Derby and Derbyshire CCG: Summary Governing Body Assurance Framework Quarter 4 – January to March 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. 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
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.	9	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

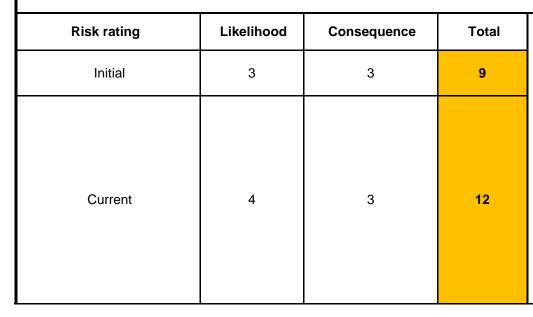
Assigned to Committee: Quality and Performance

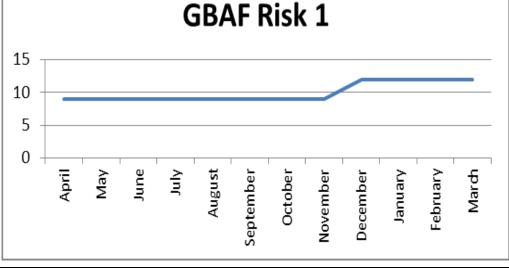
What would success look like and how would we measure it?

- Agreement and commitment to agenda at JUCD Board with inequalities in the Terms of Reference.
- New ICS governance structure to include addressing inequalities.
- Strategic Long Term Conditions Programme Board to be established with a clear remit to reduce unwarranted variation in services.
- Commissioning to focus on particular patient cohorts, with measures around services to be put in place to support reduction of inequalities.
- Covid risk stratification work should cover health and social care inequality, as well as mental health not just physical health.
- System Q&P dashboard to include inequality measures
- Patient experience and engagement feedback will be gathered at an early stage to inform all service change / development projects. This will be evidenced in business cases and project initiation documents.
- Feedback about the experience of Derby and Derbyshire end of life care will be gathered and analysed to provide intelligence to support the development of services that are driven by those who use services.
- A Quality and Equality Impact Assessment (QEIA) will be part of all service change / development projects and programmes. This will be a document that changes as benefits and risks along with mitigating actions are realised.
- The QEIA will also include evidence to demonstrate compliance with legislative requirements in respect of public engagement.
- Increase Patient Experience feedback and engagement.

Risk Description

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.





Date reviewed March 2021

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

- The Derby and Derbyshire population are unable to access their usual service or an alternative due to the impact of the Covid pandemic,
- The CCG is unable to meets its strategic aim as above due to the impact of the Covid pandemic.
- Capacity in commissioning has improved.
- PLACE areas are now supported by a CCG Functional Director.
- QIA/EIA process in place.
- Recovery and Restoration plan and process in place.

	Level	Categor	у	Target Score	
Risk Appetite	Moderate	Commissioning and Contracting		8	
	2	4			
	KEY	CONTROLS 1	ГО МІТІ	GATE RISK	
 Internal QIPP and Service Benefit Reviews challenge process. Prioritisation tool. Clinical & Lay Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions. 				NHSE and NHCQC inspection and provider a Programme BSTP Oversigh Meetings with	3

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

- Robust QIA process for commissioning/ decommissioning schemes and System QIA now in place
- Clinical Quality Review Group (CQRG) measures built into all contracts
- Recovery and Restoration (R&R) Action Plan
- R&R 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
- Chief Nurse of DDCCG is the Chair of the System Quality and Performance Group
- Quality and Performance Committee meetings reinstated from June 20. As a result of the COVID 19 pandemic.
- 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 continue to meet monthly.
- Functions continue to operate at BC level 3 and are reviewed regularly.
- Winter Planning Cell established and in place to manage the impact of winter pressures and COVID-19.
- System Operational Centre established and include the System Vaccination Operational Centre (SVOC)
- JUCD system moved from Gold Command to Silver Command February 2021.
- Covid-19 Vaccination Inequalities Group established and in place to support tackling vaccine hesitancy in high risk and transient communities. The first meeting was held in

External

- IHSI assurance arrangements
- ions and associated commissioner action plans
- Boards
- h 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 monthly 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.
- Winter Planning Cell established.
- STP/ ICS Interim Accountable Officer appointed.
- Strategic Long Term Conditions Programme Board to be established or system to collate and triangulate data and agree actions.
- ICS guidance published November 2020.
- Derby and Derbyshire formally approved as an
- ICS White Paper was published in February 2021.
- JUCD system moved from Gold Command to Silver Command.
- SEC meetings were stood down in February 2021, and operational issues being fully managed by the System Operational Resilience Group (SORG)

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.
- System NHSE assurance meetings to provide assurance.
- Recovery and Restoration (R&R) Action Plan and Highlight Report owned by Quality & Performance Committee
- 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 report
- Measurement of performance targets
- System Quality and Performance Group
- System Phase 3 Plan approved by Governing Body and Submitted to NHSE.
- Monthly Winter Plan Report provided to JUCD Board.
- SOC and SVOC update provided weekly to System Escalation Cell (SEC) until it was stood down in February. Now provided to
- Vaccine hesitancy updates reported to weekly Gold Call meetings
- Plan on a page for each cohort.
- Vaccination Inequalities Group Terms of Reference and Action Plan.

External

- Quality Surveillance Group
- Recovery Action Plans

SOURCES OF ASSURANCE

- Commissioning Boards
- Health and Well-being Boards
- Legal advice where appropriate
- NHSE Sustem Assurance Letters
- System Quality and Performance Group minutes.
- Agreement and commitment to the Health Inequalities agenda at JUCD Board.
- SEC/SORG Agendas and Papers.
- SEC/SORG Action Logs.
- System Phase 3 Plan agreed and submitted to NHSE and is a work in progress plan.

February 2021.					
GAPS IN (CONTROL		GAPS IN ASSURANCE		
 Internal Commissioning the specific needs to meet the demands of the Covid Pandemic 	 CCG does not curl strategy to address Programme of wor 	rk for appropriate interventions, health data and incorporating	<u>Internal</u>	 Understanding he of Covid including Understanding dien 	kternal ealth data and implications g disparities of outcomes. irect impacts and long-term ovid.Triangulating through
	ACTIONS BEING TAK	(EN TO ADDRESS GAPS IN CON	TROL/ASSURANCE (INCLUDE TIMESCALES)		
 Internal Post COVID Syndrome Pathway meeting establish been meeting fortnightly until w/c 15.03.21. Now n basis, due to the launch of a monthly clinical forum 	neeting on a monthly	Timeframe Ongoing, monthly	 External Long Term Conditions Strategy. Long Term Conditions Board to identify group work started) 	es for focus (prioritisation	Timeframe May 2021 May 2021



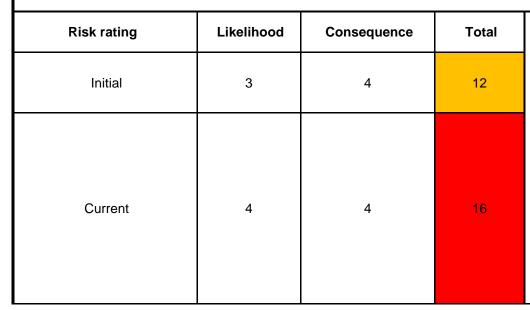
Strategic Aim: 2 To reduce measurably unwarranted variation in the quality of healthcare	GBAF RISK 2	Executive Lead: Steve Lloyd
delivered across Derbyshire.	GBAF KISK Z	Assigned to Committee: Quality and Performance
What would success look like and how would we measure it?	Risk Descri	ntion
Agreement and commitment to agenda at JUCD Board with unwarranted	Mok Booth	phon

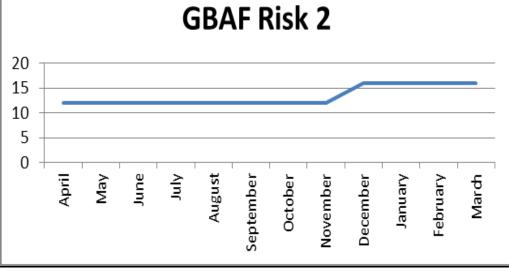
variation in quality in the Terms of Reference.
JUCD to take a disease management approach to variation, rather than

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.

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





Date reviewed

March 2021

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

- 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.
- 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.

	Level	Category	Target Score			Link to Derby and Derbyshire Risk Register
Risk Appetite	Moderate	National Quality and Direction				1,2,3,4,5,6,7,9,12,14,17,21,22,23,24,25,26,27,28,29
	2	4	8			
	KE	Y CONTROLS TO MIT	IGATE RISK		SOU	RCES OF ASSURANCE
 Clinical & Lay Commiproviding clinical over decommissioning decommissioning schemel in place Robust QIA process decommissioning schemel in place Clinical Quality Review built into all contracts Executive Team and oversight. Contract Managemer Quality & Performance Recovery and Recovery and Re	rsight of commissions for commissions for commission temes and new w Group (CQR Finance Committee ery (R&R) Plantsurance report ugh the Quality nee report Nurse of Derby e Chair of the See Group ening work led Ince Committee 20 as a result of winter pressurance siness Continuate Covid 19 parts and Governing work led Ince Covid 19 parts and Governing en stood down operate at BC y. Incequalities Grace to support to covid 19 parts and Governing en stood down operate at BC y.	ing/ r System QIA aG) measures hittee oversight ded monthly to and System by HR e meetings of the COVID d in place to res and hitty Level 4 in hidemic. hig Body hand continue level 3 and himmand to roup cackling	Provider Gov and include a CQC inspection and provider STP Oversight System Quality and meets or Winter Planning STP/ ICS Interest System Quality stood down for COVID 19 partices and perby and Defended ICS. System Quality and ICS White Partices IVER ICS White IVER	ity & Performance Group established in a monthly basis ing Cell established erim Accountable Officer appointed ity and Performance Group meetings from March 2020 to July 2020 due to undemic. In published November 2020, erbyshire formally approved as an elity and Performance Group meetings in and Performance Group meetings in and Performance Group meetings in the stood down at the per was published in February 2021. In moved from Gold Command to	Internal Quality & Performance Committee Risk management controls and exce reports on clinical risk to Quality & Performance Performance reporting framework Lay and Council representation within Governing Bodies and committees structure. Clinical Committee established at Plate Quality assurance visits NHSE system assurance meetings to provide assurance. R&R Plan and Highlight Report owner Quality & Performance Committee Joined Up Care 5 Year Strategy Delian 19/20 - 23/24 STP Refresh Summary R&R progress and assurance reporter monthly to Governing Body through to Quality & Performance Assurance reporter monthly to Governing Body through to Quality & Performance Group. Brigid Stacey, Chief Nurse of Derby and Derbyshire CCG is the Chair of the Squality & Performance Group. Daily System Escalation Cell meeting established to support the managem COVID 19 across the Derbyshire System Phase 3 Plan approved by Governing Body and Submitted to NI Monthly Winter Plan Report provided JUCD Board. Vaccine hesitancy updates reported weekly Gold Call meetings Plan on a page for each cohort. Vaccination Inequalities Group Term Reference and Action Plan. Decision making principles to be appeach cohort to ensure consistent appears.	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 ace, ace, ace, ace, but to soft

GAPS IN	GAPS IN CONTROL			GAPS IN ASSURANCE		
 CCG unable to identify priorities for variation reduction due to the impact of the Covid pandemic. 	Identify variation ca processes and wor eliminate or reduce	rry the most significant at-scale	 Internal Development of STP planning and refresh. 	Differentiate whice elimination and we prioritised plan for the Agree dataset to	xternal ch variation is appropriate for which is not; develop a or the former. measure improvement in atient experience.	
	ACTIONS BEING TAKEN	TO ADDRESS GAPS IN CON	TROL/ASSURANCE (INCLUDE TIMESCALES)	•		
Internal • Establishment of Quality & Performance Concerns Group to provide scrutiny and challenge.	ommittee Task & Finish	Timeframe Ongoing monthly	 External Increased system working with system partr transformation change. Refer issues to System Quality and Perform Strategic Long Term Conditions Programme variation. (working on risk stratification with priorities) Right Care Evidence and Data (awaiting upon Working with the LTC Board to agree Prioritient Working with the LTC Board to agree Strate Conditions Programme Board to agree data 	ance Group. Board to address BI / Board are reviewing dated data packs) ies at System Event. gic Long Term	Timeframe Ongoing Monthly System Quality & Performance Group May 2021 May 2021 TBC May 2021	



March 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

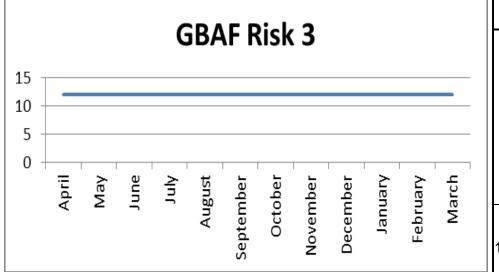
What would success look like and how would we measure it?

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	J



Rationale for risk rating (and any change in

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

Date reviewed

SOURCES OF ASSURANCE

- 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

KEY CONTROLS TO MITIGATE RISK

Internal

- Senior members of staff are fully involved in STP/ ICS 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 20/21 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 issues, Steve Lloyd Medical Director is the lead

External

- Governance structure embedded
- Good CEO/DoF system engagement
- JUCD Board now fully functioning as a group of system leaders and meeting in pulic since January 2021.
- 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.

Internal

- Clinical & Lay Commissioning Committee meetings
- 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 20/21 published 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 work in progress plan.

 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 (currently stood down) 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 and continue to meet monthly. Functions continue to operate at BC level 3 and are reviewed regularly. JUCD system moved from Gold Comand to Silver Command February 2021 	SEC meetings were stood down in February 2021, and operational issues being fully managed by the System Operational Resilience Group (SORG)	SOC and SVOC update provided weekly to System Escalation Cell (SEC) until it was stood down in February. Now provided to SORG.	 SEC/SORG Agendas and Papers. SEC/SORG Action Logs.
G	APS IN CONTROL	GAPS IN ASSURA	ANCE
 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 	 System Clinical and Professional Reference Group meetings stood down due to COVID 19 pandemic. Workforce plans to be established across the system to provide 	<u>Internal</u>	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.

Futous al	
<u>External</u>	<u>Timeframe</u>
 Continued work with system partners to develop and deliver transformation plans Development of Direct Enhanced Services during 2020/21 through PCCC. System Escalation Cell/ SORG 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 May/ June 2021 Ongoing Ongoing
0	 transformation plans Development of Direct Enhanced Services during 2020/21 through PCCC. System Escalation Cell/ SORG meetings established to support the management of COVID 19 across the Derbyshire System. System Planning and Operations Cell established to



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

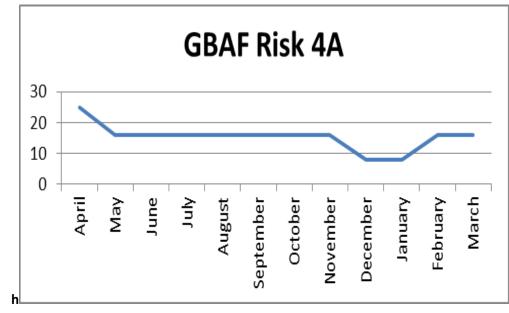
What would success look like and how would we measure it?

• 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.

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	



Date reviewed March 2021

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

- Identify underlying system position, current and forward-looking
- The risk score for GBAF risk 4A has been increased to a very high score of 16. Work remains ongoing to monitor and manage the 2020/21 position, but also to understand the recurrent expenditure position as the CCG and system partners begin planning for 2021/22. The CCG is working with system partners to understand the recurrent underlying position and early work suggests there is a considerable system financial challenge moving into 2021/22.
- 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.

Link to Derby and Derbyshire Risk Register 11,30

SOURCES OF ASSURANCE

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 & Finance Committee.
- 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

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 20/21 Integrity of the general ledger, financial reporting and budgetary control Audit 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.
- SOC and SVOC update provided weekly to System Escalation Cell (SEC) until it was stood down in February. Now provided to SORG.

External

- Regulator review and oversight of monthly financial submissions
- System Finance Oversight Group Minutes

 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 and continue to meet monthly. Functions continue to operate at BC level 3 and are reviewed regularly. JUCD system moved from Gold Comand to Silver Command February 2021 	 Derby and Derbys ICS. ICS White Paper v JUCD system mov Command. SEC meetings were and operational is 	lished November 2020. hire formally approved as an vas published in February 2021. ved from Gold Comand to Silver re stood down in February 2021, sues being fully managed by tional Resilience Group (SORG)			
GAPS IN	CONTROL		GAPS IN AS	SURANCE	
 Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact. 	 Absence of integrate health financial portion in the second point of the second point in the seco	oversight Group meetings to be ober 2020. It system objective to deliver oblity on a system-wide basis. It system position, current and objective 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 clean	External nitment to open-book ar risk identification. Oversight Group Minutes
	ACTIONS BEING TAR	KEN TO ADDRESS GAPS IN CONT	ROL/ASSURANCE (INCLUDE TIMESCALES)		
 Strengthening of activity data reporting to ensure in intelligence to support decision making. Development of an integrated Activity Finance & S 		Timeframe Ongoing Ongoing	 External Transparency of open book reporting through 3 Output from Demand & Capacity Workstream (reduction) and consider in financial sustainabilities. 	on waiting list growth	Timeframe Ongoing May 2021



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

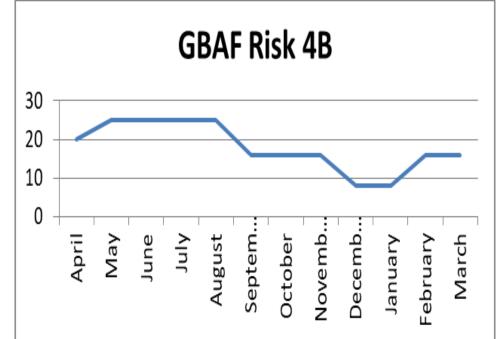
What would success look like and how would we measure it?

• 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	4	4	16
Risk Appetite	Level	Category	Target Score
	Low	Financial Statutory Duties	
	2	5	10



Date reviewed March 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.
- The risk score for GBAF risk 4B has been increased to a very high score of 16. Work remains ongoing to monitor and manage the 2020/21 position, but also to understand the recurrent expenditure position as the CCG and system partners begin planning for 2021/22. The CCG is working with system partners to understand the recurrent underlying position and early work suggests there is a considerable system financial challenge moving into 2021/22.
- The likelihood 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 Executive Team and 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. JUCD system moved from Gold Comand to Silver Command February 2021 	 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 ICS White Paper was published in February 2021. JUCD system moved from Gold Comand to Silver Command. SEC meetings were stood down in February 2021, and operational issues being fully managed by the System Operational Resilience Group (SORG) 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 SOC and SVOC update provided weekly to System Escalation Cell (SEC) until it was stood down in February. Now provided to SORG. 	External 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 sing which is timely, a Absence of a sys partners place re Absence of integrated integrated in the alth financial p Regulatory and stagainst system or reduce health costs of the system Activity F System Savings O System Finance O System Finance O System Finance O September 20 and 4 from December Establish commo 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 of 20, an system objective to deliver ability on a system-wide basis. In g system position, current and service wide monitoring, efficiency and	 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 clesses of clesses of common reporting with clesses of cl	nitment to open-book ear risk identification. Ily allow reforecasting on a unable to influence this ability Fund rules incentivise gnition meaning forecasting objective, unable to influence Oversight Group minutes not current position
	ACTIONS BEING TA	KEN TO ADDRESS GAPS IN CONT	TROL/ASSURANCE (INCLUDE TIMESCALES)		
		<u>Timeframe</u> • Ongoing	 External Establish greater system working across finance teams Transparency of open book reporting through System Savings Group System Escalation Cell/ SORG meetings established to support the management of COVID 19 across the Derbyshire System Output from Demand & Capacity Workstream on waiting list growth (reduction) and consider in financial sustainability terms. 		Timeframe Ongoing Ongoing Ongoing May 2021



March 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.

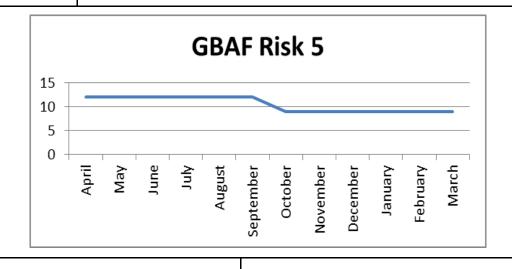
Risk Description

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

Date reviewed

SOURCES OF ASSURANCE

Risk rating	Likelihood	Consequence	Total
Initial	4	3	12
Current	3	3	9
Risk Appetite	Level	Category	Target Score
	Low	Commissioning	6
	2	3	· ·



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 was reduced from 4 to 3 in October 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

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

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 Commissioning Committee.
- Approval of engagement and consultation processes from Overview and Scrutiny Committees.
- NHS England CCG Assurance Rating.
- INHS 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 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 2020/21 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.
- JUCD system moved from Gold Comand to Silver Command February 2021

- to begin process of continuous engagement with 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.
- ICS White Paper was published in February 2021.
- JUCD system moved from Gold Comand to Silver Command.

- 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
- Significant community engagement programme in progress to support vaccine inequalities agenda.

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	• CCG Commu	external nications and Engagement ires refresh, including alignment proach
	ACTIONS BEING TAKEN TO ADDRESS GAPS IN	N CONTROL/ASSURANCE (INCLUDE TIMESCALES	5)	
 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 April 2021 asserting ambition for measuring success. Funding proposal developed to support implementation and ambition of Communications and Engagement Strategy 	 Timeframe Q2 2021/22 (paused during Level 4 Business Continuity arrangements) Ongoing Q1 2021/22 Q1 2021/22 (in line with national and system financial planning processes for 21/22) 	 Engagement Committee re-established bi-mont Insight programme in progress but requires long Communications and Engagement Strategy- ou strategy ready for January 2021 and final version ambition for measuring success Funding proposal developed to support implement Communications and Engagement Strategy 	ger-term funding model utline proposal of the on in April 2021 asserting	Timeframe Bi-monthly 2021/22 Q1 2021/22 Q1 2021/22 Q1 2021/22 (in line with national and system financial planning processes for 21/22)