Derby and Derbyshire CCG: Summary Governing Body Assurance Framework Quarter 2 – July to September 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 Aims 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. | 16 | Richard Chapman |
| 5 | The Derbyshire population is not sufficiently engaged to identify and jointly deliver the services that patients need. | 12 | Helen Dillistone |



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.

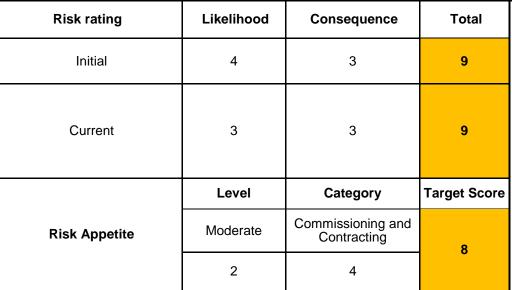
Strategic Long Term Conditions Programme Board to be established or system to collate and triangulate data and agree actions.

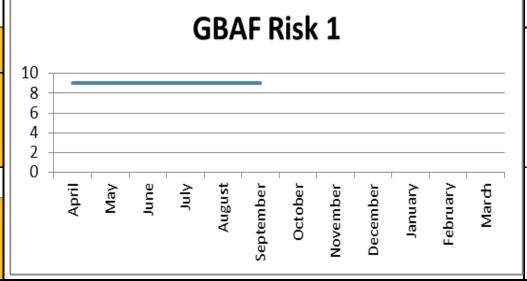
Focussing on particular patient cohorts, measures around services to be put in place to support reduction of inequalities.

LTC Board to 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.





| Rationa | le f | or | 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.

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

rnal

Internal

• 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
- 2020/2021 Commissioning Intentions published and on website
- 2020/2021 Contracting approach and objectives developed
- Brigid Stacey Chief Nurse of DDCCG is the Chair of the System Quality and Performance Group

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.

Internal

- 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.
- Draft Joined Up Care 5 Year Strategy Delivery Plan 19/20 - 23/24
- STP Refresh Summary
- Measurement of performance targets
- System Quality and Performance Group minutes
- System Phase 3 Plan approved by Governing Body and Submitted to NHSE.

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.
- System Phase 3 Plan agreed and submitted to NHSE and is a work in progress plan.

| Quality and Performance Committee meetings reinstated from June 20. as a result of the COVID 19 pandemic. | Winter Planning Cell established STP/ ICS Interim Accountable Office Strategic Long Term Conditions Program to be established or system to triangulate data and agree actions. | gramme pressures and COVID-19 | | | | |
|---|--|--|--|---|--|--|
| GAPS IN | CONTROL | GAPS | GAPS IN ASSURANCE | | | |
| <u>Internal</u> | External Develop and agree an evidence-bas address inequalities. Agree a programme of work for apprinterventions, informed by public hear incorporating the wider determinants | ropriate alth data and | Understanding horizontalUnderstanding of Covid including of Covid includ | External Understanding health data and implications of Covid including disparities of outcomes. Understanding direct impacts and long-term implications of Covid. Triangulating through system. | | |
| | GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES) | | | | | |
| <u>Internal</u> | <u>Timefra</u> | External Long Term Conditions Strategy. Long Term Conditions Board to identify work started) | groups for focus (prioritisation | <u>Timeframe</u>December 2020October 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 |
|---|-------------|---|
| What would success look like and how would we measure it? | Risk Descri | ption |

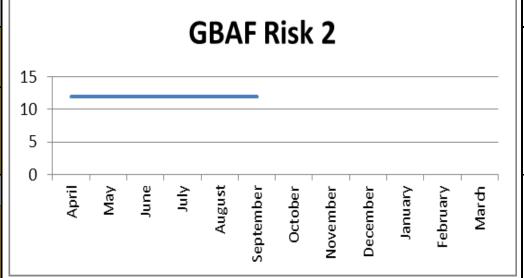
Links to Strategic Long Term Conditions programme board to address variation.

Set timescales and what will reduce by when for variation.

Agree and implement the at-scale activity.

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 |



Date reviewed October 2020

- Rationale for risk rating (and any change in score):
 The STP Clinical leadership group is becoming
- 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.

established.

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

<u>Internal</u>

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
- 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 reinsated from June 20. as a result of the COVID 19 pandemic

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
- Winter Planning Cell established
- STP/ ICS Interim Accountable Officer appointed

<u>Internal</u>

- 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.
- Draft Joined Up Care 5 Year Strategyy Delivery Plan 19/20 - 23/24
- STP Refresh Summary
- 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

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 Group
- System Phase 3 Plan agreed and submitted to NHSE and is a work in progress plan

| | | | COVID 19 across the Derbyshire System. System Phase 3 Plan approved by Governing Body and Submitted to NHSE. Winter Planning Cell established and in place to manage the impact of winter pressures and COVID-19 | | |
|-----------------|--|--|--|--|--|
| GAPS IN | CONTROL | | GAPS IN A | SSURANCE | |
| <u>Internal</u> | System Quality and stood down from I COVID 19 pander Identify variation of processes and word 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 curr Differentiate white elimination and 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) | | |
| Internal | | Timeframe | External Increased system working with system partner transformation change. Refer issues to System Quality and Performation. Strategic Long Term Conditions Programme variation. (working on risk stratification with Expriorities) Right Care Evidence and Data (awaiting upd Working with the LTC Board to agree Prioritie) Working with the LTC Board to agree Strategy Conditions Programme Board to agree dataset | Board to address I / Board are reviewing ated data packs) es at System Event. jic Long Term | Timeframe Ongoing Monthly System Quality & Performance Group November 2020 November 2020 TBC November 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

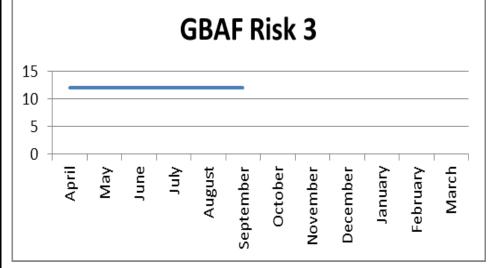
What would success look like and how would we measure it?

Safe delivery of our Phase 3 and winter plan through effective system oversight of delivery and escalation and resolution of issues. Retaining the benefits of learning and transformation through wave COVID-19. Improved / sustained relationships with system partners – increased collaboration and strengthened planning and delivery, less duplication and more shared accountability for delivery.

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

score):

Date reviewed

- System working through the last few months remains at the same level in terms of collaboration and mutual support.
- Measures are not 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
- Winter Planning Cell established
- STP/ ICS Executive Lead appointed

SOURCES OF ASSURANCE

Clinical & Lay Commissioning Committee meetings

Internal

- Governing Body
- Executive Team
- 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 20/21published and available on the CCGs website.
- System Phase 3 Plan approved by Governing Body and Submitted to NHSE.
- Winter Planning Cell established and in place to manage the impact of winter pressures and COVID-19

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
- System Phase 3 Plan agreed and submitted to NHSE and is a

| 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 | | | | work in progress plan |
|--|---|---|---|--|
| | DO IN CONTROL | | 0.480 N. 400 | DANCE |
| GA | PS IN CONTROL | | GAPS IN ASSU | RANCE |
| Internal 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. Withdrawal of Turnaround approach | National directives 'Club v's country' i.e. organ System Clinical and Profes stood down due to COVID Workforce plans to be esta the necessary competency | blished across the system to provide and capacity to deliver healthcare, s for staff reductions due to Covid-19. planning vings Group and PMO | None. Mitigating actions in place | External None. Mitigating actions in place System Clinical and Professional Reference Group Minutes not available due to current Position. Quantify residual health need resulting from Covid infection and factor into capacity and demand planning. |
| | ACTIONS BEING TAKEN TO A | ADDRESS GAPS IN CONTROL/ASSURA | NCE (INCLUDE TIMESCALES) | |
| <u>Internal</u> | | <u>Timeframe</u> | <u>External</u> | <u>Timeframe</u> |
| 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. | | Monthly reviewMarch to June 2020April to June 2020 | Continued work with system partners to deverant transformation plans Development of Direct Enhanced Services of through PCCC. Daily System Escalation Cell meetings estal support the management of COVID 19 acrophyshire System. System Planning and Operations Cell establishmanage and determine recovery plans and | Monthly review during 2020/21 March 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

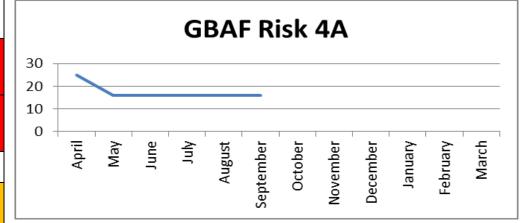
What would success look like and how would we measure it?

• 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 <u>CCG</u> to move to a sustainable financial position.

| 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 | |



Detionals for risk rating (and any shangs in secret)

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

Identify underlying system position, current and forward-looking

Date reviewed

SOURCES OF ASSURANCE

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
- Finance Committee meetings reinstated from June 2020
- Temporary financial regime in place within the CCG for the 6 month period 1st April to 30th September 2020 as a result of COVID-19.
- NHSEI have provided guidance of a new financial for the period to March 2021. The allocations have been based on the first 6 months of the financial year and includes additional system allocations for COVID-19, Top-up and Growth.

External

- Standardised contract governance in line with national best practice.
- System Finance Oversight Group (SFOG) established.
- 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 and reinstated
- The Derbyshire NHS system has a gap of c. £43m between expenditure assessed as required to meet delivery plans and notified available resource. The CCG is working with system partners to agree how these resources are used and what remaining financial risk there is, where this risk will be held and how it can be mitigated.

Internal

- Monthly reporting to NHSE/NHSI, Finance Recovery Group and Finance Committee.
- Internal Audit Financial Management review giving significant assurance
- Finance Committee Minutes
- Service Development Funding received end September 20.

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 AS | SSURANCE | |
|--|---|----------|---|--|--|
| <u>Internal</u> | <u> </u> | External | <u>Internal</u> | <u>External</u> | |
| Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact. | timely, • Absence of integrated system reporting of the | | Regularisation of integrated activity, finance and savings reporting incorporating activity trajectoried matched to provider capacity to deliver and associated commissioner financial impact | Absence of commitment to open-book reporting with clear risk identification. System Finance Oversight Group Minutes | |
| | ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES) | | | | |
| 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 | | Ongoing | External Transparency of open book reporting through Output from Demand & Capacity Workstream (reduction) and consider in financial sustainab | on waiting list growth • October 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.

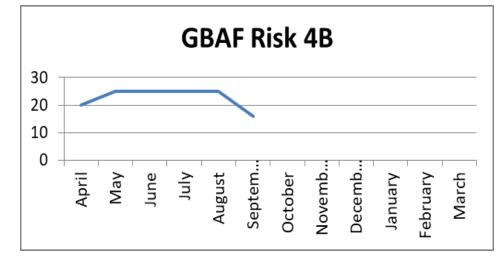
Risk Description

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 | 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
- 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

KEY CONTROLS TO MITIGATE RISK

Internal

- Internal management processes monthly confirm and challenge by FRG & Finance Committee
- Integrated financial reporting incorporating I&E and savings positions and risk
- Clinical Leadership Framework in place across the system to support governance and clinical workstreams.
- Finance Committee meetings reinstated from June 2020
- NHSEI have provided guidance of a new financial for the period to March 2021. The allocations have been based on the first 6 months of the financial year and includes additional system allocations for COVID-19, Top-up and Growth.

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
- The Derbyshire NHS system has a gap of c. £43m between expenditure assessed as required to meet delivery plans and notified available resource. The CCG is working with system partners to agree how these resources are used and what remaining financial risk there is, where this risk will be held and how it can be mitigated.

Internal

- Monthly reporting to NHSE/NHSI, Finance Recovery Group and Finance Committee.
- Clinical Leadership Framework in place across the system to support governance and clinical workstreams.
- Recovery and Restoration Programme 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. Internal Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact. | Absence of a single which is timely, according to the partners place relies. Absence of a system partners place relies. Absence of integrate health financial poor in the partners place relies. Regulatory and state against system concerduce health costs. System Activity Fires. System Savings Good System Finance Concerduce. System Finance Concerded System Finance Concerded Financial Financial System Finance Financial Financial | ated system reporting of the osition. Eatutory financial duties mitigate ollaboration and cooperation to st. Enance & Savings report Group established and in place Oversight Group in place Oversight Group reinstated In system objective to deliver bility on a system-wide basis. In system position, current and wide monitoring, efficiency and | 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 commitment to open-book reporting with clear risk identification. Provider rules only allow reforecasting on quarterly basis, unable to influence this Provider Sustainability Fund rules incentive delay in risk recognition meaning forecast may not be fully objective, unable to influenthis System Finance Oversight Group minutes available due to current position | |
|--|--|---|--|--|---|
| | ACTIONS BEING TAP | KEN TO ADDRESS GAPS IN CONT | TROL/ASSURANCE (INCLUDE TIMESCALES) | | |
| Internal Development of new System Activity Finance & Savings report | | Timeframe • Ongoing | External Establish greater system working across finar Transparency of open book reporting through System Escalation Cell meetings established management of COVID 19 across the Derbys Output from Demand & Capacity Workstream (reduction) and consider in financial sustainal | System Savings Group to support the shire 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 October 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 Team aligned to programme boards to maintain understanding of emerging work and implications
- Systematic completion of S14Z2 forms will provide standardised assurance against compliant decision making and recording of decisions at project level.
- Training for Engagement Committee

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

- NHS England Assurance on winter communications and engagement plan
- NHS England assurance on NHS 111 First communications and engagement plan

| communications channels to support consistency of approach and clarity of message. • QEIA panel now includes review of \$14Z2 (engagement review) forms to provide early sighting on engagement requirements • 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 • 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 • Communications and Engagement Strategy in development for January 2021 approval, asserting ambition for measuring success | 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 | |
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GAPS IN CONTROL

GAPS IN ASSURANCE

| Internal 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. Communicationd and Engagement not appropriately funded to ensure effectiveness in crowded public sector messaging space. | External • Multiple public sector messages resulting in CCG cut through being a challenge | Internal 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 CCG Communications and Engagement Strategy requires refresh, including alignment with JUCD approach | External CCG Communications and Engagement Strategy requires refresh, including alignment with JUCD approach | | | |
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| 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. Communications and Engagement Strategy in development for January 2021 approval, asserting ambition for measuring success Funding proposal developed to support | • Q4 2020/21 • Q3 2020/21 • Q3 2020/21 | Engagement Committee re-established Insight programme in progress but requires long Communications and Engagement Strategy in a 2021 approval, asserting ambition for measurin Funding proposal developed to support implement Communications and Engagement Strategy | development for January • Q3 2020/21 g success | | | |
| implementation and ambition of Communications and Engagement Strategy | • Q3 2020/21 | | | | | |