



## **Report title: Locality Board Assurance Framework 2023/24 (Q1 Position)**

Report to: HMR Locality Board

Date of meeting: 29 August 2023

Cabinet Portfolio Holder: Councillor Daalat Ali (Deputy Leader and Cabinet Member for Health)

Report of: Jonathan Evans, Locality Director of Strategic Performance – Health & Social Care

Public or private: Public

Key Decision? – No

Published on the Forward Plan: Yes

### **Report summary**

- 1.1 The Locality Board is presented with the Heywood, Middleton & Rochdale (HMR) Locality Board Assurance Framework (BAF) Q1 position, for 2023/24.
- 1.2 A full refresh of the BAF for 2023/24 has been undertaken to ensure that the new strategic risks identified within the BAF are aligned to the agreed locality strategic objectives.
- 1.3 The Q1 review of the BAF has been undertaken to identify progress made to mitigate the risks since the BAF was agreed in May 2023.

### **2. Recommendations**

- 2.1 The Locality Board is asked to note the progress made in Q1 in respect of mitigating the agreed HMR Locality BAF risks.
- 2.2 The Locality Board is required to escalate strategic risks scored 15 or above to GM ICB quarterly, with the next report due on the 30 August 2023 following the August Locality Board. The strategic risks scoring 15 and above to be escalated to GM ICB are included in section 5.6 below.

### **3. Reason for recommendation**

- 3.1 The HMR Locality BAF (for 2023/24) has been developed to bring together in one place, the key risks that if not mitigated, threaten the achievement of the agreed locality strategic objectives.
- 3.2 The BAF provides a robust internal mechanism for escalating these risks and providing assurance on the work being undertaken to mitigate and control them.

### **4. Alternatives considered.**







- 4.1 Locality Board agreed the Locality Board Assurance Framework (BAF) and reporting.

### **5. Key information**

- 5.1 The Locality BAF describes the key strategic risks that, if not mitigated, will threaten our ability to achieve the agreed locality strategic objectives. As detailed within the HMR Risk Management Framework, the BAF includes all strategic risks and all operational risks scored 15 and above.
- 5.2 Each BAF strategic risk has an Executive lead and an aligned governance group for review and monitoring, this is detailed within the BAF.
- 5.3 Quarterly reviews of the BAF are undertaken with the Executive lead and presented to the appropriate aligned governance group for discussion and scrutiny, ahead of presentation to the Locality Board. In addition, the Finance Performance & Risk Group has full oversight of the BAF and is responsible for ensuring robust internal control measures are in place for the development and maintenance of the BAF and is also responsible for the identification of new key strategic risks across the locality.
- 5.4 The Q1 review of the BAF has been undertaken and the final position is appended to this report, which includes details of the controls, assurances and actions that will be taken in year to support mitigation of the identified risks.
- 5.5 The Locality Board is required to escalate strategic risks scored 15 or above to GM ICB including why the risk is being escalated:
  - Is it for awareness – a system wide issue? Or is there potential for this to be a common risk across multiple places?
  - Is it for intervention? Does this need active management by a number of organisations? If so, the locality must clearly state the desired action/outcome.
- 5.6 An overview of the Q1 position of the 2023/24 BAF strategic risks is included in table 1 below, with the full detail (including operational risks scored 15 and above) appended to this report.

The Locality Board should note that only those strategic risks scoring 15 and above below, will be escalated to GM ICB.

Table 1 – Q1 BAF Strategic Risk Overview

Strategic Risk	Exec Lead	Opening Risk Score	Q1 Risk Score	Change in Q1
BAF 1 – IF we do not maintain high quality, safety and safeguarding standards and continuously improve as a system then this could lead to patient harm and / or decreased quality of patient care.	Alison Kelly NHS GM	12	12	
BAF 2 –IF we do not improve the performance of the health and care system in Rochdale THEN we will not improve outcomes for our residents and we will fail to meet the needs of our local population.	Jonathan Evans	20	20	
BAF 3 - IF we do not monitor and manage our financial performance as a system THEN we could fail to meet financial balance which will impact our ability to be a financially sustainable health and care system.	Jonathan Evans	20	16	
BAF 4 – IF we do not recruit, develop and retain a motivated and skilled workforce and provide opportunities for our local population THEN we may fail to deliver high quality services and / or to improve the experience of our workforce.	Clare Nott Rosemary Barker	20	16	
BAF 5 – IF we do not transform our services and develop collaborative partnerships across our system to do this THEN we will fail to improve outcomes for residents and deliver effective services.	Sandra Croasdale	12	12	
BAF 6 - IF we fail to develop and implement our Neighbourhoods Model and engage across the system to do this THEN we will fail to deliver the outcomes in the locality plan and improve local care for residents	Alison Kelly NHS NCA	16	16	

5.7 As agreed in May 2023, the quarterly review of the BAF will include the completion of a 'summary statement' for each BAF Strategic Risk, to provide an overview of the actions and progress made in quarter to mitigate the risk. This detail is included within the BAF and is also summarised in table 2 below.

Table 2 – Q1 Narrative Summary

Strategic Risk	Q1 Narrative
BAF 1 – IF we do not maintain high quality, safety and safeguarding standards and continuously improve as a system then this could lead to patient harm and / or decreased quality of patient care	<p>Restore2 mini tool training delivered in HMR Care Homes. The tool enables care home staff to recognise soft signs of illness in residents for early intervention and communicate concisely with clinical colleagues such as NCA Care Home Matrons. 18 care homes now routinely utilising the tool and thus c500 residents are being supported by the tool benefits.</p> <p>System wide safety summit agreed to be established to support system wide oversight of serious incidents and safety matters.</p>

<p>BAF 2 –IF we do not improve the performance of the health and care system in Rochdale THEN we will not improve outcomes for our residents and we will fail to meet the needs of our local population.</p>	<p>Work on performance reporting and accountabilities is being progressed to strengthen arrangements and establish robust processes for managing and monitoring performance. Lots of work underway as part of the LCO Business Plan to deliver performance improvement.</p> <p>Funding for urgent care schemes not yet agreed and this remains a risk to delivery and performance.</p> <p>The Locality are in discussions with GM regarding the review of Talking therapies especially regarding where decision making sits.</p> <p>Industrial action strikes in July are impacting on elective activity and performance.</p>
<p>BAF 3 - IF we do not monitor and manage our financial performance as a system THEN we could fail to meet financial balance which will impact our ability to be a financially sustainable health and care system</p>	<p>System Efficiencies Group established with key partners to enable identification of opportunities to make efficiencies in the system and monitor progress. Examples of identified areas include workforce, dermatology pathway, diabetes and pre-op for frail and elderly. There is also a focus on business case requirements and principles to support these efficiencies and savings. As a locality we are on track to achieve the 23/24 financial plan (breakeven position), but this is reliable on delivery of savings schemes.</p>
<p>BAF 4 – IF we do not develop and retain a motivated and skilled workforce and provide opportunities for our local population THEN we may fail to deliver high quality services and / or to improve the experience of our workforce.</p>	<p>Working groups have been established in all of the Workforce Strategy priority areas to support delivery of these programmes with key stakeholders. Our first whole system recruitment event has been planned for 20 July 2023 for entry level roles and lessons learnt from the day will inform future events.</p>
<p>BAF 5 – IF we do not transform our services and develop collaborative partnerships across our system to do this THEN we will fail to improve outcomes for residents and deliver effective services.</p>	<p>New risks have been identified in relation to capacity across the system that may impact on delivery of the business plan. These are specifically in relation to System Intelligence capacity and workforce capacity (as a result of the NHS GM recruitment freeze) which remain outside of the control of the locality.</p> <p>A new risk has been identified in relation to the stability of the voluntary care sector as a result of increased assurance requirements from NHS GM on small organisations.</p> <p>Q1 review of the LCO Business Plan has taken place and has identified areas of positive impact on HMR residents e.g., virtual wards and raising awareness of Cancer screening and CVD (presented to the LCO and Locality Boards in July).</p> <p>Work commenced to support the development of the Locality Operating Model to agree accountability arrangements for the locality and describe our approach to integration.</p>
<p>BAF 6 - IF we fail to develop and implement our Neighbourhoods Model and engage across</p>	<p>There has been some slippage in Q1 in neighbourhoods. Scoping workshop held 20th April to consider our strategy for</p>

<p>the system to do this THEN we will fail to deliver the outcomes in the locality plan and improve local care for residents.</p>	<p>moving to a wider strategic neighbourhood model, agreement to hold stakeholder events in Autumn to drive this model forwards.</p> <p>There has also been progress in the 3 neighbourhoods with established leadership groups, 2 neighbourhoods leadership groups are to be established in Q2 and engagement work continues.</p>
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**6. Finance**

6.1 Finance risk reported within the financial risk.

**7. Legal**

7.1 There are no legal implications at this stage.

**8. Clinical impact**

8.1 Clinical impact reported within the risks.

**9. Human resource**

9.1 Human resource implications reported via the associated risk.

**10. Equality impact**

10.1 Equality impacts maybe completed for individual risks but not for the overall BAF.

**11. Other considerations (corporate priorities, environmental impacts, risks)**

11.1 None to report

**Background Papers:** HMR Locality BAF Q1 2023/24

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## Risk Appetite as defined within the Heywood Middleton and Rochdale (HMR) Risk Management Strategy

As a general principle the system has a low tolerance and will therefore seek to control all risks which have the potential to:

- Expose patients, staff, visitors and other stakeholders to harm
- Compromise the system's ability to deliver operational services that are high quality and safe
- Adversely impact the reputation of organisations within the system
- Have severe financial consequences which may impact on the systems future viability
- Cause non-compliance with law and regulation

Methods of controlling risks must be balanced. The system may accept some high-level risks either because the resource required to control them is unfeasible, or to deliver innovation when this may achieve substantial benefit.

## Board Assurance Framework

As defined within the HMR Risk Management Strategy, the Board Assurance Framework (BAF) includes **all** Strategic Risks and Operational Risks scored 15 and above.

## Risk Scoring Matrix

Impact	Likelihood				
	1	2	3	4	5
	Rare	Unlikely	Possible	Likely	Almost certain
5 Catastrophic	5	10	15	20	25
4 Major	4	8	12	16	20
3 Moderate	3	6	9	12	15
2 Minor	2	4	6	8	10
1 Negligible	1	2	3	4	5

## 1.0 Strategic Board Assurance Framework Risks

Strategic Risk	Exec Lead	Monitoring Forum	Aligned Locality Objective(s)	Opening Risk Score	Q1 Risk Score	Change in Q1	Q2 Risk Score	Q3 Risk Score	Q4 Risk Score
BAF 1 – IF we do not maintain high quality, safety and safeguarding standards and continuously improve as a system then this could lead to patient harm and / or decreased quality of patient care	Alison Kelly NHS GM	QS&S	Better Care – Quality, Safety & Safeguarding	12	12				
BAF 2 –IF we do not improve the performance of the health and care system in Rochdale THEN we will not improve outcomes for our residents and we will fail to meet the needs of our local population	Jonathan Evans	FPR	Better Care – Performance	20	20				
BAF 3 - IF we do not monitor and manage our financial performance as a system THEN we could fail to meet financial balance which will impact our ability to be a financially sustainable health and care system	Jonathan Evans	FPR	Financial Sustainability	20	16				
BAF 4 – IF we do not recruit, develop and retain a motivated and skilled workforce and provide opportunities for our local population THEN we may fail to deliver high quality services and / or to improve the experience of our workforce	Clare Nott Rosemary Barker	PPL	People	20	16				
BAF 5 – IF we do not transform our services and develop collaborative partnerships across our system to do this THEN we will fail to improve outcomes for residents and deliver effective services	Sandra Croasdale	SDD	System Transformation	12	12				
BAF 6 - IF we fail to develop and implement our Neighbourhoods Model and engage across the system to do this THEN we will fail to deliver the outcomes in the locality plan and improve local care for residents	Alison Kelly NHS NCA	NBHD PB	System Transformation	16	16				

## 2.0 Quarterly Narrative for Strategic Risks

Strategic Risk	Opening score	Q1 Score	Q1 Narrative – Impact of our work
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<p>BAF 1 – IF we do not maintain high quality, safety and safeguarding standards and continuously improve as a system then this could lead to patient harm and / or decreased quality of patient care <b>Exec Lead – Alison Kelly (NHS GM)</b></p>	<p>12</p>	<p>12</p>	<p>Restore2 mini tool training delivered in HMR Care Homes. The tool enables care home staff to recognise soft signs of illness in residents for early intervention and communicate concisely with clinical colleagues such as NCA Care Home Matrons. 18 care homes now routinely utilising the tool and thus c500 residents are being supported by the tool benefits.</p> <p>A System wide safety summit has been agreed to be established to support system wide oversight of serious incidents and safety matters.</p>
<p>BAF 2 –IF we do not improve the performance of the health and care system in Rochdale THEN we will not improve outcomes for our residents and we will fail to meet the needs of our local population <b>Exec Lead – Jonathan Evans</b></p>	<p>20</p>	<p>20</p>	<p>Work on performance reporting and accountabilities is being progressed to strengthen arrangements and establish robust processes for managing and monitoring performance. Lots of work underway as part of the LCO Business Plan to deliver performance improvement.</p> <p>Funding for urgent care schemes not yet agreed and this remains a risk to delivery and performance.</p> <p>The Locality are in discussions with GM regarding the review of Talking therapies in particular regarding where decision making lies.</p> <p>Industrial action strikes in July are impacting on elective activity and performance.</p>
<p>BAF 3 - IF we do not monitor and manage our financial performance as a system THEN we could fail to meet financial balance which will impact our ability to be a financially sustainable health and care system <b>Exec Lead – Jonathan Evans</b></p>	<p>20</p>	<p>16</p>	<p>System Efficiencies Group established with key partners to enable identification of opportunities to make efficiencies in the system and monitor progress. Examples of identified areas include workforce, dermatology pathway, diabetes and pre-op for frail and elderly. There is also a focus on business case requirements and principles to support these efficiencies and savings.</p> <p>As a locality we are on track to achieve the 23/24 financial plan (breakeven position) but this is reliable on delivery of savings schemes.</p>
<p>BAF 4 – IF we do not develop and retain a motivated and skilled workforce and provide opportunities for our local population THEN we may fail to deliver high quality services and / or to improve the experience of our workforce <b>Exec Lead(s) – Clare Nott, Rosemary Barker</b></p>	<p>20</p>	<p>16</p>	<p>Working groups have been established in all of the Workforce Strategy priority areas to support delivery of these programmes with key stakeholders. Our first whole system recruitment event has been planned for 20 July 2023 for entry level roles and lessons learnt from the day will inform future events.</p>



<p>BAF 5 – IF we do not transform our services and develop collaborative partnerships across our system to do this THEN we will fail to improve outcomes for residents and deliver effective services</p> <p><b>Exec Lead – Sandra Croasdale</b></p>	12	12	<p>New risks have been identified in relation to capacity across the system that may impact on delivery of the business plan. These are specifically in relation to System Intelligence capacity and workforce capacity (as a result of the NHS GM recruitment freeze) which remain outside of the control of the locality.</p> <p>A new risk has been identified in relation to the stability of the voluntary care sector as a result of increased assurance requirements from NHS GM on small organisations.</p> <p>Q1 review of the LCO Business Plan has taken place and has identified areas of positive impact on HMR residents e.g., virtual wards and raising awareness of Cancer screening and CVD (presented to the LCO and Locality Boards in July).</p> <p>Work commenced to support the development of the Locality Operating Model to agree accountability arrangements for the locality and describe our approach to integration.</p>
<p>BAF 6 - IF we fail to develop and implement our Neighbourhoods Model and engage across the system to do this THEN we will fail to deliver the outcomes in the locality plan and improve local care for residents</p> <p><b>Exec Lead – Alison Kelly (NCA)</b></p>	16	16	<p>There has been some slippage in Q1 in neighbourhoods. Scoping workshop held 20th April to consider our strategy for moving to a wider strategic neighbourhood model, agreement to hold stakeholder events in Autumn to drive this model forwards.</p> <p>There has also been progress in the 3 neighbourhoods with established leadership groups, 2 neighbourhoods leadership groups are to be established in Q2 and engagement work continues.</p>

### 3.0 Operational Board Assurance Framework Risks (Operational risks scored 15 and above)

Operational Risk (s) scored 15+	Mitigating Action(s)	Monitoring Governance Group	Risk Score
Risk 187 – impact of increased waiting times for elective treatment (all-age)	<ul style="list-style-type: none"> <li>• Work on validation lists continue.</li> <li>• Working with Independent Sector providers to reduce waiting lists to support transferring patients</li> <li>• Engagement with GP's and the public</li> </ul>	Planned Care Programme Board	16

Risk 188 - Children's waiting times for Speech and Language Therapy	<ul style="list-style-type: none"> <li>Recruitment being progressed however there was no suitable candidates.</li> <li>HMR are not an outlier nationally however no clear mitigations to address this in place.</li> <li>Positively, other therapy services are seeing a marked improvement.</li> </ul>	SEND Alliance	15
Risk 190 – Increased poverty and impact of cost-of-living crisis	<ul style="list-style-type: none"> <li>Continue to mobilise the winter plan</li> <li>Phase 1 and phase 2 poverty summits taken place and will feed into anti-poverty strategy (first draft due in June)</li> <li>Recommendations for usage of our DWP boost of over £4.6m from the national household fund agreed. Implementation commenced &amp; includes vouchers for families on free school meals</li> <li>Funding to continue our warm homes scheme, a boost for our local household support fund grant and £120 to support pensioners on council tax credit with energy bills.</li> </ul>	Poverty Group	20
Risk 237 - Funding for Virtual Wards, Discharge and capacity as part of the UEC recovery fund schemes.	<ul style="list-style-type: none"> <li>Mitigations will depend on the outcome of whether the funding is allocated. No funding will have an impact on admission avoidance, flow, discharge and patient care.</li> <li>If funding is reduced there will be a review and reprioritisation of schemes.</li> </ul>	Urgent Care Delivery Board	15
Risk 259 - Capacity within the locality to deliver the LCO Business Plan and wider locality plans	<ul style="list-style-type: none"> <li>Critical post forms have been completed.</li> <li>Creative solutions being developed for some posts.</li> <li>Escalating need for support to NHS GM.</li> <li>Staff briefing held monthly to provide assurance to staff re locality position</li> <li>Meetings taking place to understand the impact on teams.</li> </ul>	LCO Board System Development & Design Group	15
Risk 241 - Funding to deliver the People Strategy ambitions	<ul style="list-style-type: none"> <li>Discussion held at LCO Exec re programme support and further options being considered.</li> <li>Review of the business plan taken place to identify where funding will impact delivery</li> <li>Princes Trust Grant agreed to deliver recruitment event July</li> </ul>	HMR Strategic People Group	16
Risk 261 - System Intelligence Team (SIT) capacity to support LCO Business Plan	<ul style="list-style-type: none"> <li>Central Locality Performance Framework for localities to use for Performance Reports (60% complete). Walkarounds taking place in localities.</li> <li>Delivery of Central BI products for use in Localities. Local BI asked not to develop as we move to central BI products that the local team will use for insight, interpretation, mobilisation.</li> <li>BI continue to support locality MDTs with information until new products are available</li> </ul>	LCO Delivery Group	16

#### 4.0 Board Assurance Framework – Strategic Risks Full Detail

Locality Objective	Principal Strategic Risk(s)	Executive Lead & Governance	Likelihood	Impact	Controls	Key Gaps in Controls	Assurances	Gaps in Assurance	Action (s) required, lead & delivery date	Inherent Risk Score 2023/24	Target Risk Score	Q1 Residual score	Q2 score	Q3 score	Q4 score
Better Care – Quality, Safety	BAF 1 – IF we do not maintain high	Executive Lead Alison Kelly (NHS GM)	3	4	RESTORE2 being rolled out to HMR care homes. 18 care	New PSIR Framework requires implementati	c500 care home residents supported by	Lack of formal and known process to monitor	Implementation of Patient Safety Incident Response Framework (PSIRF) Due Date – Q2	12	8	12			

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<b>&amp; Safeguarding</b>	<b>quality, safety and safeguarding standards and continuously improve as a system then this could lead to patient harm and / or decreased quality of patient care</b>	<b>Aligned Governance</b> Quality, Safety & Safeguarding Strategic Group	K E L Y	J O R	homes now using the tool to identify soft signs of illness in patients.  Patient Safety Incident Response Framework developed; requires rollout  Quality Commitment for HMR agreed and describes our commitment to delivering quality care in HMR  System an Abuse and Neglect Prevention Strategy developed (requires promotion) to support strengthened safeguarding	on across the system  No designated paediatric doctor (escalated to GM and GM risk). Issue across GM.  Wide variations in how care is delivered across the system  Overall people with LDA have poorer health outcomes. Specific LD&A programmes in LCO Business Plan to improve experience	RESTORE2 tool as a result of rollout (supporting early intervention and prevention)  Governance being strengthened to support system wide oversight of quality inc. system wide safety summit to be established.  Strategic Quality Safety & Safeguarding Group established underpinned by a Delivery Group to oversee delivery of	safeguarding reporting of smaller providers  Abuse and Neglect prevention strategy and toolkit requires promotion  In Q1 there has been 16 serious incidents in HMR  Lack of a System Quality Dashboard and system-wide quality data available  There are gaps in our system quality data. Quality dashboard requires development	Lead – Alison Kelly NHS GM  Promotion of the abuse and neglect prevention strategy and toolkit (to support increased utilisation of toolkit) Due Date – Q3 Lead - Alison Kelly NHS GM  Implement process for monitoring small providers to enable timely reporting of safeguarding concerns Due Date – Q3 Lead - Alison Kelly NHS GM  Maintain 75% target for LDA annual health check Due Date – Q1 - 4 Lead – Alison Kelly NHS GM  Complete draft of GM System Quality Dashboard Due Date – Q3 Lead – Alison Kelly NHS GM						

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						<p>High proportion of conveyances to hospital are for people residing in a care home; RESTORE2 implementation across care homes will support identifying early signs</p>	<p>priorities and monitoring of compliance with standards</p> <p>Currently c82% compliant with LDA Health Checks (above target)</p> <p>Quality &amp; Safeguarding Annual Report completed each year</p> <p>Quarterly System Learning Events established to support system-wide learning and improved quality of care</p>	<p>to enable us to identify priorities based on harm</p> <p>Two HMR Care Homes rated inadequate</p> <p>Rise in e-coli rates in HMR; 3<sup>rd</sup> highest in GM</p>	<p>Implement neighbourhoods safeguarding test of change Due Date – Q3 Lead - Alison Kelly NHS GM</p> <p>Deliver Restore2 mini to care homes Due Date – Q1 – 4 Lead - Alison Kelly NHS GM</p> <p>Undertake children’s LDA health check audit Due – Q3 Lead – Alison Kelly NHS GM</p>						

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							<p>Safeguarding Q4 compliance audit; currently going through GM governance (completed each q); assurance oversight of all providers</p> <p>Children's LDA health check audit being undertaken 23/24</p>									
<p><b>Aligned operational risks (scored 12+):</b></p> <ul style="list-style-type: none"> <li>• 228 – Impact of industrial action (12)</li> <li>• 041 – Failure of joint SEND inspection (12)</li> <li>• 215 – Improving quality of heart failure service (12)</li> <li>• 240 – Improving quality of diabetes secondary offer (12)</li> <li>• 258 – Clinical lead for advanced care planning (12)</li> <li>• 268 - Poor Quality Service Provision for ADHD Assessments (12)</li> </ul>																
<b>Better Care – Performance</b>	<b>BAF 2 – IF we do not improve the</b>	<b>Executive Lead</b> Jonathan Evans	5 A L	4 M A	Priority programmes identified as part of 23/24 LCO	Consultant and Junior Dr strikes due imminently in	Operational risk mitigation plans	Clear forum to be identified and established to	Oversee delivery of programmes to address waiting times (planned	<b>20</b>	<b>16</b>	<b>20</b>				

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	<b>performance of the health and care system in Rochdale THEN we will not improve outcomes for our residents and we will fail to meet the needs of our local population</b>	<b>Aligned Governance</b> Finance, Performance & Risk Group	M O S T  C E R T A I N	J O R	<p>Business Plan to address performance issues with governance established to monitor progress.</p> <p>Implementation of virtual wards (capacity for 95 patients across 4 pathways)</p> <p>Expanded Urgent Care Rapid Response (2 hour)</p> <p>Expanding our Health and Care at Home offer (more patients treated at home)</p> <p>Detailed mitigation plans in place for operational risks inc. waiting list and recruitment initiatives and</p>	<p>July and likely impact on elective activity.</p> <p>Funding for urgent care schemes not yet agreed</p> <p>Locality are in discussions with GM regarding the review of Talking therapies regarding where decision making sits.</p> <p>Funding for business cases for 23/24 to take forward several new programmes not yet identified</p>	<p>overseen by programme boards and LCO Delivery Group</p> <p>Work on performance reporting and accountabilitys being undertaken to strengthen arrangements and new forum to be identified to do this detailed review</p> <p>Work on validation of elective waiting lists continues as well as work to ensure all long waiters are contacted to check</p>	<p>monitor and manage performance and re-develop reporting arrangements (and mitigations)</p> <p>High number of 52-week elective waits</p> <p>High number of Children's SLT waiters remain</p>	<p>care, urgent care, SLT, mental health) Lead – Jonathan Evans Due – Q1 – Q4</p> <p>Oversee delivery of programmes to improve primary care access and capacity Lead – Jonathan Evans Due – Q1 – Q4</p> <p>Implementation of Heart Failure recruitment to improve waits Lead – Nadia Baig Due – Q2</p> <p>Further develop locality data to inform decision making Lead – Jonathan Evans Due – Q3</p> <p>Further develop mechanisms for reporting and escalating performance Lead – Jonathan Evans Due – Q2</p> <p>Alignment of reporting and accountability across GM Lead – Jonathan Evans</p>						

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					work with other partners. Work overseen by LCO Delivery Group.		<p>requirements for appts.</p> <p>Positive reduction in NEL at other sites and this detail is reported to LCO Delivery Group as part of qtrly reviews.</p> <p>Re-establishment of Sunday and bank holiday GP services (reducing pressures on A&amp;E)</p>		Due – Q2						
<p><b>Aligned operational risks (scored 12+):</b></p> <ul style="list-style-type: none"> <li>• 187 – Elective waits (16)</li> <li>• 188 – Children’s SLT waits (15)</li> <li>• 190 – Increased poverty and impact of cost-of-living crisis (20)</li> <li>• 237 – Funding for Virtual Wards, Discharge and capacity (15)</li> <li>• 261 - System Intelligence Team (SIT) capacity to delivery LCO business plan (16)</li> <li>• 228 – Impact of industrial action (12)</li> <li>• 209 – Staffing &amp; Workforce (12)</li> </ul>															



Locality Objective	Principal Strategic Risk(s)	Executive Lead & Governance	Likelihood	Impact	Controls	Key Gaps in Controls	Assurances	Gaps in Assurance	Action (s) required, lead & delivery date	Inherent Risk Score 2023/24	Target Risk Score	Q1 Residual score	Q2 score	Q3 score	Q4 score
<ul style="list-style-type: none"> <li>• 005 – Cancer Waits (12)</li> <li>• 194 – Breast Symptomatic 2 week waits (12)</li> <li>• 191 – IAPT waiting times (12)</li> <li>• 264 – No commissioned adult autism service (12)</li> </ul>															
Financial Sustainability	<b>BAF 3 - IF we do not monitor and manage our financial performance as a system THEN we could fail to meet financial balance which will impact our ability to be a financially sustainable health and care system</b>	<b>Executive Lead</b> Jonathan Evans  <b>Aligned Governance</b> Finance, Performance & Risk Group	5	4	System Efficiencies Workshop held April identified key opportunities for system efficiencies to be taken forwards  Plans developed by the four provider organisations to breakeven in financial year; savings schemes required to enable this  Financial plans for 23/24 presented at Locality Board	Changes to funding alignment and impact on locality  Localities not involved in detailed annual activity planning  System funding not appropriately aligned  Funding for business cases for 23/24 to take forward several new programmes not yet identified; discussions	System Efficiencies Group established June 2023 to oversee system efficiencies programme (identifying opportunities to make system efficiencies)  Finance Performance & Risk Group – monitors financial position quarterly with representative from all providers.  Risks to delivery of	Potential impact of GM ICB financial position on delivery of transformation  Lack of a single contracts register  Social Value Framework requires development to support build community wealth  Commissioning Framework requires development to support managing demand	Development of single contracts register Lead – Jonathan Evans Due – Q2  Efficiency and demand programme established and priorities to be identified Lead – Sandra Croasdale Due – Q1 Completed Q1  Undertake financial review of 23/24 business plan to inform funding re-alignment Lead – Jonathan Evans Due – Q3  Develop System Commissioning Framework Lead – Jonathan Evans Due – Q4  Develop Social Value Framework Lead – Jonathan Evans Due – Q4	20	16	16			



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					undertaken to identify financial ask and understand current spend in these areas										
<b>Aligned operational risks (scored 12+):</b> <ul style="list-style-type: none"> <li>• 237 – Funding for Virtual Wards, Discharge and capacity (15)</li> <li>• 241 - Funding to deliver the People Strategy ambitions (16)</li> <li>• 267 - Financial Impact of private ADHD/ ASD Assessments (12)</li> </ul>															
People	<b>BAF 4 – IF we do not recruit, develop and retain a motivated and skilled workforce and provide opportunities for our local population THEN we may fail to deliver high quality services and / or to</b>	<b>Executive Lead(s)</b> Clare Nott Rosemary Barker  <b>Aligned Governance</b> People Strategic Group	4	4	People Strategy co-developed and approved January 23  23/24 Implementation Plan agreed as part of LCO Business Plan: • System leadership • New ways of working • Recruit and grow your own • Engagement & wellbeing • GM alignment  Significant engagement in	Consultant and Junior Dr strikes due imminently in July  Funding and investment required to support programme delivery of workforce programmes within the strategy (not yet identified – identified as a significant risk on the HMR	HMR Locality People Group established to oversee delivery of strategy and programmes  Working groups established to support delivery specific programmes e.g., new ways of working  Workforce dashboard	Workforce dashboard not yet fully developed and limited BI resource to support this.  Gaps in equality data, GM wide issue  Staffing vacancies (and pressures) across the system e.g., urgent care, ARRS, AMHP, Heart Failure service	Implement system leadership OD Programme for LCO & Locality Board Lead – Clare Nott / Rosemary Barker Due – Q4  Development of locality workforce dashboard Lead - Clare Nott / Rosemary Barker Due – Q1 <b>Delayed Q1; progressing into Q2.</b>  Rollout reciprocal mentor programme for leadership (race and disability focus) Lead – Clare Nott / Rosemary Barker Due – Q2	20	16	16			

Locality Objective	Principal Strategic Risk(s)	Executive Lead & Governance	Likelihood	Impact	Controls	Key Gaps in Controls	Assurances	Gaps in Assurance	Action (s) required, lead & delivery date	Inherent Risk Score 2023/24	Target Risk Score	Q1 Residual score	Q2 score	Q3 score	Q4 score
	<b>improve the experience of our workforce</b>				<p>the development of the strategy</p> <p>Focus on blended roles and new routes into roles</p> <p>Specific programme on Diversity Leadership to support career programme with race and disability focus</p> <p>RBC and NCA pay the real living wage to all employees</p> <p>Focus on awareness of health and care roles through improved comms</p> <p>Work with Care Homes to up-skill care home staff and</p>	<p>operational risk register). Currently being resolved through partners with some funding identified.</p> <p>Reliant on current resource to support delivery of the strategy (not within our control)</p> <p>Impact of cost-of-living crisis on workforce and HMR residents in particular</p> <p>GM ICS arrangements impacting on level of control of financial and</p>	<p>under development (using GM VWIS data) to capture system-wide workforce data to inform decision making</p> <p>Adoption of OWOM will enable us to improve workforce planning in HMR</p>		<p>Design locality leadership talent mgmt. programme Lead – Clare Nott / Rosemary Barker Due – Q4</p> <p>Develop leadership training Lead – Clare Nott / Rosemary Barker Due – Q3</p> <p>Develop &amp; rollout care home assistant practitioner training Lead – Clare Nott / Rosemary Barker Due – Q4</p> <p>Develop and implement health and social care academy model Lead – Clare Nott / Rosemary Barker Due – Q4</p> <p>Prevention induction programme for workforce developed Lead – Clare Nott / Rosemary Barker Due – Q2</p>						

Locality Objective	Principal Strategic Risk(s)	Executive Lead & Governance	Likelihood	Impact	Controls	Key Gaps in Controls	Assurances	Gaps in Assurance	Action (s) required, lead & delivery date	Inherent Risk Score 2023/24	Target Risk Score	Q1 Residual score	Q2 score	Q3 score	Q4 score
					<p>increase quality of care</p> <p>Specific work on scoping of new integrated roles to support integration model</p> <p>Prevention to be included in induction to support workforce awareness on prevention</p> <p>System recruitment event being held July 2023</p>	<p>workforce resource (identified as a significant risk on the operational risk register)</p> <p>Staff morale as a result of dissatisfaction with level of pay (links to industrial action) and risk of staff leaving</p> <p>Gaps in understanding wider system approach on paying the real living wage</p>			<p>Launch Career Ambassador programme Lead – Clare Nott / Rosemary Barker Due – Q4</p> <p>Develop single access point for wellbeing for staff Lead – Clare Nott / Rosemary Barker Due – Q3</p> <p>Understand wider system approach to paying the real living wage Lead – Clare Nott / Rosemary Barker Due – Q2</p>						

**Aligned operational risks (scored 12+):**

- 241 – Funding to deliver people ambitions (16)
- 259 - Capacity within the locality to deliver the LCO Business Plan and wider locality plans (15)
- 242 - Equality Diversity & Inclusion Resource (12).
- 228 – Impact of industrial action (12)
- 214 – AMHP Deficit (12)

Locality Objective	Principal Strategic Risk(s)	Executive Lead & Governance	Likelihood	Impact	Controls	Key Gaps in Controls	Assurances	Gaps in Assurance	Action (s) required, lead & delivery date	Inherent Risk Score 2023/24	Target Risk Score	Q1 Residual score	Q2 score	Q3 score	Q4 score
<b>System Transformation</b>	<b>BAF 5 – IF we do not transform our services and develop collaborative partnerships across our system to do this THEN we will fail to improve outcomes for residents and deliver effective services</b>	<b>Executive Lead(s)</b> Sandra Croasdale  <b>Aligned Governance</b> System Development & Design Group	3	4	Key areas requiring 'engagement' to support delivery of new programmes/models in the LCO Business Plan identified during Q1  System transformation agreed as a Locality Objective for 23/24 with specific priorities and programmes identified as part of LCO Business Plan  Integrated Social Communication Assessment Model & Support hub went live in Q1. The new model has been	No current service provision for Adult ADHD and Autism (LANC UK previous provider); new provider agreed  GM ICS arrangements impacting on level of financial and workforce resource, in particular around system intelligence capacity and workforce capacity  Risk to stability of voluntary care sector as a result of increased	Quarterly reviews of LCO Business Plan in place and monitored via LCO Governance to monitor impact of system transformation and collaboration on HMR residents  System Development and Design Group established to oversee strategic commissioning intentions with system-wide partners  LCO governance	Continue to have high waiting times / increased demand across services so there is a need to continue to work to re-develop / strengthen pathways  Work required to agree accountability arrangements for the LCO, in particular performance and quality (as part of a locality operating model)  Potential impact of GM ICB financial position on delivery of transformation	Locality Operating Model to be developed to describe accountabilities and approach to integration Lead – Sandra Croasdale Due – Q3  Develop Insight & Engagement Framework Lead – Dianne Gardner Due – Q4  Develop transition to adulthood model Lead – Martin Lawton Due – Q4  Develop and implement access model for ASC Lead – Martin Lawton Due – Q3  Rollout mental health living well model to all PCNs Lead – TBC Due – Q4  Develop social communication assessment model (LD&A) Lead – Charlotte Mitchell / Martin Lawton Due – Q1	12	8	12			

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					<p>communicated widely across the system.</p> <p>Specific transformation / integration programmes identified for 23/24.</p> <p>Locality Partnership agreement developed and approved by partners</p> <p>Neighbourhoods ' development identified as priority area for 23/24, wrapped around all we do</p> <p>Funding identified to support Heart Failure service sustainability and recruitment completed.</p>	<p>NHS GM assurance requirements</p> <p>Lack of control of Locality funding to support service development (see finance risk)</p>	<p>is supported by a wide range of programme boards to oversee system transformation</p> <p>Integrated research &amp; innovation group established to support system-wide research development</p> <p>LCO SMT established to bring together senior leaders across the locality to further develop / embed integration</p>		<p>Completed Q1.</p> <p>Launch new Childrens Autism Strategy Lead – Charlotte Mitchell Due – Q4</p> <p>Develop action plan to support CYP at risk of residential placement Lead – Charlotte Mitchell Due – Q4</p> <p>Build specification developed for children's home in Rochdale Lead – Charlotte Mitchell Due – Q4</p> <p>Develop all-age autism action plan Lead – Charlotte Mitchell / Martin Lawton Due – Q2</p> <p>Go Live with SEND Advice Line Lead – Charlotte Mitchell Due – Q4</p> <p>Develop integrated adolescent service (for vulnerable children)</p>						

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					<p>Service model under review.</p> <p>System Learning Events established which support identification of improvements to pathways in services</p>		<p>LCO Board established to oversee delivery of the LCO Business Plan</p> <p>Locality governance structure established to support integrated working and decision making at Locality level. However further clarity on accountabilities required as part of locality operating model work</p>		<p>Lead – Charlotte Mitchell Due – Q4</p> <p>Develop and implement family safeguarding targeted model Lead – Charlotte Mitchell Due – Q4</p> <p>Develop enhanced care home model Lead – Hayley Ashall Due – Q4</p> <p>Further develop end of life strategy Lead – Sam Wells Due – Q2</p>						
<b>Aligned operational risks (scored 12+):</b>															



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<ul style="list-style-type: none"> <li>• 259 - Capacity within the locality to deliver the LCO Business Plan and wider locality plans. (15)</li> <li>• 261 - System Intelligence Team (SIT) capacity to support LCO Business Plan. (16)</li> <li>• 215 – Heart Failure Service (12)</li> <li>• 235 – Legislative changes regarding children with LD&amp;A (12)</li> <li>• 264 – No commissioned adult autism service (12)</li> <li>• 265 – No commissioned adult ADHD service (12)</li> <li>• 266 – Access to Adult Autism and ADHD Patient Records from LANCuk (12)</li> </ul>															
System Transformation	<b>BAF 6 - IF we fail to develop and implement our Neighbourhoods Model and engage across the system to do this THEN we will fail to deliver the outcomes in the locality plan and</b>	<b>Executive Lead(s)</b> Alison Kelly  <b>Aligned Governance</b> Neighbourhoods Programme Board	4	4	Scoping workshop held 20th April to consider our strategy for moving to a wider strategic neighbourhood model, agreement to hold stakeholder events in Autumn to drive this model forwards.  Strengthened public engagement in 22/23 to ensure the public voice is at the heart of the model (continuing to be strengthened in	Priorities not yet agreed for each neighbourhood (under development)  Differential engagement of Primary Care across neighbourhoods	Neighbourhoods Programme Board established to oversee delivery  Neighbourhood Leadership Groups established in 3 of 5 neighbourhoods  Neighbourhood data packs developed which provide neighbourhood specific	Neighbourhood Leadership Groups require establishing in Rochdale South and North	Develop 5 year Neighbourhoods strategy Lead – Alison Kelly Due – Q4  Develop neighbourhood's estates strategy Lead – Alison Kelly Due – Q4  Establish Neighbourhood Leadership Groups in Rochdale North & South Lead – Alison Kelly Due – Q2 Deferred from Q1 to Q2.  Agree neighbourhood priority programmes in all neighbourhoods Lead – Alison Kelly Due – Q2	16	12	16			

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	<b>improve local care for residents</b>				<p>23/24 as part of insight &amp; engagement framework)</p> <p>Neighbourhood's engagement plan developed and agreed (implementation in 23/24)</p> <p>Local councillors engaged with neighbourhood groups to ensure constituents voices are represented in the work that we do.</p> <p>Neighbourhoods aligned to 3 key workstreams; strategic direction, leadership groups and geographical alignment</p>		data to support decision making		<p>Develop plan for Clinical Professional Leadership framework</p> <p>Lead – Alison Kelly</p> <p>Due – Q3</p> <p>Deferred from Q1 to Q3.</p>							

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**Aligned operational risks (scored 12+):**

- 244 - Pennines INT Estates (12)
- 245 - Canalside Primary Care Network practices (2) outside of township alignment (12)
- 251 – Rochdale South engagement (12)
- 263 – Rochdale North engagement (12)