

## Public

### For the attention of the Partnership Board

<b>Title of Paper</b>	Governing Body Assurance Framework (GBAF)		
<b>Agenda Item</b>		<b>Date of meeting</b>	1st October 2020
<b>Exec Lead</b>	Jane Cole, Director of Finance, HLOW Partnership of CCGs		
<b>Author</b>	Normi Cadavieco, Senior Governance Manager		

<b>Purpose</b>	For Decision	X
	To Ratify	
	To Discuss	
	To Note	X

#### Executive Summary

The Assurance Framework (GBAF) provides the Partnership Board with an opportunity to review the risks which may prevent the organisation from achieving its strategic objectives. The Partnership's strategic objectives have been reviewed and updated for 20/21 in line with ways of working related to Covid-19 and the longer term aspirations for the Partnership CCGs. This version of the GBAF has been aligned to these updated objectives.

The key risks identified are:

#### Covid-19 Restoration and Recovery

- If NHS services are not restored in an effective and timely manner in line with DHSC requirements there will be poorer health outcomes for patients, key targets will not be delivered and there will be a negative impact on the CCGs' reputation.
- If planning is insufficient and/or acute/community/primary care capacity is unable to meet the on-going demand associated with Covid-19 this will result in significantly poorer health outcomes for patients.
- There is a risk that we do not ensure that new ways of working and learning developed during Covid-19 are captured and embedded in our current working, if they are not then the benefits to our population will not be realised

#### Quality, Performance and Money

- If the CCGs' transformation and service redesign work will not be based on the views of local people, then CCGs may be unaware of the issues that are important to key groups and the concerns raised by them. Likewise working relationships with key stakeholders may not develop effectively and the CCGs may not meet their legal duties regarding engagement.
- If providers of commissioned services are unable to meet constitutional targets, then patients may not receive timely, effective, responsive and/or high quality care and treatment.
- If the CCGs are unable to deliver in year break even in line with their allocations for 2020/21, then this could impact on – (1) quality of services for patients, (2) CCG, ICS and ICP reputation (3) reduced opportunity to invest in transforming services to better meet the needs of the population through new models of care, impacting on restoration and recovery.

#### Implementing Models of Care

- If CCGs' objectives and delivery plans are not aligned across our local systems and partners, then there may be delays in implementing models of care for patients leading to adverse impact on patient care, CCG reputation and inefficient use of resources.
- If resources are not appropriately allocated to support system development, including the ICS and ICPs, this may have adverse impacts on delivery and care.

**People, Systems and Partnerships**

- If the CCGs are not able to develop confident and able leaders; and attract & retain staff then we will not be able to deliver our plans and support the development of the ICS and the reform and merger of our CCGs

Additionally, Cyber Security is acknowledged as a strategic risk which will be included in the next iteration of this report. A briefing outlining the current position of the Partnership CCGs in terms of Cyber Security risk, including measures currently in place to mitigate this risk, was provided to the Non-Executive Directors by the team from South, Central and West Commissioning Support Unit, who provide IT services to the Partnership CCGs.

The key risks, mitigations and action plans have been updated from the last report to the Partnership Board in August 2020. There have been no changes in risk scores since the last report.

<p><b>Recommendations</b></p>	<p>The Partnership Board is asked to:</p> <ul style="list-style-type: none"> <li>• Approve the key risks as part of the Governing Body Assurance Framework</li> <li>• Consider whether risks are articulated correctly and the score reflects the severity and likelihood</li> <li>• Note the controls, mitigations and actions in place.</li> </ul>
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ID	Partnership Priority	Risk Owner	Monitoring Committee
01	<ul style="list-style-type: none"> <li>To ensure restoration and recovery of services from COVID-19</li> </ul>	Chief Operating Officer	Quality, Performance and Finance Committee
Risk Description		Initial rating Likelihood/impact	CONTROLS
<p>If NHS services are not restored in an effective and timely manner in line with DHSC requirements there will be poorer health outcomes for patients, key targets will not be delivered and there will be a negative impact on the CCGs' reputation.</p>		20	<ul style="list-style-type: none"> <li>The HIOW and ICP plan has been developed for restoration of access to NHS Services.</li> <li>Access to NHS Services meeting taking place twice a week.</li> <li>Programme workstreams in place covering primary care, urgent care, planned care, diagnostics, mental health, childrens' services, community care.</li> </ul>
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
<ul style="list-style-type: none"> <li>The recovery of services is dependent on: <ul style="list-style-type: none"> <li>the R rate in the local area staying at 1 or below</li> <li>Available capital</li> <li>Available financial revenue</li> <li>Workforce challenges</li> <li>Working within available resources</li> </ul> </li> </ul>		15	<ul style="list-style-type: none"> <li>All restoration and recovery plans are overseen by the HIOW LFR Recovery Coordination Group and the STP/ICS to ensure consistency and deliverability.</li> <li>Restoring access to NHS Services minutes.</li> <li>Restoration and Recovery Board minutes</li> <li>Restoration updates to Committees &amp; Governing Body</li> </ul>
MITIGATING ACTION (S)		Target rating	NEXT REPORTED ACTION (S)
<ul style="list-style-type: none"> <li>HIOW and ICP Restoration and recovery plans approved Restoration and Recovery (R&amp;R) Board in Sept 2020</li> <li>Restoration metrics/dashboard under development to monitor progress.</li> <li>Communications campaign across HIOW commissioners and NHSE to encourage patients to use NHS services if they are unwell</li> <li>Cancer Alliance and HIOW bedded capacity cell specifically ensuring highest risk and urgent patients are treated</li> <li>Recovery and restorations plans being developed for each workstream and local system</li> <li>Plans being developed to ensure they address the equality of access to services for its population</li> </ul>		9	<ul style="list-style-type: none"> <li>R&amp;R plan with detailed financial plans to be submitted to SE Region in October</li> <li>HIOW restoration plan will include specific actions designed to meet the request in the SS letter (31.7.20) to ensure patients are not disadvantaged</li> <li>Inequalities programme of the R + R programme taking on extensive work across HIOW in order to map potential impact on key disadvantaged groups</li> </ul>

ID	Partnership Priority	Risk Owner	Monitoring Committee
02	<ul style="list-style-type: none"> <li>To ensure that planning and capacity is maintained to manage the ongoing impact of COVID-19</li> </ul>	<b>Chief Operating Officer Managing Director, Fareham &amp; Gosport and South Eastern Hampshire</b>	<b>Quality, Performance and Finance Committee</b>
<b>Risk Description</b>		<b>Initial rating Likelihood/impact</b>	<b>CONTROLS</b>
<p><b>If planning is insufficient and/or acute/community/primary care capacity is unable to meet the on-going demand associated with COVID-19, this will result in significantly poorer health outcomes for patients.</b></p>		<b>20</b>	<ul style="list-style-type: none"> <li>Hampshire and IOW LRF and LHRP multi-agency planning, as well as provider business continuity plans and capacity planning can be implemented if impact on Trusts is high.</li> <li>HIOW modelling cell has predicted demand within each local system for COVID and non-COVID activity to support planning.</li> <li>Each ICP has detailed plans to manage capacity, with escalation frameworks and triggers identified.</li> <li>ICP Winter plans for 2020/21 will include contingency planning for COVID-19 activity.</li> <li>HIOW Contingency planning in place managed through Incident Control Centre.</li> <li>HIOW and ICP plans under development for restoration of access to NHS Services. Programme workstreams in place covering primary care, urgent care, planned care, diagnostics, mental health, childrens' services, community care.</li> </ul>
<b>Specific or Associated ISSUES</b>		<b>Current rating</b>	<b>Source of ASSURANCE</b>
<ul style="list-style-type: none"> <li>Service capacity to manage the impact of COVID-19 is dependent on: <ul style="list-style-type: none"> <li>the R rate in the local area staying at 1 or below</li> <li>Availability of PPE</li> <li>Workforce challenges</li> </ul> </li> </ul>		<b>15</b>	<ul style="list-style-type: none"> <li>Health &amp; Social Care Cell and relevant work streams i.e. workforce, primary care, supply chain, bedded capacity – plus LRF Common Operating Picture including the TCG and CBOC (Cross Border Outbreak Control Plan).</li> <li>Incident Control Centre records</li> <li>Restoration and Recovery Board minutes</li> </ul>
<b>MITIGATING ACTION (S)</b>		<b>Target rating</b>	<b>NEXT REPORTED ACTION (S)</b>
<ul style="list-style-type: none"> <li>Restoration and recovery plan to Restoration and Recovery (R&amp;R) Board on 17/8/20.</li> <li>NHS Guidance for Escalation and Decision Making COVID-19.</li> <li>HIOW LRF PPE stock to support NHS supply chain issues.</li> <li>HIOW exercise testing plans for Winter and potential wave 2 of COVID-19 undertaken on 8/9/20.</li> </ul>		<b>9</b>	<ul style="list-style-type: none"> <li>Restoration &amp; Recovery plan with detailed financial plans to be submitted to South East Region on 21/9/20.</li> <li>Winter Plans for each local system (incorporating COVID-19 plans) in development.</li> </ul>

ID	Partnership Priority	Risk Owner	Monitoring Committee
03	<ul style="list-style-type: none"> <li>To ensure that new ways of working and learning developed during COVID-19 are embedded and the benefits to our population are realised</li> </ul>	<b>Chief Operating Officer Managing Director, North and Mid Hampshire</b>	<b>Quality, Performance and Finance Committee</b>
Risk Description		Initial rating Likelihood/impact	CONTROLS
There is a risk that we do not ensure that new ways of working and learning developed during COVID-19 are not captured and embedded in our current working, if they are not then the benefits to our population will not be realised.		<b>12</b>	<ul style="list-style-type: none"> <li>All new working methods will need to complete an Equality Impact Assessment to ensure staff or patients are not disadvantaged. Survey currently being undertaken with CCGs to understand what has been put in place.</li> <li>Each system is evaluating the impact of the short term service changes we put in place – these evaluation plans need to be detailed, completed and implemented.</li> <li>Hampshire County Council is completing an evaluation on discharge of patients.</li> </ul>
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
<ul style="list-style-type: none"> <li>Capacity to capture and analyse benefits</li> <li>Ensuring that new ways of working are implemented in an equitable way so we do not inadvertently disadvantage sections of our population</li> <li>Clear future organisational structure for Hampshire CCGs- some organisational structures changed overnight in some teams due to critical need to handle COVID-19. Major incident has accelerated organisational change.</li> </ul>		<b>4</b>	<ul style="list-style-type: none"> <li>All restoration and recovery plans are being overseen by the HIOW LFR Recovery Coordination Group and the STP/ICS to ensure consistency and deliverability.</li> </ul>
MITIGATING ACTION (S)		Target rating	NEXT REPORTED ACTION (S)
<ul style="list-style-type: none"> <li>Work continuing on embedding Single Point of Access for discharge assessment.</li> <li>Guidance to GP practices on use of digital channels to triage patients.</li> </ul>		<b>2</b>	<ul style="list-style-type: none"> <li>Systems to share evaluation plans</li> <li>R&amp;R plan with detailed financial plans to be submitted to South East Region in October</li> </ul>

ID	Partnership Priority	Risk Owner	Monitoring Committee
04	<b>Care Quality &amp; Operational Performance Objectives</b> <ul style="list-style-type: none"> <li>To continue to involve and engage people, populations, communities, voluntary organisations, local government, providers, other CCGs to deliver improvements in health and well-being</li> </ul>	<b>Executive Director of Strategy &amp; Transformation</b>	<b>Quality, Performance and Finance Committee</b>
Risk Description		Initial rating Likelihood/impact	CONTROLS
<p>If CCGs' transformation and service redesign work will not be based on the views of local people, then CCGs may be unaware of the issues that are important to key groups and the concerns raised by them. Likewise working relationships with key stakeholders may not develop effectively and the CCGs may not meet their legal duties regarding engagement.</p>		<b>9</b>	<ul style="list-style-type: none"> <li>Engagement Framework which sets out how the engagement approaches of the CCGs will fundamentally change based on evidenced best practice. The framework includes a set of key objectives for 2020/21.</li> <li>Regular engagement meetings with key stakeholders resumed and held online.</li> <li>Engagement work to support the restoration and recovery programme underway with additional activity to be planned.</li> <li>Engagement programmes for key projects have continued or started, e.g. North and Mid Hampshire Modernising Our Hospitals and Services programme.</li> <li>Continual and developing partnership working with a range of partners on key programmes.</li> </ul>
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
Impact of COVID-19 on business as usual and disruption to normal engagement processes.		<b>9</b>	<ul style="list-style-type: none"> <li>Quarterly engagement reports (from Q2) detailing: <ul style="list-style-type: none"> <li>Progress on the delivery plan for the 2020/21 objectives</li> <li>Engagement programmes and work pro-actively undertaken by the CCGs within local areas or collectively</li> <li>Themes from ongoing engagement routes and the actions put in place to address these either in local areas or collectively</li> </ul> </li> </ul>
MITIGATING ACTION (S)		Target rating	NEXT REPORTED ACTION (S)
<ul style="list-style-type: none"> <li>Engagement meetings held online and regularly reviewed to meet COVID-19 guidance.</li> <li>Engagement Framework developed with supporting action plan underway.</li> </ul>		<b>4</b>	<ul style="list-style-type: none"> <li>Q2 engagement report to be considered by the Quality Performance and Finance Committee.</li> </ul>

ID	Partnership Priority	Risk Owner	Monitoring Committee
05	<b>Delivering our People Plan</b> <ul style="list-style-type: none"> <li>The skills and confidence of leaders to effectively improve performance and develop staff has been improved.</li> <li>Local teams have effectively supported the development of Integrated Care Partnerships.</li> </ul>	<b>Director of People and Development Clinical Chairs</b>	<b>Remuneration Committee Partnership Board</b>
<b>Risk Description</b>		Initial rating Likelihood/impact	<b>CONTROLS</b>
<b>If the CCGs are not able to develop confident and able leaders; and attract &amp; retain staff then we will not be able to deliver our plans and support the development of the ICS and the reform and merger of our CCGs.</b>		<b>16</b>	<ul style="list-style-type: none"> <li>Escalation to Remuneration Committee, Corporate Governance Group and Partnership Board.</li> <li>All staff appointments and re-appointments and requests for recruitment and staffing changes are approved through an Establishment Control process through the Corporate Governance Group.</li> </ul>
<b>Specific or Associated ISSUES</b>		Current rating	<b>Source of ASSURANCE</b>
<ul style="list-style-type: none"> <li>Resources to support the CCG reform and transformation across Hampshire and Isle of Wight</li> <li>Running cost reduction.</li> <li>Sustainable clinical workforce</li> <li>Lack of capacity for ICP workforce planning</li> </ul>		<b>12</b>	<ul style="list-style-type: none"> <li>A new HR and OD strategy for the merged CCG has been developed and is awaiting board approval which incorporates the existing people plan, West CCG OD plan and regional, HIOW, and National priorities</li> <li>The Remuneration Committees in Common will monitor the progress of a the new HR AND OD Strategy for the newly merged CCG</li> <li>A clear implementation plan will need to be agreed and reviewed regularly.</li> <li>Joint Remuneration Committee will receive workforce reports which identify establishment statistics and KPI's for workforce and overall wage bill for the Partnership.</li> <li>All redundancy requests will be reviewed by the Remuneration Committee.</li> <li>Remuneration Committee and Corporate Governance Group are monitoring improvements in staff survey results and progress against actions and this year a commitment has been made to do the national NHS survey to bring us in line with West and Southampton CCGs</li> <li>The CCG reform process will naturally instigate a review of clinical leadership enabling us to streamline roles and terms and conditions and set out the strategic path</li> <li>Corporate Governance Group have oversight of all Establishment Control Business Cases, ensuring robust management of recruitment</li> <li>An additionally robust ECP process is being established which will ensure that roles are explored across the 6 CCGs</li> <li>The Leadership Development Programme is ongoing, with 2 cohorts of senior</li> </ul>

		<p>leaders currently having attending sessions focussing on appreciative performance development and coaching skills. A third virtual cohort is currently being planned in.</p> <ul style="list-style-type: none"> <li>• A people management programme internally run commenced in September 2020 and is planned to run with several cohorts over the coming year.</li> <li>• A suite of leadership development offers is being designed by the internal team to be offered across 20/21</li> <li>• The STP team is growing its resource to support ICP workforce planning funded by ALWAB.</li> </ul>
MITIGATING ACTION (S)	Target rating	NEXT REPORTED ACTIONS
<ul style="list-style-type: none"> <li>• Developing skills within the team to create a framework for internal talent management and succession planning for senior posts and working with other partners on a systematised approach to talent management and succession planning. This work will link to performance management and pay progression.</li> <li>• Using the results of the staff survey and feedback from safe space groups and staff focus groups to create an action plan to address employees concerns and improve culture and to be a base line for improving leadership capability.</li> <li>• Clinical leadership action plan developed and shared with the Remuneration Committee.</li> <li>• Three additional appointments have been made to the HR and OD teams to support additional work including a graduate trainee.</li> <li>• The People team now has staff from across the CCGs brought together which is enabling effective working and role models collaboration benefits.</li> </ul>	6	<ul style="list-style-type: none"> <li>• Human Resources policies continue to be reviewed and streamlined across the partnership and updated to align with people plan.</li> <li>• Managing Directors have addressed staff survey results locally with Human Values will now need to be agreed and aligned across the 6 CCGs. A series of focus groups around culture supporting engagement on the CCG reform and to assist in aligning values commences before the end of September 2020.</li> <li>• Values will be embedded into recruitment, probation, appraisal and codes of professional conduct.</li> </ul>



ID	Partnership Priority	Risk Owner	Monitoring Committee
06	<b>System Reform</b> <ul style="list-style-type: none"> <li>To reform the way we and the wider system works, in order to strengthen local delivery, develop effective integrated health and care systems, and realise the benefits of CCGs, providers and local authorities planning and delivering together</li> </ul>	<b>Chief Operating Officer Managing Director, Isle of Wight CCG</b>	<b>Partnership Board</b>
<b>Risk Description</b>		<b>Initial rating Likelihood/impact</b>	<b>CONTROLS</b>
<b>If CCG objectives and delivery plans are not aligned across our local systems and partners, then there may be delays in implementing models of care for patients leading to adverse impact on patient care, CCG reputation and inefficient use of resources.</b>		<b>16</b>	<ul style="list-style-type: none"> <li>Restoration and Recovery Board overseeing HIOW ICS modelling and planning and alignment of ICP/Locality plans.</li> <li>HIOW ICS Restoration and Recovery workstreams ensuring alignment into local systems.</li> <li>ICP leads included in Restoration and Recovery workstreams and working groups.</li> </ul>
<b>Specific or Associated ISSUES</b>		<b>Current rating</b>	<b>Source of ASSURANCE</b>
Variation in each area, however each maturing as submissions and oversight is continued via the HIOW ICS framework.		<b>12</b>	<ul style="list-style-type: none"> <li>MD inclusion within the HIOW ICS framework submission of plans from each area providing overarching assurance of delivery in identified service areas.</li> <li>Restoration and Recovery Board minutes.</li> <li>Restoration updates to Governing Body.</li> <li>Individual ICP plans and governance arrangements.</li> </ul>
<b>MITIGATING ACTION (S)</b>		<b>Target rating</b>	<b>NEXT REPORTED ACTION (S)</b>
<ul style="list-style-type: none"> <li>CCG objectives recently reviewed</li> <li>CCG MD's directly engaged and involved within ICP or Locality place based care modelling enabling informed and aligned understanding of care needs, supporting place based care.</li> <li>CCG inclusion in Recovery planning ensuring where appropriate service provision at scale or locality is enabled via networks and direct commissioning</li> <li>Established CCG MD involvement in the ICS operational framework enabling CCG alignment to regional requirements enabling 'joined up' approach.</li> </ul>		<b>6</b>	<ul style="list-style-type: none"> <li>Establish MD working group to focus on ICP/Locality development and support integration</li> <li>Self-assessment from each MD on the alignment within their locality based on Recovery, Winter, Workforce planning as an indicator of risk for the ICP/Localities' engagement and CCG collaboration with providers and Local Authorities</li> <li>CCG delivery plans vs ICP/Locality Delivery plans-assessment of collaboration and synergy.</li> <li>Each CCG to identify service model delays and share to support understanding of potential delays and clear understanding of cause for delay.</li> </ul>

ID	Partnership Priority	Risk Owner	Monitoring Committee
07	<ul style="list-style-type: none"> <li>Direct resources to support the creation of the HIOW Integrated Care System and transition to new ways of working</li> </ul>	Chief Operating Officer	Partnership Board
Risk Description		Initial rating Likelihood/impact	CONTROLS
If resources are not appropriately allocated to support system development, including the ICS and ICPs, this may have adverse impacts on delivery and care.		12	Ways of Working Programme Board established with supporting workstreams (People, design, communications and engagement and technical).
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
NHSE deadlines of 30 <sup>th</sup> September 2020 for submission of Case for Change. ICS and reformed CCG to be in place by 1 <sup>st</sup> April 2021.		9	Ways of Working Programme Board reports to Governing Body. Programme updates to Ways of Working Programme Board.
MITIGATING ACTION (S)		Target rating	NEXT REPORTED ACTION (S)
<ul style="list-style-type: none"> <li>Programme fully approved by Governing Bodies on the 24<sup>th</sup> September 2020.</li> <li>Programme timeline and critical path mapped.</li> <li>Programme risk register established and mitigating actions in place.</li> <li>Communications and engagement plan in place.</li> <li>Detailed design work and engagement will continue beyond end of September to then inform the detailed finance, resource and governance arrangements that will need to be put in place to support the organisation to operate effectively.</li> </ul>		6	<ul style="list-style-type: none"> <li>Further engagement with staff, GPs and wider stakeholders.</li> <li>Appointment process for Executive roles in September/October.</li> <li>Appointment to other Board roles in October.</li> <li>Organisational design principles to be developed followed engagement across the system in August and tested during September.</li> <li>Approval with NHS England panel planned for 14<sup>th</sup> October 2020.</li> </ul>

ID	Partnership Priority	Risk Owner	Monitoring Committee
08	<ul style="list-style-type: none"> <li>To ensure that people have access to timely high quality care, and that national operational performance standards are delivered</li> </ul>	<b>Executive Director of Strategy &amp; Transformation</b> <b>Executive Director of Nursing &amp; Quality</b>	<b>Quality, Performance and Finance Committee</b>
Risk Description		Initial rating Likelihood/impact	CONTROLS
<b>If providers of commissioned services are unable to meet constitutional targets, then patients may not receive timely, effective, responsive and/or high quality care and treatment.</b>		16	<ul style="list-style-type: none"> <li>Monthly review and action by Clinical Delivery Groups.</li> <li>Assurance and scrutiny of plans and delivery by Quality Performance and Finance Committee.</li> <li>A&amp;E Delivery Boards in place for each CCG system.</li> <li>Provider contractual monitoring and assurance.</li> <li>Restoration Plan developed and submitted</li> </ul>
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
<ul style="list-style-type: none"> <li>COVID-19 has had a significant impact on elective and diagnostic wait times throughout Hampshire and the Isle of Wight.</li> <li>Children's and Adolescent Mental Health Services wait times throughout Hampshire (CAMHS).</li> </ul>		16	<ul style="list-style-type: none"> <li>Monthly reports to Quality, Performance &amp; Finance Committee</li> <li>Escalation of issues to Partnership Board</li> </ul>
MITIGATING ACTION (S)		Target rating	NEXT REPORTED ACTION (S)
<ul style="list-style-type: none"> <li>System Restoration and Recovery Plan to be put in place</li> <li>Ongoing sourcing of independent sector capacity</li> <li>Individual CCG management of elective waiting lists with local acute trusts.</li> </ul>		9	<ul style="list-style-type: none"> <li>System Restoration and Recovery Plan to be implemented</li> <li>Review of financial allocations for months 7 to 12 to understand their impact</li> </ul>

ID	Partnership Priority	Risk Owner	Monitoring Committee
09	<b>Financial Performance</b> <ul style="list-style-type: none"> <li>▪ To work within the COVID-19 Financial Regime as it emerges and retain financial controls within the parameters set by the NHS England</li> <li>▪ Agreed Financial Controls Delivered</li> </ul>	<b>Director of Finance</b>	<b>Quality, Performance and Finance Committee</b>
Risk Description		Initial rating Likelihood/impact	CONTROLS
<b>If CCGs are unable to deliver in year break even in line with their allocations for 2020/21, then this could impact on – (1) CCG, ICS and ICP reputation (2) reduced opportunity to invest in transforming services to better meet the needs of the population through new models of care, impacting on restoration and recovery (3) quality of services for patients.</b>		<b>12</b>	<ul style="list-style-type: none"> <li>• Development of financial plans post COVID-19.</li> <li>• Monthly forecasts against plan with development of mitigating actions.</li> <li>• Review and control action by Local Clinical Delivery Groups and ICPs.</li> <li>• Assurance and scrutiny of plans and delivery by Quality Performance and Finance Committee.</li> <li>• Cautious approach around investments until allocations and guidance for M7-12 fully understood</li> </ul>
Specific or Associated ISSUES		Current rating	Source of ASSURANCE
<ul style="list-style-type: none"> <li>• Interim financial regime in place assumes break-even. Likely prospective allocations for M7-12 may present risks in their calculation (COVID-19 costs and investments/MHIS)</li> <li>• Not losing sight of underlying financial issues within each ICP, ensuring recovery plans previously developed are not lost to ensure long term financial sustainability, and focus on overall cost reduction</li> </ul>		<b>12</b>	<ul style="list-style-type: none"> <li>• Quality, Performance &amp; Finance Committee – oversight and review of financial performance against allocations.</li> <li>• COVID-19 cost governance process in place.</li> <li>• Interim internal audit around COVID-19 cost governance.</li> <li>• Finance report presented to Partnership Board.</li> <li>• ICS scrutiny and challenge of N&amp;M Hants system financial plans and delivery of recovery plan</li> <li>• NHS England/Improvement assurance meetings where required</li> <li>• NHSE/I Financial Regime has fully recovered all adverse variances for M1-4</li> <li>• CCG input to ICP boards to ensure oversight of financial regime and recovery</li> </ul>
MITIGATING ACTION (S)		Target rating	NEXT REPORTED ACTION (S)
<ul style="list-style-type: none"> <li>• Quality Performance and Finance Committee review financial performance against allocations for 2020/21 together with any potential risks and mitigations</li> <li>• CCGs review and challenge allocations where appropriate.</li> <li>• ICPs to review financial performance against plans/contracts and required recovery and restoration, understanding risks and opportunities.</li> </ul>		<b>4</b>	<ul style="list-style-type: none"> <li>• Operational and Financial Planning for 2020/21 ‘paused’ regular updates from NHSE/I Director of Finance</li> <li>• Analysis of allocations and guidance issued on 16<sup>th</sup> September 2020.</li> <li>• Preparation and submission of STP financial plans for 5<sup>th</sup> October 2020 and individual financial plans 22<sup>nd</sup> October 2020– comparisons between plan and allocations underway. Process for allocating COVID-19 and Growth envelopes held at STP level to be determined, and central monies for service development funding to be advised still.</li> </ul>

