

Meeting: Governing Body			
Meeting Date	10 June 2022	Action	Approve
Item No.	6	Confidential	No
Title	End-of Year Assurance Framework Review		
Presented By	Sam Evans, Executive Director of Strategic Commissioning		
Author	Lynne Byers, Interim Risk Manager		
Clinical Lead	-		

Executive Summary
<p>This paper provides an end-of year overview on the Assurance Framework for 2021/22 financial year and reporting period.</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 Governing Body.</p> <p>Since last presentation of the GBAF to the Governing Body in March 2022 the end-of year review process undertaken on 01 April 2022 reflected on the risk position for all 8 risks as at 31 March 2022 and also included a forward view as to whether the risk would remain as a principal risk to delivery of the strategic objectives for inclusion on the 2022/23 GBAF.</p> <p>At the start of the reporting period (July 2021) there were 7 risks identified across the 4 strategic objectives. During the course of the year two new risks were identified and added to the GBAF and one risk was closed however retained on the summary dashboard for completeness.</p> <p>At the end of the reporting period (March 2022), 8 risks remained on the GBAF and are profiled as follows:</p> <ul style="list-style-type: none"> • Three (3) are reported as significant risks, with an assessed risk score of 15 or above; • Three (3) are reported as high risks, with an assessed risk score between 8 and 12; • Two (2) are reported as moderate risks, with an assessed risk score between 4 and 6. <p>Of the 8 risks, 3 have been recommended for closure as having been mitigated sufficiently in-year to reach their target risk level;</p> <ul style="list-style-type: none"> • Urgent Care System – Redesign 2021/22; • Risk of in-year deficit; and • Risk that the locality doesn't receive sufficient resources within new architecture to meet population needs.

All risks have been managed in year, with high assurance reported against 25% (2) of the risks, significant assurance reported against 37.50% (3) of the risks and limited assurance against 37.5% (3) of the risks and the overall approach and delivery of the GBAF has been assessed through an Internal Audit review which determined a level of significant assurance in respect to the design, application and use of the framework.

The GBAF reports presents a range of qualitative and quantitative information to support the Audit Committee in its considerations and scrutiny, on behalf of the Governing Body.

- 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.

Through the year-end evaluation although subject to the annual ratification process the review concluded that 5 of the 8 risks are expected to transfer across to the 2022/23 GBAF and two new risks added to capture the 'risk of in-year deficit' and 'risk that the locality doesn't receive sufficient resources within new architecture to meet population needs for 2022/23' will be added.

Clarification is awaited from the Integrated Care System (ICS) in regard to the identification of additional risks for inclusion on the 2022/23 framework. It is anticipated that locality contribution will continue until otherwise directed.

The Audit Committee is scheduled to review the detail of the GBAF at its meeting on the 10 June 2022 and a verbal update will be provided to the Governing Body at its meeting on the same date.

Recommendations

It is recommended that the Governing Body:

- Receive the end-of year Governing Body Assurance Framework presented;
- Receive the Audit Committee feedback by means of a verbal update; and
- Consider any new principal risks that should be included on the GBAF to inform future developments.

Links to CCG Strategic Objectives

SO1 To support the Borough through a robust emergency response to the Covid-19 pandemic	☒
SO2 To deliver our role in the Bury 2030 local industrial strategy priorities and recovery	☒
SO3 To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision	☒
SO4 To secure financial sustainability through the delivery of the agreed budget strategy	☒
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	10/06/2022	Due to committee timescales, a verbal update will be provided to the Governing Body at the 10/06/2022 meeting as appropriate.

Governing Body Assurance Framework

1. Introduction

- 1.1. This paper provides an end-of year overview on the Assurance Framework for 2021/22 financial year and reporting period.

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. End of Year Review of Assurance Framework 2021/22

- 4.1. The end-of-year review process undertaken during April 2022 reflected on the risk position for all 8 risks as at 31 March 2022 and also included a forward view as to whether the risk would remain as a principal risk to delivery of the strategic objectives for inclusion on the 2022/23 GBAF.
- 4.2. At the start of the reporting period (July 2021), the Governing Body reviewed the Strategic Objectives and agreed the principal risk to delivery of these. Seven (7) principal risks were identified under the four strategic objectives and were assessed in relation to the current level of risk taking into account existing controls, of which:
 - Five (5) of these risks had been included on the GBAF from the previous year;
 - Two (2) new risks were identified for inclusion, 'risk of in-year deficit' and 'risk that the locality doesn't receive sufficient resources within new architecture to meet population needs';
 - Four (4) risks were assessed at a significant level with a risk rating of 15 and above;
 - Three (3) risks were assessed at a high level with a risk rating between 8 and 12.
- 4.3. Actions were identified for each risk on the GBAF, irrespective of the assessed risk score. To further increase controls, reduce gaps in assurance, and progress each risk towards its target level.
- 4.4. Additionally in the last quarter of the year two new risks, one relating to the

identification of receiver of close down returns / work plans assessed as a high level with a risk rating of 12 and a risk relating to staff losses and impact on CCG closedown work requirements assessed as a high level with a risk rating of 9 were included on the GBAF.

- 4.5. Furthermore, as part of the October 2021 risk assessment one (1) risk 'risk of divergence of the financial approach by the Council and CCG' was subsequently removed from the GBAF however retained on the summary dashboard for completeness.
- 4.6. The end-of year position reflects the eight (8) risks mapped against the 4 strategic objectives, which are assessed as:
- Three (3) are reported as significant risks, with an assessed risk score of 15 or above;
 - Three (3) are reported as high risks, with an assessed risk score between 8 and 12;
 - Two (2) risks are reported as moderate risks, with an assessed risk score between at 4 and 6.

Of the eight (8) risks, three (3) have been recommended for closure as all risks have been mitigated sufficiently and have reached their target risk level;

- Urgent Care System – Redesign 2021/22;
- Risk of in-year deficit; and
- Risk that the locality doesn't receive sufficient resources within new architecture to meet population needs

- 4.7. 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 15)
- GB2122_PR_3.2 Identification of Receiver of Close Down Returns / Work plans (Level 8)
- GB2122_PR_3.3 Risk of staff losses and impact on CCG closedown work requirements (Level 6)
- GB2122_PR_4.2 Risk that the locality doesn't receive sufficient resources with new architecture to meet population needs (Level 15)

Risks that have remained static:

- GB2122_PR_2.1 Creation of GM ICS (Integrated Care System) (Level 16)
- 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_4.1 Risk of in-year deficit (Level 5)

Risks recommended for closure:

- GB2122_PR_3.1 Urgent Care System – Re-design 2021/22 (Level 12)
- GB2122_PR_4.1 Risk of in-year deficit (Level 5)
- GB2122_PR_4.2 Risk that the locality doesn't receive sufficient resources with new architecture to meet population needs (Level 15)

Looking Forward - New Risks 2022/23:

- GB2223 Risk of in-year deficit
- GB2223 Risk that the locality doesn't receive sufficient resources with new architecture to meet population needs

5. Recommendations

5.1. The Governing Body is asked to:

- Receive the end-of year Governing Body Assurance Framework presented;
- Receive the Audit Committee feedback by means of a verbal update; and
- Consider any new principal risks that should be included on the GBAF to inform future developments.

Lynne Byers
Interim Risk Manager
April 2022

Appendix 1: End-of Year 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		20		15		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		16		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		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		12		12
GB2122_PR_3.2	Because CCG's are acting as exiting organisations and current proposals mean that each Integrated Care System (ICS) would be led by an NHS Integrated Care Board (ICB), there is a risk that In the absence of direction from a designate receiver Director for the ICB, the CCG will need to make its own judgements with regard to collation and production of close down returns and preparation work, resulting in additional, and urgent time consuming work within short timescales to collate the information required by the ICB receiver organisation once established	Clare Postlethwaite							12		8		8
GB2122_PR_3.3	Because the CCG is transitioning to an ICS there is a possibility that key CCG staff will be lost in the run up to the CCG close down date of 31/3/2022. There is a risk that the key organisational close down deliverables will not be achieved and the inability to replace lost staffing resource reduced, resulting in the delivery of and/accuracy of the work completed by virtue of a reduced workforce who are already under significant pressure to deliver the close down workplan	Clare Postlethwaite							9		6		6

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		5		5		5
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	Sam Evans			25	New	25		20		15		15

	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											
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: End-of Year 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	<p>1. Emergency Response Governance arrangements including Borough-wide GOLD response working with partners and Local internal GOLD response as required</p> <p>2. Revised legislation and guidance</p> <p>3. NCA undertaking a phased clinical prioritisation of existing waiting lists</p> <p>4. COVID vaccination Programme rolled out across the locality (health and care staff initially)</p> <p>5. Standing up System Working Group to review the elective care backlog focuses on clinical priorities and health inequalities</p>	<p>1. Direction issued nationally for local applications across both health and care</p> <p>2. Silver Health and Care Covid Group</p> <p>3. Weekly Acute Recovery & Restoration Group (ARRG) meetings between NCA, CCG and other locality colleagues</p> <p>4. Daily system pressures meeting introduced from mid October 2020 (now operating as a system bronze meeting)</p> <p>5. Urgent Care Improvement Board overseeing implementation of the winter planning arrangements</p> <p>6. Weekly Health and Care Gold Meeting (as required)</p> <p>7. System working group</p>	31-Mar-2022	5	3	15	Limited	<p>Gap(s) in Controls:</p> <p>1. Risk cannot be wholly controlled due to unknown nature of the virus</p> <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>	<p>100%</p> <p>95%</p>	5	1	5

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

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
2.1 - Because of the 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. Locality Operating Model approved by GM ICS January 2022 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 7. CCG close down strategy in place (enabler) 8. Self-assessment partnership arrangements document to be completed by May 2022 (awaiting GM ICS methodology)	1. Governing Body oversight 2. Strategic Commissioning Board oversight 3. Engagement in Greater Manchester Governance arrangements 4. Bury Locality Board	31-Mar-2022	4	4	16	Limited	Gaps in controls: 1. 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% 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	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 Collaborative	31-Mar-2022	5	2	10	High	Gap(s) in controls: Gap(s) in assurances:	Development of a clinical and professional senate	100%	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
					restructure now complete	review meetings 12. LMC monthly review meetings											

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, 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	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 7. Urgent Care Board reports into the Locality Board	31-Mar-2022	4	3	12	High	<u>Gap(s) in controls:</u> <u>Gap(s) in assurances:</u>	System Board and Integrated Delivery Collaborative to ensure the development of Primary Care Networks is aligned with the Neighbourhood Teams	100%	4	3	12
3.2 - Because CCG's are acting as exiting organisations and current proposals mean that each Integrated Care System (ICS)	Clare Postlethwaite	4	4	16	1. CCGs across Greater Manchester are attempting to share working and work together in an attempt to achieve a consistent approach as directed by the nationally issued 'close down due	1. Audit Committee and Governing Body oversight 2. Finance, Contract and Procurement Committee 3. Information Governance Steering Group	31-Mar-2022	4	2	8	Significant	<u>Gaps in current controls:</u> 1. Guidance and agreed way forward at Greater Manchester level is awaited however, key appointments at GM level are likely to aid in these discussions moving forward.	Guidance sought from Greater Manchester closedown group Working with other CCGs to achieve a consistent approach	75% 75%	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
would be led by an NHS Integrated Care Board (ICB), there is a risk that In the absence of direction from a designate receiver Director for the ICB, the CCG will need to make its own judgements with regard to collation and production of close down returns and preparation work, resulting in additional, and urgent time consuming work within short timescales to collate the information required by the ICB receiver organisation once established.					diligence checklist'	4. CCG close down working group						<u>Gaps in current assurances:</u>					
3.3 - Because the CCG is transitioning to an ICS there is a possibility that key CCG staff with be lost in the run up to the CCG close down date of 31/3/2022. There is a risk that the key organisational close down deliverables will not be achieved and the inability to replace lost staffing resource reduced, resulting in the delivery of and/accuracy of the work	Clare Postlethwaite	4	4	16	1. Documentation and audit trail being maintained in all key workstream areas to allow cover if key member of staff leaves 2. Some external consultants have been appointed at Greater Manchester level that may be able to provide support in times of need for each CCG	1. Audit Committee and Governing Body oversight 2. Finance, Contract and Procurement Committee 2. Information Governance Steering Group 4. CCG close down working group	31-Mar-2022	3	2	6	Significant	<u>Gaps in current controls:</u> . Not possible for CCG to directly influence individual decisions of key staff to move to alternative roles and leave the CCG <u>Gaps in current assurances:</u>	Confirm approach with non-executives	100%	3	2	6

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
completed by virtue of a reduced workforce who are already under significant pressure to deliver the close down workplan																	

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. CCG financial positions are monitored by NHSE at a regional level to ensure break even positions are achieved	1. Fortnightly meeting of the Bury Locality Strategic Finance Group (MFT now in attendance) 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 9. NHSE monitoring	31-Mar-2022	5	1	5	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	100%	5	1	5
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. Allocation tool to be published by NHSE & 3 month pause to start of ICS will mean CCG allocations or something very similar to continue for at least this period 2. 2021/22 H2 CCG allocation including GM support confirmed 3. 2022/23 ICS allocations to be based upon 2021/22 H2 envelopes so total incomes to GM starts from what was received in 2021/22 4. Review of transformation programmes to determine most effective pathways in terms of cost and outcomes 5. Working jointly with the Northern Care Alliance (NCA) on joint system savings programmes 6. Management and	1. Fortnightly meeting of the Bury Locality Strategic Finance Group. (MFT to be in attendance) 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)	31-Mar-2022	5	3	15	Limited	Gap(s) in controls: 1. Draft finance and contracting guidance released for 2022/23 but this may change due to delay to ICS start 2. Detailed GM ICS financial guidance and funds flows not yet clear though certain decisions have been made 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: 1. Individual locality role in GM assurance processes is unclear	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	100%	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
					oversight of system savings through the locality strategic finance group and integrated delivery board 7. Financial Framework Redesign and GM wide planning through fortnightly Finance Advisory Committee (FAC) GM meetings and other GM Groups 8. All CCG Execs and Leader of the Council are well versed on the issues and can raise at various GM meetings that they attend												

Appendix 3: End-of Year 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 year-end risk review saw this risk reduce from a level 20 to a level 15 however did not meet its target level by the anticipated date.
- 2.3. The likelihood of 4 (likely) was reduced to 3 (possible) due to improved capacity to meet demand.
- 2.4. Although this risk has reduced the CCG has seen a spike in community incidents following a reduction in social controls however these community incidents are now reducing and the immediate demand on the urgent care system has lessened, however the residual demand for example in Continuing Health Care costs (CHC) remains high.
- 2.5. The daily system bronze meetings remain in place, with silver and gold meetings reverted to as needed.
- 2.6. Work is underway to finalise the 2022/23 delivery plans in line with the 2022/23 NHS Priorities and Operational Planning Guidance for submission to GM by 30 April 2022.
- 2.7. This risk will transfer to the 2022/23 GBAF albeit amended to reflect a new target date from March 2022 to March 2023 with open actions transferring across with revised due dates.
- 2.8. Due to the System Assurance Committee meeting of 15 May 2022 being deferred this risk has not been considered at this time, however, will be reviewed at the next meeting which is scheduled for the 15 June 2022. A verbal update will be provided to the Audit Committee as necessary.
 - **GB2122_PR_3.2 Identification of receiver of close down returns / work plans**
- 2.9. The year-end review has seen this GBAF risk reduce from a level 12 to its target level of 8 by March 2022.
- 2.10. The likelihood of 3 (possible) has reduced to 2 (unlikely) as over recent months a number of key appointments to the ICB have now been made (Chief Executive and Chief Finance Officer) therefore, it is anticipated that greater clarity with regard to receiver information requirements should now begin to emerge.
- 2.11. Ongoing liaison via the GM Group remains in place to clarify and ensure a consistent approach is maintained. To support collaborative working and for information the GM close down lead provides a summary outline of potential due diligence sign off actions.
- 2.12. Furthermore, regular meetings with other CCG colleagues to compare the approach and ensure consistency remains in place.

- 2.13. Although at target level this risk will transfer across to the 2022/23 GBAF for oversight during transition to the ICS which is scheduled for 01 July 2022 with open action due dates adjusted accordingly.
- 2.14. The Finance, Contracting and Procurement Committee considered this risk at the 19 May 2022 meeting and was assured that the risk is being managed effectively.
- **GB2122_PR_3.3 Risk of staff losses and impact on CCG closedown work requirements**
- 2.15. The year-end review has seen this GBAF risk reduce from a level 9 to its target level of 6 by March 2022.
- 2.16. The likelihood of 3 (possible) has reduced to 2 (unlikely) as to date there has been no significant movement of staff. Furthermore, consultation briefing and individual staff meetings have now commenced.
- 2.17. Although at target level this risk will transfer across to the 2022/23 GBAF for oversight during transition to the ICS which is scheduled for 01 July 2022.
- 2.18. The Finance, Contracting and Procurement Committee considered this risk at the 19 May 2022 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**
- 2.19. The year-end review has seen this GBAF risk reduce further from a level 20 to its target level of 15 by March 2022.
- 2.20. The likelihood of 4 (likely) was reduced to 3 (possible) as the locality has received £12m more than its pre-pandemic statutory allocation in 2021/22. In addition, the CCG is anticipating receiving c£6m more than its pre-pandemic statutory allocation in 2022/23.
- 2.21. Locality funding envelopes for 2022/23 are close to being concluded with the CCG likely to have the highest % QIPP target of any GM locality. This will give a QIPP target of £5.4m, which will be very challenging to achieve.
- 2.22. Locality discussions are on-going between NHS Trust partners and Council colleagues. In addition, the scale of the locality QIPP target was discussed at GM Chief Finance Officers in April 2022 furthermore the whole of the GM finance position is also being discussed at the GM Finance Advisory Committee in April 2022.
- 2.23. The whole of the NHS received more money during the pandemic period and NHS England will over the next 3 to 5 years bring funding back to the pre-pandemic levels. In light of this reservations around current and future years targets and allocations require careful consideration.
- 2.24. This risk is specific to 2021/22 and is therefore recommended for closure by the risk owner. A new risk to manage locality resources will be added to the 2022/23 GBAF risk register in due close.
- 2.25. The Finance, Contracting and Procurement Committee considered this risk at the 19 May 2022 meeting, noted and accepted the recommendation to close this risk.

3.0 Risks that have remained static

- 3.1. During the reporting period four (4) risks have remained static.
- **GB2122_PR_2.1 Creation of GM ICS (Integrated Care System)**
- 3.2. The year-end risk review resulted in no change to the level of risk. This risk remains at its current level of 16 and did not reach its target level of 8 by the anticipated date.
- 3.3. The risk remains unchanged as outstanding information regarding the function of the ICS arrangements and the authority of the Locality Board remains, in addition as of 20 April 2022 government legislation has not yet been approved.
- 3.4. To further manage transition the CCG is required to prepare and submit a self-assessment partnership arrangement document by May 2022, although methodology is still awaited from GM ICS. In addition, the CCG are at an advance stage regarding the 'close down' due diligence planning arrangements.
- 3.5. The Locality Operating Model has been approved by GM ICS in January 2022. However, the CCG have yet to be informed of the GM Operating Model arrangements and once known work will progress to ensure integration and transformation is preserved.
- 3.6. Communication has remained embedded throughout 2021/22. Formal consultations have begun for CCG Staff in line with the expected ICS transition date of 01 July 2022.
- 3.7. This risk will transfer to the 2022/23 GBAF albeit amended to reflect a new target date from March 2022 to March 2023 with open actions transferring across with revised due dates.
- 3.8. This risk has not been discussed through its oversight Committee, which in this instance is the Strategic Commissioning Board.
- **GB2122_PR_2.2 Assuring decisions are influenced by all staff including clinicians**
- 3.9. The year-end risk review resulted in no change to the level of risk and remains at target level.
- 3.10. Although at target level since November 2020 this risk will transfer to the 2022/23 GBAF for oversight as there is a requirement to maintain a working rapport and build new clinical relationships through the Clinical and Professional Senate and GP Collaborative whilst the CCG moves towards transition to the ICS.
- 3.11. This risk has not been discussed through its oversight Committee, which in this instance is the Strategic Commissioning Board.
- **GB2122_PR_3.1 Urgent Care – Re-design 2021/22**
- 3.12. The year-end risk review resulted in no change to the level of risk and remains at target level. This risk has been at target level since January 2021 and remained on the 2021/22 GBAF for oversight.
- 3.13. The risk owner confirmed that the controls in place to manage the peaks of urgent

care demand have proven to be effective over time. In addition, assurances through reporting mechanisms give a level of assurance that this risk has been monitored and managed effectively.

3.14. Furthermore, gaps have been resolved and mitigating actions completed therefore this risk has been recommended for closure by the risk owner.

3.15. This risk has not been discussed through its oversight Committee, which in this instance is the Strategic Commissioning Board.

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

3.16. As previously reported this GBAF risk was reduced to its revised target level of 5. The year-end risk review saw no change to the level of risk.

3.17. Although the final accounts have yet to be reviewed by External Audit for sign off followed by Governing Body approval in June 2022 this risk is specific to 2021/22 financial year and is therefore recommended for closure by the risk owner. A new financial risk to manage the 2022/23 financial in-year deficit will be added to the GBAF risk register in due course.

3.18. The Finance, Contracting and Procurement Committee considered this risk at the 19 May 2022 meeting, noted and accepted the recommendation to close this risk.

4.0 Risks recommended for closure

4.1. During the reporting period three (3) risks have been recommended for closure.

- **GB2122_PR_3.1 Urgent Care System – Re-design 2021/22**

4.2. See detail at 3.12 to 3.15.

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

4.3. See detail at 3.16.to 3.19.

- **GB2122_PR_4.2 Risk that the locality doesn't receive sufficient resources with new architecture to meet population needs**

4.4. See detail at 2.19 to 2.25.

5.0 New risks Identified

5.1. During the reporting period no new risks have been identified however two new risks will be considered and added to the GBAF in due course.

- **GB2223 Risk of in-year deficit**

- **GB2223 Risk that the locality doesn't receive sufficient resources with new architecture to meet population needs**

6.0 Risks not reviewed in the reporting period

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