

<b>Meeting: Strategic Commissioning Board</b>			
<b>Meeting Date</b>	06 September 2021	<b>Action</b>	Consider
<b>Item No</b>	16	<b>Confidential / Freedom of Information Status</b>	No
<b>Title</b>	Strategic Commissioning Board Risk Register		
<b>Presented By</b>	Sam Evans, Executive Director of Finance		
<b>Author</b>	Lynne Byers, Interim Risk Manager		
<b>Clinical Lead</b>	-		
<b>Council Lead</b>	-		

<b>Executive Summary</b>
<p>Risk Management is the process of identifying, analysing, evaluating, treating, monitoring and communicating <b>risks</b> associated with any activity, function or process in a way that will enable organisations to deliver against or manage challenges to its agreed objectives.</p> <p>This report provides an update in respect of the five strategic risks which are captured on the CCG's Governing Body Assurance Framework (GBAF) which have been assigned to the Strategic Commissioning Board for oversight:</p> <ul style="list-style-type: none"> <li>• Lack of effective engagement with communities (level 15);</li> <li>• Creation of Integrated Care System (year-end 2021 level 12, July 2021 level 16);</li> <li>• Urgent Care System - Re-design (level 12, at target level);</li> <li>• Lack of effective working with key partners which influence the wider determinants of health (level 10, at target level); and</li> <li>• Assuring decisions are influenced by all staff including clinicians (level 10, at target level).</li> </ul> <p>The year- end reviews undertaken in April 2021 have been completed against all 5 risks and the Strategic Commissioning Board is advised that there was a reduction in the level of risk in respect to the Urgent Care Re-design risk.</p> <p>Risks which have reached their target level will require ongoing management to ensure the risk does not escalate due to future uncertainties.</p> <p>Further reviews in July 2021 have been completed against 4 of the 5 risks and the Strategic Commissioning Board is advised that there was an increase in the level of risk in respect of the Creation of GM ICS (Integrated Care System), all other risk levels remain unchanged.</p> <p>Further ratification concluded that two risks are no longer classified as principle risks and will transfer across to the CCG's operational risk register in due course and managed in accordance with the CCG's Risk Management Strategy.</p> <ul style="list-style-type: none"> <li>• Lack of effective engagement with communities (level 15)</li> </ul>

- Lack of effective working with key partners which influence the wider determinants of health (level 10, at target level);

### Recommendations

It is recommended that the Strategic Commissioning Board:

- Receive the Strategic Commissioning Board Risk Registers;
- Review the information presented; and
- Provide a Strategic Commissioning Board opinion on the risks reported and any reflections for future development.

Links to Strategic Objectives/Corporate Plan	Yes
Does this report seek to address any of the risks included on the Governing Body / Council Assurance Framework? If yes, state which risk below:	Yes
GB2022_PR_3.1 Lack of effective engagement with communities GB2022_PR_2.2 Creation of GM ICS (Integrated Care System) GB2022_PR_3.3 Urgent Care System - Re-design 2021/22 GB2022_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health GB2022_PR_2.3 Assuring decisions are influenced by all staff including clinicians	

Implications						
Are there any quality, safeguarding or patient experience implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
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 type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any legal implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Are there any health and safety issues?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>

Implications						
How do proposals align with Health & Wellbeing Strategy?	The report reflects risks identified to delivery of the Health & well-Being Strategy					
How do proposals align with Locality Plan?	The report reflects risks identified to delivery of the Locality Plan					
How do proposals align with the Commissioning Strategy?	The report reflects risks identified to delivery of the Commissioning Strategy					
Are there any Public, Patient and Service User Implications?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
How do the proposals help to reduce health inequalities?	Through the effective management of risk associated with delivery programmes identified to support wider commissioning and delivery agenda, improved outcomes will be delivered.					
Is there any scrutiny interest?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
What are the Information Governance/ Access to Information implications?	None					
Is an Equality, Privacy or Quality Impact Assessment required?	Yes	<input type="checkbox"/>	No	<input checked="" type="checkbox"/>	N/A	<input type="checkbox"/>
If yes, has an Equality, Privacy or Quality Impact Assessment been completed?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
If yes, please give details below:						
If no, please detail below the reason for not completing an Equality, Privacy or Quality Impact Assessment:						
This is a report on risks associated with delivery of work programmes and does not required an EA.						
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 /Council/ Strategic Commissioning Board's Risk Register?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	N/A	<input checked="" type="checkbox"/>
Additional details						

Governance and Reporting		
Meeting	Date	Outcome

## Strategic Commissioning Board Risk Register Report

### 1. Introduction

- 1.1. The Strategic Commissioning Board Risk Register reflects those risks which have been identified as potential to impact on delivery of the agreed strategic objectives and are assigned to the Strategic Commissioning Board, as a sub-committee of the Governing Body for oversight.
- 1.2. The report presents the risk position and status as at **31 March 2021 and 12 July 2021**.

### 2. Background

- 2.1. Risk Management is the process of identifying, analysing, evaluating, treating, monitoring and communicating **risks** associated with any activity, function or process in a way that will enable organisations to deliver against or manage challenges to its agreed objectives.
- 2.2. Once identified, each risk should be assigned a risk owner, who is responsible for ensuring day-to-day management and undertaking regular re-assessment of the risk level, taking into account changes in context, controls and assurance.
- 2.3. Good practice also recommends assigning risks to Boards, Committees and Sub-Committees to provide a further level of objective and collective oversight, review and assurance. The CCG supports this level of good practice as set out in the CCG's approved Risk Management Strategy.
- 2.4. The report includes a summary risk register (Appendix A) and a more detailed reflection of each risk (Appendix B) along with a narrative of the key changes in the reporting period relevant to each risk.
- 2.5. The Strategic Commissioning Board should consider the updates provided in the context of the wider agenda, raising any additional points for consideration.

### 3. Strategic Commissioning Board Risk Register

- 3.1 There are currently five risks included on the CCG's Strategic Commissioning Board Risk Register.
- 3.2 The following narrative reflects the current position of each risk following review by the risk owner and risk manager.

#### **Risks with no reported change**

- 3.3 During the year-end reporting period (April 2021) 5 risks remained unchanged, however during the assessments completed in July 2021, 1 risk has increased in score, with the remaining 4 being unchanged.

- **GB2022\_PR\_3.1 Lack of effective engagement with communities**

- 3.4 The year-end risk review resulted in no change to the level of risk and the risk remains at its current level of 15 and did not reach its target level of 10 by the end of March 2021.
- 3.5 Although good progress has been made there remains a level of uncertainty surrounding the new Integrated Care System (ICS) and although we are moving quickly in terms of the disestablishment of CCGs and new partnership arrangements, there is still a requirement to ensure there is effective engagement as part of the transformation programme.
- 3.6 The performance and outcomes framework remains in development to ensure health and well-being is built into regular reporting to the Health and Well-Being Board.
- 3.7 The Bury 2030 Strategy is now complete and evidences strong relationships from all sections of the community and has strengthened working relationships with the new Healthwatch Team.
- 3.8 A new action for 2021/22 has been identified which reflects the need to ensure the work on the Bury 2030 Strategy and the operating plan continues to include the particular contribution of the OCO throughout 2021/22.
- 3.9 This risk has been amended to reflect a new target date of March 2022 from March 2021 and through further review, additional mitigating actions will be identified.
- 3.10 At the risk assessment exercise in July 2021, no further changes were reported, however it was agreed that the risk is no longer a principal risk to delivery of the strategic objectives and it would therefore be removed from the GBAF and will be included on the CCG's operational risk register in due course and managed in accordance with the CCG's Risk Management Strategy.

- **GB2022\_PR\_3.3 Urgent Care – Re-design 2021/22**

- 3.11 As previously reported this risk reached its target level of 12 in January 2021. The year-end and July 2021 risk reviews saw no further change to the level of risk. Minor updates have been made as set out below and the risk has been included on the 2021/22 GBAF:
- Revised title year from 2020/21 to 2021/22.
  - Open actions transferred across with revised due dates.
  - New actions considered.
- 3.12 All aspects of the urgent care phase 1 programme has been delivered. The next phase is to reconfirm next steps to enable progression to phase 2 implementation for urgent care transformation and doing so in the context of the lessons learnt through COVID and the new partnership arrangements through the System Board and the Integrated Delivery Collaborative.

- **GB2022\_PR\_2.1 Lack of effective working with key partners which influence the wider determinants of health**

- 3.13 As previously reported, this risk reached its target level of 10 in November 2020 and

there were no further changes to report at either the year-end or July 2021 risk reviews. Whilst it is at target level, the risk and its open actions will transfer across to the 2021/22 GBAF for monitoring until all actions are completed.

- 3.14 The Health and Well-being Board membership has been refreshed there is a clearer shared understanding of what the neighbourhood team model with resemble within Health and Care and with wider public service.
- 3.15 Public engagement continues regarding continuous development and implementation of the Bury 2030 Strategy. A specific action, identified through the Strategic Commissioning Board and System Board, in relation to delivery of the transformation programme in health and care in the context of 'lets do it' has been agreed.
- 3.16 The continued development of the neighborhood team model in health and care with wider public services and communities has also been added as a new action and this was discussed at an inaugural meeting in April 2021.
- 3.17 In light of all the above, the risk will no longer be considered a principal risk to delivery of strategic objectives and has been transferred from the GBAF onto the CCG's operational risk register for management in accordance with the CCG's Risk Management Strategy.

- **GB2022\_PR\_2.3 Assuring decisions are influenced by all staff including clinicians**

- 3.18 As previously reported, this risk reached its target level of 10 in November 2020. The year-end review saw no change to the level of risk and although at target level, it was determined by the risk owner that this risk should transfer across to the 2021/22 GBAF and any further actions identified through subsequent reviews, as there is still uncertainty regarding clinical leadership in the context of the new Integrated Care System (ICS).
- 3.19 To mitigate against the potential loss of mandated and elected clinical leadership in the borough a clinical and professional senate has been developed which is currently in shadow form, with the expectation to be fully embedded by March 2022.
- 3.20 On-going joint work particularly around the integrated budget and cost saving plans for 2021/22 remain a priority with close oversight from the Strategic Commissioning Board.
- 3.21 This risk has not been reviewed as national guidance was awaited regarding the ICS transition arrangements. Additional information has been made available and will be reflected upon to inform the next risk review.

#### **Risks that have reduced in score**

- 3.22 During the reporting periods **0** risks have reduced in score.

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

- 3.23 During the year end reporting period **0** risks have increased in score, however during

the July reporting period **1** risk has increased in score.

- **GB2022\_PR\_2.2 Creation of GM ICS (Integrated Care System)**

- 3.24 The year-end risk assessment saw no change to the level of risk, however, in July 2021, the risk was re-assessed and saw an increase from a level 12 to a level 16 against a target level of 8 to be achieved by March 2022.
- 3.25 The likelihood of 3 (possible) has increased to 4 (likely) as although the white paper was circulated in February 2021 and has provided clarity on the shape of the GM ICS model and the cessation of the CCG further clarity on the GM ICS model was yet to be confirmed (at the time of the risk review).
- 3.26 All governance arrangements have been designed and are in the process of being implemented as the CCG enters in to the transition phase which will see the creation of the System Board in Autumn which will run in conjunction with the Governing Body and Strategic Commissioning Board to ensure statutory responsibilities continue to be discharged whilst preparing for the future.
- 3.27 Progress has been made in relation to a bespoke communication strategy to address this agenda and there is a comprehensive programme of briefings with Staff, Trade Unions, Health Scrutiny, Healthwatch, GPs and the VCFA as well as discussions in meetings in public of the Strategic Commissioning Board and Governing Body.
- 3.28 This risk has transferred to the 2021/22 GBAF.

#### **Risks that have reached their target level**

- 3.29 During the reporting periods **0** risks have reached their target score, however, as at March 2021 three risks remain at their target level.
- GB2022\_PR\_2.1 Lack of effective working with key partners which influence the wider determinants of health
  - GB2022\_PR\_2.3 Assuring decisions are influenced by all staff including clinicians
  - GB2022\_PR\_3.3 Urgent Care – Re-design 2021/22

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

- 3.30 During the reporting periods **0** risks have been recommended for closure by the risk owner, however two will be transferred across to the CCG's operational risk register.
- GB2022\_PR\_2.1 Lack of effective working with key partners which influence the wider determinants of health (level 10, at target level);
  - GB2022\_PR\_3.1 Lack of effective engagement with communities (level 15)

#### **New Risks**

- 3.31 During the reporting periods **0** new risks have been added to the risk register.

### Risks that have not been reviewed in the reporting period

3.32 During the July reporting period 1 risk has not yet been reviewed.

- Assuring decisions are influenced by all staff including clinicians

## 4 Risk Summary

4.1 The following summary is provided to the Strategic Commissioning Board:

	Mar	Mar %	Jul	Jul%
Total Risks on Report	5		5	
New Risks	0		0	
Risks reduced since last report	0	0.0%	0	0.0%
Risks increased since last report	0	0.0%	1	20.0%
Risk that have reached target level	3	60.0%	3	60.0%
Low Risks (1-3)	0	0.0%	0	0.0%
Medium Risks (4-6)	0	0.0%	0	0.0%
High Risks (8-12)	4	80.0%	3	60.0%
Significant Risks (15-25)	1	20.0%	2	40.0%
Risks reviewed in this period (March 2021 / July 2021)	5	100.0%	4	80.0%
Risks yet to be reviewed (March 2021 / July 2021)	0	0.0%	1	20.0%
Risks to be reviewed for next report (October 2021 due date)			5	100.0%

## 5 Recommendations

5.1 The Strategic Commissioning Board is asked to:

- Receive the Strategic Commissioning Board Risk Register;
- Review the information presented;
- Provide a Strategic Commissioning Board opinion on the risks reported and any reflections for future development.




**Lynne Byers**  
Interim Risk Manager  
July 2021



## Appendix A: Strategic Commissioning Board Risk Register: CCG Summary


Risk Management	Risk Id	Risk Description	Date Risk Identified	Original Risk Score	Risk Last Reviewed	Current Risk Score	Target Risk Score	Direction of Travel	Next Risk Review
GBAF transfer to CCG	GB2022_PR_3.1	Lack of effective engagement with communities	28-Nov-2016	20	31-Mar-2021 12-Jul-2021	15	10	▬	Oct-2021
GBAF	GB2022_PR_2.2	Creation of GM ICS (Integrated Care System)	04-Dec-2020	16	31-Mar-2021 12-Jul-2021	15	8	↑	Oct-2021
GBAF	GB2022_PR_3.3	Urgent Care System - Re-design 2020/21	14-Aug-2019	20	31-Mar-2021 12-Jul 2021	12	12	▬	Oct-2021
GBAF transfer to CCG	GB2022_PR_2.1	Lack of effective working with key partners which influence the wider determinants of health	14-Aug-2019	20	31-Mar-2021 12-Jul-2021	10	10	▬	Oct-2021
GBAF	GB2022_PR_2.3	Assuring decisions are influenced by all staff including clinicians	29-Nov-2016	20	31-Mar-2021	10	10	▬	TBC



## Appendix B: Strategic Commissioning Board: CCG Detailed Risk

<b>Risk Code &amp; Title</b>	GB2022_PR_3.1 Lack of effective engagement with communities				
<b>Risk Statement</b>	3.1 - Because of a lack of effective engagement with communities there is a risk that the public will not access preventative services and make lifestyle changes which supports good health and quality of life	<b>Assigned To</b>	<b>Current Risk Status</b>	<b>Direction of Travel</b>	<b>Annual profile</b>
<b>Current Issues</b>		Will Blandamer			

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
28-Nov-2016	5	4	20	31-Mar-2021 / 12-Jul-2021	5	3	15	Oct-2021	5	2	10	31-Mar-2021



Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
<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. New Strategic Commissioning Board in place October 2019</li> <li>7. Health and Well-being Board (role reformatted)</li> </ol>	<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. Self-care has an increased focus in the refreshed locality plan 2017</li> <li>4. Beginning to mobilise locality plan e.g. integrated neighbourhood teams.</li> <li>5. Neighbourhood engagement models under development</li> <li>6. Joint Comms &amp; Engagement Team in place.</li> <li>7. Inclusion of the objectives of the Locality Plan within the Bury 2030 Strategy</li> <li><b>8. Strengthened working relationship with the new Health Watch Team</b></li> </ol>	<p><b>Gap(s) in controls:</b></p> <ol style="list-style-type: none"> <li>1. Engagement Strategy related to the locality plan not yet in place</li> <li>2. Slow pace in respect of the implementation required to deliver the transformation programme</li> </ol> <p><b>Gap(s) in assurances:</b></p> <ol style="list-style-type: none"> <li>1. Unable to monitor the strategy as currently being developed</li> </ol>




Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
<b>3.1 a To ensure the work on the Bury 2030 Strategy and the operating plan continues to reflect the particular contribution of the OCO throughout 2021/22</b>	31-Mar-2022	Will Blandamer		0%	 Assigned

<b>Risk Code &amp; Title</b>	GB2022_PR_2.2 Creation of GM ICS (Integrated Care System)				
<b>Risk Statement</b>	2.2 - 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	<b>Assigned To</b>	<b>Current Risk Status</b>	<b>Direction of Travel</b>	<b>Annual profile</b>
		Will Blandamer			
<b>Current Issues</b>	1. NHSE/I released 26/11/2020 consultation signalling creation of ICS (Integrated Care System) and disestablishment of CCG (subject to legislation) 2. Potential for work that has already progressed to address needs across the Bury locality to be derailed within a 'one way' GM approach 3. Potential for loss of locality memory and knowledge 4. Potential that Bury CCG is unable to influence what is retained at a place-based level to deliver best outcomes for the local population 5. Potential loss of mandated and elected clinical leadership in the Bury system				

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
04-Dec-2020	4	4	16	31-Mar-2021 / 12-Jul -2021	4	4	16	Oct-2021	4	2	8	31-Mar-2022


Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Governing Body oversight 2. Strategic Commissioning Board oversight 3. Engagement in Greater Manchester Governance arrangements	1. Local governance structures reflect the proposal 2. Shadow operating of revised governance 3. A approved corporate plan which sets priorities for the borough 4. Bury 2030 strategy 5. Generic Communications and Engagement Strategy which supports the public message	<b>Gaps in controls:</b> 1. A clear public communication strategy specific to this agenda <b>2. A waiting further clarity on the GM ICS model</b>  <b>Gaps in current assurances:</b> 1. NHSE/I outcome of consultation paper and response submissions




Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
2.2a Shadow governance arrangements to be designed	30-Sep-2021	Lisa Featherstone	<b>Governance has been designed and in the process of being implemented subject to key outstanding issues from the GM ICS including financial flow, workforce, and clinical leadership.</b>  <b>Update: July 2021 3.27 All governance arrangements have been designed and are in the process of being implemented as the CCG enters in to the transition phase which will see the creation of the system Board in Autumn which will run in conjunction with the Governing Body and Strategic Commissioning Board to ensure statutory responsibilities continue to be discharged whilst preparing for the future.</b>	100%	 Completed
2.2b Bespoke Communication Strategy to address this agenda	30-Sep-2021	Will Blandamer	<b>Progress has been made through briefing to staff, trade union, health scrutiny, health watch, GPs, and VSA as well as public bodies of the Strategic commissioning Board and Governing Body.</b>	60%	 In Progress

<b>Risk Code &amp; Title</b>	GB2022_PR_3.3 Urgent Care System - Re-design 2021/22				
<b>Risk Statement</b>	3.3 - 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	<b>Assigned To</b>	<b>Current Risk Status</b>	<b>Direction of Travel</b>	<b>Annual profile</b>
		Will Blandamer			
<b>Current Issues</b>					

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
14-Aug-2019	4	5	20	31-Mar-2021 / 12-Jul-2021	4	3	12	Oct-2021	4	3	12	31-Mar-2021



Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
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	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 <b>6. Delivery of Phase 1 completed</b> <b>7. Reframing of urgent care phase 2 in the light of delivery of phase 1 and lessons learnt through COVID</b>	<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>




Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
3.3e <b>System Board and Integrated Delivery Collaborative</b> to ensure the development of Primary Care Networks is aligned with the Neighbourhood Teams	31-Mar-2022	Will Blandamer	<b>The neighbourhood development team are currently working through the urgent care model priorities in collaboration with the System Board and Integrated Delivery Collaborative</b>	90%	 In Progress

<b>Risk Code &amp; Title</b>	GB2022_PR_2.1 Lack of effective working with key partners which influence the wider determinants of health				
<b>Risk Statement</b>	2.1 Because of the significant impact that the Public Sector Services has on health, there is a risk that opportunities to reduce inequalities will be minimised if health does not influence and work in harmony with key partners	<b>Assigned To</b>	<b>Current Risk Status</b>	<b>Direction of Travel</b>	<b>Annual profile</b>
		Will Blandamer			
<b>Current Issues</b>					

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
14-Aug-2019	5	4	20	31-Mar-2021 / 12-Jul-2021	5	2	10	Oct-2021	5	2	10	31-Mar-2021


Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Health and Well-Being Board (reformatted) 2. Governing Body 3. Council Cabinet (key partner) 4. Joint Strategic Commissioning Board 5. Neighbourhood Development Group established	1. Bury 2030 Strategy under development, including supporting strategies and delivery plans (e.g. Housing, Industry, Environment) 2. Refresh of Locality Plan completed emphasising the importance of wider Public Sector Reform on improving health and reducing health in-equalities 3. The Northern Care Alliance (NCA) is the anchor organisation for commissioning social value (e.g. inclusion of social value goals in Provider contracts, support environmental sustainability etc) 4. Council and CCG Operating Plan under development - timeline December 2020	<p><b>Gap(s) in controls:</b></p> 1. Potential failure of a systematic process to oversee the implementation of a number of high level strategies which together could have a major impact in reducing health inequalities/improving health and well-being 2. Resources required to support the Bury 2030 Strategy is unclear
		<p><b>Gap(s) in assurances:</b></p> 1. None identified

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status	
2.1a Continue with on-going engagement as the Bury 2030 Strategy develops and is implemented	31-Mar-2022	Will Blandamer	A management action has been determined through the Strategic Commissioning Board and System Board to deliver the transformation programme in health and care in the context of 'let's do it'	70%		In Progress
2.1b Continue to build the neighbourhood team model in health and care and with wider public services and communities	31-Mar-2022	Will Blandamer	Inaugural workshop scheduled April 2021	20%		In Progress

<b>Risk Code &amp; Title</b>	GB2022_PR_2.3 Assuring decisions are influenced by all staff including clinicians				
<b>Risk Statement</b>	2.3 - 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	<b>Assigned To</b>	<b>Current Risk Status</b>	<b>Direction of Travel</b>	<b>Annual profile</b>
		Will Blandamer			
<b>Current Issues</b>					

Original Risk				Current Risk				Next Risk Review	Target Risk			
Date Risk Identified	Impact	Likelihood	Rating	Current Risk Review Date	Impact	Likelihood	Rating		Impact	Likelihood	Rating	Target Date
29-Nov-2016	5	4	20	31-Mar-2021	5	2	10	TBC	5	2	10	31-Mar-2021

Existing Assurance	Existing Controls	Gaps in Assurance / Gaps in Control
1. Reports to GB on progress and development 2. GB and Clinical Cabinet sessions - stakeholder engagement 3. Joint Executive Team meetings 4. Primary Care Working Together meetings 5. Monthly EMT meetings with Clinical Directors 6. Bury System Board 7. Strategic Commissioning Board 8. Executive Director in Post (July 2020) 9. System Wide Clinical Reference Group 10. Weekly Primary Care Webinar	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 6. Additional Clinical Director (CCG) appointed	<b>Gap(s) in controls:</b> 1. Clarity regarding support available to staff during the period of restructure 2. Sub Senior structure still under review  <b>Gap(s) in assurances:</b> 1. Different decision making cultures 2. Clarification of the committee substructure and role of clinicians in future sub-committees being explored 3. System wide Clinical Reference Group yet to be strengthened

Action	Due Date	Assigned To	'Action' progress update (latest)	% Progress	Status
2.3a Development of a clinical and professional senate	31-Mar-2022	Will Blandamer	Currently in shadow form. Inaugural meeting of the Senate expected May 2021.	50%	 In Progress