

Meeting: Governing Body			
Meeting Date	24 March 2021	Action	Consider
Item No.	11b	Confidential	No
Title	Governing Body Assurance Framework		
Presented By	Chris Wild, Lay Member and Audit Chair		
Author	Lynne Byers, Interim Risk Manager		
Clinical Lead	-		

Executive Summary
<p>The CCG's Governing Body is accountable for ensuring that there are systems, policies and people in place to efficiently and effectively drive the delivery of its objectives, which includes ensuring that risks to these objectives are minimized, where possible.</p> <p>The Governing Body Assurance Frameworks (GBAF) provides a repository of principal risks to delivery of strategic objectives. The Audit Committee has responsibility, on behalf of the Governing Body, for scrutiny of these risks, before submission for oversight by the Overmining Body.</p> <p>The Governing Body Assurance Framework (GBAF) is presented to advise on the current levels of risk and continued actions to enable the delivery of the Strategic Objectives for 2020/21. This report represents the position as at 31 January 2021.</p> <p>Since last presentation of the report to the Governing Body in January 2021 the two new risks have been developed and formally included on the GBAF with their next review schedules in March 2021.</p> <p>A review of all 10 risks has been undertaken and the current risk profile of these is summarised as:</p> <ul style="list-style-type: none"> • 2 new risks <ul style="list-style-type: none"> • Risk of dis-integration of OCO financial management • Creation of GM ICS (Integrated Care System) • 4 remain at a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives; • 6 remain at a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives. <p>Additionally, the Strategic Objectives included within the GBAF have been updated to reflect those included and approved through the Corporate Plan by the Governing Body in November 2020. Each risk has been mapped against these objectives, and the Governing Body is invited to reflect on the appropriateness of this and also consider any new principal risks that should be captured through this governance and assurance process.</p>

With the refresh of the Corporate Plan for 2021, and in the context of the approved Let's do it! Strategy for Bury, these objectives will be further refreshed for 2021-22.

The GBAF reports presents a range of qualitative and quantitative information to support the Audit Committee in its considerations :

- Appendix 1 : Summary Dashboard reflecting Quarter on Quarter changes
- Appendix 2 : Detailed Governing Body Assurance Framework
- Appendix 3 : Detailed narrative and supporting rationale for GBAF position

At the meeting on the 05th March 2021, the Audit Committee reviewed the detail of the GBAF and was generally satisfied that this was reflective of the current position. The Audit Committee recommended the GBAF to the Governing Body.

Recommendations

It is recommended that the Governing Body:

- Receive the Governing Body Assurance Framework presented;
- note the alignment of principal risks against the refreshed Strategic Objectives; and
- consider any new principal risks that should be included on the GBAF.

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 checked="" 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 checked="" type="checkbox"/>
SO3 Budget To deliver a balanced budget	<input checked="" type="checkbox"/>
SO4 Staff Wellbeing To increase the involvement and wellbeing of all staff in scope of the OCO	<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 type="checkbox"/>
These will be addressed through management of the risks						
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 checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input 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"/>
The risks are articulated within the report and managed through the respective committees as appropriate						

Governance and Reporting		
Meeting	Date	Outcome
Audit Committee	05 March 2021	Recommended to Governing Body

Governing Body Assurance Framework

1. 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. 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. 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 'snapshot' 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. 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.
- 3.5. 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. 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.
- 3.9. 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.
- 3.11. 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.

4. Governing Body Assurance Framework Summary Assessment

- 4.1. As outlined above the GBAF presented at the current position as reported at 31 January 2021.
- 4.2. Since last presentation of the GBAF to the Governing Body in January 2021 the two new risks have been developed and included for formal review in March 2021. A review of all 10 risks have been undertaken and the current risk profile of these is summarised as:
 - 2 new risks:
 - Risk of dis-integration of OCO financial management
 - Creation of GM ICS (Integrated Care System)
 - 6 remain at a significant level of current risk (level 15 or above) to delivery of the

CCG's Strategic Objectives;

- 4 remains at a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives.

4.3. Additionally, in November 2020, the Governing Body approved the joint Corporate Plan for the CCG and Council, which set out a new set of Corporate Objectives for the period 2020-21. These objectives have been reflected in this version of the GBAF and each of the risks has been realigned accordingly under the appropriate objective. Work has yet to be progressed to identify the principal risks specifically to these objectives.

4.4. 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:

- No risks have increased in score.

Risks that have decreased in score:

- GB2021_PR_1.3 Urgent Care System – Re-design 2020/21 (Level 12)
- GB2021_PR_3.1 Risk of in-year deficit (Level 12)

Risks that have remained static:

- GB2021_PR_1.1 Lack of effective engagement with communities (Level 15)
- GB2021_PR_1.2 Service re-design processes, innovations and new Approaches (Level 12)
- GB2021_PR_1.4 COVID-19 Increased demand on services (Level 25)
- GB2021_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health (Level 10)
- GB2021_PR_3.2 Risk that the CCG is unable to meet financial duties over the medium term (Level 25)
- GB2021_PR_4.1 Assuring decisions are influenced by all staff including clinicians (Level 10)

New Risks:

- GB2021_PR_1.5 Creation of GM ICS (Integrated Care System) (Level 12)
- GB2021_PR_3.3 Risk of dis-integration of OCO financial management (Level 15)

5. Recommendations

5.1. The Governing Body is asked to:

- Receive the Governing Body Assurance Framework presented;
- note the alignment of principal risks against the refreshed Strategic Objectives; and
- consider any new principal risks that should be included on the GBAF.

Lynne Byers
Interim Risk Manager
March 2021

Appendix 1: Governing Body Assurance Framework – Summary Dashboard Report

Strategic Objective 1 – To support the Borough through a robust emergency response to the Covid-19 pandemic													
Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Jan	Trend	Mar 21	Trend	Target risk
GB2021_PR_1.4	Because of the nature, spread and impact of COVID-19 illness, there is a risk that the health and care organisation's services struggle to cope with increased demand and potential reductions in their own capacity, impacting upon the treatment, care and support provided to local people.	Geoff Little	25	New	25		25		25				5

Strategic Objective 2 – To deliver our role in the Bury 2030 local industrial strategy priorities and recovery													
Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Jan	Trend	Mar 21	Trend	Target risk
GB2021_PR_2.1	Because of the significant impact that the Public Sector Services has on health, there is a risk that opportunities to reduce health inequalities will be minimised if health does not influence and work in harmony with key partners	Will Blandamer	20		15		10		10				10
GB2021_PR_1.5	Because of the impending changes which will see the disestablishment of the CCG (2021/2022) in favour of an Integrated care System (ICS). There is a risk that current relationships and progress to deliver the local place-based agenda and outcomes is overshadowed. Resulting in adverse impact on delivery of outcomes at a locality/borough level	Will Blandamer							12	New			8
GB2021_PR_4.1	Because of the commitment to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of staff and clinicians in shaping the One Commissioning Organisation (OCO) and its decision making	Will Blandamer	20		15		10		10				10

Strategic Objective 3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision													
Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Jan	Trend	Mar 21	Trend	Target risk
GB2021_PR_1.1	Because of a lack of effective engagement with communities there is a risk that the public will not access preventative services and make lifestyle changes which supports good health and quality of life	Will Blandamer	15		Not reviewed		15		15				10
GB2021_PR_1.2	Because of a lack of engagement with the public, partners and other key stakeholders the borough transformational programmes will not be realised	Catherine Jackson	12		12		12		12				8
GB2021_PR_1.3	Because of long standing pressures on urgent care there is a risk that If the urgent care system re-design (which also takes in to account an element of the programme related to GM urgent care by appointment strategy) is not implemented in a timely manner, then the improvements across the wider economy will not materialise, impacting upon patient experience and CCG reputation	Will Blandamer	20		20		16		12				12

Strategic Objective 4 - To secure financial sustainability through the delivery of the agreed budget strategy													
Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Jan	Trend	Mar 21	Trend	Target risk
GB2021_PR_3.1	Because of the increasing demand for services, together with the impact of Covid -19, the uncertainty around the future financial, contracting and governance framework , risk of underachieving savings targets, other emerging financial pressures, there is a risk that the CCG will be in deficit for the current financial year resulting in a failure of Statutory Duty and a depletion of historic surplus.	Pat Crawford			25	New	15		12				12
GB2021_PR_3.2	Because of the short term financial pressures together with the impact of Covid-19, the uncertainty around the future financial, contracting and governance framework and the uncertainty of the future of CCG's and commissioning in GM , increasing demand for	Pat Crawford	25		25		25		25				15

	services and barriers to transformational change, there is a risk that the CCG will be unable to agree a credible and financially sustainable medium term plan resulting in failure of statutory duties, which would also adversely impact upon the provision and quality of services and patient outcomes											
GB2021_PR_3.3	Because of the increasing financial pressures occurring concurrently in both the CCG and the Council, alongside: the impact of segregation at a senior level in the joint financial management structure; the impending departure of the Joint CFO (potentially leaving a significant gap on the CCG side of the OCO); weaknesses in the joint governance arrangements; and a perception of a diminution of CCG/clinical voice in decision making; there is a risk that the individual OCO partners take actions that are in the narrow interests of their own organisation to the detriment of the wider system	Geoff Little							15	New		

Key		
	Increased	
	Decreased	
		Static

Appendix 2: Governing Body Assurance Framework – Detailed Report

Strategic Objective 1 - To support the Borough through a robust emergency response to the Covid-19 pandemic

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
1.4 - Because of the nature, spread and impact of COVID-19 illness, there is a risk that the health and care organisation's services struggle to cope with increased demand and potential reductions in their own capacity, impacting upon the treatment, care and support provided to local people.	Geoff Little	5	5	25	<p>1. Emergency Response Governance arrangements including Borough-wide GOLD response working with partners and Local internal GOLD response</p> <p>2. Incident Management Team established for OCO</p> <p>3. Incident management Team established for system healthcare</p> <p>4. Business Continuity Planning including redeployment of resources to support front-line delivery</p> <p>5. Remote working technology to reduce risk or transmission, support social distancing and enable continuation of key functions</p> <p>6. Revised legislation and guidance</p> <p>7. COVID Management Service established</p> <p>8. NHS Phase 3 planning guidance</p> <p>9. Routine review of current COVID status with regard to a second wave</p> <p>10. NCA undertaking a phased clinical prioritisation of existing waiting lists</p> <p>11. Commencement of a further scenario test system response including Out of Hours testing</p> <p>12. COVID vaccination Programme rolled out across the locality (health and care staff initially)</p>	<p>1. Direction issued nationally for local applications across both health and care</p> <p>2. Silver Health and Care Covid Group</p> <p>3. Weekly Acute Recovery & Restoration Group (ARRG) meetings between NCA, CCG and other locality colleagues</p> <p>4. Daily system pressures meeting introduced from mid-October 2020 (now operating as a system bronze meeting)</p> <p>5. Urgent Care Improvement Board overseeing implementation of the winter planning arrangements</p> <p>6. Weekly Health and Care Gold Meeting</p>	05-Jan-2021	5	5	25	Limited	<p>Gap(s) in Controls:</p> <p>1. Risk cannot be wholly controlled due to unknown nature of the virus</p> <p>2. Data limited both nationally and locally at this time to fully assess potential impact</p> <p>Gap(s) in assurances:</p> <p>1. Stress testing to be completed</p> <p>2. Assessment of capacity locally to respond to peak not yet known</p> <p>3. Joint Governance arrangements associated with the SCB are not fully embedded however in the process of moving towards a gold command structure in response to the covid second wave</p>	<p>Fully established Emergency Planning structure, including Emergency Decisions to support key business</p> <p>Development of routine reporting arrangements to provide assurance</p> <p>Regular cascade and review of national intelligence and guidance to inform priorities and actions</p> <p>Further implement the NHS Planning Guidance issued mid-August 2020</p>	<p>100%</p> <p>100%</p> <p>80%</p> <p>100%</p>	5	1	5

Strategic Objective 2 - To deliver our role in the Bury 2030 **local industrial strategy** priorities and recovery

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 the significant impact that the Public Sector Services has on health, there is a risk that opportunities to reduce inequalities will be minimised if health does not influence and work in harmony with key partners	Will Blandamer	5	4	20	1. Bury 2030 Strategy under development, including supporting strategies and delivery plans (e.g. Housing, Industry, Environment) 2. Refresh of Locality Plan completed emphasising the importance of wider Public Sector Reform on improving health and reducing health inequalities 3. The Northern Care Alliance (NCA) is the anchor organisation for commissioning social value (e.g. inclusion of social value goals in Provider contracts, support environmental sustainability etc) 4. Council and CCG Operating Plan under development - timeline December 2020	1. Health and Well-Being Board (reformatted) 2. Governing Body 3. Council Cabinet (key partner) 4. Joint Strategic Commissioning Board 5. Neighbourhood Development Group established	05-Jan-2021	5	2	10	Significant	Gap(s) in controls: 1. Potential failure of a systematic process to oversee the implementation of a number of high-level strategies which together could have a major impact in reducing health inequalities/improving health and well-being 2. Resources required to support the Bury 2030 Strategy is unclear Gap(s) in assurances: 1. None identified	Continue with on-going engagement as the Bury 2030 Strategy develops	70%	5	2	10
New 1.5 - Because of the impending changes which will see the disestablishment of the CCG (2021/2022) in favour of an Integrated care System (ICS). There is a risk that current relationships and progress to deliver the local place-based agenda	Will Blandamer	4	4	16	1. Local governance structures reflect the proposal 2. Shadow operating of revised governance 3. Approved corporate plan which sets priorities for the borough 4. Bury 2030 strategy 5. Generic Communications and Engagement Strategy which supports the public message	1. Governing Body oversight 2. Strategic Commissioning Board oversight 3. Engagement in Greater Manchester Governance arrangements	04-Dec-2020	4	3	12	Limited	Gap(s) in controls: 1. Shadow operating arrangements still to be designed in full 2. Bury 2030 strategy not yet approved (March 2021) 3. A clear public communication strategy specific to this agenda Gap(s) in current assurances: 1. NHSE/I outcome of consultation paper and response submissions	Local response approved through local governance groups and submitted to NHSE/I by 8/1/2021 Shadow governance arrangements to be designed Bespoke Communication	100% 5%	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
and outcomes is overshadowed. Resulting in adverse impact on delivery of outcomes at a locality/borough level													Strategy to address this agenda	0%			
4.1 - Because of the commitment to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of staff and clinicians in shaping the One Commissioning Organisation (OCO) and its decision making	Will Blandamer	5	4	20	1. Clinical Director and Executive Director involvement in all key decision-making Committees/ Groups / Boards 2. Regular meetings across Health and Social Care to shape the working arrangements for integrated commissioning 3. Staff engagement events ongoing 4. External capacity secured to support OCO transformation which has development of a comprehensive OD programme as a priority area which will ensure alignment across CCG and Council offer. 5. OCO Senior Team restructure now complete 6. Additional Clinical Director (CCG) appointed	1. Reports to GB on progress and development 2. GB and Clinical Cabinet sessions - stakeholder engagement 3. Joint Executive Team meetings 4. Primary Care Working Together meetings 5. Monthly EMT meetings with Clinical Directors 6. Bury System Board 7. Strategic Commissioning Board 8. Executive Director in Post (July 2020) 9. System Wide Clinical Reference Group 10. Weekly Primary Care Webinar	05-Jan-2021	5	2	10	Significant	Gap(s) in controls: 1. Clarity regarding support available to staff during the period of restructure 2. Sub Senior structure still under review Gap(s) in assurances: 1. Different decision-making cultures 2. Clarification of the committee substructure and role of clinicians in future sub-committees being explored 3. System wide Clinical Reference Group yet to be strengthened	Development of a clinical and professional senate	0%	5	2	10
													Continued development, engagement and involvement of all staff	90%			
													Strengthening relations between the OCO and LCO	90%			

Strategic Objective 3 - To deliver improved outcomes through a programme of **transformation** to establish the capabilities required to deliver the 2030 vision

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 and make lifestyle changes which supports good health and quality of life	Will Blandamer	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. Self-care has an increased focus in the refreshed locality plan 2017 4. Beginning to mobilise locality plan e.g. integrated neighbourhood teams. 5. Neighbourhood engagement models under development 6. Joint Comms & Engagement Team in place. 7. Inclusion of the objectives of the Locality Plan within the Bury 2030 Strategy	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. New Strategic Commissioning Board in place October 2019 7. Health and Well-being Board (role reformatted)	05-Jan-2021	5	3	15	Significant	Gap(s) in controls: 1. Engagement Strategy related to the locality plan not yet in place 2. Slow pace in respect of the implementation required to deliver the transformation programme Gap(s) in assurances: 1. Unable to monitor the strategy as currently being developed	Scrutiny of the health and wellbeing of the local population to be built into regular reporting Ensuring the work on Bury 2030 Strategy and the Operating Plan reflects the particular contribution of the OCO	60% 70%	5	2	10
1.2 - Because of a lack of engagement with the public, partners and other key stakeholders the borough transformational programmes will not be realised	Catherine Jackson	4	3	12	1. Key partners engaged through LCO Partnership Board and OCO 2. Internal governance supports engagement and involvement with stakeholders 3. Engagement Framework under review, communications and Engagement Strategy developed 4. Individual Engagement Strategies when significant service redesign is anticipated e.g. urgent care, NES clinical services 5. Locality Care Organisation (LCO)/Partners working	1. OCO established 2. NES governance architecture across health and social care supports alignment where appropriate across sectors 3. Bury System Board in place 4. GM Joint Commissioning Board refreshed 5. Strategic Commissioning Board established October 2019 6. Monthly Clinical Leaders meeting 7. Patient Cabinet meetings	25-Jan-2021	4	3	12	Significant	Gap(s) in controls: 1. Communications and Integrated Engagement Strategy not embedded 2. Effectiveness of Patient Cabinet Gap(s) in assurances:	New Communications and Engagement Strategy to be implemented New neighbourhood working The Strategic Commissioning Board to agree the commissioning priorities for Phase 3 To understand the effectiveness of the Communication and Engagement Strategy Implementation of the 10-point Recovery and Transformation Plan (phased approach)	100% 60% 100% 10% 20%	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
					together to stimulate new approaches 6.. OCO/LCO clinical reference group being explored 7. Patient Cabinet developments under review 8. Ten-point Recovery and Transformation plan developed by the LCO/Partners												
1.3 - Because of long standing pressures on urgent care there is a risk that If the urgent care system re-design (which also takes in to account an element of programme related to GM urgent care by appointment strategy) is not implemented in a timely manner, then the improvements across the wider economy will not materialise, impacting upon patient experience and CCG reputation	Will Blandamer	4	5	20	1. Review of the system wide urgent care facilities 2. Implementation of a suite of initiatives under Transformation Programme 5 (urgent care treatment centre, N WAS Green Car (approved), same day emergency/ambulatory care established) 3. Implementation of the redesign of intermediate care including the development of integrated neighbourhood teams, rapid response to minimise demand in the system 4. Engagement with GM Urgent and Emergency Care Board to explore system wide solutions to address urgent care demand and capacity 5. Working closely with HMR CCG to appropriately deflect A&E hospital attendances	1. Bury System Board 2. Governing Body oversight of performance reports 3. Detailed scrutiny by the Recovery and Transformation Board 4. Primary Care Commissioning Committee oversee the development of the Primary Care Networks and alignment with Neighbourhoods 5. Oversight by the Strategic Commissioning Board (SCB) 6. Clinical/Cabinet/Professional Congress	05-Jan-2021	4	3	12	Significant	Gap(s) in controls: 1. Financial sustainability of the Urgent Care Treatment Centre to be determined as part of the urgent care review 2. Capacity of LCO to oversee implementation of new model 3. Understanding the impact of covid Gap(s) in assurances:	Primary Care Committee to ensure the development of Primary Care Networks is aligned with the Neighbourhood Teams Bury System Board and Strategic Commissioning Board to receive and agree proposals of IMC Discussions commenced to hand over implementation of new model when agreed to the LCO	90% 100% 20%	4	3	12

Strategic Objective 4 - To secure financial sustainability through the delivery of the agreed budget strategy

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gap(s) in Controls/Assurance	Action	Progress	C	L	Risk
3.1 - Because of the increasing demand for services, together with the impact of Covid -19, the uncertainty around the future financial, contracting and governance framework, risk of underachieving savings targets, other emerging financial pressures, there is a risk that the CCG will be in deficit for the current financial year resulting in a failure of Statutory Duty and a depletion of historic surplus.	Pat Crawford	5	5	25	1. Project management arrangements in place through Health and Care Sustainability Recovery Board 2. Management and oversight of system savings through the Health and Care System Recovery Task Group 3. Financial Framework Redesign and GM wide planning through fortnightly Finance Advisory Committee (FAC) GM meetings and other GM Groups 4. Interim solution sourced two out of three senior financial management posts filled for a period of six months	1. Fortnightly meeting of the Bury Locality Strategic Finance Group 2. Bury System Board 3. Finance, Contracting and Procurement Committee (FC&P) 4. Governing Body 5. Strategic Oversight Group 6. Executive Team 7. Health and Care System Recovery Task Group 8. Strategic Commissioning Board 9. Greater Manchester Health and Social Care Partnership Board 10. Budgetary Control Group 11. Fortnightly GM CFO meetings 12. Fortnightly NES CFO/DFO meetings 13. Fortnightly Finance Advisory Committee GM meetings(FAC) 14. Weekly Health and Care Strategic Finance Group meetings	11-Jan-2021	4	3	12	Significant	Gap(s) in controls: 1. Lack of clarity and gaps within the NHSE/I guidance for the current year 2. Health and Care Sustainability and Recovery programmes underdeveloped 3. In-year plans not yet approved by NHSE/I 4. Revised 2020/21 plans do not reflect wave 2 of COVID (awaiting national team response, thereafter actions identified to address) 5. GM system funding 2020/21 to be finalised (FAC led) Gap(s) in assurances:	Revise 2020/21 budget Update financial assessment of the Health and Care Sustainability and Recovery Programmes and bring action plan to FCP	100% 80%	4	3	12
3.2 Because of the short term financial pressures together with the impact of Covid-19, the uncertainty around the future financial, contracting and governance framework and the uncertainty of the future of CCG's and commissionin	Pat Crawford	5	5	25	1. Refresh of the Medium-Term Financial Plan 2. Budget setting process in place 3. Review of transformation programmes and associated investment agreements 4. Working jointly with the Northern Care Alliance (NCA) on joint system savings programmes 5. Management and oversight of system savings through the	1. Fortnightly meeting of the Bury Locality Strategic Finance Group 2. Bury System Board 3. Finance, Contracting and Procurement Committee (FC&P) 4. Governing Body 5. Strategic Oversight Group 6. Executive Team 7. Health and Care System Recovery Task Group 8. Strategic Commissioning Board	11-Jan-2021	5	5	25	Limited	Gap(s) in controls: 1. Medium Term Financial Strategy not yet finalised 2. Detailed NHSEI guidance not yet published for future years 3. Health and Care Sustainability and Recovery programmes underdeveloped 4. Financial framework and mechanisms for the GM ICS are unknown Gap(s) in assurances:	Finalise the medium term 5-year plan	40%	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	
g in GM, increasing demand for services and barriers to transformational change, there is a risk that the CCG will be unable to agree a credible and financially sustainable medium term plan resulting in failure of statutory duties, which would also adversely impact upon the provision and quality of services and patient outcomes					Health and Care System Recovery Task Group 6. Financial Framework Redesign and GM wide planning through fortnightly Finance Advisory Committee (FAC) GM meetings and other GM Groups 7. Interim solution sourced two out of three senior financial management posts filled for a period of six months	9. Greater Manchester Health and Social Care Partnership Board 10. Budgetary Control Group 11. Fortnightly GM CFO meetings 12. Fortnightly NES CFO/DFO meetings 13. Fortnightly Finance Advisory Committee GM meetings(FAC) 14. Weekly Health and Care Finance Group meetings												
New 3.3 - Because of the increasing financial pressures occurring concurrently in both the CCG and the Council, alongside the impact of segregation at a senior level in the joint financial management structure; the impending departure of the Joint CFO (potentially leaving a significant gap on the CCG side of the OCO); weaknesses in the joint governance arrangements; and a perception of a	Geoff Little	5	4	20	1. Management of oversight of the Integrated Care Fund through the Strategic Commissioning Board. 2. Management and oversight of system savings through the Health and Care Sustainability Recovery Board	1. Bury System Board 2. Finance, Contracting & Procurement Committee 3. Governing Body 4. Strategic Oversight Group 5. Executive Team 6. Health and Care Sustainability Recovery Board 7. Strategic Commissioning Board 8. Budgetary Control Group	12-Jan-2021	5	3	15	Limited	Gap(s) in controls: 1. Council savings proposals not shared and explored with Health and Care Sustainability Recovery Board and/or an appropriate OCO senior group 2. Recruitment for Joint CFO post not finalised 3. Consensus not reached on cost shunting issues (in-year pressure to shift Council/Joint funded packages of care to CCG funded packages, lack of engagement and silo working) Gap(s) in assurances: 1. No joint finance committee substructure to the Strategic Commissioning Board	Meeting required with Joint AO, Joint CFO, Joint DoC and others key execs to discuss risk and agree proposed actions to support mitigation Health and Care Sustainability Recovery Board and SCB to receive latest version of Council savings plans and to consider any potential wider system impact. Recruit a replacement Joint CFO or, failing that, implement interim measures to ensure the CCG CFO role is being suitably discharged Governance arrangements to be strengthened. Increase engagement with Clinical Directors	100% 90% 50% 40% 50%	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
diminution of CCG/clinical voice in decision making; there is a risk that the individual OCO partners take actions that are in the narrow interests of their own organisation to the detriment of the wider system																	

Appendix 3: Governing Body Assurance Framework

1.0 Risks that have increased in score

- 1.1. During the reporting period no risks have increased in score.

2.0 Risks that have decreased in score

- 2.1. During the reporting period two (2) risks have decreased in score.

- **GB2021_PR_1.3 Urgent Care – Re-design 2020/21**

- 2.2. The risk review in January 2021 has seen the risk reduce from a level 16 to its target level of 12. This risk will remain on the GBAF whilst all outstanding actions are finalised and the year-end rationalisation process concluded.
- 2.3. The likelihood of 4 (likely) has reduced to 3 (possible) as the urgent care system redesign model remains on track and developing confidence regarding its maturity and implementation. In addition, evidence of managing under challenging circumstances through the COVID phases has proved to be successful. This can be evidenced through the roll out of the COVID vaccination programme across the system. In addition, the CCG maintains close working with HMR CCG to ensure A&E hospital attendances are deflected appropriately.
- 2.4. The proposed model for Intermediate Care (IMC) has now been approved by the Strategic Commissioning Board in January 2021 for implementation in June 2021.
- 2.5. As previously reported, discussions remain underway with the LCO to implement the IMC model; however, this is still subject to further dialogue regarding the form and function of the LCO. Updates will be reported through future risk reviews.
- 2.6. The Strategic Commissioning Board reviewed this risk at the 01 February 2021 meeting and was assured that the risk is being managed effectively.

- **GB2021_PR_3.1 Risk of in-year deficit**

- 2.7. The January 2021 assessment saw this risk reduce from a level 15 to its target level of 12. This GBAF risk is year specific and will remain on the risk register whilst all outstanding actions are finalised and the year-end rationalisation process concluded
- 2.8. The impact of 5 (Severe) has reduced to 4 (High) as the emerging consensus across the GM Integrated System is likely to allocate sufficient funding so there is a real potential that this will result in a break-even position for Bury CCG. However, there is still a chance that the CCG may be between £1- £3M in deficit at year end if the funding is not secured. The year-end review will ascertain whether the impact of 4 and the likelihood of 3 has been exceeded.
- 2.9. Looking forward and to ensure the financial assessment of the Health and Care Sustainability and Recovery Programmes are managed in accordance with priorities and to drive forward the budget setting process a deep dive paper will be prepared for consideration by the Finance, Contracting and Procurement Committee at the February 2021 meeting.

- 2.10. The Finance, Contracting and Procurement Committee reviewed this risk at the 21 January 2021 meeting and was assured that the risk is being effectively managed.

3.0 Risks that have remained static

- 3.1. The following six (6) risks have remained static.

- **GB2021_PR_1.1 Lack of effective engagement with communities**

- 3.2. The risk review in January 2021 resulted in no change to the risk score of 15, against a target level of 10 to be achieved by March 2021.
- 3.3. Although good progress has been made this risk will remain at this level whilst public engagement picks up significant pace.
- 3.4. The performance and outcomes framework remains under development and will incorporate health and well-being outcomes to ensure these are addressed through onward reporting to the Health and Well-Being Board once approved.
- 3.5. Work continues and is developing well to ensure the Bury 2030 Strategy and the Corporate Plan reflects the contribution of the OCO.
- 3.6. The Strategic Commissioning Board reviewed this risk at the 01 February 2021 meeting and was assured that the risk is being managed effectively.

- **GB2021_PR_1.2 Service re-design processes, innovations and new approaches**

- 3.7. The risk remains unchanged, with a current level of 12, against a target level of 8 to be achieved by March 2021, as engaging with the Public and Partners is an intensive work programme which will take some time to embed and notwithstanding the impact of COVID-19 and the national restrictions.
- 3.8. Partnership working and relationships are working well and continue to develop across the system. Considering the pandemic this has been evidenced through the mobilisation of the COVID-19 vaccination programme through the Primary Care Networks (PCNs).
- 3.9. As previously reported, there is a requirement to measure how the Communications and Engagement Strategy has influenced service re-design processes, innovations and new approaches. To achieve this, and to shape the Bury 2030 Strategy work has commenced with AMEO (Reorganisation and Transformation Specialists) who are supporting the Executive Team to identify the effectiveness and mobilisation of the Comms and Engagement Strategy.
- 3.10. In addition, AMEO will also be supporting the Executive to implement the 10-point recovery and transformation plan which will span across 2021/2022 financial year
- 3.11. The Bury System Board reviewed this risk at the 18 February 2021 meeting and was assured that the risk is being effectively managed.

- **GB2021_PR_1.4 COVID-19 Increased demand on services**

- 3.12. This risk remains at its current level of 25, against a target level of 5 to be achieved

by March 2021.

- 3.13. This risk remains unchanged as the impact of combining the COVID waves with the winter months will significantly impact on the health care system during the impending months.
- 3.14. To support management of the impending pressures and the current waiting times the daily systems pressures meeting is now operating as a system bronze meeting and a weekly health and care gold meeting has been established
- 3.15. In addition, the local COVID vaccination programme has been established and rolled out across the locality.
- 3.16. To address demands on services the CCG's Phase 3 plans have been completed and regular cascade, response and implementation of national guidance remains on-going.
- 3.17. The Quality and Performance Committee reviewed this risk at the 10 February 2021 meeting and was assured that the risk is being effectively managed.

- **GB2021_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health**

- 3.18. As previously reported, this risk reached its target level of 10 in November 2020 and remains on the GBAF whilst all outstanding actions are finalised and the year-end rationalisation process concluded.
- 3.19. Since last reporting the Health and Well-being Board membership has been refreshed to include representation from wider public services. Governance structures have been strengthened by the formation of a Neighbourhood Development Group and the development of the place-based neighbourhood model continues to be strengthened.
- 3.20. On-going public engagement continues. The latest iteration of the Bury 2030 Strategy was launched on the 31st October 2020 and is subject to an extended consultation period to the end of January 2021.
- 3.21. The Strategic Commissioning Board reviewed this risk at the 01 February 2021 meeting and was assured that the risk is being managed effectively.

- **GB 2021_PR_3.2 Risk that the CCG is unable to meet financial duties over the medium term**

- 3.22. The January 2021 assessment resulted in no change to the risk score of 25, against a target level of 15 to be achieved by March 2021.
- 3.23. As previously reported, the risk remains static due to the ongoing impact of COVID-19, the suspension of normal planning and management arrangements and the uncertainty regarding the future NHS financial framework.
- 3.24. Continued development of local savings and transformation plans remain on-going, with governance arrangements for finance being strengthened by the creation of a

Health and Care Strategic Finance Group to ensure collaboration and full transparency.

- 3.25. Progression of the full medium-term 5-year plan remains gradual as the necessary publication of the financial planning and guidance is still awaited with timescales remaining unknown.
- 3.26. The Finance, Contracting and Procurement Committee reviewed this risk at the 21 January 2021 meeting and was assured that the risk is being effectively managed.
- **GB2021_PR_4.1 Assuring decisions are influenced by all staff including clinicians**
- 3.27. As previously reported, this risk reached its target level of 10 in November 2020 and remains on the GBAF whilst all outstanding actions are finalised and the year-end rationalisation process concluded.
- 3.28. However, the risk owner has anticipated that this risk will remain on the GBAF for 2021/2022 due to a period of uncertainty regarding the creation of an Integrated Care System (ICS) and the disestablishment of CCG's which has a potential to decrease and recognise the voice of staff and clinicians in decision making.
- 3.29. To mitigate against the potential loss of mandated and elected clinical leadership in the borough it is proposed that a clinical and professional senate is in shadow form by the 31/3/2020 and fully embedded by March 2022.
- 3.30. On-going dialogue remains in place particularly around the integrated budget and cost saving plans for 2021/22 with close oversight from the Strategic Commissioning Board.
- 3.31. The CCG has recently enhanced the current clinical leadership situation through recruitment of one new Clinical Director post.
- 3.32. The Strategic Commissioning Board reviewed this risk at the 01 February 2021 meeting and was assured that the risk is being managed effectively.

4.0 Risks recommended for closure

- 4.1. During the reporting period no risks have been recommended for closure.

5.0 New risks Identified

- 5.1. During the reporting period two (2) new risks have been identified.

- **GB2021_PR_1.5 Creation of GM ICS (Integrated Care System)**

- 5.2. This new risk has been added to the risk register at the request of the Audit Committee following consideration of the NHSE/I consultation paper 'The next steps to building strong and effective integrated care systems across England' released on 26 November 2020.
- 5.3. This risk, which is defined in the context of loss of voice at a local level to continue to deliver improvements needed at place and which continue to build on the good work achieved to date, has been classified as a principal risk to the organisation and

placed on the GBAF in January 2021.

- 5.4. The Risk Owner has determined that the primary impact of this risk as currently described is associated with Service Quality – Patient Experience, Reputation and Health Inequalities with an overall impact score of 4 (high) and a likelihood score of 3 (possible), resulting in a risk score of 12, against a target level of 10 to be achieved by March 2022.
- 5.5. Five (5) existing controls are currently managing this risk:
- Local governance structures reflect the proposal;
 - Shadow operating of revised governance;
 - Approved corporate plan which sets priorities for the borough;
 - Bury 2030 strategy; and
 - Generic Communications and Engagement Strategy which supports the public message.
- 5.6. To further reduce any increase to the risk three (3) mitigating actions have been identified to close existing gaps:
- Local response approved through local governance groups and submitted to NHSE/1 by 08/01/2021;
 - Shadow governance arrangements to be designed; and
 - Bespoke Communication Strategy to address this agenda.
- 5.7. To progress the mitigating actions a local response to the consultation has been submitted which recommends option 2. The governance schedule for progression has been followed and the submission deadline of 08 January 2021 has been met.
- 5.8. To develop shadow governance arrangements an indicative approach to governance has been outlined within a briefing paper and once scrutinised will be developed further.
- 5.9. The Strategic Commissioning Board reviewed this risk at the 01 February 2021 meeting and was assured that the risk is being managed effectively.
- **GB2021_PR_3.3 Risk of dis-integration of OCO financial management**
- 5.10. This new risk was identified in November 2020 and following discussion at the December Finance, Contract and Performance meeting was added to the risk register in January 2021.
- 5.11. This new risk has been assessed as a level 15 (5x3) risk, against a target of 5 to be achieved by March 2021.
- 5.12. The impact of 5 (severe) is due to the potential in-year pressures to shift Council/Joint funded packages of care to CCG funded packages. The likelihood of 3 (possible) is reflective of the actions which have since progressed since identification of this risk. It is also expected that the risk score will further reduce to its target level by March 2021 because of the ongoing actions and close monitoring of this risk.
- 5.13. The prime controls are:

- Management of oversight of the Integrated Care Fund through the Strategic Commissioning Board;
- Management and oversight of system savings through the Health and Care Sustainability Recovery Board.

5.14. Mitigating actions include agreed proposed actions to support mitigation (which is completed), reporting to respective committees outlining the Councils savings plans and consideration of any potential wider system impact, advancing recruitment, strengthening governance arrangements and increasing engagement with Clinical Directors. These actions are progressing well and will be reviewed as part of the quarterly GBAF risk assessment in April 2021

5.15. The Finance, Contracting and Procurement Committee reviewed this risk at the 21 January 2021 meeting and was assured that the risk is being effectively managed.

6.0 Risks not reviewed in the reporting period

6.1. During the reporting period no risks have not been reviewed.