

<b>Meeting: Governing Body</b>			
<b>Meeting Date</b>	27 March 2019	<b>Action</b>	Consider
<b>Item No.</b>	12b	<b>Confidential</b>	No
<b>Title</b>	Governing Body Assurance Framework		
<b>Presented By</b>	Margaret O'Dwyer, Director of Commissioning and Business Delivery		
<b>Author</b>	Lynne Byers, Risk Manager		
<b>Clinical Lead</b>	-		

### **Executive Summary**

More than ever before and in context of a culture of decentralisation, increased local autonomy and accountability, the CCG's 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.

The Governing Body Assurance Framework (GBAF) is presented to advise on the current levels of risk and continued actions to enable the delivery of the Strategic Objectives for 2018/19. It has been reviewed by the Audit Committee prior to submission to the Governing Body.

Since last presentation of the GBAF a review of all risks has been undertaken and the current risk profile is presented as:

- 8 presenting a significant level of (current) risk (level 15 or above) to delivery of the CCG's strategic objectives;
- 6 presenting a high level of (current) risk (level 8-12) to delivery of the CCG's strategic objectives; and
- 1 presenting a moderate level of (current) risk (level 4-6) to delivery of the CCG's strategic objectives

The above profile includes the addition on one new risk, specifically in relation to EU Exit preparedness and the potential for a no deal scenario. This risk was previously reported to the Governing Body in January 2019.

A further risk has been identified in relation to 'Failure to close the collective financial gap by 2020/21', specifically in the context of the current financial positions of Pennine Acute and Pennine Care impacting on the overall transformation programme. This will be developed further and included in a future report.

The GBAF reflects that of the 15 risks identified, 1 risk has increased in score, 4 risks have reduced and 9 risks have remained static. The remaining 1 risk is classified as a new risk on this report.

The Audit Committee reviewed the GBAF in detail and whilst requesting a detailed review of the Urgent Care Redesign risk identified against Strategic Objective 2, which is the risk

which has increased in score, to ensure it more appropriately reflects the current context and progress of the transformation programme, recommended the report for submission to the Governing Body.

### Recommendations

It is recommended that the Governing Body:

- review the Governing Body Assurance Framework report; and
- discuss any concerns arising from the information presented.

### Links to CCG Strategic Objectives

To encourage people so that they want to, and do, take responsibility for their own health and well-being.	<input type="checkbox"/>
To drive and support system wide transformation.	<input type="checkbox"/>
To commission joined-up health and social care for people in Bury through a Single Commissioning Framework.	<input type="checkbox"/>
To achieve financial sustainability for the Bury health and social care economy.	<input type="checkbox"/>
To support the Locality Care Alliance to deliver high quality services in line with commissioner intentions.	<input type="checkbox"/>
To be a high-performing, well-run and respected organisation with an empowered workforce	<input type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	Yes
All GBAF risks are articulated within the report	

### Implications

Are there any quality, safeguarding or patient experience implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
These will be addressed through management of the risks						
Has any engagement (clinical, stakeholder or public/patient) been undertaken in relation to this report?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Have any departments/organisations who will be affected been consulted ?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any conflicts of interest arising from the proposal or decision being requested?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any financial Implications?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>

These will be addressed through management of the risks						
Has a Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Is a Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any associated risks including Conflicts of Interest?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are the risks on the CCG's risk register?	Yes	<input checked="" type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input type="checkbox"/>
The risks are articulated within the report and managed through the respective committees as appropriate						

Governance and Reporting		
Meeting	Date	Outcome
Audit Committee	01/03/2019	The Audit Committee was assured that the level of detail provided against the GBAF risks is sufficient, demonstrating effective risk management. The Audit Committee recommends the report for 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.

#### **4. Mid-February 2019 Governing Body Assurance Framework Review**

- 4.1. The Governing Body Assurance Framework was last presented to the Audit Committee in January 2019 and received by the Governing Body at its meeting on 23 January 2019.
- 4.2. During February 2019 all GBAF risks have been reviewed by the Risk Owners to reflect on the level of risk and the assurances provided by the existing controls from adversely impacting on the delivery of the CCG's strategic objectives for 2018/19. Appendix 2 reflects the reviews, and for ease of reference any changes are displayed in **bold**, with narrative in appendix 3.
- 4.3. 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.

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

- 5.1. As outlined above the GBAF presented at the current position as reported at February 2019.
- 5.2. Fifteen (15) risks are presented across six (6) strategic objectives and the current risk profile of these is summarised as:
- 8 presenting a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives;
  - 6 presenting a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives; and
  - 1 presenting a moderate level of current risk (level 4-6) to delivery of the CCG's Strategic Objectives
- 5.3. The following risks have been assessed in respect of their current risk levels and are reported as follows. Full narrative is provided at Appendix 3.

### **Risks that have increased in score:**

- GB1819\_PR\_2.2 Urgent Care System – Redesign (20)

### **Risks that have decreased in score:**

- GB1819\_PR\_3.3 Governance arrangements - Single Commissioning Function (Level 8)
- GB1819\_PR\_4.1 Inability to identify sufficient QIPP Programmes (Level 8)
- GB1819\_PR\_4.3 Short term financial targets (e.g. QIPP/PAHT/PCFT) ( Level 4)
- GB1819\_PR\_4.4 Credibility/deliverability of the Transformation Fund/Locality Plan during 2018/19 (Level 20)

### **Risks that have remained static:**

- GB1819\_PR\_1.1 Lack of effective engagement with communities (Level 15)
- GB1819\_PR\_2.1 Service re-design processes, innovations and new Approaches (Level 12)
- GB1819\_PR\_3.1 CCG and Local Authority - Culture, Priorities and Drivers (Level 15)
- GB1819\_PR\_3.2 Assuring decisions are clinically based (Level 15)
- GB1819\_PR\_4.2 Transformation Plan – Delivery (Level 20)
- GB1819\_PR\_4.5 OCO Pooling opportunities during 2018/19 (Level 8)
- GB1819\_PR\_4.6 Locality Care Alliance (LCA) Development 2018/19 (Level 20)
- GB1819\_PR\_5.1 CQC report: Pennine Acute Hospitals Trust (Level 10)
- GB1819\_PR\_5.2 CQC report: Pennine Care Foundation Trust (Level 10)

### **New risks added to the Governing Body Assurance Framework.**

- GB1819\_PR\_6.1 Brexit no deal scenario (Level 16)

- 5.4. One new risk has now been recorded against objective 6 - To be a high performing,

well run and respected organisation with an empowered workforce. This risk (Brexit no deal scenario) was identified in response to the requirement outlined in the EU Exit Operational Readiness action plan and was reported to the Governing Body in January 2019. This risk has since undergone a further review and the risk score remains unchanged. Detail of this risk can be found at Appendix 3.

- **Failure to close the collective financial gap by 2020/21**

- 5.5. A further risk has been identified for work-up and inclusion on the GBAF against Strategic Objective 4 - To achieve financial sustainability for the Bury Health and Social. This risk is expected to pose significant challenges and relates to 'Failure to close the collective financial gap by 2020/21', in association with the current financial positions of Pennine Acute and Pennine Care impacting on the overall transformation programme.

## 6. Recommendations

- 6.1. The Governing Body is asked to:
- review the Governing Body Assurance Framework; and
  - discuss any concerns arising from the information presented.

**Lynne Byers**  
Risk Manager  
March 2019

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

Strategic Objective 1 - To encourage people so that they want to, and do, take responsibility for their own health and well-being											
Reference	Risk Description	Owner	Q1	Trend	Q2	Trend	Q3	Trend	Feb 19	Trend	Target Risk
GB1819_PR_1.1	Because of a lack of effective engagement with communities there is a risk that the public will not access preventative services or accept responsibility for own healthcare	Margaret O'Dwyer	15		15		15		15		10

Strategic Objective 2 - To drive and support system wide transformation											
Reference	Risk Description	Owner	Q1	Trend	Q2	Trend	Q3	Trend	Feb 19	Trend	Target Risk
GB1819_PR_2.1	Because of a lack of engagement with partners and other key stakeholders at the right time in service re-design processes there is a risk that innovative and new approaches across sector may not be considered	Margaret O'Dwyer	12		12		12		12		8
GB1819_PR_2.2	If the Urgent Care System re-design is not implemented in a timely manner, then the improvements across the wider economy will not materialise, impacting upon patient experience and CCG reputation	Margaret O'Dwyer	12	New	12		16		20		8

Strategic Objective 3 - To commission joined-up health and social care for people in Bury through a Single Commissioning Framework											
Reference	Risk Description	Owner	Q1	Trend	Q2	Trend	Q3	Trend	Feb 19	Trend	Target Risk
GB1819_PR_3.1	Because the CCG and Local Authority have different priorities and drivers, there is a risk that integrated commissioning does not progress at pace to achieve value for money, improved outcomes	Margaret O'Dwyer	20		15		15		15		10
GB1819_PR_3.2	Because of the need to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of clinical decision making	Jeff Schryer	15		15		15		15		10
GB1819_PR_3.3	Delays in the development of the new governance arrangements to support single function will impact on delivery of integrated commissioning	Margaret O'Dwyer	12	New	12		12		8		8

Strategic Objective 4 - To achieve financial sustainability for the Bury Health and Social Care economy											
Reference	Risk Description	Owner	Q1	Trend	Q2	Trend	Q3	Trend	Feb 19	Trend	Target Risk
GB1819_PR_4.1	Because of the inability to identify sufficient QIPP programmes there is a risk that we will not achieve required quality, innovation, productivity or prevention improvements to support the CCG's wider saving requirements	Margaret O'Dwyer	20		20		16		8		8
GB1819_PR_4.2	Because of the delays to the delivery of the Transformation Plan, there is a risk that the benefits and deflections will not be realised	Margaret O'Dwyer	20	New	20		20		20		15
GB1819_PR_4.3	Because there are short term financial pressures during 2018/19 there is a risk that actions may be taken which are counterproductive to long term objectives	Mike Woodhead	8	New	8		6		4		4
GB1819_PR_4.4	Because of capacity and capability gaps in the locality and high degree of uncertainty there is a risk that transformation plans will not be robust or deliverable resulting in further significant financial pressure	Mike Woodhead	25	New	25		25		20		10
GB1819_PR_4.5	Because of pressure to pool budgets there is a risk that funds will be pooled without sufficient due diligence resulting in unforeseen financial risk	Mike Woodhead	16	New	12		8		8		8
GB1819_PR_4.6	Because integration is at an early stage, organisational barriers may result in divergent objectives, different levels of prioritisation, and different levels of commitment resulting in non-delivery of transformation plans and an inappropriate balance of risk and reward across the system	Mike Woodhead	25	New	25		20		20		15

**Strategic Objective 5 - To support the Locality Care Organisation to deliver high quality services in line with commissioner intentions**

Reference	Risk Description	Owner	Q1	Trend	Q2	Trend	Q3	Trend	Feb 19	Trend	Target Risk
GB1819_PR_5.1	Because the CCG and Local Authority have different priorities and drivers, there is a risk that integrated commissioning does not progress at pace to achieve value for money, improved outcomes	Catherine Jackson	15		15		10		10		5
GB1819_PR_5.2	Because of the need to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of clinical decision making	Catherine Jackson	15		15		10		10		5

**Strategic Objective 6 - To be a high performing, well-run and respected organisation with an empowered workforce**

Reference	Risk Description	Owner	Q1	Trend	Q2	Trend	Q3	Trend	Feb 19	Trend	Target Risk
GB1819_PR_6.1	If no deal is reached for Brexit by March 2019 there is a risk of disruption across the NHS including but not limited to; supply chain, workforce and medicines distribution. This could result in disruption in the delivery of CCG objectives and daily operations	Geoff Little							16		4

Key		
	Increased	
	Decreased	
	Static	

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

### Strategic Objective 1 - To encourage people so that they want to, and do, take responsibility for their own health and well-being

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 or accept responsibility for own healthcare	Margaret O'Dwyer	5	4	20	<ol style="list-style-type: none"> <li>1. Close working with Public Health to co-ordinate joint working and messages</li> <li>2. Communications and Engagement Strategy for CCG activity</li> <li>3. Public engagement on urgent care re-design will promote self-care</li> <li>4. Patient Cabinet in place to promote active engagement and public voice</li> <li>5. Self-care has an increased focus in the refreshed locality plan 2017</li> <li>6. Agreed investment from GM to support the transformation programme which will require active engagement (core component of the Communication and Engagement Strategy)</li> <li>7. Neighbourhood engagement models under development</li> <li>8. Communication and Engagement enabling workstream established</li> <li>9. New interim Comms &amp; Engagement Manager in post whose remit is to review the comms &amp; engagement requirement across the OCO/LCA</li> <li>9. Joint Comms &amp; Engagement lead for the system agreed, recruitment to commence in March 2019</li> </ol>	<ol style="list-style-type: none"> <li>1. Patient Cabinet reports to the Governing Body</li> <li>2. Lay Member for PPI voting member on the Governing Body and Primary Care Commissioning Committee</li> <li>3. Healthwatch attend PCCC</li> <li>4. NHSE PPI indicator assessment (an external assessment of the CCG's website/annual reports etc.)</li> <li>5. Annual 360 Stakeholder Survey</li> <li>6. Monthly Transformation Board meeting to oversee the implementation of the new programmes</li> </ol>	20-Feb-2019	5	3	15	Significant	<p><b>Gap(s) in controls:</b></p> <ol style="list-style-type: none"> <li>1. Patient engagement specific to schemes but could be more proactive or wider reaching</li> <li>2. Engagement Strategy for locality plan</li> <li>3. No integrated Communications and Engagement Strategy</li> <li>4. Slow pace in respect of the implementation required to deliver the transformation programme</li> </ol> <p><b>5. Joint Comms &amp; Engagement lead post to be recruited to</b></p> <p><b>Gap(s) in assurances:</b></p> <ol style="list-style-type: none"> <li>1. NHSE PPI Indicator assessment requires improvement</li> </ol>	<p>Communications and Engagement strategy to be refreshed to include OCO and Locality Care Organisation</p> <p>Patient Engagement Toolkit to be re-introduced</p> <p>CCG Engagement Programme to be developed</p> <p>Commence development of an integrated Communications and Engagement Strategy</p> <p>PPI Indicator action plan to be developed</p> <p>PPI action plan to be implemented</p>	<p>100%</p> <p>100%</p> <p>75%</p> <p>20%</p> <p>100%</p> <p>80%</p>	5	2	10

## Strategic Objective 2 - To drive and support system wide transformation

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 a lack of engagement with partners and other key stakeholders at the right time in service re-design processes there is a risk that innovative and new approaches across sector may not be considered	Margaret O'Dwyer	4	3	12	1. Key partners engaged through CCG Clinical Cabinet 2. Internal governance supports engagement and involvement with stakeholders 3. Communications and Engagement Strategy in place 4. Terms of Reference for Clinical Cabinet and Patient Cabinet 5. Individual Engagement Strategies when significant service redesign is anticipated e.g. urgent care, NES clinical services 6. Locality Care Alliance (LCA)/Partners working together to stimulate new approaches 7. OCO/LCA clinical reference group being explored 8. Case for change for NES clinical services identified October 2018 <b>(paused appending output of strategic outline cases to the Clinical Services Transformation Board)</b>	1. Bury One Shadow Partnership Commissioning Board established 2. NES governance architecture across health and social care supports alignment where appropriate across sectors 3. NES clinical services Transformation Board established 4. GM Joint Commissioning Board remit being refreshed	20-Feb-2019	4	3	12	Limited	<b>Gap(s) in controls:</b> 1. Communications and Integrated Engagement Strategy not reflective of the changing landscape 2. Effectiveness of Patient Cabinet <b>3. Case for Change currently in abeyance</b>  <b>Gap(s) in assurances:</b> 1. Joint Commissioning Board Phase 2 refresh outstanding	Review patient engagement to support wider public involvement	50%	4	2	8
													Board remit outline	100%			
													Clinical and Managerial input into shaping the new GM Joint Commissioning Board	100%			
													GM Joint Commissioning Board phase 2 to be confirmed	0%			
													Joint Commissioning Board to receive and agree the Theme 3 models of care	33%			
2.2 - If the Urgent Care System re-design is not implemented in a timely manner, then the improvements across the wider economy will not materialise, impacting upon patient experience and CCG reputation	Margaret O'Dwyer	4	3	12	1. Board approval of the model for integrated Health & Social Care Hubs 2. Work commenced with LCA to progress implementation of the first hub by end of December 2018	1. Locality Transformation Board	31-Jan-2019	4	5	20	Limited	<b>Gap(s) in controls:</b> 1. Implementation plan not yet developed and agreed  <b>Gap(s) in assurances:</b>	Meetings with LCA to progress implementation of model	100%	4	2	8
													Develop the proposed model for presentation to the Board	closed			

**Strategic Objective 3 - To commission joined-up health and social care for people in Bury through a Single Commissioning Framework**

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 the CCG and Local Authority have different priorities and drivers, there is a risk that integrated commissioning does not progress at pace to achieve value for money, improved outcomes	Margaret O'Dwyer	5	4	20	1. Health and Wellbeing Board in place attended by CCG Chair and Accountable Officer 2. Single vision confirmed by CCG and LA 3. Open book accounting and pool budgets being explored 4. Joint working on Locality Plan 5. Commissioning workshop established to review strategic commissioning opportunities 6. Governing Body/Cabinet meetings established to agree governance arrangements, culture and future ways of working 7. GM Hub established 8. Joint Executive Director meetings established 9. OD Programme being established 10. OD sessions for Partnership established	1. CCG Assurance meetings with GMHSCP 2. Key commissioning priorities agreed through the OCO 3. GM Commissioning review 4. Establishment of Commissioning Partnership Board is now having a positive impact	20-Feb-2019	5	3	15	Significant	<b>Gap(s) in controls:</b> 1. Open book and pooled budgets to be agreed 2. Understanding of new culture to foster innovation and achieve desired outcomes  <b>Gap(s) in assurances:</b> 1. Longer term governance arrangements to be discussed and approved 2. GM Commissioning review (Deloitte) - lack of clarity on the functions that may be devolved to LCO across Bury and GM.	Quick wins to be identified and progressed	100%	5	2	10
													Common commissioning principles to be agreed and approved through respective governance arrangements	30%			
													Open book accounting and pooled budgets to be approved through respective governance arrangements	75%			
													Organisation development to be undertaken to understand cultures and establish shared principles	50%			
													Explore new ways of commissioning across the CCG and Authority	30%			
3.2 - Because of the need to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of clinical decision making	Jeff Schryer	5	4	20	1. Clinical involvement to shape LCA 2. Clinical input into Health and Wellbeing Board 3. Clinical input into work streams e.g. social prescribing 4. Clinicians involved in joint leadership team 5. Clinicians involved in Local Council meetings on a regular basis 6. Clinical input into Joint Shadow Executive	1. Meeting minutes from LCA steering group 2. Reports to GB on progress and development 3. GB and Clinical Cabinet sessions - stakeholder engagement 4. Bury Health & Social Care Transformation Programme Board 5. Bury1 Shadow Partnership Commissioning Board (formerly OCO Board) 6. Joint Shadow Executive Group meetings	13-Feb-2019	5	3	15	Significant	<b>Gap(s) in controls:</b> 1. Bury 1 Partnership Commissioning Board governance yet to be finalised  <b>Gap(s) in assurances:</b> 1. Different decision making cultures	Governance of Bury1 Shadow Partnership Commissioning Board to be developed	80%	5	2	10
													Structure of Bury1 Shadow Partnership Commissioning Board to be determined	100%			
													Roles and responsibilities of Primary Care as commissioners and providers to be explored and made explicit	70%			
													Continued development, engagement and involvement of Primary Care	70%			
													Design OCO final structure	40%			
													Review the roles and	90%			

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
						7. Primary Care Working Together meetings 8. Monthly Joint Senior Clinical Manager team meetings							responsibilities of the Clinical Cabinet - Joint Professional congress with the LCA				
3.3 - Delays in the development of the new governance arrangements to support single function will impact on delivery of integrated commissioning	Margaret O'Dwyer	4	4	16	1. Programme of monthly joint OCO commissioning partnership meetings established for 2018/19. TOR agreed by GB May 2018. 2. Work plan agreed which includes identifying the optimum integrated commissioning model which would include delegated decision making. 3. OD programme in place to support members of the new Joint Commissioning Partnership Board. 4. Governance agreed for OCO Task and finish Group.	1. Joint OCO partnership meetings/ minutes subject to review at GB. 2. Strategic Commissioning Function (SCF) Model shared with GM Partnership. 4. Governance OCO Task and Finish Group established. 5. Outputs from the Governance Sub Group shared at Joint Shadow Executive Group meetings.	20-Feb-2019	4	2	8	Significant	<u>Gap(s) in controls:</u> 1. End model for integrated commissioning not known  <u>Gap(s) in Assurances:</u>	Dedicated capacity to be identified to develop the Single Commissioning Framework and Target Operating Model for the Strategic Commissioning Function  Work plan timescales/ monitoring arrangements to be agreed	100%  100%	4	2	8

**Strategic Objective 4 - To achieve financial sustainability for the Bury Health and Social Care economy**

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 inability to identify sufficient QIPP programmes there is a risk that we will not achieve required quality, innovation, productivity or prevention improvements to support the CCG's wider saving requirements	Margaret O'Dwyer	5	4	20	1. QIPP process in place 2. PMO arrangements in place 3. Outsourcing of QIPP related capacity and scheme identification through Right Care, Dr Foster and Deloitte 4. Interim capacity identified to deliver the opportunities identified via Deloitte	1. QIPP report to FC&P Committee and GB 2. GM Commissioning Assurance Reviews 3. New joint QIPP/Accelerated Savings Group (ASG) established as a sub-group of the FC&P Committee	20-Feb-2019	4	2	8	Significant	<b>Gap(s) in controls:</b> 1. Longer term (5 year) QIPP plan to be developed 2. Long term mitigations yet to be identified 3. QIPP initiatives and actions in individual workplans to be identified through clinical workstreams 4. Implementation of the identified schemes  <b>Gap(s) in assurances:</b> 1. None identified	Initial QIPP pipeline to be developed  To meet the Right Care requirement to review 40% of opportunities in year one and 80% in year 2  Deloitte top 9 priorities to be worked up and progressed by March 19  <b>Scope options to progress implementation of projects during 19/20</b>	100%  85%  40%  20%	4	2	8
4.2 - Because of the delays to the delivery of the Transformation Plan, there is a risk that the benefits and deflections will not be realised	Margaret O'Dwyer	5	4	20	1. Refresh of the Locality Plan 2. SROs developing detail implementation plans 3. Interim Executive Director for the LCA now in post and providing direction around implementation of the transformation programmes 4. <b>LCA capacity expanded to support the development and implementation of the transformation Programmes</b>	1. Transformation Board 2. Finance, Contracting & Procurement Committee 3. <b>Governing Body</b>	20-Feb-2019	5	4	20	Limited	<b>Gap(s) in controls:</b> 1. Locality Plan not yet finalised 2. Implementation Plan <b>being developed</b> 3. Outcome of detailed financial reviews <b>(although high level joint LCO/LCA reviews undertaken)</b>  <b>Gap(s) in assurances:</b>	Progress Locality Plan sign off  Approval of revised investment agreement by GM  Transformation plans require implementation  Agreement required to identify the local level of ambition for the investment agreement	100%  100%  40%  100%	5	3	15
4.3 - Because there are short term financial pressures during 2018/19 there is a risk that actions may be taken which are counterproductive to long term objectives.	Mike Woodhead	4	2	8	1. Short term mitigations and contingencies 2. Risk Sharing - existing in Greater Manchester and North East Sector 3. Transformation Fund investment agree 4. 2018/19-2019/20 Operational Plan 5. Locality plan 6. QIPP4 Programme including external consultancy support	1. Monthly Financial Position reported to Finance Committee and Governing Body 2. NHSE/GM returns 3. NHSE assurance framework and self-assessment 4. Internal and external audit reviews 5. Value for Money Audit 6. GMHSCP Assurance on 2 Year Financial Plan 7. Report into Transformation Programme Board	14-Feb-2019	2	2	4	Significant	<b>Gap(s) in control:</b> 1. Uncertain future - form and function of the OCO 2. Clarity on long term funding 3. Due diligence to be completed with Bury MBC 4. Shadow arrangements to be articulated 5. PMO arrangements for accelerated savings group to be established 6. Internal investment agreements to be finalised between OCO/LCA 7. Capacity and skills review of finance team and structure to be completed	To agree a revised Bury economy financial plan  Shadow OCO arrangements to be articulated using test bed approach  Review Internal Investment agreements with LCA and OCO  Agree PMO Support for accelerated savings steering group  Complete review of the finance team structure and implement	80%  50%  95%  100%  100%	2	2	4

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
						8. GMHSCP hold the CCG to account 9. Report into monthly Accelerated Saving Group monthly meeting						<b>Gap(s) in assurances:</b> 1. Financial reports to be developed for the Transformation Board 2. External Audit review of 2018/19 Finances	recommendations				
4.4 - Because of capacity and capability gaps in the locality and high degree of uncertainty there is a risk that transformation plans will not be robust or deliverable resulting in further significant financial pressure	Mike Woodhead	5	5	25	1. Financial reporting into key Groups/Committees 2. CCG membership on key Groups/Committee 3. Revised locality plans 4. Some specific internal investment agreements signed off 5. CCG sanctions in place for any underperformance	1. Report into Governing Body 2. Report into Joint Executive team meetings 3. Report into Transformation Programme Board <b>4. Reporting to OCO Partnership Board</b>	14-Feb-2019	5	4	20	Limited	<b>Gap(s) in control:</b> 1. Outstanding internal investment agreements 2. Revised GM investment agreement 3. Lack of workforce planning  <b>Gap(s) in assurances:</b>	Review Internal Investment agreements with LCA and OCO  Submit updated Locality Plan  Through the transformation programme Board escalate the need for appropriate workforce planning	95%  100%  100%	5	2	10
4.5 - Because of pressure to pool budgets there is a risk that funds will be pooled without sufficient due diligence resulting in unforeseen financial risk	Mike Woodhead	4	4	16	1. Due diligence engagement process in place 2. Due diligence process/framework developed, work underway on four test beds	1. Report into Joint Shadow Executive meetings 2. Report into Governing Body	14-Feb-2019	4	2	8	Limited	<b>Gaps in controls(s):</b>  <b>Gaps in assurances(s):</b>	Shadow OCO arrangements to be articulated using test bed approach  Update baseline exercise	50%  100%	4	2	8
4.6 - Because integration is at an early stage, organisational barriers may result in divergent objectives, different levels of prioritisation, and different levels of commitment resulting in non-delivery of transformation plans and an inappropriate balance of risk and reward	Mike Woodhead	5	5	25	1. Locality plan 2. Greater Manchester investment agreement 3. Ongoing organisational development (OD) across organisations 4. LCA governance arrangements 5. LCA mutually binding alliance agreement	1. Report into Transformation Programme Board 2. Report into Joint OCO Shadow Executive meetings 3. Formal LCA meetings	14-Feb-2019	5	4	20	Limited	1. Revised GM investment agreement 2. OD gaps with OCO 3. OD gaps with LCA (outside the CCG's influence) <b>4. Revised locality investment agreement including risk and reward schedule</b>	Review Internal Investment agreements with LCA and OCO  Submit updated Locality Plan  Agree and implement an OCO OD plan  Undertake a review of the OCOs view on the LCA form	95%  100%  20%  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
across the system.																	

**Strategic Objective 5 - To support the Locality Care Organisation to deliver high quality services in line with commissioner intentions**

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
5.1 - Because the last CQC judgement identified that improvements are required at PAHT, there is a risk that quality and performance at the local provider does not make the required improvements in the delivery of health care services for the local population as stipulated by the CQC and other regulators and stakeholders	Catherine Jackson	5	4	20	1. Strategic leadership through the Northern Care Alliance 2. Improvement Plan submitted to CQC and approved. Improvement plan monitoring reported to GB on a regular basis. 3. PAHT Quality and Improvement Strategy ratified 4. Quality Improvement and Prioritisation meetings lead by CCGs providing greater visibility 5. Key Lines of Enquiry (KLOEs) in place 6. LCA established via the Northern Care Alliance NHS Group 7. Board Assurance Framework in place 8. Targeted work plan in place	1. Regular reports to the Governing Body on performance and quality 2. Quality and Performance Committee scrutiny of measures 3. CQC assurance of progress against improvement plan 4. CQC reinspection 5. Collaborative quality scrutiny with the LA and oversight by the OCO 6. MIAA CCG Audit of quality controls (significant assurance received) 7. Bi-monthly reporting to GM Quality Board 8. Audit Committee enhanced scrutiny of GBAF 9. Monthly Clinical Quality Leads meeting with PAHT 9. Stakeholder (HEE, NHSI, NHSE and CQC) engagement via the Quality Risk Profiling Tool (QRP)	31-Jan-2019	5	2	10	Significant	<b>Gap(s) in Controls:</b>  <b>Gap(s) in assurances:</b> <b>1. Awaiting on CQC re-inspection report January 2020</b>	Review findings from the CQC reassessment	100%	5	1	5
													Review findings from the autumn CQC reassessment 2018/19	100%			
													Walkaround Programme	100%			
													<b>Strengthen and scrutinise PAHT's key quality indicators</b>	25%			
													<b>Review findings from the CQC reassessment 2019/20</b>	0%			
5.2 - Because the last CQC judgement identified that improvements are required at PCFT, there is a risk that quality and performance at the local provider does not make the required improvements in the delivery of health care services for the local population as stipulated by	Catherine Jackson	5	4	20	1. CQC Improvement Plan for Mental Health and Community Services 2. Local Level Plans (as part of overall improvement plan) 3. Strategic/Board level focus 4. Local level surveillance through Quality and Performance provider meeting 5. NHS Improvement leading collaborative working across 5 CCGs to drive change 6. CQC 'Moving to	1. Regular Reports to CCG Governing Body 2. CCG awareness of where service improvement is required 3. PCFT awareness of CQC findings and improvement expectations 4. Structure approved by NHS Improvement 5. Regular reporting to PCFT Strategy Partnership Board and Quality Improvement Board 6. Bi-monthly reporting to GM Quality Board 7. Quality Assurance	31-Jan-2019	5	2	10	Significant	<b>Gap(s) in Controls:</b>  <b>Gap(s) in assurances:</b> <b>1. Reinspection in December 2019 awaited publication report Feb 2020</b>	Evaluate evidence for the required improvements	100%	5	1	5
													Footprint wide and local improvement work around MH Patient flow	80%			
													Review findings from the CQC reassessment 2018/19	100%			
													<b>Review and scrutinise PCFT action plan</b>	0%			
													<b>Review findings from the CQC reassessment 2019/20</b>	0%			

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk	
the CQC and other regulators and stakeholders					Good' Action Plan received and approved 7. PCFT Strategy Partnership Board and Quality Improvement Board 8. Locality based improvement programmes established 9. Quality Assurance Committee in place and chaired by Executive Nurse Bury CCG	Committee in place and chaired by Executive Nurse Bury CCG 8. Step down of Quality Improvement Board to be managed by the Quality Assurance Committee 9. <b>Regular discussions with NHS Improvement (NHSI)</b>												

**Strategic Objective 6 - To be a high performing, well-run and respected organisation with an empowered workforce**

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
If no deal is reached for Brexit by March 2019 there is a risk of disruption across the NHS including but not limited to; supply chain, workforce and medicines distribution. This could result in disruption in the delivery of CCG objectives and daily operations.	Geoff Little	4	4	16	<ul style="list-style-type: none"> <li>. GM's Local Health Resilience Partnership (LHRP)</li> <li>. The European Transition Unit programme aims to ensure that NHS England is prepared for the impact of Brexit and that the interests of the NHS are identified and articulated during the negotiations, the transition period, and beyond.</li> <li>. The European Transition Unit has supported the EU Exit Oversight Group to develop a comprehensive understanding of the potential areas of EU Exit exposure across NHS England's areas of responsibility.</li> <li>. Regional workshops have been held to get a clear picture of the regional interactions with the EU and to identify the specific risks and opportunities that Brexit could pose to each region;</li> <li>. Brexit operational readiness guidance for the health and care system in England issued on 21 December 2018, which Bury CCG is responding to and ensuring that relevant providers are appropriately addressing</li> <li>. GMSS Resilience Team - Bury Emergency Planning Resilience and Response (EPRR) leads</li> <li>. CCG Business Continuity Plans EU Exit Operational Readiness Guidance and Action Plan</li> </ul>	<ul style="list-style-type: none"> <li>. NHS England is working with PHE and the DHSC to facilitate an EPRR exercise to test the resilience of the health system against specific potential no deal Brexit impacts</li> <li>. Bury CCG is well connected locally and regionally via the GM Governance Group, GMHSCP, LHRP, HERG and GMSS Resilience Team</li> </ul>	15-Feb-2019	4	4	16	Limited	<p><b>Gaps in controls:</b></p> <ul style="list-style-type: none"> <li>. Action Plan requires progressing</li> </ul> <p><b>Gaps in assurances:</b></p> <ul style="list-style-type: none"> <li>. Assurances from providers to be obtained</li> </ul>	Maintain a watching brief, reacting to national, regional and local briefings, and other updates via GMSS Resilience Team, and support providers	25%	4	1	4

## Appendix 3: Governing Body Assurance Framework

### 1.0 Risks that have increased in score

- 1.1. During the reporting period, one (1) risk has been assessed as having an increased score and presents a significant level of risk to the CCG.
  - **GB1819\_PR\_2.2 Urgent Care System – Redesign**
- 1.2. This risk has increased from a level 16 to a level 20 risk, against a target level of 8 following an increase in the likelihood score of 4 (possible) to a level 5 (almost certain) as the East Sector GPs have confirmed that they will not be able to deliver or progress with the Primary Care Model initiative. This will now be incorporated more widely into the Integrated Neighbourhood Team agenda.
- 1.3. Looking forward, the Risk Owner has proposed that this overarching risk will collectively capture a range of different initiatives that underpin this risk and the high level actions to mitigate against any risk to non-delivery. The detailed is yet to be worked through and will form part of the forward view for 2019/20 GBAF risk register.
- 1.4. The Quality and Performance Committee reviewed this risk at the 13 February 2019 2018 meeting and agreed that the risk level is appropriate due to the circumstances outlined. The Committee also agreed that a full review is required to capture this risk appropriately for 2019/20 GBAF.

### 2.0 Risks that have decreased in score

- 2.1. The following four (4) risks have decreased in score.
  - **GB1819\_PR\_3.3 Governance arrangements - Single Commissioning Function**
- 2.2. This risk has reduced from a level 12 to a level 8 risk and has reached its target level.
- 2.3. The impact score has reduced from a level 3 (possible) to a level 2 (minor) as dedicated capacity has been appointed and in post from February 2019. This interim position is for a period of six months.
- 2.4. The Interim Director of Transformation will be responsible for delivery of the agreed workplan, and within the allotted timescale of six months. The Risk Owner has a high level of assurance that the workplan timescales and an appropriate OCO Governance and Target Operating Model will be delivered accordingly.
- 2.5. As the meeting alignment timetable has yet to be established the OCO Partnership Board has not considered this risk at this time.
  - **GB1819\_PR\_4.1 Inability to identify sufficient QIPP Programmes**
- 2.6. This risk has reduced from a level 16 to a level 8 risk and has reached its target level.

- 2.7. The impact score has reduced from a level 4 (likely) to a level 2 (minor). Whilst the CCG has only identified schemes to address 50% of the QIPP target additional mitigations have been identified to achieve financial balance.
- 2.8. In readiness for 2019/20, the CCG has prioritised a suite of schemes following information provided via Deloitte, and Project Initiation Documents (PIDs) have been signed off. External capacity has been sourced to implement the schemes however further capacity will be required to work up the projects during 2019/20 and any new schemes that are identified. On-going discussions are currently underway to address the capacity issues.
- 2.9. The meeting alignment timetable for GBAF risks was not able to be adjusted in time for this reporting period therefore the Finance, Contracting and Procurement Committee has not considered this risk at this time.

- **GB1819\_PR\_4.3 Short term financial targets (e.g. QIPP/PAHT/PCFT) during 2018/19**

- 2.10. This risk has reduced from a level 6 to a level 4 and has reached its target level.
- 2.11. The impact score has reduced from a level 3 (moderate) to a level 2 (Minor) as further secured mitigations have resulted in a very little risk of significant financial impact.
- 2.12. The draft financial plan has been produced, the council element of the plan is due to be signed off by the end of February 2019 and the CCG element is due to be finalised by March 2019.
- 2.13. On-going work continues in respect of progressing internal investment agreements with the LCA and OCO, Programme 1,3,5 and 6 are due to be signed off imminently.
- 2.14. The meeting alignment timetable for GBAF risks was not able to be adjusted in time for this reporting period therefore the Finance, Contracting and Procurement Committee has not considered this risk at this time.

- **GB1819\_PR\_4.4 Credibility/deliverability of the Transformation Fund/Locality Plan during 2018/19**

- 2.15. This risk has reduced from a level 25 to a level 20 risk, however it did not reach its target level of 10 as set September 2018.
- 2.16. The likelihood score has reduced from a level 5 (almost certain) to a level 4 (likely) as the outstanding internal investment agreements are scheduled to be signed off by the end of February 2019. The LCO have also provided some of the required detail, however there is still a considerable degree of risk and uncertainty with regard to the transformation plans.
- 2.17. The meeting alignment timetable for GBAF risks was not able to be adjusted in time for this reporting period therefore the Finance, Contracting and Procurement Committee has not considered this risk at this time.

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

3.1. The following ten (10) risks have remained static

- **GB1819\_PR\_1.1 Lack of effective engagement with communities**

- 3.2. This risk remains at its current level of 15, against a target level of 10 to be achieved by March 2019. Whilst some work has started, the mobilisation of programmes will only commence April 2019. A significant component of these programmes will be engagement with communities.
- 3.3. Whilst it has long been recognised that existing resource has limited robust engagement with communities, opportunities through the emerging OCO approach has enabled a joint Head of Communication and Engagement post to be established. Further work is on-going to agree the model and approach for future engagement programmes, this will be considered as part of the development of the joint communication and engagement function.
- 3.4. In respect of the action regarding the NHSE PPI action plan, this is nearing completion. A significant number of actions have been progressed and whilst there is still work to be completed the recent self-assessment prepared indicates a score of 13 (out of a total 15) which would improve the rating from amber to green. External validation of the self-assessment by NHS England will not be known until July 19.
- 3.5. As the meeting alignment timetable has yet to be established the OCO Partnership Board has not considered this risk at this time.

- **GB1819\_PR\_2.1 Service re-design processes, innovations and new approaches**

- 3.6. This risk remains at its current level of 12, against a target level of 8 to be achieved by March 2019. The risk remains unchanged as it will take some time to develop and embed new processes and approaches
- 3.7. Interim approach to engagement via the Patient Cabinet has been agreed pending development of a Joint Communication and Engagement Strategy, for the wider system which will be led by the new joint Head of Communications and Engagement once appointed
- 3.8. A case for change for the NES Clinical Services which was identified in October 2018 to oversee developments has been paused and is appending output of the strategic outline cases submitted to the Clinical Services Transformation Board
- 3.9. Work is on-going to determine the clinical and financial sustainability of the preferred 3 models of care. Once completed these will be submitted to the GM Joint Commissioning Board (JCB) for approval.
- 3.10. For the first time this risk will be presented to the Transformation Programme Board at the 13 March 2019 meeting for review and scrutiny. However, this meeting was cancelled therefore the Board has not considered this risk at this time.

- **GB1819\_PR\_3.1 CCG and Local Authority - Culture, Priorities and Drivers**

- 3.11. This risk remains at its current level of 15, against a target level of 10 to be achieved by March 2019. The risk remains unchanged as it is recognised that it will take some time to drive change and integration.
- 3.12. External facilitated commissioning workshops have been established which will support joint working with the LA to drive and develop the OCO implementation plan to address the cultures, priorities and drivers e.g. strategic commissioning opportunities.
- 3.13. On-going system wide OD sessions in place, staff workshops have commenced January 2019 which will support and shape OCO developments.
- 3.14. Exploring new ways of commissioning across the CCG and LA has commenced (e.g. improved clarification on specific areas where joint commissioning could have an impact has been considered).
- 3.15. As the meeting alignment timetable has yet to be established the OCO Partnership Board has not considered this risk at this time.

- **GB1819\_PR\_3.2 Assuring decisions are clinically based**

- 3.16. This risk remains at its current level of 15, against a target level of 10 to be achieved by March 2019 as the OCO governance and structures are still under development.
- 3.17. A new Interim Director of Transformation for Bury One Commissioning Organisation has been secured for 6 months, responsibilities will involve working on the Operating Model for Bury One Commissioning Organisation along with the associated governance, and developing a new way of integrated commissioning.
- 3.18. To take forward engagement and involvement of Primary Care, meetings have been arranged with the LMC and GP Federation at the end of February 2019.
- 3.19. As the meeting alignment timetable has yet to be established the OCO Partnership Board has not considered this risk at this time.

- **GB1819\_PR\_4.2 Transformation Plan - Delivery**

- 3.20. This risk remains at its current level of 20, against a target level of 15 to be achieved by March 2019.
- 3.21. The risk remains unchanged as whilst there is momentum and the transformation plans for Programme 1-6 have been signed off by the Transformation Board, the benefits and deflections will not be realised until 2019/20 as time to mobilise will be required.
- 3.22. As implementation will commence in April 2019 the LCA capacity has been expanded to support the development and implementation of the Transformation Programmes during 2019/20.
- 3.23. The local levels of ambition for the investment agreement for Programme 5 and 6 have been confirmed by the Transformation Board December 2018 and a refreshed investment agreement has been submitted to GM for review.

3.24. The meeting alignment timetable for GBAF risks was not able to be adjusted in time for this reporting period therefore the Finance, Contracting and Procurement Committee has not considered this risk at this time.

- **GB1819\_PR\_4.5 OCO Pooling opportunities during 2018/19**

3.25. As previously reported this risk has reached its target level of 8.

3.26. Although the OCO have agreed the pooling arrangements the final phase is to agree the appropriate processes for the four test bed pilots (MH&LD, Carers, SEND, CHC and packages of Care). This phase is on-going and continues to be worked through.

3.27. The meeting alignment timetable for GBAF risks was not able to be adjusted in time for this reporting period therefore the Finance, Contracting and Procurement Committee has not considered this risk at this time.

- **GB1819\_PR\_4.6 Locality Care Alliance (LCA) Development 2018/19**

3.28. This risk remains at its current level of 20, against a target level of 15 as although the LCA have agreed new hosting arrangements and a set of principles around single line management with the Northern Care Alliance (NCA), there has been no material progress made in particularly beyond the broad principles of risk and reward

3.29. Although this risk has been added as LCA development during 2018/19 this risk reflects the wider integration developments which are taking shape.

3.30. Actions to address the gaps include progressing wider OCO OD sessions which will ensure collaborative working evolves overtime.

3.31. As previously reported, form for the LCA from April 2019 will become the LCO. The mutually binding agreement will be signed to support this change.

3.32. For the first time this risk will be presented to the Transformation Programme Board at the 13 March 2019 meeting for review and scrutiny. However, this meeting was cancelled therefore the Board has not considered this risk at this time.

- **GB1819\_PR\_5.1 CQC report: Pennine Acute Hospitals Trust (PAHT)**

3.33. This risk has remained at its current level 10, against a target level of 5 to be achieved by March 2019.

3.34. Although improvements have been made, the CQC judgement from the Autumn 2019 reassessment remains as *'requires improvement overall'*. In light of this the risk will continue to be monitored through the GBAF during 2019/20 financial year. The target due date has now been adjusted from March 2019 to January 2020 in line with the next publication of the CQC re-inspection report.

3.35. To ensure PAHT are prepared for the follow-up CQC reassessment in October 2019 the risk owner has identified the following course of action:

- Monitor the targeted work plan on a monthly basis;
- Strengthen and scrutinise PAHT's key quality indicators outlined in their contact report; and

- Support the use of the stakeholder (HEE, NHSI, NHSE, CQC) Quality Risk Profiling Tool (QRP) to establish opinions and categorise risks to enhance the established walkaround programme.
- 3.36. In addition assurances continue to evolve through improved relationships with the Northern Care Alliance (NCA) through the Local Care Organisation (LCO) particularly Fairfield General Hospital (FGH).
- 3.37. The Quality and Performance Committee reviewed this risk at the 13 February 2019 meeting. The Committee is assured that the risk is being effectively managed, with added assurances from the CQC reassessment which targets improvements.
- **GB1819\_PR\_5.2 CQC report: Pennine Care Foundation Trust (PCFT)**
- 3.38. This risk has remained at its current level 10, against a target level of 5 to be achieved by March 2019.
- 3.39. Although no immediate concerns had been identified, the CQC judgement from the Autumn 2019 reassessment remains as *'requires improvement overall'*. In light of this the risk will continue to be monitored through the GBAF during 2019/20 financial year. The target due date has now been adjusted from March 2019 to February 2020 in line with the next publication of the CQC re-inspection report.
- 3.40. PCFT are currently developing an action plan to take forward the improvements required, and once approved this will be shared with the CCG for review and scrutiny.
- 3.41. Since implementing local systems and processes for delayed transfers of care (DTC) a statistical reduction in DTCs has been reported, although on balance in-year fluctuations can occur.
- 3.42. The Quality and Performance Committee reviewed this risk at the 13 February 2019 meeting. The Committee is assured that the risk is being effectively managed, with added assurances from the CQC reassessment which targets improvements.
- **GB1819\_PR\_6.1 Brexit - No deal scenario**
- 3.43. This risk was identified as a new risk January 2019 in response to the requirement outlined in the EU Exit Operational Readiness action plan and was presented to the Governing Body at the 23 January 2019 meeting. Since then this risk has undergone a second assessment, and remains a level 16 risk, against a target level of 4 to be achieved by March 2019.
- 3.44. The guidance, which is supported by a series of action cards outlines the requirements and should inform future discussions, including progress and assurance.
- 3.45. Work is being managed comprehensively at Department of Health and Social Care (DHSC) level and the CCG is clear on the actions that it needs to take. However, gaps are yet to be understood so that the CCG is clear on what it needs to progress without duplicating existing efforts, including additional resources to ensure the action plan is comprehensively progressed in line with the timescales.

- 3.46. Greater Manchester Shared Service Emergency Preparedness, Resilience and Response Team (EPRR) and the Local Health Resilience Partnership (LHRP) are supporting and progressing at a system level and the CCG is working collaboratively with Local, Regional and National Teams accordingly.
- 3.47. This risk will be reviewed and escalated as required through the reporting arrangement established.