

Meeting: Governing Body			
Meeting Date	25 July 2018	Action	Approve
Item No.	10b	Confidential	No
Title	Governing Body Assurance Framework		
Presented By	Margaret O'Dwyer, Director of Commissioning & Business Delivery		
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Clinical Lead	-		

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.

Since the last presentation of the GBAF to the Governing Body, all risks have been mapped to one of the newly approved Strategic Objectives for 2018/19 as summarised below:

- SO1 - To **encourage people** so that they want to, and do, take responsibility for their own health and well-being currently has **1** risk attributed.
- SO2 - To **drive** and support **system wide transformation** in priority areas currently has **2** risks attributed.
- SO3 - To **commission joined-up health and social care** for people in Bury through a Single Commissioning Framework currently has **3** risks attributed.
- SO4 - To **achieve financial sustainability** for the Bury health and social care economy currently has **6** risks attributed.
- SO5 - To support the **Locality Care Alliance** to deliver high quality services in line with commissioner intentions currently has **2** risks attributed.
- SO6 - To be a **high-performing, well-run** and **respected** organisation with an empowered workforce currently has **0** risks attributed, however this is being reviewed through the operational management group.

Seven (7) new principal risks have been identified and developed and are included on the 2018/19 GBAF. The new risks which are included for the first time are:

- SO2 Urgent Care System - Re-design.
- SO3 Governance arrangements - Single Commissioning Function.
- SO4 Transformation Plan – Delivery.
- SO4 Short term financial targets (e.g. QIPP/PAHT/PCFT) during 2018/19.
- SO4 Credibility/deliverability of the Transformation Fund/Locality Plan during 2018/19.
- SO4 OCO pooling opportunities during 2018/19.
- SO4 Locality Care Alliance (LCA) Development 2018/19.

The profile of the risks included on the GBAF is summarised as follows:

- 5 of the six (6) strategic objectives have risks identified and mapped against them;
- 10 risks are assessed as presenting a significant level of risk (level 15 or above) to delivery of the CCG's strategic objectives;
- 4 risks present a high level of risk (level 8-12) to delivery of the CCG's strategic objectives; and
- no risks are currently recorded against Strategic Objective 6

The Audit Committee, at its meeting on 6 July 2018, reviewed and scrutinised the GBAF and recommended it for onward reporting to the Governing Body with the following observation:

'The Audit Committee is assurance that the GBAF is an extremely useful document, however there was a need to ensure that the latest Transformation developments were being monitored in order to assess any likely impact on the risks contained as part of the GBAF.'

Recommendations

It is recommended that the Governing Body:

- note the Strategic Objectives for 2018/19;
- note the new risks for 2018/19;
- note the Governing Body Assurance Framework presented; and
- note the comments and recommendations made by the Audit Committee on the 06 July 2018 which would be addressed accordingly in line with the risk review process.

Links to CCG Strategic Objectives

To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation .	<input type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce.	<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 [Insert Risk Number and Detail Here]	

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	06/07/2018	Report considered and comments made. Recommended to the Governing Body for approval.

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. Review of Strategic Objectives 2018/19

- 4.1. The Governing Body Assurance Framework was last presented to the Audit Committee in July 2018 and the Governing Body at its meeting on 28 March 2018. The Audit Committee is assurance that the GBAF is an extremely useful document, however there was a need to ensure that the latest Transformation developments were being monitored in order to assess any likely impact on the risks contained as part of the GBAF. This will be addressed accordingly in line with the risk review process.

- 4.2. The Strategic Objectives for 2018/19 are listed below. All GBAF risks are mapped to these objectives, and further work will be progressed to capture associated GBAF risks, which will be reflected through the Governing Body Assurance Framework and Risk Registers;
- SO1 - To **encourage people** so that they want to, and do, take responsibility for their own health and well-being currently has **1** risk attributed.
 - SO2 - To **drive** and support **system wide transformation** currently has **2** risks attributed.
 - SO3 - To **commission joined-up health and social care** for people in Bury through a Single Commissioning Framework currently has **3** risks attributed.
 - SO4 - To **achieve financial sustainability** for the Bury health and social care economy currently has **6** risks attributed.
 - SO5 - To **support the Locality Care Alliance** to deliver high quality services in line with commissioner intentions currently has **2** risks attributed.
 - SO6 - To be a **high-performing, well-run** and **respected** organisation with an **empowered** workforce currently has **0** risks attributed.

5.0 Quarter 1 2018/19 Governing Body Assurance Framework Review

- 5.1. The Governing Body Assurance Framework was last presented to the Audit Committee in July 2018 and the Governing Body at its meeting on 28 March 2018.
- 5.2. During May and June 2018 a review has been undertaken to map existing risks, including a reflection on the level of risk and the assurances provided by the existing controls from adversely impacting on the delivery of the CCG's strategic objectives for 2018/19.
- 5.3. 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.
- 5.4. 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.

6.0 A Summary Assessment

- 6.1. As outlined above the GBAF presented at Appendix 1 reflects the current position as reported at June 2018.
- 6.2. Fourteen(14) risks are presented across five (5) of the six (6) strategic objectives 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
 - 4 presenting a high level of risk (level 8-12) to delivery of the CCG's Strategic Objectives.
- 6.3. The risks have been assessed in respect of their current risk levels and 1 risk (*CCG and Local Authority - Culture, Priorities and Drivers*) has increased in score, with all other risks remaining at the same level. This was anticipated as the risks reflect more medium to long-term mitigations.
- 6.4. No risks are currently recorded against the following Strategic Objectives:
- Strategic Objective 6: To be a high performing, well run and respected organisation with an empowered workforce.
- 6.5. It was agreed at the May 2018 Governing Body meeting that an action plan to identify how the CCG is planning to achieve Strategic Objective 6 is required. This action plan will support identifying any associated risks with this objective.
- 6.6. One risk 'CCG long term investments' has been superseded by introducing five new risks which impact on Strategic Objective 4 (SO4) as identified at 6.7.
- 6.7. Seven new risks have been identified, as detailed below:
- SO2 - Urgent Care System - Re-design
 - SO3 - Governance arrangements - Single Commissioning Function
 - SO4 - Transformation Plan - Delivery
 - SO4 - Short term financial targets (e.g. QIPP/PAHT/PCFT) during 2018/19
 - SO4 - Credibility/deliverability of the Transformation Fund/Locality Plan during 2018/19
 - SO4 - OCO pooling opportunities during 2018/19
 - SO4 - Locality Care Alliance (LCA) Development 2018/19

Risks that have an increased level of assurance

- 7.1. During the reporting period, no risks have been assessed as having an increased level of assurance from that previously reported.

Risks that have a reduced level of assurance

- **GB1819_PR_3.1 CCG and Local Authority - Culture, Priorities and Drivers**
- 7.2. This risk has increased from a level 15 to a level 20 risk, against a target level of 10 to be achieved by March 2019, due to the need for longer term governance arrangements and clarity on the devolved functions to be confirmed.
- 7.3. To support the development of the OCO a number of task and finish groups are established with additional assurance from the establishment of the Bury Shadow Commissioning Partnership Board.
- 7.4. Two additional key monitoring mechanisms are in place and will help to control this risk further, these are formally the;

- Joint Executive Director meetings; and
- The development of the OD programme.

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

Risks that have a static level of assurance

- **GB1819_PR_1.1 Lack of effective engagement with communities**

7.6. This risk remains at its current level of 15, against a target level of 10 to be achieved by March 2019. The risk remains unchanged as the mitigations are reliant on the establishment and delivery of mechanisms to support the transformation agenda.

7.7. Although the pace of progress is slower than expected, there continues to be effective engagement through both the refreshed Locality Plan and the Transformation Plan with oversight from the establishment of a Communication and Engagement enabling workstream to support delivery and development of an Integrated Communications and Engagement Strategy.

7.8. The latest NHSE PPI assessment identified some opportunities to improve current engagement activity. A detailed review of the PPI Indicator requirements has been undertaken, and actions identified, which are ready for implementation.

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

- **GB1819_PR_2.1 Service re-design processes, innovations and new Approaches**

7.10. This risk remains at its current level of 12, against a target level of 8 to be achieved by March 2019.

7.11. 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.

7.12. The existing arrangements which seek assurance that stakeholders and partners have been engaged in the redesign process continue through both the Clinical Cabinet, Patient Cabinet with additional assurance from the newly established Bury Shadow Partnership Commissioning Board which is active and functioning.

7.13. 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.

- **GB1819_PR_2.2 Urgent Care System – Redesign**

7.14. This new risk has been assessed as a level 12 risk, against a target level of 8 to be achieved by September 2018.

7.15. The model for the Integrated Health and Social Care hubs has received Board approval and work has commenced with the LCA to progress the implementation of the first hub (one of 5) which is expected to be completed by September 2018.

7.16. This is a long term risk and is dependent upon the implementation stages of each hub.

7.17. 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.

- **GB1819_PR_3.2 Assuring decisions are clinically based**

7.18 This risk remains at its current level of 15, against a target level of 10 to be achieved by March 2019 as governance and structures are still under development.

7.19 The Bury Shadow Partnership Commissioning Board (formerly OCO Board), is currently developing a structure and a work plan has been established to further progress the governance arrangements which will further mitigate against the gaps.

7.20 As addition assurances Joint Shadow Executive Group meetings and Primary Care Working Together meetings have been established and meet on a regular basis to ensure all members are informed and collaborative decisions are made.

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

- **GB1819_PR_3.3 Governance arrangements - Single Commissioning Function**

7.22 This new risk has been assessed as a level 12 risk and will extend into 2020. The target risk of 12 is based on the CCG's expectation for the first year and will be assessed on a quarterly basis. The expectation is that the target risk will reduce further to a level 8 by 2020.

7.23 To control this risk in the first year a work plan has been agreed which includes identifying the optimum integrated commissioning model which would include delegated decision making. The work plan timescales and monitoring agreements need to be established and the timeframe for this is September 2018.

7.24 Governance arrangements and terms of reference for key assurance groups are established, which provides a level of control on the management of this risk.

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

- **GB1819_PR_4.1 Inability to identify sufficient QIPP Programmes**

7.26 This risk remains at its current level of 20, against a target level of 8 to be achieved by March 2019.

7.27 This risk is a long term risk and the gaps in controls are reflective of this.

- 7.28 Progress on the QIPP pipeline is on track and is expected to be completed by quarter one.
- 7.29 Delivery of QIPP moving forward is dependent on the approved Transformation Programmes, however the identified schemes have yet to be implemented.
- 7.30 As an additional control, short term financial task and finish group initiatives have been identified which will help to mitigate this risk further, and looking forward QIPP initiatives and actions in individual workplans are to be identified through clinical workstreams.
- 7.31 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.
- **GB1819_PR_4.2 Transformation Plan - Delivery**
- 7.32 This new risk has been assessed as a level 20 risk, against a target level of 15 to be achieved by September 2018. The target risk is based on year one milestones as this is a long term risk which will extend into 2020.
- 7.33 The main drivers which control this risk are detailed below;
- Refresh of the Locality Plan
 - SROs developing detailed implementation plans
 - Financial review of detailed plans
- 7.34 The Locality Plan has undergone a refresh and will be presented at the Extraordinary Transformation Locality Board meeting and once ratified the revised investment agreement will be submitted to GM for approval.
- 7.35 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.
- **GB1819_PR_4.3 Short term financial targets (e.g. QIPP/PAHT/PCFT) during 2018/19**
- 7.36 This new risk has been assessed as a level 8 risk, against a target level of 4 to be achieved by January 2019.
- 7.37 To mitigate against the short term financial pressures during 2018/19 short term mitigations and contingencies are in place including risk sharing across Greater Manchester and the NE Sector.
- 7.38 Other key controls include;
- 2018/19 – 2019/20 Operational Plan
 - Locality Plan
 - QIPP4 Programme including external consultancy support
- 7.39 Although the pace of progress is slower than expected for some of the mitigating

actions, progress is being made. Work has begun on the locality plan roll-up which will support the discussions on the revised Bury economy financial plan. The internal investment agreement and framework with the LCA and OCO is in place and once the revised implementation plans are agreed the review of the internal investment agreements will progress.

7.40 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.

- **GB1819_PR_4.4 Credibility/deliverability of the Transformation Fund/Locality Plan during 2018/19**

7.41 This new risk has been assessed as a level 25 risk, against a target level of 10 to be achieved by July 2018.

7.42 This risk is intrinsically linked with risk GB1819_PR_4.3 Short term financial targets during 2018/19. Alongside refreshing the locality plan which will support the revised financial plans and the internal investment agreements with the LCA/OCO the prime gap is the lack of workforce planning and resource planning by the PMO. To address this gap workforce planning is stressed at each Transformation Board meeting to encourage support.

7.43 The Audit Committee is advised that the controls and assurances are sufficient however only provide *limited assurance* at this time.

- **GB1819_PR_4.5 OCO pooling opportunities during 2018/19**

7.44 This new risk has been assessed as a level 16 risk, against a target level of 8 to be achieved by December 2018.

7.45 Controls to address this risk are limited and rely on engagement and due diligence.

7.46 A due diligence engagement process is in place, however this requires strengthening. To support the process and improve engagement a baseline exercise is currently taking place.

7.47 The Audit Committee is advised that the controls and assurances are sufficient however only provide *limited assurance* at this time.

- **GB1819_PR_4.6 Locality Care Alliance (LCA) Development 2018/19**

7.48 This new risk has been assessed as a level 25 risk, against a target level of 15 to be achieved by October 2018.

7.49 The prime driver to control this risk is the Locality plan coupled with LCA governance and mutually binding alliance agreements.

7.50 As integration is at its infancy stage, organisational development for both the OCO and LCA is a priority to ensure a collaborative working ethos is established. To address these gaps two actions have been identified, these will go towards mitigating the risk further;

- Agree and implement and OCO OD plan
 - Undertake a review of the OCO's view on the LCA form
- 7.51 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.
- **GB1819_PR_5.1 CQC report : Pennine Acute Hospitals Trust (PAHT)**
- 7.52 This risk remains at its current level of 15, against a target level of 5, to be achieved by March 2019 as the 2018 CQC reassessment outcome identified that PAHT requires improvement.
- 7.53 The controls are effective to manage this risk and three key monitoring mechanisms are in place which will provide further assurance:
- Bi- monthly reporting to the GM Quality Board
 - Collaborative quality scrutiny with the LA and oversight by the OCO
 - MIAA CCG Audit of quality controls (significant assurance received)
- 7.54 Oversight will be maintained during 2018/19 to ensure PAHT are prepared for the follow-up CQC reassessment in the Autumn.
- 7.55 The Audit Committee is advised that the controls and assurances are sufficient and provide *significant assurance*.
- **GB1819_PR_5.2 CQC report : Pennine Care Foundation Trust (PCFT)**
- 7.56 This risk remains at its current level of 15, against a target level of 5 to be achieved by March 2019 as the CQC reassessment outcome identified that PCFT requires improvement.
- 7.57 Locality based improvement programmes have been established which contribute to further managing this risk, in addition a local collaborative workstream has been formed to progress the MH patient flow improvement work with bi-monthly reporting in to the GM Quality Board.
- 7.58 Oversight will be maintained during 2018/19 to ensure PCFT are prepared for the follow-up CQC reassessment. The scheduled date has yet to be confirmed.
- 7.59 The Audit Committee is advised that the controls and assurances are sufficient and provide *significant assurance*.

Lynne Byers
Risk Manager
July 2018

Appendix 1: Governing Body Assurance Framework

Strategic Objective 1 - To encourage people so that they want to, and do, take responsibility for their own health and well-being

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
1.1 - Because of 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 has an increased focus in the refreshed locality plan 2017 6. Agreed investment from GM to support the transformation programme which will require active engagement (core component of the Communication and Engagement Strategy) 7. Neighbourhood engagement models under development 8. Communication and Engagement enabling workstream established	1. Patient Cabinet reports to the Governing Body 2. Lay Member for PPI voting member on the Governing Body and Primary Care Commissioning Committee 3. Healthwatch attend PCCC 4. NHSE PPI indicator assessment (an external assessment of the CCG's website/annual reports etc.) 5. Annual 360 Stakeholder Survey	11-May-2018	5	3	15	Significant	Gap(s) in controls: 1. Patient engagement specific to schemes but could be more proactive or wider reaching 2. Engagement Strategy for locality plan 3. No integrated Communications and Engagement Strategy 4. Slow pace in respect of the implementation required to deliver the transformation programme Gap(s) in assurances: 1. NHSE PPI Indicator assessment requires improvement	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 Commence development of an integrated Communications and Engagement Strategy PPI Indicator action plan to be developed	100% 100% 75% 10% 90%	5	2	10

Strategic Objective 2 - To drive and support system wide transformation

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
2.1 - Because of 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 6. Locality Care Alliance (LCA) /Partners working together to stimulate new approaches 7. OCO/LCA clinical reference group being explored	1. NES governance architecture across health and social care supports alignment where appropriate across sectors 2. Contract and Quality Monitoring arrangements 3. Joint Commissioning Board remit being refreshed 4. Bury1 Shadow Partnership Commissioning Board established	11-May-2018	4	3	12	Limited	Gap(s) in controls: 1. Communications and Integrated Engagement Strategy not reflective of the changing landscape 2. Effectiveness of Patient Cabinet Gap(s) in assurances: 1. Joint Commissioning Board remit refresh outstanding	Review patient engagement to support wider public involvement	50%	4	2	8
													Board remit outline	100%			
													Clinical and Managerial input into shaping the new GM Joint Commissioning Board	0%			
2.2 (New) - If the Urgent Care System re-design is not implemented in a timely manner, then the improvements across the wider economy will not materialise, impacting upon patient experience and CCG reputation	Stuart North	4	3	12	1. Board approval of the model for integrated Health & Social Care Hubs 2. Work commenced with LCA to progress implementation of the first hub by end of Sept 2018	1. Locality Transformation Board	22-May-2018	4	3	12	Limited	Gap(s) in controls: 1. Implementation plan not yet developed and agreed Gap(s) in assurances:	Meetings with LCA to progress implementation of model	40%	4	2	8

Strategic Objective 3 - To commission joined-up health and social care for people in Bury through a Single Commissioning Framework

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
3.1 Because 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 2. Joint Executive Team in place across LA and CCG 3. Single vision confirmed by CCG and LA 4. Open book accounting and pool budgets being explored 5. Joint working on Locality Plan 6. Commissioning Task & Finish Group established to review commissioning opportunities 7. Governing Body/Cabinet meetings established to agree governance arrangements, culture and future ways of working 8. GM Hub established 9. Joint Executive Director meetings established 12. OD Programme being established	1. CCG Assurance meetings with GMHSCP 2. Common commissioning principles approved through respective governance arrangements 3. GM Commissioning review 4. Establishment of Commissioning Partnership Board	11-May-2018	5	4	20	Significant	Gap(s) in controls: 1. Open book and pooled budgets to be agreed 2. Quick wins to be identified 3. Understanding of new culture to foster innovation and achieve desired outcomes Gap(s) in assurances: 1. Longer term governance arrangements to be discussed and approved 2. GM Commissioning review (Deloitte)- lack of clarity on the functions that may be devolved to LCO across Bury and GM.	Quick wins to be identified and progressed Common commissioning principles to be agreed and approved through respective governance arrangements Open book accounting and pooled budgets to be approved through respective governance arrangements Organisation development to be undertaken to understand cultures and establish shared principles	50% 75% 75% 25%	5	2	10
3.2 - 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	Jeff Schryer	5	4	20	1. Clinical involvement to shape LCA 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. Clinicians involved in Local Council meetings on a regular basis	1. Meeting minutes from LCA steering group 2. Reports to GB on progress and development 3. GB and Clinical Cabinet sessions - stakeholder engagement 4. Bury Health & Social Care Transformation Programme Board	07-Jun-2018	5	3	15	Significant	Gap(s) in controls: 1. Bury1 Partnership Commissioning Board governance yet to be developed (formerly OCO Board) 2. Bury1 Partnership Commissioning Board structure yet to be determined Gap(s) in assurances: 2. Different decision making cultures	Governance of Bury1 Shadow Partnership Commissioning Board to be developed Structure of Bury1 Shadow Partnership Commissioning Board to be determined Roles and responsibilities of Primary Care as commissioners and providers to be explored and made explicit	25% 25% 25%	5	2	10

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
						5. Bury1 Shadow Partnership Commissioning Board (formerly OCO Board) 6. Joint Shadow Executive Group Meetings 7. Primary Care Working Together Meetings							Continued development, engagement and involvement of Primary Care	25%			
3.3 (New) - Delays in the development of the new governance arrangements to support single function will impact on delivery through the Single Commissioning Function	Margaret O'Dwyer	4	4	16	1. Programme of monthly joint OCO commissioning partnership meetings established for 2018/19. TOR agreed by GB May 2018. 2. Work plan agreed which includes identifying the optimum integrated commissioning model which would include delegated decision making. 3. OD programme in place to support members of the new Joint Commissioning Partnership Board. 4. Governance agreed for OCO Task and finish Group.	1. Joint OCO partnership meetings/ minutes subject to review at GB. 2. OCO/Strategic Commissioning Function (SCF) Model shared with GM Partnership. 4. Governance OCO Task and Finish Group established. 5. Outputs from the Governance Sub Group shared at Joint Shadow Executive Group meetings.	08-Jun-2018	4	3	12	Significant	<u>Gap(s) in controls:</u> 1. End model for integrated commissioning not known <u>Gap(s) in Assurances:</u> 1. Potential partners lack of appetite to determine the end model for integrated commissioning	Work plan timescales/ monitoring arrangements to be agreed	0%	4	3	12

Strategic Objective 4 - To achieve financial sustainability for the Bury Health and Social Care economy

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
4.1 - Because of the inability to identify sufficient QIPP programmes there is a risk that we will not achieve required quality, innovation, productivity or prevention improvements to support the CCG's wider saving requirements	Margaret O'Dwyer	5	4	20	1. QIPP process in place 2. PMO arrangements in place 3. Outsourcing of QIPP related capacity and scheme identification through Right Care and Dr Foster 4. Transformation schemes/programmes approved by GM 5. Short term financial Task and Finish Focus Group initiatives	1. QIPP report to Finance Committee and GB 2. GM Commissioning Assurance Reviews	11-May-2018	4	5	20	Limited	<u>Gap(s) in controls:</u> 1. Longer term (5 year) QIPP plan to be developed 2. Long term mitigations yet to be identified 3. QIPP initiatives and actions in individual workplans to be identified through clinical workstreams 4. Implementation of the identified schemes <u>Gap(s) in assurances:</u> 1. None identified	QIPP pipeline to be developed To meet the RightCare requirement to review 40% of opportunities in year one and 80% in year 2	75% 75%	4	2	8
4.2 (New) - Because of the delays to the delivery of the Transformation Plan, there is a risk that the benefits and deflections will not be realised	Stuart North	5	4	20	1. Refresh of the Locality Plan 2. SROs developing detail implementation plans 3. Finance undertaking detailed reviews of the plans	1. Transformation Board 2. Finance, Contracting and Procurement and Commissioning	22-May-2018	5	4	20	Limited	<u>Gap(s) in controls:</u> 1. Locality Plan not yet finalised 2. Implementation Plan not yet finalised 3. Outcome of detailed financial reviews <u>Gap(s) in assurances:</u>	Progress Locality Plan sign off Approval of revised investment agreement by GM Delivery plans require implementation	50% 0% 0%	5	3	15
4.3 (New) - Because there are short term financial pressures during 2018/19 there is a risk that actions may be taken which are counterproductive to long term objectives.	Mike Woodhead	4	2	8	1. Short term mitigations and contingencies 2. Risk Sharing - existing in Greater Manchester and North East Sector 3. Transformation Fund investment agree 4. 2018/19-2019/20 Operational Plan 5. Locality plan 6. QIPP4 Programme including external consultancy support	1. Monthly Financial Position reported to Finance Committee and Governing Body 2. NHSE/GM returns 3. NHSE assurance framework and self-assessment 4. Internal and external audit reviews 5. Value for Money Audit 6. GMHSCP Assurance on 2 Year Financial Plan 7. Report into Transformation Programme Board 8. GMHSCP hold the	11-May-2018	4	2	8	Limited	<u>Gap(s) in control:</u> 1. Uncertain future - form and function of the OCO 2. Clarity on long term funding 3. Due diligence to be completed with Bury MBC 4. Shadow arrangements to be articulated 5. PMO arrangements for accelerated steering group to be established 6. Internal investment agreements to be finalised between OCO/LCA 7.Capacity and skills	To agree a revised Bury economy financial plan Shadow OCO arrangements to be articulated Review Internal Investment agreements with LCA and OCO Agree PMO Support for accelerated savings steering group Complete review of the finance team structure and implement recommendations	10% 10% 20% 10% 30%	2	2	4

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
						CCG to account 9. Report into monthly Accelerated Saving Group monthly meeting						review of finance team and structure to be completed <u>Gap(s) in assurances:</u> 1. Financial reports to be developed for the Transformation Board 2. External Audit review of 2018/19 Finances					
4.4 (New) - Because of capacity and capability gaps in the locality and high degree of uncertainty there is a risk that transformation plans will not be robust or deliverable resulting in further significant financial pressure	Mike Woodhead	5	5	25	1. Financial reporting into key Groups/Committees 2. CCG membership on key Groups/Committee 3. Revised locality plans 4. Some specific internal investment agreements signed off 5. CCG sanctions in place for any underperformance	1. Report into Governing Body 2. Report into Joint Shadow Executive meetings 3. Report into Transformation Programme Board	11-May-2018	5	5	25	Limited	<u>Gap(s) in control:</u> 1. Locality Plan currently being updated 2. Outstanding internal investment agreements 3. Revised GM investment agreement 4. Lack of workforce planning 5. Lack of resource planning by the PMO <u>Gap(s) in assurances:</u>	Review Internal Investment agreements with LCA and OCO Submit updated Locality Plan Through the transformation programme Board escalate the need for appropriate workforce planning	20% 20% 100%	5	2	10
4.5 (New) - Because of pressure to pool budgets there is a risk that funds will be pooled without sufficient due diligence resulting in unforeseen financial risk	Mike Woodhead	4	4	16	1. Due diligence engagement process in place	1. Report into Joint Shadow Executive meetings	15-May-2018	4	4	16	Limited	<u>Gaps in controls(s):</u> 1. Engagement to be strengthened <u>Gaps in assurances(s):</u>	Update baseline exercise	30%	4	2	8
4.6 (New) - Because integration is at an early stage, organisational barriers may	Mike Woodhead	5	5	25	1. Locality plan 2. Greater Manchester investment agreement 3. Ongoing organisational development (OD) across organisations	1. Report into Transformation Programme Board 2. Report into Joint OCO Shadow Executive meetings 3. Formal LCA	15-May-2018	5	5	25	Limited	1. Locality plan currently being updated 2. Due diligence 3. Revised GM investment agreement 4. OD gaps with OCO 5 OD gaps with and LCA	Review Internal Investment agreements with LCA and OCO Submit updated Locality Plan Agree and implement an	20% 20% 10%	5	3	15

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
result in divergent objectives, different levels of prioritisation, and different levels of commitment resulting in non-delivery of transformation plans and an inappropriate balance of risk and reward across the system.					4. LCA governance arrangements 5. LCA mutually binding alliance agreement	meetings						(outside the CCG's influence)	OCO OD plan Undertake a review of the OCOs view on the LCA form	0%			

Strategic Objective 5 - To support the Locality Care Organisation to deliver high quality services in line with commissioner intentions

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
5.1 - Because the last CQC judgement identified that improvements are required at PAHT, 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	<ol style="list-style-type: none"> 1. Strategic leadership through the Northern Care Alliance 2. Improvement Plan submitted to CQC and approved. Improvement plan monitoring reported to GB on a regular basis. 3. PAHT Quality and Improvement Strategy ratified 4. Quality Improvement and Prioritisation meetings lead by CCGs providing greater visibility 5. Key Lines of Enquiry (KLOEs) in place 6. LCO established via the Northern Care Alliance NHS Group 7. Board Assurance Framework in place 	<ol style="list-style-type: none"> 1. Regular reports to the Governing Body on performance and quality 2. Quality and Performance Committee scrutiny of measures 3. CQC assurance of progress against improvement plan 4. CQC reinspection 5. Collaborative quality scrutiny with the LA and oversight by the OCO 6. MIAA CCG Audit of quality controls (significant assurance received) 7. Bi-monthly reporting to GM Quality Board 	16-May-2018	5	3	15	Significant	<p>Gap(s) in Controls:</p> <p>Gap(s) in assurances:</p> <ol style="list-style-type: none"> 1. Awaiting on the final iteration of the CQC report (Autumn 2018/19 reassessment) 	<p>Review findings from the CQC reassessment</p> <p>Review findings from the autumn CQC reassessment</p>	<p>100%</p> <p>0%</p>	5	1	5
5.2 - Because the last CQC judgement identified that improvements are required at PCFT, 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	<ol style="list-style-type: none"> 1. CQC Improvement Plan for Mental Health and Community Services 2. Local Level Plans (as part of overall improvement plan) 3. Strategic/Board level focus 4. Local level surveillance through Quality and Performance provider meeting 5. Substantive Director of Nursing in post 6. NHS Improvement leading collaborative working across 5 CCGs to drive change 7. CQC Action Plan received and approved 8. PCFT Strategy Partnership Board/Quality Improvement Board/Quality Assurance 	<ol style="list-style-type: none"> 1. Regular Reports to CCG Governing Body 2. CCG awareness of where service improvement is required 3. PCFT awareness of CQC findings and improvement expectations 4. Structure approved by NHS Improvement 5. Regular reporting to PCFT Strategy Partnership Board/Quality Improvement Board/Quality Assurance Board (External assurance) 6. Bi-monthly reporting to GM Quality Board 	16-May-2018	5	3	15	Significant	<p>Gap(s) in Controls:</p> <p>Gap(s) in assurances:</p> <ol style="list-style-type: none"> 1. CQC reinspection yet to be confirmed 	<p>Evaluate evidence for the required improvements</p> <p>Footprint wide and local improvement work around MH Patient flow</p> <p>Review findings from the CQC reassessment</p>	<p>100%</p> <p>25%</p> <p>0%</p>	5	1	5

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk	
					Board chaired by CO GMHSCP 9. Locality based improvement programmes established													

Strategic Objective 06- To develop Primary Care to become excellent and high performing commissioners

No risks are currently recorded against this Strategic Objective