objectives approved by SMT 3. PDR and OD arrangements reviewed by SMT	4	3	12	Limited	Gap(s) in controls: 1. Organisational Development Policy to be refreshed Gap(s) in assurances: 1. Monitoring against objective delivery not routinely undertaken 2. Embedding regular appraisals and review	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	0% 0% 0% 0%	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	3	12	1. Business Intelligence capacity strengthened to support CCG business plan 2. Additional investment in technological solutions to support increased coordination of data capture and extraction 3. Data Warehouse in place 4. Primary Care dashboards 5. Workstream	1. Business cases to support increased technological solutions approved through SMT 2. IAF assessment of data aligned to internal reflections	4	2	8	Significant	Gap(s) in controls: 1. Qlikview not yet rolled out to practices 2. Outcomes Manager not yet in place Gap(s) in assurances: 1. External sources of assurance to be identified	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	30% 80% 0% 0%	4	2	8

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
					dashboards developed 6. External additional resources commissioned											

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

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
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	1. CCG primary care capacity increased to provide additional support 2. Wider primary care team developed to increase expertise and offer to general practice 3. Primary Care Strategy approved 4. Monthly sector meetings update on developments 5. Additional support commissioned for Primary Care 6. GP Fed key partner in LCO. 7. Primary Care Committee has increased membership which includes all facets of primary care (dental, optometry and pharmacy). 8. Engagement with LMC for primary care with GPs as providers.	1. Monitoring through PCCC 2. Sector leadership and sector meetings on monthly basis provide updates	5	3	15	Limited	Gap(s) in controls: 1. OD Strategy to be refreshed to reflect primary care commissioning skill set 2. Locality Plan not yet approved (importance of Primary Care to LCO and delivery form that develops) 3. GP Forward View to be implemented Gap(s) in assurances: 1. Assurance on LCO development still required - legal opinion awaited from Hempsons on governance arrangements	Primary Care Strategy to be approved through governance arrangements following engagement and development Locality Plan - Engagement with Primary Care in Development Approval of the Locality Plan	100% 30% 0%	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	1. LCO and OCO arrangements more clearly defined 2. Key LCO partners identified 3. Updates provided through CCG Governance arrangements, including sector meetings 4. Operating Plan outlines delivery requirements for Primary Care in 2016/17 5. Future of Primary Care, including Commissioning principles, facilitated discussion with all practices 6. Primary Care Strategy approved.	1. Memorandum of Understanding between all partners which outlined purpose and provides clarity for all 2. CCG and Primary Care Plans aligned to GP Five Year Forward View 3. LCO Steering Group in place 4. LCO development considered through quarterly assurance visits 5. Commissioning Principles approved through engagement event	5	3	15	Significant	Gap(s) in controls: Primary Care at scale Gap(s) in assurances: 1. GP Five Year Forward View yet to be implemented 2. Additional external sources of assurance to be identified	Engagement events with primary care to help shape LCO Primary Care Strategy to be approved through governance arrangements following engagement and development	20% 100%	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	C	L	Score	Controls	Assurance	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
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	1. Joint vision expressed in Locality Plan 2. OCO PID developed 3. Open book accounting and pooled budget	1. Governance arrangements in place to support continued development of one commissioner organisation, values, strategies and operational arrangements	5	3	15	Limited	Gap(s) in controls: 1. Locality Plan and vision require refresh 2. OCO PID not yet approved 3. Quick wins yet to be identified 4. Open book accounting and pool budget arrangements not yet formally agreed Gap(s) in assurances: 1. External sources of assurance to be identified	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	0% 100% 0%	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	1. Health and Wellbeing Board in place attended by CCG Chair and Accountable Officer 2. CCG and LA management team in place 3. Vision, unified commissioning approach and common commissioning intentions 4. Locality Plan	1. Exec to Exec meetings 2. Locality Plan approved through governance arrangements including CCG Governing Body	5	3	15	Limited	Gap(s) in controls: 1. Future remit of commissioning to be agreed 2. Culture will take some time to change 3. Vision, unified commissioning approach and common commissioning intentions Gap(s) in assurances: 1. External sources of assurance to be identified.	Organisational Development to be undertaken to understand the differing cultures and establish shared principles and governance	0%	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	1. Clinical involvement to shape LCO 2. Clinical input into Health and Wellbeing Board 3. Clinical input into work streams e.g. social prescribing 4. Clinicians involved in joint leadership team 5. Learning from Pathfinder	1. Meeting minutes from LCO steering group 2. Reports to GB on progress and development	5	4	20	Limited	Gap(s) in controls: 1. Role of clinicians as providers or commissioners in LCO development to be agreed 2. OCO governance yet to be determined. Gap(s) in assurances: 1. External sources of assurance to be identified 2. Awaiting legal advice around governance 3. Awaiting results from 360 Stakeholder Survey	Continued development, engagement and involvement of primary care Roles and responsibilities of primary care as commissioners and providers to be explored and made explicit Governance of OCO to be determined	0% 0% 0%	5	2	10

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

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	C	L	Risk	Level of Assurance	Gap(s) in Controls/Assurance	Action	Progress	C	L	Risk
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	3	15	1. Open book accounting and pooled budgets 2. Common commissioning principles and intentions 3. Chief Officer and Chief Exec agreed leadership framework.	1. Exec to Exec meetings	5	3	15	Limited	Gap(s) in controls: 1. Open book accounting and pooled budget arrangements not yet formally agreed Gap(s) in assurances: 1. External sources of assurance to be identified.	Quick wins to be identified between LA and CCG to support working together and developing trust	0%	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	3	12	1. CO on GMHSC Partnership Board 2. CCG Chair also chairs AGG 3. CO identified as Senior Responsible Officer on Delivery Board 4. Senior managers and clinicians on NES Transformation Board 5. Locality Plan 6. Operational Plan 2016/17	1. Regular updates to Governing Body 2. Quarterly assurance visits review local progress and integrations in the wider system	4	3	12	Limited	Gap(s) in controls: 1. Current stage of development and impact of GM devolution not yet fully understood Gap(s) in assurances: 1. Only one quarterly assurance visit to date	Watching brief to be maintained Priority re-alignment to be undertaken as required	0% 0%	4	2	8
Because of the complexities of the Bury Locality Plan, there is a risk that the vision of a seamless health economy focussed on prevention and reablement may not be met, impacting on the long term financial sustainability of the local system and ability to achieve a transfer of services from acute to community based care.	Stuart North	4	4	16	1. Ongoing scrutiny by designated CCG officers 2. Periodic scrutiny by Committees of the CCG - Finance Committee meets monthly 3. Contract monitoring in place	1. Joint formal governance structure created to monitor the delivery of the locality plan 2. Internal PMO provides challenge 3. Milestones delivery	5	3	15	Limited	Gap(s) in controls: 1. Assumptions in the plan aren't aligned to those of providers 2. Transformation Funding Bid to be submitted. Gap(s) in assurances: 1. No assurance yet around the deliverability of the 2017/19 financial plan - Signed off by GM	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	0% 20%	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	C	L	Score	Controls	Assurance	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
Because of lack of internal resource the CCG is unable to develop effective and innovative commissioning plans resulting in failure to deliver effective change in healthcare	Margaret O'Dwyer	4	2	8	1. Operating Plan 2016 - 17 translated into directorate objectives for 2016/17 2. Locality Plan in place 3. Organisational restructure aligned to 16/17 Operating Plan 4. Objectives and PDRs identify priorities 5. Workstream development session to support delivery	1. Strategic and directorate objectives approved through Governing Body and SMT respectively 2. PMO reporting in place through Clinical Cabinet 3. MIAA Commissioning Audit	4	2	8	Limited	Gap(s) in controls: 1. Structures and additional capacity requires embedding 2. Performance against objective delivery still to be reported 3. Locality Plan refresh not yet approved Gap(s) in assurances: 1. MIAA Commissioning Audit yet to be completed.	Performance framework to be developed which includes objective monitoring and reporting	0%	4	1	4
Because of the inability to identify sufficient QIPP programmes there is a risk that we will not achieve required quality, innovation, productivity or prevention improvements	Margaret O'Dwyer	5	4	20	1. QIPP process in place 2. PMO arrangements in place 3. Additional capacity across Commissioning Directorate in place 4. Outsourcing of QIPP related capacity and scheme identification through Right Care 5. QIPP initiatives and actions in individual workplans to be identified through clinical workstreams	1. MIAA QIPP Audit 2. QIPP report to Finance Committee and GB	4	5	20	Limited	Gap(s) in controls: 1. Recommendations from MIAA QIPP Audit require implementations 2. Longer term (5 year) QIPP plan to be developed 3. QIPP/PMO process to be overhauled to expedite delivery of priority schemes 4. Full suite of alternative mitigations yet to be identified Gap(s) in assurances: 1. MIAA QIPP audit report and assurance level to be increased as currently limited assurance	QIPP and Project Assurance Framework to be developed	50%	5	2	10
												QIPP process to be reviewed	75%			
												QIPP pipeline to be developed	20%			
												Roles and responsibilities to be agreed at an operational level	50%			
												RightCare to be interrogated as a source of opportunity	50%			
Because NHSE rules target ST balance & the CCG is poorly funded there is a risk that the CCG may not have flexibility to invest for the LT meaning that it cannot make the necessary changes required for financial sustainability & optimal service provision	Mike Woodhead	5	4	20	1. 5 year Plan 2. Short term mitigations and contingencies 3. Risk Sharing - existing in Greater Manchester	1. Monthly Financial Position reported to Finance Committee and Governing Body 2. NHSE/GM returns and ASS 3. NHSE assurance framework and self-assessment 4. Internal and external audit reviews	5	3	15	Limited	Gap(s) in control: 1. Access to Transformation & Sustainability Funds not yet confirmed. 2. Uncertain future - form and function 3. Clarity on long term GM funding 4. Clarity on GM vs Local vs organisational control totals	Develop robust, transparent locality plan and 5 year financial plans	20%	5	2	10
												Engagement in GM Strategy setting	80%			
												Strengthen risk sharing agreements	20%			
												Exploration of different contracting models	10%			

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
						5. Value for Money Audit					5. Clarity on OCO/LCO and integration plans <u>Gap(s) in assurances:</u> 1. External Audit reviews not yet due	Moving to 2-year contracts and operating plans To meet the RightCare requirement to review 40% of opportunities in year one and 80% in year 2	100% 0%			

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

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
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	3	12	1. High level objectives for new LCO agreed by CCG and Council 2. Key LCO partners confirmed 3. Contractual arrangements agreed to include flexibility to serve notice and novate accordingly	1. Exec to Exec meetings 2. Stakeholder and LCO meetings	4	3	12	Limited	Gap(s) in controls: 1. Contractual arrangements to be confirmed following issues of 2017/19 planning guidance 2. Scope of delegated budget to be confirmed by LCO Gap(s) in assurances: 1. Authorisation of LCO as legal entity 2. LCO governance structure to developed	Arrangements to be supported to enable LCO to develop form and function, including establishment as a legal entity	50%	4	2	8
Because of a recent CQC report at Pennine Acute Hospitals Trust, there is a risk that current quality and performance at the local provider does not make anticipated improvements for the population of Bury	Catherine Jackson	5	4	20	1. New SRFT Leadership Team in place 2. Improvement Plan submitted to CQC 3. PAHT Assurance Board established 4. Subgroups of Improvement Board being established 5. CQC revisit planned for Q1 17/18	1. Regular reports to the Governing Body on performance and quality 2. Quality and Performance Committee scrutiny of measures 3. Executive meetings and visits to clinical areas including fragile services	5	4	20	Limited	Gap(s) in Controls: 1. Improvement plan monitoring to be reported to the GB on a regular basis Gap(s) in assurances: 1. Updated CQC report	Reporting mechanism to be considered to provide increased assurance to Governing Body	0%	5	2	10