Derby and Derbyshire CCG: Summary Governing Body Assurance Framework Quarter 1 – April to June 2020/21



Introduction

The Governing Body Assurance Framework (GBAF) aims to identify the strategic/principal risks to the delivery of the Derby and Derbyshire CGGs strategic objectives. It sets out the controls that are in place to manage the risks and the assurances that show if the controls are having the desired impact. It identifies the gaps in control and hence the key mitigating actions required to reduce the risks towards the target or appetite risk score. It also identifies any gaps in assurance and what actions can be taken to increase assurance to the Derby and Derbyshire CCG. The table below sets out the Derby and Derbyshire CCG strategic objectives; lists the strategic/principal risks that relate to them. Further details can be found on the extract pages for each of the strategic/principal Risks.

The Strategic Objectives of Derby and Derbyshire CCG are:

- 1. To reduce measurably our health inequalities and improve the physical health, mental health and wellbeing of our population.
- 2. To reduce measurably unwarranted variation in the quality of healthcare delivered across Derbyshire.
- 3. To plan and commission quality healthcare that meets the needs of our population and improves its outcomes, and accounts for the long-term sequelae of Covid-19.
- 4. To support the development of a sustainable health and care economy that operates within available resources, achieves statutory financial duties and meets NHS Constitutional standards.
- 5. Work in partnership with stakeholders and with our population to achieve the above four objectives.

	Strategic Risk(s)	Current Rating	Executive Lead
1	Lack of timely data, insufficient system ownership and ineffective commissioning may prevent the ability of the CCG to improve health and reduce health inequalities.	9	Steve Lloyd
2	The CCG is unable to harness the skills and capacity in the organisation and across the system to identify priorities for variation reduction and reduce or eliminate them.	12	Steve Lloyd
3	Ineffective system working may hinder the creation of a sustainable health and care system by failing to deliver the scale of transformational change needed at the pace required.	12	Zara Jones
4A	The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the CCG to move to a sustainable financial position.	16	Richard Chapman
4B	The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the system to move to a sustainable financial position.	25	Richard Chapman
5	The Derbyshire population is not sufficiently engaged to identify and jointly deliver the services that patients need.	12	Helen Dillistone



July 2020

Strategic Aim: 1 To reduce measurably our health inequalities and improve the physical health, mental health and wellbeing of our population.

GBAF RISK 1

Executive Lead: Steve Lloyd

Assigned to Committee: Quality and Performance

What would success look like and how would we measure it?

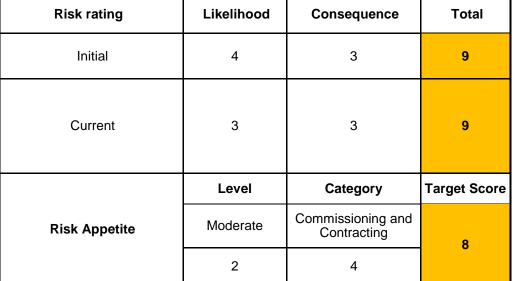
Agreement of and commitment to agenda at JUCD Board.

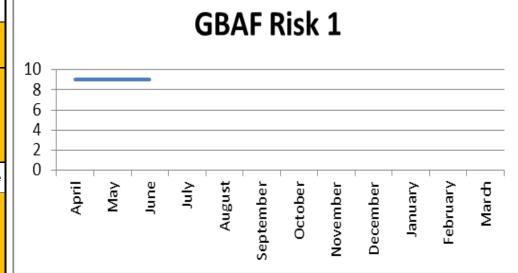
Strategic Long Term Conditions Programme Board to be established or system to collate and triangulate data and agree actions.

Focussing on particular patient cohorts, measures around services to be put in place to support reduction of inequalities. LTC Board identify group(s) for focus.

Risk Description

Lack of timely data, insufficient system ownership and ineffective commissioning may prevent the ability of the CCG to improve health and reduce health inequalities.





Rationale for risk rating (and any change in score):

- Capacity in commissioning has improved.
- PLACE areas are now supported by a CCG Functional Director.
- QIA/EIA process in place.
- OEIPB process in place.

SOURCES OF ASSURANCE

Date reviewed

Link to Derby and Derbyshire Risk Register

1,2,3,4,5,6,7,9,12,14,17,19,21,22,24,25,26,27,28

<u>Internal</u> • QIPP and Service Benefit Reviews challenge process.

- Prioritisation tool.
- Clinical & Lay Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions.
- Robust QIA process for commissioning/ decommissioning schemes and System QIA now in place
- Clinical Quality Review Group (CQRG) measures built into all contracts
- **OEIPB Board and Action Plan**
- OEIPB progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance report
- 2020/2021 Commissioning Intentions published and on website
- 2020/2021 Contracting approach and objectives developed

External

- NHSE and NHSI assurance arrangements
- CQC inspections and associated commissioner and provider action plans
- Programme Boards
- STP Oversight

KEY CONTROLS TO MITIGATE RISK

- Meetings with Local Authority to identify joint funding opportunities.
- System wide efficiency planning has commenced for 2020/2021 showing commitment to joint system working
- System Quality and Performance Group has been established and mothly meetings in place.
- System ownership of the health inequalities agenda.
- Daily System Escalation Cell (SEC) meetings established to support the management of COVID 19 across the Derbyshire System.

<u>Internal</u>

- Quality & Performance Committee
- Risk management controls and exception reports on clinical risks to Quality & Performance Committee
- Performance reporting framework in place
- Lay representation within Governing Bodies and committee in common structures.
- NHSE assurance meetings to provide assurance.
- OEIPB Action Plan and Highlight Report owned by Quality & Performance Committee
- Draft Joined Up Care 5 Year Strategy Delivery Plan 19/20 - 23/24
- STP Refresh Summary
- OEIPB progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance report
- Measurement of performance targets
- System Quality and Performance Group

External

- Quality Surveillance Group
- Recovery Action Plans
- **Commissioning Boards**
- Health and Well-being Boards
- Legal advice where appropriate
- **NHSE Assurance Letters**
- System Quality and Performance Group minutes.
- Agreement and commitment to the Health Inequalities agenda at JUCD Board.
- SEC Agendas and Papers.
- SEC Action Logs.

 Brigid Stacey Chief Nurse of DDCCG is the Chair of the System Quality and Performance Group Quality and Performance Committee meetings reinsated from June 20. as a result of the COVID 19 pandemic 			minutes		
GAPS IN	CONTROL		GAPS IN A	SSURANCE	
<u>Internal</u>	 Develop and agree are address inequalities. Agree a programme of interventions, informed 	ernal n evidence-based strategy to of work for appropriate ed by public health data and er determinants of health.	<u>Internal</u>	 Understanding he of Covid including Understanding di 	ealth data and implications g disparities of outcomes. rect impacts and long-term ovid. Triangulating through
	ACTIONS BEING TAKEN	I TO ADDRESS GAPS IN CONT	FROL/ASSURANCE (INCLUDE TIMESCALES)		
<u>Internal</u>		<u>Timeframe</u>	 External Long Term Conditions Strategy. Strategic Long Term Conditions Programme I or system to collate and triangulate data and Long Term Conditions Board to identify group 	agree actions.	 Timeframe Sept/ October 2020 Sept/ October 2020 September 2020



Strategic Aim: 2 To reduce measurably unwarranted variation in the quality of healthcare delivered across Derbyshire.	GBAF RISK 2	Executive Lead: Steve Lloyd Assigned to Committee: Quality and Performance
NAME of consolid consolid consolidate and become delicated as a second 200	Piul Pouvel	

What would success look like and how would we measure it?

Links to Strategic Long Term Conditions programme board to address variation.

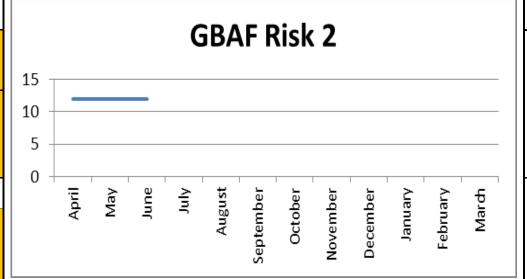
Set timescales and what will reduce by when for variation.

Agree and implement the at-scale activity.

Risk Description

The CCG is unable to harness the skills and capacity in the organisation and across the system to identify priorities for variation reduction and reduce or eliminate them.

Risk rating	Likelihood	Consequence	Total
Initial	3	4	12
Current	3	4	12
	Level	Category	Target Score
Risk Appetite	Moderate	National Quality and Direction	0
	2	4	8
KEY CONTROL O TO MITICATE DIOK			



Date reviewed July 2020

Rationale for risk rating (and any change in score):

- The STP Clinical leadership group is becoming established.
- The Systems saving group is bringing key partners together to deliver the financial priorities and has increased joint ownership of priorities
- PLACE commissioning is developing.

SOURCES OF ASSURANCE

Link to Derby and Derbyshire Risk Register 1,2,3,4,5,6,7,9,12,14,17,21,22,23,24,25,26,27,28,29

KEY CONTROLS TO MITIGATE RISK

Internal

Clinical & Lay Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions

- Robust QIA process for commissioning/ decommissioning schemes and new System QIA panel in place
- Clinical Quality Review Group (CQRG) measures built into all contracts
- Financial Recovery Group (FRG) oversight.
- Contract Management Board (CMB) oversight
- Quality & Performance Committee
- **OEIPB** Board and Action Plan
- OEIPB progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance report
- Brigid Stacey, Chief Nurse of Derby and Derbyshire CCG is the Chair of the System Quality & Performance Group
- Internal resource planning work led by HR
- Quality and Performance Committee meetings

External

- NHSE assurance arrangements
- Provider Governance arrangements are clear and include any subcontracting responsibilities.
- CQC inspections and associated commissioner and provider action plans
- NHSI assurance arrangements
- STP Oversight
- System Quality & Performance Group established and meets on a monthly basis

Internal

- Quality & Performance Committee
- Risk management controls and exception reports on clinical risk to Quality & Performance
- Performance reporting framework
- Lay and Council representation within Governing Bodies and committees in common structure.
- Clinical committee established at Place,
- Quality assurance visits
- NHSE assurance meetings to provide assurance.
- OEIPB Action Plan and Highlight Report owned by Quality & Performance Committee
- Draft Joined Up Care 5 Year Strategyy Delivery Plan 19/20 - 23/24
- STP Refresh Summary
- OEIPB progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance report

External

- Collaboration with Healthwatch
- Health and Well-being Boards
- 360 Assurance audits
- NHSE/I assurance meetings
- CQC Inspections and action plans
- **Quality Surveillance Group**
- Minutes of System Quality & Performance

reinsated from June 20. as a result of the COVID 19 pandemic			 Brigid Stacey, Chief Nurse of Derby and Derbyshire CCG is the Chair of the System Quality & Performance Group. Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System. 		
GAPS IN (CONTROL		GAPS IN A	SSURANCE	
<u>Internal</u>	 System Quality an stood down from I COVID 19 pander Identify variation of processes and work eliminate or reduction. Agree the priorities 	caused through system ork with system partners to	Internal STP planning in development and refresh in progress	 System Quality a minutes not curre Differentiate whice elimination and ward prioritised plan for Agree dataset to 	ch variation is appropriate for which is not; develop a
	ACTIONS BEING TAKE	N TO ADDRESS GAPS IN CON	TROL/ASSURANCE (INCLUDE TIMESCALES)		
<u>Internal</u>		<u>Timeframe</u>	 External Increased system working with system partner transformation change. Refer issues to System Quality and Performation. Strategic Long Term Conditions Programme variation. Right Care Evidence and Data Agree Priorities at System Event. Strategic Long Term Conditions Programme measurement 	ance Group. Board to address	Timeframe Ongoing Monthly System Quality & Performance Group November 2020 November 2020 TBC November 2020



Juy 2020

Strategic Aim: 3

To plan and commission quality healthcare that meets the needs of our population and improves its outcomes, and accounts for the long-term sequelae of Covid-19.

GBAF RISK 3

Executive Lead: Zara Jones
Assigned to Committee: Clinical & Lay

Commissioning

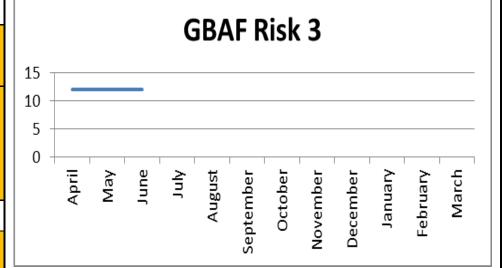
What would success look like and how would we measure it?

Delivery of system transformation schemes – improved outcomes and reduced cost. Improved / sustained relationships with system partners – increased collaboration and strengthened planning and delivery, less duplication and more shared accountability for delivery. Improved and streamlined contracting approach for 20/21 with contracts agreed earlier and aligned to system requirements.

Risk Description

Ineffective system working may hinder the creation of a sustainable health and care system by failing to deliver the scale of transformational change needed at the pace required.

Risk rating	Likelihood	Consequence	Total
Initial	3	4	12
Current	3	4	12
	Level	Category	Target Score
Risk Appetite	Moderate	Collaborative working	8
	2	4	3



Rationale for risk rating (and any change in

Rationale for risk rating (and any change in score):

Date reviewed

- System working is still developing, however scale of transformation required is clear and principles of collaborative system working are agreed.
- measures are easily measurable making the score more subjective.

Link to Derby and Derbyshire Risk Register 1,2,3,4,5,6,9,10,12,14,17,19,22,23,24,25,26,27,28,29

Internal

- Senior members of staff are fully involved in STP workstreams
- Link with STP
- Strong CEO lead and influence on STP
- Good clinical engagement i.e. Medical Director a key player in CPRG
- CPAG and new Clinical Pathways Forum
- Commissioning Intentions 19/20 finalised and agreed with Providers and published on website
- Clinical Leadership Framework in place
- Deep Dives on areas of poor performance involving provider partners e.g. Q&P deep dives
- Lessons learned application to 20/21 planning and delivery through Finance Committee and shared with GB and system
- Clinical and Lay Commissioning Committee meetings reinstated June 2020 a result of the COVID 19 pandemic.
- Clinical Cell established to manage COVID 19

External

- Governance structure becoming embedded
- Good CEO/DoF system engagement
- JUCD Board now fully functioning as a group of system leaders
- Systems Savings Group

KEY CONTROLS TO MITIGATE RISK

- Future in Mind Plan agreed by the CCG, Derby City Council and Derbyshire County Council
- System Quality and Performance Group established to support in-year delivery strategically, linked to the transformation agenda
- System Planning leads oversight of contracting and planning for 20/21, linked to DoFs group to ensure we set the right framework for delivery of our transformation as a system.
- System Clinical and Professional Reference Group established and meets monthly.
- System intelligence one version of the truth

SOURCES OF ASSURANCE

Clinical & Lay Commissioning Committee meetings

Internal

- Governing Body
- PMO
- Executive Team
- OEIPB Board and Action Plan
- OEIPB Highlight Report owned by Clinical & Lay Commissioning Committee
- Clinical & Lay Commissioning Assurance Report provided to Governing Body.
- STP System Refresh
- Draft Joined Up Care 5 Year Delivery Plan 19/20 – 23/24
- Commissioning Intentions published and available on the CCGs website

External

- JUCD Board
- System Forums incl.delivery boards, planning leads
- CEO/DoF meetings
- CPRG meetings
- NHSE/I reviews
- Derby City Council
- Derbyshire County Council
- Future in Mind Plan published on Derby City Council website
- Future in Mind Plan published on Derbyshire County Council website
- STP refresh
- System Clinical and Professional Reference Group Minutes

1

 issues, Steve Lloyd Medical Director is the lead for the cell. Zara Jones, Executive Director of Commissioning and Operations is the lead for the System Planning Cell. Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System System Planning and Operations Cell established to manage and determine recovery plans and future planning. Established intelligence and baseline data on finance, activity and workforce to enable scenario modelling to inform decision making 				
GAPS IN CONTROL		GAPS IN ASS	SURANCE	
 Not able to influence decisions Limited CCG capacity to contribute to all meetings Clinical and Lay Commissioning Committee meetings stood down from March 2020 to June 2020 due to CCG operating at level 4 Business Continuity Escalation as a result of the COVID 19 pandemic. National directives 'Club v's country' i.e. orga System Clinical and Profe stood down due to COVID Workforce plans to be est the necessary competence including contingency plan Suspension of operational Suspension of Systems S 	 National directives 'Club v's country' i.e. organisational sovereignty over system System Clinical and Professional Reference Group meetings stood down due to COVID 19 pandemic. Workforce plans to be established across the system to provide the necessary competency and capacity to deliver healthcare, including contingency plans for staff reductions due to Covid-19. Suspension of operational planning Suspension of Systems Savings Group and PMO 		 None. Mitig place System Clir Professiona Minutes not current Pos Quantify regresulting from 	al Reference Group t available due to sition. sidual health need om Covid infection nto capacity and
ACTIONS BEING TAKEN TO	ADDRESS GAPS IN CONTROL/ASSURA	I NCE (INCLUDE TIMESCALES)		
 System savings work in place and ongoing Joined Up Care Derbyshire Workstream Delivery Boards / Assurance Strategic commissioner and ICS / ICP development Virtual urgent decisions can be made by CLCC as per the Terms of Reference as required. Weekly 30 minute Confidential GB Virtual Meetings established, with focused agenda have been established for urgent decision making and any urgent committee business. Clinical Cell established to manage COVID 19 issues, Steve Lloyd Medical Director is the lead for the cell. Zara Jones, Executive Director of Commissioning and Operations is the lead for the System Planning Cell. 	 Timeframe Monthly review March to June 2020 April to June 2020 April to June 2020 	 External Continued work with system partners to d transformation plans Development of Direct Enhanced Services through PCCC. Daily System Escalation Cell meetings es support the management of COVID 19 ac Derbyshire System. System Planning and Operations Cell esta manage and determine recovery plans an 	tablished to ross the	 Timeframe Monthly review March 2020 Ongoing April to June 2020 March 2020. Ongoing.



July 2020

Strategic Aim: 4 To support the development of a sustainable health and care economy that operates within available resources, achieves statutory financial duties and meets NHS Constitutional standards

GBAF RISK 4A

Executive Lead: Richard Chapman Assigned to Committee: Finance Committee

What would success look like and how would we measure it?

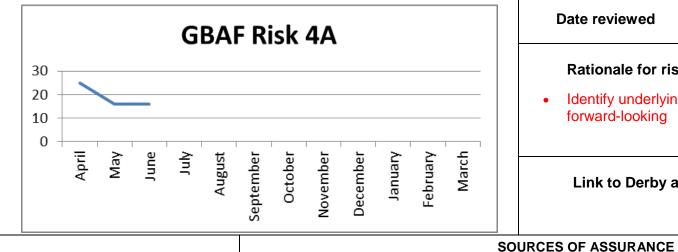
Delivery of agreed 2020/21 financial position.

Risk Description

The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the CCG to move to a sustainable financial position.

Date reviewed

Risk rating	Likelihood	Consequence	Total
Initial	5	5	25
Current	4	4	16
	Level	Category	Target Score
Risk Appetite	Low	Financial Statutory Duties	10
	2	5	



Rationale for risk rating (and any change in score):

Identify underlying system position, current and forward-looking

Link to Derby and Derbyshire Risk Register .11,30

KEY CONTROLS TO MITIGATE RISK

Internal

- Contract management incl. validation of contract information, coding and counting challenges etc.
- Internal management processes monthly confirm and challenge by FRG & FinCom
- OEIPB Board and Action Plan.
- OEIPB progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report.
- Finance Committee meetings reinstated from June 2020

External

- Standardised contract governance in line with national best practice.
- System Finance Oversight Group (SFOG)
- Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System
- System Savings Group established and in place
- System Finance Oversight Group in place

Internal

- Monthly reporting to NHSE/NHSI, Finance Recovery Group and Finance Committee.
- Internal Audit Financial Management review giving significant assurance
- OEIPB Board and Action Plan.
- OEIPB progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report
- Finance Committee Minutes

External

- Internal audit review of Finance and Contract Management processes.
- Regulator review and oversight of monthly financial submissions
- System Finance Oversight Group Minutes

GAPS IN CONTROL		GAPS IN ASSURANCE	
 Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact. Absence of integr health financial properties of timely, accurate and complete activity data with associated financial impact. System Finance of integr health financial properties of timely, accurate and complete activity data with associated financial impact. Establish common financial sustaina lidentify underlying forward-looking. 	Oversight Group meetings to be nber 2020. In system objective to deliver bility on a system-wide basis. It g system position, current and wide monitoring, efficiency and	 Regularisation of integrated activity, finance and savings reporting incorporating activity Absence of common reporting with cle 	External nitment to open-book ear risk identification. Oversight Group Minutes
ACTIONS BEING TA	KEN TO ADDRESS GAPS IN CON	FROL/ASSURANCE (INCLUDE TIMESCALES)	
 Internal Strengthening of activity data reporting to ensure improved business intelligence to support decision making. Development of an integrated Activity Finance & Savings report in place 	Timeframe Ongoing April 2020	 External Transparency of open book reporting through System Savings Group Output from Demand & Capacity Workstream on waiting list growth (reduction) and consider in financial sustainability terms. 	<u>Timeframe</u>OngoingOctober 2020



July 2020

Strategic Aim: 4

To support the development of a sustainable health and care economy that operates within available resources, achieves statutory financial duties and meets NHS Constitutional standards

GBAF RISK 4B

Executive Lead: Richard Chapman Assigned to Committee: Finance Committee

What would success look like and how would we measure it?

• Delivery of agreed 2020/21 financial position on a system basis.

Risk Description

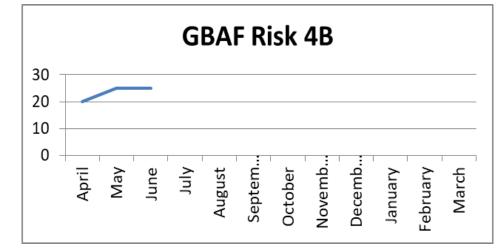
The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the system to move to a sustainable financial position.

Date reviewed

SOURCES OF ASSURANCE

Risk rating	Likelihood	Consequence	Total
Initial	5	4	20
Current	5	5	25
	Level	Category	Target Score
Risk Appetite	Low	Financial Statutory Duties	10
	2	5	

KEY CONTROLS TO MITIGATE RISK



Rationale for risk rating (a	nd any change in score):

- Identify underlying system position, current and forward-looking
- It is not yet clear what resources will be made available to the Derbyshire health economy.
- It is not yet clear whether the Derbyshire health economy will be required to operate to organisational or system control totals.
- The system does not currently have a functional efficiency programme or agreed structures to implement such a programme.

Link to Derby and Derbyshire Risk Register 11,30

Internal

- Internal management processes monthly confirm and challenge by FRG & Finance Committee
- Integrated financial reporting incorporating I&E and savings positions and risk
- OEIPB Board and Action Plan.
- Clinical Leadership Framework in place across the system to support governance and clinical workstreams.
- OEIPB progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report
- Finance Committee meetings reinstated from June 2020

External

- Standardised contract governance in line with national best practice.
- System Finance Oversight Group (SFOG) established
- Requirement to agree a multi-year system recovery plan with regulator in order to mitigate impact score

Internal

- Monthly reporting to NHSE/NHSI, Finance Recovery Group and Finance Committee.
- OEIPB Board and Action Plan.
- Clinical Leadership Framework in place across the system to support governance and clinical workstreams.
- OEIPB progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report
- Finance Committee Minutes

External

- Internal audit review of Finance and Contract Management processes.
- Regulator review and oversight of monthly financial submissions
- System Finance Oversight Group Minutes

GAPS IN	CONTROL	GAPS IN A	SSURANCE	
Internal Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact.	 External Absence of a single system view of activity data which is timely, accurate and complete. Absence of a system planning function on which partners place reliance. Absence of integrated system reporting of the health financial position. Regulatory and statutory financial duties mitigate against system collaboration and cooperation to reduce health cost. System Activity Finance & Savings report System Savings Group established and in place System Finance Oversight Group in place System Finance Oversight Group to be reinstated September 20. Establish common system objective to deliver financial sustainability on a system-wide basis. Identify underlying system position, current and forward-looking. Establish system-wide monitoring, efficiency and transformational delivery process. 	 Internal Regularisation of integrated activity, finance and savings reporting incorporating activity trajectoried matched to provider capacity to deliver and associated commissioner financial impact 	 Absence of common reporting with cleasing the provider rules on quarterly basis, using the provider Sustainant delay in risk recognises and provider sustainant delay in risk recognises. 	nitment to open-book ar risk identification. Ity allow reforecasting on a nable to influence this ability Fund rules incentivise gnition meaning forecasting objective, unable to influence Oversight Group minutes not current position
	ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONT	TROL/ASSURANCE (INCLUDE TIMESCALES)		
 Internal Development of new System Activity Finance & Sa 	<u>Timeframe</u>	 External Establish greater system working across finar Transparency of open book reporting through Daily System Escalation Cell meetings establish management of COVID 19 across the Derbys Output from Demand & Capacity Workstream (reduction) and consider in financial sustainable 	System Savings Group ished to support the hire System on waiting list growth	Timeframe Ongoing Ongoing April to June 2020 October 2020



Strategic Aim: 5 Work in partnership with stakeholders and with our population to achieve the above four objectives.

GBAF RISK 5

Executive Lead: Helen Dillistone
Assigned to Committee: Engagement Committee

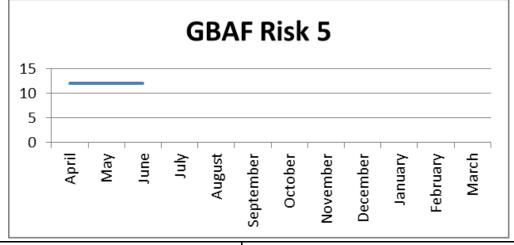
What would success look like and how would we measure it?

Output and delivery of comprehensive engagement programme, with % increase to Citizen's Panel membership and agreed % population engaged in planning in Yr1. Fully populated and network engagement structure, with permanent membership of Engagement Committee confirmed.

Risk Description

The Derbyshire population is not sufficiently engaged to identify and jointly deliver the services that patients need.

Risk rating	Likelihood	Consequence	Total	
Initial	4	3	12	
Current	4	3	12	
	Level	Category	Target Score	
Risk Appetite	Low	Commissioning	6	
	2	3	· ·	



Date reviewed	July 2020
---------------	-----------

Rationale for risk rating (and any change in score):

• The CCG recognises the risk of operating in a complex and financially challenged environment and the need to balance decision making with appropriate engagement and involvement.

Link to Derby and Derbyshire Risk Register 4,5,6,7,9,12,14,16,24,25,26,27,28

KEY CONTROLS TO MITIGATE RISK

Internal

- Clearly defined system strategy which identifies key health priorities and forward planning to ensure public engagement can be embedded.
- Engagement function with clearly defined roles and agreed priorities.
- Engagement Committee to provide challenge and internal scrutiny; the Committee has broad representation from provider Governors, members of the public, Local Government, Healthwatch and the Voluntary Sector
- Alignment of CCG and JUCD communications and engagement agendas where necessary to provide streamlined and coherent approach.
- Identified involvement of communications and engagement lead involvement in all projects.
- Clearly defined offer and ownership of

External

- Engagement Committee has dual responsibility for the alignment of JUCD and CCG communications and engagement agendas where necessary to provide streamlined and coherent approach.
- Relationship development with local parliamentary and council politicians.
- Structured approach to broader stakeholder engagement.
- Proactive formal and informal Engagement with Overview & Scrutiny Committees, with clear business plan.
- Co-production approach to planning utilising existing local experts by experience (Lay Reference Groups)
- Joined Up Care Derbyshire Comms and Engagement collaboration and planning.
- Legal/Consultation Institute advice on challenging issues.

Internal

- Confirm and challenge and outputs for Engagement Committee providing assurance to GBs.
- Governing Body assurance of Engagement Committee evidence from training and development.
- Commissioning cycle to involve patient engagement.
- EIA and QIA process.
- · QIA/EIA panel.
- Communications & Engagement work plan and links to QIPP tracker which aims to maintain understanding of emerging work and implications
- Systematic completion of S14Z2 forms at PID stage will provide standardised assurance against compliant decision making and recording of decisions at project level.

External

- Membership (and other stakeholder) feedback via annual 360 survey.
- Approval of commissioning strategy and associated decisions by the Clinical Lay Commissionoing Committee.
- Approval of engagement and consultation processes from Overview and Scrutiny Committees.
- NHS England CCG Assurance Outstanding Rating assessment
- Internal Audit Report.

SOURCES OF ASSURANCE

communications channels to support consistency of approach and clarity of message. Improved coordination of membership engagement mechanisms, linked to planning. Links to QIA/EIA Panel, work streams and planning processes to keep sighted on emerging work. Simple engagement model now approved to support project flow through consistent process. Strengthening of CCG committee cover sheets to ensure committees making implementation decisions have full assurance that duties have been met. 2020/21 Commissioning Intentions finalised and agreed with Providers. Population Health Management in development OEIPB Governing Body Commissioning Intentions published and on website. Engagement Committee meetings reinstated from June 2020. Zara Jones, Executive Director of Commissioning and Operations is the lead for the System Planning Cell. Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System System Planning and Operations Cell established to manage and determine recovery plans and future planning		 Training for Engagement Committee membership to ensure robust understanding and application of guidance and statutory responsibility. 2020/21 Commissioning Intentions finalised and agreed with Providers. Population Health Management supported by Public Health Directors and Governing Body. Establishment of Strategic Advisory Group. Governing Body developing CCG Strategy. Commissioning Intentions published and on website 	
GAPS IN CONTRO	L	GAPS	IN ASSURANCE

 EIA/QIA process to be adopted by JUCD. PMO process currently scaled back, with risk to placement of S14Z2 in decision making. A robust engagement programme that supports the health inequalities and commissioning agendas at the planning stage, with full population analysis to support reaching seldom heard groups. Finalise construct of engagement mechanisms from PPG level, through PCN, Place, ICP to Engagement Committee level, subject to system structure agreement. Embed clear and robust statements and processes relating to the desire to engage in CCG strategic policies. 	Potential lack of provider engagement in JUCD communications and engagement work. Lack of clarity in place development. PMO process currently scaled back, with risk to placement of S14Z2 in decision making.	 Embed insight gathering processes into BAU for health service commissioning, with programme support identification of behaviours and issues that affect service commissioning and health inequalities S14Z2 process to be amalgamated with QEIA processes to ensure scrutiny 	External • S14Z2 process to be amalgamated with QEIA processes to ensure scrutiny			
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)						
 Internal Training support for project managers in development on commissioning cycle to standarise processes, building on recent project management training. Fully populated and network engagement structure, with permanent membership of Engagement Committee confirmed. 	• Q2 2020/21 • Q3 2020/21	 External Engagement Committee re-established Insight programme in progress but requires longer-term funding model S14Z2 process to be amalgamated with QEIA processes to ensure scrutiny Timeframe June 2020 Q3 2020/21 Q2 2020/21 				
S14Z2 process to be amalgamated with QEIA processes to ensure scrutiny	• Q2 2020/21					