

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 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
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	8	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.	8	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? <ul style="list-style-type: none"> 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.																															
Risk rating	Likelihood	Consequence	Total	GBAF Risk 1 <table border="1"> <caption>GBAF Risk 1 Score History</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>April</td><td>9</td></tr> <tr><td>May</td><td>9</td></tr> <tr><td>June</td><td>9</td></tr> <tr><td>July</td><td>9</td></tr> <tr><td>August</td><td>9</td></tr> <tr><td>September</td><td>9</td></tr> <tr><td>October</td><td>9</td></tr> <tr><td>November</td><td>9</td></tr> <tr><td>December</td><td>12</td></tr> <tr><td>January</td><td>12</td></tr> <tr><td>February</td><td>12</td></tr> <tr><td>March</td><td>12</td></tr> </tbody> </table>				Month	Score	April	9	May	9	June	9	July	9	August	9	September	9	October	9	November	9	December	12	January	12	February	12	March	12	Date reviewed	January 2021
Month	Score																																		
April	9																																		
May	9																																		
June	9																																		
July	9																																		
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October	9																																		
November	9																																		
December	12																																		
January	12																																		
February	12																																		
March	12																																		
Initial	3	3	9	Rationale for risk rating (and any change in score): <ul style="list-style-type: none"> 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. 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 meet its strategic aim as above due to the impact of the Covid pandemic. 																															
Current	4	3	12																																
Risk Appetite	Level	Category	Target Score																																

	Moderate	Commissioning and Contracting	8		Link to Derby and Derbyshire Risk Register
	2	4			1,2,3,4,5,6,7,9,12,14,17,19,21,22,24,25,26,27,28
KEY CONTROLS TO MITIGATE RISK				SOURCES OF ASSURANCE	
Internal		External		Internal	External
<ul style="list-style-type: none"> QIPP and Service Benefit Reviews challenge process. Prioritisation tool. Clinical & Lay Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions. Robust QIA process for commissioning/ decommissioning schemes and System QIA now in place Clinical Quality Review Group (CQRG) measures built into all contracts 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 as 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) 		<ul style="list-style-type: none"> NHSE and NHSI assurance arrangements CQC inspections and associated commissioner and provider action plans Programme Boards STP Oversight Meetings with Local Authority to identify joint funding opportunities. System wide efficiency planning has commenced for 2020/2021 showing commitment to joint system working System Quality and Performance Group has been established and 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. 		<ul style="list-style-type: none"> Quality & Performance Committee Risk management controls and exception reports on clinical risks to Quality & Performance Committee Performance reporting framework in place Lay representation within Governing Bodies and committee in common structures. NHSE assurance meetings to provide assurance. Recovery and Restoration (R&R) Action Plan and Highlight Report owned by Quality & Performance Committee Draft Joined Up Care 5 Year Strategy Delivery Plan 19/20 - 23/24 STP Refresh Summary 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 minutes 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). 	<ul style="list-style-type: none"> 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	
<p><u>Internal</u></p> <ul style="list-style-type: none"> Commissioning the specific needs to meet the demands of the Covid Pandemic 	<p><u>External</u></p> <ul style="list-style-type: none"> 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. 	<p><u>Internal</u></p>	<p><u>External</u></p> <ul style="list-style-type: none"> 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 CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
<p><u>Internal</u></p>	<p><u>Timeframe</u></p>	<p><u>External</u></p> <ul style="list-style-type: none"> Long Term Conditions Strategy. Long Term Conditions Board to identify groups for focus (prioritisation work started) 	<p><u>Timeframe</u></p> <ul style="list-style-type: none"> December 2020 October 2020

<p>Strategic Aim: 2 To reduce measurably unwarranted variation in the quality of healthcare delivered across Derbyshire.</p>	<p>GBAF RISK 2</p>	<p>Executive Lead: Steve Lloyd Assigned to Committee: Quality and Performance</p>
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<p>What would success look like and how would we measure it?</p> <ul style="list-style-type: none"> • 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. 	<p>Risk Description</p> <p>The CCG is unable to identify priorities for variation reduction and reduce or eliminate them.</p>
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Risk rating	Likelihood	Consequence	Total		Date reviewed																				
Initial	3	4	12	<p>GBAF Risk 2</p> <table border="1" style="display: none;"> <caption>GBAF Risk 2 Score History</caption> <thead> <tr><th>Month</th><th>Score</th></tr> </thead> <tbody> <tr><td>April</td><td>12</td></tr> <tr><td>May</td><td>12</td></tr> <tr><td>June</td><td>12</td></tr> <tr><td>July</td><td>12</td></tr> <tr><td>August</td><td>12</td></tr> <tr><td>September</td><td>12</td></tr> <tr><td>October</td><td>12</td></tr> <tr><td>November</td><td>12</td></tr> <tr><td>December</td><td>16</td></tr> </tbody> </table>	Month	Score	April	12	May	12	June	12	July	12	August	12	September	12	October	12	November	12	December	16	January 2021
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August	12																								
September	12																								
October	12																								
November	12																								
December	16																								
Current	4	4	16	<p>Rationale for risk rating (and any change in score):</p> <ul style="list-style-type: none"> • 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. • 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 																					
Risk Appetite	Level	Category	Target Score																						

	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	SOURCES OF ASSURANCE
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<u>Internal</u>	<u>External</u>	<u>Internal</u>	<u>External</u>
<ul style="list-style-type: none"> Clinical & Lay Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions Robust QIA process for commissioning/ decommissioning schemes and new System QIA panel in place Clinical Quality Review Group (CQRG) measures built into all contracts Executive Team and Finance Committee oversight. Contract Management Board (CMB) oversight Quality & Performance Committee Recovery and Recovery (R&R) Plan R&R progress and assurance reported monthly to Governing Body through the Quality & Performance Assurance report Brigid Stacey, Chief Nurse of Derby and Derbyshire CCG is the Chair of the System Quality & Performance Group Internal resource planning work led by HR Quality and Performance Committee meetings reinstated from June 20 as a result of the COVID 19 pandemic. Winter Planning Cell established and in place to manage the impact of winter pressures and COVID-19 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. 	<ul style="list-style-type: none"> NHSE assurance arrangements Provider Governance arrangements are clear and include any subcontracting responsibilities. CQC inspections and associated commissioner and provider action plans NHSI assurance arrangements STP Oversight System Quality & Performance Group established and meets on a monthly basis Winter Planning Cell established STP/ ICS Interim Accountable Officer appointed System Quality and Performance Group meetings stood down from March 2020 to July 2020 due to COVID 19 pandemic. ICS guidance published November 2020. Derby and Derbyshire formally approved as an ICS. System Quality and Performance Group meetings continue to meet and are not stood down at level 4 	<ul style="list-style-type: none"> 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 by 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 report Brigid Stacey, Chief Nurse of Derby and Derbyshire CCG is the Chair of the System Quality & Performance Group. Daily System Escalation Cell meetings established to support the management of COVID 19 across the Derbyshire System. System Phase 3 Plan approved by Governing Body and Submitted to NHSE. Monthly Winter Plan Report provided to JUCD Board. 	<ul style="list-style-type: none"> Collaboration with Healthwatch Health and Well-being Boards 360 Assurance audits NHSE/I assurance meetings CQC Inspections and action plans Quality Surveillance Group Minutes of System Quality & Performance Group System Phase 3 Plan agreed and submitted to NHSE and is a work in progress plan

GAPS IN CONTROL		GAPS IN ASSURANCE	
<u>Internal</u>	<u>External</u>	<u>Internal</u>	<u>External</u>
	<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> STP planning in development and refresh in progress 	<ul style="list-style-type: none"> System Quality and Performance Group minutes not currently available. Differentiate which variation is appropriate for elimination and which is not; develop a prioritised plan for the former. Agree dataset to measure improvement in outcomes and patient experience.
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
<u>Internal</u>	<u>Timeframe</u>	<u>External</u>	<u>Timeframe</u>
		<ul style="list-style-type: none"> 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 address variation. (working on risk stratification with BI / Board are reviewing priorities) Right Care Evidence and Data (awaiting updated data packs) Working with the LTC Board to agree Priorities at System Event. Working with the LTC Board to agree Strategic Long Term Conditions Programme Board to agree dataset measurement. 	<ul style="list-style-type: none"> Ongoing Monthly System Quality & Performance Group November 2020 November 2020 TBC November 2020

<p>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 .</p>				<p>GBAF RISK 3</p>				<p>Executive Lead: Zara Jones Assigned to Committee: Clinical & Lay Commissioning</p>							
<p>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 1 COVID-19. Improved / sustained relationships with system partners – increased collaboration and strengthened planning and delivery, less duplication and more shared accountability for delivery.</p>				<p>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.</p>											
<p>Risk rating</p>		<p>Likelihood</p>	<p>Consequence</p>	<p>Total</p>					<p>Date reviewed</p>		<p>January 2021</p>				
<p>Initial</p>		<p>3</p>	<p>4</p>	<p>12</p>					<p>Rationale for risk rating (and any change in score):</p> <ul style="list-style-type: none"> 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. 						
<p>Current</p>		<p>3</p>	<p>4</p>	<p>12</p>											
<p>Risk Appetite</p>		<p>Level</p>	<p>Category</p>	<p>Target Score</p>	<p>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</p>										
		<p>Moderate</p>	<p>Collaborative working</p>	<p>8</p>											
					<p>KEY CONTROLS TO MITIGATE RISK</p>				<p>SOURCES OF ASSURANCE</p>						
<p>Internal</p> <ul style="list-style-type: none"> 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 				<p>External</p> <ul style="list-style-type: none"> 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. 				<p>Internal</p> <ul style="list-style-type: none"> 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 				<p>External</p> <ul style="list-style-type: none"> 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 			

<p>issues, Steve Lloyd Medical Director is the lead for the cell.</p> <ul style="list-style-type: none"> • 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. 		pressures and COVID-19	work in progress plan
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GAPS IN CONTROL	GAPS IN ASSURANCE
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<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> • 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 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> • 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 • Necessary delays in some transformation work 	<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> • None. Mitigating actions in place 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> • 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.
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ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)
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<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> • System savings work in place and ongoing • Joined Up Care Derbyshire Workstream Delivery Boards / Assurance • Strategic commissioner and ICS / ICP development • Virtual urgent decisions can be made by CLCC as per the Terms of Reference as required. • Weekly 30 minute Confidential GB Virtual Meetings established, with focused agenda have been established for urgent decision making and any urgent committee business. • Clinical Cell established to manage COVID 19 issues, Steve Lloyd Medical Director is the lead for the cell. • Zara Jones, Executive Director of Commissioning and Operations is the lead for the System Planning Cell. 	<p style="text-align: center;"><u>Timeframe</u></p> <ul style="list-style-type: none"> • Monthly review • March to June 2020 • April to June 2020 • April to June 2020 • Since March 2020. Ongoing 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> • 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. 	<p style="text-align: center;"><u>Timeframe</u></p> <ul style="list-style-type: none"> • Monthly review • March 2020 Ongoing • April to June 2020 • March 2020. Ongoing.
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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? <ul style="list-style-type: none"> Delivery of agreed 2020/21 financial position. 				Risk Description The Derbyshire health system is unable to manage demand, reduce costs and deliver sufficient savings to enable the <u>CCG</u> to move to a sustainable financial position.								
Risk rating		Likelihood	Consequence	Total					Date reviewed	January 2021		
Initial		5	5	25					Rationale for risk rating (and any change in score): <ul style="list-style-type: none"> 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, Top-up 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 improved CCG position, been able to report that the CCG are forecasting a break-even position. Work remains ongoing to monitor and manage this position, particularly in relation to where the risks are and how these can be mitigated. 			
Current		2	4	8								
Risk Appetite		Level	Category	Target Score	Link to Derby and Derbyshire Risk Register 11,30							
		Low	Financial Statutory Duties	10								
		2	5									
KEY CONTROLS TO MITIGATE RISK					SOURCES OF ASSURANCE							
Internal <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> 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 <ul style="list-style-type: none"> Internal audit review of Finance and Contract Management processes. Regulator review and oversight of monthly financial submissions System Finance Oversight Group Minutes 				

<ul style="list-style-type: none"> 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. 	<ul style="list-style-type: none"> ICS guidance published November 2020. Derby and Derbyshire formally approved as an ICS. 		
GAPS IN CONTROL		GAPS IN ASSURANCE	
<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact. 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> 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. 	<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> Regularisation of integrated activity, finance and savings reporting incorporating activity trajectory matched to provider capacity to deliver and associated commissioner financial impact 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> Absence of commitment to open-book reporting with clear risk identification. System Finance Oversight Group Minutes
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
<p style="text-align: center;"><u>Internal</u></p> <ul style="list-style-type: none"> Strengthening of activity data reporting to ensure improved business intelligence to support decision making. Development of an integrated Activity Finance & Savings report in place 	<p style="text-align: center;"><u>Timeframe</u></p> <ul style="list-style-type: none"> Ongoing April 2020 	<p style="text-align: center;"><u>External</u></p> <ul style="list-style-type: none"> Transparency of open book reporting through System Savings Group Output from Demand & Capacity Workstream on waiting list growth (reduction) and consider in financial sustainability terms. 	<p style="text-align: center;"><u>Timeframe</u></p> <ul style="list-style-type: none"> Ongoing January 2021

<p>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</p>				<p>GBAF RISK 4B</p>				<p>Executive Lead: Richard Chapman Assigned to Committee: Finance Committee</p>																													
<p>What would success look like and how would we measure it?</p> <ul style="list-style-type: none"> Delivery of agreed 2020/21 financial position on a system basis. 				<p>Risk Description</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>																																	
Risk rating		Likelihood	Consequence	<table border="1"> <caption>GBAF Risk 4B Score Trend</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>April</td><td>20</td></tr> <tr><td>May</td><td>25</td></tr> <tr><td>June</td><td>25</td></tr> <tr><td>July</td><td>25</td></tr> <tr><td>August</td><td>25</td></tr> <tr><td>Septem...</td><td>15</td></tr> <tr><td>October</td><td>15</td></tr> <tr><td>Novemb...</td><td>15</td></tr> <tr><td>Decemb...</td><td>5</td></tr> <tr><td>January</td><td>5</td></tr> <tr><td>February</td><td>5</td></tr> <tr><td>March</td><td>5</td></tr> </tbody> </table>				Month	Score	April	20	May	25	June	25	July	25	August	25	Septem...	15	October	15	Novemb...	15	Decemb...	5	January	5	February	5	March	5	Date reviewed		January 2021	
Month	Score																																				
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March	5																																				
Initial		5	4	<p>20</p>				<p>Rationale for risk rating (and any change in score):</p> <ul style="list-style-type: none"> 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, Top-up 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. 																													
Current		2	4	<p>8</p>				<p>Link to Derby and Derbyshire Risk Register 11,30</p>																													
Risk Appetite		Level	Category	Target Score																																	
		Low	Financial Statutory Duties	<p>10</p>																																	
		2	5																																		

KEY CONTROLS TO MITIGATE RISK		SOURCES OF ASSURANCE	
<u>Internal</u>	<u>External</u>	<u>Internal</u>	<u>External</u>
<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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. 	<ul style="list-style-type: none"> • 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 	<ul style="list-style-type: none"> • 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	
<p>Internal</p> <ul style="list-style-type: none"> Consistent and regular reporting of timely, accurate and complete activity data with associated financial impact. 	<p>External</p> <ul style="list-style-type: none"> Absence of a single system view of activity data which is timely, accurate and complete. Absence of a system planning function on which partners place reliance. Absence of integrated system reporting of the health financial position. Regulatory and statutory financial duties mitigate against system collaboration and cooperation to reduce health cost. System Activity Finance & Savings report System Savings Group established and in place System Finance Oversight Group in place System Finance Oversight Group reinstated September 20 and continues to meet at BC Level 4 from December 20, Establish common system objective to deliver financial sustainability on a system-wide basis. Identify underlying system position, current and forward-looking. Establish system-wide monitoring, efficiency and transformational delivery process. 	<p>Internal</p> <ul style="list-style-type: none"> Regularisation of integrated activity, finance and savings reporting incorporating activity trajectory matched to provider capacity to deliver and associated commissioner financial impact 	<p>External</p> <ul style="list-style-type: none"> Absence of commitment to open-book reporting with clear risk identification. Provider rules only allow reforecasting on a quarterly basis, unable to influence this Provider Sustainability Fund rules incentivise delay in risk recognition meaning forecasting may not be fully objective, unable to influence this System Finance Oversight Group minutes not available due to current position
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
<p>Internal</p> <ul style="list-style-type: none"> Development of new System Activity Finance & Savings report 	<p>Timeframe</p> <ul style="list-style-type: none"> Ongoing 	<p>External</p> <ul style="list-style-type: none"> Establish greater system working across finance teams Transparency of open book reporting through System Savings Group System Escalation Cell 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. 	<p>Timeframe</p> <ul style="list-style-type: none"> Ongoing Ongoing April to June 2020 January 2021

<p>Strategic Aim: 5 Work in partnership with stakeholders and with our population to achieve the above four objectives.</p>				<p>GBAF RISK 5</p>				<p>Executive Lead: Helen Dillistone Assigned to Committee: Engagement Committee</p>																												
<p>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.</p>				<p>Risk Description The Derbyshire population is not sufficiently engaged to identify and jointly deliver the services that patients need.</p>																																
<p>Risk rating</p>		<p>Likelihood</p>	<p>Consequence</p>	<p>Total</p>	<p>GBAF Risk 5</p> <table border="1"> <caption>GBAF Risk 5 Score History</caption> <thead> <tr> <th>Month</th> <th>Score</th> </tr> </thead> <tbody> <tr><td>April</td><td>12</td></tr> <tr><td>May</td><td>12</td></tr> <tr><td>June</td><td>12</td></tr> <tr><td>July</td><td>12</td></tr> <tr><td>August</td><td>12</td></tr> <tr><td>September</td><td>12</td></tr> <tr><td>October</td><td>9</td></tr> <tr><td>November</td><td>9</td></tr> <tr><td>December</td><td>9</td></tr> <tr><td>January</td><td>9</td></tr> <tr><td>February</td><td>9</td></tr> <tr><td>March</td><td>9</td></tr> </tbody> </table>				Month	Score	April	12	May	12	June	12	July	12	August	12	September	12	October	9	November	9	December	9	January	9	February	9	March	9	<p>Date reviewed</p> <p>January 2021</p>	
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<p>Initial</p>		<p>4</p>	<p>3</p>	<p>12</p>	<p>Rationale for risk rating (and any change in score):</p> <ul style="list-style-type: none"> 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. 																															
<p>Current</p>		<p>3</p>	<p>3</p>	<p>9</p>																																
<p>Risk Appetite</p>		<p>Level</p> <p>Low</p> <p>2</p>	<p>Category</p> <p>Commissioning</p> <p>3</p>	<p>Target Score</p> <p>6</p>																																
<p>KEY CONTROLS TO MITIGATE RISK</p>					<p>SOURCES OF ASSURANCE</p>																															
<p>Internal</p> <ul style="list-style-type: none"> 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 			<p>External</p> <ul style="list-style-type: none"> 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 		<p>Internal</p> <ul style="list-style-type: none"> 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 		<p>External</p> <ul style="list-style-type: none"> 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. NHS England Assurance on winter communications and engagement plan NHS England assurance on NHS 111 First communications and engagement plan 																													

<p>message.</p> <ul style="list-style-type: none"> • 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 Strategy-outline 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. 	<p>local people. Subjects covered to date include the pandemic response, primary care and mental health, with future sessions planned on UEC and cancer.</p> <ul style="list-style-type: none"> • Communications and Engagement Strategy-outline 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. 	<p>responsibility.</p> <ul style="list-style-type: none"> • 2020/21 Commissioning Intentions finalised and agreed with Providers. • Population Health Management supported by Public Health Directors and Governing Body. • Establishment of Strategic Advisory Group. • Governing Body developing CCG Strategy. • Commissioning Intentions published and on website 	
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GAPS IN CONTROL		GAPS IN ASSURANCE	
<p>Internal</p> <ul style="list-style-type: none"> 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. 	<p>External</p> <ul style="list-style-type: none"> Multiple public sector messages resulting in CCG cut through being a challenge 	<p>Internal</p> <ul style="list-style-type: none"> 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 	<p>External</p> <ul style="list-style-type: none"> CCG Communications and Engagement Strategy requires refresh, including alignment with JUCD approach
ACTIONS BEING TAKEN TO ADDRESS GAPS IN CONTROL/ASSURANCE (INCLUDE TIMESCALES)			
<p>Internal</p> <ul style="list-style-type: none"> 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 	<p>Timeframe</p> <ul style="list-style-type: none"> Q4 2020/21 Q3 2020/21 Q3 2020/21 Q3 2020/21 	<p>External</p> <ul style="list-style-type: none"> Engagement Committee re-established Insight programme in progress but requires longer-term funding model 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 	<p>Timeframe</p> <ul style="list-style-type: none"> June 2020 Q3 2020/21 Q3/4 2020/21 Q3 2020/21