

<b>Meeting: Governing Body</b>			
<b>Meeting Date</b>	23 September 2020	<b>Action</b>	Approve
<b>Item No.</b>	8b	<b>Confidential</b>	No
<b>Title</b>	Governing Body Assurance Framework		
<b>Presented By</b>	Lynne Ridsdale/Will Blandamer		
<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 Overmining Body.</p> <p>An end of year position was reported to the Audit Committee in June 2020 and reflected in the Annual Report approved by the Governing Body.</p> <p>The Audit Committee reviewed the GBAF, as presented at its meeting on the 04 September 2020 and were advised that in preparing the 2020/21 GBAF, the strategic objectives have been rolled forward and all GBAF risks have been reviewed with the assigned risk owners to ensure continued validity of the risk. This has resulted in three risks being removed, reviewed by the Audit Committee and supported for closure and removal from the GBAF due to effective management in-year (2019/20) or being superseded by more relevant risks for 2020/21. One new risk has been added onto the framework.</p> <p>Overall, this sees a revised position for the 2020/21 GBAF of eight (8) principal risks presented across four (4) Strategic Objectives, reflected in following risk profile:</p> <ul style="list-style-type: none"> <li>• 7<sup>1</sup> remain at a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives;</li> <li>• 1 remains at a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives.</li> </ul> <p>The Audit Committee was also advised as consequence of COVID-19, usual governance</p>

<sup>1</sup> Risk score assumption has been made for risk GB2021\_PR\_1.1 Lack of effective engagement with communities as this risk has not been assessed at this time

arrangements were paused whilst the CCG and wider system responded to the pandemic, which resulted in delays to routine processes, including agreement of the Strategic Objectives for 2020/21 and progression of the underpinning business processes.

Work is now progressing to establish these frameworks; however, it should be noted that whilst it is usual practice for sub-committees of the Governing Body to provide a level of oversight and assurance on their risks prior to the GBAF being presented to the Audit Committee (and subsequent Governing Body), this process has not been followed for all risks within this report. Reviews have however been undertaken with the assigned risk owner.

Since reporting to the Audit Committee in September, the COVID-19 Increased demand on services risk has been considered by the Quality and Performance Committee at its meeting on 9<sup>th</sup> September 2020, which considered that the risk assessment is accurate and actions to manage and mitigate are proportionate.

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

The Audit Committee recommended the Governing Body Assurance Framework to the Governing Body.

### Recommendations

It is recommended that the Governing Body:

- Consider the Governing Body Assurance Framework presented;
- Note the delays in progressing this work to date; and
- Discuss any concerns arising from the information provided.

### Links to CCG Strategic Objectives

<p><b>SO1 People and Place</b> To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life</p>	☒
<p><b>SO2 Inclusive Growth</b> To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value</p>	☒
<p><b>SO3 Budget</b> To deliver a balanced budget</p>	☒
<p><b>SO4 Staff Wellbeing</b> To increase the involvement and wellbeing of all staff in scope of the OCO</p>	☒

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	04/09/2020	The Audit Committee was assured that the level of detail provided against the GBAF risk is sufficient, demonstrating effective risk management. The Audit Committee recommends the report for presentation and discussion at 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 'snap shot' to tell the story in relation to each risk identified, as detailed in *italics* below.

- 3.2. The risks that threaten the achievement of the organisations strategic objectives are defined as **principal risks**. The Governing Body should proactively manage potential principal risks, rather than reacting to the consequences of risk exposure.
- 3.3. These risks are assessed against and an **original** level of risk is determined on the basis of no controls being in place.
- 3.4. Mitigation actions to address the gaps and further control or assure against the risk are identified, the target risk, which should be achieved once actions are complete and gaps reduced is also reflected.
- 3.5. The Governing Body needs to assure itself that the controls identified not only manage the principal risks but are also provided at the right level. These are captured as sources of assurance, and where possible, independent assurance sources should be used.
- 3.6. Having identified the current level of controls and assurance the current risk level is determined and the level of assurance that the risk is managed is also agreed. There are four levels of assurance: full, significant, limited and none.
- 3.7. Where assurance mechanisms show that controls are not sufficient to manage the principal risks, or the assurance is not at a sufficient level, then gaps in controls and gaps in assurance should be recorded.
- 3.8. Consideration is then given to the key controls that are in place to manage the principal risks. These risks and the controls should be documented and subject to scrutiny by independent reviewers where possible.
- 3.9. It is essential that the Governing Body receive an update on the effectiveness of the GBAF on a regular basis so that it has assurance that principal risks are being effectively controlled and managed. This can then be reflected in the AGS at the end of the year.
- 3.10. The Governing Body has delegated authority to the Audit Committee to advise on the establishment and maintenance of the effective system of integrated governance across the whole of the CCG's activity, which includes receiving, scrutinising, challenging and providing the necessary assurance to the Governing Body on the GBAF.
- 3.11. The GBAF remains a dynamic document and will be further updated to ensure the end-of-year position, to inform the Annual Governance Statement and Annual Report, is consolidated.

#### **4. Governing Body Assurance Framework Summary Assessment**

- 4.1. As outlined above the GBAF presented at the current position as reported at 31 August 2020.
- 4.2. Since last reporting on the year-end position in June 2020, 9 out of the ten (10) risks

have undergone a further rationalisation which has concluded in three (3) risks being recommended for closure and one (1) new risk being identified. All risks remain under the same strategic objectives as these have been carried forward from 2019/20 financial year.

- 3 risks recommended for closure:
  - CQC report: Pennine Acute Hospitals Trust (PAHT)
  - CQC report: Pennine Care Foundation Trust (PCFT)
  - Risk of in-year deficit
- 1 new risk identified:
  - Risk of in-year deficit

4.3. Appendix 4 illustrates the summary outcome of the rationalisation and full narrative is provided at Appendix 3.

4.4. The revised opening position for the 2020/21 GBAF consists of eight (8) principle risks presented across four (4) Strategic Objectives and the current risk profile of these is summarised as:

- 7<sup>2</sup> remain at a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives;
- 1 remains at a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives.

4.5. The following risks have been assessed in respect of their current risk levels and are reported as follows. Full narrative is provided at Appendix 3.

**Risks that have increased in score:**

- No risks have increased in score.

**Risks that have decreased in score:**

- GB2021\_PR\_2.1 Lack of effective working with key partners which influence the wider determinants of health (Level 15)
- GB2021\_PR\_4.1 Assuring decisions are influenced by all staff including clinicians (Level 15)

**Risks that have remained static:**

- GB2021\_PR\_1.2 Service re-design processes, innovations and new Approaches (Level 12)
- GB2021\_PR\_1.3 Urgent Care System – Re-design 2020/21 (Level 20)
- GB2021\_PR\_1.4 COVID-19 Increased demand on services (Level 25)
- GB2021\_PR\_3.2 Risk that the CCG is unable to meet financial duties over the medium term (Level 25)

**Risks recommended for closure:**

- GB1920\_PR\_3.1 Risk of in-year deficit (Level 2)
- GB1920\_PR\_1.4 CQC report: Pennine Acute Hospitals Trust (PAHT) (Level 4)
- GB1920\_PR\_1.5 CQC report: Pennine Care Foundation Trust (PCFT) (Level 4)

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<sup>2</sup> Risk score assumption has been made for risk GB2021\_PR\_1.1 Lack of effective engagement with communities as this risk has not been assessed at this time

**New risks:**

- GB2021\_PR\_3.1 Risk of in-year deficit (Level 25)

**Risks not reviewed in the reporting period:**

- GB2021\_PR\_1.1 Lack of effective engagement with communities (Level 15)

**5. Recommendations**

5.1. The Governing Body is asked to:

- Review the Governing Body Assurance Framework presented;
- Note the delays in progressing this work to date; and
- Discuss any concerns arising from the information provided.

**Lynne Byers**

Interim Risk Manager

August 2020

## Appendix 1: Governing Body Assurance Framework – Summary Dashboard Report

### Strategic Objective 1 - To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life

Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Feb	Trend	Mar 21	Trend	Target risk
GB2021_PR_1.1	Because of a lack of effective engagement with communities there is a risk that the public will not access preventative services and make lifestyle changes which supports good health and quality of life	TBD	15		Not reviewed								10
GB2021_PR_1.2	Because of a lack of engagement with the public, partners and other key stakeholders <b>the borough transformational programmes will not be realised</b>	Catherine Jackson	12		12								8
GB2021_PR_1.3	Because of long standing pressures on urgent care there is a risk that If the urgent care system re-design <b>(which also takes in to account an element of the programme related to GM urgent care by appointment strategy)</b> is not implemented in a timely manner, then the improvements across the wider economy will not materialise, impacting upon patient experience and CCG reputation	Will Blandamer	20		20								12
GB2021_PR_1.4	Because of the nature, spread and impact of COVID-19 illness, there is a risk that the health and care organisation's services struggle to cope with increased demand and potential reductions in their own capacity, impacting upon the treatment, care and support provided to local people.	Geoff Little	25	New	25								5

### Strategic Objective 2 - To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects ant through commissioning for social value

Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Feb	Trend	Mar 21	Trend	Target risk
GB2021_PR_2.1	Because of the significant impact that the Public Sector Services has on health, there is a risk that opportunities to reduce health inequalities will be minimised if health does not influence and work in harmony with key partners	Will Blandamer	20		15								10




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

Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Feb	Trend	Mar 21	Trend	Target risk
GB2021_PR_3.1	Because of the increasing demand for services, <b>together with the impact of Covid -19, the uncertainty around the future NHS financial framework</b> , risk of underachieving savings targets, other emerging financial pressures, there is a risk that the CCG will be in deficit for the current financial year resulting in a failure of Statutory Duty and a depletion of historic surplus.	Mike Woodhead			25	New							16
GB2021_PR_3.2	Because of the short term financial pressures, <b>together with the impact of Covid-19, the uncertainty around the future NHS financial framework</b> , increasing demand for services and barriers to transformational change, there is a risk that the CCG will be unable to agree a credible and financial sustainable medium term plan resulting in failure of statutory duties, which would also adversely impact upon the provision and quality of services and patient outcomes	Mike Woodhead	25		25								15

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

Reference	Risk Description	Owner	Q4	Trend	Aug	Trend	Nov	Trend	Feb	Trend	Mar 21	Trend	Target risk
GB2021_PR_4.1	Because of the commitment to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of staff and clinicians in shaping the One Commissioning Organisation (OCO) and its decision making	Will Blandamer	20		15								10



Key					
	Increased		Decreased		Static

## Appendix 2: Governing Body Assurance Framework – Detailed Report

Strategic Objective 1 - To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
1.1 - Because of a lack of effective engagement with communities there is a risk that the public will not access preventative services and make lifestyle changes which supports good health and quality of life	TBD	5	4	20	1. Close working with Public Health to co-ordinate joint working and messages 2. Communications and Engagement Strategy for CCG activity 3. Patient Cabinet in place to promote active engagement and public voice 4. Self-care has an increased focus in the refreshed locality plan 2017 5. Beginning to mobilise locality plan e.g. integrated neighbourhood teams. 6. Neighbourhood engagement models under development 7. Joint Comms & Engagement Team in place. 8. Patient Cabinet evolving to form a more widespread engagement model.	1. Patient Cabinet reports to the Governing Body 2. Lay Member for PPI voting member on the Governing Body and Primary Care Commissioning Committee 3. Healthwatch attend PCCC 4. NHSE PPI indicator assessment (an external assessment of the CCG's website/annual reports etc.) 5. Annual 360 Stakeholder Survey 6. New Strategic Commissioning Board in place October 2019.	14-Jan-2020	5	3	15	Significant	<b>Gap(s) in controls:</b> 1. Engagement Strategy related to the locality plan not yet in place. 2. Slow pace in respect of the implementation required to deliver the transformation programme <b>Gap(s) in assurances:</b> 1. Unable to monitor the strategy as currently being developed	Scrutiny of the Health and Well-being of the local population to be built in to regular reporting  OCO Engagement Strategy to be developed following Bury 2030 Survey	60%  10%	5	2	10
1.2 - Because of a lack of engagement with the public, partners and other key stakeholders the borough transformational programmes will not be realised	Catherine Jackson	4	3	12	1. Key partners engaged through LCO Partnership Board and OCO 2. Internal governance supports engagement and involvement with stakeholders 3. Engagement Framework under review, communications and Engagement Strategy developed 4. Individual Engagement Strategies when significant service redesign is anticipated e.g. urgent care, NES	1. OCO established 2. NES governance architecture across health and social care supports alignment where appropriate across sectors 3. Bury System Board in place 4. GM Joint Commissioning Board refreshed 5. Strategic Commissioning Board established October 2019 6. Clinical Congress established	04-Aug-2020	4	3	12	Significant	<b>Gap(s) in controls:</b> 1. Communications and Integrated Engagement Strategy <b>not embedded</b> 2. Effectiveness of Patient Cabinet  <b>Gap(s) in assurances:</b>	Joint Commissioning Board to receive and agree the Theme 3 models of care  New Communications and Engagement Strategy to be implemented  New neighbourhood working	33%  70%  50%	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
					clinical services 5. Locality Care Organisation (LCO)/Partners working together to stimulate new approaches 6. OCO/LCO clinical reference group being explored 7. Patient Cabinet <b>developments under review</b> 8. <b>Ten point recovery and transformation plan developed by the LCO/Partners</b>												
1.3 - Because of long standing pressures on urgent care there is a risk that If the urgent care system re-design ( <b>which also takes in to account an element of the programme related to GM urgent care by appointment strategy</b> ) 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, same day emergency/ambulatory care established) 3. Implementation of the redesign of intermediate care including the development of integrated neighbourhood teams, rapid response to minimise demand in the system 4. Engagement with GM Urgent and Emergency Care Board to explore system wide solutions to address urgent care demand and capacity	1. Bury System Board 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	14-Aug-2020	4	5	20	Limited	<b>Gap(s) in controls:</b> 1. Financial sustainability of the Urgent Care Treatment Centre <b>to be</b> determined as part of the urgent care review 2. Sufficient recruitment to enable Intermediate Care Transformation (LCO remit) 3. Impact of the development of Primary care networks unknown 4. Capacity of LCO to oversee implementation of new model  <b>Gap(s) in assurances:</b>	Primary Care Committee to ensure the development of Primary Care Networks is aligned with the Neighbourhood Teams  Bury System Board and Strategic Commissioning Board to receive and agree proposals of IMC  Discussions commenced to hand over implementation of new model when agreed to the LCO	90%  80%  20%	4	3	12
1.4 - Because of the nature, spread and impact of COVID-19 illness, there is a risk that the health and care organisation's services struggle to cope with increased	Geoff Little	5	5	25	1. Emergency Response Governance arrangements including Borough-wide GOLD response working with partners and Local internal GOLD response 2. Incident Management Team established for OCO 3. Incident management Team established for	1. Direction issued nationally for local applications across both health and care 2. <b>Silver Health and Care Covid Group</b>	14-Aug-2020	5	5	25	Limited	<b>Gap(s) in Controls:</b> 1. Risk cannot be wholly controlled due to unknown nature of the virus 2. PPE status and availability 3. Data limited both nationally and locally at this time to fully assess potential impact 4. Business Continuity Plans not tested at this	Fully established Emergency Planning structure, including Emergency Decisions to support key business  Development of routine reporting arrangements to provide assurance  Regular cascade and review of national intelligence and guidance	100%  100%  50%	5	1	5

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
demand and potential reductions in their own capacity, impacting upon the treatment, care and support provided to local people.					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 potential second wave							level  <b>Gap(s) in assurances:</b> 1. Stress testing to be completed 2. Assessment of capacity locally to respond to peak not yet known 3. Governance arrangements not fully embedded	to inform priorities and actions  <b>Further implement the NHS guidance issued mid-August 2020</b>	20%			

**Strategic Objective 2 - To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through commissioning for social value**

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
2.1 Because of the significant impact that the Public Sector Services has on health, there is a risk that opportunities to reduce inequalities will be minimised if health does not influence and work in harmony with key partners	Will Blandamer	5	4	20	1. Bury 2030 Strategy under development, including supporting strategies and delivery plans (e.g. Housing, Industry, Environment ) 2. Development of a Commissioning Strategy which will include commissioning for social value (e.g. maximise the CCG's potential to become an anchor organisation by supporting the local supply chain/local recruitment, being an exemplar organisation, inclusion of social value goals in Provider contracts, support environmental sustainability etc.) 3. Refresh of Locality Plan completed emphasising the importance of wider Public Sector Reform on improving health and reducing health inequalities	1. Health and Well-Being Board 2. Governing Body 3. Council Cabinet (key partner) 4. Joint Strategic Commissioning Board	14-Aug-2020	5	3	15	Limited	<u>Gap(s) in controls:</u> 1. Potential failure of a systematic process to oversee the implementation of a number of high level strategies which together could have a major impact in reducing health inequalities/improving health and well-being 2. Resources required to support the Bury 2030 Strategy is unclear  <u>Gap(s) in assurances:</u> 1. None identified	Continue with on-going engagement as the Bury 2030 Strategy develops	50%	5	2	10

**Strategic Objective 3 - To deliver a balanced budget**

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
<b>New Risk 3.1</b> Because of the increasing demand for services, together with the impact of Covid -19, the uncertainty around the future NHS financial framework, risk of underachieving savings targets, other emerging financial pressures, there is a risk that the CCG will be in deficit for the current financial year resulting in a failure of Statutory Duty and a depletion of historic surplus.	Mike Woodhead	5	5	25	1. Project management arrangements in place through Health and Care Sustainability Recovery Board 2. Management and oversight of system savings through the Health and Care Sustainability Recovery Board 3. Financial Framework Redesign and GM wide planning through fortnightly Finance Advisory Committee (FAC) GM meetings and other GM Groups	1. Fortnightly meeting of the Bury Locality Strategic Finance Group 2. Bury System Board 3. Finance, Contracting and Procurement Committee (FC&P) 4. Governing Body 5. Strategic Oversight Group 6. Executive Team 7. Health and Care Sustainability Recovery Board 8. Strategic Commissioning Board 9. Greater Manchester Health and Social Care Partnership Board 10. Budgetary Control Group 11. Fortnightly GM CFO meetings 12. Fortnightly NES CFO/DFO meetings 13. Fortnightly Finance Advisory Committee GM meetings(FAC)	03-Aug-2020	5	5	25	Limited	<u>Gap(s) in controls:</u> 1. Medium Term Financial Strategy not yet finalised 2. Detailed NHSEI guidance not yet published (expected June 2020) 3. Health and Care Sustainability and Recovery programmes underdeveloped  <u>Gap(s) in assurances:</u>	Revise 2020/21 budget	25%	4	4	16
3.2 - Because of the short term financial pressures together with the impact of Covid-19, the uncertainty around the future NHS financial framework, increasing demand for services and barriers to transformational change, there is	Mike Woodhead	5	5	25	1. Refresh of the Medium-Term Financial Plan 2. Budget setting process in place 3. Review of transformation programmes and associated investment agreements 4. Working jointly with the Northern Care Alliance (NCA) on joint system savings programmes 5. Management and oversight of system savings through the	1. Fortnightly meeting of the Bury Locality Strategic Finance Group 2. Bury System Board 3. Finance, Contracting and Procurement Committee (FC&P) 4. Governing Body 5. Strategic Oversight Group 6. Executive Team 7. Health and Care Sustainability Recovery Board 8. Strategic Commissioning Board	03-Aug-2020	5	5	25	Limited	<u>Gap(s) in controls:</u> 1. Medium Term Financial Strategy not yet finalised 2. Detailed NHSEI guidance not yet published (expected June 2020) 3. Health and Care Sustainability and Recovery programmes under developed  <u>Gap(s) in assurances:</u>	Finalise the medium term 5 year plan	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	
a risk that the CCG will be unable to agree a credible and financially sustainable medium term plan resulting in failure of statutory duties, which would also adversely impact upon the provision and quality of services and patient outcomes					<b>Health and Care Sustainability Recovery Board</b> <b>6. Financial Framework Redesign and GM wide planning through fortnightly Finance Advisory Committee (FAC) GM meetings and other GM Groups</b>	9. Greater Manchester Health and Social Care Partnership Board 10. Budgetary Control Group 11. <b>Fortnightly GM CFO meetings</b> 12. <b>Fortnightly NES CFO/DFO meetings</b> 13. <b>Fortnightly Finance Advisory Committee GM meetings(FAC)</b>												

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

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
4.1 - Because of the commitment to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of staff and clinicians in shaping the One Commissioning Organisation (OCO) and its decision making	Will Blandamer	5	4	20	1. Clinical Director and Executive Director involvement in all key decision making Committees/ Groups / Boards 2. Regular meetings across Health and Social Care to shape the working arrangements for integrated commissioning 3. Staff engagement events ongoing 4. Use of and access to all OD opportunities available to all staff (e.g. Employee Assistance Programme(EAP) , Perform @ Your Peak NHS North West Leadership Academy, Advancing Quality Alliance (AQuA)) 5. 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. 6. Senior Team restructure now nearly complete	1. Reports to GB on progress and development 2. GB and Clinical Cabinet sessions - stakeholder engagement 3. Joint Executive Team meetings 4. Primary Care Working Together meetings 5. Monthly EMT meetings with Clinical Directors 6. Bury System Board 7. Strategic Commissioning Board 8. Executive Director in Post (July 2020) 9. System Wide Clinical Reference Group	14-Aug-2020	5	3	15	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	Continued development, engagement and involvement of all staff  <b>Strengthening relations between the OCO and LCO</b>	50%  70%	5	2	10



## Appendix 3: Governing Body Assurance Framework

### 1.0 Risks that have increased in score

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

### 2.0 Risks that have decreased in score

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

- **GB2021\_PR\_2.1 Lack of effective working with key partners which influence the wider determinants of health**

- 2.2. This risk has reduced from a level 20 to a level 15. Additionally, the review has seen the new risk owner adjust the target level of risk to be achieved from a level 15 to a level 10, by March 2021.
- 2.3. Given the progress that has been made through the current integration and wider system working, additional clarity on the Bury 2030 and emerging revisions to the health strategy, air quality arrangements and economic ambition for the borough, there view was that the risk has reduced.
- 2.4. Covid-19 has resulted in more mature relationships and ways of working across the CCG, Council and Partners, at a pace greater than was previously envisaged, which has created significant benefits. Additionally, the following actions provide reassurance that this risk is being managed through day-to-day activity:
- Implementation of neighbourhood working, operating on the same spatial level of neighbour working as the wider council view and reporting through the refreshed health and transformation programme;
  - The wider Council view of neighbourhood working is clarified and the role of Public Service Reform (PSR) is being delivered on the confirmed footprint;
  - The council is recruiting a PSR manager who will be working closely with the OCO/LCO;
  - The Bury 2030 vision, prioritising health and wellbeing and neighbourhood working is close to being finalised. The next iteration of the Strategy is expected October 2020.
- 2.5. This risk has been assigned to the Strategic Commissioning Board, however has not been submitted for review prior to presentation within the Governing Body Assurance Framework report.
- **GB2021\_PR\_4.1 Assuring decisions are influenced by all staff including clinicians**
- 2.6. The latest review has seen the risk reduce from level 20 to level 15, against a target level of 10 to be achieved by March 2021.
- 2.7. The main driver for this reduction is greater integrated working across the OCO, and also within the wider CCG and Council, which is seeing relationships becoming more developed than they were and maturing well, resulting in the likelihood score being

reduced from a level 4 (likely) to a level 3 (possible).

- 2.8. Progress continues to be made with the single leadership structure following the formal consultation process, with the Executive Director of Strategic Commissioning commencing in post in July 2020 to further drive forward the OCO development. Additionally, the Clinical Leadership of the CCG remains central and again has been pivotal to the management of the Covid-19 pandemic response. Further work is being progressed over the next three months to ensure a strengthened System Wide Clinical Reference Group is in place to continue to inform clinical commissioning, and the outcome from the Internal Audit on Clinical Engagement in Decision Making should be concluded.
- 2.9. Continued development, engagement and involvement of all staff is on-going through progression of the Organisation Development (OD) Programme, and recently the CCG was able to invite staff members to apply for a leadership development programme funded through the Councils Apprentice Levy. This will provide further development opportunities for local leaders.
- 2.10. This risk has been assigned to the Strategic Commissioning Board however will not be formally presented until October 2020.

### **3.0 Risks that have remained static**

- 3.1. The following four (4) risks have remained static.
  - **GB2021\_PR\_1.2 Service re-design processes, innovations and new approaches**
- 3.2. The risk remains unchanged, with a current level of 12, against a target level of 8 to be achieved by March 2021, as engaging with the Public and Partners is an intensive work programme which will take some time to embed. Locally however, the level of assurance has increased from limited to significant as there has been improved engagement through the Bury 2030 Strategy, and more recently through the community hubs. Additionally, it is clear to see that neighbourhood working has improved understanding and engagement in transformation programmes.
- 3.3. Following on from the pandemic, a borough ten-point recovery and transformation plan has been developed by the Council and CCG which will not only focus on keeping COVID-19 infection under control within the Borough but will also support people and business through the recession. This will only be achieved through working with partners whilst also responding to the huge financial pressures within the system and local economy.
- 3.4. There are good neighbourhood structures in place to ensure work continues across the borough to deliver the preferred models of care, with more services being developed under the delivery model throughout 2020/21.
- 3.5. This risk has been assigned to the Bury System Board however has not yet been presented for review.
  - **GB2021\_PR\_1.3 Urgent Care – Re-design 2020/21**

- 3.6. This risk has been reworded to reflect the current year rather than 2019/20 as previously recorded. It remains at its current level of 20, against a target level of 12 to be achieved by March 2021.
- 3.7. Whilst decisions have been reached in respect to the Urgent care re-design proposal, it is felt that the risk should not be reduced at this time whilst the CCG more comprehensively understands the implications of COVID-19 on the demand in the system. Additionally, the rapid deployment of the GM Urgent Care by Appointment Project needs to be considered and any associated risks factored into the overall urgent care work programme.
- 3.8. Arrangement to support the redesign of urgent care are in place, with the Primary Care Networks (PCNs) and Neighbourhood Teams working well, although it should be noted that these are still developing and maturing.
- 3.9. The proposed model for Intermediate Care (IMC) will be subject for review by the Strategic Commissioning Board on 05 October 2020.
- 3.10. Discussions are underway with the LCO to implement the IMC model; however, this is subject to further dialogue regarding the form and function of the LCO.
- 3.11. The risk has been assigned to the Strategic Commissioning Board however has not yet been submitted for oversight.

- **GB2021\_PR\_1.4 COVID-19 Increased demand on services**

- 3.12. This risk was first added to the GBAF as the Covid-19 pandemic emerged in March 2020 and although controls have been put in place to manage and mitigate the impact to a level as low as possible, the risk remains at a level of 25, against a target level of 5 to be achieved by March 2021.
- 3.13. The risk remains static due to the impact of COVID-19 in respect of demand on Mental Health Services, Primary Care and other care services. A substantial loss of capacity particularly in hospital services has meant a significant increase in waiting lists for elective care and increased pressures on unplanned care.
- 3.14. The intention of the NHS Phase 3 planning guidance received mid-August is to stand up NHS services to pre-covid levels with the NHS priority focus being on accelerating the return to near-normal levels of non-covid health services and the preparation for winter demand pressures in light of a further probable covid spike locally. Scoping work has commenced in respect of this guidance to ensure draft plans are submitted to GM on 21 September 2020.
- 3.15. Although the risk score remains high, robust controls have been put in place both managerially and clinically across the health and care system, including a Covid Management Service which enables symptomatic patients to be assessed away from mainstream services to determine clinically appropriate care, a robust command and control emergency response structure, linking into formal governance arrangements and reaching out through a Borough wide co-ordination and response group, and continued focus on recovery through a Silver Command Health and Care Group. Additionally, data and intelligence reporting and dashboards have been created to

provide an Early Warning System for the Borough which provides monitor in respect to any potential second wave.

3.16. Since reporting to the Audit Committee the Quality and Performance Committee has subsequently reviewed this risk at the 09 September 2020 meeting. The Committee was assured that the risk is being effectively managed.

- **GB2021\_PR 3.2 Risk that the CCG is unable to meet financial duties over the medium term**

3.17. This risk has been carried forward from the 2019/20 GBAF, although has been amended in the context of Covid-19, and remains at a level of 25, against a target level of 15 to be achieved by March 2021.

3.18. As a consequence of COVID-19, the normal planning and management arrangements were suspended, interim arrangements were agreed nationally to support both Commissioners and Providers to focus on the immediate crisis response, however there remains a high level of uncertainty regarding the future NHS financial framework.

3.19. Work is now underway on preparing a 'draft' first plan in readiness for submission to GMHSCP on 1st September 2020 with the aim to have a robust medium-term plan in place by October 2020. This is one of the key mitigations for this risk.

3.20. Additional controls and assurances have been put in place, including the management and oversight of system savings which are scrutinised by the Health and Care Sustainability Recovery Board, and the Financial Framework Redesign. GM wide planning is discussed fortnightly by the Finance Advisory Committee (FAC), GM meetings and other GM Groups.

3.21. The Finance, Contracting and Procurement Committee received this risk in the report submitted to the meeting on 20 August 2020. The minutes reflect the report being presented, however there is no specific Committee narrative in respect to this risk.

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

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

- **GB1920\_PR\_3.1 Risk of in-year deficit**

4.2. Although the last assessment of this risk in March 2020 reflected that the risk had reached target score, the risk remained on the risk register whilst the financial accounts were undertaken and the GBAF rationalisation review for 2020/21 was completed.

4.3. As this risk related to 2019/20 the risk will be closed, however it should be noted that a new risk has been included for 2020/21 and is referenced later in the report.

4.4. The Finance, Contracting and Procurement Committee received this risk in the report submitted to the meeting on 20 August 2020. The minutes reflect the report being presented, however there is no specific Committee narrative in respect to this

risk.

- **GB1920\_PR\_1.4 CQC report Pennine Acute Hospitals Trust (PAHT)**

- 4.5. This risk was initially identified in November 2016 and assessed as a level 5 risk. There has been some fluctuation with an increase to a level 20 in February 2017 followed by sustained reduction to level 10 in November 2018 and then to level 4 in August 2020, where it reached its target level .
- 4.6. There has been investment in improving the quality of services which has seen the CQC rating improve with an overall rating of 'good' in February 2020.
- 4.7. PAHT is now also part of the Northern Care Alliance (NCA) management structure, with each hospital site having director level leadership. Additionally, all appropriate contracting and quality assurance mechanisms are in place to ensure on-going monitoring of the organisation and all outstanding actions are complete. This risk has therefore been recommended for closure by the risk owner and is not included on the GBAF 2020/21.

- **GB1920\_PR\_1.5 CQC report Pennine Care Foundation Trust (PCFT)**

- 4.8. This risk was initially assessed as a level 15 in April 2016, increasing to a level 20 in September 2017 and has then reduced overtime to a level 8 in April 2019 and then down to a level 4 in August 2020, reaching its target level.
- 4.9. Although the current judgement from the CQC published in January 2019 stipulates that the organisation 'requires improvement' there are strong governance arrangements in place between commissioners and the CQC to ensure that the organisation continues to improve to a good or outstanding level. Regular CQC progress meetings are held throughout the year directly with the Trust with no concerns identified currently.
- 4.10. In addition all appropriate contracting and quality assurance mechanisms remain in place to ensure on-going monitoring of the organisation and all outstanding actions are complete. This risk has therefore been recommended for closure by the risk owner and is not included on the GBAF 2020/21.

## 5.0 New risks Identified

- 5.1. During the reporting period one (1) new risk has been identified.

- **GB2021\_PR\_3.1 Risk of in-year deficit**

- 5.2. This new risk has been assessed as a level 25 risk, against a target of 16 to be achieved by January 2021, based on an impact assessment of 5 (severe) and likelihood of 5 (almost certain) due to the level of uncertainty and additional pressures due to Covis-19. This has also resulted in a target risk score of 15 to be achieved by March 2021, although it should be noted that this is an indicative and worse case position which will be reviewed once the key financial framework guidance has been published by NHSEI.
- 5.3. In order to ensure maximum control over this risk, additional management and oversight arrangements have been put in place, including:

- new Project management arrangements;
- management and oversight of system savings through the Health and Care Sustainability Recovery Board; and
- Financial Framework Redesign and GM wide planning through fortnightly Finance Advisory Committee (FAC), GM meetings and other GM Groups

5.4. An interim budget was set and approved May 2020, however there is a requirement to revise this and further inform the risk assessment and mitigation requirements. Whilst there is a level of clarity regarding the financial outlook until the end of September 2020, the NHSEI financial guidance (expected June 2020, and still awaited at the time of review) is required to enable the future financial framework to progress further.

5.5. The Finance, Contracting and Procurement Committee received this risk in the report submitted to the meeting on 20 August 2020. The minutes reflect the report being presented, however there is no specific Committee narrative in respect to this risk.

## 6.0 Risks not reviewed in the reporting period

6.1. During the reporting period one (1) risk has not been reviewed at this time.

- **GB2021\_PR\_1.1 Lack of effective engagement with communities**

6.2. This risk was last reviewed January 2020 and resulted in no change to the risk score of 15.

6.3. Although this risk has not been reviewed in time for inclusion in this report, it is considered appropriate for this risk to remain on the 2020/21 GBAF. Since identification in September 2017, the risk score has remained static.

6.4. It is recognised that a different type of engagement is needed if improved outcomes are to be achieved. Whilst Covid-19 has presented a number of challenges to the health and care economy, the level of engagement in different conversations has been apparent. Work in partnership with Bury Council, a number of Community Hubs have been established to support those in greatest need, alongside a cadre of community volunteers. The system is keen to grasp hold of the momentum that has been created and to continue to develop Community engagement networks and partnerships that have merged and to this extent has committed to a Director of Communities post as part of the Corporate Core.

6.5. Given this progress and the intended future focus, it is expected that this risk will have reduced when it is next presented to the Audit Committee, and whilst this will not be until December 2020, the risk will be submitted for oversight through the appropriate governance routes.

**Appendix 4: 2019/20 risks mapped to 2020/21 Strategic Objectives and aligned to responsible committees**

2020/21 Strategic Objectives		Risk Title 2019/2020	Status as at 31/3/2020	Risk Owner	Responsible Committee	Risk Assessment August 2020	GBAF 2020/21
SO1 (People and Place)	To enable the people of Bury to live in a place where they can co-create their own good health and well-being and to provide good quality care when it is needed to help people return to the best possible quality of life	Lack of effective engagement with communities	Open	TBC	TBC	Open	Risk 1
		Service re-design processes, innovations and new approaches	Open	Director of Nursing, Quality and Improvement	Strategic Commissioning Board	Open	Risk 2
		Urgent Care System - Re-design 2019/20	Open	Executive Director of Strategic Commissioning	Strategic Commissioning Board	Open <i>Urgent Care System - Re-design 2020/21</i>	Risk 3
		CQC report: Pennine Acute Hospitals Trust (PAHT)	Open	Director of Nursing, Quality and Improvement	Quality and Performance Committee	Closed	
		CQC report: Pennine Care Foundation Trust (PCFT)	Open	Director of Nursing, Quality and Improvement	Quality and Performance Committee	Closed	
		COVID-19 Increased demand on services	Open	Executive Director of Strategic Commissioning	Quality and Performance Committee	Open	Risk 4
SO2 (Inclusive Growth)	To increase the productivity of Bury's economy by enabling all Bury people to contribute to and benefit from growth by accessing good jobs with good career prospects and through	Lack of effective working with key partners which influence the wider determinants of health	Open	Executive Director of Strategic Commissioning	Bury System Board	Open	Risk 5

	commissioning for social value						
SO3 (Budget)	To deliver a balanced budget	Risk of in-year deficit	Open	Joint Chief Finance Officer	Finance, Contracting and Procurement Committee	<b>New Risk - Risk of in-year deficit</b>	Risk 6
		Risk that the CCG is unable to meet financial duties over the medium term	Open	Joint Chief Finance Officer	Finance, Contracting and Procurement Committee	Open	Risk 7
		Brexit - No deal scenario	Closed	-			
SO4 (Staff Wellbeing)	To increase the involvement and wellbeing of all staff in scope of the OCO	Assuring decisions are influenced by all staff including clinicians	Open	Executive Director of Strategic Commissioning	Strategic Commissioning Board	Open	Risk 8