

Meeting: Governing Body			
Meeting Date	27 January 2021	Action	Consider
Item No.	8b	Confidential	No
Title	Governing Body Assurance Framework		
Presented By	Chris Wild, Lay Member and Audit Chair		
Author	Lisa Featherstone, Deputy Director Governance and Assurance 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 2019/20. This report represents the position as at 25 November 2020 and as reported to the Audit Committee at its meeting on 7th December 2020, and therefore it should be noted that many of the risks and supporting actions will have been progressed since the report was drafted.</p> <p>Since last presentation of the GBAF to the Governing Body in September 2020 a review of all 8 risks has been undertaken and the current risk profile of these is summarised as:</p> <ul style="list-style-type: none"> • 5 remain at a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives; • 3 remain at a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives. <p>The GBAF reports presents a range of qualitative and quantitative information to support the Audit Committee in its considerations :</p> <ul style="list-style-type: none"> • 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 7th December 2020, the Audit Committee reviewed the detail of the GBAF and was generally satisfied that this was reflective of the current position however asked specifically that further review of the risks relating to delivery of financial duties were further considered as per the discussions at the Finance, Contracting and Procurement Committee and, that in the context of the recent national consultation on the development of Integrated Care Systems (ICS) and future of CCGs, a new risk was added which reflected the need to ensure Bury's influence in the future developments and that progress made locally is not lost as a consequence of the larger infrastructure arrangements, so that what needs to be delivered at a Bury level can continue.

The Governing Body is advised that both matters have been considered and new risks have been developed as follows (and as set out at appendix 4) and will be included in the formal framework at its next review:

- Risk of dis-integration of OCO financial management (level 15)
- Creation of GM ICS (Level 12)

Recommendations

It is recommended that the Governing Body:

- Receive the Governing Body Assurance Framework presented.

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	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 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	7 December 2020	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 '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. 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 25 November 2020.
- 4.2. Since last presentation of the GBAF to the Audit Committee in September 2020 a review of all 8 risks have been undertaken and the current risk profile of these is summarised as:
 - 5 remain at a significant level of current risk (level 15 or above) to delivery of the

CCG's Strategic Objectives;

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

4.3. 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:

- No risks have increased in score.

Risks that have decreased in score:

- GB2021_PR_1.3 Urgent Care System – Re-design 2020/21 (Level 16)
- GB2021_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health (Level 10)
- GB2021_PR_3.1 Risk of in-year deficit (Level 15)
- GB2021_PR_4.1 Assuring decisions are influenced by all staff including clinicians (Level 10)

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_3.2 Risk that the CCG is unable to meet financial duties over the medium term (Level 25)

Lynne Byers
Interim Risk Manager
November 2020

Appendix 1: 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	Aug	Trend	Nov	Trend	Feb	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	TBD	15		Not reviewed		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						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
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						5

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 ant through commissioning for social value

Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Feb	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

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

Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Feb	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 NHS financial 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.	Mike Woodhead			25	New	15						12
GB2021_PR_3.2	Because of the short term financial pressures, together with the impact of Covid-19, the uncertainty around the future NHS financial framework , increasing demand for services and barriers to transformational change, there is a risk that the CCG will be unable to agree a credible and financial 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	Mike Woodhead	25		25		25						15

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

Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Feb	Trend	Mar 21	Trend	Target risk
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

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 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. Patient Cabinet in place to promote active engagement and public voice 4. Self-care has an increased focus in the refreshed locality plan 2017 5. Beginning to mobilise locality plan e.g. integrated neighbourhood teams. 6. Neighbourhood engagement models under development 7. Joint Comms & Engagement Team in place. 8. 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	02-Nov-2020	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 in to regular reporting Ensuring the work on Bury 2030 Strategy and the Operating Plan reflects the particular contribution of the OCO	60%	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	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	04-Nov-2020	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% 50% 100% 0% 10%	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
					(LCO)/Partners working 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, NWAS Green Car, 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	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	02-Nov-2020	4	4	16	Limited	Gap(s) in controls: 1. Financial sustainability of the Urgent Care Treatment Centre to be determined as part of the urgent care review 2. Sufficient recruitment to enable Intermediate Care Transformation (LCO remit) 3. Impact of the development of Primary care networks unknown 4. Capacity of LCO to oversee implementation of new model 5. Understanding the impact of the 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% 20%	4	3	12
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	Geoff Little	5	5	25	1. Emergency Response Governance arrangements including Borough-wide GOLD response working with partners and Local internal GOLD response 2. Incident Management Team established for OCO 3. Incident management Team established for system healthcare 4. Business Continuity Planning including redeployment of resources to support front-line delivery	1. Direction issued nationally for local applications across both health and care 2. Silver Health and Care Covid Group 3. Weekly Acute Recovery & Restoration Group (ARRG) meetings between NCA, CCG and other locality colleagues 4. Weekly Phase 3 planning meeting taking place between OCO, Council and CCG colleagues	30-Oct-2020	5	5	25	Limited	Gap(s) in Controls: 1. Risk cannot be wholly controlled due to unknown nature of the virus 2. Data limited both nationally and locally at this time to fully assess potential impact Gap(s) in assurances: 1. Stress testing to be completed 2. Assessment of capacity locally to respond to peak not yet known 3. Joint Governance arrangements associated with the SCB are not	Fully established Emergency Planning structure, including Emergency Decisions to support key business Development of routine reporting arrangements to provide assurance Regular cascade and review of national intelligence and guidance to inform priorities and actions Further implement the NHS Planning Guidance issued mid-August 2020	100% 100% 50% 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	
the treatment, care and support provided to local people.					5. Remote working technology to reduce risk or transmission, support social distancing and enable continuation of key functions 6. Revised legislation and guidance 7. COVID Management Service established 8. NHS Phase 3 planning guidance 9. Routine review of current COVID status with regard to a the second wave 10. NCA undertaking a phased clinical prioritisation of existing waiting lists 11. Commencement of a further scenario test system response including Out of Hours testing	5. Daily system pressures meeting introduced from mid October 2020 6. Urgent Care Improvement Board overseeing implementation of the winter planning arrangements						fully embedded however in the process of moving towards a gold command structure in response to the covid second wave						

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
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 2. Governing Body 3. Council Cabinet (key partner) 4. Joint Strategic Commissioning Board	02-Nov-2020	5	2	10	Significant	<u>Gap(s) in controls:</u> 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 <u>Gap(s) in assurances:</u> 1. None identified	Continue with on-going engagement as the Bury 2030 Strategy develops	70%	5	2	10

Strategic Objective 3 - To deliver a balanced budget

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 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.	Mike Woodhead	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)	04-Nov-2020	5	3	15	Limited	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) 6. Lack of senior capacity within the Finance Team 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% 50%	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 commissioning in GM, increasing demand for services and barriers to transformational	Mike Woodhead	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 Health and Care System Recovery Task Group 6. Financial Framework Redesign and GM wide planning through fortnightly Finance	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	04-Nov-2020	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 under developed 4. Financial framework and mechanisms for the GM ICS are unknown Gap(s) in assurances:	Finalise the medium term 5 year plan	30%	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	
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					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	11. Fortnightly GM CFO meetings 12. Fortnightly NES CFO/DFO meetings 13. Fortnightly Finance Advisory Committee GM meetings(FAC)												

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 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	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	02-Nov-2020	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	Continued development, engagement and involvement of all staff Strengthening relations between the OCO and LCO	70% 80%	5	2	10

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 four (4) risks have decreased in score.

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

- 2.2. The latest review has seen the risk reduce from a level 20 to a level 16, against a target level of 12 to be achieved by March 2021.
- 2.3. Although the CCG needs to understand the implications of COVID-19 in respect to the Urgent Care Re-design, the risk owner considered that the risk could be reduced at this time. The likelihood of 5 (almost certain) has been reduced to 4 (likely) and is primarily due to the on-going development of the urgent care redesign model which is emerging at a reasonable pace and although some gaps remain, these are being addressed through mitigating actions.
- 2.4. Arrangements to support the redesign of urgent care are in place, with the Primary Care Networks (PCNs) and Neighbourhood Teams working in collaboration, although it should be noted that these remain in development however continue to mature at a satisfactory pace.
- 2.5. The proposed model for Intermediate Care (IMC) although subject to consideration of the Radcliffe Regeneration Plan is currently open to public consultation. Following the consultation, recommendations for implementation will be presented to the Strategic Commissioning Board in December 2020.
- 2.6. 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.
- 2.7. This risk is assigned to the Strategic Commissioning Board however there will not be oversight or presentation of the risk by Committee until 07 December 2020.

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

- 2.8. The latest review has seen the risk reduce further from a level 15 to its target level of 10.
- 2.9. As the Bury 2030 vision continues to improve through collaborative and mature working across the CCG, Council and Partners this has resulted in the likelihood score being reduced from a level 3 (possible) to a level 2 (unlikely).
- 2.10. The November risk review confirmed that an Assistant Director has been appointed who will lead on Public Service Reform alongside recasting of the Health and Wellbeing Board who will focus on developing the population health system to

address health inequalities within the borough. In addition, work continues to develop the Council and CCG's Corporate Plan.

- 2.11. 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 8-week public consultation period ending December 2020.
- 2.12. In line with CCG process, a watching brief will be maintained and as a strategic risk, this will remain on the GBAF whilst all outstanding actions are finalised and the year-end rationalisation process concluded.
- 2.13. This risk is assigned to the Strategic Commissioning Board however there will not be oversight or presentation of the risk by Committee until 07 December 2020.
 - **GB2021_PR_3.1 Risk of in-year deficit**
- 2.14. The second assessment saw this risk reduce from a level 25 to a level 15 risk, alongside the original tentative target risk of 16 reducing to a level 12.
- 2.15. The likelihood 5 (almost certain) has reduced to 3 (possible) as the emerging strategy across the GM Integrated Care System is likely to allocate sufficient funding to Bury CCG resulting in a break-even position for the year. There are however significant risks around securing anticipated COVID funding streams and the impact of a second COVID wave, Brexit and a hard winter ahead. The impact of the risk therefore remains at a level five (5) as there is a chance that the CCG may be >£3M in deficit at year-end. In light of this uncertainty the target risk due date has been extended from 31/1/2021 to 31/3/2021.
- 2.16. The mitigating action to revise the 2020/21 budget has been completed and is subject to approval by NHSE/I, timescales are unknown at this time.
- 2.17. 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 January 2021 meeting.
- 2.18. This assessment identified 4 (four) external gaps and 1 (one) internal gap as below, however these do not impact negatively on this risk at this time:
 - Lack of clarity and gaps within NHSE/I guidance for the current year;
 - In year plans not yet approved by NHSE/I;
 - Revised 2020/21 plans do not reflect wave 2 of COVID;
 - GM System Funding to be finalised; and
 - Lack of senior capacity within the finance team.
- 2.19. Once external guidance has been received mitigating actions will be considered thereafter.
- 2.20. To address senior staffing levels within the Finance Department an interim solution has been sourced for two out of the three senior management posts. These have been filled for a period of six months. The third post is currently under review

- 2.21. The Finance, Contracting and Procurement Committee reviewed this risk at the 19 November 2020 meeting and was assured that the risk is being effectively managed.
- **GB2021_PR_4.1 Assuring decisions are influenced by all staff including clinicians**
- 2.22. The latest review has seen the risk reduce further from a level 15 to its target level of level 10.
- 2.23. As previously reported, the main driver for this reduction is greater integrated working across the OCO, and also within the wider CCG and Council, which is seeing relationships becoming more developed than they were and maturing well, resulting in the likelihood score being reduced from a level 3 (possible) to a level 2 (unlikely). In addition, monthly Clinical Director meetings have been established to ensure there is clinical leadership focus regarding business and transformation plans.
- 2.24. To ensure continued development, engagement and staff involvement, monthly staff meetings have been scheduled with the Executive Director and Management Team. Furthermore, joint OCO and LCO meetings remain in place to ensure a shared perspective is captured as part of the Recovery and Transformation Plan.
- 2.25. In line with process, this strategic risk will remain on the GBAF whilst outstanding actions are finalised and the year-end rationalisation process concluded.
- 2.26. This risk is assigned to the Strategic Commissioning Board however there will not be oversight or presentation of the risk by Committee until 07 December 2020.

3.0 Risks that have remained static

- 3.1. The following four (4) risks have remained static.
- **GB2021_PR_1.1 Lack of effective engagement with communities**
- 3.2. The risk review in November 2020 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 as there is a requirement to systematically ensure the public (patient and resident) voice is included as part of the organisations Recovery and Transformation Programme.
- 3.4. The role of the Health and Wellbeing Board has now been refreshed and the ambition is to focus on developing the population health system to address health inequalities within the Borough.
- 3.5. A revised performance and outcomes framework is now in place, however reporting in to the Health and Wellbeing Board has yet to be finalised.
- 3.6. Work continues to ensure the Bury 2030 Strategy and the Corporate Plan reflects the particular contribution of the OCO and to ensure alignment across strategies the Locality Plan objectives have now been incorporated within the Bury 2030 Strategy

3.7. This risk is assigned to the Strategic Commissioning Board however there will not be oversight or presentation of the risk by Committee until 07 December 2020.

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

3.8. 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 notwithstanding the impact of COVID-19 and the national restrictions.

3.9. The Phase 3 commissioning priorities (activity levels) have been agreed by GM and the output from the discussions will form part of the borough ten-point Recovery and Transformation plan. This plan will be implemented as a staged approach throughout the remainder of 2020/21 through to 2021/22. As an assurance the Recovery and Transformation Board will oversee the phased approach to ensure delivery against timescales.

3.10. Looking forward 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, the appropriate metrics will be developed to evidence the effectiveness over the coming months.

3.11. The Bury System Board reviewed this risk at the 19 November 2020 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. The risk remains unchanged as although progress has been made in respect of elective activity the impact of the coronavirus second wave is having a detrimental effect on NHS services, with appointment cancellations likely to be on the horizon.

3.14. To address demands on services regular cascade, response and implementation of the CCG's Phase 3 plan continues. The latest guidance issued mid-September 2020 by NHSE/I requested Providers to undertake a review of their admitted waiting times. The Northern Care Alliance (NCA) is currently undertaking a 'phased' clinical prioritisation of their admitted waiting times for upload to the NHS e-Review, the national software solution by the end of December 2020.

3.15. To further support management of the current waiting times four (4) additional assurances have been identified as:

- Weekly Acute Recovery and Restoration Group (ARRG) meetings between the NCA, CCG and other locality colleagues;
- Weekly phase 3 planning meetings taking place between the OCO, Council and CCG Colleagues;
- Daily system pressures meetings introduced mid October 2020; and
- Urgent Care Improvement Board overseeing the implementation of the winter planning arrangements.

3.16. The Quality and Performance Committee reviewed this risk at the 11 November 2020 meeting and was assured that the risk is being effectively managed.

- **GB2021_PR 3.2 Risk that the CCG is unable to meet financial duties over the medium term**

3.17. The November 2020 assessment resulted in no change to the risk score of 25, against a target level of 15 to be achieved by March 2021.

3.18. 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.

3.19. The prime action to mitigate this risk is the finalisation of the medium-term 5-year plan. Significant work has and continues to be undertaken for areas the CCG has local control over e.g. the Health and Care Recovery Programmes expenditure run rates, however the full medium-term plan can only be progressed with the necessary full financial planning and guidance from the National, Regional and GM teams for which timescales remain unknown. For this reason slippage is inevitable therefore the action due date of 31/10/2020 has been extended to 31/03/2021.

3.20. The Finance, Contracting and Procurement Committee reviewed this risk at the 19 November 2020 meeting and was assured that the risk is being effectively managed.

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 no new risks have identified.

6.0 Risks not reviewed in the reporting period



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




Appendix 4 : New risks for adding to the GBAF at the request of Audit Committee


Risk Code & Title	Risk of dis-integration of OCO financial management				
Risk Statement	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.	Assigned To	Current Risk Status	Direction of Travel	Annual profile
Current Issues		Geoff Little		NEW	
Current Issues	See risk note, below.				

GBAF Risks - In respect of the 'level of assurance and your confidence levels' what is your personal view looking forward, on the current controls and mitigating actions:- No; Limited; Significant; or High.								Limited				
Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
12-Nov-2020	5	4	20		5	3	15		5	1	5	31 March 2021
Risk Note	6 Jan 2021	In Nov 2020, examples were cited of Council 21/22 savings proposals that could result in cost shunting to the CCG; in-year pressure to shift Council/Joint funded packages of care to CCG funded packages; a lack of engagement and transparency with the CCG and wider system around Council savings plans; and silo working. These concerns were flagged with Executive colleagues for resolution and discussed at FCP. Since then, various further meetings and actions have progressed (see "actions" below) which have significantly mitigated the likelihood of the risk, resulting in a reduced risk score. It is expected that the score will further reduce to its target by 31 March because of the ongoing actions and monitoring of this risk.										

Existing Assurance	Existing Controls	Gaps in Existing Assurance / Gaps in Current Controls
<ol style="list-style-type: none"> Bury System Board Finance, Contracting & Procurement Committee Governing Body Strategic Oversight Group Executive Team Health and Care Sustainability Recovery Board Strategic Commissioning Board Budgetary Control Group 	<ol style="list-style-type: none"> 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 	<p>Gap(s) in controls:</p> <ol style="list-style-type: none"> Council savings proposals not shared and explored with Health and Care Sustainability Recovery Board and/or an appropriate OCO senior group. Recruitment for Joint CFO post not finalised. Consensus not reached on cost shunting issues identified in the risk note. <p>Gap(s) in assurances:</p> <ol style="list-style-type: none"> No joint finance committee substructure to the SCB.




Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
1. Health and Care Sustainability Recovery Board and SCB to receive latest version of Council savings plans and to consider any potential wider system impact.	Jan 2021	Geoff Little	Papers have been shared and discussed at Exec level, with clinical directors and at formal meetings including SCB. Final version going to FCP in Jan and SCB on Feb 1 st . All savings proposed for 2021/22 are being scrutinised for cross impacts. The output of this has been presented to a meeting the CCG Chair and Clinical Directors to secure clinical support. No cost shunting will be allowed.	90%	 In Progress
2. Recruit a replacement Joint CFO or, failing that, implement interim measures to ensure the CCG CFO role is being suitably discharged.	Feb 2021	Geoff Little	Recruitment process well underway with assistance from Gatenby Sanderson, including a search for an interim. Interim arrangements expected to be in place by end of Jan. Interviews for permanent position also taking place by end of Jan. The segregation at a senior level in the	50%	 In Progress

			joint financial management structure has been addressed with decisions taken by the CCG Remuneration Committee and the Human Resources and Appeals Panel of the Council to bring the statutory financial duties of both organisations back together into a single post - the Executive Director of Finance			
3.Meeting required with Joint AO, Joint CFO, Joint DoC and others key execs to discuss risk and agree proposed actions to support mitigation	Nov 2020	Geoff Little	This meeting took place and fed into subsequent papers and formal meetings.	100%		Complete
4.Governance arrangements to be strengthened.	March 2021	Will Blandamer	<p>The governance arrangements for finance have been strengthened by the creation of a Health and Care Strategic Finance Group chaired by the Joint Accountable Officer and Chief Executive and attended by the Joint CFO, the Interim Director of Financial Transformation for the Council, the Executive Director of Commissioning and the most senior finance staff from both organisations with responsibilities for the Integrated Care Fund. This new group has been established to strengthen the principles of joint working across finance staff, the importance of clinical and political leadership in addressing the financial gap, coproduction collaboration and taking a single view of the integrated care fund as one budget with shared objectives, shared risks and benefits, shared reporting and full transparency.</p> <p>A joint finance sub-committee of the SCB was being progressed, however pending further development of the SCB to support the newly proposed infrastructure, it is likely this will be paused, however with a caveat that regular financial updates are provided to the SCB for oversight.</p>	40%		In Progress
5.Increase engagement with Clinical Directors	March 2021	Will Blandamer	Action has been taken since the risk was registered to address the perception of a diminution of CCG clinical voice in decision making. CCG Clinical Directors, the Clinical Directors of the Primary Care Networks and GPs via a CCG membership event have all been engaged on the budget and on the future of integrated care. This work continues.	50%		In Progress

Risk Code & Title	GB2021_PR_1.5 Creation of ICS (Integrated Care System)				
Risk Statement	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	Assigned To	Current Risk Status	Direction of Travel	Annual profile
		Will Blandamer		New	
Current Issues	<ul style="list-style-type: none"> . NHSE/I released 26/11/2020 consultation signalling creation of ICS (Integrated Care System) and disestablishment of CCG (subject to legislation) . Potential for work that has already progressed to address needs across the Bury locality to be derailed within a 'one way' GM approach . Potential for loss of locality memory and knowledge . Potential that Bury CCG is unable to influence what is retained at a place-based level to deliver best outcomes for the local population . Potential loss of mandated and elected clinical leadership in the Bury system 				

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
04-Dec-2020	4	4	16	04-Dec-2020	4	3	12	Apr-2021	4	2	8	31-Mar-2022

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<ul style="list-style-type: none"> . Governing Body oversight . Strategic Commissioning Board oversight . Engagement in Greater Manchester Governance arrangements 	<ul style="list-style-type: none"> . Local governance structures reflect the proposal . Shadow operating of revised governance . Approved corporate plan which sets priorities for the borough . Bury 2030 strategy . Generic Communications and Engagement Strategy which supports the public message 	<p>Gaps in current controls:</p> <ul style="list-style-type: none"> . Shadow operating arrangements still to be designed in full . Bury 2030 strategy not yet approved (March 2021) . A clear public communication strategy specific to this agenda <p>Gaps in current assurances:</p> <p>NHSE/I outcome of consultation paper and response submissions</p>

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
1.5a Local response approved through local governance groups and submitted to NHSE/1 by 8/1/2021	08-Jan-2021	Will Blandamer	Response paper has been submitted which recommends option 2. There is an agreed governance schedule for progression and so far, the SCB, GP membership, informal cabinet and execs have been cited. Item has also been considered by PAG, Bury System Board meeting/ LCO Board meeting formal cabinet, SCB and GB approval (under delegation) before deadline of 8/1/2021	100%	 Complete
1.5b Shadow governance arrangements to be designed	31-Mar-2021	Lisa Featherstone	Indicative approach to governance including within the briefing paper.	5%	 In Progress
1.5c Bespoke Communication Strategy to address this agenda	31-Jan-2021	Will Blandamer		0%	 Check Progress