Joined Up Care
Derbyshire

Strategic Risk 1 – Quality, Safety and Improvement Committee

Strategic Risk: There is a risk that increasing need for healthcare intervention is not met in the most appropriate and timely way and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and both upper tier Councils to deliver consistently safe services with appropriate standards of care.		Current Risk score **16**
If healthcare intervention is not met in a timely way and capacity is inadequate	**Then** this impacts the ability of the ICB and both upper tier Councils	**Resulting** in a risk to delivering consistently safe services with appropriate standards of care

Overall Assurance Level	Strategic threats (what might cause this risk to materialise)
Partially Assured	1. Lack of timely data to improve healthcare intervention 2. Lack of system ownership and capacity across JUCD including first tier Local Authorities, Provider Board and neighbourhood working to deliver the three shifts: from hospital to community services, from treating sickness to preventing it, from analogue to digital. 3. Risk to clinical quality and safety due to the significant financial constraints across all partners within JUCD.

Strategic Aim: To improve overall health outcomes including life expectancy and healthy life expectancy rates for people (adults and children) living in Derby and Derbyshire.

	Probability	Impact	Score	Risk Trend
Current	4	4	**16**	
Risk Target	4	2	**8**	
Risk Tolerance	4	3	**12**	

Risk Trend

Strategic Risk 1

Current risk level — Tolerable risk level — Target risk level

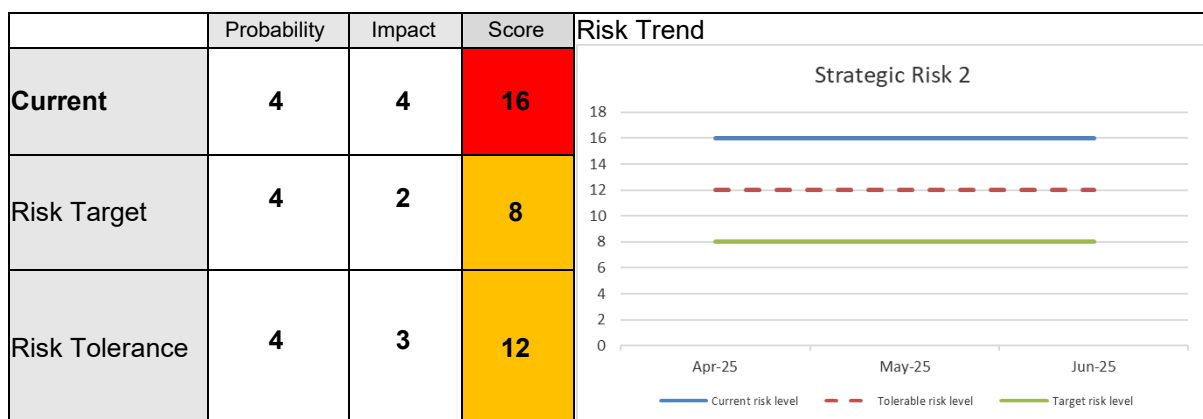| Executive Officer	Prof Dean Howells, Chief Nursing Officer	Assurance committee	Quality, Safety and Improvement

System Controls	System Sources of Assurances
• Deep dives are identified where there is lack of performance/ or celebration of good performance. • Health inequalities programme of work supported by the strategic intent function of the ICS, the anchor institution and the plans for data and digital management. This reports to the Strategic Commissioning and Integration Committee. • Maternity surveillance is ongoing and being jointly led by the ICB Chief Nurse Officer and the Regional Chief Nurse. • Derbyshire Cost Improvement Programme (CIP) in progress and Service Benefit Reviews challenge process is in place to support efficiencies. • Agreed Prioritisation tool is in place. • Robust Citizen engagement across Derbyshire and reported through Strategic Commissioning	• The Integrated Assurance and Performance Report has been developed and is reported to public ICB Board bimonthly. Specific section focuses on Quality. • Quality, Safety and Improvement Committee assurance to the ICB Board via the Performance Report. • System Quality Group update and escalations on System risks. • Agreed ICB Quality Risk escalation Policy. • Quality, Safety and Improvement Forum provides assurance into the System Quality Group and meets bi-monthly. This provides the detailed sense check of reporting. • Maternity Reporting into the Local Maternity and Neo natal System (LMNS). • Maternity reporting at CRH and UHDB. • Agreed System Quality infrastructure meeting in place across Derbyshire. • National Quality Board guidance.

System Controls	System Sources of Assurances
and Integration Committee. • Deep dives focussing on improvement actions, as identified by the JUCD Delivery Boards featured in the Quality Framework.	• County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. • Agreed Core20PLUS5 approach across Derbyshire. • Strategic Commissioning and Integration Committee assurance to the ICB Board via the Assurance Report. Also provides clinical oversight of commissioning and de-commissioning decisions. • NHSE Assurance Reviews and Assurance Letters provide evidence of compliance and any areas of concern. • Local Authority and ICB Public consultation processes where significant service change is planned due to system financial constraints. • QEIA report to the Quality, Safety and Improvement Committee. Monthly meetings of the QEIA group are in place and escalation to the Chief Nursing Officer and Strategic Commissioning and Integration Committee as required. • Delivery of the Quality Framework. • Internal Audit reports relating to Quality Governance. • Reporting and escalation from Delivery Boards as required.

Gaps in Controls and Assurances	Action Ref
• Intelligence and evidence are required to understand health inequalities, make decisions and review ICS progress.	1.1
• Plan for data and digital need to be developed further.	1.2
• Lack of real time data collections.	1.3
• Requirement for streamlining Data and Digital needs of all Partners (Including LAs).	1.4
• Not currently using Statistical Process Control Charts (SPCC) across the system to allow effective analysis of performance data to identify trends relating to quality and clinical safety.	1.5
• Awaiting publication of the NHS 10-year plan is delaying the final version of the Quality Strategy being completed and the subsequent approval by the Quality, Safety and Improvement Committee.	1.6

Actions	Action Ref	Owner(s)	Timescale	Assurance Level
• Operation Periscope initial version is currently live in the ICB. Processes are now being created to routinely use this data in decision making.	1.1 1.2 1.3 1.4 1.5	Prof Chris Weiner	Quarter 2 2025/26	Partial
• Once the NHS 10-year plan is published, a final review of the Quality Strategy will take place followed by its presentation at the Quality, Safety and Improvement Committee, for approval.	1.6	Prof Dean Howells	Quarter 2 2025/26	Partial

Strategic Risk 2 – Strategic Commissioning and Integration Committee

Strategic Risk: There is a risk that short term operational needs hinder the pace and scale required for the system to maximise the collaborative contribution of partners and achieve the long-term strategic objectives to reduce health inequalities, improve health outcomes and life expectancy.	Current Risk score **16**

If short term operational needs hinder the pace and scale required	*Then* the long-term strategic objectives of the system will be hindered	*Resulting in* the pace and scale required to reduce health inequalities, improve health outcomes and life expectancy not being met

Overall Assurance Level **Adequately Assured**	*Strategic threats* (what might cause this risk to materialise) 1. Lack of system ownership and collaboration 2. The ICS short term needs are not clearly determined 3. The breadth of requirements on the system outstrips/surpasses our ability to prioritise our resources (financial/capacity) and coordination across the system towards reducing health inequalities. 4. The population may not engage with prevention programmes.

Strategic Aim: To improve overall health outcomes including life expectancy and healthy life expectancy rates for people (adults and children) living in Derby and Derbyshire.

	Probability	Impact	Score	Risk Trend
Current	4	4	16	
Risk Target	4	2	8	
Risk Tolerance	4	3	12	

Executive Officer	Michelle Arrowsmith, Chief Strategy and Delivery Officer	Assurance committee	Strategic Commissioning and Integration Committee

System Controls	System Sources of Assurances
• JUCD Transformation Co-ordinating Group has responsibility for delivery of transformation plans across system. • Provider Collaborative Leadership Board overseeing Delivery Boards and other delivery groups. • System Delivery Boards provide a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact. • All Providers are undertaking clinical harm reviews linked to long waiting lists and waits at the Emergency Department. Tier 1 oversight is in place for UHDB and processes are in place. • ICS 5 Year Strategy sets out the short and medium term priorities.	• Quality, Safety and Improvement Committee assurance to the ICB Board via the Assurance Report and Integrated Performance Report. • System Quality Group assurance on System risks and ICB risks. • Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. • NHSE Assurance Reviews and Assurance Letters provide evidence of compliance and any areas of concern. (EA) • Quality sub group of MHLDA Delivery Board established. Regular Integrated Assurance report is in place and reported to the Delivery Board. • UEC Board include Quality as a regular agenda item.

System Controls	System Sources of Assurances
• System planning & co-ordination group managing overall approach to planning. • Agreed Commissioning Intentions in place. • Agreed System dashboard to include inequality measures. • Core 20 Plus 5 work programme. • Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis inclusive of access and inequality considerations. • Existing in-ICB and in-system clinically led prioritisation framework is being revisited to ensure suitability for recent (March 2025) changes to healthcare system design. • Commencement of Director of Population Health in April 2025 with remit to self-review DDICB against CQCs 'addressing health inequalities through engagement with people and communities' framework. • 'Winter wash up' meeting held on 2nd April 2025 to collate learning. • First draft of winter plan has been brought forward and will aim to be completed by June 2025. • Urgent Emergency Care Board, Community Transformation Programme expected to relieve pressure on UECB, 40% benefits expected to be delivered in 2025/26.	• MH LDA Delivery Board Terms of Reference (ToR) and Children's Delivery Board terms of reference are drafted, standardised in format across all ICB System Delivery Boards. The ToRs will be submitted to the June 2025 Delivery Boards with a proposed/revised structure of subgroups to reflect the Operational Plan priorities for 2025/26. • The ICB Board Seminar Sessions provide dedicated time to agree ICB/ ICS Priorities. • System-wide EQIA process supports identification of equalities risks and mitigations and reduces risk of projects/ programmes operating in • isolation – and specifically decommissioning decisions. • County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. • Delivery Boards remit to ensure work programme supports health inequalities. • SCIC assurance to the ICB Board via the Assurance Report and Integrated Performance Report. • Provider Collaborative Leadership Board. • Health and Well Being Board. • Audit and Governance Committee oversight and scrutiny. • Health Overview and Scrutiny Committee (HOSC). • Derbyshire ICS Greener Delivery Group. • Performance Data from MHSDB. • Alignment between the ICS and the City and County Health and Wellbeing Boards. • Integrated Care Partnership (ICP) and ICP Strategy in place which will support improving health outcomes and reducing health inequalities.

Gaps in Controls and Assurances	Action Ref
• Intelligence and evidence to understand health inequalities, make decisions and review ICS progress.	2.1
• The Integrated Performance Report will continue to be developed further as reported to ICB Board.	2.2
• Under performance against key national targets and standards (Core 20 Plus 5 work programme).	2.3
• Public Health Summary Report to be developed and report into Quality, Safety and Improvement Committee.	2.4

Actions	Action Ref	Owner(s)	Timescale	Assurance Level
• Use of the Data Platform has commenced, however, there is no General Practice or acute detail and a Data Sharing Agreement is required/in progress. The intention is that GP practice data and acute detail will be incorporated by the end of October 2025.	2.1	Prof Chris Weiner	Quarter 3 2025/26	Partial
• The Integrated Performance report continues to be developed and refined. The report has been updated and further integration is in development	2.2 2.3	Michelle Arrowsmith	Quarter 2 2025/26	Partial

Actions	Action Ref	Owner(s)	Timescale	Assurance Level
which will include performance through both contract and Delivery Board routes.				
• Periscope initial version is currently live in the ICB. Processes are now being created to routinely use this data in decision making.	2.4	Prof Chris Weiner	Quarter 2 2025/26	Partial

Strategic Risk 3 – Strategic Commissioning and Integration Committee

Strategic Risk: There is a risk that the population is not sufficiently engaged and able to influence the design and development of services, leading to inequitable access to care and poorer health outcomes.	Current Risk score **12**

If the population is not sufficiently engaged	**Then** the design and development of services will be unable to be influenced	**Resulting in** inequitable access to care and poorer health outcomes

Overall Assurance Level	**Strategic threats** (what might cause this risk to materialise)
Adequately Assured	1. The public are not being engaged and included in the strategy development and early planning stage of service development therefore the system will not be able to suitably reflect the public's view and benefit from their experience in its planning and prioritisation. 2. Due to the pace of change, building and sustaining communication and engagement momentum and pace with stakeholders during a significant change programme may be compromised. 3. The complexity of change required, and the speed of transformation, potential decommissioning and other cost improvement programmes required leads to patients and public being engaged too late in the planning stage, or not at all leading to legal challenge where due process is not being appropriately followed. 4. The system does not adopt the ethos of the Insight or Co-Production Frameworks, public views do not routinely influence decisions and the power balance across the NHS system resides with decision-makers.

Strategic Aim: To improve overall health outcomes including life expectancy and healthy life expectancy rates for people (adults and children) living in Derby and Derbyshire.

	Probability	Impact	Score	Risk Trend
Current	4	3	12	
Risk Target	3	3	9	Strategic Risk 3
Risk Tolerance	4	3	12	

Strategic Risk 3 chart — Current risk level, Tolerable risk level, Target risk level across Apr-25, May-25, Jun-25.

Executive Officer	Helen Dillistone Chief of Staff	Assurance committee	Strategic Commissioning and Integration Committee

System Controls	System Sources of Assurances
• Agreed system Communications & Engagement Strategy and agreed Guide to Public Involvement, published and available to the system to guide good practice. • PPI log developed to list all potential services changes and the appropriate level of engagement required. • A suite of guidance is available to support the	• Senior managers have membership of IC Strategy Working Group to influence. • PPI assessment processes routinely shared with Health Overview & Scrutiny Committees. • Comprehensive legal duties training programme for engagement professionals. • ePMO gateway structure ensures compliance with PPI process.

System Controls	System Sources of Assurances
application of the public involvement duty in service change, and assessment process. • Guidance available around consulting with the Health Overview and Scrutiny Committee. • A range of methods and tools available to all our system partners to support involvement of people and communities in work to improve, change and transform the delivery of our health and care provision. • Insight Framework proof of concept. • Developed Insight Library to house all insight available in the system. • Agreed gateway for PPI form on the ePMO system. • Membership of key strategic groups, including Executive Team, Delivery Board, Senior Leadership Team and others to ensure detailed understanding of progression. • Functional and well-established system communications and engagement group. • Digital engagement infrastructure in place across partners to ensure transparency around decisions being made. • Training programme underway with managers on PPI governance requirements and process. • Insight Framework approach firmly embedded in the work of the Engagement Team, and promoted in all interactions with commissioners and system partners as the way we should be working. • Working effectively with VCSE infrastructure, organisations and representatives to reach and engage communities of place, condition and interest from the outset and at all points of the commissioning cycle.	• National Oversight Framework ICB annual assessment evidence and emerging CQC reviews. • Benchmarking against comparator ICS approaches. • The CQC self-assessment and improvement framework has been co-designed to help Integrated Care Systems (ICSs) improve their engagement with people and communities. DDICB is a pilot site. • NHS/ICS ET membership and ability/requirement to provide updates. • ePMO progression and gateway structure ensures compliance with PPI process. • Comprehensive legal duties training programme for engagement professionals. • PPI Governance Guide training for project/programme managers. • Establishment of ICB Procurement Group supports future planning and engagement timetable. • Anticipated national guidance on strategic commissioning, including commissioning cycle approach. • Public Health and Local Authorities contribute expertise and experience in engaging patients, users and communities.

Gaps in Controls and Assurances	Action Ref
• All aspects of the Engagement Strategy need to continue to be developed and implemented, and then evaluated. All are in progress.	3.1
• Continue to advise providers on good PPI practice, especially around system transformation programmes.	3.2
• Ensuring transformation programmes are providing sufficient time to factor in the inputs to and outcomes from involvement activity, including prioritising the utilisation of insight alongside other evidence sources.	3.3
• Ongoing learning of skills relating to cultural engagement and communication across all JUCD partners, including health literacy approach.	3.4
• Insight Framework proof of concept continues to be developed to embed it as 'Business as Usual', ensuring we share power with people and communities routinely, supporting them to have a voice, and input into priority setting.	3.5
• Model ICB and Cost Reduction programme to impact on approaches and capacity to deliver.	3.6
• Development of system stakeholder communication methodologies understand and maintain/improve relationships and maximise reach.	3.7
• Staff awareness of work of ICS and ICB programme, to enable recruitment of advocates for the work.	3.8
• Communications and Engagement Strategy refresh required.	3.9
• Systematic change programme approach to system development and transformation not yet articulated/live.	3.10
• Clear roll out timescale for transformation programmes.	3.11

	3.12
• Evidence of tangible inputs and outputs aligned to key strategies and plans.	3.12
• Assurance on skills relating to cultural engagement and communication across all JUCD partners.	3.13
• Ability to articulate momentum behind coherent priorities and approach to delivering strategy, transformation and mitigation of financial challenge.	3.14
• Evidence of tangible inputs and outputs aligned to key strategies and plans.	3.15

Actions	Action Ref	Owner(s)	Timescale	Assurance Level
• Ongoing implementation of Engagement Strategy frameworks and evaluation.	3.1 3.2	Karen Lloyd	Continuous – next review June 2025	Partial
• Engagement Strategy Refresh taking heed to frameworks evaluation and embedding, seeking to move into Influence, Developing our Practice and Insight strategic phase.	3.1	Karen Lloyd	Ongoing - Update in line with model ICB	Partial
• Assess current team skills in cultural engagement and communications, including channel assessment, and devise action plan to close gaps/implement training and development.	3.4 3.6 3.7 3.13 3.14	Christina Jones/Karen Lloyd/Claire Warner	On hold, subject to model ICB and cost reductions	Partial
• Strengthen communications and engagement support to 2025 JFP development, with programme of public discussion to help inform.	3.10 3.12	Christina Jones/Karen Lloyd	Commenced – 2025/26 planning and onward JFP approach.	Partial
• Revision of Communications Strategy, to incorporate prior work on stakeholder strategy and take account of internal & external communications surveying.	3.6 3.7 3.9 3.14	Christina Jones	On hold, subject to model ICB and cost reductions	Partial
• Implement scoping exercise across system/ICB delivery boards and other groups to establish C&E work programme and capacity requirements.	3.2 3.3 3.8 3.11	Sean Thornton, Karen Loyd, Christina Jones	Commenced June 2024. Align with Transformation Coordinating Group and 2025/26 operational priorities	Partial
• Secure ICB Board Development session on insight strategy to ensure oversight and mandate.	3.15 3.8	Helen Dillistone	Not started	Partial
• Assess transformation programme delivery and associated use of insight to inform plans.	3.5	Karen Lloyd	Not started	Partial

Strategic Risk 4 – Finance and Performance Committee

Strategic Risk: There is a risk that the NHS in Derbyshire is unable to deliver a sustainable financial position in the medium term and achieve the best value from the available funding for the population of Derby and Derbyshire.	Current Risk score **20**

If we are unable to deliver a sustainable financial position	**Then** the medium-term financial plan will not be realised	**Resulting in** the inability to achieve best value from the available funding

Overall Assurance Level	*Strategic threats* (what might cause this risk to materialise)
Partially Assured	1. Rising activity needs, capacity issues, and availability and cost of workforce. 2. Shortage of out of hospital provision across health and care impacts on productivity levels. 3. The scale of the challenge means a recurrently affordable underlying position can only be achieved by structural change and real transformation. Failure to deliver against plan and/or to transform services. 4. National funding model does not reflect clinical demand and operational / workforce pressures. 5. National funding model does not recognise that Derbyshire Providers receive c.£900m from other ICBs. 6. National policy decision to reduce ICB funding by 50% during Quarter 3 2025/26.

Strategic Aim: To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.

	Probability	Impact	Score	Risk Trend
Current	4	5	20	
Risk Target	3	3	9	
Risk Tolerance	3	4	12	

Risk Trend: Strategic Risk 4 — line chart showing Current risk level, Tolerable risk level, and Target risk level across Apr-25, May-25, Jun-25.

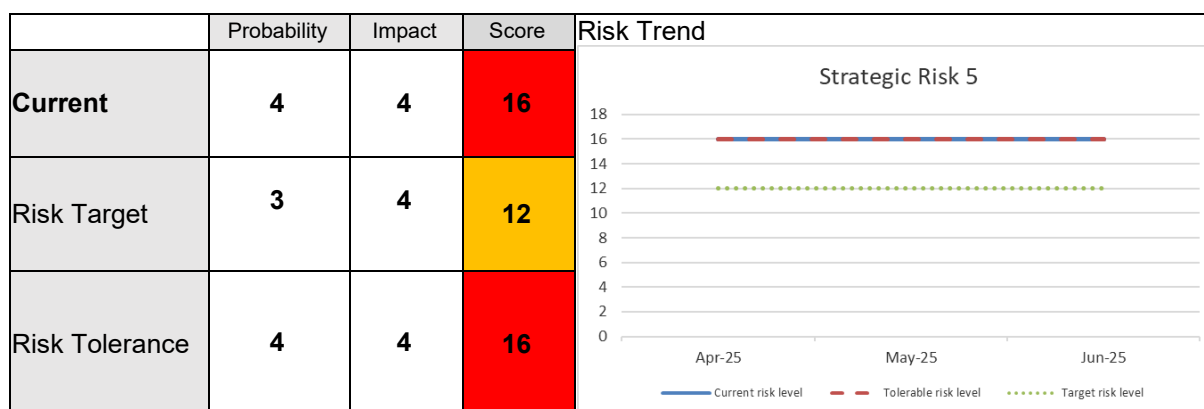| Executive Officer	Bill Shields, Chief Finance Officer	Assurance committee	Finance and Performance

System Controls	System Sources of Assurances
• Detailed triangulation of activity, workforce and finances in place. • Contract Performance meetings in place overseeing 'performance'. • Transformation programmes to deliver improvement in productivity. • The CIP and Transformation Programme is owned by the Transformation Co-ordination Group. • Efficiency Schemes reviewed and carried out and recommendations approved by NHS Executives. • Financial Sustainability Board meets monthly and receives updates on efficiency delivery.	• Financial data and information is provided to the Finance and Performance Committee monthly. • Medium term financial plan for the system is updated quarterly and reviewed by System Committees and Board regularly. • Integrated Assurance and Performance report is presented to the Finance and Performance Committee and Quarterly System Review meeting. • Productivity assessment tool in use. • SLT monthly finance updates provided including recalibration of programmes in response to emerging issues.

System Controls	System Sources of Assurances
• Areas 'off track' are escalated and remedial actions discussed. • Financial Intelligence reporting to Delivery Boards and Finance and Performance Committee demonstrates financial performance of service lines across the system and supports identification of financial improvement.	• System wide Finance Director meetings focussed on long term financial stability, with real evidence of effective distributive leadership and collegiate decision making. • Financial Sustainability Board to understand and alleviate the financial challenges.

Gaps in Controls and Assurances	Action Ref
New Workforce and Clinical Models Plan.	4.1
Triangulated Activity, Workforce and Financial Plan.	4.2
Understanding the low productivity to address the clinical workforce modelling.	4.3
The Integrated Performance and Assurance report needs to be developed further to triangulate areas of activity, workforce, and finance.	4.4
National shortage in supply of out of hospital beds and services for medically fit for discharge patients prevents full mitigation.	4.5
Currently there is no 'Group' meeting in place whose priority is identifying opportunities and holding to account the delivery of the efficiency programmes.	4.6
Risk of a loss of the skills, knowledge and momentum required to deliver the ICB priorities and plans.	4.7

Actions	Action Ref	Owner(s)	Timescale	Assurance Level
The Integrated Performance report continues to be developed and refined. The report has been updated, and further integration is in development which will include performance through both contract and Delivery Board routes.	4.1 4.2 4.4	Michelle Arrowsmith	Quarter 2 2025/26	Partial
Review benchmarking information continues per NHS benchmarking guidelines such as model health system, value weighted activity metrics etc to ensure optimum productivity and efficiency across Derby and Derbyshire.	4.1 4.3 4.5	Craig Cook	Review June 2025	Partial
Reviewing the scope of the Financial Sustainability Board (FSB) and developing intelligence to support opportunity identification. The FSB met on 19th May 2025 where the Terms of Reference were reviewed, and clear actions identified.	4.6	Jen Leah	Quarter 2 2025/26	Partial
Developing our clinical commissioning and prioritisation.	4.6	Craig Cook	Quarter 2 2025/26	Partial
ICB Blueprint letter sets out priorities for ICBs, future of current functions is not yet clear. Weekly Team Talk meetings, staff questions, intranet page containing information received and FAQs. HR have shared wellbeing support information across the organisation.	4.7	Helen Dillistone	Quarter 3 2025/26	Partial

Strategic Risk 5 – People and Culture Committee

Strategic Risk: There is a risk that the system is not able to maintain an affordable and sustainable workforce supply pipeline and to retain staff through a positive staff experience.	Current Risk score **16**

If we are unable to maintain an affordable and sustainable workforce	*Then* the workforce supply pipeline will be affected	*Resulting in* the inability to retain staff through a positive staff experience

Overall Assurance Level	*Strategic threats* (what might cause this risk to materialise)
Partially Assured	1. Current system financial position makes the current workforce model unsustainable. 2. Staff resilience and wellbeing across the health and care workforce is negatively impacted by environmental factors e.g. the industrial relations climate and the financial challenges in the system. 3. Employers in the care sector cannot attract and retain sufficient numbers of staff to enable optimal flow of service users through the pathways due to the scale of vacancies across health and care and some specific professions.

Strategic Aim: To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.

	Probability	Impact	Score	Risk Trend
Current	4	4	16	
Risk Target	3	4	12	
Risk Tolerance	4	4	16	

Risk Trend — Strategic Risk 5

Executive Officer	Lee Radford, ICB Chief People Officer	Assurance committee	People and Culture Committee

System Controls	System Sources of Assurances
• Organisational vacancy controls in place. • Agency Reduction plan and steering group meetings in place. • Engagement and Annual staff opinion surveys are undertaken across the NHS Derbyshire Providers and ICB. • Enhanced Leadership Development offer to support Managers and promoting Health and Wellbeing for NHS providers. • Promotion of social care roles as part of Joined Up Careers programme. • ICB has direct links into VCSE and social care sector workforce leads. • ICS Step into Work programmes supporting recruitment in health and care sectors.	• NHS Workforce Plan developed and triangulated with finance and performance. • Monthly monitoring of workforce numbers and temporary staffing spend vs budget and agency spend. • Outputs from provider vacancy control panels received on a monthly basis. • NHS Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. • People and Culture Committee assurance to the Board via the ICB Board Assurance Report including NHS workforce. • The ICB People and Culture Committee provides oversight of workforce across the system. • A Comprehensive staff wellbeing offer is in place and available to Derbyshire NHS and

System Controls	System Sources of Assurances
	local authority ICS Employees from each provider organisation. • Monthly monitoring of absence in NHS and local authority. • Health Assessments continue to provide impact and now embedded within People Services to support long-term sickness within NHS and Local Authority providers. • County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. • Better Care funding supports the Joined Up Careers team to work in partnership with Health and Social Care. • Action Plan including a range of widening participation and resourcing proposals to support with DCC Homecare Strategy. • Implementation of new JUCD system apprenticeship strategy. • Development of a system One Workforce approach to improve collaborative talent pipelines.

Gaps in Controls and Assurances	Action Ref
• The Leadership Development offer is not yet fully embedded in each organisation.	5.1
• Independent social care providers and VCFSE sectors have variable health and well-being offers.	5.2
• Limited information on social care, VCFSE and local authority sectors workforce plans, costs and risks that would provide a fuller system perspective.	5.3
• Lack of inclusive talent management and succession planning strategies and processes across the system that identifies succession planning risks	5.4
• Lack of visibility of top 10 system hard to recruit to posts across all sectors.	5.5
• No defined talent plan or pipeline to support fragile services workforce challenges across the system.	5.6

Actions	Action Ref	Owner(s)	Timescale	Assurance Level
• To develop system OD strategy to improve culture, wellbeing and inclusion.	5.1 5.2	Tracy Gilbert	June 2025	Partial
• Develop a One Workforce Strategy which delivers a sustainable workforce pipeline.	5.3 5.5	Lee Radford/Sukhi Mahil Susan Spray	December 2025	Partial
• Build better workforce intelligence of social care, VCSFE and local authority sectors to give a more informed workforce position across the system.	5.3	Lee Radford/Sukhi Mahil	September 2025	Partial
• To develop a system talent management and succession planning approach to develop talent opportunities to attract and retain our people.	5.4 5.6	Tracy Gilbert	September 2025	Partial

Strategic Risk 7 – Strategic Commissioning and Integration Committee

Strategic Risk: There is a risk that decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	**Current Risk score** **12**

If decisions and actions taken by individual organisations are not aligned	**Then** the strategic aims of the system will not be aligned	**Resulting in** the scale of transformation required being impacted

Overall Assurance Level **Adequately Assured**	**Strategic threats** (what might cause this risk to materialise) 1. Lack of joint understanding of strategic aims and requirements of all system partners. 2. Demand on organisations due to system pressures/restoration may impact ability to focus on strategic aims. 3. Time for system to move more significantly into "system think". 4. Statutory requirements on individual organisations may conflict with system aims.

Strategic Aim: To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.

	Probability	Impact	Score	Risk Trend
Current	4	3	12	Strategic Risk 7
Risk Target	3	3	9	
Risk Tolerance	3	3	9	

Executive Officer	Michelle Arrowsmith, Chief Strategy and Delivery Officer	Assurance committee	Strategic Commissioning and Integration Committee

System Controls	System Sources of Assurances
• JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system. • Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis • Delivery Boards engagement with JUCD Transformation Board. • Provider Collaborative Leadership Board in place overseeing Delivery Boards and other delivery groups. • System planning & co-ordination group managing overall approach to planning. • Formal risk sharing arrangements in place across organisations (via Section 75s/ Pooled Budgets).	• Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. • SCIC assurance to the ICB Board via the Assurance Report and Integrated Quality and Performance Report. • Audit and Governance Committee oversight and scrutiny. • Internal and external audit of plans (EA). • Health Oversight Scrutiny Committees. • Delivery Highlight and Escalation Report and Transformation report shared with ICB Finance and Performance Committee. • System Delivery Board agendas and minutes. • Provider Collaborative Leadership Board minutes. • Health and Well Being Board minutes. • ICB Scheme of Reservation and Delegation

System Controls	System Sources of Assurances
• Health Oversight Scrutiny Committees (HOSCs)/ Health and Wellbeing Boards are in place with an active scrutinising role . • Dispute resolution protocols jointly agreed in key areas e.g. CYP joint funded packages – reducing disputes. • Currently the system part funds the GP Provider Board (GPPB) which provides a collective voice for GP practices in the system at a strategic and operational level. • System performance reports received at Quality, Safety and Improvement Committee will highlight areas of concern. • ICB involvement in NOF process and oversight arrangements with NHSE. • GPPB and LMC both provide some resourced 'headspace' giving GP leaders time and opportunity to focus on strategic aims. • PCN funding gives GP Clinical Directors some time to focus on the development of their Primary Care Networks. • System Planning and Co-ordination Group ensuring strategic focus alongside operational planning. • SOC/ICC processes – ICCs supporting ICB to collate and submit information. • GPPB and LMC both provide some resourced 'headspace' giving GP leaders time to focus on system working. • Development and delivery of Integrated Care System Strategy. • Embedded Place Based approaches that focus partners together around community / population aims not sovereign priorities. • Provider collaborative board 'Compact' and MOU document system behaviours and guide decision making in the system interest. • Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis.	• Agreed process for establishing and monitoring financial and operational benefits • Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published. • Quality, Safety and Improvement Committee assurance to the ICB Board via the Assurance Report and Integrated Performance Report. • System Quality Group assurance to the Quality, Safety and Improvement Committee and ICB Board. • System Quality Report. • Measurement of relationship in the system: embedding culture of partnership across partners. • Daily reporting of performance and breach analysis – identification of learning or areas for improvement. • Resilience of OCC in operational delivery including clinical leadership. • Transformation Co-ordinating Group and NHS Executives minutes.

Gaps in Controls and Assurances	Action Ref
• Values based approach to creating shared vision and strong relationships across partners in line with population needs.	7.1
• Agree and embed the prioritisation framework ensuring robust business cases are used to inform decision making.	7.2
• Understand impact of changes, how they support operational models, how best value can be delivered, and prioritised.	7.3
• System Delivery Board Plans agreed and in place.	7.4
• Level of maturity of Delivery Boards.	7.5
• Agreed Delivery Board Plans to be in place including benefits plan, reported via system ePMO.	7.6
• Prolonged operational pressures ahead of winter and expected pressures to continue / increase.	7.7
• The Integrated Performance Report is in place and continues to be developed further as reported to ICB Board.	7.8

Actions	Action Ref	Owner(s)	Timescale	Assurance Level
• The Prioritisation Framework has now been developed and agreed. The next stage is embedment.	7.1 7.2 7.3	Dr Tim Taylor	Quarter 2 2025/26	Partial
• The Integrated Performance report continues to be developed and refined. The report has been updated and further integration is in development which will include performance through both contract and Delivery Board routes.	7.8	Michelle Arrowsmith	Quarter 2 2025/26	Partial
• System Delivery Board Plans will detail where projects achieve the commitments made in the Joint Forward Plan and ICS Strategy. Draft Delivery Board Plans in place, further work required to strengthen the link to our strategic ambitions.	7.4	Michelle Arrowsmith	Quarter 2 2025/26	Partial
• Work on a more comprehensive and quantified benefits approach is continuing, UEC and 'doing hubs once' programmes are being prioritised in the first instance. Recommendations about future capacity and skills development to be produced in Q4.	7.5	Tamsin Hooton	Quarter 1 2025/26	Partial
• The 2025/26 Operational Plan was submitted on 27th March 2025. This forms the basis of the Delivery Board Plans. The Delivery Board Plans detail where projects will achieve the commitments made in the Joint Forward Plan and ICS Strategy.	7.6	Michelle Arrowsmith	Quarter 2 2025/26	Partial
• Periscope initial version is currently live in the ICB. Processes are now being created to enable routine use of this data.	7.7	Michelle Arrowsmith	Quarter 2 2025/26	Partial

Strategic Risk 8 – Strategic Commissioning and Integration Committee

Strategic Risk: There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	Current Risk score **12**

If the system does not establish intelligence and analytical solutions	**Then** this will affect decision making	**Resulting in** unsupported ineffective decision making
Overall Assurance Level **Adequately Assured**	**Strategic threats** (what might cause this risk to materialise) 1. Agreement across the ICB on prioritisation of analytical and BI activity is not realised and therefore funding and associated resources are not identified to deliver the analytical capacity.	

Strategic Aim: To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.

	Probability	Impact	Score	Risk Trend
Current	3	4	**12**	
Risk Target	2	4	**8**	
Risk Tolerance	3	4	**12**	

Strategic Risk 8 — Risk Trend chart (Apr-25, May-25, Jun-25; Current risk level, Tolerable risk level, Target risk level)

Executive Officer	Prof Chris Weiner, ICB Chief Medical Officer	Assurance committee	Strategic Commissioning and Integration Committee

System Controls	System Sources of Assurances
• Digital and Data Board (D3B) in place. This provides board support and governance for the delivery of the agreed Digital and Data strategy. • D3B responsible for reporting assurance to ICB Finance and Performance Committee and assurance and direction from the Provider Collaborative Leadership Board. • Strategic Intelligence Group (SIG) established with oversight of system wide data and intelligence capability and driving organisational improvement to optimise available workforce and ways of working. • Analytics and business intelligence identified as a key system enabler and priority for strategic planning and operationally delivery in the Digital and Data strategy and Strategic Intelligence Group (SIG). • NHSE priorities and operational planning guidance 23/24 requires the right data architecture in place for population health management.	• Data and Digital Strategy • CMO and CDIO from ICB executive team are vice chairs of the D3B. • Regional NHSE and AHSN representation at D3B provide independent input. • Monthly Reporting to Finance and Performance Committee, ICB Board, NHSE and NHS Executive Team.

Gaps in Controls and Assurances	Action Ref

• Identified three priority areas of strategic working:
     o System surveillance intelligence
     o Deep dive intelligence
     o Population Health Management
	8.1

• JUCD Information Governance Group needs formalisation and work required on using data for planning purposes.	8.2
• The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board.	8.3

Actions	Action Ref	Owner(s)	Timescale	Assurance Level
• Periscope initial version is currently live in the ICB. Processes are now being created to routinely use this data in decision making.	8.1	Prof Chris Weiner	Quarter 2 2025/26	Partial
• Use of the Data Platform has commenced, however, there is no General Practice or acute detail and a Data Sharing Agreement is required/in progress. The intention is that GP practice data and acute detail will be incorporated by the end of October 2025.	8.2	Helen Dillistone	Quarter 3 2025/26	Partial
• The Integrated Performance report continues to be developed and refined. The report has been updated and further integration is in development which will include performance through both contract and Delivery Board routes.	8.3	Michelle Arrowsmith	Quarter 2 2025/26	Partial

Strategic Risk 10 – Finance and Performance Committee

Strategic Risk: There is a risk that decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	Current Risk score **12**

If decisions and actions taken by individual organisations are not aligned	**Then** the strategic aims of the system will not be aligned	**Resulting in** the scale of transformation required being impacted

Overall Assurance Level **Partially Assured**	**Strategic threats** (what might cause this risk to materialise) 1. Agreement across the ICB on prioritisation of digital and technology activity may not be realised and therefore budget allocation and reconciliation process across ICB for digital and technology are not agreed. 2. Digital improvements and substitutions to clinical pathways are not delivered through either a lack of citizen engagement and/or clinical engagement.

Strategic Aim: To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.

	Probability	Impact	Score	Risk Trend
Current	4	3	**12**	
Risk Target	3	3	**9**	
Risk Tolerance	4	3	**12**	

Risk Trend: Strategic Risk 10 (chart, Apr-25 to Jun-25; Series1 at 12, Series2 at 12, Series3 at 8)

Executive Officer	Andrew Fearn, Interim Joint Chief Digital Officer	Assurance committee	Finance and Performance Committee

System Controls	System Sources of Assurances
• D3B responsible for reporting assurance to ICB Finance and Performance Committee and assurance and direction from the Provider Collaborative Leadership Board. • Digital programme team leading and supporting key work in collaboration with system wide Delivery Boards e.g., Urgent and Emergency Care, Elective to embed digital enablement in care delivery. • Digital and Data identified as a key enabler in the Integrated Care Partnership strategy. • NHSE priorities and operational planning guidance requires the right data architecture in place for population health management. • Clear prioritisation of clinical pathway transformation opportunities needs formalising through Provider Collaborative and ICB 5 year plan.	• Data and Digital Strategy approved by ICB and NHSE. • CMO and CDIO from ICB executive team are vice chairs of the D3B. • Representation from Clinical Professional Leadership Group on D3B. • Regional NHSE and AHSN representation at D3B provide independent input. • Formal link to the GP IT governance and activity to the wider ICB digital and technology strategy in place via Chief Data Information Officer. • GP presence on Derbyshire Digital and Data Board. • Exploitation of Derbyshire Shared Care Record capabilities; demonstrated through usage data. • Acceptance and adoption of digital

System Controls	System Sources of Assurances
• Citizen's Engagement forums have a digital and data element.	improvements by operational teams (COO, primary care and comms support needed – links to digital people plan and Delivery Board outcomes) • Engagement around digital as part of the 10-year plan. • ICB and provider communications team plans with evidence of delivery, team also engaged with messaging (e.g. Derbyshire Shared Care Record). • Staff surveys showing ability to adopt and influence change. • Patient surveys and D7F results. • Data and Digital Strategy adoption reviewed through Internal Audit • ICB Board, Finance and Performance Committee Assurance Report to escalate concerns and issues.

Gaps in Controls and Assurances	Action Ref
• ICB prioritisation and investment decision making process is required to fully implement the digital and data strategy priorities.	10.1
• Digital literacy programme to support staff build confidence and competency in using technology to deliver care.	10.2
• Development of a 'use case' library to help promote the benefits of digitally enabled care and now under construction for Shared Care Record.	10.3
• Improved information and understanding of Citizen and Community forums that could be accessed to discuss digitally enabled care delivery.	10.4
• Increased collaboration with the Voluntary Sector across Derby and Derbyshire to harness capacity and expertise in place with Rural Action Derbyshire.	10.5

Actions	Action Ref	Owner(s)	Timescale	Assurance Level
• Develop and roll out staff digital literacy programme. Linked to Project Derbyshire (Digital HR) – no resource allocated / prioritised at this time. Digital Programme role and responsibility needs to be defined, further action required.	10.2	Andrew Fearn / Workforce lead	From 2025/26 financial year	Partial
• Adopt ICB prioritisation tool to enable correct resource allocation.	10.1	Andrew Fearn / Richard Coates	TBC – requires prioritisation tool	Partial
• A review of the system communications methods in progress that will support digital comms.	10.4	Andrew Fearn /Sean Thornton	Continuous – Next review June 2025	Partial
• Deliver digital (and data) messaging through ICB communications plan. JUCD NHS Futures site established (staff facing). Further work and agreement on route for local public facing information. All nationally directed public facing communications facilitated through Communication Team.	10.4	Andrew Fearn /Sean Thornton	Continuous – Next review June 2025	Partial
• JUCD NHS Futures site provides 'use case' examples of the benefits that can be delivered through the effective use of the DSCR. New and updated use cases will be added as and when available.	10.3	Andrew Fearn/Dawn Atkinson	Continuous – Next review December 2025	Partial

Actions	Action Ref	Owner(s)	Timescale	Assurance Level
• Meetings with Rural Action Derbyshire (RAD) completed, and project agreed, in collaboration with Derbyshire County Council (DCC) to support digital inclusion/confidence. • ICB Digital Programme team working with RAD to deploy support to increase awareness and use of the NHS App.	10.5	Andrew Fearn /Sean Thornton	Continuous - Next review June 2025 Quarter 2 2025/26	Partial

Actions	Action Ref	Owner(s)	Timescale	Assurance Level
• Meetings with Rural Action Derbyshire (RAD) completed, and project agreed, in collaboration with Derbyshire County Council (DCC) to support	10.5			

Strategic Risk 11 – Finance and Performance Committee

Strategic Risk: There is a risk that the core patient care and business functions of Derbyshire system partners could be compromised or unavailable if there were a successful cyber-attack/disruption, resulting in threats to patient care and safety, and loss or exploitation of personal patient information, amongst others.		Current Risk score **12**
If there were a successful cyber-attack/disruption	*Then* there is a risk that the core patient care and business functions of Derbyshire system partners could be compromised or unavailable	*Resulting in* threats to patient care and safety, and loss or exploitation of personal patient information, amongst others
Overall Assurance Level **Adequately Assured**	*Strategic threats* (what might cause this risk to materialise) 1. The system does not have a system wide cyber security plan and strategy in place nor therefore a clear understanding of all digital systems and processes in use and their potential vulnerabilities and therefore will not have comprehensive business continuity plans in place. 2. Cyber security is a complex and changing field, with growing sophistication in the methods used by bad actors, with threats being generated by Ransomware, Malicious Attacks, accidental IT incident. 3. Contracts held by the ICB do not always contain the necessary controls to ensure appropriate cyber resilience for direct and sub-contracted suppliers.	
Strategic Aim: To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.		

	Probability	Impact	Score	Risk Trend
Current	3	4	12	
Risk Target	3	3	9	
Risk Tolerance	3	5	15	*Note: March 2025 included on graph to display the proposed decrease in score for Q1*

Executive Officer	Bill Shields, Chief Finance Officer	Assurance committee	Finance and Performance Committee

System Controls	System Sources of Assurances
• Main providers of digital systems have cyber security arrangements in place. • Business Continuity Plans in place aligned to ISO22301. • Appropriate use of DTAC (Digital Technology Assessment Criteria). • Incident Response Plans in place for each organisation, these to a varied level cover Cyber Incidents.	• Successful completion and review of DTAC responses. • Completed Data Protection Impact Assessment (DPIA), Information Asset Register (IAR) and Information Sharing Agreement (ISA) to ensure the ICB understand the data being shared/processed and the associated risks. • Business Continuity arrangements are all aligned to ISO 22301 as per NHS standing

System Controls	System Sources of Assurances
• Health Emergency Planning Officers Group and the Local Health Resilience Partnership have oversight of risks pertaining to cyber-attack/disruption as identified in the National Security Risk Assessment. • Cyber Teams within organisations have good communication pathways that link into the ICB • ICB is part of the Cyber Assurance Network – peer groups share issues and alerts, learning shared. • The ICB, through NECS, are members of the NHS Bitsight and Vulnerability Management Service (VMS). These provide third-party assurance of the security of the perimeter network and the sharing of information on the dark web which could be used to instigate an attack. • NHS Standard contract request production of the Business Continuity Plan for those providing services to/on behalf of the NHS. • Audit programme for produced BC Plans by the EPRR Team. • IAO data mapping process is in place to ensure data flows are monitored and appropriate protection in place. • Assurance of all organisations being signed up at both Cyber and EPRR/Operational level for NHS Digital Cyber Alerts for horizon scanning. • ICS Cyber Resilience Working Group to share best practice and changes in Cyber risk/threat.	guidance. • Cyber Alerts NHS Digital. • National Cyber Security Centre resources. • NHS EPRR Guidance and Frameworks. • JUCD Cyber Security Subgroup. • EPRR Core Standards. • NHS Standard Contract. • Reviews of Digital and IG teams to ensure data appropriately managed and protected.

Gaps in Controls and Assurances	Action Ref
• Smaller providers, e.g. for websites, apps etc may not have sufficient arrangements evidenced.	11.1
• Business Continuity plans need full awareness of Digital risks included which are outside of the scope of current templates in usage.	11.2
• Limited assurance in most organisations around Core Standard 53 "assurance of 3rd party suppliers" this will include digital provision.	11.3
• IT provision to the system is fragmented with different IT providers in organisations.	11.4
• Assurance not available as to taking learning from across the system and outside of it.	11.5
• Business Continuity Plans are produced however these are not fully audited at present; a process is now in place to review this.	11.6
• Not all contracts currently contain appropriate clauses including those for sub-contractors.	11.7
• JUCD Cyber Security Subgroup does not have dedicated resource to enable it to maintain system oversight and co-ordinate cyber activity and consistent levels of protection and learning.	11.8
• Delivery of system oversight assurance under Core Standard 53	11.9
• Embedding of skillsets within teams to understand and action the requirements.	11.10

Actions	Action Ref	Owner(s)	Timescale	Assurance Level
• Organisations to refresh their business continuity plans in light of the outcomes of the system event and to ensure inclusion of digital risks. System event planned for 1st July 2025.	11.2	Chris Leach	Quarter 2 2025/26	Partial

Actions	Action Ref	Owner(s)	Timescale	Assurance Level
• Assurance of commissioned providers process to be enacted during 2025 in relation to cyber resilience and business continuity. Process being enacted.	11.1 11.3 11.6 11.8 11.10	Chris Leach	Quarter 3 2025/26	Partial
• D3B to ensure technical oversight of any ongoing or emergency risks, through technical design and/or any other associated sub groups- link into ICB/ICS Cyber Response Plan(s). Next D3B due 19th June 2025.	11.4	Chair of JUCD Cyber Security sub-group	Quarter 2 2025/26	Partial
• Alignment of learning from incidents processes between EPRR and Digital. Digital Leads sit on internal EPRR groups and learning captured as part of this.	11.5	Chris Leach	Completed June 2025	Complete
• Head of Digital & IG to liaise with Joint Chief Digital Officer to identify how to address this gap.	11.5	Ged Connolly-Thompson	Completed June 2025	Complete
• Embedding of skillsets within teams to understand and action the requirements within contract management around IG, EPRR and digital clauses. Working with ICB Delivery Group to embed cultural change.	11.10	ICB Executives	Quarter 3 2025/26	Partial
• DSPT return completion this year will show what contracts we have in place and what assurance we have of contracts. Incomplete Asset Register and lack of evidence.	11.7 11.9	ICB Executives / Information Asset Owners	Quarter 3 2025/26	Partial