

<b>Meeting: Governing Body</b>			
<b>Meeting Date</b>	23 March 2022	<b>Action</b>	Consider
<b>Item No.</b>	7.3	<b>Confidential</b>	No
<b>Title</b>	Governing Body Assurance Framework		
<b>Presented By</b>	Sam Evans, Executive Director of Finance		
<b>Author</b>	Lynne Byers, Interim Risk Manager		
<b>Clinical Lead</b>	-		

### Executive Summary

The CCG's Governing Body is accountable for ensuring that there are systems, policies and people in place to efficiently and effectively drive the delivery of its objectives, which includes ensuring that risks to these objectives are minimized, where possible.

The Governing Body Assurance Frameworks (GBAF) provides a repository of principal risks to delivery of strategic objectives. The Audit Committee has responsibility, on behalf of the Governing Body, for scrutiny of these risks, before submission for oversight by the Governing Body.

The Governing Body Assurance Framework (GBAF) is presented to advise on the current levels of risk and continued actions to enable the delivery of the Strategic Objectives for 2021/22. This report represents the position as at January 2022.

Since last presentation of the GBAF to the Audit Committee in December 2021 two new risks have been identified, a review of all 8 risks has been undertaken and the current risk profile of these is summarised as:

- 3 remain at a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives;
- 4 remain at a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives;
- 1 remains at a moderate level of current risk (level 4-6) to delivery of the CCG's Strategic Objectives;
- 1 risk has increased in score; and
- 2 risks have decreased in score.
  
- 2 new risks have been added to the GBAF:
  - GB2122\_PR\_3.2 Identification of Receiver of Close Down Returns / Work plans
  - GB2122\_PR\_3.3 Risk of staff losses and impact on CCG closedown work requirements

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

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

At the meeting on the 04 March 2022, the Audit Committee reviewed the detail of the GBAF, provided their opinion as detailed in the report at Appendix 3 and was generally satisfied that this was reflective of the current position. The Audit Committee recommended the GBAF to the Governing Body.

### Recommendations

It is recommended that the Governing Body:

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

### Links to CCG Strategic Objectives

<b>SO1</b> To support the Borough through a robust emergency response to the Covid-19 pandemic	<input checked="" type="checkbox"/>
<b>SO2</b> To deliver our role in the Bury 2030 local industrial strategy priorities and recovery	<input checked="" type="checkbox"/>
<b>SO3</b> To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision	<input checked="" type="checkbox"/>
<b>SO4</b> To secure financial sustainability through the delivery of the agreed budget strategy	<input checked="" type="checkbox"/>
Does this report seek to address any of the risks included on the Governing Body Assurance Framework? If yes, state which risk below:	Yes
All GBAF risks are articulated within the report	

### Implications

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

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

Governance and Reporting		
Meeting	Date	Outcome
Audit Committee	04/03/2022	Recommended the report to the Governing Body

## Governing Body Assurance Framework

### 1. Introduction

- 1.1. This paper is presented to provide an overview of the strategic risks which may threaten the achievement of the Clinical Commissioning Group's Strategic Objectives.
- 1.2. 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.
- 1.3. 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.
- 1.4. The Governing Body Assurance Framework (GBAF) formalises the process of securing assurance and scrutinising risks to the delivery of the CCG's strategic Objectives and is a key piece of evidence to support and demonstrate the effectiveness of the CCG's system of internal control.

### 2. Background

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

### 3. The Assurance Framework

- 3.1. Whilst there is no formally prescribed template for presenting the GBAF, there are specific areas that should be included to provide a comprehensive 'snapshot' to tell the story in relation to each risk identified, as detailed in *italics* below.
- 3.2. The risks that threaten the achievement of the organisations strategic objectives are defined as *principal risks*. The Governing Body should proactively manage potential principal risks, rather than reacting to the consequences of risk exposure.
- 3.3. These risks are assessed, and an *original* level of risk is determined on the basis of no controls being in place.
- 3.4. Mitigation actions to address the gaps and further control or assure against the risk

are identified. The target risk, which should be achieved once actions are complete and gaps reduced is also reflected.

- 3.5. The Governing Body needs to assure itself that the controls identified not only manage the principal risks but are also provided at the right level. These are captured as sources of assurance, and where possible, independent assurance sources should be used.
- 3.6. Having identified the current level of controls and assurance the current risk level is determined and the level of assurance that the risk is managed is also agreed. There are four levels of assurance: full, significant, limited and none.
- 3.7. Where assurance mechanisms show that controls are not sufficient to manage the principal risks, or the assurance is not at a sufficient level, then gaps in controls and gaps in assurance should be recorded.
- 3.8. Consideration is then given to the key controls that are in place to manage the principal risks. These risks and the controls should be documented and subject to scrutiny by independent reviewers where possible.
- 3.9. It is essential that the Governing Body receive an update on the effectiveness of the GBAF on a regular basis so that it has assurance that principal risks are being effectively controlled and managed. This can then be reflected in the AGS at the end of the year.
- 3.10. The Governing Body has delegated authority to the Audit Committee to advise on the establishment and maintenance of the effective system of integrated governance across the whole of the CCG's activity, which includes receiving, scrutinising, challenging and providing the necessary assurance to the Governing Body on the GBAF.
- 3.11. The GBAF remains a dynamic document and will be further updated to ensure the end-of-year position, to inform the Annual Governance Statement and Annual Report.

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

- 4.1. As outlined above the GBAF presented at the current position as reported as at January 2022.
- 4.2. Since last presentation of the GBAF to the Audit Committee in December 2021 two new risks have been identified, a review of all 8 risks have been undertaken and the current risk profile of these is summarised as:
  - 3 remain at a significant level of current risk (level 15 or above) to delivery of the CCG's Strategic Objectives;
  - 4 remain at a high level of current risk (level 8-12) to delivery of the CCG's Strategic Objectives;
  - 1 remains at a moderate level of current risk (level 4-6) to delivery of the CCG's Strategic Objectives;

- 1 risk has increased in score; and
- 2 risks have decreased in score.
- 2 new risks have been added to the GBAF:
  - GB2122\_PR\_3.2 Identification of Receiver of Close Down Returns / Work plans
  - GB2122\_PR\_3.3 Risk of staff losses and impact on CCG closedown work requirements

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

**Risks that have increased in score:**

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

**Risks that have decreased in score:**

- GB2122\_PR\_4.1 Risk of in-year deficit (Level 5)
- GB2122\_PR\_4.2 Risk that the locality doesn't receive sufficient resources with new architecture to meet population needs (Level 20)

**Risks that have remained static:**

- GB2122\_PR\_1.1 COVID-19 Increased demand on services (Level 20)
- GB2122\_PR\_2.2 Assuring decisions are influenced by all staff including clinicians (Level 10)
- GB2122\_PR\_3.1 Urgent Care System – Re-design 2021/22 (Level 12)
- GB2122\_PR\_3.2 Identification of Receiver of Close Down Returns / Work plans (Level 12)
- GB2122\_PR\_3.3 Risk of staff losses and impact on CCG closedown work requirements (Level 9)

**Risks recommended for closure:**

No risks have been recommended for closure.

**New risks identified:**

- GB2122\_PR\_3.2 Identification of Receiver of Close Down Returns / Work plans (Level 12)
- GB2122\_PR\_3.3 Risk of staff losses and impact on CCG closedown work requirements (Level 9)

## 5. Recommendations

- 5.1. The Governing Body is asked to:
- Review the Governing Body Assurance Framework presented; and
  - Consider any new principal risks that should be included on the GBAF.

**Lynne Byers**  
Interim Risk Manager  
February 2022

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

Strategic Objective 1 – To support the Borough through a robust emergency response to the Covid-19 pandemic													
Reference	Risk Description	Owner	Q4	Trend	Jul	Trend	Oct	Trend	Jan	Trend	Mar 22	Trend	Target risk
GB2122_PR_1.1	Because of the nature, spread and impact of COVID-19 illness, there is a risk that the health and care organisation's services struggle to cope with increased demand and potential reductions in their own capacity, impacting upon the treatment, care and support provided to local people	Geoff Little	25		25		20		20				5

Strategic Objective 2 – To deliver our role in the Bury 2030 local industrial strategy priorities and recovery													
Reference	Risk Description	Owner	Q4	Trend	Jul	Trend	Oct	Trend	Jan	Trend	Mar 22	Trend	Target risk
GB2122_PR_2.1	Because of the impending changes which will see the disestablishment of the CCG (2021/2022) in favour of an Integrated care System (ICS), there is a risk that current relationships and progress to deliver the local place-based agenda and outcomes is overshadowed, resulting in adverse impact on delivery of outcomes at a locality/borough level	Will Blandamer	12		16		12		16				8
GB2122_PR_2.2	Because of the commitment to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of staff and clinicians in shaping the One Commissioning Organisation (OCO) and its decision making	Will Blandamer	10		10		10		10				10

Strategic Objective 3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision													
Reference	Risk Description	Owner	Q4	Trend	Jul	Trend	Oct	Trend	Jan	Trend	Mar 22	Trend	Target risk
GB2122_PR_3.1	Because of long standing pressures on urgent care there is a risk that If the urgent care system re-design (which also takes in to account an element of programme related to GM urgent care by appointment strategy) is not implemented in a timely manner, then the improvements across the wider economy will not materialise, impacting upon patient experience and CCG reputation	Will Blandamer	12		12		12		12				12
GB2122_PR_3.2	Because CCG's are acting as exiting organisations and current proposals mean that each Integrated Care System (ICS) would be led by an NHS Integrated Care Board (ICB), there is a risk that In the absence of direction from a designate receiver Director for the ICB, the CCG will need to make its own judgements with regard to collation and production of close down returns and preparation work, resulting in additional, and urgent time consuming work within short timescales to collate the information required by the ICB receiver organisation once established	Clare Postlethwaite							12				8
GB2122_PR_3.3	Because the CCG is transitioning to an ICS there is a possibility that key CCG staff with be lost in the run up to the CCG close down date of 31/3/2022. There is a risk that the key organisational close down deliverables will not be achieved and the inability to replace lost staffing resource reduced, resulting in the delivery of and/accuracy of the work completed by virtue of a reduced workforce who are already under significant pressure to deliver the close down workplan	Clare Postlethwaite							9				6

Strategic Objective 4 - To secure financial sustainability through the delivery of the agreed budget strategy													
Reference	Risk Description	Owner	Q4	Trend	Jul	Trend	Oct	Trend	Jan	Trend	Mar 22	Trend	Target risk
GB2122_PR_4.1	Because of the increasing demand for services, the impact of Covid -19, and the national finance regime which dictates values to be paid to NHS providers and provides allocations at a GM system level along with the impact of prior periods unachieved recurrent savings targets, there is a risk that the CCG will be in deficit for the current financial year resulting in a failure of Statutory Duties	Sam Evans			15	New	10		5				5
GB2122_PR_4.2	Because of the uncertainty of how funds will flow to localities and the decision making to determine allocation of scarce resources when there is a known financial gap in NHS	Sam Evans			25	New	25		20				15

	funding to the GM system there is a risk that the Bury locality will not receive its fair share or what it needs to address health inequalities and the populations needs as a consequence of previous under funding											
GB2122_PR_4.3	Because of the increasing financial pressures occurring concurrently in both the CCG and the Council, alongside: the impact of segregation at a senior level in the joint financial management structure; the impending departure of the Joint CFO (potentially leaving a significant gap on the CCG side of the OCO); weaknesses in the joint governance arrangements; and a perception of a diminution of CCG/clinical voice in decision making; there is a risk that the individual OCO partners take actions that are in the narrow interests of their own organisation to the detriment of the wider system	Geoff Little	10	↓	10	▬	5	↓	Closed October 2021			5

Key		
	Increased	
	Decreased	
		Static

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

Strategic Objective 1 - To support the Borough through a robust emergency response to the Covid-19 pandemic																		
Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk	
1.1 - Because of the nature, spread and impact of COVID-19 illness, there is a risk that the health and care organisation's services struggle to cope with increased demand and potential reductions in their own capacity, impacting upon the treatment, care and support provided to local people.	Geoff Little	5	5	25	<ol style="list-style-type: none"> <li>1. Emergency Response Governance arrangements including Borough-wide GOLD response working with partners and Local internal GOLD response</li> <li>2. Incident Management Team established for OCO</li> <li>3. Incident management Team established for system healthcare</li> <li>4. Business Continuity Planning including redeployment of resources to support front-line delivery</li> <li>5. Remote working technology to reduce risk or transmission, support social distancing and enable continuation of key functions</li> <li>6. Revised legislation and guidance</li> <li>7. COVID Management Service established</li> <li>8. NHS Phase 3 planning guidance</li> <li>9. Routine review of current COVID status with regard to a second wave</li> <li>10. NCA undertaking a phased clinical prioritisation of existing waiting lists</li> <li>11. Commencement of a further scenario test system response including Out of Hours testing</li> <li>12. COVID vaccination Programme rolled out across the locality (health and care staff initially)</li> <li>13. Standing up System Working Group to review the elective care backlog focuses on clinical priorities and health inequalities</li> </ol>	<ol style="list-style-type: none"> <li>1. Direction issued nationally for local applications across both health and care</li> <li>2. Silver Health and Care Covid Group</li> <li>3. Weekly Acute Recovery &amp; Restoration Group (ARRG) meetings between NCA, CCG and other locality colleagues</li> <li>4. Daily system pressures meeting introduced from mid October 2020 (now operating as a system bronze meeting)</li> <li>5. Urgent Care Improvement Board overseeing implementation of the winter planning arrangements</li> <li>6. Weekly Health and Care Gold Meeting (as required)</li> <li>7. System working group</li> </ol>	17-Jan-2022	5	4	20	Limited	<p><b>Gap(s) in Controls:</b></p> <ol style="list-style-type: none"> <li>1. Risk cannot be wholly controlled due to unknown nature of the virus</li> <li>2. Data limited both nationally and locally at this time to fully assess potential impact on demand</li> </ol> <p><b>Gap(s) in assurances:</b></p>	<p>Regular cascade and review of national intelligence and guidance to inform priorities and actions</p> <p>Continue to receive and implement operational guidance subject to pandemic revisions</p>	100%	90%	5	1	5

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

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
2.1 - Because of the impending changes which will see the disestablishment of the CCG (2021/2022) in favour of an Integrated care System (ICS). There is a risk that current relationships and progress to deliver the local place-based agenda and outcomes is overshadowed. Resulting in adverse impact on delivery of outcomes at a locality/borough level	Will Blandamer	4	4	16	1. Local governance structures reflect the proposal 2. Shadow operating of revised governance from October 2021 <b>submitted to GM Team for peer review January 22</b> 3. Approved corporate plan which sets priorities for the borough 4. Bury 2030 strategy 5. Generic Communications and Engagement Strategy which supports the public message 6. Revised Locality Plan approved by SCB July 2021 7. <b>CCG close down strategy in place (enabler)</b>	1. Governing Body oversight 2. Strategic Commissioning Board oversight 3. Engagement in Greater Manchester Governance arrangements 4. Bury Locality Board	17-Jan-2022	4	4	16	Limited	<b>Gaps in controls:</b> 1. Awaiting further clarity on the GM ICS model  <b>Gaps in current assurances:</b>	Shadow governance arrangements to be designed  Bespoke communication approach to address this agenda  Continue to work with GM partners to ensure the GM ICS operating model creates the conditions for the locality to continue its integration and transformation journey and not to move backwards from our current integrated arrangements	100%  80%  70%	4	2	8
2.2 - Because of the commitment to work as one commissioner there is a risk that the new governance structure fails to recognise the importance of staff and clinicians in shaping the One Commissioning Organisation (OCO) and its decision making	Will Blandamer	5	4	20	1. Clinical Director and Executive Director involvement in all key decision making Committees/ Groups / Boards 2. Regular meetings across Health and Social Care to shape the working arrangements for integrated commissioning 3. Staff engagement events ongoing 4. External capacity secured to support OCO transformation which has development of a comprehensive OD programme as a priority area which will ensure alignment across CCG and Council offer. 5. OCO Senior Team restructure now complete	1. Reports to GB on progress and development 2. GB and Clinical Cabinet sessions - stakeholder engagement 3. Joint Executive Team meetings 4. Primary Care Working Together meetings 5. Monthly EMT meetings with Clinical Directors 6. Bury System Board 7. Strategic Commissioning Board 8. Executive Director in Post (July 2020) 9. Clinical and Professional Senate 10. Weekly Primary Care Webinar 11. GP Federation monthly review meetings 12. LMC monthly review meetings	17-Jan-2022	5	2	10	High	<b>Gap(s) in controls:</b>  <b>Gap(s) in assurances:</b>	Development of a clinical and professional senate	80%	5	2	10

## Strategic Objective 3 - To deliver improved outcomes through a programme of transformation to establish the capabilities required to deliver the 2030 vision

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
3.1 - Because of long standing pressures on urgent care there is a risk that If the urgent care system re-design (which also takes in to account an element of programme related to GM urgent care by appointment strategy) is not implemented in a timely manner, then the improvements across the wider economy will not materialise, impacting upon patient experience and CCG reputation	Will Blandamer	4	5	20	1. Review of the system wide urgent care facilities 2. Implementation of a suite of initiatives under Transformation Programme 5 ( urgent care treatment centre, Nwas Green Car (approved), same day emergency/ambulatory care established) 3. Implementation of the redesign of intermediate care including the development of integrated neighbourhood teams, rapid response to minimise demand in the system 4. Engagement with GM Urgent and Emergency Care Board to explore system wide solutions to address urgent care demand and capacity 5. Working closely with HMR CCG to appropriately deflect A&E hospital attendances and smooth discharge pathways 6. Delivery of Phase 1 completed 7. Reframing of urgent care phase 2 in the light of delivery of phase 1 and lessons learnt through COVID 8. Consolidation of single improvement and transformation strategy	1. Bury System Board 2. Governing Body oversight of performance reports 3. Detailed scrutiny by the Recovery and Transformation Board 4. Primary Care Commissioning Committee oversee the development of the Primary Care Networks and alignment with Neighbourhoods 5. Oversight by the Strategic Commissioning Board (SCB) 6. Clinical/Cabinet/Professional Congress	17-Jan-2022	4	3	12	High	<b>Gap(s) in controls:</b> 1. Financial sustainability of the Urgent Care Treatment Centre to be determined as part of the urgent care review 2. Understanding the impact of covid  <b>Gap(s) in assurances:</b>	System Board and Integrated Delivery Collaborative to ensure the development of Primary Care Networks is aligned with the Neighbourhood Teams	90%	4	3	12
3.2 - Because CCG's are acting as exiting organisations and current proposals mean that each Integrated Care System (ICS) would be led by an NHS	Clare Postlethwaite	4	4	16	1. CCG's across Greater Manchester are attempting to share working and work together in an attempt to achieve a consistent approach as directed by the nationally issued 'close down due diligence checklist'	1. Audit Committee and Governing Body oversight 2. Finance, Contract and Procurement Committee 3. Information Governance Steering Group 4. CCG close down working group	27-Jan-2022	4	3	12	Limited	<b>Gaps in current controls:</b> 1. Guidance and agreed way forward at Greater Manchester level is awaited  <b>Gaps in current assurances:</b>	Guidance sought from Greater Manchester closedown group  Working with other CCG's to achieve a consistent approach	45%  75%	4	2	8

<p>Integrated Care Board (ICB), there is a risk that in the absence of direction from a designate receiver Director for the ICB, the CCG will need to make its own judgements with regard to collation and production of close down returns and preparation work, resulting in additional, and urgent time consuming work within short timescales to collate the information required by the ICB receiver organisation once established.</p>																	
<p>3.3 - Because the CCG is transitioning to an ICS there is a possibility that key CCG staff will be lost in the run up to the CCG close down date of 31/3/2022. There is a risk that the key organisational close down deliverables will not be achieved and the inability to replace lost staffing resource reduced, resulting in the delivery of and/accuracy of the work completed by</p>	<p>Clare Postlethwaite</p>	<p>4</p>	<p>4</p>	<p>16</p>	<p>1.Documentation and audit trail being maintained in all key workstream areas to allow cover if key member of staff leaves 2. Some external consultants have been appointed at Greater Manchester level that may be able to provide support in times of need for each CCG</p>	<p>1. Audit Committee and Governing Body oversight 2. Finance, Contract and Procurement Committee 3. Information Governance Steering Group 4. CCG close down working group</p>	<p>27-Jan-2022</p>	<p>3</p>	<p>3</p>	<p>9</p>	<p>Significant</p>	<p><u>Gaps in current controls:</u> 1. Not possible for CCG to directly influence individual decisions of key staff to move to alternative roles and leave the CCG  <u>Gaps in current assurances:</u></p>	<p>Confirm approach with non-executives</p>	<p>100%</p>	<p>3</p>	<p>2</p>	<p>6</p>



## Strategic Objective 4 - To secure financial sustainability through the delivery of the agreed budget strategy

Risk Description	Risk Owner	C	L	Score	Controls	Assurance	Risk Review Date	C	L	Risk	Level of Assurance	Gaps in Controls/Assurance	Action	Progress	C	L	Risk
4.1 - Because of the increasing demand for services, the impact of Covid -19, and the national finance regime which dictates values to be paid to NHS providers and provides allocations at a GM system level along with the impact of prior periods unachieved recurrent savings targets, there is a risk that the CCG will be in deficit for the current financial year resulting in a failure of Statutory Duties	Sam Evans	5	3	15	1. Management and oversight of system savings through the Corporate delivery plan 2. Financial Framework Redesign and GM wide planning through fortnightly Finance Advisory Committee (FAC) GM meetings and other GM Groups <b>3. CCG financial positions are monitored by NHSE at a regional level to ensure break even positions are achieved</b>	1. Fortnightly meeting of the Bury Locality Strategic Finance Group (MFT now in attendance) 2. Finance, Contracting and Procurement Committee (FC&P) 3. Governing Body 4. Executive Team 5. Strategic Commissioning Board 6. Fortnightly GM CFO meetings 7. Monthly NES CFO/DFO meetings 8. Weekly Council / CCG joint Finance Group meetings <b>9. NHSE monitoring</b>	31-Jan-2022	5	1	5	Significant	<b>Gap(s) in controls:</b> 1. Health and Care Sustainability and Recovery programmes underdeveloped  <b>Gap(s) in assurances:</b>	Report system savings programme to the Integrated delivery board and get system ownership and accountability for delivery of savings across partners	100%	5	1	5
4.2 - Because of the uncertainty of how funds will flow to localities and the decision making to determine allocation of scarce resources when there is a known financial gap in NHS funding to the GM system there is a risk that the Bury locality will not receive its fair share or what it needs to address health inequalities and the populations needs as a consequence of previous under funding	Sam Evans	5	5	25	<b>1. Allocation tool to be published by NHSE &amp; 3 month pause to start of ICS will mean CCG allocations or something very similar to continue for at least this period</b> <b>2. 2021/22 H2 CCG allocation including GM support confirmed</b> <b>3. 2022/23 ICS allocations to be based upon 2021/22 H2 envelopes so total incomes to GM starts from what was received in 2021/22</b> 4. Review of transformation programmes to determine most effective pathways in terms of cost and outcomes 5. Working jointly with the Northern Care Alliance (NCA) on joint system savings programmes 6. Management and oversight of system	1. Fortnightly meeting of the Bury Locality Strategic Finance Group. (MFT to be in attendance) 2. Finance, Contracting and Procurement Committee (FC&P) 3. Governing Body 4. Executive Team 5. Strategic Commissioning Board 6. Fortnightly GM CFO meetings 7. Monthly NES CFO/DFO meetings 8. Fortnightly Finance Advisory Committee GM meetings(FAC)	31-Jan-2022	5	4	20	Limited	<b>Gap(s) in controls:</b> <b>1. Draft finance and contracting guidance released for 2022/23 but this may change due to delay to ICS start</b> 2. Detailed GM ICS financial guidance and funds flows not <b>yet clear though certain decisions have been made</b> 3. Health and Care Sustainability and Recovery programmes under developed 4. Financial framework and mechanisms for the GM ICS are unknown  <b>Gap(s) in assurances:</b> <b>1. Individual locality role in GM assurance processes is unclear</b>	Continued raising of awareness in locality and GM meetings of the resources required for the Bury population, the health inequalities that Bury residents face and the impacts of previous underfunding which require investment to level up Bury services	50%	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
					savings through the locality strategic finance group and integrated delivery board 7. Financial Framework Redesign and GM wide planning through fortnightly Finance Advisory Committee (FAC) GM meetings and other GM Groups 8. All CCG Execs and Leader of the Council are well versed on the issues and can raise at various GM meetings that they attend												

## Appendix 3: Governing Body Assurance Framework

### 1.0 Risks that have increased in score

- 1.1. During the reporting period one (1) risk has increased in score.
- **GB2122\_PR\_2.1 Creation of GM ICS (Integrated Care System)**
- 1.2. The January 2022 risk assessment saw an increase in the level of risk from a level 12 to a level 16 against a target level of 8 to be achieved by March 2022.
- 1.3. The likelihood of 3 (possible) has increased to 4 (likely) as although local arrangements have developed further, the national move to put Integrated Care Systems on a statutory footing and close Clinical Commissioning Groups has been delayed by a further three months from April 2022 to July 2022 which has prolonged staff uncertainty and governance arrangements across the system. To address the impact of this delay work is progressing within all CCGs to collate information and conduct the necessary reviews as directed by the nationally issued 'close down due diligence checklist'.
- 1.4. In addition, the shadow operating of revised governance was submitted to the GM Team for peer review in January 2022.
- 1.5. The CCG have continued to engage in the development of the GM ICS operating model through an initial locality stocktake review followed by the submission of the Locality Operating Model to the GM ICS in January 2022.
- 1.6. Communication remains embedded to ensure progress updates are cascaded to staff on a regular basis through scheduled staff engagement meetings including GM briefings.
- 1.7. The Strategic Commissioning Board considered this risk at the 07 February 2022 meeting and noted the increase was due to the uncertainty regarding the transition however was assured that the risk is being managed effectively through ongoing engagement with staff.
- 1.8. The Audit Committee at its meeting on the 04 March 2022 considered and accepted the increase to the risk score from a level 12 to a level 16.

### 2.0 Risks that have decreased in score

- 2.1. During the reporting period two (2) risks have decreased in score.
- **GB2122\_PR\_4.1 Risk of in-year deficit**
- 2.2. The third assessment of this risk saw this risk reduce further from its target level of 10 to a level 5 and although at a revised target level will remain on the GBAF for oversight to ensure on-going management for the remainder of 2021/22 financial year.
- 2.3. The likelihood of 2 (unlikely) has been reduced to 1 (rare) as the CCG is forecasting break even for the second half of 2021/22 and at month 9 with acute contracts on block and other expenditure largely remaining steady there is very little risk to achieving this forecast position. This is in common with the position being reported across the GM healthcare system.

- 2.4. Furthermore, QIPP is also forecast to be delivered in H2 and therefore for the whole of 2021/22 financial year.
- 2.5. As an additional assurance the financial position of the CCG is monitored by NHSE at a regional level this is to ensure that a break even position is achieved.
- 2.6. The Finance, Contracting and Procurement Committee considered this risk at the 17 February 2022 meeting and was assured that the risk is being managed effectively.
- **GB2122\_PR\_4.2 Risk that the locality doesn't receive sufficient resources within new architecture to meet population needs**
- 2.7. The January 2022 risk review saw a reduction in the level of risk from a level 25 to a level 20, against a target level of 15 by March 2022.
- 2.8. The likelihood of 5 (almost certain) was reduced to 4 (likely) as indicative GM ICS allocations have been received for 2022/23, which show growth in Programme Allocations and the draft guidance also states that the 2022/23 allocations will be based upon H2 2021/22 allocations, which gives a level of assurance.
- 2.9. The pause in the implementation of the ICS to 01 July 2022, means that allocations will continue to flow to localities in the first quarter of 2022/23 and therefore any significant reduction to the locality would be for a maximum of 9 months in 2022/23.
- 2.10. The GM finance system is currently working on various scenarios around funding flows and developing a financial strategy for the GM system however until this is worked through there is limited assurance that Bury CCG will receive financial resources that are adequate to meet its current needs.
- 2.11. Work has taken place in localities to map financial values across different parts of the future landscape. The Northern Care Alliance (NCA) and its localities are engaged as a sub system and are working closely on what this may look like for them in the future, with an understanding of the differences in localities approach within the NCA understood.
- 2.12. The Finance, Contracting and Procurement Committee considered this risk at the 17 February 2022 meeting and was assured that the risk is being managed effectively.

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

- 3.1. During the reporting period five (5) risks have remained static.
- **GB2122\_PR\_1.1 COVID-19 Increased demand on services**
- 3.2. This risk remains at its current level of 20 against a target level of 5 to be achieved by March 2022.
- 3.3. The Quality and Performance Committee were advised that although this risk has remained unchanged it is to be noted that retrospectively this risk would have increased to a level 25 at the end of December 2021 and at the beginning of January 2022 as the system has been under extreme pressure due to the covid crisis, however, as of the 17th January 2022 the pressure relating to the Omicron virus has reduced rapidly and therefore the risk remains at its current level.
- 3.4. The 2022/23 NHS priorities and operational planning guidance was published on the

24 December 2021 and has been cascaded across the organisation for implementation.

- 3.5. The guidance identified that in light of the delayed implementation of ICS from 01 April 2022 to 01 July 2022 current statutory arrangements will remain in place until July 2022, with the first quarter of 2022/23 serving as a continued preparatory period.
- 3.6. The planning timetable will be extended to the end of April 2022, with draft plans being submitted by mid-March 2022. The deadline date for the submission of final plans remains under review, with further guidance setting out requirements yet to be published.
- 3.7. The Quality and Performance Committee considered this risk at the 09 February 2022 meeting and was assured that the risk is being managed effectively.
  - **GB2122\_PR\_2.2 Assuring decisions are influenced by all staff including clinicians**
- 3.8. The January 2022 risk assessment saw no change to the level of risk and remains at target level.
- 3.9. Management and clinical leadership capacity associated with transformation programmes have been very limited due to responding to the current COVID crisis waves, however the CCG continue to develop the clinical and professional senate whilst working collaboratively with the GP Federation and LMC.
- 3.10. The Strategic Commissioning Board considered this risk at the 07 February 2022 meeting and was assured that the risk is being managed effectively.
  - **GB2122\_PR\_3.1 Urgent Care – Re-design 2021/22**
- 3.11. The January 2022 risk assessment saw no change to the level of risk and remains at target level.
- 3.12. The single improvement and transformation strategy remains robust with aspects of the strategy being fast tracked in response to the December 2021 COVID crisis.
- 3.13. Work is progressing to finalise and develop the GP collaborative working model to ensure Primary Care Networks are aligned with the neighbourhood teams.
- 3.14. The Strategic Commissioning Board considered this risk at the 07 February 2022 meeting and was assured that the risk is being managed effectively.
  - **GB2122\_PR\_3.2 Identification of receiver of close down returns / work plans**
- 3.15. This new risk, although identified on the 13 December 2021, was added to the GBAF risk register on the 20 December 2021.
- 3.16. This risk has materialised due to the absence of direction from a designate receiver Director of the Integrated Care Board (ICB) and was raised by all GM CCGs as a major risk via the Greater Manchester (GM) close down leads group.
- 3.17. This risk was assessed as a level 12 (4x3) against a target level of 8 (4x2) to be achieved by June 2022 (rebased from March 2022).

- 3.18. The second assessment in January 2022 saw no change to the level of risk as appointments are yet to be made at an ICB level. The target date was also rebased as the timescale for close down has been delayed until 01 July 2022. A detailed update has been provided to the Joint Executive Team and CCG Governing Body to outline the risks associated with the three month delay including mitigations which are being applied locally.
- 3.19. To ensure a collaborative approach CCG's across Greater Manchester are endeavoring to share working and work together in an attempt to achieve a consistent approach as directed by the nationally issued 'close down due diligence checklist'.
- 3.20. Significant work is progressing within all CCGs to collate the information and conduct the necessary reviews. Regular meetings are in place with other CCG leads to ensure where possible GM requests and returns are standardised.
- 3.21. Furthermore, detailed discussions at a GM level are underway to ensure a collaborative approach is undertaken until the ICB team is in place. A follow up meeting with the GM transition lead is yet to be arranged with the date unknown at this time.
- 3.22. The Finance, Contracting and Procurement Committee considered this risk at the 17 February 2022 meeting and was assured that the risk is being managed effectively.
- **GB2122\_PR\_3.3 Risk of staff losses and impact on CCG closedown work requirements**
- 3.23. This new risk, although identified on the 13 December 2021, was added to the GBAF risk register on the 20 December 2021.
- 3.24. The impact of this risk is the uncertainty of key deliverables due to the potential loss of key staff due to the changing landscape and is therefore difficult to predict leavers and mitigate or manage this risk internally. Some external consultants have been appointed at Greater Manchester level that may be able to provide support in times of need for each CCG.
- 3.25. This risk was assessed as a level 9 (3x3) against a target level of 6 (3x2) to be achieved by March 2022 (rebased from January 2022).
- 3.26. The second assessment in January 2022 saw no change to the level of risk as although there is a three month delay that may create additional uncertainty for staff, there have been no indications from teams that this has affected staff retention therefore this risk remains unchanged at this time.
- 3.27. Approaches have been made to non-executive staff to confirm availability to be retained as required during the three month extended period and detailed consultations to reassure staff regarding implications of the three month delay and outline of the job matching process which is currently being progressed.
- 3.28. The Finance, Contracting and Procurement Committee considered this risk at the 17 February 2022 meeting and were advised further that any issues in relation to the ICS work will be flagged at a GM level and in addition MIAA have undertaken an audit review in respect of ICS progress of which outcomes are awaited. The

Finance, Contracting and Procurement Committee was assured that the risk is being managed effectively.

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

4.1. During the reporting period no risks have been recommended for closure.

#### **5.0 New risks Identified**

5.1. During the reporting period two (2) new risks have been identified.

- **GB2122\_PR\_3.2 Identification of receiver of close down returns / work plans**

5.2. See detail at 3.11 to 3.18.

- **GB2122\_PR\_3.3 Risk of staff losses and impact on CCG closedown work requirements**

5.3. See detail at 3.19 to 3.24.

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

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