

BNSSG CCG Governing Body Meeting

Date: Tuesday 6th October 2020

Time: 1:30pm

In light of Government advice regarding social distancing, the Governing Body will meet virtually until further notice. The meeting will be accessible to members of the public. Please see our website for more details.

Agenda Number :	9.1
	Governing Body Assurance Framework (GBAF)
Purpose: approval	
Key Points for Discussion:	
	<ul style="list-style-type: none"> • The agreed priorities for 20/21. • How the priorities deliver against the CCG Strategic Themes • Oversight of strategic risks. • Governing Body Assurance Framework for 20/21.
Recommendations:	<ul style="list-style-type: none"> • The Governing Body agrees the Governing Body Assurance Framework for 20/21 • The Governing Body reviews and agrees the target risk scores for 20/21. • The Governing Body is asked to discuss and agree the committees that will provide oversight of the strategic risks.
Previously Considered By and feedback :	<p>The Priorities for 20/21 were agreed by the Governing Body at it's meeting in September 2020.</p> <p>The CCG Strategic themes were approved by the Governing Body at it's meeting in July 2020.</p> <p>The objectives were reviewed and discussed at the June Governing Body seminar</p>
Management of Declared Interest:	The Governing Body receives a register of its members declared interests as a standing item. There are no declared risks relating the GBAF.
Risk and Assurance:	The GBAF is a tool for reporting the risks to the achievement of strategic objectives, controls, sources of assurance, gaps in controls or assurances and mitigating actions.
Financial / Resource Implications:	As part of the Risk Management Framework the Governing Body Assurance Framework are used to identify the impact of risks including financial risks



Legal, Policy and Regulatory Requirements:	The GBAF is a mechanism for reporting risk and does not have legal implications.
How does this reduce Health Inequalities:	No health inequalities issues arise from this report.
How does this impact on Equality & diversity	No inequalities issues arise from this report, and there is no impact upon people with protected characteristics.
Patient and Public Involvement:	Not applicable to this report
Communications and Engagement:	The Governing Body Assurance Framework is shared monthly with Directors for updating. The Governing Body Assurance Framework is a public document available on the CCG website
Author(s):	Sarah Truelove, Chief Financial Officer Sarah Carr, Corporate Secretary
Sponsoring Director / Clinical Lead / Lay Member:	Sarah Truelove, Chief Financial Officer



Agenda item: 9.1

Report title: 20/21 priorities and Governing Body Assurance Framework (GBAF)

1. Background

Due to the impact of COVID the operational planning round for 20/21 was not completed. As part of planning for Phase 3 the Executive Team have worked up a set of priorities for 20/21 and have identified the principle risks to delivery which will form the Governing Body Assurance Framework. The Governing Body Assurance Framework (GBAF) identifies where there are risks to the CCG's principal objectives, the controls in place to mitigate those risks and the assurances available to the Governing Body that risks are managed. The GBAF indicates where there are potential gaps in controls and assurances and provides a summary of the actions in place to resolve these gaps.

2. Priorities for 20/21

The Executive team have worked together to identify the key priorities for the CCG in the remainder of 20/21. This has been done through a review of the 2019/20 priorities, the deliverables from the Long Term plan response that was completed within the wider system during 2019/20 and from understanding the current position including the Phase 3 planning guidance that has been released. The priorities have also been tested with the Strategic Development Forum (the senior leadership group within the CCG) and were reviewed and agreed by the Governing Body at its meeting in September.

Priorities for 20/21	
Integrated Care System	Making the transition from STP towards a mature ICS that takes collective accountability and delivers our system aims.
Integrated Care Partnership development	To develop Integrated Care Partnerships to establish a population health and value based model of care at locality and neighbourhood level
Mental Health	To deliver the COVID related risk mitigation programmes to ensure that the expected impacts on MH are minimised To create a single personalised community mental health service across BNSSG that meets users needs and provides a seamless service from Well-being support to SME. To redesign our crisis pathways to better reflect and respond the needs of people experiencing MH crisis.

Learning Disability and Autism	Improving outcomes and reducing health inequalities for people with learning disabilities, people with autism and those who have both within BNSSG.
Children's services	To scope the ongoing joint commissioning arrangements with the local authorities, to maximise value for money, and meet children's needs more effectively and improve outcomes.
Funded Care	Delivery of an integrated, efficient Funded Care service achieving the "leading" level of the CHC Maturity Framework with high levels of positive patient experience and staff satisfaction.
Developing the CCG people plan	To build on the work delivered through the organisation's OD programme and workforce cell to develop the CCG's response to the NHS people plan.
Financial sustainability through PHM and Value	Deliver financial sustainability and improved health outcomes through the use of population health management and a culture of systematically evaluating the value of our services to our population.

3. How these priorities deliver against the CCGs enduring objectives

The Governing Body at its meeting in July signed off the following enduring objectives. The Executive Team reviewed the priorities and table 2 shows which of the enduring objectives they deliver against.

Priorities for 20/21		CCG Enduring Objectives
Integrated Care System		Improve the health and wellbeing of all our population
Integrated Care Partnership development		Reduce the impact of Health Inequalities on people's health and wellbeing
Mental Health		Improve safety, experience and effectiveness of commissioned services
Learning Disability and Autism		Provide leadership to quality improvement, system reform and transformation
Children's services		Deliver financial sustainability for the CCG and the wider system
Funded Care		Embed patient and public involvement across the system and in every programme of transformation
Developing the CCG people plan		Ensure we make the CCG a place where our people can bring their best selves and deliver their best work
Financial sustainability through PHM and Value		

4. Key risks

Table 3 shows the key risks to delivery of the priorities identified. These were presented in draft to the Governing Body in September and have been reviewed by the executive team in light of a challenge session run by the Head of Internal Audit, Nick Atkinson.

Risk description	Initial risk score	Target risk score
As a result of the impact of Covid-19 there is a risk that the need to focus capacity to meet the demands on the system may result in the system and the CCG not delivering the objectives identified in the Governing Body Assurance Framework	25	12
As a result of not being able to get the commitment needed across the system we are unable to develop effective ways of working to deliver performance,	16	8

Risk description	Initial risk score	Target risk score
financial and population health outcomes in line with the system aims.		
There is a risk that engagement across the system is insufficient to sustain current levels of understanding , shared purpose and joint ownership needed to develop ICPs	16	8
As a result of COVID 19 there is a risk that demand for MH services will increase by up to 30%which may result in a poorer access and outcomes for people, increased level of MH crisis and further spend on aspects of services like out of area placements and S117	20	12
As a result of a lack of integrated services there is a risk that we reduce the life choices for individuals with learning disabilities and autism which may result in widening of health inequalities and the health of the population in the future	16	12
Integrated childrens commissioning with Local Authorities is not fully developed, there is a risk that we are not optimising the care children receive and impacting on their life course	16	8
As a result of a lack of regular and accurate data, there is a risk that decisions made to support the transformation are not data driven which may result in not achieving 'leading' on the maturity framework, a poor service for the individuals and inequalities in the way we support our population.	15	6
There is a risk that a coherent People Plan for the CCG may not be developed and delivered if we do not bring together the many existing workstreams into one clear programme, develop an understanding of our current state of readiness and meaningfully engage with our workforce in the plan's development and ownership.	16	8
As a result of rapid and significant changes and continuing uncertainty in the way we pay our providers there is a risk that this is not understood and accepted across the system which may result in misaligned objectives between organisations in the system, which won't deliver optimum value for the population.	20	8

5. GB oversight of key risks to delivery

The GBAF templates in Appendix 1 highlight the relevant committees that will provide oversight to these risks. Each committee should review its specific risks at its meetings to ensure that the information provided is line with the committee's expectations and challenge should be provided to ensure actions are being completed as expected. The table below gives a summary of the risks for each committee to give oversight to. Committees will want to consider how their agendas are structured to allow time to consider the relevant risks.

Committee	Risk to give particular oversight
Governing Body	COVID Integrated Care System Integrated Care Partnerships People Plan Financial Sustainability
Strategic Finance Committee	COVID Integrated Care System Integrated Care Partnerships Mental Health Children's Funded Care Financial Sustainability
Clinical Executive	Mental Health Children's Financial Sustainability
Quality	COVID Mental Health Learning Disability and Autism Children's Funded Care
Primary Care Commissioning Committee	COVID Integrated Care Partnerships
Audit, Governance and risk	Oversight of the risk management framework

6. Next Steps

The GBAF is a live document and updates will be provided quarterly to the Governing Body and on a monthly basis to the relevant committees.

7. Financial resource implications

As part of the Risk Management Strategy the GBAF is used to report financial risks

8. Legal implications

GBAF is a mechanisms for reporting risk and do not have legal implications. Where there are risks relating to legal and regulatory matters these are reported on the documents

9. Risk implications

The GBAF shows the current position using the 5x5 risk scoring matrix against the principal risks to the CCG's principal objectives.

10. How does this reduce health inequalities?

No health inequalities issues arise from this report. The Corporate Risk Register and the Governing Body Assurance Framework report significant risks; where there are risks related to Health Inequalities that are over the risk scoring threshold of 15 and above or related to a principal objective these will be reported.

11. How does this impact on Equality and Diversity?

No inequalities issues arise from this report, and there is no impact upon people with protected characteristics. The Corporate Risk Register and the Governing Body Assurance Framework report significant risks; where there are risks related to inequalities that are over the risk scoring threshold of 15 and above or related to a principal objective these will be reported.

12. Consultation and Communication including Public Involvement

There are no PPI requirements

Appendices

Appendix 1 Governing Body Assurance Framework

Appendix 1 Governing Body Assurance Framework

Objective: <i>This risk relates to the delivery of all objectives reported on the Governing Body Assurance Framework</i>	Director Lead: Julia Ross/Sarah Truelove
Risk: As a result of the impact of Covid-19 there is a risk that the need to focus capacity to meet the demands on the system may result in the system and the CCG not delivering the objectives identified in the Governing Body Assurance Framework	Date Last Reviewed: September 2020
Risk Rating (<i>Likelihood x impact</i>) Initial: 5x5=25 (this was initial risk score on CRR) Current: 4x5=20 Target risk: 3x4=12	Rationale for current score: <ul style="list-style-type: none"> The infection numbers are increasing significantly across the country and therefore as people spend more time in enclosed spaces the risk of further increase in BNSSG is high. Currently our non-COVID services are not completely separated from our COVID response and therefore the impact of an increase in COVID remains a 5.
Committee with oversight of risk Governing Body, Primary Care Commissioning Committee, Strategic Finance Committee, Quality Committee	Rationale for target risk: <ul style="list-style-type: none"> Further work is being completed to see if we can further separate COVID and non-COVID work. This would reduce the impact of further surges in COVID demand. The work on the phase 3 plans and the additional capacity to deliver will reduce the likelihood further.
Controls: (<i>What are we currently doing about this risk?</i>) Outbreak management plans in place in each of the three LA areas to manage cases of COVID and minimise the spread. Data group meeting weekly to review the UoB model to ensure services can get notice of changing levels of the disease in our system. ICC resource reviewed to keep to a minimum to deal with the response. ICC in place for the system to oversee the response with ability to escalate issues and the system response when needed. Phase 3 plans developed to ensure services are organised to mitigate risks and capacity is in place to ensure progress can be made on system goals. Financial resource available to support this response. Agreement across the system to the priorities in the phase 3 response. Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>) Final phase 3 plans to be submitted 5 th October.	Assurances: <ul style="list-style-type: none"> Governing Body receives regular updates on recovery including information on: <ul style="list-style-type: none"> Number of cases in our population compared to the national picture Actual activity against our local model to give confidence in the future predictions Gaps in Assurance: (<i>What additional assurances should we seek?</i>) <ul style="list-style-type: none"> Systematic review of a number of scenarios that we could see through winter has not been run as a desktop review. This would help to identify where we have vulnerability that we can address.



Exercise to be run to test a number of scenarios the system could face over winter, this will allow gaps in planning to be further mitigated.	
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Integrated Care Systems

<p>Objective: Making the transition from STP towards a mature ICS that takes collective accountability and delivers our system aims.</p>	<p>Director Lead: Julia Ross/Sarah Truelove</p>
<p>Risk: As a result of not being able to get the commitment needed across the system we are unable to develop effective ways of working to deliver performance, financial and population health outcomes in line with the system aims.</p>	<p>Date Last Reviewed: September 2020</p>
<p>Risk Rating (<i>Likelihood x impact</i>) Initial: 4x4=16 Current: 3x4=12 Target risk: 2x4=8</p>	<p>Rationale for current score:</p> <ul style="list-style-type: none"> • The partnership Board recently gave commitment to development of the ICS development plan and the survey carried out demonstrated a high level of shared commitment.
<p>Committee with oversight of risk Healthier Together Partnership Board Governing Body Strategic Finance Committee</p>	<p>Rationale for target risk:</p> <ul style="list-style-type: none"> • If we are unable to reduce the likelihood, then in the long term the lack of system focus will have a material impact on our ability to achieve a sustainable system that meets the needs of the population. • It also risks reversing all progress we've made in improving the reputation of BNSSG and reduce the credibility of the CCG as a system leader.
<p>Controls: (<i>What are we currently doing about this risk?</i>)</p> <ul style="list-style-type: none"> • Formal Partnership Board and Executive Group in place. • Relaunching SDOG to lock in beneficial impact in ways of working that have been achieved through COVID. • Strong regulatory input from the Regional Team. • Regular reporting to the HT Exec Group on Performance, Finance and Transformation • Reporting of the system financial position to SFC. <p>Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>)</p>	<p>Assurances:</p> <ul style="list-style-type: none"> • Long Term Plan agreed with NHSE/I <p>Gaps in Assurance: (<i>What additional assurances should we seek?</i>)</p> <ul style="list-style-type: none"> • Formal delegation to Partnership Board enshrined in a Memorandum of Understanding or similar. • Sign off of the phase 3 plan by NHSE/I



- Facilitating a process of co-production for our ICS development plan, MOU, Performance management framework, financial management framework, OD plan, Quality and improvement framework, outcomes framework and Comms and engagement strategy. Process to be set out by November.
- Recruiting to an enhanced role for an independent Chair. To be complete by November.
- System dashboard in development, first draft to be complete by end October.
- Running a second wave of the system leadership programme (Peloton) and scoping a third.

Integrated Care Partnerships

<p>2020/21 Objective: to develop Integrated Care Partnerships to establish a population health and value based model of care at locality and neighbourhood level</p>	<p>Director Lead: Julia Ross, Sarah Truelove , Lisa Manson , David Jarrett , Colin Bradbury , Martin Jones</p>
<p>Principal Risk: There is a risk that engagement across the system is insufficient to sustain current levels of understanding , shared purpose and joint ownership resulting in failure to implement ICPs</p>	<p>Date Last Reviewed: 25/09/20</p>
<p>Risk Rating Initial: 4x4=16 Current:3x4 = 12 Target Risk Score: 2x4=8</p>	<p>Rationale for current score: As systems partners address Phase 3 recovery challenges, address winter pressures, further COVID 19 peaks, and remain responsive to their regulators there is a risk on the capacity of leaders and their teams being able to maintain engagement with the ICP exploratory agenda.</p>
<p>Committee with oversight of risk : Governing Body PCCC SFC Healthier Together Partnership Board (external) Integrated Care Steering Group (ICSG external)</p>	<p>Rationale for target risk: Through good governance, engagement and communications it is proposed these risks can be mitigated as the control workflows begin to deliver.</p>
<p>Controls: <i>(What controls are in place to manage this risk?)</i></p> <ul style="list-style-type: none"> • A continued programme of work to prepare primary care networks and localities to sit at the heart of ICPs. • Continued organisation development (OD) programmes for locality partners. • A programme of work to explore and develop options around the infrastructure and enablers required to build ICPs (FAQs and engagement in scope here) 	<p>Assurances:</p> <ul style="list-style-type: none"> • Internal Assurance provided through Primary Care locality/PCN maturity matrix reporting to PCCC • Internal assurance reporting on key performance milestones to ICP Oversight Board and to Governing Body • Internal Audit Locality Collaboration and Governance (Dec 2020) • Internal Audit Delegated Commissioning (Feb 2021)

- A monthly communication to all partners setting out learning, observations and conclusions drawn from the discovery group.
 - PCN Organisational Development Programme focussed on integration of services
 - Structured Organisational Development for Integrated Locality Groups
 - CCG Clinical Leadership review refocuses localities as collective of PCNs
 - Community Mental Health Framework sufficiently developed to enable focussed development and engagement
- Mitigating Actions:**
- Consideration of the local and STP-wide governance arrangements that will enable ICPs, within an ICS development programme.
 - Establishment of ICP Oversight Board with representation from across system
 - ICP reporting to be developed for PCCC
 - ICP maturity framework to be developed as part of the discovery work programme

Gaps in Assurance:

- Locality development risk log to come to PCCC
- ICP maturity framework reporting to PCCC

Mental Health

<p>2020/21 Objective: To be able to respond to the Mental Health needs population, preventing crisis and promoting wellbeing</p>	<p>Director Lead: Deborah El-Sayed</p>
<p>Risk: As a result of COVID 19 there is a risk that demand for MH services will increase by up to 30% which may result in a poorer access and outcomes for people, increased level of MH crisis and further spend on aspects of services like out of area placements and S117</p>	<p>Date Last Reviewed: 28/09/20</p>
<p>Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 4x4 = 16 Target Risk Score = 3x4 =12</p>	<p>Rationale for current score: The MH business Case has identified a series of 29 initiatives and schemes each designed to address a specific component of the expected demand and mitigate the risk of services being overwhelmed by the demand across the system</p>
<p>Committee with oversight of risk</p> <ul style="list-style-type: none"> • CCG Clinical Executive • CCG Quality Committee • Strategic Finance Committee • PPIF • System - MH Oversight Board linked to Health and Well being boards 	<p>Rationale for target risk: The target risk score is 12 as it is expected that even with the mitigations identified as part of the business case that there will be unavoidable fluctuations in demand that we will need to address. The time for the impact of some of the programmes will be outside this financial year.</p>
<p>Controls: (<i>What controls are in place to manage this risk?</i>)</p> <ul style="list-style-type: none"> • LTP objectives/ Business Case benefits are being monitored via delivery assurance processes • Monitoring of level of MH crisis across the system via system wide dashboard currently being reinstated into WSOG / SDOG forums and Contract management frameworks • Phase 3 planning has reset the key deliverables and expectations for achievement this will be monitored as part of SDOG 	<p>Assurances: The sources of assurances available relating to this objective are reports on the following</p> <ul style="list-style-type: none"> • Improved access and reduction in waiting time / lists for services • Reductions in OOA placements and S 117 • Lived experience feedback and surveys • Internal Audit Out of Area Placements (Dec 2020) • Programme portfolio delivery impact reports



- The system wide MH and Well Being strategy sets out the core priorities
 - Performance is being monitored via a range of committees as detailed above
- Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)*
- Each of the MH programme portfolio projects are designed as mitigation actions for specific components linked to addressing the impact of the nature of the demand increases. Specific list available on request
 - Each programme has a clear delivery impact and evaluation plan to ensure that we can be assured of the efficacy of the mitigation
 - Need further insight into patient experience seeking patient experience measures to be factored into commissioning processes
 - MH ED task and finish group has been established to address the crisis pathway and the impacts of COVID on capacity in the systems
- MH will be built into the design for 111 first to ensure people get the right support first time

Gaps in Assurance: *(What additional assurances should we seek?)*

Learning Disability and Autism

<p>2020/21 Objective: Improving outcomes and reducing health inequalities for people with learning disabilities, people with autism and those who have both, within BNSSG</p>	<p>Director Lead: Rosi Shepherd</p>
<p>Risk: As a result of a lack of integrated services there is a risk that we reduce the life choices for individuals with learning disabilities and autism which may result in widening of health inequalities and the health of the population in the future</p>	<p>Date Last Reviewed: 28/09/20</p>
<p>Risk Rating (<i>Likelihood x impact</i>) Initial: 4 X 4 = 16 Current: 4x4 = 16 Target Risk Score: 3 x 4 = 12</p>	<p>Rationale for current score: the risk score is based on... Current performance of AHC and HAP delivery. Performance in relation to TCP cohort. Assurance of CCG commissioned individual care quality for individuals with Learning Disability and Autism. Implementation of learning from LeDeR reviews</p>
<p>Committee with oversight of risk Quality Committee</p>	<p>Rationale for target risk: The target risk score is the evidence to support integrated pathways and the desire from partners to work differently</p>
<p>Controls: (<i>What controls are in place to manage this risk?</i>)</p> <ul style="list-style-type: none"> • Committee, Learning Disability and Autism Programme Board and Governing Body review of regular performance reports to committees and governing body covering Transforming Care performance indicators (reducing levels of inpatient placements), Adult Autism Assessment waiting times and SEND • Learning Disabilities Mortality Review (LeDeR) Steering Group and review process established with representation from across all providers, primary care, social care and NHSE regional leads 	<p>Assurances: The sources of assurances available relating to this objective are</p> <ul style="list-style-type: none"> • Internal assurance provided through regular reporting of performance against key performance indicators and progress of action plans to Quality Committee, Learning Disabilities and Autism Programme Board and Governing Body • Internal assurance provided through regular reporting on LeDeR to LeDer Steering Group, Quality Committee and Governing Body • LeDeR Internal Audit Report Feb 2020 • CQC/Ofsted Joint Inspection Reports and written statements of action • TCP cohort reporting to NHSE and LDA programme board



- LeDeR process includes Clinical Case Review to identify all learning
- LeDer Service User Forum established
- Mechanisms to support integrated Education, Health and Care (EHC) needs assessment process in place
- All contracts with providers include a learning disability schedule with Improvement Standards monitored through agreed IQPM processes

Mitigating Actions: *(what further actions are needed to reduce the risk and close any identified gaps)*

- Development of a Comprehensive Quality Assurance Framework for individual placements made for people with Learning Disability and Autism in all residential settings including inpatients
- Development of agreed SOP for C(E)TR processes including evaluation
- EIA of TCP and CHC cohort of people with Learning Disability and Autism
- Development of LeDeR actions with specific themes to develop provider action plans
- Hosting learning events to raise awareness and share good practice
- Continued implementation of the Adult Autism Assessment Waiting List Initiative
- Supporting Primary Care to improve annual health check uptake and increase the numbers of Health Action Plan resulting from AHC with evaluation of HAP delivery
- SEND action plans in place with local authority partners
- Development and implementation of action plans to increase uptake of cancer screening and flu' immunisation
- Improvement in delivery of LD annual health checks and associated health action plans

Gaps in Assurance:

BAME representation with specific experience of learning disability and autism issues on programme board, LD cells, operational working groups and LeDeR Steering Group to ensure the additional health inequalities experienced by BAME communities and people with learning disabilities are addressed in all workstreams. Comprehensive Quality Assurance processes relating to individual CCG commissioned placements made for people with Learning Disability and Autism

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| <ul style="list-style-type: none">• Training and support for primary care practitioners in the completion of above• Continued funding of LD teams in reaching into Acute Trusts to support the care of those with a LD or Autism admitted to hospital | |
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Children's

<p>2020/21 Objective: To improve the commissioning of services for children</p>	<p>Director Lead: Lisa Manson</p>
<p>Risk: Integrated children's commissioning with Local Authorities is not fully developed, there is a risk that we are not optimising the care children receive and impacting on their life course</p>	<p>Date Last Reviewed: September 2020</p>
<p>Risk Rating (<i>Likelihood x impact</i>) Initial: 4 x 4 =16 Current:4x3 = 12 Target Risk Score: 2x4=8</p>	<p>Rationale for current score: Current commissioning arrangements do not put children at the centre of decision making which can impact on the outcomes, due to fragmented decision making.</p>
<p>Committee with oversight of risk Clinical Executive, Quality Committee and Strategic Finance Committee</p>	<p>Rationale for target risk: The intention is by developing integrated childrens commissioning the outcomes for children will be optimised and the likelihood of the risk occurring will be reduced.</p>
<p>Controls: (<i>What controls are in place to manage this risk?</i>)</p> <ul style="list-style-type: none"> • CCG Operational Childrens Board • Joint SEND Board • Single Childrens Provider <p>Mitigating Actions: (<i>what further actions are needed to reduce the risk and close any identified gaps</i>)</p> <ul style="list-style-type: none"> • Complex Childrens Review • Review of statutory services provided by CCHP – and an action plan to address gaps • Joint work on market engagement • CCG wide SEND Coordination meeting • Closer working with NHS E/I on tier 4 CAMHS • Developing a information sharing agreement 	<p>Assurances: The sources of assurances available relating to this objective are</p> <ul style="list-style-type: none"> • Written Statement of Actions being removed in all 3 LA areas • Positive funded care audits • Internal assurance provided through regular reporting of performance against key performance indicators and progress of action plans to Quality Committee, Commissioning Executive and Governing Body • Internal Audit Safeguarding (Dec 2020) • Internal Audit Continuing Health Care (April 2021) • SEND Reviews independently undertaken by OfSTED and CQC



Gaps in Assurance: (*What additional assurances should we seek?*)

Information sharing agreements between all partners, to ensure that we can monitor the outcomes and improvements in life course.



Funded Care

<p>2020/21 Objective: Delivery of an integrated, efficient, Funded Care service achieving the “leading” level of the CHC Maturity Framework with high levels of positive patient experience and staff satisfaction</p>	<p>Director Lead: Rosi Shepherd</p>
<p>Risk: As a result of a lack of regular and accurate data, there is a risk that decisions made to support the transformation are not data driven which may result in not achieving ‘leading’ on the maturity framework, a poor service for the individuals and inequalities in the way we support our population.</p>	<p>Date Last Reviewed: 28/09/20</p>
<p>Risk Rating (<i>Likelihood x impact</i>) Initial: 5x3 = 15 Current: 4 x 3 = 12 Target Risk Score: 2 x 3 = 6</p>	<p>Rationale for current score: The risk score is based on... Likelihood: The capacity within the BI team to support the development of a good data set is stretched resulting in the data not being accessible, accurate or available. Impact: Without sound data, the team will not realise the scale of the problem faced in some areas nor be able to assess the impact of decisions/changes they have made or plan capacity to meet demand</p>
<p>Committee with oversight of risk Quality Committee Strategic Finance Committee</p>	<p>Rationale for target risk: The target risk score is to support the vision of BNSSG CCG delivering an outstanding service to the population we serve, are viewed as good partners to work alongside and achieve a high level of maturity against the national framework. Patients, families and carers will have confidence in the process resulting in a reduction in complaints.</p>
<p>Controls: (<i>What controls are in place to manage this risk?</i>)</p> <ul style="list-style-type: none"> • Team data collection mechanism supports the development of plans to manage demand • FNC Group established and monitors monthly activity, reporting to Quality Committee 	<p>Assurances: The sources of assurances available relating to this objective are</p> <ul style="list-style-type: none"> • Internal assurance through Monthly reporting quality committee • Internal assurance through Finance reporting to Strategic Finance Committee

<ul style="list-style-type: none">• Team self audit schedule developed• Team structures established• Funded Care Policies adopted and in place• Monthly finance reporting to Strategic Finance Committee with risks and mitigations highlighted	<ul style="list-style-type: none">• What about the CHC maturity Framework mentioned above – how is this reported to the Governing Body
<p>Mitigating Actions: <i>(what further actions are needed to reduce the risk and close any identified gaps)</i></p> <ul style="list-style-type: none">• Work force development plans submitted to NHSE to support delivery of deferred assessments• First draft scenario modelling underway to manage demand and capacity• Action plan is in production to respond to the CHC review	<p>Gaps in Assurance:</p> <ul style="list-style-type: none">• Audit Committee yet to receive the CHC review and action plan

People Plan

2020/21 Objective: Developing the CCG's People Plan	Director Lead: Dave Jarrett / Sarah Truelove/Julia Ross
<p>Risk: There is a risk that a coherent People Plan for the CCG may not be developed and delivered if we do not bring together the many existing workstreams into one clear programme, develop an understanding of our current state of readiness and meaningfully engage with our workforce in the plan's development and ownership.</p>	Date Last Reviewed: 25/09/20
<p>Risk Rating (<i>Likelihood x impact</i>) Initial: 4x4=16 Current: 4x4 = 16 Target Risk Score: 2x4=8</p>	<p>Rationale for current score: Many individual workstreams currently established across organisation e.g. staff networks, well-being cell and cohesive work programme to ensure delivery in development Gap analysis against the people plan not yet established Programme plan for plan development required Staff engagement in plan development not commenced</p>
<p>Committee with oversight of risk : Governing Body</p>	<p>Rationale for target risk: Development of cohesive programme plan and the establishment of an Executive led steering group to drive delivery and with staff engagement included as part of the process</p>
<p>Controls: (<i>What controls are in place to manage this risk?</i>)</p> <ul style="list-style-type: none"> Executive Team oversight of the People Plan development and Delivery Individual workstreams in place with ad hoc separate reporting routes Learning and Development Policy agreed and process established including Learning and Development Panel Equalities policies 	<p>Assurances: The sources of assurances available relating to this objective are:</p> <ul style="list-style-type: none"> Internal source of assurance – ad hoc and subject specific reports to Governing Body Annual Staff survey Internal Audit of Appraisal Process



Mitigating Actions: *(what further actions are needed to reduce the risk and close any identified gaps)*

- People Plan Steering Group to meet from 19/10/20 to be chaired by CEO with membership including executive team, corporate services, staff partnership forum , HR and internal communications
- Development of a programme structure to shape the CCG's People Plan, with agreed the outputs and targets to measure success, manage risks and issues and govern delivery.
- Production of assessment of readiness and gap analysis to inform target setting and prioritisation of activities and resources.
- Alignment of the CCG People Plan with the BNSSG whole-system approach; ensuring that our actions are 'future-proofed' ahead of achieving ICS status. Identification of people and financial resources to deliver the People Plan (which will be required beyond the current year)
- Embed Staff Partnership Forum involvement in the People Plan development and Delivery
- Governing Body oversight workforce reporting cycle to be reviewed and revised and to include staff temperature check, turnover data, exit interview feedback, WRES/DES data, training compliance, appraisal completion
- New Inclusion Council being developed to drive inclusive culture and practices – this has been agreed by the Executive Team

Gaps in Assurance: *(What additional assurances should we seek?)*

- NHSE/I oversight of People Plan to be confirmed

Financial Sustainability

<p>2020/21 Objective: Deliver financial sustainability and improved health outcomes through the use of population health management and a culture of systematically evaluating the value of our services to our population.</p>	<p>Director Lead: Sarah Truelove/ Peter Brindle</p>
<p>Risk: As a result of rapid and significant changes and continuing uncertainty in the way we pay our providers there is a risk that this is not understood and accepted across the system which may result in misaligned objectives between organisations in the system, which won't deliver optimum value for the population.</p>	<p>Date Last Reviewed: 24/09/20</p>
<p>Risk Rating (<i>Likelihood x impact</i>) Initial: 5x4=20 Current: 4x4 = 16 1Target Risk Score: 3x4=12</p>	<p>Rationale for current score: The financial framework for the remainder of 20/21 has only just been confirmed and the arrangements for 21/22 are not clear. The payment regime to providers is very different to the previous ways of working and requires significant education and cultural change towards a needs based, value based approach. Organisations and individuals are not completely familiar or committed to this way of working.</p>
<p>Committee with oversight of risk Strategic Finance Committee, Governing Body, Clinical Executive, Clinical cabinet, System Delivery Oversight Group</p>	<p>Rationale for target risk: Reducing the likelihood would represent significant progress, but cultural change takes time and it is important we do this work systematically.</p>
<p>Controls: (<i>What controls are in place to manage this risk?</i>)</p> <ul style="list-style-type: none"> • Single regulator working with the system • National proposed financial framework for the remainder of 20/21 drives system working 	<p>Assurances:</p> <ul style="list-style-type: none"> • Internal audit report on savings plans and PMO processes, • Monthly Governing Body reports • Quarterly NHSE Assurance Meetings. • Local response to NHS Long Term Plan agreed with NHSE/I

- Healthier Together PMO (now integrated STP + CCG PMO teams) coordinating delivery of the Phase 3 recovery including transformation plans
 - Reporting internally to Strategic Finance Committee on monthly CCG and system financial position
 - System Delivery Oversight Group and DoFs providing oversight of system financial position.
 - Long term financial model developed as part of LTP response.
 - The system's response to the Long Term Plan uses Value Based Healthcare as an organising principle.
 - Cohort 1 of Value Leaders to champion approach across system trained
- Mitigating Actions:** *(what further actions are needed to reduce the risk and close any identified gaps)*
- Identify a sustainable funding stream for the PHM dataset. April 2021
 - Identify sustainable resource to continue to develop the approach to Population Health Management including increasing the balance of BI resource deployed in this area April 2021
 - Devise practical guides to 'doing' PHM and the Value approach. November 2020
 - Update and engage DOFs across the system with work to date and the draft high level goals to gain their commitment to this work December 2020
 - Ongoing engagement with the CCG Membership to use a Value Based Healthcare approach in developing their PCN and integrated care/locality plans
 - Review and finalise the set of system wide Value Based Healthcare high level goals that are in draft currently November 2020
 - Use Population Health Management data to identify opportunities to reallocate resources from low to high value activity
 - Support and encourage clinicians to identify areas of low value activity and explicitly commit to reducing and stopping it, particularly in the areas where productivity has been most impacted by COVID

Gaps in Assurance: *(What additional assurances should we seek?)*

- Phase 3 plan yet to be agreed with NHSE/I

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| <ul style="list-style-type: none">• Continue to strengthen relationships with the Aneurin Bevan University Health Board value programme.• Procure and implement an IT platform to identify, record and respond to clinical and 'person identified' outcomes data currently under review• Consider how make best use of Value Leaders and support their ongoing system leadership• Developing a plan for embedding shared decision making across the system in recognition of evidence to suggest that it is a value-adding activity• Revise the governance structure for VBH, Population Health Management, Population Health and Health Inequalities November 2020. | |
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