

Meeting: Governing Body (Meeting in Public)			
Meeting Date	24 July 2019	Action	Approve
Item No.	12c	Confidential	No
Title	Governing Body Assurance Framework		
Presented By	Margaret O'Dwyer, Director of Commissioning and Business Delivery		
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Clinical Lead	-		

Executive Summary

The Governing Body Assurance Framework sets out the principal risks to the delivery of the Strategic Objectives.

Each year NHS Bury CCG has undertaken a review of its strategic objectives to ensure they remain relevant to the direction of travel and ambition of the CCG.

Over recent years, minor tweaks have been made to the existing strategic objectives, rather than a full re-write, however as the journey of establishing a One Commissioning Organisation progresses, the Governing Body felt that it was timely to consider the proposed Strategic Objectives in this wider context.

Following approval of the Strategic Objectives by the CCG Chair and Accountable Officer, the principal risks identified as remaining open from the 2018/19 GBAF have been mapped onto the new GBAF template.

Eight principal risks have transferred as currently written, two require review and four are identified as new risks due to requiring a full rewrite.

A summary (Appendix 1) and detailed (Appendix 2) GBAF is presented as part of this report for those risks worked up to date and the Governing Body is advised that further work will be progressed to ensure a fully populated GBAF for review and scrutiny by the Audit Committee in September.

Recommendations

- It is recommended that the Governing Body:
- note the report provided;
 - consider any additional principal risks that need to be included within the GBAF for monitoring during 2019/20 and confirm Risk Owners for all identified risks on the GBAF;
 - note the ongoing work to ensure the GBAF satisfies internal control requirements; and
 - note the date for next submission to the Governing Body.

Links to CCG Strategic Objectives	
SO1 People and Place To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	<input type="checkbox"/>
SO2 Inclusive Growth To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value	<input type="checkbox"/>
SO3 Budget To deliver a balanced budget for 2019/20	<input type="checkbox"/>
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO.	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework?	
GBAF – N/A	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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 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 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 type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Governance and Reporting		
Meeting	Date	Outcome

Development of 2019/20 Governing Body Assurance Framework

1.0 Introduction

1.1 This paper is presented to provide an update on the development of the 2019/20 Governing Body Assurance Framework (GBAF) following the approval of the new strategic objectives for 2019/20.

2.0 Background

2.1 Each year NHS Bury CCG has undertaken a review of its strategic objectives to ensure they remain relevant to the direction of travel and ambition of the CCG.

2.2 Over recent years, minor tweaks have been made to the existing strategic objectives, rather than a full re-write, however as the journey of establishing a One Commissioning Organisation progresses, the Governing Body felt that it was timely to consider the proposed Strategic Objectives in this wider context.

2.3 The Strategic Objectives are a key requirement of the GBAF.

2.4 All NHS organisations are required to develop and maintain an Assurance Framework in accordance with governance regulations applied to the NHS.

2.5 Developed from and aligned to the key strategies, 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.

2.6 It also provides a structure for providing the evidence to support the Annual Governance Statement.

3.0 Review of Strategic Objectives

3.1 In reviewing the Strategic Objectives, the Governing Body reflected on the achievements during the previous year, including:

- the formal establishment of the Locality Care Organisation supported by a signed Mutually Binding Agreement;
- the establishment of the shadow One Commissioning Organisation, supported by robust Clinical and Political Leadership, a co-located Joint Executive Team meeting on a regular basis, a clear road map with timescales for moving from shadow to fully operational and a programme of engagement to enable staff to inform the continued development of the emerging OCO;
- achievement of balanced budgets and delivery of statutory financial duties.

3.2 The Governing Body also considered the challenges that remain, including;

- the continued financial challenges for the locality and a need for £25m savings across Bury CCG and Council collectively;
- the need to work in different ways and ensuring, through development where necessary, the right skill set is available; and
- continued pressures to delivery of Constitutional standards, including A&E, Cancer and Elective Care Waits which adversely impact on the experience of Bury patients;

3.3 The Governing Body was reminded that the Strategic Objectives for 2019-20 should seek to address the objectives and priorities as set out in the Locality Plan, to:

- close the gap in healthy life expectancy;
- change the underlying determinants of health and well-being;
- ensure early intervention and prevention;
- move services into the community;
- help people into self-care; and
- redesign and improve services: LCO and OCO.

3.4 As a starting point for the discussion, the existing 2018-19 objectives were shared with the Governing Body:

- SO1: To encourage people so that they want to, and do, take responsibility for their own health and well-being.
- SO2: To drive and support system wide transformation.
- SO3: To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.
- SO4: To achieve financial sustainability for the Bury health and social care economy.
- SO5: To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.
- SO6: To be a high-performing, well-run and respected organisation with an empowered workforce

3.5 The debate of the Governing Body considered:

- whether the existing Strategic Objectives are articulated effectively to reflect at the most strategic level the 'ask' of the organisation;
- how to ensure any objective could be articulated for the public and staff accordingly so it is meaningful;
- the need to ensure that delivery against the objectives is measurable and reviewed on a regular basis;
- the importance of aligning objectives across the CCG and Council to ensure collective ownership across the OCO; and
- the need to develop objectives that reflective of the significant changes required across the system.

3.6 Following further discussions, the draft strategic objectives below were circulate to the CCG Membership and CCG employees to further develop and expand these:

- To enable the people of Bury to live in a place where they can create their own good health and well-being and to provide the support needed for those who are unable to look after themselves
- To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects.;

- To deliver a balanced budget for 2019/20; and
- To increase the involvement and wellbeing of all staff in scope of the OCO.

3.7 Feedback was received and in accordance with the authority delegated to the CCG Chair and Accountable Officer by the Governing Body at its meeting in May 2019, the Strategic Objectives have been agreed as:

- **SO1 People and Place**
To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life
- **SO2 Inclusive Growth**
To increase the productivity of Bury’s economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value
- **SO3 Budget**
To deliver a balanced budget for 2019/20
- **SO4 Staff Wellbeing**
To increase the involvement and wellbeing of all staff in scope of the OCO.

4 Development of the 2019/20 GBAF

- 4.1 The Strategic Objectives are key to development of the CCG’s 2019/20 GBAF.
- 4.2 Following approval of the Strategic Objectives, the GBAF risks from 2018/19 as identified by risk owners for carry forward into 2019/20 have been mapped to the respective Strategic Objective and shared with Governing Body members for further reflection.
- 4.3 In addition, Governing Body members have also been invited to identify any principal risks to the delivery of the new Strategic Objectives. No new risks have been proposed.
- 4.4 The current risk profile (see Appendix 1) is therefore reported as:

Objective	Number of Risks mapped
SO1 People and Place	Five (5) risks
SO2 Inclusive Growth	Zero (0) risks
SO3 Budget	Seven (7) risks
SO4 Staff Wellbeing	Two (2) risks

- 4.5 Of the 14 risks mapped, four were identified by the risk owner as requiring a full review including risk descriptions, levels, controls, assurances and mitigating actions. These are summarised below and are reflected in the GBAF summary and detailed report as new risks requiring work up:
- GB1920_PR_1.3 Urgent Care System – Re-design
 - GB1920_PR_3.1 Inability to identify sufficient QIPP Programmes
 - GB1920_PR_3.3 Short term financial targets (e.g. QIPP/PAHT/PCFT)
 - GB GB1920_PR_4.2 Governance arrangements - Single Commissioning Function.

- 4.6 The following eight (8) risks were identified at 31 March 2019 as transferring directly into the 2019/20 GBAF and have been mapped to the strategic objectives:
- GB1920_PR_1.1 Lack of effective engagement with communities.
 - GB1920_PR_1.2 Service re-design processes, innovations and new Approaches.
 - GB1920_PR_1.4 CQC report: Pennine Acute Hospitals Trust.
 - GB1920_PR_1.5 CQC report: Pennine Care Foundation Trust
 - GB1920_PR_3.2 Transformation Plan – Delivery.
 - GB1920_PR_3.7 Brexit no deal scenario.
 - GB1920_PR_3.6 CCG and Local Authority - Culture, Priorities and Drivers.
 - GB1920_PR_4.1 Assuring decisions are clinically based.
- 4.7 It was undecided at the end of year review by the risk owner whether the following two (2) risks would transfer onto the GBAF as currently reflected or whether a full review would be required in the context of current developments and the revised Strategic Objectives:
- GB1920_PR_3.4 Credibility/deliverability of the Transformation Fund/Locality Plan.
 - GB1920_PR_3.5 Locality Care Alliance (LCA) Development.
- 4.8 Risk owners have been invited to provide updates in advance of the next review schedule which will commence in August 2019 with a view to a fully populated GBAF being presented to the Audit Committee for review and scrutiny September 2019.

5.0 Recommendations

- 5.1 The Governing Body is asked to:
- note the report provided;
 - consider any additional principal risks that need to be included within the GBAF for monitoring during 2019/20 and confirm Risk Owners for all risks included on the GBAF;
 - note the ongoing work to ensure the GBAF satisfies internal control requirements; and
 - note the date for next submission to the Governing Body.

Lisa Featherstone
Deputy Director of Business Delivery
July 2019

Lynne Byers
Risk Manager
July 2019

: Governing Body Assurance Framework – Summary Dashboard Report

Strategic Objective 1 - To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life

Reference	Risk Description	Owner	Q4	Trend	Q1	Trend	Q2	Trend	Q3	Trend	Mar 20	Trend	Target risk
GB1920_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		15										10
GB1920_PR_1.2	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		12										8
GB1920_PR_1.3	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			New									
GB1920_PR_1.4	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		8										4
GB1920_PR_1.5	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		8										4

Strategic Objective 2 - To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value




No risks identified

Strategic Objective 3 - To deliver a balanced budget for 2019/20

Reference	Risk Description	Owner	Q4	Trend	Q1	Trend	Q2	Trend	Q3	Trend	Mar 20	Trend	Target risk
GB1920_PR_3.1	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			New									
GB1920_PR_3.2	Because of the delays to the delivery of the Transformation Plan, there is a risk that the benefits and deflections will not be realised		20										15
GB1920_PR_3.3	Because there are short term financial pressures during 2019/20 there is a risk that actions may be taken which are counterproductive to long term objectives.			New									
GB1920_PR_3.4	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		20										10
GB1920_PR_3.5	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.		20										15
GB1920_PR_3.6	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		15										10
GB1920_PR_3.7	If no deal is reached for Brexit by October 2019 there is a risk of disruption across the NHS including but not limited to; supply chain, workforce and medicines distribution. This could result in disruption in the delivery of CCG objectives and daily operations.		12										4

Strategic Objective 4 - To increase the involvement and wellbeing of all staff in scope of the OCO

Reference	Risk Description	Owner	Q4	Trend	Q1	Trend	Q2	Trend	Q3	Trend	Mar 20	Trend	Target risk
GB1920_PR_4.1	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		15										10
GB1920_PR_4.2	Delays in the development of the new governance arrangements to support strategic function will impact on delivery of integrated commissioning			New									

Key		
	Increased	
	Decreased	
	Static	

Appendix 2: Governing Body Assurance Framework – Detailed Report

Strategic Objective 1 - To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life

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		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. Joint Comms & Engagement lead to commence duties May 2019	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. Monthly Transformation Board meeting to oversee the implementation of the new programmes	16-Apr-2019	5	3	15	Significant	Gap(s) in controls: 1. Patient engagement specific to schemes but could be more proactive or wider reaching 2. Engagement Strategy for locality plan 3. No integrated Communications and Engagement Strategy 4. Slow pace in respect of the implementation required to deliver the transformation programme Gap(s) in assurances: 1. NHSE PPI Indicator assessment requires improvement	PPI action plan to be implemented CCG Engagement Programme to be developed Commence development of an integrated Communications and Engagement Strategy	80% 75% 20%	5	2	10
1.2 - Because of a lack of engagement with partners and other key stakeholders at the right time in service re-design		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	1. Bury One Shadow Partnership Commissioning Board established 2. NES governance architecture across health and social care supports alignment where appropriate	16-Apr-2019	4	3	12	Limited	Gap(s) in controls: 1. Communications and Integrated Engagement Strategy not reflective of the changing landscape 2. Effectiveness of Patient Cabinet 3. Case for Change currently in abeyance	Review patient engagement to support wider public involvement GM Joint Commissioning Board phase 2 to be confirmed Joint Commissioning Board to receive and agree the	50% 10% 33%	4	2	8

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
processes there is a risk that innovative and new approaches across sector may not be considered					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, NES clinical services 6. Locality Care Alliance (LCA)/Partners working together to stimulate new approaches 7. OCO/LCA clinical reference group being explored 8. Case for change for NES clinical services identified October 2018 (paused appending output of strategic outline cases to the Clinical Services Transformation Board)	across sectors 3. NES clinical services Transformation Board established 4. GM Joint Commissioning Board remit being refreshed						Gap(s) in assurances: 1. Joint Commissioning Board Phase 2 refresh outstanding	Theme 3 models of care				
1.3 - 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					This is a new risk and will be worked up with the risk owner for inclusion in the next report												
1.4 - 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		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	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	17-Apr-2019	4	2	8	Significant	Gap(s) in Controls: Gap(s) in assurances: 1. Awaiting on CQC re-inspection report January 2020	Strengthen and scrutinise PAHT's key quality indicators Review findings from the CQC reassessment 2019/20	50% 0%	4	1	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	
the delivery of health care services for the local population as stipulated by the CQC and other regulators and stakeholders					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 8. Targeted work plan in place	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 9. Monthly Clinical Quality Leads meeting with PAHT 10. Stakeholder (HEE, NHSI, NHSE and CQC) engagement via the Quality Risk Profiling Tool (QRP)												
1.5 - 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		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 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	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 Committee in place and chaired by Executive Nurse Bury CCG 8. Step down of Quality Improvement Board to be managed by the Quality Assurance Committee 9. Regular discussions with NHS Improvement (NHSI)	17-Apr-2019	4	2	8	Significant	Gap(s) in Controls: Gap(s) in assurances: 1. Reinspection in December 2019 awaited publication report Feb 2020 2. Transfer of community services to the Northern care Alliance (NCA) may cause destabilisation of existing services creating a risk to quality	Creation of separate risk report to be submitted to key stakeholders driving the transfer of Bury Community Services Review findings from the CQC reassessment 2019/20	75% 0%	4	1	4	

Strategic Objective 2 - To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value

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

No risks identified

Strategic Objective 3 - To deliver a balanced budget for 2019/20

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 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							This is a new risk and will be worked up with the risk owner for inclusion in the next report										
3.2 - Because of the delays to the delivery of the Transformation Plan, there is a risk that the benefits and deflections will not be realised		5	4	20	1. Refresh of the Locality Plan 2. Detailed implementation plans developed, mobilisation will continue during 19/20 with on-going monitoring 3. Interim Executive Director for the LCA now in post and providing direction around implementation of the transformation programmes 4. LCA capacity expanded to support the development and implementation of the transformation Programmes	1. Transformation Board 2. Finance, Contracting & Procurement Committee 3. Governing Body	16-Apr-2019	5	4	20	Limited	1. Refreshed Locality Plan not yet finalised 2. Implementation Plans still being mobilised 3. Not all the investment agreement deflections have been negotiated in to PAHT 2019/20 contract <u>Gap(s) in assurances:</u>	Undertake further discussions with the LCO to agree the assurance process to confirm the benefits and deflections realised Transformation plans require implementation	0% 60%	5	3	15
3.3 - Because there are short term financial pressures during 2019/20 there is a risk that actions may be taken which are counterproductive to long term objectives.							This is a new risk and will be worked up with the risk owner for inclusion in the next report										

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
3.4 - 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		5	5	25	1. Financial reporting into key Groups/Committees 2. CCG membership on key Groups/Committee 3. Revised locality plans 4. Investment agreements signed off with a caveat 5. CCG sanctions in place for any underperformance	1. Report into Governing Body 2. Report into Joint Executive team meetings 3. Report into Transformation Programme Board 4. Reporting to OCO Partnership Board 5. Reporting to FC&P	16-Apr-2019	5	4	20	Limited	Gap(s) in control: 1. Further work required on the internal investment agreements 2. Revised GM investment agreement 3. Lack of workforce planning Gap(s) in assurances:			5	2	10
3.5 - 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.		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	16-Apr-2019	5	4	20	Limited	Gap(s) in controls: 1. Revised GM investment agreement 2. OD gaps with OCO 3. OD gaps with LCA (outside the CCG's influence) 4. Revised locality investment agreement including risk and reward schedule Gap(s) in assurances:	Agree and implement an OCO OD plan	20%	5	3	15
3.6 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		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 workshop established	1. CCG Assurance meetings with GMHSCP 2. Key commissioning priorities agreed through the OCO 3. GM Commissioning review 4. Establishment of OCO as an interim arrangement	16-Apr-2019	5	3	15	Significant	Gap(s) in controls: 1. Understanding of new culture to foster innovation and achieve desired outcomes Gap(s) in assurances: 1. Longer term governance arrangements being discussed 2. GM Commissioning review (Deloitte) - lack of clarity on the functions that may be devolved to LCO across Bury and	Establish a Strategic Commissioning Board accountable to GB and Council Organisation development to be undertaken to understand cultures and establish shared principles Explore new ways of commissioning across the CCG and Authority	20% 60% 30%	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
					to review strategic 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							GM.					
3.7 If no deal is reached for Brexit by October 2019 there is a risk of disruption across the NHS including but not limited to; supply chain, workforce and medicines distribution. This could result in disruption in the delivery of CCG objectives and daily operations.		4	4	16	. GM's Local Health Resilience Partnership (LHRP) . The European Transition Unit programme aims to ensure that NHS England is prepared for the impact of Brexit and that the interests of the NHS are identified and articulated during the negotiations, the transition period, and beyond. . The European Transition Unit has supported the EU Exit Oversight Group to develop a comprehensive understanding of the potential areas of EU Exit exposure across NHS England's areas of responsibility. . Regional workshops have been held to get a clear picture of the regional interactions with the EU and to identify the specific risks and opportunities that Brexit could pose to each region; . Brexit operational readiness guidance for the health and care	. NHS England is working with PHE and the DHSC to facilitate an EPRR exercise to test the resilience of the health system against specific potential no deal Brexit impacts . Bury CCG is well connected locally and regionally via the GM Governance Group, GMHSCP, LHRP, HERG and GMSS Resilience Team . Dialogue between the CCG, LA and VCFA continues	15-Apr-2019	4	3	12	Significant	<u>Gap(s) in controls:</u> <u>Gap(s) in assurances:</u>			4	1	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	
					system in England issued on 21 December 2018, which Bury CCG is responding to and ensuring that relevant providers are appropriately addressing . GMSS Resilience Team - Bury Emergency Planning Resilience and Response (EPRR) leads . CCG Business Continuity Plans EU Exit Operational Readiness Guidance and Action Plan . Weekly and daily SITREP returns in place since March 2019													

Strategic Objective 4 - To increase the involvement and wellbeing of all staff in scope of the OCO

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 need to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of clinical decision making		5	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 Joint Shadow Executive	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 5. Bury1 Shadow Partnership Commissioning Board (formerly OCO Board) 6. Joint Shadow Executive Group meetings 7. Primary Care Working Together meetings 8. Monthly Joint Senior Clinical Manager team meetings	13-Feb-2019	5	3	15	Significant	Gap(s) in controls: 1. Bury 1 Partnership Commissioning Board governance yet to be finalised	Governance of Bury1 Shadow Partnership Commissioning Board to be developed	80%	5	2	10
												Gap(s) in assurances: 1. Different decision-making cultures	Roles and responsibilities of Primary Care as commissioners and providers to be explored and made explicit	70%			
													Continued development, engagement and involvement of Primary Care	70%			
													Design OCO final structure	40%			
													Review the roles and responsibilities of the Clinical Cabinet - Joint Professional congress with the LCA	90%			
4.2 - Delays in the development of the new governance arrangements to support strategic function will impact on delivery of integrated commissioning					This is a new risk and will be worked up with the risk owner for inclusion in the next report												