

| <b>Meeting: Governing Body</b> |   |                     |          |
|--------------------------------|---|---------------------|----------|
| <b>Meeting Date</b>            | 28 March 2018   | <b>Action</b>       | Consider |
| <b>Item No.</b>                | 12b   | <b>Confidential</b> | No       |
| <b>Title</b>                   | Governing Body Assurance Framework                              |                     |          |
| <b>Presented By</b>            | Margaret O'Dwyer, Director of Commissioning & Business Delivery |                     |          |
| <b>Author</b>                  | Lynne Byers, Risk Manager                                       |                     |          |
| <b>Clinical Lead</b>           | -   |                     |          |

### **Executive Summary**

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.

This Governing Body Assurance Framework (GBAF) for 2017-18 is presented to advise on the current levels of risk and continued actions to enable the delivery of the Strategic Objectives.

Since last presentation of the GBAF to the Governing Body a review of all risks has been undertaken and in summary the current risk profile is presented as:

- Risks are articulated against four (4) of the seven (7) strategic objectives;
- 6 presenting a significant level of risk (level 15 or above) to delivery of the CCG's strategic objectives; and
- 2 presenting a high level of risk (level 8-12) to delivery of the CCG's strategic objectives.
- No risks are currently recorded against Strategic Objective 3, 5 or 7

A number of new principal risks have been identified and will be developed for inclusion in future reports (LF to review)

- Development of the new governance arrangements to support the CCG and LA move towards its One Commissioning Organisation function (SO4)
- Delivery of the Transformation Plan and associated best use of the transformation fund to deliver the required outcomes(SO5)
- Urgent Care System and Economy Risk (SO2)

The attached GBAF report was considered at the Audit Committee meeting on the 23<sup>rd</sup> March 2018 and the following comments/recommendations were made by members of the Committee: -

- In relation to 5.5 of the report, it was requested that the work around the principal risks identified for inclusion in future reports namely 'Development of the new governance arrangements to support the CCG and LA move towards

its One Commissioning Organisation function' (SO4), 'Delivery of the Transformation Plan and associated best use of the transformation fund to deliver the required outcomes'(SO5) and 'Urgent Care System and Economy Risk' (SO2) be expedited and available for the Audit Committee to review at the June 2018 meeting.

- With reference to 5.11 of the report, the recent reduction from level 20 to a level 15 in relation to the risk 'GB1718\_PR\_4.2 Because of the need to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of clinical decision making' was challenged in light of the further work still required in respect of the OCO governance arrangements. Members requested further assurance regarding the reduction in this risk. It was noted that at the time of this report being produced for the original Audit Committee date on the 2<sup>nd</sup> March 2018, this was an accurate reflection of this position in line with the risk assessments undertaken during the month of February 2018. This risk would now be revisited in advance of the Audit Committee meeting in June 2018 in line with the risk review process.
- With reference to 5.39 of the report, further assurance was requested as to whether this risk (GB1718\_PR\_4.1 CCG and Local Authority - Culture, Priorities and Drivers) remained at its current level of 15, against a target level of 10 to be achieved by March 2018. Again, at the time of this report being produced for the original Audit Committee date on the 2<sup>nd</sup> March 2018, this was an accurate reflection of this position in line with the risk assessments undertaken during the month of February 2018. This would also be addressed as part of the Risk review process for the June Audit Committee meeting.

### Recommendations

It is recommended that the Governing Body:

- note the Governing Body Assurance Framework presented; and
- note the comments and recommendations made by the Audit Committee on the 23rd March 2018 which would be addressed accordingly in line with the risk review process.

### Links to CCG Strategic Objectives

|   |                          |
|---|--------------------------|
| To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self-care and navigation of the system. | <input type="checkbox"/> |
| To deliver system wide transformation in priority areas through innovation  | <input type="checkbox"/> |
| To develop Primary Care to become excellent and high performing commissioners   | <input type="checkbox"/> |
| To work with the Local Authority to establish a single commissioning organisation   | <input type="checkbox"/> |
| To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.                  | <input type="checkbox"/> |
| To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy.       | <input type="checkbox"/> |

|  |                                     |
|--|-------------------------------------|
| To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions. | <input type="checkbox"/>            |
| Supports NHS Bury CCG Governance arrangements  | <input checked="" type="checkbox"/> |
| Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:                                | No                                  |
| GBAF <i>[Insert Risk Number and Detail Here]</i>   |                                     |

| Implications  |     |                                     |    |                                     |     |                                     |
|---|-----|-------------------------------------|----|-------------------------------------|-----|-------------------------------------|
| Are there any quality, safeguarding or patient experience implications?   | Yes | <input type="checkbox"/>            | No | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> |
|   |     |                                     |    |                                     |     |                                     |
| Are there any conflicts of interest arising from the proposal or decision being requested?  | Yes | <input type="checkbox"/>            | No | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> |
|   |     |                                     |    |                                     |     |                                     |
| Are there any financial Implications?   | Yes | <input type="checkbox"/>            | No | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> |
|   |     |                                     |    |                                     |     |                                     |
| Has an Equality, Privacy or Quality Impact Assessment been completed?   | Yes | <input type="checkbox"/>            | No | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> |
| Is an Equality, Privacy or Quality Impact Assessment required?  | Yes | <input type="checkbox"/>            | No | <input type="checkbox"/>            | N/A | <input checked="" type="checkbox"/> |
| Are there any associated risks?   | Yes | <input checked="" type="checkbox"/> | No | <input type="checkbox"/>            | N/A | <input type="checkbox"/>            |
| Are the risks on the CCG's risk register?   | Yes | <input type="checkbox"/>            | No | <input checked="" type="checkbox"/> | N/A | <input type="checkbox"/>            |
| Failing to have in place or monitor progress of risks captured on the Governing Body Assurance Framework and their associated controls and assurance could adversely impact on the CCG's Head of Internal Opinion and End of Year External Auditor opinion. |     |                                     |    |                                     |     |                                     |

| Governance and Reporting |            |                                      |
|--------------------------|------------|--------------------------------------|
| Meeting                  | Date       | Outcome                              |
| Audit Committee          | 23/03/2018 | Report considered and comments made. |

## **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 2 year operational plan, the GBAF should reflect the strategic objectives of the CCG and provide a simple but comprehensive method for ensuring that the CCG's objectives are delivered and that the principal risks to meeting those objectives are effectively managed.
- 2.3. It also provides a structure for providing the evidence to support the Annual Governance Statement.

### **3.0 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 4 Governing Body Assurance Framework Review**

- 4.1. The Governing Body Assurance Framework was last presented to the Audit Committee in December 2017 and Governing Body at its meeting on 24 January 2018.
- 4.2. As we approach the end of the 2017/18 reporting, a mid-quarter review has been undertaken to further reflect on the level of risk remaining, but also to focus on the level of assurance provided by existing controls to prevent the 8 risks from adversely impacting on the delivery of the CCG's strategic objectives.

- 4.3. The GBAF presented at Appendix 1 reflects the reviews that have been undertaken with the Risk Owners. Changes to the document are reflected in **bold** for ease of reference.
- 4.4. The GBAF remains a dynamic document and will be further updated to ensure the end-of-year position, to inform the Annual Governance Statement and Annual Report, is consolidated.

## 5.0 A Summary Assessment

- 5.1. As outlined above the GBAF presented at Appendix 1 reflects the current position as reported at the 21 February 2018.
- 5.2. Eight (8) risks are presented across four (4) of the seven (7) strategic objectives and the current risk profile of these is summarised as:
- 6 presenting a significant level of risk (level 15 or above) to delivery of the CCG's strategic objectives; and
  - 2 presenting a high level of risk (level 8-12) to delivery of the CCG's strategic objectives.
- 5.3. The risks have been assessed in respect of their current risk levels and 3 risks have reduced in score, with all other risks remaining at the same level. This was anticipated as the risks reflect more medium to long-term mitigations.
- 5.4. No risks are currently recorded against the following Strategic Objectives:
- Strategic Objective 3: To develop Primary Care to become excellent and high performing commissioners
  - Strategic Objective 5: To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning.
  - Strategic Objective 7: To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.
- 5.5. As previously reported, three new risks have been identified, as detailed below, however following discussion with the risk owners, it has been agreed that these are more reflective of risks that have the potential to impact on delivery of 2018/19 objectives, and therefore will not be included on the 2017/18 GBAF, but held for inclusion on the next years:
- Development of the new governance arrangements to support the CCG and LA move towards its One Commissioning Organisation function (SO4)
  - Delivery of the Transformation Plan and associated best use of the transformation fund to deliver the required outcomes(SO5)
  - Urgent Care System and Economy Risk (SO2)

## Risks that have an increased level of assurance

- **GB1718\_PR\_2.3 CQC report : Pennine Care Foundation Trust**

- 5.6 This risk has reduced from a level 20 to a level 15 risk, against a target level of 5 to be achieved by March 2018. Whilst this is still a significant risk to the delivery of CCG objectives, this reduction, is attributable to the new structure and continued leadership and control demonstrated through the CE and Borough Level Managing Directors.
- 5.7 The improvement action plan is supported by the CQC and governed by the Quality Improvement Board. Although identified as a gap in assurance, evidence of improvement is being received on a regular basis such as improvements in strengthening workforce, incidents, and safe staffing levels.
- 5.8 Furthermore on a positive note, observations have identified increased transparency, visible leadership and notable collaboration with commissioners.
- 5.9 Both mitigating actions to monitor and observe will continue during the remainder of this financial year. A final year review to address the gap will be undertaken at the start of the new financial year to help determine the level of risk for inclusion on the 2018/19 GBAF.
- 5.10 The Audit Committee is advised that the controls and assurances are sufficient and provide *significant assurance*.

- **GB1718\_PR\_4.2 Because of the need to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of clinical decision making**

- 5.11 This risk has reduced from a level 20 to a level 15 risk during the last quarter as work on the development of the LCO and OCO continues. The reduction has been influenced by the knowledge that there is confidence that clinical leadership is paramount in shaping the LCO and OCO. As the work is progressing at pace, it is expected that there will be sufficient assurance and controls in place to reduce this risk further.
- 5.12 It is recognised however, that a level of risk will remain and therefore whilst new governance arrangements are embedded, the risk is likely to remain open on the 2018/19 GBAF, though articulated to reflect more specifically the risks associated with the preferred model from the options available.
- 5.13 The current gaps identified are being addressed. External assurances have been identified and therefore this gap has been closed. Regular one to one sessions are held with the Local Council, and the Transformation Programme Board, and the OCO Governance Task and Finish Group are now established.
- 5.14 OCO governance remains a gap, however this is being worked on in collaboration with GB members and Council members to ensure progression in good time. Updates will be provided to the member engagement in March 2018 on the governance arrangements. Addressing any of the remaining gaps is dependent on the outcome



and progression of an appropriate governance model.

5.15 The Audit Committee is advised that the controls and assurances are sufficient and now provide *significant assurance*.

- **GB1718\_PR\_6.2 CCG long term investments**

5.16 This risk has reduced from a level 15 to a level 10 risk, and has achieved the risk target level. The basis for the risk reduction is because the CCG does not anticipate that this risk will arise during the remaining months of 2017/18 and therefore the current risk score is reflective of this.

5.17 Non- recurrent mitigations have been utilised to manage the in-year financial position however, the position moving into 2018/19 is very different and therefore the risk will require rescoping as we move into the next financial year.

5.18 The Audit Committee is advised that the controls and assurances are sufficient and provide *full assurance that the risk will not materialise in year*.

#### **Risks that have a reduced level of assurance**

5.19 During the reporting period, no risks have been assessed as having a reduced level of assurance from that previously reported.

#### **Risks that have a static level of assurance**

- **GB1718\_PR\_2.2 CQC report : Pennine Acute Hospitals Trust**

5.20 This risk remains at its current level of 15, against a target level of 5, however it is anticipated that the outcome of the recent CQC reassessment report will provide assurances that will enable the reduction in the level of risk presented. This is expected by the end of February 2018.

5.21 Soft measures indicate that improvement is happening and the final Improvement Board will take place in March 2018 before being stepped down with a request that workstreams will be realigned to ensure no loss of traction.

5.22 The controls continue to work effectively.

5.23 It is recognised that the target risk to be achieved is more long term, and whilst the controls are effective and assurances are expected to increase with the new CQC report, oversight will be maintained into the next financial year.

- **GB1718\_PR\_1.1 Lack of effective engagement with communities**

5.24 This risk remains at its current level of 15, against a target level of 10 to be achieved by March 2018. The risk remains static as the mitigations are reliant on the establishment and delivery of mechanisms to support the transformation agenda.

5.25 Although the pace of progress is slower than expected, there has been effective engagement through both the Locality Plan and the Transformation Plan with neighbourhood engagement models being developed to support delivery.



- 5.26 Work is progressing on establishing the foundations of a single commissioning function, part of which includes the creation of a Communications Group, which will have input into and oversight of the development of an Integrated Communications and Engagement Strategy.
- 5.27 The Audit Committee is advised that the controls and assurances are sufficient and provide *significant assurance*.
- **GB1718\_PR\_2.1 Service re-design processes, innovations and new Approaches**
- 5.28 This risk remains at its current level of 12, against a target level of 8 to be achieved by March 2018.
- 5.29 The transformation plan sets out to radically transform the health and care system locally, and whilst this will bring all partners together, as either a strategic or tactical commissioner, or provider, to support innovative delivery, the pace of implementation is behind schedule.
- 5.30 Existing arrangements are in place to seek assurance that stakeholders and partners have been engaged in redesign process through both the Clinical Cabinet, which is very effective and the Patient Cabinet, which would benefit from additional capacity and resource to widen the opportunity to promote engagement.
- 5.31 The emerging landscape of the LCO, which brings providers together and continues to act as a control, which will strengthen as mutually binding contracts are progressed.
- 5.32 The Internal Audit and progression of associated actions provides assurance on this risk.
- 5.33 The Audit Committee is advised that the controls and assurances are sufficient however only provide *limited assurance* at this time as they are not fully embedded and will take some time to progress to maturity.
- **GB1718\_PR\_6.1 Approaches Inability to identify sufficient QIPP Programmes**
- 5.34 This risk remains unchanged and sufficient schemes have not been identified to support delivery of QIPP in year. It should be noted that the financial delivery of QIPP is reflected in the financial risk, and has been addressed in year through non-recurrent mitigations.
- 5.35 This risk is a long term risk and the gaps in controls are reflective of this.
- 5.36 Delivery of QIPP moving forward is dependent on the Transformation Programmes, which have been approved, however are not currently on schedule.
- 5.37 Progress on the QIPP pipeline is on track and is expected to be completed by the end of February 2018. All RightCare opportunities have been reviewed for year one, and the CCG are awaiting on NHSE to publish the submission deadline with regards to

progressing the Year 2 requirement to review 80% of opportunities identified.

5.38 The Audit Committee is advised that the controls and assurances are sufficient and provide *limited assurance*.

- **GB1718\_PR\_4.1 CCG and Local Authority - Culture, Priorities and Drivers**

5.39 This risk remains at its current level of 15, against a target level of 10 to be achieved by March 2018.

5.40 Work is underway to support the development of the OCO through a number of task and finish groups. Additionally the Council Cabinet and Governing Body have started to meet collectively to co-design the development of the required governance to support the aspiration of working as a single integrated commissioner. This should see the alignment of priorities, and a common understanding of respective drivers. It is recognised that changes to culture will take time.

5.41 Three additional key monitoring mechanisms are in place and will help to control this risk further, these are formally the;

- Commissioning Task and Finish Group who will consider integrated commissioning for 2018/19,
- Governing Body/Cabinet meetings who will oversee the governance arrangements; and a
- Greater Manchester Hub who will support joint commissioning across GM

5.42 In respect of Organisational Development an initial OD session has taken place and a wider OD programme is in currently development.

5.43 The Audit Committee is advised that the controls and assurances are continuing to develop and at this time provide *limited assurance*.

## **6.0 Recommendations**

6.1 It is recommended that the Governing Body:

- note the Governing Body Assurance Framework presented; and
- note the comments and recommendations made by the Audit Committee on the 23rd March 2018 which would be addressed accordingly in line with the risk review process.

## Appendix 1: Governing Body Assurance Framework

Strategic Objective 01 - To empower patients so that they want to, and do, take responsibility for their own healthcare. This includes prevention, self care and navigation of the 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 |
|--|------------------|---|---|-------|---|--|---|---|------|--------------------|---|--|----------|---|---|------|
| 1.1 - 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<br>2. Communications and Engagement Strategy for CCG activity<br>3. Public engagement on urgent care re-design will promote self-care<br>4. Patient Cabinet in place to promote active engagement and public voice<br>5. Self-care will have an increased focus in refresh locality plan 2017<br>6. Agreed investment proposition from GM(core component of the Communication and Engagement Strategy)<br>7. <b>Effective engagement through the Locality Plan and Transformation Plan</b><br>8. <b>Neighbourhood engagement models under development</b> | 1. Patient Cabinet reports to the Governing Body<br>2. Lay Member for PPI voting member on the Governing Body and Primary Care Commissioning Committee<br>3. Healthwatch attend PCCC<br>4. Patient Feedback reports to PCCC<br>5. Quarterly assurance reviews with GM IAF<br>6. <b>NHSE PPI indicator assessment</b> | 5 | 3 | 15   | Significant        | <b>Gap(s) in controls:</b><br>1. Patient engagement specific to schemes but could be more proactive or wider reaching<br>2. Engagement Strategy for locality plan<br>3. No integrated Communications and Engagement Strategy<br>4. <b>Slow pace in respect of the implementation required to deliver the transformation programme</b> | Communications and Engagement strategy to be refreshed to include OCO and Locality Care Organisation | 100%     | 5 | 2 | 10   |
|  |                  |   |   |       |   |  |   |   |      |                    | Patient Engagement Toolkit to be re-introduced  | 100%   |          |   |   |      |
|  |                  |   |   |       |   |  |   |   |      |                    | CCG Engagement Programme to be developed  | 75%  |          |   |   |      |
|  |                  |   |   |       |   |  |   |   |      |                    | Commence development of an integrated Communications and Engagement Strategy  | 0%   |          |   |   |      |
|  |                  |   |   |       |   |  |   |   |      |                    | <b>Gap(s) in assurances:</b><br>1. <b>Assurance is only internal at this time</b><br>2. 360 Stakeholder Survey  |  |          |   |   |      |

**Strategic Objective 02 - To deliver system wide transformation 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 |
|--|-------------------|---|---|-------|--|--|---|---|------|--------------------|--|---|----------|---|---|------|
| 2.1 - 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<br>2. Internal governance supports engagement and involvement with stakeholders<br>3. Communications and Engagement Strategy in place<br>4. Terms of Reference for Clinical Cabinet and Patient Cabinet<br>5. Individual Engagement Strategies when significant service redesign is anticipated e.g. urgent care<br>6. LCO Alliance/Partners working together to stimulate new approaches<br>7. Joint clinician development sessions undertaken August 2017 (LCO/OCO) to ensure clear messages<br>8. Integrated Engagement Strategy<br>9. OCO/LCO clinical reference group being explored | 1. NES governance architecture across health and social care supports alignment where appropriate across sectors<br>2. Contract and Quality Monitoring arrangements<br>3. Internal Audit of commissioning undertaken<br>4. Joint Commissioning Board being established (remit yet to be confirmed) | 4 | 3 | 12   | Limited            | <u>Gap(s) in controls:</u><br>1. Communications and Integrated Engagement Strategy not reflective of the changing landscape<br>2. Effectiveness of Patient Cabinet<br><br><u>Gap(s) in assurances:</u><br>1. Joint Commissioning Board remit outstanding | Current Communications and Engagement strategy to be refreshed  | 100%     | 4 | 2 | 8    |
|  |                   |   |   |       |  |  |   |   |      |                    |  | Ensuring Clinical Cabinet ways of working supports engagement in its wider sense and will promulgate engagement | 100%     |   |   |      |
|  |                   |   |   |       |  |  |   |   |      |                    |  | Ensuring Patient Cabinet ways of working supports engagement in its wider sense and will promulgate engagement  | 50%      |   |   |      |
|  |                   |   |   |       |  |  |   |   |      |                    |  | Board remit outline   | 30%      |   |   |      |
| 2.2- Because of a recent CQC assessment in 2016/17 at Pennine Acute Hospitals Trust, there is a risk that quality and performance at the local provider does not make the required improvements in the delivery of health care | Catherine Jackson | 5 | 4 | 20    | 1. Oversight leadership via SRFT<br>2. Improvement Plan submitted to CQC and approved. Improvement plan monitoring reported to GB on a regular basis.<br>3. GMHSCP Improvement Board established with supporting governance group<br>4. Funding agreed to aid recovery through NHSI<br>5. PAHT Quality and Improvement Strategy  | 1. Regular reports to the Governing Body on performance and quality<br>2. Quality and Performance Committee scrutiny of measures<br>3. CQC assurance of progress against improvement plan<br>4. CQC reinspection<br>5. GMHSCP Improvement Board - Bi-monthly meetings                              | 5 | 3 | 15   | Significant        | <u>Gap(s) in Controls:</u><br><br><u>Gap(s) in assurances:</u><br>1. Awaiting on the final iteration of the CQC report   | Reporting mechanism to be considered to provide increased assurance to Governing Body                           | 100%     | 5 | 1 | 5    |
|  |                   |   |   |       |  |  |   |   |      |                    |  | CQC reassessment to take place  | 100%     |   |   |      |
|  |                   |   |   |       |  |  |   |   |      |                    |  | Review findings from the CQC reassessment   | 0%       |   |   |      |

| Risk Description   | Risk Owner        | C | L | Score | Controls   | Assurance   | C | L | Risk | Level of Assurance | Gaps in Controls/Assurance   | Action  | Progress                                 | C | L | Risk |  |
|--|-------------------|---|---|-------|--|---|---|---|------|--------------------|--|---|--|---|---|------|--|
| services for the local population as stipulated by the CQC and other regulators and stakeholders   |                   |   |   |       | ratified<br>6. Quality Improvement and Prioritisation meetings lead by CCGs providing greater visibility<br>7. Key Lines of Enquiry (KLOEs) in place<br>8. <b>LCO established via the Northern Care Alliance NHS Group</b><br>9. <b>Board Assurance Framework in place</b>   |   |   |   |      |                    |  |   |  |   |   |      |  |
| 2.3 - Because of a recent CQC assessment in 2016/17 at Pennine Care Foundation Trust, there is a risk that quality and performance at the local provider does not make the required improvements in the delivery of health care services for the local population as stipulated by the CQC and other regulators and stakeholders | Catherine Jackson | 5 | 4 | 20    | 1. CQC Improvement Plan for Mental Health and Community Services<br>2. Local Level Plans (as part of overall improvement plan)<br>3. Strategic/Board level focus<br>4. Local level surveillance through Quality and Performance provider meeting<br>5. New Chief Executive and Director of Nursing recently appointed<br>6. NHS Improvement leading collaborative working across 5 CCGs to drive change<br>7. CQC Action Plan received and approved<br>8. PCFT Recovery Board /Quality Improvement Board/ Quality Assurance Board chaired by CO GMHSCP | 1. Regular Reports to CCG Governing Body<br>2. CCG awareness of where service improvement is required<br>3. PCFT awareness of CQC findings and improvement expectations<br>4. Structure approved by NHS Improvement<br>5. Regular reporting to PCFT Recovery Board/Quality Improvement Board/Quality Assurance Board (External assurance) | 5 | 3 | 15   | Significant        | <b>Gap(s) in Controls:</b><br><br><b>Gap(s) in assurances:</b><br>1. Evidence of required improvements | Reporting mechanism to be considered to provide increased assurance to Governing Body<br><br>Evaluate evidence for the required improvements<br><br>Observe working ethos - watching brief to be maintained | 100%<br><br><b>75%</b><br><br><b>75%</b> | 5 | 1 | 5    |  |

Strategic Objective 03 - To develop Primary Care to become excellent and high performing commissioners

No risks are currently recorded against this Strategic Objective

**Strategic Objective 04 - To work with the Local Authority to establish a single commissioning organisation**

| Risk Description   | Risk Owner   | C | L | Score | Controls   | Assurance  | C | L | Risk | Level of Assurance | Gaps in Controls/Assurance   | Action   | Progress | C | L | Risk |
|--|--------------|---|---|-------|--|--|---|---|------|--------------------|--|--|----------|---|---|------|
| 4.1 Because the CCG and Local Authority have different priorities and drivers, there is a risk that integrated commissioning does not progress at pace to achieve value for money, improved outcomes | Stuart North | 5 | 4 | 20    | 1. Health and Wellbeing Board in place attended by CCG Chair and Accountable Officer<br>2. Joint Leadership Team in place across LA and CCG<br>3. Single vision confirmed by CCG and LA, including common commissioning principles<br>4. OCO PID approved<br>5. Open book accounting and pool budgets explored<br>6. <b>Locality Plan refreshed and being implemented</b><br>7. Joint working on Locality Plan<br>8. <b>Commissioning Task &amp; Finish Group established to review commissioning opportunities</b><br>9. <b>Governing Body/Cabinet meetings established to agree governance arrangements</b><br>10. <b>GM Hub established</b> | 1. CCG Assurance meetings with GMHSCP<br>2. Legal advice on OCO development<br>3. OCO PID approved through respective governance arrangements<br>4. Common commissioning principles approved through respective governance arrangements<br>5. GM Commissioning review                          | 5 | 3 | 15   | Significant        | <b>Gap(s) in controls:</b><br>1. Open book and pooled budgets to be agreed<br>2. Quick wins to be identified<br>3. Understanding of new culture to foster innovation and achieve desired outcomes<br><br><b>Gap(s) in assurances:</b><br>1. OCO governance arrangements to be approved<br>2. <b>GM Commissioning review (Deloitte)- lack of clarity on the functions that may be devolved to LCO across Bury and GM.</b> | Quick wins to be identified and progressed   | 50%      | 5 | 2 | 10   |
|  |              |   |   |       |  |  |   |   |      |                    |  | Common commissioning principles to be approved through respective governance arrangements                  | 75%      |   |   |      |
|  |              |   |   |       |  |  |   |   |      |                    |  | Open book accounting and pooled budgets to be approved through respective governance arrangements          | 75%      |   |   |      |
|  |              |   |   |       |  |  |   |   |      |                    |  | Locality Plan refresh to be approved through respective governance arrangements                            | 100%     |   |   |      |
|  |              |   |   |       |  |  |   |   |      |                    |  | Transformation Fund submission to be approved by GMHSCP  | 100%     |   |   |      |
|  |              |   |   |       |  |  |   |   |      |                    |  | Organisation development to be undertaken to understand cultures and establish shared principles           | 25%      |   |   |      |
| 4.2 - Because of the need to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of clinical decision making                                | Kiran Patel  | 5 | 4 | 20    | 1. Clinical involvement to shape LCO<br>2. Clinical input into Health and Wellbeing Board<br>3. Clinical input into work streams e.g. social prescribing<br>4. Clinicians involved in joint leadership team<br>5. Learning from Pathfinder - <b>integrated commissioning</b><br>6. <b>Clinical input with Local Council</b>  | 1. Meeting minutes from LCO steering group<br>2. Reports to GB on progress and development<br>3. Legal advice re:governance received<br>4. <b>OCO Task and Finish Group</b><br>5. <b>GB and Clinical Cabinet sessions - stakeholder engagement</b><br>6. <b>Transformation Programme Board</b> | 5 | 3 | 15   | Significant        | <b>Gap(s) in controls:</b><br>1. OCO governance yet to be determined.<br><b>Gap(s) in assurances:</b>  | Continued development, engagement and involvement of Primary Care  | 25%      | 5 | 2 | 10   |
|  |              |   |   |       |  |  |   |   |      |                    |  | Roles and responsibilities of Primary Care as commissioners and providers to be explored and made explicit | 25%      |   |   |      |
|  |              |   |   |       |  |  |   |   |      |                    |  | Governance of OCO to be determined   | 75%      |   |   |      |



Strategic Objective 05 - To maintain and further develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning

No risks are currently recorded against this Strategic Objective

Strategic Objective 06 - To deliver long term financial sustainability in partnership with all stakeholders through innovative investment which will benefit the whole Bury economy

| Risk Description  | Risk Owner       | C | L | Score | Controls   | Assurance  | C | L | Risk | Level of Assurance | Gaps in Controls/Assurance  | Action   | Progress  | C | L | Risk |
|---|------------------|---|---|-------|--|--|---|---|------|--------------------|---|--|---|---|---|------|
| 6.1 - 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<br>2. PMO arrangements in place<br>3. Additional capacity across Commissioning Directorate in place<br>4. Outsourcing of QIPP related capacity and scheme identification through Right Care and Dr Foster<br>5. QIPP initiatives and actions in individual work plans to be identified through clinical workstreams<br>6. Additional short term mitigations identified and approved<br>7. Right Care focus intelligence packs available<br>8. Interim external resource identified to oversee QIPP opportunities<br>9. Transformation schemes/programmes approved by GM | 1. MIAA QIPP Audit (although limited assurance)<br>2. QIPP report to Finance Committee and GB<br>3. Q2 GM Commissioning Assurance Review   | 4 | 5 | 20   | Limited            | <b>Gap(s) in controls:</b><br>1. Longer term (5 year) QIPP plan to be developed<br>2. Long term mitigations yet to be identified<br><b>3. Pace of the implementation of the Transformation Schemes</b><br><br><b>Gap(s) in assurances:</b><br>1. MIAA QIPP audit report and assurance level to be increased as currently limited assurance<br><b>2. End of year review by GM - outcome not yet known</b>  | QIPP and Project Assurance Framework to be developed<br>QIPP process to be reviewed<br>Roles and responsibilities to be agreed at an operational level<br>RightCare to be interrogated as a source of opportunity<br>QIPP pipeline to be developed<br>To meet the RightCare requirement to review 40% of opportunities in year one and 80% in year 2 | 100%<br>100%<br>100%<br>100%<br>75%<br>75%      | 5 | 2 | 10   |
| 6.2 - Because the CCG may be required to pursue short term financial balance at the expense of long term sustainability and or might not maximise a return on investment on refundable funds, there is a risk that the CCG might not make the | Mike Woodhead    | 5 | 4 | 20    | 1. 5 year Plan and 2 year Operational Plan<br>2. Short term mitigations and contingencies<br>3. Risk Sharing - existing in Greater Manchester and North East Sector<br>4. Transformation Fund investment agreed  | 1. Monthly Financial Position reported to Finance Committee and Governing Body<br>2. NHSE/GM returns and ASS<br>3. NHSE assurance framework and self-assessment<br>4. Internal and external audit reviews<br>5. Value for Money Audit<br>6. GMHSCP Assurance on 2 Year Financial Plan<br>7. Report into Transformation Board | 5 | 2 | 10   | Significant        | <b>Gap(s) in control:</b><br>1. Uncertain future - form and function of the OCO<br>2. Clarity on long term GM funding<br>3. Clarity on GM vs Local vs organisational control totals<br>4 Clarity on OCO/LCO and integration plans<br>5. Due diligence to be undertaken with Bury MBC<br>6. Shadow arrangements to be articulated<br>7. Revised implementation and financial plan for each scheme requires sign off<br>8. Establishment of Programme and Project | Develop robust locality plan and transformation funding bid<br>Moving to 2-year contracts and operating plans<br>Engagement in GM Strategy setting<br>Exploration of different contracting models<br>Revision of financial and activity contract schedules<br>Shadow arrangements to be articulated<br>Monitor financial plan for each scheme        | 100%<br>100%<br>100%<br>10%<br>70%<br>10%<br>0% | 5 | 2 | 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 |
|---|------------|---|---|-------|----------|---|---|---|------|--------------------|--|--|---|---|---|------|
| necessary changes required for financial sustainability and optimal service provision |            |   |   |       |          | 8. Report into Management Group<br>9. GMHSCP hold the CCG to account<br><b>10. Report into Transformation Fund Oversight Group (TFOG)</b> |   |   |      |                    | Management resources and structures yet to be undertaken/finalised<br>9. Internal investment agreement to be finalised between OCO/LCO<br><br><b>Gap(s) in assurances:</b><br>1. External Audit review not yet due<br>2. <b>Financial reports to be developed for the Transformation Board</b> | Establish/review resource and structures for Programme and Project Management<br>Investment agreement with LCO and OCO<br>To agree through the Transformation Board a revised Bury economy financial plan<br>Strengthen risk sharing agreements - Complete initial financial due diligence work with Bury MBC<br>Revised financial plans | <b>10%</b><br><b>10%</b><br>0%<br>30%<br><b>70%</b> |   |   |      |

Strategic Objective 07 - To develop the Locality Care Organisation to a level of maturity such that it can consistently deliver high quality services in line with Commissioner's intentions.

No risks are currently recorded against this Strategic Objective