

<b>Meeting: Governing Body</b>			
<b>Meeting Date</b>	22 September 2021	<b>Action</b>	Consider
<b>Item No.</b>	9b	<b>Confidential</b>	No
<b>Title</b>	Governing Body Assurance Framework		
<b>Presented By</b>	Chris Wild, Lay Member and Audit Chair		
<b>Author</b>	Lynne Byers, Interim Risk Manager		
<b>Clinical Lead</b>	-		

<b>Executive Summary</b>
<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 Overarching Body.</p> <p>An end of year position was reported to the Audit Committee in June 2021 and reflected in the Annual Report approved by the Governing Body.</p> <p>In preparing the 2021/22 GBAF, the strategic objectives as set out in the corporate plan have been retained, along with the eight remaining risks at the closing of the 2020/21 reporting period identified as requiring carry forward into 2021/22 by risk owners.</p> <p>All 8 risks have been reviewed in July 2021, to assure the continued validity of the risk, which has resulted in the following changes:</p> <ul style="list-style-type: none"> <li>• 2 new risks being added to the framework. <ul style="list-style-type: none"> <li>• Risk of in-year deficit.</li> <li>• Risk that the Locality doesn't receive sufficient resources within new architecture to meet population needs.</li> </ul> </li> <li>• 1 risk being removed and superseded by a more relevant risk. <ul style="list-style-type: none"> <li>• Risk that the CCG is unable to meet financial duties over the medium term.</li> </ul> </li> <li>• 2 risks being moved and transferred to the CCG's Operational Risk Register. <ul style="list-style-type: none"> <li>• Lack of effective working with key partners which influence the wider determinants of health.</li> <li>• Lack of effective engagement with communities.</li> </ul> </li> </ul> <p>Overall, this sees a revised position for the 2021/22 GBAF of seven (7) principal risks presented against (4) Strategic Objectives, reflected in the following risk profile: summarised as:</p>

- 4 remain at a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives; and
- 3 remain at a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives.

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
- Appendix 4 : Risks mapped against objective and aligned to responsible committees

At the meeting on the 03 September 2021, the Audit Committee reviewed the detail of the GBAF, provided their opinion as detailed in the report at Appendix 3 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; and
- Consider any new principal risks that should be included on the GBAF.

### Links to CCG Strategic Objectives

<b>SO1</b> To support the Borough through a robust emergency response to the Covid-19 pandemic	<input checked="" type="checkbox"/>
<b>SO2</b> To deliver our role in the Bury 2030 local industrial strategy priorities and recovery	<input checked="" type="checkbox"/>
<b>SO3</b> To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision	<input checked="" type="checkbox"/>
<b>SO4</b> To secure financial sustainability through the delivery of the agreed budget strategy	<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

## 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 July 2021.
- 4.2. Since last reporting on the year-end position in June 2021, all eight (8) risks have undergone a further rationalisation which has resulted in the following changes:
  - two (2) new risks being identified;
    - Risk of in-year deficit.
    - Risk that the Locality doesn't receive sufficient resources within new

architecture to meet population needs.

- one (1) risk removed from the GBAF and replaced with another risk;
  - Risk that the CCG is unable to meet financial duties over the medium term; and
- two (2) risks being removed and transferred to the CCG's Operational Risk Register.
  - Lack of effective working with key partners which influence the wider determinants of health.
  - Lack of effective engagement with communities.

4.3 The revised opening position for 2021/22 GBAF consists of seven (7) principle risks presented across four (4) Strategic Objectives and the current risk profile of these is summarised as:

- 4 remain at a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives; and
- 3 remain 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:**

- GB2122\_PR\_2.1 Creation of GM ICS (Integrated Care System) (Level 16)

**Risks that have decreased in score:**

- No risks have decreased in score

**Risks that have remained static:**

- GB2122\_PR\_1.1 COVID-19 Increased demand on services (Level 25)
- GB2122\_PR\_2.2 Assuring decisions are influenced by all staff including clinicians (Level 10)
- GB2122\_PR\_3.1 Urgent Care System – Re-design 2021/22 (Level 12)
- GB2122\_PR\_4.3 Risk of divergence of the financial approach by the Council and CCG (Level 10)

**New Risks:**

- GB2122\_PR\_4.1 Risk of in-year deficit (Level 15)
- GB2122\_PR\_4.2 Risk that the locality doesn't receive sufficient resources with new architecture to meet population needs.

**Risks Recommended for Closure and / or Transferred (included for completeness):**

- Risk that the CCG is unable to meet financial duties over the medium term.
- Lack of effective working with key partners which influence the wider determinants of health.
- Lack of effective engagement with communities.

## 5. Recommendations

5.1. The Governing Body is asked to:

- Review the Governing Body Assurance Framework presented; and
- Consider any new principal risks that should be included on the GBAF.

**Lynne Byers**

Interim Risk Manager

August 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	Jul	Trend	Oct	Trend	Jan	Trend	Mar 22	Trend	Target risk
GB2122_PR_1.1	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		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	Jul	Trend	Oct	Trend	Jan	Trend	Mar 22	Trend	Target risk
GB2122_PR_2.1	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		16								8
GB2122_PR_2.2	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	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	Jul	Trend	Oct	Trend	Jan	Trend	Mar 22	Trend	Target risk
GB21221_PR_3.1	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	12		12								12

Strategic Objective 4 - To secure financial sustainability through the delivery of the agreed budget strategy													
Reference	Risk Description	Owner	Q4	Trend	Jul	Trend	Oct	Trend	Jan	Trend	Mar 22	Trend	Target risk
GB2122_PR_4.1	<b>Because of the increasing demand for services, the impact of Covid -19, and the national finance regime which dictates values to be paid to NHS providers and provides allocations at a GM system level along with the impact of prior periods unachieved recurrent savings targets, there is a risk that the CCG will be in deficit for the current financial year resulting in a failure of Statutory Duties</b>	Sam Evans			15	New							10
GB2122_PR_4.2	<b>Because of the uncertainty of how funds will flow to localities and the decision making to determine allocation of scarce resources when there is a known financial gap in NHS funding to the GM system there is a risk that the Bury locality will not receive its fair share or what it needs to address health inequalities and the populations needs as a consequence of previous under funding</b>	Sam Evans			25	New							25
GB2122_PR_4.3	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	10		10								5



## 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
1.1 - 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	<ol style="list-style-type: none"> <li>1. Emergency Response Governance arrangements including Borough-wide GOLD response working with partners and Local internal GOLD response</li> <li>2. Incident Management Team established for OCO</li> <li>3. Incident management Team established for system healthcare</li> <li>4. Business Continuity Planning including redeployment of resources to support front-line delivery</li> <li>5. Remote working technology to reduce risk or transmission, support social distancing and enable continuation of key functions</li> <li>6. Revised legislation and guidance</li> <li>7. COVID Management Service established</li> <li>8. NHS Phase 3 planning guidance</li> <li>9. Routine review of current COVID status with regard to a second wave</li> <li>10. NCA undertaking a phased clinical prioritisation of existing waiting lists</li> <li>11. Commencement of a further scenario test system response including Out of Hours testing</li> <li>12. COVID vaccination Programme rolled out across the locality (health and care staff initially)</li> <li>13. Standing up System Working Group to review the elective care</li> </ol>	<ol style="list-style-type: none"> <li>1. Direction issued nationally for local applications across both health and care</li> <li>2. Silver Health and Care Covid Group</li> <li>3. Weekly Acute Recovery &amp; Restoration Group (ARRG) meetings between NCA, CCG and other locality colleagues</li> <li>4. Daily system pressures meeting introduced from mid-October 2020 (now operating as a system bronze meeting)</li> <li>5. Urgent Care Improvement Board overseeing implementation of the winter planning arrangements</li> <li>6. Weekly Health and Care Gold Meeting (in abeyance)</li> <li>7. System working group</li> </ol>	19-Jul-2021	5	5	25	Limited	<p><b>Gap(s) in Controls:</b></p> <ol style="list-style-type: none"> <li>1. Risk cannot be wholly controlled due to unknown nature of the virus</li> <li>2. Data limited both nationally and locally at this time to fully assess potential impact</li> </ol> <p><b>Gap(s) in assurances:</b></p> <ol style="list-style-type: none"> <li>1. Joint Governance arrangements associated with the SCB are not fully embedded</li> </ol>	<p>Regular cascade and review of national intelligence and guidance to inform priorities and actions</p> <p><b>Continue to receive and implement operational guidance subject to pandemic revisions</b></p>	<p>100%</p> <p>25%</p>	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	
					backlog focuses on clinical priorities and health inequalities													

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 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	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 <b>6. Revised Locality Plan approved by SCB July 2021</b>	1. Governing Body oversight 2. Strategic Commissioning Board oversight 3. Engagement in Greater Manchester Governance arrangements	12-Jul-2021	4	4	16	Limited	<b>Gaps in controls:</b> 1. A clear public communication strategy specific to this agenda 2. Awaiting further clarity on the GM ICS model  <b>Gaps in current assurances:</b>	Shadow governance arrangements to be designed  Bespoke Communication Strategy to address this agenda	100%  70%	4	2	8
2.2 - 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	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	19-Jul-2021	5	2	10	Significant	<b>Gap(s) in controls:</b> 1. Clarity regarding support available to staff during the period of restructure 2. Sub Senior structure still under review  <b>Gap(s) in assurances:</b> 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	60%	5	2	10

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
					Director (CCG) appointed												

**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
3.1 - 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, NWS 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 6. Delivery of Phase 1 completed 7. Reframing of urgent care phase 2 in the light of delivery of phase 1 and lessons learnt through COVID	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	12-Jul-2021	4	3	12	Significant	<b>Gap(s) in controls:</b> 1. Financial sustainability of the Urgent Care Treatment Centre to be determined as part of the urgent care review 2. Understanding the impact of covid  <b>Gap(s) in assurances:</b>	System Board and Integrated Delivery Collaborative to ensure the development of Primary Care Networks is aligned with the Neighbourhood Teams	90%	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	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
4.1 - Because of the increasing demand for services, the impact of Covid -19, and the national finance regime which dictates values to be paid to NHS providers and provides allocations at a GM system level along with the impact of prior periods unachieved recurrent savings targets, there is a risk that the CCG will be in deficit for the current financial year resulting in a failure of Statutory Duties	Sam Evans	5	3	15	1. Management and oversight of system savings through the Corporate delivery plan 2. Financial Framework Redesign and GM wide planning through fortnightly Finance Advisory Committee (FAC) GM meetings and other GM Groups 3. GM CCG Peer review challenge sessions taking place at months 3, 5 and 6 will also continue during the second half of the year	1. Fortnightly meeting of the Bury Locality Strategic Finance Group 2. Finance, Contracting and Procurement Committee (FC&P) 3. Governing Body 4. Executive Team 5. Strategic Commissioning Board 6. Fortnightly GM CFO meetings 7. Monthly NES CFO/DFO meetings 8. Weekly Council / CCG joint Finance Group meetings	27-Jul-2021	5	3	15	Significant	<b>Gap(s) in controls:</b> 1. Health and Care Sustainability and Recovery programmes underdeveloped 2. Allocations for second half of year not expected until September 21  <b>Gap(s) in assurances:</b>	Report system savings programme to the Integrated delivery board and get system ownership and accountability for delivery of savings across partners	25%	5	2	10
4.2 - Because of the uncertainty of how funds will flow to localities and the decision making to determine allocation of scarce resources when there is a known financial gap in NHS funding to the GM system there is a risk that the Bury locality will not receive its fair	Sam Evans	5	5	25	1. CCG peer challenge sessions at months 3,5 and 6 in place which aid understanding of locality issues 2. Budget setting process in place 3. Review of transformation programmes to determine most effective pathways in terms of cost and outcomes 4. Working jointly with the Northern Care Alliance (NCA) on joint system savings programmes 5. Management and	1. Fortnightly meeting of the Bury Locality Strategic Finance Group 2. Finance, Contracting and Procurement Committee (FC&P) 3. Governing Body 4. Executive Team 5. Strategic Commissioning Board 6. Fortnightly GM CFO meetings 7. Monthly NES CFO/DFO meetings 8. Fortnightly Finance Advisory Committee GM meetings(FAC)	27-Jul-2021	5	5	25	Limited	<b>Gap(s) in controls:</b> 1. NHSEI financial framework and contracting approaches not yet determined for 22/23 2. Detailed GM ICS financial guidance and funds flows not yet worked up 3. Health and Care Sustainability and Recovery programmes underdeveloped 4. Financial framework and mechanisms for the GM ICS are unknown  <b>Gap(s) in assurances:</b>	Continued raising of awareness in locality and GM meetings of the resources required for the Bury population, the health inequalities that Bury residents face and the impacts of previous underfunding which require investment to level up Bury services	10%	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
share or what it needs to address health inequalities and the populations needs as a consequence of previous under funding					oversight of system savings through the locality strategic finance group and integrated delivery board 6. Financial Framework Redesign and GM wide planning through fortnightly Finance Advisory Committee (FAC) GM meetings and other GM Groups 7. All CCG Execs and Leader of the Council are well versed on the issues and can raise at various GM meetings that they attend												
4.3 - 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	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 9. CCG and Council Strategic Group established	19-Jul-2021	5	2	10	Significant	<b>Gap(s) in controls:</b>  <b>Gap(s) in assurances:</b> 1. No joint finance committee substructure to the Strategic Commissioning Board	Governance arrangements to be strengthened.	75%	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
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 one (1) risk has increased in score.
  - **GB2122\_PR\_2.1 Creation of GM ICS (Integrated Care System)**
- 1.2. The July risk assessment saw an increase from a level 12 to a level 16 against a target level of 8 to be achieved by March 2022.
- 1.3. The likelihood of 3 (possible) has increased to 4 (likely) as although the white paper was circulated in February 2021 and has provided clarity on the shape of the GM ICS model and the cessation of the CCG, further clarity on the GM ICS model has yet to be confirmed.
- 1.4. All governance arrangements have been designed and are in the process of being implemented as the CCG enters into the transition phase which will see the creation of the System Board, which will operate in shadow form from Autumn 2021 alongside the Governing Body and Strategic Commissioning Board to ensure statutory responsibilities continue to be discharged, whilst preparing for the future.
- 1.5. Progress has been made in relation to a bespoke communication strategy to address this agenda. This has been initially addressed through briefings held with Staff, Trade Unions, Health Scrutiny, Healthwatch, GPs and the VCFA as well as public meetings of the Strategic Commissioning Board and Governing Body.
- 1.6. Due to the rescheduling of the committee timetables since May 2021, this risk has not been discussed through its oversight Committee, which in this instance is the Strategic Commissioning Board.

### 2.0 Risks that have decreased in score

- 2.1. During the reporting period no risks have decreased in score.

### 3.0 Risks that have remained static

- 3.1. The following four (4) risks have remained static.
  - **GB2122\_PR\_1.1 COVID-19 Increased demand on services**
- 3.2. This risk remains at its current level of 25 against a target level of 5 to be achieved by March 2022
- 3.3. A deep dive risk and retention review was undertaken in June 2021 by the Quality and Performance Committee with a recommendation for the risk owner to reconsider the level of risk in light of different ways of working through the pandemic.
- 3.4. Since the year-end review it was anticipated that the risk level would reduce as improvements were being seen to address both demand and capacity however since we move further into the financial year, the effects of COVID remain unknown and the demands on elective care across the system are continuing to rise therefore the risk level cannot be reduced at this time.

- 3.5. As this risk cannot be wholly controlled due to the unknown nature of the virus, a new action has been identified to ensure the continued implementation of operational guidance, which is subject to pandemic revisions, and dissemination across the organisation for action in a timely manner
- 3.6. The Quality and Performance Committee reviewed this risk at the 11 August 2021 meeting and was assured that the risk is being managed effectively.
- **GB2122\_PR\_2.2 Assuring decisions are influenced by all staff including clinicians**
- 3.7. As previously reported this risk reached its target level of 10 in November 2020 and remains on the 2021/22 GBAF for oversight whilst the CCG moves through the transition stages during 2021/22.
- 3.8. Development of a clinical and professional senate remains ongoing. A draft terms of reference for the senate has been established and a workshop was held in June 2021 to finalise these as well as the operating model. Further provisional workshops have been agreed for September and October 2021 subject to approval.
- 3.9. Due to the rescheduling of the committee timetables since May 2021, this risk has not been discussed through its oversight Committee, which in this instance is the Strategic Commissioning Board.
- 3.10. The Audit Committee at its meeting on the 03 September 2021 recognised that the recent changes in leadership, resignations and appointments has resulted in the Governing Body having 3 Clinical Director vacancies, and therefore the clinical voice is somewhat lessened through decision making at both the Strategic commissioning Board and Governing Body. Whilst the Committee was advised on the development of the Clinical and Professional senate, it agreed that the matter should be raised for a wider discussion at the Governing Body meeting in September 2021. It was also noted that these vacancies mean that the Governing Body is not constituted in line with the CCG's Constitution.
- **GB2122\_PR\_3.1 Urgent Care – Re-design 2021/22**
- 3.11. As previously reported this risk reached its target level of 12 in January 2021 and remains on the 2021/22 GBAF for oversight.
- 3.12. Work continues to address next steps as the CCG progresses through phase 2 implementation for urgent care transformation.
- 3.13. Due to the rescheduling of the committee timetables since May 2021, this risk has not been discussed through its oversight Committee, which in this instance is the Strategic Commissioning Board, however it was presented in the latest report to the SCB
- **GB2122\_PR\_4.3 Risk of divergence of financial approach by the Council and CCG**
- 3.14. This risk remains at its current level of 10 against a target level of 5 to be achieved by March 2022.

- 3.15. The risk remains unchanged given the need for the newly appointed Executive Director of Finance to fully assess the position following commencement in role.
- 3.16. Governance arrangements continue to be strengthened as the CCG goes through a period of transition. The Strategic Plan (CCG and Council ) and the Systems Strategic Plan (CCG, Council and Providers) are both finalised and established.
- 3.17. Due to the rescheduling of the committee timetable in August 2021, this risk has not been discussed through its oversight Committee, which in this instance is the Finance, Contracting and Procurement Committee.

#### **4.0 Risks recommended for closure**

- 4.1. During the reporting period one (1) risk has been closed and two (2) risks have been transferred to the CCG's Operational Risk Register.
  - **Risk that the CCG is unable to meet financial duties over the medium term (Closed)**
- 4.2. The year- end review saw this risk reduce to its target level of 15, however the interim CFO proposed that the risk be retained on the 2021/22 GBAF for oversight whilst the CCG progresses through the transition to ICS, whereby ownership of this risk would also transfer.
- 4.3. A further review of this risk in August 2021 proposed the closure of this risk in favour of opening a new and more reflective risk which considers the current position and concentrates on mitigations through addressing resources required to meet the new architecture and associated demands of the population.
- 4.4. The risk has therefore been removed from the risk register.
  - **Lack of effective working with key partners which influence the wider determinants of health (Transferred)**
- 4.5. The July 2021 risk assessment saw no change to the level of risk which sees it remain at its target level of 10, however it was also agreed that this is no longer a principal risk and whilst important to maintain oversight for a period of time, it should be removed from the GBAF and placed on the CCG's Risk Register for further management in accordance with the CCG's Risk Management Strategy.
- 4.6. Due to the rescheduling of the committee timetables since May 2021, this risk has not been discussed through its oversight Committee, which in this instance is the Strategic Commissioning Board.
  - **Lack of effective engagement with communities (Transferred)**
- 4.7. The July 2021 risk assessment saw this risk reduce from a level 15 down to its target level of 10.
- 4.8. The likelihood of 3 (possible) has reduced to a 2 (unlikely) as the CCG remains connected to communities via the community hubs through integrated neighbourhood teams, through the CCG's transformation programme and working closely with Healthwatch and community engagement leads. Effective engagement with communities is also core to the Bury 2020 Strategy.

- 4.9. As this risk is at target level it is no longer classified as a principal risk to delivery of the strategic objectives and has therefore been transferred across to the CCG's Risk Register for monitoring.
- 4.10. Due to the rescheduling of the committee timetables since May 2021, this risk has not been discussed through its oversight Committee, which in this instance is the Strategic Commissioning Board.

## 5.0 New risks Identified

- 5.1. During the reporting period two (2) new risks have been identified.
- **GB2122\_PR\_4.2 Risk that the locality doesn't receive sufficient resources within new architecture to meet population needs**
- 5.2. This risk has been considered in light of the current landscape and replaces the GBAF risk 'GB2122\_PR\_4.2 Risk that the CCG is unable to meet financial duties over the medium term' which was reduced to its target level of 15 during the year end risk assessment.
- 5.3. This new risk has been assessed as a level 25 (5x5), against a target of 15 (5x3) to be achieved by March 2022.
- 5.4. The impact of 5 (severe) is because this is a significant risk to the system due to the historic under funding and the recurrent underlying deficit of the CCG. Whilst the finance regime of 2020/21 and first half year of 2021/22 has supported the financial position of the CCG it has hampered the system's ability to make recurrent savings for the future and there is now a significant backlog of elective activity and demand in the system to be addressed which adds to the financial pressures
- 5.5. The prime controls are:
- CCG peer challenge sessions at months 3,5 and 6 in place which aid understanding of locality issues.
  - Budget setting process in place.
  - Review of transformation programmes to determine most effective pathways in terms of cost and outcomes.
  - Working jointly with the Northern Care Alliance (NCA) on joint system savings programmes.
  - Management and oversight of system savings through the locality strategic finance group and integrated delivery board.
  - Financial Framework Redesign and GM wide planning through fortnightly Finance Advisory Committee (FAC) GM meetings and other GM Groups.
  - All CCG Execs and Leader of the Council are well versed on the issues and can raise at various GM meetings that they attend.
- 5.6. One further mitigating action has been identified and through raising issues in respect of resources required for the Bury population through locality and GM meetings will help to address the gap in respect of the GM ICS financial guidance and funding flows which have yet to be worked through.
- 5.7. The Health and Care Sustainability and Recovery programmes are underdeveloped

however the work being undertaken by various groups will help to address this going forward.

- 5.8. Due to the rescheduling of the committee timetable in August 2021, this risk has not been discussed through its oversight Committee, which in this instance is the Finance, Contracting and Procurement Committee.
- 5.9. The Audit Committee at its meeting on the 03 September 2021 considered the wording of the risk and through discussions agreed that the risk was accurately described and would not need to be revisited.
- 5.10. The Audit Committee also expressed concerns regarding the autonomy to neighbourhoods and of the need to continue to deliver services at a locality level and questioned whether there would continue to be funding allocated to do this from GM at a local level following the implementation of the ICS. The Audit Committee also commented of the importance of Clinical/GP involvement/engagement expressing a potential fear that this may drift away and that there will be less of a clinical input with the ICS being in place.
- **GB2122\_PR\_4.1 Risk of in-year deficit**
- 5.11. As part of the year-end review a new risk has been devised for 2021/22.
- 5.12. This new risk has been assessed as a level 15 risk, against a target of 10 to be achieved by March 2022.
- 5.13. The impact of 5 (severe) is because this is a significant risk to the system due to the historic under funding and the recurrent underlying deficit of the CCG. Whilst the finance regime of 2020/21 and first half year of 2021/22 has supported the financial position of the CCG it has hampered the system's ability to make recurrent savings for the future and there is now a significant backlog of elective activity and demand in the system to be addressed which adds to the financial pressures. In addition, allocations for the second half of the year are not expected until September 2021.
- 5.14. The prime controls are:
- Management and oversight of system savings through the Corporate delivery plan.
  - Financial Framework Redesign and GM wide planning through fortnightly Finance Advisory Committee (FAC) GM meetings and other GM Groups.
  - GM CCG Peer review challenge sessions taking place at months 3, 5 and 6 will also continue during the second half of the year.
- 5.15. An overarching action has been identified which is to report the system savings programme into the Integrated Delivery Board to embed system ownership and accountability for the delivery of savings across partners. An initial report identifying overall system savings figures was presented to the Board in July 2021.
- 5.16. Due to the rescheduling of the committee timetable in August 2021, this risk has not been discussed through its oversight Committee, which in this instance is the Finance, Contracting and Procurement Committee.

## **6.0 Risks not reviewed in the reporting period**

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