

## Introduction

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

### The Strategic Objectives of Derby and Derbyshire CCG are:

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

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

<b>Strategic Aim: 1</b> To reduce measurably our health inequalities and improve the physical health, mental health and wellbeing of our population.				<b>GBAF RISK 1</b>				Executive Lead: Steve Lloyd Assigned to Committee: Quality and Performance						
What would success look like and how would we measure it? <i>Agreement of and commitment to agenda at JUCD Board. Strategic Long Term Conditions Programme Board to be established or system to collate and triangulate data and agree actions. Focussing on particular patient cohorts, measures around services to be put in place to support reduction of inequalities. LTC Board identify group(s) for focus.</i>				Risk Description <b>Lack of timely data, insufficient system ownership and ineffective commissioning may prevent the ability of the CCG to improve health and reduce health inequalities.</b>										
Risk rating		Likelihood	Consequence	Total	<p><b>GBAF Risk 1</b></p> <p>Y-axis: 0 to 10 X-axis: April, May, June, July, August, September, October, November, December, January, February, March</p>						Date reviewed		July 2020	
Initial		4	3	9							<b>Rationale for risk rating (and any change in score):</b> <ul style="list-style-type: none"> <li>Capacity in commissioning has improved.</li> <li>PLACE areas are now supported by a CCG Functional Director.</li> <li>QIA/EIA process in place.</li> <li>OEIPB process in place.</li> </ul>			
Current		3	3	9							<b>Link to Derby and Derbyshire Risk Register</b> 1,2,3,4,5,6,7,9,12,14,17,19,21,22,24,25,26,27,28			
Risk Appetite		Level	Category	Target Score										
		Moderate	Commissioning and Contracting	8										
		2	4											
<b>KEY CONTROLS TO MITIGATE RISK</b>						<b>SOURCES OF ASSURANCE</b>								
<b>Internal</b> <ul style="list-style-type: none"> <li>QIPP and Service Benefit Reviews challenge process.</li> <li>Prioritisation tool.</li> <li>Clinical &amp; Lay Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions.</li> <li>Robust QIA process for commissioning/ decommissioning schemes and System QIA now in place</li> <li>Clinical Quality Review Group (CQRG) measures built into all contracts</li> <li>OEIPB Board and Action Plan</li> <li>OEIPB progress and assurance reported monthly to Governing Body through the Quality &amp; Performance Assurance report</li> <li>2020/2021 Commissioning Intentions published and on website</li> <li>2020/2021 Contracting approach and objectives developed</li> </ul>			<b>External</b> <ul style="list-style-type: none"> <li>NHSE and NHSI assurance arrangements</li> <li>CQC inspections and associated commissioner and provider action plans</li> <li>Programme Boards</li> <li>STP Oversight</li> <li>Meetings with Local Authority to identify joint funding opportunities.</li> <li>System wide efficiency planning has commenced for 2020/2021 showing commitment to joint system working</li> <li>System Quality and Performance Group has been established and monthly meetings in place.</li> <li><b>System ownership of the health inequalities agenda.</b></li> <li><b>Daily System Escalation Cell (SEC) meetings established to support the management of COVID 19 across the Derbyshire System.</b></li> </ul>			<b>Internal</b> <ul style="list-style-type: none"> <li>Quality &amp; Performance Committee</li> <li>Risk management controls and exception reports on clinical risks to Quality &amp; Performance Committee</li> <li>Performance reporting framework in place</li> <li>Lay representation within Governing Bodies and committee in common structures.</li> <li>NHSE assurance meetings to provide assurance.</li> <li>OEIPB Action Plan and Highlight Report owned by Quality &amp; Performance Committee</li> <li>Draft Joined Up Care 5 Year Strategy Delivery Plan 19/20 - 23/24</li> <li>STP Refresh Summary</li> <li>OEIPB progress and assurance reported monthly to Governing Body through the Quality &amp; Performance Assurance report</li> <li>Measurement of performance targets</li> <li>System Quality and Performance Group</li> </ul>			<b>External</b> <ul style="list-style-type: none"> <li>Quality Surveillance Group</li> <li>Recovery Action Plans</li> <li>Commissioning Boards</li> <li>Health and Well-being Boards</li> <li>Legal advice where appropriate</li> <li>NHSE Assurance Letters</li> <li>System Quality and Performance Group minutes.</li> <li><b>Agreement and commitment to the Health Inequalities agenda at JUCD Board.</b></li> <li><b>SEC Agendas and Papers.</b></li> <li><b>SEC Action Logs.</b></li> </ul>					

<ul style="list-style-type: none"> <li>• Brigid Stacey Chief Nurse of DDCCG is the Chair of the System Quality and Performance Group</li> <li>• Quality and Performance Committee meetings reinsated from June 20. as a result of the COVID 19 pandemic</li> </ul>		minutes	
<b>GAPS IN CONTROL</b>		<b>GAPS IN ASSURANCE</b>	
<u>Internal</u>	<u>External</u>	<u>Internal</u>	<u>External</u>
	<ul style="list-style-type: none"> <li>• Develop and agree an evidence-based strategy to address inequalities.</li> <li>• Agree a programme of work for appropriate interventions, informed by public health data and incorporating the wider determinants of health.</li> </ul>		<ul style="list-style-type: none"> <li>• Understanding health data and implications of Covid including disparities of outcomes.</li> <li>• Understanding direct impacts and long-term implications of Covid.Triangulating through system.</li> </ul>
<b>ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)</b>			
<u>Internal</u>	<u>Timeframe</u>	<u>External</u>	<u>Timeframe</u>
		<ul style="list-style-type: none"> <li>• Long Term Conditions Strategy.</li> <li>• Strategic Long Term Conditions Programme Board to be established or system to collate and triangulate data and agree actions.</li> <li>• Long Term Conditions Board to identify groups for focus</li> </ul>	<ul style="list-style-type: none"> <li>• Sept/ October 2020</li> <li>• Sept/ October 2020</li> <li>• September 2020</li> </ul>

Strategic Aim: 2 To reduce measurably unwarranted variation in the quality of healthcare delivered across Derbyshire.				<b>GBAF RISK 2</b>				Executive Lead: Steve Lloyd  Assigned to Committee: Quality and Performance						
What would success look like and how would we measure it?  Links to Strategic Long Term Conditions programme board to address variation. Set timescales and what will reduce by when for variation. Agree and implement the at-scale activity.				<b>Risk Description</b>  The CCG is unable to harness the skills and capacity in the organisation and across the system to identify priorities for variation reduction and reduce or eliminate them.										
Risk rating		Likelihood	Consequence	Total	<p><b>GBAF Risk 2</b></p> <p>Y-axis: 0, 5, 10, 15 X-axis: April, May, June, July, August, September, October, November, December, January, February, March</p>						Date reviewed		July 2020	
Initial		3	4	12							Rationale for risk rating (and any change in score): <ul style="list-style-type: none"> <li>The STP Clinical leadership group is becoming established.</li> <li>The Systems saving group is bringing key partners together to deliver the financial priorities and has increased joint ownership of priorities</li> <li>PLACE commissioning is developing.</li> </ul>			
Current		3	4	12										
Risk Appetite		Level	Category	Target Score	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									
		Moderate	National Quality and Direction	8										
<b>KEY CONTROLS TO MITIGATE RISK</b>						<b>SOURCES OF ASSURANCE</b>								
<u>Internal</u> <ul style="list-style-type: none"> <li>Clinical &amp; Lay Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions</li> <li>Robust QIA process for commissioning/ decommissioning schemes and new System QIA panel in place</li> <li>Clinical Quality Review Group (CQRG) measures built into all contracts</li> <li>Financial Recovery Group (FRG) oversight.</li> <li>Contract Management Board (CMB) oversight</li> <li>Quality &amp; Performance Committee</li> <li>OEIPB Board and Action Plan</li> <li>OEIPB progress and assurance reported monthly to Governing Body through the Quality &amp; Performance Assurance report</li> <li>Brigid Stacey, Chief Nurse of Derby and Derbyshire CCG is the Chair of the System Quality &amp; Performance Group</li> <li>Internal resource planning work led by HR</li> <li>Quality and Performance Committee meetings</li> </ul>			<u>External</u> <ul style="list-style-type: none"> <li>NHSE assurance arrangements</li> <li>Provider Governance arrangements are clear and include any subcontracting responsibilities.</li> <li>CQC inspections and associated commissioner and provider action plans</li> <li>NHSI assurance arrangements</li> <li>STP Oversight</li> <li>System Quality &amp; Performance Group established and meets on a monthly basis</li> </ul>			<u>Internal</u> <ul style="list-style-type: none"> <li>Quality &amp; Performance Committee</li> <li>Risk management controls and exception reports on clinical risk to Quality &amp; Performance</li> <li>Performance reporting framework</li> <li>Lay and Council representation within Governing Bodies and committees in common structure.</li> <li>Clinical committee established at Place,</li> <li>Quality assurance visits</li> <li>NHSE assurance meetings to provide assurance.</li> <li>OEIPB Action Plan and Highlight Report owned by Quality &amp; Performance Committee</li> <li>Draft Joined Up Care 5 Year Strategy Delivery Plan 19/20 - 23/24</li> <li>STP Refresh Summary</li> <li>OEIPB progress and assurance reported monthly to Governing Body through the Quality &amp; Performance Assurance report</li> </ul>			<u>External</u> <ul style="list-style-type: none"> <li>Collaboration with Healthwatch</li> <li>Health and Well-being Boards</li> <li>360 Assurance audits</li> <li>NHSE/I assurance meetings</li> <li>CQC Inspections and action plans</li> <li>Quality Surveillance Group</li> <li>Minutes of System Quality &amp; Performance Group</li> </ul>					

reinsated from June 20. as a result of the COVID 19 pandemic		<ul style="list-style-type: none"> <li>• Brigid Stacey, Chief Nurse of Derby and Derbyshire CCG is the Chair of the System Quality &amp; Performance Group.</li> <li>• Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System.</li> </ul>	
<b>GAPS IN CONTROL</b>		<b>GAPS IN ASSURANCE</b>	
<u>Internal</u>	<u>External</u> <ul style="list-style-type: none"> <li>• System Quality and Performance Group meetings stood down from March 2020 to July 2020 due to COVID 19 pandemic.</li> <li>• Identify variation caused through system processes and work with system partners to eliminate or reduce.</li> <li>• Agree the priorities which carry the most significant at-scale benefits for early action.</li> </ul>	<u>Internal</u> <ul style="list-style-type: none"> <li>• STP planning in development and refresh in progress</li> </ul>	<u>External</u> <ul style="list-style-type: none"> <li>• System Quality and Performance Group minutes not currently available.</li> <li>• Differentiate which variation is appropriate for elimination and which is not; develop a prioritised plan for the former.</li> <li>• Agree dataset to measure improvement in outcomes and patient experience.</li> </ul>
<b>ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)</b>			
<u>Internal</u>	<u>Timeframe</u>	<u>External</u> <ul style="list-style-type: none"> <li>• Increased system working with system partners to deliver transformation change.</li> <li>• Refer issues to System Quality and Performance Group.</li> <li>• Strategic Long Term Conditions Programme Board to address variation.</li> <li>• Right Care Evidence and Data</li> <li>• Agree Priorities at System Event.</li> <li>• Strategic Long Term Conditions Programme Board to agree dataset measurement</li> </ul>	<u>Timeframe</u> <ul style="list-style-type: none"> <li>• Ongoing</li> <li>• Monthly System Quality &amp; Performance Group</li> <li>• November 2020</li> <li>• November 2020</li> <li>• TBC</li> <li>• November 2020</li> </ul>

<p><b>Strategic Aim: 3</b> 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 .</p>				<p><b>GBAF RISK 3</b></p>				<p>Executive Lead: Zara Jones Assigned to Committee: Clinical &amp; Lay Commissioning</p>		
<p><b>What would success look like and how would we measure it?</b> Delivery of system transformation schemes – improved outcomes and reduced cost. Improved / sustained relationships with system partners – increased collaboration and strengthened planning and delivery, less duplication and more shared accountability for delivery. Improved and streamlined contracting approach for 20/21 with contracts agreed earlier and aligned to system requirements.</p>				<p><b>Risk Description</b> <b>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.</b></p>						
<p><b>Risk rating</b></p>		<p><b>Likelihood</b></p>	<p><b>Consequence</b></p>	<p><b>Total</b></p>	<p><b>GBAF Risk 3</b></p> <p>The chart shows a score of 12 for the months of April, May, and June. The y-axis ranges from 0 to 15, and the x-axis lists months from April to March.</p>				<p><b>Date reviewed</b></p>	
<p>Initial</p>		<p>3</p>	<p>4</p>	<p>12</p>					<p>July 2020</p>	
<p>Current</p>		<p>3</p>	<p>4</p>	<p>12</p>						
<p><b>Risk Appetite</b></p>		<p><b>Level</b></p>	<p><b>Category</b></p>	<p><b>Target Score</b></p>	<p><b>Rationale for risk rating (and any change in score):</b></p> <ul style="list-style-type: none"> <li>System working is still developing, however scale of transformation required is clear and principles of collaborative system working are agreed.</li> <li>measures are easily measurable making the score more subjective.</li> </ul>					
		<p>Moderate</p>	<p>Collaborative working</p>	<p>8</p>						
<p>2</p>		<p>4</p>	<p>8</p>	<p><b>Link to Derby and Derbyshire Risk Register</b> 1,2,3,4,5,6,9,10,12,14,17,19,22,23,24,25,26,27,28,29</p>						
<p><b>KEY CONTROLS TO MITIGATE RISK</b></p>					<p><b>SOURCES OF ASSURANCE</b></p>					
<p><b>Internal</b></p> <ul style="list-style-type: none"> <li>Senior members of staff are fully involved in STP workstreams</li> <li>Link with STP</li> <li>Strong CEO lead and influence on STP</li> <li>Good clinical engagement i.e. Medical Director a key player in CPRG</li> <li>CPAG and new Clinical Pathways Forum</li> <li>Commissioning Intentions 19/20 finalised and agreed with Providers and published on website</li> <li>Clinical Leadership Framework in place</li> <li>Deep Dives on areas of poor performance involving provider partners e.g. Q&amp;P deep dives</li> <li>Lessons learned application to 20/21 planning and delivery through Finance Committee and shared with GB and system</li> <li>Clinical and Lay Commissioning Committee meetings reinstated June 2020 a result of the COVID 19 pandemic.</li> <li>Clinical Cell established to manage COVID 19</li> </ul>			<p><b>External</b></p> <ul style="list-style-type: none"> <li>Governance structure becoming embedded</li> <li>Good CEO/DoF system engagement</li> <li>JUCD Board now fully functioning as a group of system leaders</li> <li>Systems Savings Group</li> <li>Future in Mind Plan agreed by the CCG, Derby City Council and Derbyshire County Council</li> <li>System Quality and Performance Group established to support in-year delivery strategically, linked to the transformation agenda</li> <li>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.</li> <li>System Clinical and Professional Reference Group established and meets monthly.</li> <li>System intelligence – one version of the truth</li> </ul>		<p><b>Internal</b></p> <ul style="list-style-type: none"> <li>Clinical &amp; Lay Commissioning Committee meetings</li> <li>Governing Body</li> <li>PMO</li> <li>Executive Team</li> <li>OEIPB Board and Action Plan</li> <li>OEIPB Highlight Report owned by Clinical &amp; Lay Commissioning Committee</li> <li>Clinical &amp; Lay Commissioning Assurance Report provided to Governing Body.</li> <li>STP System Refresh</li> <li>Draft Joined Up Care 5 Year Delivery Plan 19/20 – 23/24</li> <li>Commissioning Intentions published and available on the CCGs website</li> </ul>		<p><b>External</b></p> <ul style="list-style-type: none"> <li>JUCD Board</li> <li>System Forums incl.delivery boards, planning leads</li> <li>CEO/DoF meetings</li> <li>CPRG meetings</li> <li>NHSE/I reviews</li> <li>Derby City Council</li> <li>Derbyshire County Council</li> <li>Future in Mind Plan published on Derby City Council website</li> <li>Future in Mind Plan published on Derbyshire County Council website</li> <li>STP refresh</li> <li>System Clinical and Professional Reference Group Minutes</li> </ul>			

<p>issues, Steve Lloyd Medical Director is the lead for the cell.</p> <ul style="list-style-type: none"> <li>• Zara Jones, Executive Director of Commissioning and Operations is the lead for the System Planning Cell.</li> <li>• Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System</li> <li>• System Planning and Operations Cell established to manage and determine recovery plans and future planning.</li> <li>• Established intelligence and baseline data on finance, activity and workforce to enable scenario modelling to inform decision making</li> </ul>			
<b>GAPS IN CONTROL</b>		<b>GAPS IN ASSURANCE</b>	
<p style="text-align: center;"><b><u>Internal</u></b></p> <ul style="list-style-type: none"> <li>• Not able to influence decisions</li> <li>• 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.</li> <li>• Withdrawal of Turnaround approach</li> </ul>	<p style="text-align: center;"><b><u>External</u></b></p> <ul style="list-style-type: none"> <li>• National directives</li> <li>• 'Club v's country' i.e. organisational sovereignty over system</li> <li>• System Clinical and Professional Reference Group meetings stood down due to COVID 19 pandemic.</li> <li>• 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.</li> <li>• Suspension of operational planning</li> <li>• Suspension of Systems Savings Group and PMO</li> <li>• Necessary delays in some transformation work</li> </ul>	<p style="text-align: center;"><b><u>Internal</u></b></p> <ul style="list-style-type: none"> <li>• None. Mitigating actions in place</li> <li>•</li> </ul>	<p style="text-align: center;"><b><u>External</u></b></p> <ul style="list-style-type: none"> <li>• None. Mitigating actions in place</li> <li>• System Clinical and Professional Reference Group Minutes not available due to current Position.</li> <li>• Quantify residual health need resulting from Covid infection and factor into capacity and demand planning.</li> </ul>
<b>ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)</b>			
<p style="text-align: center;"><b><u>Internal</u></b></p> <ul style="list-style-type: none"> <li>• System savings work in place and ongoing</li> <li>• Joined Up Care Derbyshire Workstream Delivery Boards / Assurance</li> <li>• Strategic commissioner and ICS / ICP development</li> <li>• Virtual urgent decisions can be made by CLCC as per the Terms of Reference as required.</li> <li>• Weekly 30 minute Confidential GB Virtual Meetings established, with focused agenda have been established for urgent decision making and any urgent committee business.</li> <li>• Clinical Cell established to manage COVID 19 issues, Steve Lloyd Medical Director is the lead for the cell.</li> <li>• Zara Jones, Executive Director of Commissioning and Operations is the lead for the System Planning Cell.</li> </ul>	<p style="text-align: center;"><b><u>Timeframe</u></b></p> <ul style="list-style-type: none"> <li>• Monthly review</li> <li>• March to June 2020</li> <li>• April to June 2020</li> <li>• April to June 2020</li> <li>• Since March 2020. Ongoing</li> </ul>	<p style="text-align: center;"><b><u>External</u></b></p> <ul style="list-style-type: none"> <li>• Continued work with system partners to develop and deliver transformation plans</li> <li>• Development of Direct Enhanced Services during 2020/21 through PCCC.</li> <li>• Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System.</li> <li>• System Planning and Operations Cell established to manage and determine recovery plans and future planning.</li> </ul>	<p style="text-align: center;"><b><u>Timeframe</u></b></p> <ul style="list-style-type: none"> <li>• Monthly review</li> <li>• March 2020 Ongoing</li> <li>• April to June 2020</li> <li>• March 2020. Ongoing.</li> </ul>

<b>Strategic Aim: 4</b> 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				<b>GBAF RISK 4A</b>				Executive Lead: Richard Chapman Assigned to Committee: Finance Committee				
<b>What would success look like and how would we measure it?</b> <ul style="list-style-type: none"> <li>Delivery of agreed 2020/21 financial position.</li> </ul>				<b>Risk Description</b> The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the <b>CCG</b> to move to a sustainable financial position.								
<b>Risk rating</b>		<b>Likelihood</b>	<b>Consequence</b>	<b>Total</b>					<b>Date reviewed</b>	July 2020		
Initial		5	5	25					<b>Rationale for risk rating (and any change in score):</b> <ul style="list-style-type: none"> <li>Identify underlying system position, current and forward-looking</li> </ul>			
Current		4	4	16								
<b>Risk Appetite</b>		<b>Level</b>	<b>Category</b>	<b>Target Score</b>	<b>Link to Derby and Derbyshire Risk Register</b> .11,30							
		Low	Financial Statutory Duties	10								
		2	5									
<b>KEY CONTROLS TO MITIGATE RISK</b>					<b>SOURCES OF ASSURANCE</b>							
<b>Internal</b> <ul style="list-style-type: none"> <li>Contract management incl. validation of contract information, coding and counting challenges etc.</li> <li>Internal management processes – monthly confirm and challenge by FRG &amp; FinCom</li> <li>OEIPB Board and Action Plan.</li> <li>OEIPB progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report.</li> <li>Finance Committee meetings reinstated from June 2020</li> </ul>			<b>External</b> <ul style="list-style-type: none"> <li>Standardised contract governance in line with national best practice.</li> <li>System Finance Oversight Group (SFOG) established.</li> <li>Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System</li> <li>System Savings Group established and in place</li> <li>System Finance Oversight Group in place</li> </ul>		<b>Internal</b> <ul style="list-style-type: none"> <li>Monthly reporting to NHSE/NHSI, Finance Recovery Group and Finance Committee.</li> <li>Internal Audit Financial Management review giving significant assurance</li> <li>OEIPB Board and Action Plan.</li> <li>OEIPB progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report</li> <li>Finance Committee Minutes</li> </ul>			<b>External</b> <ul style="list-style-type: none"> <li>Internal audit review of Finance and Contract Management processes.</li> <li>Regulator review and oversight of monthly financial submissions</li> <li>System Finance Oversight Group Minutes</li> </ul>				

GAPS IN CONTROL		GAPS IN ASSURANCE	
<u>Internal</u>	<u>External</u>	<u>Internal</u>	<u>External</u>
<ul style="list-style-type: none"> <li>Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact.</li> </ul>	<ul style="list-style-type: none"> <li>Absence of integrated system reporting of the health financial position.</li> <li>System Finance Oversight Group meetings to be reinstated September 2020.</li> <li>Establish common system objective to deliver financial sustainability on a system-wide basis.</li> <li>Identify underlying system position, current and forward-looking.</li> <li>Establish system-wide monitoring, efficiency and transformational delivery process.</li> </ul>	<ul style="list-style-type: none"> <li>Regularisation of integrated activity, finance and savings reporting incorporating activity trajectory matched to provider capacity to deliver and associated commissioner financial impact</li> </ul>	<ul style="list-style-type: none"> <li>Absence of commitment to open-book reporting with clear risk identification.</li> <li>System Finance Oversight Group Minutes</li> </ul>
<b>ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)</b>			
<u>Internal</u>	<u>Timeframe</u>	<u>External</u>	<u>Timeframe</u>
<ul style="list-style-type: none"> <li>Strengthening of activity data reporting to ensure improved business intelligence to support decision making.</li> <li>Development of an integrated Activity Finance &amp; Savings report in place</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>April 2020</li> </ul>	<ul style="list-style-type: none"> <li>Transparency of open book reporting through System Savings Group</li> <li>Output from Demand &amp; Capacity Workstream on waiting list growth (reduction) and consider in financial sustainability terms.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>October 2020</li> </ul>

<p><b>Strategic Aim: 4</b> 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</p>				<p><b>GBAF RISK 4B</b></p>				<p>Executive Lead: Richard Chapman Assigned to Committee: Finance Committee</p>		
<p><b>What would success look like and how would we measure it?</b></p> <ul style="list-style-type: none"> <li>Delivery of agreed 2020/21 financial position on a system basis.</li> </ul>				<p><b>Risk Description</b></p> <p>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.</p>						
<p><b>Risk rating</b></p>		<p><b>Likelihood</b></p>	<p><b>Consequence</b></p>	<p><b>Total</b></p>					<p><b>Date reviewed</b></p>	<p>July 2020</p>
<p>Initial</p>		<p>5</p>	<p>4</p>	<p>20</p>						
<p>Current</p>		<p>5</p>	<p>5</p>	<p>25</p>						
<p><b>Risk Appetite</b></p>		<p><b>Level</b></p>	<p><b>Category</b></p>	<p><b>Target Score</b></p>						
		<p>Low</p>	<p>Financial Statutory Duties</p>	<p>10</p>	<p><b>Rationale for risk rating (and any change in score):</b></p> <ul style="list-style-type: none"> <li>Identify underlying system position, current and forward-looking</li> <li>It is not yet clear what resources will be made available to the Derbyshire health economy.</li> <li>It is not yet clear whether the Derbyshire health economy will be required to operate to organisational or system control totals.</li> <li>The system does not currently have a functional efficiency programme or agreed structures to implement such a programme.</li> </ul>					
		<p>2</p>	<p>5</p>							
<p><b>KEY CONTROLS TO MITIGATE RISK</b></p>					<p><b>SOURCES OF ASSURANCE</b></p>					
<p><b>Internal</b></p> <ul style="list-style-type: none"> <li>Internal management processes – monthly confirm and challenge by FRG &amp; Finance Committee</li> <li>Integrated financial reporting incorporating I&amp;E and savings positions and risk</li> <li>OEIPB Board and Action Plan.</li> <li>Clinical Leadership Framework in place across the system to support governance and clinical workstreams.</li> <li>OEIPB progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report</li> <li>Finance Committee meetings reinstated from June 2020</li> </ul>			<p><b>External</b></p> <ul style="list-style-type: none"> <li>Standardised contract governance in line with national best practice.</li> <li>System Finance Oversight Group (SFOG) established</li> <li>Requirement to agree a multi-year system recovery plan with regulator in order to mitigate impact score</li> </ul>		<p><b>Internal</b></p> <ul style="list-style-type: none"> <li>Monthly reporting to NHSE/NHSI, Finance Recovery Group and Finance Committee.</li> <li>OEIPB Board and Action Plan.</li> <li>Clinical Leadership Framework in place across the system to support governance and clinical workstreams.</li> <li>OEIPB progress and assurance reported monthly to Governing Body through the Finance Committee Assurance report</li> <li>Finance Committee Minutes</li> </ul>			<p><b>External</b></p> <ul style="list-style-type: none"> <li>Internal audit review of Finance and Contract Management processes.</li> <li>Regulator review and oversight of monthly financial submissions</li> <li>System Finance Oversight Group Minutes</li> </ul>		

<b>GAPS IN CONTROL</b>		<b>GAPS IN ASSURANCE</b>	
<b><u>Internal</u></b>	<b><u>External</u></b>	<b><u>Internal</u></b>	<b><u>External</u></b>
<ul style="list-style-type: none"> <li>Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact.</li> </ul>	<ul style="list-style-type: none"> <li>Absence of a single system view of activity data which is timely, accurate and complete.</li> <li>Absence of a system planning function on which partners place reliance.</li> <li>Absence of integrated system reporting of the health financial position.</li> <li>Regulatory and statutory financial duties mitigate against system collaboration and cooperation to reduce health cost.</li> <li>System Activity Finance &amp; Savings report</li> <li>System Savings Group established and in place</li> <li>System Finance Oversight Group in place</li> <li>System Finance Oversight Group to be reinstated September 20.</li> <li>Establish common system objective to deliver financial sustainability on a system-wide basis.</li> <li>Identify underlying system position, current and forward-looking.</li> <li>Establish system-wide monitoring, efficiency and transformational delivery process.</li> </ul>	<ul style="list-style-type: none"> <li>Regularisation of integrated activity, finance and savings reporting incorporating activity trajectory matched to provider capacity to deliver and associated commissioner financial impact</li> </ul>	<ul style="list-style-type: none"> <li>Absence of commitment to open-book reporting with clear risk identification.</li> <li>Provider rules only allow reforecasting on a quarterly basis, unable to influence this</li> <li>Provider Sustainability Fund rules incentivise delay in risk recognition meaning forecasting may not be fully objective, unable to influence this</li> <li>System Finance Oversight Group minutes not available due to current position</li> </ul>
<b>ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)</b>			
<b><u>Internal</u></b>	<b><u>Timeframe</u></b>	<b><u>External</u></b>	<b><u>Timeframe</u></b>
<ul style="list-style-type: none"> <li>Development of new System Activity Finance &amp; Savings report</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> </ul>	<ul style="list-style-type: none"> <li>Establish greater system working across finance teams</li> <li>Transparency of open book reporting through System Savings Group</li> <li>Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System</li> <li>Output from Demand &amp; Capacity Workstream on waiting list growth (reduction) and consider in financial sustainability terms.</li> </ul>	<ul style="list-style-type: none"> <li>Ongoing</li> <li>Ongoing</li> <li>April to June 2020</li> <li>October 2020</li> </ul>

<b>Strategic Aim: 5</b> <b>Work in partnership with stakeholders and with our population to achieve the above four objectives.</b>				<b>GBAF RISK 5</b>				<b>Executive Lead: Helen Dillistone</b> <b>Assigned to Committee: Engagement Committee</b>								
<b>What would success look like and how would we measure it?</b> 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.				<b>Risk Description</b> <b>The Derbyshire population is not sufficiently engaged to identify and jointly deliver the services that patients need.</b>												
<b>Risk rating</b>		<b>Likelihood</b>	<b>Consequence</b>	<b>Total</b>							<b>Date reviewed</b>		July 2020			
Initial		4	3	<b>12</b>							<b>Rationale for risk rating (and any change in score):</b>		<ul style="list-style-type: none"> <li>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.</li> </ul>			
Current		4	3	<b>12</b>							<b>Link to Derby and Derbyshire Risk Register</b> 4,5,6,7,9,12,14,16,24,25,26,27,28					
<b>Risk Appetite</b>		<b>Level</b>	<b>Category</b>	<b>Target Score</b>												
		Low	Commissioning	<b>6</b>												
		2	3													
<b>KEY CONTROLS TO MITIGATE RISK</b>						<b>SOURCES OF ASSURANCE</b>										
<b>Internal</b>			<b>External</b>			<b>Internal</b>			<b>External</b>							
<ul style="list-style-type: none"> <li>Clearly defined system strategy which identifies key health priorities and forward planning to ensure public engagement can be embedded.</li> <li>Engagement function with clearly defined roles and agreed priorities.</li> <li>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.</li> <li>Alignment of CCG and JUCD communications and engagement agendas where necessary to provide streamlined and coherent approach.</li> <li>Identified involvement of communications and engagement lead involvement in all projects.</li> <li>Clearly defined offer and ownership of</li> </ul>			<ul style="list-style-type: none"> <li>Engagement Committee has dual responsibility for the alignment of JUCD and CCG communications and engagement agendas where necessary to provide streamlined and coherent approach.</li> <li>Relationship development with local parliamentary and council politicians.</li> <li>Structured approach to broader stakeholder engagement.</li> <li>Proactive formal and informal Engagement with Overview &amp; Scrutiny Committees, with clear business plan.</li> <li>Co-production approach to planning utilising existing local experts by experience (Lay Reference Groups)</li> <li>Joined Up Care Derbyshire Comms and Engagement collaboration and planning.</li> <li>Legal/Consultation Institute advice on challenging issues.</li> </ul>			<ul style="list-style-type: none"> <li>Confirm and challenge and outputs for Engagement Committee providing assurance to GBs.</li> <li>Governing Body assurance of Engagement Committee evidence from training and development.</li> <li>Commissioning cycle to involve patient engagement.</li> <li>EIA and QIA process.</li> <li>QIA/EIA panel.</li> <li>Communications &amp; Engagement work plan and links to QIPP tracker which aims to maintain understanding of emerging work and implications</li> <li>Systematic completion of S14Z2 forms at PID stage will provide standardised assurance against compliant decision making and recording of decisions at project level.</li> </ul>			<ul style="list-style-type: none"> <li>Membership (and other stakeholder) feedback via annual 360 survey.</li> <li>Approval of commissioning strategy and associated decisions by the Clinical Lay Commissioning Committee.</li> <li>Approval of engagement and consultation processes from Overview and Scrutiny Committees.</li> <li>NHS England CCG Assurance – Outstanding Rating assessment</li> <li>Internal Audit Report.</li> </ul>							

<p>communications channels to support consistency of approach and clarity of message.</p> <ul style="list-style-type: none"> <li>• Improved coordination of membership engagement mechanisms, linked to planning.</li> <li>• Links to QIA/EIA Panel, work streams and planning processes to keep sighted on emerging work.</li> <li>• Simple engagement model now approved to support project flow through consistent process.</li> <li>• Strengthening of CCG committee cover sheets to ensure committees making implementation decisions have full assurance that duties have been met.</li> <li>• 2020/21 Commissioning Intentions finalised and agreed with Providers.</li> <li>• Population Health Management in development</li> <li>• OEIPB</li> <li>• Governing Body</li> <li>• Commissioning Intentions published and on website.</li> <li>• Engagement Committee meetings reinstated from June 2020.</li> <li>• Zara Jones, Executive Director of Commissioning and Operations is the lead for the System Planning Cell.</li> <li>• Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System</li> <li>• System Planning and Operations Cell established to manage and determine recovery plans and future planning</li> </ul>		<ul style="list-style-type: none"> <li>• Training for Engagement Committee membership to ensure robust understanding and application of guidance and statutory responsibility.</li> <li>• 2020/21 Commissioning Intentions finalised and agreed with Providers.</li> <li>• Population Health Management supported by Public Health Directors and Governing Body.</li> <li>• Establishment of Strategic Advisory Group.</li> <li>• Governing Body developing CCG Strategy.</li> <li>• Commissioning Intentions published and on website</li> </ul>	
<b>GAPS IN CONTROL</b>		<b>GAPS IN ASSURANCE</b>	

<p><b>Internal</b></p> <ul style="list-style-type: none"> <li>EIA/QIA process to be adopted by JUCD .</li> <li>PMO process currently scaled back, with risk to placement of S14Z2 in decision making.</li> <li>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.</li> <li>Finalise construct of engagement mechanisms from PPG level, through PCN, Place, ICP to Engagement Committee level, subject to system structure agreement.</li> <li>Embed clear and robust statements and processes relating to the desire to engage in CCG strategic policies.</li> </ul>	<p><b>External</b></p> <ul style="list-style-type: none"> <li>Potential lack of provider engagement in JUCD communications and engagement work. Lack of clarity in place development.</li> <li>PMO process currently scaled back, with risk to placement of S14Z2 in decision making.</li> </ul>	<p><b>Internal</b></p> <ul style="list-style-type: none"> <li>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</li> <li>S14Z2 process to be amalgamated with QEIA processes to ensure scrutiny</li> </ul>	<p><b>External</b></p> <ul style="list-style-type: none"> <li>S14Z2 process to be amalgamated with QEIA processes to ensure scrutiny</li> </ul>
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**ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)**

<p><b>Internal</b></p> <ul style="list-style-type: none"> <li>Training support for project managers in development on commissioning cycle to standardise processes, building on recent project management training.</li> <li>Fully populated and network engagement structure, with permanent membership of Engagement Committee confirmed.</li> <li>S14Z2 process to be amalgamated with QEIA processes to ensure scrutiny</li> </ul>	<p><b>Timeframe</b></p> <ul style="list-style-type: none"> <li>Q2 2020/21</li> <li>Q3 2020/21</li> <li>Q2 2020/21</li> </ul>	<p><b>External</b></p> <ul style="list-style-type: none"> <li>Engagement Committee re-established</li> <li>Insight programme in progress but requires longer-term funding model</li> <li>S14Z2 process to be amalgamated with QEIA processes to ensure scrutiny</li> </ul>	<p><b>Timeframe</b></p> <ul style="list-style-type: none"> <li>June 2020</li> <li>Q3 2020/21</li> <li>Q2 2020/21</li> </ul>
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