Derby and Derbyshire CCG: Summary Governing Body Assurance Framework Quarter 3 – October to December 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 and the impact of COVID-19 may prevent the ability of the CCG to improve health and reduce health inequalities. This is of particular concern during the COVID pandemic where some people may not be able to access usual services or alternatives.	12	Steve Lloyd
2	The CCG is unable to identify priorities for variation reduction and reduce or eliminate them.	16	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
4/	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	8	Richard Chapman
4	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.	8	Richard Chapman
5	The Derbyshire population is not sufficiently engaged to identify and jointly deliver the services that patients need.	9	Helen Dillistone



						Clinica	al Commissioning G	
To reduce measurabl health, ment			-	nysical	GBAF RISK 1	Executive Lead: S Assigned to Committee: Qua	•	
What would su	ccess look like	and how would we	measure it?		Risk Description			
Agreement and comment the Terms of Referent New ICS governance Strategic Long Term clear remit to reduce Commissioning to foot services to be put in ICO Covid risk stratification as well as mental head System Q&P dashbot Patient experience are stage to inform all servidenced in business Feedback about the elevidenced in business Feedback about the elevidenced in Service A Quality and Equality and Equality change / development that changes as beneated the property of the QEIA will also included the patient experience and the pati	ce. Structure to incomplete to support the structure of Days and provide the structure of Days and risks all clude evidence and risks all clude evidence and respect of the structure of Days and risks all clude evidence and respect of the structure of Days and risks all clude evidence and respect of the structure of the structure of Days and risks all clude evidence and respect of the structure	clude addressing incorramme Board to be ariation in services. It patient cohorts, we treduction of inequality measures feedback will be gastevelopment project initiation docur erby and Derbyshire intelligence to supply yen by those who us sment (QEIA) will be programmes. This we long with mitigating to demonstrate configurations.	equalities. e established ith measures alities. cial care ined athered at an es. This will b ments. e end of life of port the se services. e part of all s vill be a docu actions are in pliance with t.	d with a saround quality, a early be care will service ament realised.		the CCG to improve health ng the COVID pandemic wh	and reduce health	
Risk rating	Likelihood	Consequence	Total		CD 4 E D' 4	Date reviewed	January 2021	
Initial	3	3	9		GBAF Risk 1	Rationale for risk rating (and		
Current	4	3	12	15 — 10 — 5 — 0 —	April May June July August October October December January February March	 Capacity in commissioning has improved. PLACE areas are now supported by a CCG Funct Director. QIA/EIA process in place. Recovery and Restoration plan and process in pla The Derby and Derbyshire population are unable t access their usual service or an alternative due to impact of the Covid pandemic, The CCG is unable to meets its strategic aim as all due to the impact of the Covid pandemic. 		

Target Score

Category

Risk Appetite

Level

Moderate	Commissioning and			L	ink to Derby and Derbyshire Risk Register
2	Contracting 4	8		1,2	2,3,4,5,6,7,9,12,14,17,19,21,22,24,25,26,27,28
KEY	I Y CONTROLS TO MIT	TIGATE RISK		SOURCES OF	ASSURANCE
 Internal QIPP and Service Benefit Reviews of process. Prioritisation tool. Clinical & Lay Commissioning Commissioning clinical oversight of commissioning decisions. Robust QIA process for commissioning decommissioning schemes and Systin place Clinical Quality Review Group (CQR built into all contracts Recovery and Restoration (R&R) Ac R&R progress and assurance report Governing Body through the Quality Performance Assurance report 2020/2021 Commissioning Intentions and on website 2020/2021 Contracting approach and developed Chief Nurse of DDCCG is the Chair of Quality and Performance Group Quality and Performance Committee reinstated from June 20. As a result 19 pandemic. CCG Escalated to Business Continu December 2020 due to Covid 19 par Corporate Committees and Governing Meetings have not been stood down to meet monthly. Functions continue to operate at BC are reviewed regularly. Winter Planning Cell established and manage the impact of winter pressur COVID-19. System Operational Centre establish include the System Vaccination Oper Centre (SVOC) 	nittee ssioning and ing/ tem QIA now G) measures tion Plan ed monthly to & s published d objectives of the System e meetings of the COVID ity Level 4 in indemic. ing Body as continue level 3 and d in place to res and ined and	CQC inspect and provider Programme STP Oversig Meetings wit funding opposystem wide for 2020/202 system work System Qual established a System owner agenda. Daily System established to 19 across the Winter Plann STP/ ICS Int Strategic Lor Board to be established to ICS guidance and provided to the contract of the strategic Lor Board to be established to ICS guidance and provided to the strategic Lor Board to be established	tht h Local Authority to identify joint ortunities. e efficiency planning has commenced to showing commitment to joint	 & Performance Committee Draft Joined Up Care 5 Year Strategy Delivery Plan 19/20 - 23/24 STP Refresh Summary 	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.

GAPS IN (CONTROL		GAPS IN ASSURANCE		
 Internal Commissioning the specific needs to meet the demands of the Covid Pandemic 	External CCG does not currently have an evidence-based strategy to address inequalities. Programme of work for appropriate interventions, informed by public health data and incorporating the wider determinants of health.		<u>Internal</u>	 External Understanding health data and implications of Covid including disparities of outcomes. Understanding direct impacts and long-term implications of Covid. Triangulating through system. 	
	ACTIONS BEING TAKEN	TO ADDRESS GAPS IN CONT	ROL/ASSURANCE (INCLUDE TIMESCALES)		
<u>Internal</u>		<u>Timeframe</u>	 External Long Term Conditions Strategy. Long Term Conditions Board to identify group work started) 	s 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

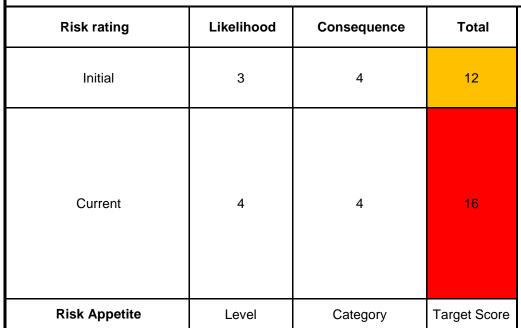
Assigned to Committee: Quality and Performance

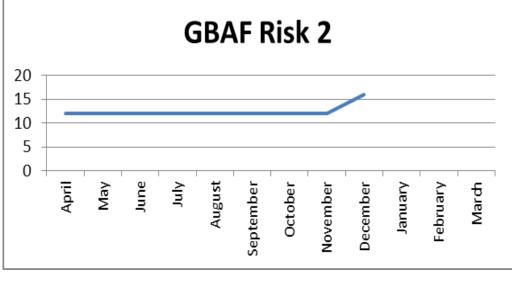
What would success look like and how would we measure it?

- Agreement and commitment to agenda at JUCD Board with unwarranted variation in quality in the Terms of Reference.
- JUCD to take a disease management approach to variation, rather than individual services.
- New ICS governance structure to include addressing unwarranted variation in quality.
- CCG to understand the variations in services across JUCD and if these are unwarranted.
- Quality to work with commissioning teams to ensure contracts address the inequalities.
- System Q&P dashboard to used to identify the variations at system level.
- System Q&P to address the unwarranted variation identified from the dashboard, through the JUCD Programme Boards.
- Improve Patient experience and engagement feedback and how it will be gathered to understand how varying of services is impacting on the people of Derbyshire.

Risk Description

The CCG is unable to identify priorities for variation reduction and reduce or eliminate them.





January 2021

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.

Date reviewed

- CCG unable to identify priorities for variation reduction due to the impact of the Covid pandemic.
- Increase in risk score as a result in losing Clinical and Medical Staff to prioritise Covid patients

	Moderate	National Quality and Direction	8			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
	2	4				
KEY CONTROLS TO MITIGATE RISK			SOURC	ES OF ASSURANCE		
Clinical & Lay Common providing clinical over decommissioning decommissioning so panel in place Clinical Quality Revibuilt into all contract built into all contract Executive Team and oversight. Contract Manageme Quality & Performan Recovery and Recovery and Recovery and Recoverning Body through Performance Assurated Brigid Stacey, Chief Derbyshire CCG is the Quality & Performan Internal resource place Quality and Performance Planning Celemanage the impact COVID-19 CCG Escalated to Be December 2020 due Corporate Committed Meetings have not be to meet monthly. Functions continue to are reviewed regular	ersight of commercisions of for commissions of for commission whemes and new ew Group (CQR s d Finance Commercial Finance Commercial Finance Commissions of the Cough the Quality ance report Nurse of Derby the Chair of the Cough ance Commissions work led ance Commission with the Cough and C	issioning and ning/ v System QIA RG) measures nittee) oversight nted monthly to v & v and System by HR e meetings of the COVID d in place to ares and uity Level 4 in andemic. ing Body n as continue	Provider Govand include a CQC inspect and provider NHSI assura STP Oversig System Qual and meets or Winter Plann STP/ ICS Into System Qual stood down f COVID 19 pa ICS guidance Derby and DICS. System Qual System Qual System Qual System Qual System Qual CS.	nce arrangements ht ity & Performance Group established n a monthly basis ing Cell established erim Accountable Officer appointed ity and Performance Group meetings rom March 2020 to July 2020 due to	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. R&R Plan and Highlight Report owned Quality & Performance Committee Draft Joined Up Care 5 Year Strategy Delivery Plan 19/20 - 23/24 STP Refresh Summary R&R progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance repo Brigid Stacey, Chief Nurse of Derby and Derbyshire CCG is the Chair of the Sys Quality & Performance Group. Daily System Escalation Cell meetings established to support the managemen COVID 19 across the Derbyshire Syste System Phase 3 Plan approved by Governing Body and Submitted to NHS Monthly Winter Plan Report provided to JUCD Board.	 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 submitt to NHSE and is a work in progress plan

GAPS IN (CONTROL	GAPS IN ASSURANCE	
<u>Internal</u>	External Identify variation caused through system processes and work with system partners to eliminate or reduce. Priorities which carry the most significant at-scale benefits for early action.	 STP planning in development and refresh in progress Differen eliminat prioritise Agree d 	External Quality and Performance Group not currently available. iate which variation is appropriate for on and which is not; develop a ed plan for the former. ataset to measure improvement in es and patient experience.
	ACTIONS BEING TAKEN TO ADDRESS GAPS IN CON	ITROL/ASSURANCE (INCLUDE TIMESCALES)	
<u>Internal</u>	<u>Timeframe</u>	 External Increased system working with system partners to deliver transformation change. Refer issues to System Quality and Performance Group. Strategic Long Term Conditions Programme Board to addres variation. (working on risk stratification with BI / Board are respriorities) Right Care Evidence and Data (awaiting updated data packs) Working with the LTC Board to agree Priorities at System Evidence Working with the LTC Board to agree Strategic Long Term Conditions Programme Board to agree dataset measuremen 	 November 2020 November 2020 TBC November 2020



January 2021

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

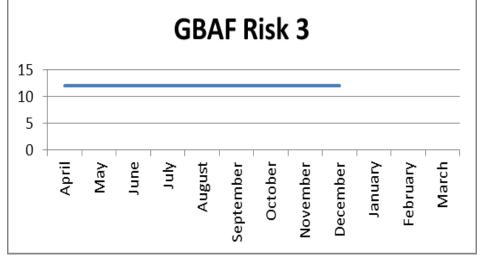
Assigned to Committee: Clinical & Lay
Commissioning

Risk Description

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.

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	8
	KEY CO	NTROLS TO MITIGATE	RISK



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 ,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
- 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
- ICS guidance published November 2020.
- Derby and Derbyshire formally approved as an ICS.

SOURCES OF ASSURANCE

Clinical & Lay Commissioning Committee meetings

Internal

- Governing Body
- Executive Team
- Recovery and Restoration Action Plan
- Recovery and Restoration Plan 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 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

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. CCG Escalated to Business Continuity Level 4 in December 2020 due to Covid 19 pandemic. Corporate Committees and Governing Body Meetings have not been stood down as continue to meet monthly. Functions continue to operate at BC level 3 and are reviewed regularly. GA 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	External 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	GAPS IN ASSUR Internal None. Mitigating actions in place	work in progress plan 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.
 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. 	 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 	<u>Internal</u>	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
	ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURAI		

<u>Internal</u>	<u>Timeframe</u>	<u>External</u>	<u>Timeframe</u>
 System savings work in place and ongoing 	 Monthly review 	 Continued work with system partners to develop and deliver 	 Monthly review
 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. 	March to June 2020April to June 2020	 Continued work with system partners to develop and deliver transformation plans Development of Direct Enhanced Services during 2020/21 through PCCC. 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. 	 Monthly review March 2020
 Zara Jones, Executive Director of Commissioning and Operations is the lead for the System Planning Cell. 	Since March 2020. Ongoing		



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

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

Delivery of agreed 2020/21 financial position.

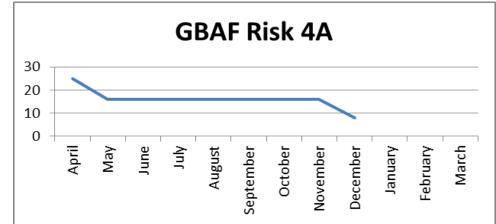
GBAF RISK 4A

Executive Lead: Richard Chapman
Assigned to Committee: Finance Committee

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	2	4	8
	Level	Category	Target Score
Risk Appetite	Low 2	Financial Statutory Duties 5	10
			LOATE DIOK



Date reviewed January 2021

SOURCES OF ASSURANCE

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

- Identify underlying system position, current and forward-looking
- Guidance has now been received regarding system resources 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, Topup and Growth. 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.
- The probability was increased based on initial assessment that the CCG has a gap of c. £34m between expenditure assessed as required to meet delivery plans and notified available resource. Since this initial risk the CCG is working with system partners and we have, as a result of a much improve CCG position, been able to report that the CCG are forecasting a break-ever position. Work remains ongoing to monitor and manage this position, particularly in relation to where the risks are and how these can be mitigated.

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 Executive Team & FinCom
- Recovery and Restoration (R&R) Plan.
- R&R progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report.
- 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

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 and continuing to meet at BC level 4.
- 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
- Recovery and Restoration Action Plan.
- R&R progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report
- 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

 Internal Strengthening of activity data reporting to ensure ir intelligence to support decision making. Development of an integrated Activity Finance & S 		External Transparency of open book reporting through Output from Demand & Capacity Workstream (reduction) and consider in financial sustainal	on waiting list growth • January 2021
	ACTIONS BEING TAKEN TO ADDRESS GAPS IN CO	ONTROL/ASSURANCE (INCLUDE TIMESCALES)	
Internal Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact.	 External Absence of integrated system reporting of the health financial position. System Finance Oversight Group meetings to be reinstated September 2020. 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. 	Regularisation of integrated activity, finance and savings reporting incorporating activity trajectoried matched to provider capacity to deliver and associated commissioner financial impact	External Absence of commitment to open-book reporting with clear risk identification. System Finance Oversight Group Minutes
 allocations for COVID-19, Top-up and Growth. CCG Escalated to Business Continuity Level 4 in December 2020 due to Covid 19 pandemic. Corporate Committees and Governing Body Meetings have not been stood down as continue to meet monthly. Functions continue to operate at BC level 3 and are reviewed regularly. 	 ICS guidance published November 2020. Derby and Derbyshire formally approved as an ICS. 		



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

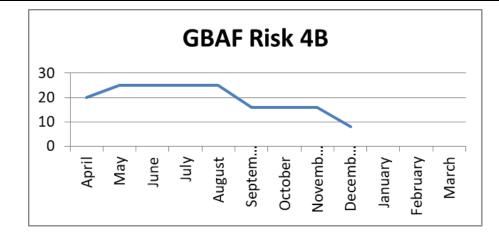
What would success look like and how would we measure it?

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

Risk rating	Likelihood	Consequence	Total
Initial	5	4	20
Current	2	4	8
	Level	Category	Target Score
	Low	Financial Statutory Duties	
Risk Appetite	2	5	10



Date reviewed

January 2021

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.
- Guidance has now been received regarding system resources 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, Topup and Growth. 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.
- The probability was increased based on initial assessment that the NHS system has a gap of c. £43m between expenditure assessed as required to meet delivery plans and notified available resource. Since this initial risk the CCG is working with system partners and we have, as a result of a much improved CCG position, been able to report that the system are forecasting a break-even position, with the providers reporting a combined £5.0m surplus against the CCGs £5.0m deficit. Work remains ongoing to monitor and manage this position, particularly in relation to where the risks are and how these can be mitigated.

Link to Derby and Derbyshire Risk Register 11,30

KEY CONTROLS TO MITIGATE RISK		SOURCES OF ASSURANCE		
 Internal Internal management processes – monthly confirm and challenge by FRG & Finance Committee Integrated financial reporting incorporating I&E and savings positions and risk Recovery and Restoration (R&R) Plan. Clinical Leadership Framework in place across the system to support governance and clinical workstreams. R&R Plan progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report 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. CCG Escalated to Business Continuity Level 4 in December 2020 due to Covid 19 pandemic. Corporate Committees and Governing Body Meetings have not been stood down as continue to meet monthly. Functions continue to operate at BC level 3 and are reviewed regularly. 	 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. ICS guidance published November 2020. Derby and Derbyshire formally approved as an ICS. SFOG continue to meet at BC Level 4, December 2020 onwards. 	 Internal Monthly reporting to NHSE/NHSI, Executive Team and Finance Committee. Recovery and Restoration Plan. 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			
Internal Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact.	 Absence of a sing which is timely, a Absence of a syst partners place re Absence of integrit health financial properties against system or reduce health cost system Activity F System Activity F System Savings O System Finance O System Finance O September 20 and 4 from December Establish common financial sustaina Identify underlying forward-looking. 	rated system reporting of the osition. tatutory financial duties mitigate ollaboration and cooperation to st. Finance & Savings report Group established and in place Oversight Group in place Oversight Group reinstated and continues to meet at BC Level r 20, In system objective to deliver ability on a system-wide basis. In g system position, current and Indianal system 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 common reporting with cle Provider rules on quarterly basis, use the provider Sustained delay in risk recommay not be fully of this.	mitment to open-book ear risk identification. ally allow reforecasting on a unable to influence this ability Fund rules incentivis ognition meaning forecasting objective, unable to influence oversight Group minutes incurrent position
	ACTIONS BEING TA	KEN TO ADDRESS GAPS IN CONT	ROL/ASSURANCE (INCLUDE TIMESCALES)		
 Internal Development of new System Activity Finance & 	Savings report	<u>Timeframe</u> • Ongoing	 External Establish greater system working across finan 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 sustainab 	System Savings Group to support the hire System on waiting list growth	Timeframe Ongoing Ongoing April to June 2020 January 2021



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?

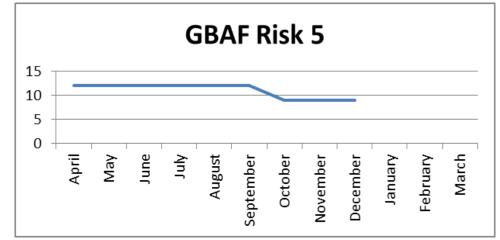
Output and delivery of comprehensive engagement programme, with % increase to Citizen's Panel membership and agreed % population engaged in planning in Yr1.

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	3	3	9	
	Level	Category	Target Score	
Risk Appetite	Low	Commissioning	6	
	2	3	0	



Date reviewed January 2021

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.
- The risk likelihood has been reduced from 4 to 3 to reflect the appetite and development to implement the Derbyshire Dialogue programme.

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

<u>Internal</u>

- 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 communications channels to support consistency of approach and clarity 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.
- Derbyshire Dialogue launched in September 2020 to begin process of continuous engagement with

<u>Internal</u>

- 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 membership to ensure robust understanding and application of guidance and statutory

External

- Membership (and other stakeholder) feedback via annual 360 survey.
- Approval of commissioning strategy and associated decisions by the Clinical Lay Commissioning 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

message.

- QEIA panel now includes review of S14Z2 (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
- Recovery and Restoration Plan
- 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 Strategyoutline proposal of the strategy ready for January 2021 and final version in March 2021 asserting ambition for measuring success.
 CCG Escalated to Business Continuity Level 4 in December 2020 due to Covid 19 pandemic.
- Corporate Committees and Governing Body Meetings have not been stood down and Engagement Committee meets bi-monthly.
- Functions continue to operate at BC level 3 and are reviewed regularly.

local people. Subjects covered to date include the pandemic response, primary care and mental health, with future sessions planned on UEC and cancer

- Communications and Engagement Strategyoutline proposal of the strategy ready for January 2021 and final version in March 2021 asserting ambition for measuring success. ICS guidance published November 2020.
- Derby and Derbyshire formally approved as an ICS.

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 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. Communication 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	
	ACTIONS BEING TAKEN TO ADDRESS GAPS IN	I CONTROL/ASSURANCE (INCLUDE TIMESCALES)		
 Internal Training support for project managers in development on commissioning cycle to standardise processes, building on recent project management training. Fully populated and network engagement structure, with permanent membership of Engagement Committee confirmed. Communications and Engagement Strategy-outline proposal of the strategy ready for January 2021 and final version in March 2021 asserting ambition for measuring success. Funding proposal developed to support implementation and ambition of Communications and Engagement Strategy 	• Q4 2020/21 • Q3 2020/21 • Q3 2020/21 • Q3 2020/21	 Engagement Committee re-established Insight programme in progress but requires longe Communications and Engagement Strategy- outly strategy ready for January 2021 and final version asserting ambition for measuring success Funding proposal developed to support implement Communications and Engagement Strategy 	ine proposal of thein March 2021Q3/4 2020/21Q3 2020/21	