

<b>Meeting: Governing Body</b>			
<b>Meeting Date</b>	23 January 2019	<b>Action</b>	Consider
<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>	-		

### **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.

Following the last review of the Governing Body Assurance Framework (GBAF), the Governing Body requested a review of the format of the report and the risk scoring matrix.

A comparative review against other GBAF reporting styles across the North West has been undertaken and the report format has been amended. Work to review the risk scoring matrix, in line with the refresh of the Risk Management Strategy will continue with a view to implementation for 01 April 2019.

The newly formatted GBAF was presented to the Audit Committee in January 2019, and subject to some further minor formatting reports, welcomed the revised layout, particularly the summary dashboard presenting a quarter by quarter risk assessment.

The GBAF report presented to the Governing Body now includes:

- Overarching report (New) summarising the key points of the GBAF review;
- Appendix 1 (New) – GBAF Summary Dashboard, reflecting quarter by quarter risk assessment history and trend;
- Appendix 2 (Current) – comprehensive GBAF; and
- Appendix 3 (New) – GBAF narrative.

In addition, this report also includes at Appendix 4 a table which outlines the alignment of each risk included on the GBAF to a committee or sub-committee of the Governing Body or a relevant Partnership Board. This change in reporting and review of risks addresses feedback provided through the MIAA Internal Audit annual review of the Governing Body Assurance Framework and will enable greater scrutiny and assurance on the management of these strategic risks.

The GBAF is presented to advise on the current levels of risk and continued actions to enable the delivery of the Strategic Objectives for 2018/19.

Since last presentation of the GBAF a review of all risks has been undertaken and the

current risk profile is presented as :

- 8 presenting a significant level of (current) risk (level 15 or above) to delivery of the CCG's strategic objectives;
- 5 presenting a high level of (current) risk (level 8-12) to delivery of the CCG's strategic objectives; and
- 1 presenting a moderate level of (current) risk (level 4-6) to delivery of the CCG's strategic objectives

The Audit Committee was satisfied on the processes in place for reviewing the risks, and welcomed the additional reviews that would be undertaken through the respective committees and recommended the GBAF for submission to the Governing Body.

The Audit Committee also requested that the Chairs of the respective committees should provide an overview to the Governing Body of key points for noting in respect to their GBAF risks.

### Recommendations

It is recommended that the Governing Body:

- receive the Governing Body Assurance Framework report;
- note the changes in the report, including the alignment of risks to CCG Committees or Partnership Boards;
- invite input from Committee Chairs in respect to their GBAF risks; and
- discuss any concerns arising from the information presented.

### 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 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:	Yes
All GBAF risks are articulated within the report	

### Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
These will be addressed through management of the risks						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

relation to this report?						
Have any departments/organisations who will be affected been consulted?	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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
These will be addressed through management of the risks						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a 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 including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
<i>The risks are articulated within the report and managed through the respective committees as appropriate</i>						

<b>Governance and Reporting</b>		
<b>Meeting</b>	<b>Date</b>	<b>Outcome</b>
Audit Committee	08/01/2019	The Audit Committee reviewed the GBAF at its meeting in January 2019 and subject to further formatting amendments, recommended the GBAF for discussion at the Governing Body.

## 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 GBAF Report Format

- 4.1. Following the last review of the Governing Body Assurance Framework (GBAF), the Governing Body requested a review of the format of the GBAF and the risk scoring matrix. A comparative review against other GBAF reporting styles across the North West has been undertaken and the report format has been amended. Work to review the risk scoring matrix, in line with the refresh of the Risk Management Strategy will continue with a view to implementation for 01 April 2019.
- 4.2. The GBAF report presented to the Governing Body now includes:
  - Overarching report (New) summarising the key points of the GBAF review;
  - Appendix 1 (New) – GBAF Summary Dashboard, reflecting quarter by quarter risk assessment history and trend;
  - Appendix 2 (Current) – comprehensive GBAF; and
  - Appendix 3 (New) – GBAF narrative.

- 4.3. In addition, this report also includes at Appendix 4 a table which outlines the alignment of each risk included on the GBAF to a committee or sub-committee of the Governing Body or a relevant Partnership Board. This change in reporting and review of risks addresses feedback provided through the MIAA Internal Audit annual review of the Governing Body Assurance Framework and recently published guidance <sup>1</sup>, and will enable greater scrutiny and assurance on the management of these strategic risks.
- 4.4. The Audit Committee was satisfied on the processes in place for reviewing the risks, and welcomed the additional reviews that would be undertaken through the respective committees and recommended the GBAF for submission to the Governing Body.
- 4.5. The Audit Committee also requested that the Chairs of the respective committees should provide an overview to the Governing Body of key points for noting in respect to their GBAF risks.

## **5.0 Alignment of GBAF risks to the responsible CCG Committees and Partnership Boards**

- 5.1. All GBAF risks have been assigned to a sub-committee of the Governing Body or other relevant Partnership Boards based on the nature of the risk. The table below shows the alignment and is supported by the detailed table at Appendix 4.

<b>Committee</b>	<b>Number of Risks</b>
Quality and Performance	3
Finance Contracting and Procurement	5
OCO Partnership Board	4
Transformation Programme Board	2

- 5.2. During Quarter 3, risks aligned to the Quality and Performance Committee and Finance Contracting and Procurement Committee have been submitted to the committees for further review following update from the Risk Owner, with feedback included within the body of the report.
- 5.3. Risks for the Partnership Boards will be presented to the meetings from January 2019 onwards.
- 5.4. It should be noted that minutes from Partnership Boards are presented to the Governing Body and these should reflect the discussion, assurance and actions pertaining to the risks aligned to those meetings.

## **6.0 Quarter 3 2018/19 Governing Body Assurance Framework Review**

- 6.1. The Governing Body Assurance Framework was last presented to the Audit Committee in September 2018 and the Governing Body at its meeting on 26 September 2018.

<sup>1</sup> Good Governance Institute - A survey of Practice, Board Assurance Framework (BAFs), October 2018

- 6.2. During November 2018 all GBAF risks have been reviewed by the Risk Owners to reflect 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. Appendix 2 reflects the reviews, and for ease of reference any changes are displayed in **bold**.
- 6.3. 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.

## **7.0 Governing Body Assurance Framework Summary Assessment**

- 7.1. As outlined above the GBAF reflects the current position as reported at November 2018.
- 7.2. Fourteen (14) risks are presented across five (5) of the six (6) strategic objectives and the current risk profile of these is summarised as:
- 8 presenting a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives;
  - 5 presenting a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives; and
  - 1 presenting a moderate level of current risk (level 4-6) to delivery of the CCG's Strategic Objectives
- 7.3. The following risks have been assessed in respect of their current risk levels and are reported as follows. Full narrative is provided at Appendix 3.

### **Risks that have increased in score:**

- GB1819\_PR\_2.2 Urgent Care System – Redesign (16)

### **Risks that have decreased in score:**

- GB1819\_PR\_4.1 Inability to identify sufficient QIPP Programmes (Level 16)
- GB1819\_PR\_4.3 Short term financial targets (e.g. QIPP/PAHT/PCFT) ( Level 6)
- GB1819\_PR\_4.5 OCO Pooling opportunities during 2018/19 (Level 8)
- GB1819\_PR\_4.6 Locality Care Alliance (LCA) Development 2018/19 (Level 20)
- GB1819\_PR\_5.1 CQC report: Pennine Acute Hospitals Trust (Level 10)
- GB1819\_PR\_5.2 CQC report: Pennine Care Foundation Trust (Level 10)

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

- GB1819\_PR\_1.1 Lack of effective engagement with communities (Level 15)
- GB1819\_PR\_2.1 Service re-design processes, innovations and new Approaches (Level 12)
- GB1819\_PR\_3.1 CCG and Local Authority - Culture, Priorities and Drivers (Level 15)
- GB1819\_PR\_3.2 Assuring decisions are clinically based (Level 15)
- GB1819\_PR\_3.3 Governance arrangements - Single Commissioning Function (Level 12)
- GB1819\_PR\_4.2 Transformation Plan – Delivery (Level 20)
- GB1819\_PR\_4.4 Credibility/deliverability of the Transformation Fund/Locality Plan during 2018/19 (Level 25)

7.4. No risks are currently recorded against objective 6 -To be a high performing, well run and respected organisation with an empowered workforce, however work continues to progress this following changes in ownership of this objective.

## **8.0 Recommendations**

- 8.1. The Governing Body is asked to:
- receive the Governing Body Assurance Framework report;
  - note the changes in the report, including the alignment of risks to CCG Committees or Partnership Boards;
  - invite input from Committee Chairs in respect to their GBAF risks; and
  - discuss any concerns arising from the information presented.

**Lynne Byers**  
**Risk Manager**  
**December 2018**





## Appendix 1: Governing Body Assurance Framework – Summary Dashboard Report

Strategic Objective 1 - To encourage people so that they want to, and do, take responsibility for their own health and well-being											
Reference	Risk Description	Owner	Q1	Trend	Q2	Trend	Q3	Trend	Q4	Trend	Target Risk
GB1819_PR_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	15		15		15				10







Strategic Objective 2 - To drive and support system wide transformation											
Reference	Risk Description	Owner	Q1	Trend	Q2	Trend	Q3	Trend	Q4	Trend	Target Risk
GB1819_PR_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	12		12		12				8
GB1819_PR_2.2	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	Margaret O'Dwyer	12	New	12		16				8




Strategic Objective 3 - To commission joined-up health and social care for people in Bury through a Single Commissioning Framework											
Reference	Risk Description	Owner	Q1	Trend	Q2	Trend	Q3	Trend	Q4	Trend	Target Risk
GB1819_PR_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	Margaret O'Dwyer	20		15		15				10
GB1819_PR_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	15		15		15				10
GB1819_PR_3.3	Delays in the development of the new governance arrangements to support single function will impact on delivery of integrated commissioning	Margaret O'Dwyer	12	New	12		12				8

Strategic Objective 4 - To achieve financial sustainability for the Bury Health and Social Care economy											
Reference	Risk Description	Owner	Q1	Trend	Q2	Trend	Q3	Trend	Q4	Trend	Target Risk
GB1819_PR_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 <b>to support the CCG's wider saving requirements</b>	Margaret O'Dwyer	20		20		16				8
GB1819_PR_4.2	Because of the delays to the delivery of the Transformation Plan, there is a risk that the benefits and deflections will not be realised	Margaret O'Dwyer	20	New	20		20				15
GB1819_PR_4.3	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	8	New	8		6				4
GB1819_PR_4.4	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	25	New	25		25				10
GB1819_PR_4.5	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	16	New	12		8				8

GB1819_PR_4.6	Because integration is at an early stage, organisational barriers may 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.	Mike Woodhead	25	New	25		20				15
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**Strategic Objective 5 - To support the Locality Care Organisation to deliver high quality services in line with commissioner intentions**

Reference	Risk Description	Owner	Q1	Trend	Q2	Trend	Q3	Trend	Q4	Trend	Target Risk
GB1819_PR_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	15		15		10				5
GB1819_PR_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	15		15		10				5

Key		
	Increased	
	Decreased	
	Static	

## Appendix 2: Governing Body Assurance Framework – Detailed Report

### 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 9. <b>New interim Comms &amp; Engagement Manager in post whose remit is to review the comms &amp; engagement requirement across the OCO/LCA</b>	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 6. <b>Monthly Transformation Board meeting to oversee the implementation of the new programmes</b>	02-Nov-2018	5	3	15	Significant	<b>Gap(s) in controls:</b> 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 <b>Gap(s) in assurances:</b> 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 <b>PPI action plan to be implemented</b>	100% 100% 75% 10% 100% 25%	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, <b>NES clinical services</b> 6. Locality Care Alliance (LCA)/Partners working together to stimulate new approaches 7. OCO/LCA clinical reference group being explored <b>8. Case for change for NES clinical services identified October 2018</b>	1. Bury One Shadow Partnership Commissioning Board established 2. NES governance architecture across health and social care supports alignment where appropriate across sectors 3. <b>NES clinical services Transformation Board established</b> 4. GM Joint Commissioning Board remit being refreshed	02-Nov-2018	4	3	12	Limited	<b>Gap(s) in controls:</b> 1. Communications and Integrated Engagement Strategy not reflective of the changing landscape 2. Effectiveness of Patient Cabinet  <b>Gap(s) in assurances:</b> 1. Joint Commissioning Board <b>Phase 2</b> 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	100%			
													<b>GM Joint Commissioning Board phase 2 to be confirmed</b>	0%			
2.2 - 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	Margaret O'Dwyer	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 <b>December 2018</b>	1. Locality Transformation Board	01-Nov-2018	4	4	16	Limited	<b>Gap(s) in controls:</b> 1. Implementation plan not yet developed and agreed  <b>Gap(s) in assurances:</b>	Meetings with LCA to progress implementation of model	100%	4	2	8
													Develop the proposed model for presentation to the Board	20%			

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	Margaret O'Dwyer	5	4	20	1. Health and Wellbeing Board in place attended by CCG Chair and Accountable Officer 2. Single vision confirmed by CCG and LA 3. Open book accounting and pool budgets being explored 4. Joint working on Locality Plan 5. Commissioning Task & Finish Group established to review commissioning opportunities 6. Governing Body/Cabinet meetings established to agree governance arrangements, culture and future ways of working 7. GM Hub established 8. Joint Executive Director meetings established 9. OD Programme being established 10. OD sessions for Partnership established	1. CCG Assurance meetings with GMHSCP 2. Key commissioning priorities agreed through the OCO 3. GM Commissioning review 4. Establishment of Commissioning Partnership Board is now having a positive impact	01-Nov-2018	5	3	15	Significant	<u>Gap(s) in controls:</u> 1. Open book and pooled budgets to be agreed 2. Understanding of new culture to foster innovation and achieve desired outcomes  <u>Gap(s) in assurances:</u> 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 <b>Explore new ways of commissioning across the CCG and Authority</b>	100% 25% 75% 50% 0%	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 6. Clinical input into	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	27-Nov-2018	5	3	15	Significant	<u>Gap(s) in controls:</u> 1. Bury 1 Partnership Commissioning Board governance yet to be finalised  <u>Gap(s) in assurances:</u> 1. 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	80% 100% 50%	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
					Joint Shadow Executive	5. Bury1 Shadow Partnership Commissioning Board (formerly OCO Board) 6. Joint Shadow Executive Group meetings 7. Primary Care Working Together meetings 8. <b>Monthly Joint Senior Clinical Manager team meetings</b>							Continued development, engagement and involvement of Primary Care Design OCO final structure <b>Review the roles and responsibilities of the Clinical Cabinet – Joint professional congress with the LCA</b>	50% 25% 90%			
3.3 - Delays in the development of the new governance arrangements to support single function will impact on delivery of integrated commissioning	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. 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.	01-Nov-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>	Dedicated capacity to be identified to develop the Single Commissioning Framework and Target Operating Model for the Strategic Commissioning Function  <b>Work plan timescales/ monitoring arrangements to be agreed</b>	0% 0%	4	2	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, Dr Foster and Deloitte 4. Transformation schemes/programmes approved by GM 5. Interim capacity identified to deliver the opportunities identified via Deloitte	1. QIPP report to FC&P Committee and GB 2. GM Commissioning Assurance Reviews 3. New joint QIPP/Accelerated Savings Group (ASG) established as a sub-group of the FC&P Committee	01-Nov-2018	4	4	16	Significant	<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	Initial QIPP pipeline to be developed  To meet the RightCare requirement to review 40% of opportunities in year one and 80% in year 2  <b>Deloitte's top 9 priorities to be worked up and progressed by March 19</b>	100%  85%  20%	4	2	8
4.2 - Because of the delays to the delivery of the Transformation Plan, there is a risk that the benefits and deflections will not be realised	Margaret O'Dwyer	5	4	20	1. Refresh of the Locality Plan 2. SROs developing detail implementation plans 3. Interim Executive Director for the LCA now in post and providing direction around implementation of the transformation programmes	1. Transformation Board 2. Finance, Contracting & Procurement Committee	01-Nov-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  Transformation plans require implementation  <b>Agreement required to identify the local level of ambition for the investment agreement</b>	100%  100%  20%  20%	5	3	15
4.3 - 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	06-Nov-2018	3	2	6	Significant	<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 savings 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	To agree a revised Bury economy financial plan  Shadow OCO arrangements to be articulated using test bed approach  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	50%  50%  50%  100%  100%	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
						8. GMHSCP hold the CCG to account 9. Report into monthly Accelerated Saving Group monthly meeting						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	recommendations				
4.4 - 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	06-Nov-2018	5	5	25	Limited	<u>Gap(s) in control:</u> 1. Outstanding internal investment agreements 2. Revised GM investment agreement 3. Lack of workforce planning 4. 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	50%  100%  100%	5	2	10
4.5 - 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 2. Due diligence process/framework developed, work <b>underway</b> on four test beds	1. Report into Joint Shadow Executive meetings 2. Report into Governing Body	06-Nov-2018	4	2	8	Limited	<u>Gaps in controls(s):</u>  <u>Gaps in assurances(s):</u>	Shadow OCO arrangements to be articulated using test bed approach  Update baseline exercise	50%  100%	4	2	8
4.6 - Because integration is at an early stage, organisational barriers may result in divergent objectives, different levels of prioritisation, and different levels of	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	06-Nov-2018	5	4	20	Limited	1. Revised GM investment agreement 2. OD gaps with OCO 3. OD gaps with 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	50%  100%  20%  50%	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
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 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	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. LCA 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 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 8. Audit Committee enhanced scrutiny of GBAF	07-Nov-2018	5	2	10	Significant	<b>Gap(s) in Controls:</b>  <b>Gap(s) in assurances:</b> 1. Awaiting on the final iteration of the CQC report (Autumn 2018/19 reassessment) 2. CCG walkaround programme to be re-established	Review findings from the CQC reassessment Review findings from the autumn CQC reassessment Walkaround Programme	100% 0% 25%	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	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. NHS Improvement leading collaborative working across 5 CCGs to drive change 6. CQC 'Moving to Good' Action Plan received and approved	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 and Quality Improvement Board 6. Bi-monthly reporting to GM Quality Board 7. Quality Assurance	07-Nov-2018	5	2	10	Significant	<b>Gap(s) in Controls:</b>  <b>Gap(s) in assurances:</b> 1. CQC written feedback awaited	Evaluate evidence for the required improvements Footprint wide and local improvement work around MH Patient flow Review findings from the CQC reassessment	100% 75% 25%	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	
other regulators and stakeholders					7. PCFT Strategy Partnership Board and Quality Improvement Board 8. Locality based improvement programmes established 9. Quality Assurance Committee in place and chaired by Executive Nurse Bury CCG	Committee in place and chaired by Executive Nurse Bury CCG <b>8. Step down of Quality Improvement Board to be managed by the Quality Assurance Committee</b>												

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

No risks are currently recorded against this Strategic Objective

## Appendix 3: Governing Body Assurance Framework

### 1.0 Risks that have increased in score

- 1.1. During the reporting period, one (1) risk has been assessed as having an increased score and presents a significant level of risk to the CCG.
  - **GB1819\_PR\_2.2 Urgent Care System – Redesign**
- 1.2. This risk has increased from a level 12 to a level 16 risk, against a target level of 8 following an increase in the likelihood score of 3 (possible) to a level 4 (likely) as the East Sector is now looking at a different Primary Care Model as it was felt that the original model would pose significant challenges for delivery.
- 1.3. The target date has also been adjusted from September 2018 to December 2018 in line with the revised development times of the proposed East Sector Hub Model for presentation to the Board in December 2018, however the CCG are yet to be assured that the new model can be delivered within the planned timescales.
- 1.4. As previously reported this is a long term risk and is dependent upon the implementation stages of each hub.
- 1.5. The Quality and Performance Committee reviewed this risk at the 14 November 2018 meeting and agreed that the risk level is appropriate and is being effectively managed.

### 2.0 Risks that have decreased in score

- 2.1. The following six (6) risks have decreased in score.
  - **GB1819\_PR\_4.1 Inability to identify sufficient QIPP Programmes**
- 2.2. This risk has reduced from a level 20 to a level 15 risk, against a target level of 8 to be achieved by March 2019.
- 2.3. The likelihood score of 5 (almost certain) has reduced to a level 4 (likely) as external support has been sourced from Deloitte to identify longer term QIPP initiatives and interim capacity has been identified to deliver the opportunities identified. In addition a new QIPP Manager has been in post since May 2018 and the refined QIPP process is now owned across the organisation.
- 2.4. The top 9 QIPP priorities for 2019/20 have been identified and are currently being worked through. Although each scheme is progressing well they are all at different stages, however the expectation is that they will be finalised by March 2019.
- 2.5. The Finance, Contracting and Procurement Committee reviewed this risk at the 15 November 2018 meeting and made no amendments to the level of risk, controls, assurance or gaps identified.

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

- 2.6. This risk has reduced from a level 8 to a level 6 risk, against a target level of 4 to be achieved by January 2019.
- 2.7. The impact score has reduced from a level 4 (major) to a level 3 (moderate). There is a greater confidence in QIPP achievement for 2018/19, and the successful mitigation of associated QIPP risks has resulted in the CCG reporting a reduced 'risk adjusted deficit' for the year.
- 2.8. The draft financial plan has been produced but requires finalising, however this is expected to be completed by December 2018.
- 2.9. The Finance, Contracting and Procurement Committee reviewed this risk at the 15 November 2018 meeting. The Committee is assured that the risk is being effectively managed.

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

- 2.10. This risk has decreased from a level 12 to a level 8 risk, and is now at target level.
- 2.11. The likelihood score has reduced from a level 3 (possible) to a level 2 (unlikely) as the due diligence framework is at its final stages of implementation.
- 2.12. The process for budget alignment leading to pooling arrangements is now in place. Further processes via the four identified test beds (MH&LD, Carers, SEND, & CHC) are being worked through. Joint commissioning leads have been assigned to each test bed and tasked with managing the process.
- 2.13. Although at target level this risk will remain on the GBAF and will be reassessed in Q4. This risk will form part of the annual GBAF refresh for 2019/20 financial year.
- 2.14. The Finance, Contracting and Procurement Committee reviewed this risk at the 15 November 2018 meeting. The Committee is assured that the risk is being effectively managed

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

- 2.15. This risk has reduced from a level 25 to a level 20 risk, and although a reduction has been seen it has not reached its target level of 15 by its expected due date of October 2018.
- 2.16. The likelihood score of 5 (almost certain) has reduced to a level 4 (likely) in recognition of the fact that the LCA have agreed new hosting arrangements with the Northern Care Alliance (NCA) and have agreed a set of principles around single line management. The LCA are also in the process of revising and strengthening their mutually binding agreement. An interim managing director for the LCA is also now in post to lead the managerial team.

- 2.17. To address integration and ensure collaborative working evolves with the OCO and LCA two Partnership Board Organisational development (OD) sessions have been completed, however wider OCO OD sessions need to be progressed to ensure collaborative working is fully established.
- 2.18. Form for the LCA from April 19 will remain as an Alliance of Partners but with strengthened internal governance, which will be reflected in a new title of Locality Care Organisation (LCO). This will be set out in a new mutually binding agreement which the CCG/OCO will be involved in developing.

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

- 2.19. This risk has reduced from a level 15 to a level 10 risk, against a target level of 5 to be achieved by March 2019.
- 2.20. The likelihood score of 3 (possible) has reduced to a level 2 (unlikely) as there is sufficient evidence that the implemented improvement plan is progressing well. Improvements have been recognised through reduction in serious incident reporting and site level leadership teams are well established.
- 2.21. Oversight will be maintained during 2018/19 to ensure PAHT are prepared for the follow-up CQC reassessment in the Autumn and as part of this the re-established Walkaround Programme will identify any areas for improvement.
- 2.22. The Quality and Performance Committee reviewed this risk at the 14 November 2018 meeting. The Committee is assured that the risk is being effectively managed.

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

- 2.23. This risk has reduced from a level 15 to a level 10 risk, against a target level of 5 to be achieved by March 2019.
- 2.24. The likelihood score of 3 (possible) has reduced to a level 2 (unlikely) as verbal feedback identifies that there have been no immediate concerns identified from the recent CQC visit, or the Well Led Review. Formal feedback is awaited.
- 2.25. To further manage this risk and improve the MH patient flow, local systems and processes for DTOC are now in place.
- 2.26. The Quality and Performance Committee reviewed this risk at the 14 November 2018 meeting. The Committee is assured that the risk is being effectively managed.

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

- 3.1. The following seven (7) risks have remained static.

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

- 3.2. 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 pace remains slow in respect of

the implementation required to deliver the transformation programme. The development of the transformation schemes are significantly behind plan.

- 3.3. Although the pace of progress is slower than expected, the LCA now have new leadership and the expectation is that the momentum will be increased. There is also assurance that the existing controls and actions will prevent any deterioration of this risk.
- 3.4. A new interim Communications and Engagement Manager is in post and will drive forward the communications and engagement requirement across the OCO/LCA. The integrated strategy is expected to be developed by January 2019.
- 3.5. Work is on-going to agree the model and approach for future engagement programmes with implementation being scrutinised by the Transformation Board.

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

- 3.6. This risk remains at its current level of 12, against a target level of 8 to be achieved by March 2019. The risk remains unchanged as it is recognised that it will take some time to develop processes.
- 3.7. Phase 1 refresh of the GM Joint Commissioning Board (JCB) remit to agree the clinical management and political makeup of the JCB has been approved. Phase 2 has yet to be confirmed.
- 3.8. The preferred theme 3 models of care have been identified and work is progressing to determine the clinical and financial sustainability of these models. Once completed these will be submitted to the JCB for approval.
- 3.9. In addition a case for change for the NES clinical services was identified in October 2018 and a NE Sector Clinical Services Transformation Board has been established to oversee the developments.

- **GB1819\_PR\_3.1 CCG and Local Authority - Culture, Priorities and Drivers**

- 3.10. 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 it is recognised that it will take some time to drive change.
- 3.11. All mitigating actions are progressing in line with their due dates. To support the commissioning principles, key commissioning priorities have been agreed through the OCO. The OCO has agreed the process for the alignment of budgets leading to pooling arrangements and are currently working through the appropriate processes via the four test beds identified.
- 3.12. Next steps include exploring new ways of commissioning across the CCG and Local Authority and continued roll-out of the system wide Organisational Development programme.



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

- 3.13. 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.
- 3.14. Collaborative conversations are taking place with the LCA and Clinical Commissioning colleagues to review roles and responsibilities.
- 3.15. Organisational Development is being progressed on a number of fronts, including the Primary Care engagement event which is being held to further scope solutions to enhance engagement with the workforce in Primary Care.

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

- 3.16. This risk remains at its current level of 12, against a target level 8 to be achieved by March 2019. The risk remains unchanged as dedicated capacity is required to develop the Single Commissioning Framework
- 3.17. To mitigate against this a new action has been identified with a timeframe of June 2019. Once dedicated capacity to deliver the development of the Single Commissioning Framework and target Operating Model is in situ, a work plan with timescales and monitoring arrangements can be agreed and progress towards implementation.

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

- 3.18. This risk remains at its current level of 20, against a target level of 15 to be achieved by March 2019. The target risk is based on year one milestones as this is a long term risk which will extend into 2020.
- 3.19. The risk remains unchanged as whilst there is momentum the output of the refreshed Investment Agreement has yet to be shared with the Transformation Board. This will include Programme 6 (primary, community and social care including the establishment of integrated neighbourhood teams).
- 3.20. Most themes have received approved funding and are progressing to implementation. Slippage has occurred and the expectation is that the final themes will have funding approved by January 2019.
- 3.21. The revised investment agreement has now been approved by GMHSCP. Work is ongoing to agree and identify the local level of ambition for the investment agreement and this will be presented to the Transformation Board for review in January 2019.
- 3.22. The Finance, Contracting and Procurement Committee reviewed this risk at the 15 November 2018 meeting and were assured that the risk is at the correct level and being managed effectively.

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

- 3.23. This risk remains at a maximum level of 25, against a target level of 10 which was originally set to be achieved by September 2018.
- 3.24. Although various programmes of work are in place and provide increased assurance around transformation, the outcome of the transformation plan and funding settlement review will not be known until January 2019. Until a clearer view can be formed, the risk owner feels the risk should not be reduced at this time. It is advised that this review is the main driver to promote credibility and deliverability of the Transformation Fund / Locality Plan for 2018/19.
- 3.25. On-going work continues in respect of progressing internal investment agreements with the LCA and OCO, Programme 6 and Public Health led programmes.
- 3.26. The Finance, Contracting and Procurement Committee reviewed this risk at the 15 November 2018 meeting and was in agreement with the current level of risk presented and the measures in place to support reduction towards the target level.

## Appendix 4: Governing Body Assurance Framework – Designated Committee

Objective Number	Objective Description	Risk Title	Risk Description	Responsible Committee
1	To encourage people so that they want to, and do, take responsibility for their own health and well-being	Lack of effective engagement with communities	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	OCO Partnership Board
2	To drive and support system wide transformation	Service re-design processes, innovations and new approaches	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	Transformation Programme Board
		Urgent Care System - Re-design	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	Quality and Performance
3	To commission joined-up health and social care for people in Bury through a Single Commissioning Framework	CCG and Local Authority - Culture, Priorities and Drivers	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	OCO Partnership Board
		Assuring decisions are clinically based	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	OCO Partnership Board
		Governance arrangements - Single Commissioning Function	Delays in the development of the new governance arrangements to support single function will impact on delivery through the Single Commissioning Function	OCO Partnership Board
4	To achieve financial sustainability for the Bury Health and Social Care economy	Inability to identify sufficient QIPP programmes	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	Finance, Contracting and Procurement
		Transformation Plan - Delivery	Because of the delays to the delivery of the Transformation Plan, there is a risk that the benefits and deflections will not be realised	Finance, Contracting and Procurement
		Short term financial targets (e.g QIPP/PAHT/PCFT) during 2018/19	Because there are short term financial pressures during 2018/19 there is a risk that actions may be taken which are counter productive to long term objectives.	Finance, Contracting and Procurement
		Credibility/deliverability of the Transformation Fund/Locality Plan during 2018/19	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	Finance, Contracting and Procurement
		OCO pooling opportunities during 2018/19	Because of pressure to pool budgets there is a risk that funds will be pooled without sufficient due diligence resulting in unforeseen financial risk	Finance, Contracting and Procurement
		Locality Care Alliance (LCA) Development 2018/19	Because integration is at an early stage, organisational barriers may 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.	Transformation Programme Board
5	To support the Locality Care Organisation to deliver high quality services in line with commissioner intentions	CQC report: Pennine Acute Hospitals Trust	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	Quality and Performance
		CQC report: Pennine Care Foundation Trust	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	Quality and Performance