

Meeting: Governing Body			
Meeting Date	26 January 2022	Action	Consider
Item No.	9.2	Confidential	No
Title	Governing Body Assurance Framework (GBAF)		
Presented By	Sam Evans, Executive Director of Finance		
Author	Lynne Byers, Interim Risk Manager		
Clinical Lead	-		

Executive Summary

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.

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 Governing Body.

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 2021/22. This report represents the position as at October 2021.

Since last presentation of the GBAF to the Audit Committee in September 2021 a review of all 7 risks have been undertaken and the current risk profile of these is summarised as:

- 2 remain at a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives;
- 4 remain at a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives: and
- 1 has reduced to target level and recommended for closure.

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

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

At the meeting on the 03 December 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.

Since reporting to the Audit Committee in December 2021 two new GBAF risks have been identified, these will be considered by the respective Committee in February 2022 for onward reporting to the Audit Committee and Governing Body in March 2022.

- GB2122_PR_3.2 Identification of receiver of close down returns / work plans
- GB2122_PR_3.3 Risk of staff losses and impact on CCG closedown work requirements.

Recommendations

It is recommended that the Governing Body:

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

Links to CCG Strategic Objectives

SO1 To support the Borough through a robust emergency response to the Covid-19 pandemic	<input checked="" type="checkbox"/>
SO2 To deliver our role in the Bury 2030 local industrial strategy priorities and recovery	<input checked="" type="checkbox"/>
SO3 To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision	<input checked="" type="checkbox"/>
SO4 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
Audit Committee	03/12/2021	Recommended the report to the Governing Body

Governing Body Assurance Framework

1. Introduction

- 1.1. This paper is presented to provide an overview of the strategic risks which may threaten the achievement of the Clinical Commissioning Group's Strategic Objectives.
- 1.2. More than ever before and in context of a culture of decentralisation, increased local autonomy and accountability, the CCG Governing Body needs to be confident in the systems, policies and people it has in place to efficiently and effectively drive the delivery of its objectives by focusing on the minimising of risk.
- 1.3. As part of the signing of the Annual Governance Statement (AGS) by the Accountable Officer and approval of the Annual Accounts and Annual Report, the need for the Governing Body to demonstrate they have been properly informed of the totality of their risks is paramount.
- 1.4. The Governing Body needs to be able to evidence that it has systematically identified its objectives and managed the principal risks to achieving them over the course of the year.
- 1.5. The Governing Body Assurance Framework (GBAF) formalises the process of securing assurance and scrutinising risks to the delivery of the CCG's strategic Objectives and is a key piece of evidence to support and demonstrate the effectiveness of the CCG's system of internal control.

2. Background

- 2.1. All NHS organisations are required to develop and maintain an Assurance Framework in accordance with governance regulations applied to the NHS.
- 2.2. Developed from and aligned to the 5-year strategy and 2-year operational plan, the GBAF should reflect the strategic objectives of the CCG and provide a simple but comprehensive method for ensuring that the CCG's objectives are delivered and that the principal risks to meeting those objectives are effectively managed.
- 2.3. It also provides a structure for providing the evidence to support the Annual Governance Statement.

3. The Assurance Framework

- 3.1. Whilst there is no formally prescribed template for presenting the GBAF, there are specific areas that should be included to provide a comprehensive 'snapshot' to tell the story in relation to each risk identified, as detailed in *italics* below.
- 3.2. The risks that threaten the achievement of the organisations strategic objectives are defined as *principal risks*. The Governing Body should proactively manage potential principal risks, rather than reacting to the consequences of risk exposure.

- 3.3. These risks are assessed, 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.

4. Governing Body Assurance Framework Summary Assessment

- 4.1. As outlined above the GBAF presented at the current position as reported as at October 2021.
- 4.2. Since last presentation of the GBAF to the Audit Committee in September 2021 a review of all 7 risks have been undertaken and the current risk profile of these is summarised as:
 - 2 remain at a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives;

- 4 remain at a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives; and
- 1 has reduced to target level and recommended for closure.

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:

- GB2122_PR_1.1 COVID-19 Increased demand on services (Level 20)
- GB2122_PR_2.1 Creation of GM ICS (Integrated Care System) (Level 12)
- GB2122_PR_4.1 Risk of in-year deficit (Level 10)
- GB2122_PR_4.3 Risk of divergence of the financial approach by the Council and CCG (Level 5 – recommended for closure)

Risks that have remained static:

- 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_4.2 Risk that the locality doesn't receive sufficient resources with new architecture to meet population needs (Level 25)

Risks recommended for closure:

- GB2122_PR_4.3 Risk of divergence of the financial approach by the Council and CCG (Level 5)

New risks identified:

No new risks have been added to the GBAF. However, since reporting to the Audit Committee in December 2021 two new GBAF risks have been identified, these will be considered by the respective Committee in February 2022 for onward reporting to the Audit Committee and Governing Body in March 2022.

- GB2122_PR_3.2 Identification of receiver of close down returns / work plans (Level 12)
- GB2122_PR_3.3 Risk of staff losses and impact on CCG closedown work requirements (Level 9)

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

November 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		20						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		12						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						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
GB2122_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						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	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			15	New	10						10
GB2122_PR_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 share or what it needs to address health inequalities and the populations needs as a consequence of previous under funding	Sam Evans			25	New	25						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		Closed October 2021				5

Key					
	Increased		Decreased		Static

Appendix 2: Governing Body Assurance Framework – Detailed Report

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

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
1.1 - 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"> 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 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 2nd 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 12. COVID vaccination Programme rolled out across the locality (health and care staff initially) 13. Standing up System Working Group to review the elective care backlog focuses on clinical priorities and health inequalities 	<ol style="list-style-type: none"> 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. Daily system pressures meeting introduced from mid October 2020 (now operating as a system bronze meeting) 5. Urgent Care Improvement Board overseeing implementation of the winter planning arrangements 6. Weekly Health and Care Gold Meeting (in abeyance) 7. System working group 	05-Oct-2021	5	4	20	Limited	<p>Gap(s) in Controls:</p> <ol style="list-style-type: none"> 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 on demand <p>Gap(s) in assurances:</p>	<p>Regular cascade and review of national intelligence and guidance to inform priorities and actions</p> <p>Continue to receive and implement operational guidance subject to pandemic revisions</p>	100%	5	1	5
														80%			

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 from October 2021 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 6. Revised Locality Plan approved by SCB July 2021	1. Governing Body oversight 2. Strategic Commissioning Board oversight 3. Engagement in Greater Manchester Governance arrangements 4. Bury Locality Board (inaugural meeting held 4/10/2021)	05-Oct-2021	4	3	12	Limited	Gaps in controls: 1. A clear public communication approach specific to this agenda 2. Awaiting further clarity on the GM ICS model Gaps in current assurances:	Shadow governance arrangements to be designed Bespoke communication approach to address this agenda Continue to work with GM partners to ensure the GM ICS operating model creates the conditions for the locality to continue its integration and transformation journey and not to move backwards from our current integrated arrangements	100% 70% 50%	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	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. Clinical and Professional Senate 10. Weekly Primary Care Webinar 11. GP Federation monthly review meetings 12. LMC monthly review meetings	05-Oct-2021	5	2	10	High	Gap(s) in controls: Gap(s) in assurances:	Development of a clinical and professional senate	60%	5	2	10

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	<ol style="list-style-type: none"> 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 (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 and smooth discharge pathways 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 8. Consolidation of single improvement and transformation strategy 	<ol style="list-style-type: none"> 1. Bury System Board 2. Governing Body oversight of performance reports 3. Detailed scrutiny by the Recovery and Transformation Board 4. Primary Care Commissioning Committee oversee the development of the Primary Care Networks and alignment with Neighbourhoods 5. Oversight by the Strategic Commissioning Board (SCB) 6. Clinical/Cabinet/Professional Congress 	05-Oct-2021	4	3	12	High	<p>Gap(s) in controls:</p> <ol style="list-style-type: none"> 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 <p>Gap(s) in assurances:</p>	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 (MFT to be in attendance going forward) 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	10-Oct-2021	5	2	10	Significant	Gap(s) in controls: 1. Health and Care Sustainability and Recovery programmes underdeveloped Gap(s) in assurances:	Report system savings programme to the Integrated delivery board and get system ownership and accountability for delivery of savings across partners	50%	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 share or what it needs to address health inequalities and the populations needs as a consequence of previous under funding	Sam Evans	5	5	25	1. CCG peer challenge sessions at months 3,5 and 6 in place which aid understanding of locality issues. These will continue throughout the second half of this financial year 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 oversight of system savings through the locality strategic finance group and integrated delivery board 6. Financial Framework Redesign and GM wide	1. Fortnightly meeting of the Bury Locality Strategic Finance Group. (MFT to be in attendance going forward) 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)	10-Oct-2021	5	5	25	Limited	Gap(s) in controls: 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 however work is commencing on the financial strategy which should be available before Christmas 2021 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:	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	25%	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	
					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 partners take actions that are in the narrow interests of their own organisation to the detriment of the wider system	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	05-Oct-2021	5	1	5	High	<u>Gap(s) in controls:</u> <u>Gap(s) in assurances:</u>	Governance arrangements to be strengthened.	100%	5	1	5	

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.

- **GB2122_PR_1.1 COVID-19 Increased demand on services**

- 2.2. The October 2021 risk assessment saw a reduction in the level of risk from a level 25 to a level 20 against a target level of 5 to be achieved by March 2022.

- 2.3. The likelihood of 5 (almost certain) has decreased to 4 (likely) as although demand continues to be high across the health and care system the number of Covid positive patients in the hospital settings has significantly reduced as a consequence of the successful vaccination roll out programme.

- 2.4. To keep abreast of the situation operation guidance, which is subject to pandemic revisions, is managed and cascaded across the organisation in a timely manner.

- 2.5. Due to the cancellation of the November 2021 meeting, this risk was considered by the Quality and Performance Committee on the 08 December 2021 with the Committee response being provided to the Governing Body in January 2022.

- 2.6. The Quality and Performance Committee considered this risk at the 08 December 2021 meeting and was assured that this risk is being managed effectively.

- **GB2122_PR_2.1 Creation of GM ICS (Integrated Care System)**

- 2.7. The October 2021 risk assessment saw a reduction in the level of risk from a level 16 to a level 12 against a target level of 8 to be achieved by March 2022.

- 2.8. The likelihood of 4 (likely) has decreased to 3 (possible) as the CCG have continued to engage in the development of the GM ICS operating model and are progressing the development of our own partnership arrangements in the Bury locality with political and clinical leadership and providers. In addition, the CCG is working closely with the Northern Care Alliance (NCA) footprint partners to maximise collaboration.

- 2.9. To further mitigate against this risk a new action has been identified which is to work with colleagues across the GM system to ensure the GM ICS operating model creates the conditions to continue our place based transformation journey. An initial locality stock take has been undertaken and submitted to the GM ICS as endorsed by the Bury Locality Board at its meeting on 4 October 2021 of which clearly describes the organization's expectations for support to locality working.

- 2.10. Communication remains embedded to ensure progress updates are cascaded to staff on a regular basis through scheduled meetings.

- 2.11. The Strategic Commissioning Board considered this risk at the 01 November 2021 meeting and was assured that the risk is being managed effectively.

- **GB2122_PR_4.1 Risk of in-year deficit**

- 2.12. The second assessment of this risk saw this risk reduce from a level 15 to its target

level of 10 and although at target level will remain on the GBAF for oversight to ensure on-going management throughout the remainder of 2021/22 financial year.

- 2.13. The likelihood of 3 (possible) had been reduced to 2 (unlikely) as the CCG has been able to report a breakeven position for the first half of the current financial year and the CCG is currently working through the budgets for the second half of the year.
- 2.14. The system allocations were received the first week of October 2021 although GM has yet to determine how the system growth will be distributed. Whilst the challenge will be significant the efficiency target is not as high as originally feared and the threshold for providers to achieve the elective recovery fund payments has been reduced.
- 2.15. As a consequence of the H2 system allocations the overall system savings figures report which was presented to the Board in July 2021 will require a re-evaluation.
- 2.16. The Finance, Contracting and Procurement Committee considered this risk at the 21 October 2021 meeting and was assured that the risk is being managed effectively.

- **GB2122_PR_4.3 Risk of divergence of financial approach by the Council and CCG**

- 2.17. The October 2021 risk assessment saw this risk reduce to its target level of 5.
- 2.18. The likelihood of 2 (unlikely) has been reduced to 1 (rare) as the new joint CFO is in place, sub structures are developing well, a Strategic Finance Group working across the system has been established and there is unity of purpose at the Strategic Commissioning Board. Although it is to be recognised that some uncertainty remains as a consequence of the challenging Council's financial position and the uncertainty of the NHS financial position this does not impact on this risk at this time.
- 2.19. All actions are complete therefore this GBAF risk has been recommended for closure by the risk owner.
- 2.20. The Finance, Contracting and Procurement Committee considered this risk at the 21 October 2021 meeting and supported the risk owner's recommendation to close this risk. This risk has been removed from the GBAF but will remain listed on the GBAF summary dashboard for completeness throughout 2021/22.

3.0 Risks that have remained static

- 3.1. The following three (3) risks have remained static.
 - **GB2122_PR_2.2 Assuring decisions are influenced by all staff including clinicians**
- 3.2. The October 2021 risk assessment saw no change to the level of risk and remains at target level.
- 3.3. The CCG continues to develop the clinical senate, GP collaborative position and is commencing work to review skills and interests of CCG clinical leadership alongside PCNs, neighbourhood clinical leads and system clinical leadership. However, it is to be noted that although clinical director capacity and clinical leadership capacity in the CCG is currently reduced the CCG are working collaboratively with the GP Federation and LMC through monthly review meetings which provides confidence and assurance regarding decisions made.

- 3.4. The Strategic Commissioning Board considered this risk at the 01 November 2021 meeting and was assured that the risk is being managed effectively.
- **GB2122_PR_3.1 Urgent Care – Re-design 2021/22**
- 3.5. The October 2021 risk assessment saw no change to the level of risk and remains at target level.
- 3.6. Progression through Phase 2 has led to the urgent care delivery of transformation plans being consolidated in to one document and partnership arrangements have been strengthened particularly around the command arrangements.
- 3.7. The locality winter plan has now been submitted to GM as endorsed by the Bury Locality Board at its meeting on the 4 October 2021 and the CCG are working with the NCA and other key providers regarding improvements to flow across the hospital sites following the Emergency Care Intensive Support Team (ECIST) report.
- 3.8. Work is progressing to finalise and develop the GP collaborative working model during October 2021.
- 3.9. The Strategic Commissioning Board considered this risk at the 01 November 2021 meeting and was assured that the risk is being managed effectively.
- **GB2122_PR_4.2 Risk that the locality doesn't receive sufficient resources within new architecture to meet population needs**
- 3.10. This risk remains at its current level of 25 against a target level of 15 to be achieved by March 2022.
- 3.11. The October 2021 risk assessment saw no change to the level of risk as although the system allocations for the second half of the current financial year were received the first week of October 2021 there is as yet no indication of likely allocations for future years.
- 3.12. The GM finance system is currently working on various scenarios around funding flows and developing a financial strategy for the GM system which should be finalised by December 2021, however it is to be recognised that until this is worked through there is limited assurance that Bury will receive financial resources that are adequate to meet its current needs.
- 3.13. As an additional assurance the Northern Care Alliance (NCA) and its localities are engaged as a sub system and are working closely on mapping the financial values across different parts of the future landscape.
- 3.14. The Finance, Contracting and Procurement Committee considered this risk at the 21 October 2021 meeting and was assured that the risk is being managed effectively.
- 4.0 Risks recommended for closure**
- 4.1. During the reporting period one (1) risk has been closed.
- **GB2122_PR_4.3 Risk of divergence of financial approach by the Council and CCG)**
- 4.2. See detail at 2.16 to 2.19 .

5.0 New risks Identified

5.1. During the reporting period no new risks have been identified.

6.0 Risks not reviewed in the reporting period

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