

<b>Meeting: Governing Body</b>			
<b>Meeting Date</b>	26 September 2018	<b>Action</b>	Recommend
<b>Item No.</b>	13b	<b>Confidential</b>	No
<b>Title</b>	Governing Body Assurance Framework		
<b>Presented By</b>	Margaret O'Dwyer, Director of Commissioning and Business Delivery		
<b>Author</b>	Lynne Byers, Risk Manager		
<b>Clinical Lead</b>	-		

<b>Executive Summary</b>
<p>More than ever before and in context of a culture of decentralisation, increased local autonomy and accountability, the CCG's Governing Body needs to be confident in the systems, policies and people it has in place to efficiently and effectively drive the delivery of its objectives by focusing on the minimising of risk.</p> <p>This Governing Body Assurance Framework (GBAF) for 2018-19 is presented to advise on the current levels of risk and continued actions to enable the delivery of the Strategic Objectives for 2018/19.</p> <p>The Audit Committee was advised that following the last Governing Body meeting a request had been made for the format of the report to be re-considered, particularly in respect to reflecting on whether risks should be reported by changes in their level of assurance or level of risk. It was advised that a benchmarking exercise against other GBAF reports and review of publications in respect to Board Assurance Frameworks will be undertaken.</p> <p>Since last presentation of the GBAF, a review of all risks has been undertaken and a narrative report was presented to the Audit Committee for consideration, however as this was a tabled report, it was agreed the final GBAF for presentation to the Governing Body would be progressed under Chair's Action.</p> <p>The report reflects updates provided during August 2018.</p> <p>In summary, the current risk profile is presented as :</p> <ul style="list-style-type: none"> <li>• 9 presenting a significant level of risk (level 15 or above) to delivery of the CCG's strategic objectives; and</li> <li>• 5 presenting a high level of risk (level 8-12) to delivery of the CCG's strategic objectives.</li> </ul> <p>Minor changes are included within the report provided, specifically the reporting of risk by changes in risk level rather than assurance. The report is recommended to the Governing Body.</p>

Recommendations
<p>It is recommended that the Governing Body:</p> <ul style="list-style-type: none"> <li>• note the Governing Body Assurance Framework presented on recommendation of the Audit Committee; and</li> <li>• discuss the risks presented through the report.</li> </ul>

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 <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 Meeting	07/09/2018	Agreed for feedback to be provided outside of the meeting and report to be progressed under Chair's Action.

## 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 organisation's 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 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 Assurance Levels**

- 4.1. At the Governing Body meeting in July 2018, members identified that an assurance table showing the quarterly changes would be beneficial for oversight. Work is progressing on this, in addition to the re-design of the report to provide more visual representation of the information.

#### **5.0 Quarter 2 2018/19 Governing Body Assurance Framework Review**

- 5.1. The Governing Body Assurance Framework was last presented to the Governing Body at its meeting on 25 July 2018.

- 5.2. During August 2018 a review has been undertaken to reflect on the level of risk and 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, which informs 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 August 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:
  - 9 presenting a significant level of risk (level 15 or above) to delivery of the CCG's Strategic Objectives; and
  - 5 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. Two risks have decreased in score, with all other risks remaining at the same level. This position 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.

## 7.0 Governing Body Assurance Framework

### Risks that have increased in score

- 7.1. During the reporting period, no risks have been assessed as having increased in score.

### Risks that have reduced in score

- 7.2. During the reporting period, two risks have been assessed at a lower level of risk than previously reported:
  - **GB1819\_PR\_3.1 CCG and Local Authority - Culture, Priorities and Drivers**
- 7.3. This risk has decreased from a level 20 to a level 15 risk, against a target level of 10 to be achieved by March 2019. The likelihood score has reduced from a level 4 to a

level 3 as the OCO arrangements are now progressing at pace.

- 7.4. All mitigating actions are progressing well. To support the commissioning principles four 'test beds' have now commenced with further arrangements being developed.
- 7.5. Initial organisational development (OD) sessions have been successful and relationships strengthened. To further enhance cultures and priorities, a system wide OD session has been arranged for mid-August.

- **GB1819\_PR\_4.5 OCO Pooling opportunities during 2018/19**

- 7.6. This risk has decreased from a level 16 to a level 12 risk, against a target level of 8 to be achieved by December 2018. The likelihood score has reduced from a level 4 to a level 3 as the due diligence framework has been developed and is at its final stages of implementation.

### **Risks that have remained static**

- 7.7. The following risks have remained static:

- **GB1819\_PR\_1.1 Lack of effective engagement with communities**

- 7.8. 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.
- 7.9. 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.
- 7.10. Agreement has been reached on appointing an interim post, at a strategic level, to increase capacity within the system and a discussion of the patient cabinet and engagement requirements moving forward has been progressed through the Governing Body.

- **GB1819\_PR\_2.1 Service re-design processes, innovations and new approaches**

- 7.11. This risk remains at its current level of 12, against a target level of 8 to be achieved by March 2019.
- 7.12. All identified controls remain relevant and support the management of the risk. It is recognised that it will take time to develop processes and relationships that ensure engagement and working in collaborative ways is embedded across the system. Building trust not only to work together but work on behalf of each other will be crucial.
- 7.13. Organisational Development work is progressing at various levels across the

organisations to enable focus on the right things at the right time.

- **GB1819\_PR\_2.2 Urgent Care System – Redesign**

- 7.14. This risk remains at its current level of 12, against a target level of 8 to be achieved by September 2018.
- 7.15. To further develop the model for the Integrated Health and Social Care Hubs the LCA is working with the East Sector and Bury East GP Practices.
- 7.16. As previously reported this is a long term risk and is dependent upon the implementation stages of each hub.

- **GB1819\_PR\_3.2 Assuring decisions are clinically based**

- 7.17. This risk remains at its current level of 15, against a target level of 10 to be achieved by March 2019 as the OCO governance and structures are still under development.
- 7.18. The Bury Shadow Partnership Commissioning Board (formerly OCO Board), now have an agreed organisation structure and Terms of Reference which include clinical representation. Work groups have yet to be developed and established, these groups will also include clinical representation to ensure significant clinical decisions are considered.
- 7.19. Primary Care governance structures have been agreed and organisation development work is on-going. Alternative solutions are currently being scoped to enhance engagement with the Primary Care workforce (e.g. electronic solutions).

- **GB1819\_PR\_3.3 Governance arrangements - Single Commissioning Function**

- 7.20. When the risk was first identified it was assessed at a level 12, against a target risk level of 12, however further review has determined that the target level should be reduced further to a level 8.
- 7.21. Work is progressing at pace and in addition to the strategic work that has been progressed, 4 'test bed' areas have been identified for an operational review which is intended to bring both health and social care commissioners together to explore processes and identify optimum commissioning processes.
- 7.22. Further work is also being undertaken on the Target Operating Model for Integrated Commissioning, which is expected to be completed in Quarter 3, with implementation to be progressed once agreed.

- **GB1819\_PR\_4.1 Inability to identify sufficient QIPP Programmes**

- 7.23. This risk remains at its current level of 20, against a target level of 8 to be achieved by March 2019.
- 7.22. This risk is a long term risk and the gaps in controls are reflective of this.



- 7.23. Arrangements have been implemented to provide greater oversight and scrutiny of QIPP schemes, including the Accelerated Savings Group which is established as a formal sub-committee of the Finance, Contracting and Procurement Committee.
- 7.24. Chaired by Executive Directors, this group meets monthly to identify new opportunities and report progress on schemes already identified.
- 7.25. QIPP Phase 1 is progressing and focus is now on identifying Phase 2 schemes, with support from Deloitte. The process remains iterative and updates are provided through the governance arrangements as required.

- **GB1819\_PR\_4.2 Transformation Plan - Delivery**

- 7.26. This risk remains at its current level of 20, 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.
- 7.27. The Transformation Board have received a report which identified that most transformation themes have received approved funding and are in the process of commencing implementation. The expectation is that the remaining themes will receive funding approval on the 08 August 2018.

- **GB1819\_PR\_4.3 Short term financial targets (e.g. QIPP/PAHT/PCFT) during 2018/19**

- 7.28. This risk remains at its current level of 8, against a target level of 4 to be achieved by January 2019.
- 7.29. Although the pace of progress is slower than expected for some of the mitigating actions, progress is being made. The investment agreements have been agreed for Children's Services and parts of Urgent Care and Public Health Programmes, and work is on-going with Programme 6.

- **GB1819\_PR\_4.4 Credibility/deliverability of the Transformation Fund/Locality Plan during 2018/19**

- 7.30. This risk is at a maximum level of 25, against a target level of 10 to be achieved by July 2018. There have been no significant changes in resourcing of the projects, and the lack of robust detailed planning underpinning major programmes remains a significant concern. There is a greater than 50% probability of the risk materialising and the impact of this would be in excess of 1% of the budget resulting and further this risk is assessed as (5) x (5) and has recently been confirmed by the Finance, Contracting and Procurement Committee.
- 7.31. A refreshed Investment Agreement has been ratified at the Transformation Locality Board meeting and has been submitted to GMH&SCP for discussion/approval July 2018. Once approved the revised investment agreement will be progressed in line with the new due date of 30 Sept 2018 as proposed by GM.

- **GB1819\_PR\_4.6 Locality Care Alliance (LCA) Development 2018/19**

- 7.32. This risk remains at its current level of 25 as there has been no tangible change to LCA integration and therefore the potential for barriers remains. The target level of risk is 15 to be achieved by October 2018,
- 7.33. The main controls for this risk are the Locality plan, LCA governance and the mutually binding alliance agreements. The Locality Plan has been submitted to GMH&SCP for approval in July 2018.
- 7.34. 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 support mitigation of the risk further:
- Agree and implement and OCO OD plan
  - Undertake a review of the OCO's view on the LCA form

- **GB1819\_PR\_5.1 CQC report : Pennine Acute Hospitals Trust (PAHT)**

- 7.35. This risk remains at its current level of 15, against a target level of 5, to be achieved by March 2019.
- 7.36. The controls in place are effective in managing the risk. Oversight will be maintained during 2018/19 to ensure PAHT are prepared for the follow-up CQC reassessment in the autumn.
- 7.37. Two new monitoring mechanisms have also been identified:
- Re-establishment Walkaround Programme to support the Northern Care Alliance with the quality assurance processes due 1/9/2018; and
  - FGH Patient Experience Committee now includes Patient Cabinet members.

- **GB1819\_PR\_5.2 CQC report : Pennine Care Foundation Trust (PCFT)**

- 7.38. This risk remains at its current level of 15, against a target level of 5 to be achieved by March 2019. Oversight will be maintained during 2018/19 to ensure PCFT are prepared for the follow-up CQC reassessment.
- 7.39. The Quality Assurance Governance was discussed at the Strategic Partnership Board. The Quality Assurance Committee for the 5 CCGs has been re-established, with the first meeting taking place in August, chaired by Bury CCG's Executive Nurse.

## **8.0. Recommendations**

- 8.1. The Governing Body is asked to:
- Receive the Governing Body Assurance Framework on the recommendation of the Audit Committee.

## 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	<ol style="list-style-type: none"> <li>1. Close working with Public Health to co-ordinate joint working and messages</li> <li>2. Communications and Engagement Strategy for CCG activity</li> <li>3. Public engagement on urgent care re-design will promote self-care</li> <li>4. Patient Cabinet in place to promote active engagement and public voice</li> <li>5. Self-care has an increased focus in the refreshed locality plan 2017</li> <li>6. Agreed investment from GM to support the transformation programme which will require active engagement (core component of the Communication and Engagement Strategy)</li> <li>7. Neighbourhood engagement models under development</li> <li>8. Communication and Engagement enabling workstreams established</li> </ol>	<ol style="list-style-type: none"> <li>1. Patient Cabinet reports to the Governing Body</li> <li>2. Lay Member for PPI voting member on the Governing Body and Primary Care Commissioning Committee</li> <li>3. Healthwatch attend PCCC</li> <li>4. NHSE PPI indicator assessment (an external assessment of the CCG's website/annual reports etc.)</li> <li>5. Annual 360 Stakeholder Survey</li> </ol>	11-May-2018	5	3	15	Significant	<p><b>Gap(s) in controls:</b></p> <ol style="list-style-type: none"> <li>1. Patient engagement specific to schemes but could be more proactive or wider reaching</li> <li>2. Engagement Strategy for locality plan</li> <li>3. No integrated Communications and Engagement Strategy</li> <li>4. Slow pace in respect of the implementation required to deliver the transformation programme</li> </ol> <p><b>Gap(s) in assurances:</b></p> <ol style="list-style-type: none"> <li>1. NHSE PPI Indicator assessment requires improvement</li> </ol>	<p>Communications and Engagement strategy to be refreshed to include OCO and Locality Care Organisation</p> <p>Patient Engagement Toolkit to be re-introduced</p> <p>CCG Engagement Programme to be developed</p> <p>Commence development of an integrated Communications and Engagement Strategy</p> <p>PPI Indicator action plan to be developed</p>	<p>100%</p> <p>100%</p> <p>75%</p> <p>10%</p> <p>90%</p>	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	<u>Gap(s) in controls:</u> 1. Communications and Integrated Engagement Strategy not reflective of the changing landscape 2. Effectiveness of Patient Cabinet  <u>Gap(s) in assurances:</u> 1. Joint Commissioning Board remit refresh outstanding	Review patient engagement to support wider public involvement Board remit outline Clinical and Managerial input into shaping the new GM Joint Commissioning Board	50% 100% 0%	4	2	8
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	<u>Gap(s) in controls:</u> 1. Implementation plan not yet developed and agreed  <u>Gap(s) in assurances:</u>	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	3	15	Significant	<b>Gap(s) in controls:</b> 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  <b>Gap(s) in assurances:</b> 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	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	07-Jun-2018	5	3	15	Significant	<b>Gap(s) in controls:</b> 1. Bury Partnership Commissioning Board governance yet to be developed (formerly OCO Board) 2. Bury1 Partnership Commissioning Board structure yet to be determined  <b>Gap(s) in assurances:</b>	Governance of Bury Shadow Partnership Commissioning Board to be developed  Structure of Bury Shadow Partnership Commissioning Board to be determined  Roles and responsibilities of Primary Care as commissioners and	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
					on a regular basis	Programme Board 5. Bury1 Shadow Partnership Commissioning Board (formerly OCO Board) 6. Joint Shadow Executive Group Meetings 7. Primary Care Working Together Meetings						2. Different decision making cultures	providers to be explored and made explicit				
													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	<b>Gap(s) in controls:</b> 1. End model for integrated commissioning not known  <b>Gap(s) in Assurances:</b> 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	8

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	<b>Gap(s) in controls:</b> 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  <b>Gap(s) in assurances:</b> 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	<b>Gap(s) in controls:</b> 1. Locality Plan not yet finalised 2. Implementation Plan not yet finalised 3. Outcome of detailed financial reviews  <b>Gap(s) in assurances:</b>	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 CCG to account 9. Report into monthly	11-May-2018	4	2	8	Limited	<b>Gap(s) in control:</b> 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 review of finance team and structure to be completed  <b>Gap(s) in assurances:</b>	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
						Accelerated Saving Group monthly meeting						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	<b>Gap(s) in control:</b> 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  <b>Gap(s) in assurances:</b>	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	3	12	Limited	<b>Gap(s) in controls(s):</b> 1. Engagement to be strengthened  <b>Gap(s) in assurances(s):</b>	Update baseline exercise	30%	4	2	8
4.6 (New) - Because integration is at an early stage, organisational barriers may result in divergent objectives, different levels of prioritisation, and different	Mike Woodhead	5	5	25	1. Locality plan 2. Greater Manchester investment agreement 3. Ongoing organisational development (OD) across organisations 4. LCA governance arrangements 5. LCA mutually binding alliance agreement	1. Report into Transformation Programme Board 2. Report into Joint OCO Shadow Executive meetings 3. Formal LCA meetings	15-May-2018	5	5	25	Limited	<b>Gap(s) in controls(s):</b> 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 (outside the CCG's influence)	Review Internal Investment agreements with LCA and OCO  Submit updated Locality Plan  Agree and implement an OCO OD plan  Undertake a review of the OCOs view on the LCA form	20%  20%  10%  0%	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
levels of commitment resulting in non-delivery of transformation plans and an inappropriate balance of risk and reward across the system.																	

Strategic Objective 5 - To support the Locality Care Alliance 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	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	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 re-inspection 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	<b>Gap(s) in Controls:</b>	Review findings from the CQC reassessment	100%	5	1	5
												<b>Gap(s) in assurances:</b> 1. Awaiting on the final iteration of the CQC report (Autumn 2018/19 reassessment)	Review findings from the autumn CQC reassessment	0%			
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	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	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	<b>Gap(s) in Controls:</b>	Evaluate evidence for the required improvements	100%	5	1	5
												<b>Gap(s) in assurances:</b> 1. CQC reinspection yet to be confirmed	Footprint wide and local improvement work around MH Patient flow	25%			
													Review findings from the CQC reassessment	0%			

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 be a **high-performing, well-run** and **respected** organisation with an **empowered** workforce.

No risks are currently recorded against this Strategic Objective