ICB – Board Assurance Framework (BAF) Quarter 2 2024/25

Joined Up Care
Derbyshire

The purpose of the Derby and Derbyshire Integrated Care System is to:

1. Improve outcomes in population health and healthcare.

2. Tackle inequalities in outcomes, experience, and access.

3. Enhance productivity and value for money.

4. Help the NHS support broader social and economic development.

The 2024/25 Strategic Aims of Derby and Derbyshire Integrated Care Board are:

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

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

3. Reduce inequalities in health and be an active partner in addressing the wider determinants of health.

The key elements of the BAF are:
- A description of each Strategic Risk, that forms the basis of the ICB's risk framework
- Risk ratings – initial, current (residual), tolerable and target levels
- Clear identification of strategic threats and opportunities that are considered likely to increase or reduce the Strategic Risk
- Key elements of the risk treatment strategy identified for each threat and opportunity, each assigned to an executive lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate the three lines of defence: (1) **Management** (those responsible for the area reported on); (2) **Risk and compliance** functions (internal but independent of the area reported on); and (3) **Independent assurance** (Internal audit and other external assurance providers)
- Clearly identified gaps in the control framework, with details of planned responses each assigned to a member of the Senior Leadership Team (SLT) with agreed timescales.

Key to lead committee assurance ratings:

➤ Green = Assured: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity
  - no gaps in assurance or control AND current exposure risk rating = target OR
  - gaps in control and assurance are being addressed, in a timely way.

➤ Amber = Partially assured: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy

➤ Red = Not assured: the Committee is not satisfied that there is sufficient reliable evidence that the current risk treatment strategy is appropriate to the nature and/or scale of the threat or opportunity

This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take and which can then be provided to the Board in relation to each Strategic Risk and also to identify any further action required to improve the management of those

Risk scoring = Probability x Impact (P x I)

Impact		Probability				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost certain
5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5

Reference	Strategic risk	Responsible committee	Executive lead	Last reviewed	Target risk score	Previous risk score	Current risk score	Risk appetite/ risk tolerance score	Movement in risk score	Overall Assurance rating
SR1	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 upper tier Councils to delivery consistently safe services with appropriate levels of care.	Quality & Performance	Prof Dean Howells	02.10.2024	10	12	16	12	⬆	Partially assured
SR2	There is a risk that short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	Quality & Performance	Prof Dean Howells	03.10.2024	10	16	16	12	⬌	Partially assured
SR3	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.	Public Partnership Committee	Helen Dillistone	10.09.2024	9	12	12	12	⬌	Partially assured
SR4	There is a risk that the NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.4bn available funding.	Finance, Estates and Digital Committee	Keith Griffiths	18.09.2024	9	20	20	12	⬌	Partially assured
SR5	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.	People & Culture Committee	Lee Radford	04.11.2024	12	20	16	12	⬇	Partially assured
SR6	*Risk merged with SR5.*									
SR7	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.	Population Health & Strategic Commissioning Committee	Michelle Arrowsmith	24.09.2024	9	12	12	12	⬌	Partially assured
SR8	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	Population Health & Strategic Commissioning Committee	Dr Chris Weiner	25.09.2024	8	12	12	12	⬌	Partially assured
SR9	There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.	Population Health & Strategic Commissioning Committee	Michelle Arrowsmith	25.09.2024	12	16	16	12	⬌	Partially assured
SR10	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	Finance, Estates and Digital Committee	Andrew Fearn	12.09.2024	9	12	12	12	⬌	Partially assured

ICB – Board Assurance Framework (BAF)

Joined Up Care Derbyshire

Strategic Risk SR1 – Quality and Performance Committee

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.	Committee overall assurance level		Partially assured	
	ICB Lead: Prof Dean Howells, Chief Nursing Officer **ICB Chair :**Adedeji Okubadejo, Chair of Quality & Performance Committee		**System lead:** Prof Dean Howells, Chief Nursing Officer, Dr Robyn Dewis **System forum:** Quality and Performance Committee	**Date of identification:** 17.11.2022 **Date of last review:** 02.10.2024

Strategic risk (what could prevent us achieving this strategic objective)	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.	Risk appetite: target, tolerance and current score		Initial	Current	Target
16		**RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee** **12**	Strategic Risk 1 Current risk level — Tolerable risk level ···· Target risk level	**20**	**16**	**10**

Strategic threats (what might cause this risk to materialise)

1. Lack of timely data to improve healthcare intervention
2. Lack of system ownership and capacity by the Integrated Care Partnership (ICP) and County and City Councils
3. Ineffective Commissioning of services across Derby and Derbyshire
4. Risk to clinical quality and safety due to the significant financial constraints across all partners within JUCD

Impact (what are the impacts of each of the strategic threats)

1. No intelligence and data to support the improvement healthcare intervention
2. Lack of clarity of direction and expectations, with all parts of the system identifying their own role in achieving the objectives
3. Inability to deliver safe services and appropriate standards of care across Derbyshire
4. Inability to deliver safe services and appropriate standards of care within organisations or across JUCD

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 1 Lack of timely data to improve healthcare intervention	• Derbyshire ICS Integrated Quality and Performance Report has been refined and is reported and managed by the System Quality and Performance Committee monthly. These will highlight areas of significant concern. • System Deep Dives provide further assurance at the Quality and Performance Committee. Deep dives are identified where there is lack of performance/ or celebration of good performance • The Integrated Assurance and Performance Report has been developed and is reported to public ICB Board bimonthly. Specific section focuses on Quality. • Health inequalities programme of work supported by the strategic intent function of the ICS, the anchor institution and the plans for data and	1T1.1C 1T1.2C 1T1.3C 1T1.4C 1T1.5C	Intelligence and evidence are required to understand health inequalities, make decisions and review ICS progress. Plan for data and digital need to be developed further. Lack of real time data collections. Requirement for streamlining Data and Digital needs of all Partners (Including LA's). CQC unannounced visit to Radbourne Unit (DHCFT), resulted in Section 31 notice and restrictions on female admissions to wards 33 and 35.	• Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. • System Quality Group assurance to the Quality and Performance Committee and ICB Board. • System Quality Group assurance on System risks and ICB Risks. • Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. • Agreed ICB Quality Risk escalation Policy. • Risk Escalations from SQG to Q&P. • Quality and Safety Forum provides assurance into the System Quality Group and meets bi-monthly. This provides the detailed sense check of reporting.	1T1.1AS	The Integrated Assurance and Performance Report is in place and will continue to be developed further as reported to ICB Board.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	digital management. This reports to the PHSCC. • Agreed ICB Quality Risk Escalation Policy. • Risk Escalations from System Quality Group to Quality and Performance Committee. • Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023. • ICB and ICS Exec Teams in place. • Integrated Care Strategy in place and published. • Maternity surveillance from NHSE • Maternity surveillance is ongoing and being jointly led by Dean Howells and Nina Morgan (Regional Chief Nurse).			• Recovery Action Plan submitted at the LDA Mental Health Delivery Board. • Maternity Reporting into the Local Maternity and Neo natal System (LMNS). • Reporting against annual plan and operational plan through Q&P and Integrated Assurance and Performance Report which is reported to ICB Board. • Deep dive on Maternity to be undertaken at Quality & Performance Committee. • CQC Maternity Report at CRH and UHDB. • UHDB Maternity Care Assurance Report was presented to the ICB public meeting Jan 24. • ICB Board public meeting recorded and available in the public domain.		
Threat 2 Lack of system ownership and capacity by the Integrated Care Partnership (ICP) and County and City Councils	• Agreed System Quality infrastructure in place across Derbyshire • Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023. • Agreed System Quality and Performance Dashboard to include inequality measures • Agreed NHSE Core20PLUS5 Improvement approach to support the reduction of health inequalities. • ICB Board and Derbyshire Trusts approved and committed to the delivery of the Derbyshire ICS Green Plan. • Agreed Derby and Derby City Air Quality Strategy. • Integrated Care Strategy in place and published. • Derbyshire ICS Health Inequalities Strategy has been developed and woven into the ICS Strategy and has been approved by the ICP.			• Dr Robyn Dewis, Director of Public Health Derby City is the Chair of Health Inequalities Group across the System • Approved Integrated Care Partnership (ICP) Terms of Reference by the ICP and ICB Board. • ICP is now formally meeting in Public from February 2023. • County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. • Agreed Core20PLUS5 approach across Derbyshire. • Derbyshire ICS Health Inequalities Strategy has been developed and woven into the ICS Strategy and has been approved by the ICP.		
Threat 3 Ineffective Commissioning of services across Derby and Derbyshire	• 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. • Population Health Strategic Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions. • Robust system QEIA process for commissioning/ decommissioning schemes	1T3.2C	Increase Patient Experience feedback and engagement.	• Agreed ICS 5 Year Strategy in place • Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. • Population Health Strategic Commissioning Committee assurance to the ICB Board via the Assurance Report. • System Quality Group assurance to the Quality and Performance Committee and ICB Board.		

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All assurances are classified as positive assurance unless specified as a Negative Assurance (NA)

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	• Agreed targeted Engagement Strategy – to implement engagement element of Comms & Engagement strategy. • Robust Citizen engagement across Derbyshire and reported through Public Partnerships Committee. • Integrated Care Strategy in place and published. • Joint Forward Plan in place and now published.			• System Quality Group assurance on System risks and ICB Risks • Public Partnerships Committee Public assurance to ICB Board. • NHSE Assurance Reviews and Assurance Letters provide evidence of compliance and any areas of concern. • Winter Plan developed.		
Threat 4 Risk to clinical quality and safety due to the significant financial constraints across all partners within JUCD	• Robust system QEIA process for commissioning/ decommissioning schemes • Joint Forward Plan in place and now published and agreed with all JUCD partners. • Local Authority and ICB Public consultation processes where significant service change is planned due to system financial constraints.	1T4.1C 1T4.2C	A number of proposed schemes are currently paused due to the pre-election period. Introduction of Statistical Process Control Charts (SPCC) to system performance reporting.	• QEIA report to the Quality & Safety Forum with escalation to System Quality Group as appropriate. Mental Health LD&A Quality sub-group also receives the report with escalation to Mental Health LD&A Delivery Board. • JFP progress against delivery for am a quality and clinical safety perspective is via by the Integrated Quality Assurance report to Quality and Performance Committee.	1T4.1AS	Not currently using SPCC across the system to allow effective analysis of performance data to identify trends relating to quality and clinical safety.

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Actions to treat threat							
Threat	**Action ref no**	**Action**	**Control/ Assurance Ref No**	**Action Owner**	**Due Date**	**Has work started?**	**Committee level of assurance** (eg assured, partially assured, not assured)
							Committee/Sub Group Assurance	**Committee level of assurance**
Threat 1 -	1T1.1A	Development of Intelligence and dashboard to evidence Core20PLUS5 principles Following the ICB staff re-structure completion, a performance dashboard will be developed by the Business Intelligence Team. The concept has been formulated as the start of this. The integrated performance report will continue in its current state, whilst this development work progresses. Dashboard development has commenced and is a work in progress. As a result of the ICB staff re-structure, more analytical capacity is now available. The Core20 dashboard continues to be in development. This was paused with the focus of work going on to the Surveillance Report (Operation Periscope) as the CSU provides a population health dashboard on their RAIDR application which is available to all ICB and practice staff. Operation Periscope update to be presented at November 2024 System Quality Group.	1T1.1C 1T1.2C 1T1.3C 1T1.4C	Dr Chris Weiner	Quarter 4 2024/25	In progress	Population Health and Strategic Commissioning Committee November 2024 System Quality Group	Partially assured
	1T1.6A	The Integrated Assurance and Performance Report is in place and will continue to be developed further as reported to ICB Board. This is progressing, the first elements are in place, currently systemising the process. This is ongoing and any subsequent changes are reflected in the report. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to: - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report. Different strands of the framework are continuing to be developed and will combine to form part of a coherent strategy. This is continuing, the Task and Finish Groups are being stood up to cover the elements that need to be developed. The first draft of the 'Operation Periscope' product is expected by December 2024.	1T1.1AS	Michelle Arrowsmith	This will be a continuous process with key review points/dates. The next key date will be December 2024	In progress	Quality and Performance Committee, ICB Board, System Quality Group	Partially assured

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Actions to treat threat								
Threat	**Action ref no**	**Action**	**Control/ Assurance Ref No**	**Action Owner**	**Due Date**	**Has work started?**	**Committee level of assurance** (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	**Committee level of assurance**
	1T1.7A	Mental Health surveillance from NHSE; Mental health surveillance from ICB led by Dean Howells and Jo Hunter; ICB attendance at Derbyshire Healthcare NHS Foundation Trust Executive weekly oversight meeting; Monthly reporting to Quality and Performance Committee by Tumi Banda, Chief Nurse at Derbyshire Healthcare NHS Foundation Trust. The Trust now is now in NOF level 3, oversight through the ICB and NHSE. Work is underway on the exit criteria to de-escalate from NOF level 3.	1T1.5C	Prof Dean Howells	December 2024	In progress	• Quality and Performance Committee • Derbyshire Healthcare NHS Foundation Trust Executive weekly oversight meeting • Nursing and Quality Attendance at DHCFT CQC Exec oversight meeting • Nursing and Quality Attendance at DHCFT Quality and Safeguarding Committee • Clinical Quality Reference Group (CQRG) monthly	Partially assured
Threat 3	1T3.1A	Development of Patient Experience Plan The Patient Engagement Strategy is currently under review and the Patient Experience Plan is being incorporated the strategy going forward. A further joint away day with the Patient Experience team is also planned in order to discuss how we work closely together and part of that is what we need to reflect of their work in the Engagement Strategy. This will result in a joint strategy to be completed by January 2025.	1T3.2C	Prof Dean Howells	January 2025	In progress	System Quality Group Public Partnerships Committee	Partially assured
Threat 4	1T4.1A	Paused health and social care consultations and projects will re-commence post-election on 4th July 2024. The pause has been lifted on any engagement activity following the election.	1T4.1C	Helen Dillistone	August 2024	Completed	Public Partnership Committee	Fully assured
	1T4.2A	Work underway to develop Operation Periscope. Presentation at Quality and Performance Committee in June, update to be presented during Quarter 3 2024/25. ICB Board and Quality and Performance development sessions to be planned to support this work. Operation Periscope has commenced by the Business Intelligence Team. A Project Plan has been published with all core elements, further work is being undertaken to further enhance this. An Operation Periscope update to be presented at November 2024 System Quality Group.	1T4.4C 1T4.1AS	Chris Weiner	Quarter 3 2024	In progress	Quality and Performance Committee November 2024 System Quality Group	Partially assured

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Strategic Risk SR2 – Quality and Performance Committee

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.	Committee overall assurance level		Partially assured	
	ICB Lead: Prof Dean Howells, Chief Nursing Officer **ICB Chair :**Adedeji Okubadejo, Chair of Quality & Performance Committee		**System lead:** Prof Dean Howells, Chief Nursing Officer, Dr Robyn Dewis **System forum:** Quality and Performance Committee	**Date of identification:** 17.11.2022 **Date of last review:** 03.10.2024

Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	Risk appetite: target, tolerance and current score		Initial	Current	Target
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee **12**	 Strategic Risk 2 chart — Current risk level, Tolerable risk level, Target risk level, Apr-24 to Sep-24	**20**	**16**	**10**

Strategic threats (what might cause this risk to materialise)	Impact (what are the impacts of each of the strategic threats)
1. Lack of system ownership and collaboration 2. The ICS short term needs are not clearly determined 3. Lack of coordination across Derby and Derbyshire results in health outcomes and life expectancy improvements not being achieved	1. No intelligence and data to support the improvement healthcare intervention 2. Lack of clarity of direction and expectations, with all parts of the system identifying their own role in achieving the objectives 3. Inability to deliver safe services and appropriate standards of care across Derby and Derbyshire

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 1 Lack of system ownership and collaboration	• ICB and ICS Exec Teams in place • Agreed System Quality infrastructure in place across Derbyshire • System Committees are in place and established since July 2022. • Integrated Care Partnership (ICP) was established in shadow form and met in formally Public from February 2023. • ICP established and meeting regularly. • JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system. • Provider Collaborative Leadership Board in place overseeing Delivery Boards and other delivery groups. • System Delivery Boards in place - providing a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact.	2T1.1C 2T1.2C 2T1.3C 2T1.4C	Intelligence and evidence to understand health inequalities, make decisions and review ICS progress. In some cases, the 'scope' of System Delivery Board focus is not sufficiently broad enough to tackle the root cause of problems. Level of maturity of Delivery Boards and PCLB. Increasing maturity of the ICP/ICS/ICB	• Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. • System Quality Group assurance to the Quality and Performance Committee and ICB Board. • System Quality Group assurance on System risks and ICB Risks. • Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE • Consistent management reporting across the system to be agreed • NHS Executive Team established and functioning • NHSE Assurance Reviews and Assurance Letters provide evidence of compliance and any areas of concern. (EA) • Winter Plan commenced for 24/25 and	2T1.1AS	The Integrated Assurance and Performance Report is in place but will continue to be developed further as reported to ICB Board.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	• Agreed System Quality and Performance Dashboard to include inequality measures. • 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.			JFP submitted. • Quality sub group of MHLDA Delivery Board established. Regular Integrated Assurance report is in place and reported to the Delivery Board. • UEC Board are including Quality as a regular agenda item. • Children and Young Peoples Board are looking at the model of either Quality sub group or a regular agenda item. In line with the Chairs of the Delivery Groups now being Chaired by ICB Executives, the Associate Director of Mental Health, Learning Disability, Autism and Childrens Commissioning is currently undertaking a review of all Delivery Board sub-groups (This includes Quality and Performance).		
Threat 2 The ICS short term needs are not clearly determined	• Agreed ICS 5 Year Strategy sets out the short-term priorities • Agreed ICB Strategic Objectives • Integrated Care Partnership (ICP) was established in shadow form and met in formally Public from February 2023. • System planning & co-ordination group managing overall approach to planning • Agreed Commissioning Intentions in place • ICP Strategy now approved.	2T2.1C 2T2.2C	Commissioning to focus on patient cohorts, with measures around services to be put in place to support reduction of inequalities. Increase Patient Experience feedback and engagement.	• The ICB Board Development Sessions provide dedicated time to agree ICB/ ICS Priorities. • ICB Board agreement of Strategic Objectives • Quality and Performance BAF Operational Group - Regular review of the ICB BAF via established working group prior to reporting to Quality and Performance Committee.		
Threat 3 Lack of coordination across Derby and Derbyshire results in health outcomes and life expectancy improvements not being achieved	• Agreed NHSE Core20PLUS5 Improvement approach to support the reduction of health inequalities • Agreed System Quality & Performance dashboard to include inequality measures • County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. • Integrated Care Partnership (ICP) was established in shadow form and met in formally Public from February 2023. • Robust Citizen engagement across Derbyshire and reported through Public Partnerships Committee • Derbyshire ICS Health Inequalities Strategy has been developed and woven into the ICS Strategy and has been approved by the ICP.	2T3.3C	Alignment between the ICS and the City and County Health and Wellbeing Boards.	• County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. • Public Partnerships Committee Public assurance to ICB Board. • Derbyshire ICS Health Inequalities Strategy has been developed and woven into the ICS Strategy and has been approved by the ICP. • Winter Plan commenced for 24/25 and Joint Forward Plan submitted. • Showcase of Health Inequalities and wider Determinants of Health presented at November Quality & Performance Committee.	2T3.1AS	Public Health Summary Report to be developed and report into Quality & Performance Committee.

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Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1	2T1.1A	Develop the Intelligence and evidence to understand health inequalities A Quality Equality Impact Assessment is completed for all projects. •GetUBetter – MSK digital enabler to support patients to manage and prevent deterioration of conditions and ensure patients access the right local services at the right time. •Recap Health – Digital enabler secured to support Cardiac Rehab patients. •Digital Weight Management Programme – Offer of patient self-referral mechanism. •Virtual Wards – Digital enablement onboarded. SUS Outpatient data has the ability to identify F2F / virtual activity. The ICB (along with other system partners) is currently considering a Section 251 application to the Health Research Authority to enable the sharing of data across JUCD for population health management purposes. However, this requires agreement on a platform that will collate and distribute the data. The ICB is entering a proof of concept arrangement with NECS for their Axym project to assist in developing and assessing the Information Governance and Business Intelligence processes and requirements. This with focus upon two use cases – cancer and physical health checks for patients with a serious mental illness. A system decision has been made to move to a Federated Data Platform and this work continues.	2T1.1C	Dr Chris Weiner	Quarter 4 2024/2025	In progress	JUCD Data & Digital Board and subsequent sub groups/Population Health & Strategic Commissioning Committee	Partially assured
	2T1.3A	Provider Collaborative Leadership Board and System Delivery Boards. The final Deloitte report outlines integrated assurance and moving forward with System Delivery Boards and provider Collaborative Leadership Boards, to be triangulated and embedded. Head of Corporate Planning due to commence in role from mid-August and will work with the Director of Corporate Delivery on the outputs of the Deloitte report and the expansion to system development sessions.	2T1.2C 2T1.3C	Helen Dillistone	~~Quarter 1 2024/2025~~ Quarter 3 2024/2025	Commenced	ICB Board	Partially assured

Actions to treat threat								

Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
	2T1.4A	Annual Review of the Integrated Care Partnership to determine alignment and relationships between ICP, Health and Wellbeing Boards and the ICS. The review will be incorporated into the system Integrated Assurance work.	2T1.4C 2T1.3C	Helen Dillistone/ICP Chair	Quarter 3 2024/25	Commenced	Integrated Care Partnership	Partially assured
	2T1.5A	The Integrated Assurance and Performance Report is in place but will continue to be developed further as reported to ICB Board. This is continuing, the Task and Finish Groups are being stood up to cover the elements that need to be developed. The first draft of the 'Operation Periscope' product is expected by December 2024.	2T1.1AS	Michelle Arrowsmith	This will be a continuous process with key review points/dates. The next key date will be December 2024.	In progress	Quality and Performance Committee, ICB Board, System Quality Group	Partially assured
Threat 2	2T2.1A	Develop Patient Experience Plan The Patient Engagement Strategy is currently under review and the Patient Experience Plan is being incorporated the strategy going forward. A further joint away day with the Patient Experience team is also planned in order to discuss how we work closely together and part of that is what we need to reflect of their work in the Engagement Strategy. This will result in a joint strategy to be completed by January 2025.	2T2.1C 2T2.2C	Prof Dean Howells	January 2025	In progress	System Quality Group Public Partnerships Committee	Partially assured
Threat 3	2T3.2A	Alignment between the ICS and the City and County Health and Wellbeing Boards. A Local Government Association (LGA) facilitated workshop between Derby and Derbyshire Health and Wellbeing Boards and Integrated Care Partnership was held on 29th February 2024. The purpose of the development workshop was to develop a shared view of: • the ingredients required for success • the challenges and barriers we face • what we want to collectively achieve • the opportunities and actions to progress. In addition, the workshop aimed to improve alignment and clarification of relative roles, responsibilities and accountability. The detailed output of the workshop is currently being collated as well as proposed next steps.	2T3.3C	Dr Robyn Dewis	Work plan in development	Work plan in development	ICP, Health & Well Being Boards, ICB Board	Partially assured

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Actions to treat threat								
Threat	**Action ref no**	**Action**	**Control/ Assurance Ref No**	**Action Owner**	**Due Date**	**Has work started?**	**Committee level of assurance** (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	**Committee level of assurance**
	2T3.3A	Public Health Summary Report to be developed and report into Quality & Performance Committee. Population Health Core20 dashboard and a Surveillance Report being developed for the system. This second report covers various data from A&E to Waiting List, ambulance response times etc. Surveillance Report (Operation Periscope) has commenced by the Business Intelligence Team. A Project Plan has been published detailing all the core elements, further work is being undertaken to further enhance this.	2T3.1AS	Dr Chris Weiner	Quarter 3 2024/2025	In progress	Directors of Public Health meeting	Partially assured

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ICB – Board Assurance Framework (BAF)

Strategic Risk SR3 – Public Partnership Committee

Joined Up Care Derbyshire

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.	Committee overall assurance level	Partially assured		
	ICB Lead: Helen Dillistone, Chief of Staff **ICB Chair:** Richard Wright, Chair of Public Partnership Committee	**System lead:** Helen Dillistone, Chief of Staff **System forum:** Public Partnership Committee		**Date of identification:** 17.11.2022 **Date of last review:** 10.09.24

Strategic risk (what could prevent us achieving this strategic objective)	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.	Risk appetite: target, tolerance and current score		Initial	Current	Target
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee **12**	Strategic Risk 3 chart (Apr-24 to Sep-24): Current risk level 12, Tolerable risk level 12, Target risk level 9	**16**	**12**	**9**

Strategic threats (what might cause this risk to materialise)

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.

Impact (what are the impacts of each of the strategic threats)

1. Potential legal challenge through variance/lack of process.
2. Failure to secure stakeholder support for proposals.
3. inability to deliver the volume of engagement work required; risk of transformation delay due to legal challenge; reputational damage and subsequent loss of trust among key stakeholders.
4. Reduced credibility for the ICB's broader claims to place public views at the heart of decision-making.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 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.	• Agreed system Communications & Engagement Strategy. • Agreed targeted Engagement Strategy – to implement engagement element of C&E strategy. • 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. This is seen by PPC and HOSC. • Guidance available to support the application of the public involvement duty in service change, and assessment process. • Guidance available around consulting with the Health Overview and Scrutiny Committee.	3T1.1C 3T1.2C 3T1.3C 3T1.4C	All aspects of the Engagement Strategy need to continue to be developed and implemented, and then evaluated. All are in progress. Continue to advise providers on good PPI practice, especially around system transformation programmes. 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. Establishment of Lay Reference Group required to include diversity of the voice we hear in assurance processes.	• Senior managers have membership of IC Strategy Working Group to influence. • PPI assessment processes routinely reported to Public Partnership Committee. • PPI assessment processes routinely shared with Health Overview & Scrutiny Committees. • Comprehensive legal duties training programme for engagement professionals. • Public Partnership Committee assurance to ICB Board. • Public Partnership Committee Assurance to ICB Board on identified risks. • ePMO gateway structure ensures compliance with PPI process. • National Oversight Framework ICB	3T1.1AS 3T1.2AS 3T1.3AS	Evidence of tangible inputs and outputs aligned to key strategies and plans. Public Partnership Committee performance reporting in development. Assurance on skills relating to cultural engagement and communication across all JUCD partners. Confirmation of commissioner representation on the PPC.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	• Public Partnership Committee now established and identifying role in assurance of softer community and stakeholder engagement. • Clear understanding of duties in relation to NHS providers, including general practice. • Communications and Engagement Team leaders are linked with the emerging system strategic approach, including the development of place alliances. • Insight summarisation is informing the priorities within the strategy. • 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. These include Readers Panel, PPG Network, Patient and Public Partners, Derbyshire Dialogue, and Online Engagement Platform. • Insight Framework proof of concept now moving to results phase to inform how system acts on findings. • Developed Insight Library to house all insight available in the system, with the aim of sharing this with all system partners to aid decision making based on insight and prevent duplication. • Agreed gateway for PPI form on the ePMO system.	3T1.5C 3T1.6C 3T1.7C 3T1.8C 3T1.9C 3T1.10C 3T1.11C	Confirmation of commissioner representation on the PPC. Ongoing learning of skills relating to cultural engagement and communication across all JUCD partners, including health literacy approach. ePMO reporting system in development to complete PPI assessment connection with transformation programme. Insight Framework has been developed and its implementation will ensure that we have insight around what matters to people to feed into future strategic priorities. Coproduction Framework in development to embed, support, and champion co-production in the culture, behaviour, and relationships of the Integrated Care System, coproduced with a wide range of system partners. Evaluation Framework in development, to enable the ICB to continually examine public involvement practice and the impact this has on work, people, and communities. Definition on appraisal of five frameworks to support ongoing continuous improvement, in turn demonstrating how ICB acts on people's needs and lived experience to reduce inequalities in health and care provision.	annual assessment evidence and emerging CQC reviews. • Benchmarking against comparator ICS approaches.		
Threat 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.	• Agreed system Communications & Engagement Strategy, with ambitions on stakeholder relationship management. • 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	3T2.1C 3T2.2C 3T2.3C 3T2.4C	Development of system stakeholder communication methodologies understand and maintain/improve relationships and maximise reach. Systematic change programme approach to system development and transformation not yet articulated/live. Staff awareness of work of ICS and ICB programme, to enable recruitment of advocates for the work. Behaviour change approach requires	• NHS/ICS ET membership and ability/requirement to provide updates. • ePMO progression. • Public Partnership Committee Assurance to ICB Board on identified risks. • ePMO gateway structure ensures compliance with PPI process. • Benchmarking against comparator ICS approaches. • National Oversight Framework ICB annual assessment evidence and emerging CQC reviews.	3T2.1AS 3T2.2AS	Ability to articulate momentum behind coherent priorities and approach to delivering strategy, transformation and mitigation of financial challenge. Public Partnership Committee performance reporting in development.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
transparency around decisions being made in the ICB and enhance opportunities for collaboration.			development to support health management and service navigation. Proposal required for UECC Delivery Board and other areas to develop this, requiring resource.			
		3T2.5C	Communications and Engagement Strategy refresh required in 2024/25.			
Threat 3 The complexity of change required, and the speed of transformation, potential decommissioning and other cost improvements 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.	• Agreed system Communications & Engagement Strategy. • Agreed Guide to Public Involvement, now being rolled out to ICB and then broader system. • Public Partnership Committee established and identifying role in assurance of softer community and stakeholder engagement. • ePMO gateway process includes engagement assessment check • Training programme underway with managers on PPI governance requirements and process	3T3.1C 3T3.2C 3T3.3C	Systematic change programme approach to system development and transformation not yet articulated/live. Clear roll out timescale for transformation programmes. Communications and Engagement Strategy refresh required in 2024/25.	• Comprehensive legal duties training programme for engagement professionals. • PPI Governance Guide training for project/programme managers. • Public Partnership Committee assurance to ICB Board • ePMO progression. • Public Partnership Committee Assurance to ICB Board on risks. • ePMO gateway structure ensures compliance with PPI process. • National Oversight Framework ICB annual assessment evidence. • Establishment of ICB Procurement Group supports future planning and engagement timetable.	3T3.1AS 3T3.2AS	Strengthened connection between PHSCC and PPC business agendas. Forward plan of procurements required. Establish Procurement guidance related to patient and public involvement.
Threat 4 ~~The communications and engagement team are not sufficiently resourced to be able to engage with the public and local communities in a meaningful way.~~ The system does not adopt the ethos of the Insight or Co-Production Framework, public views do not routinely influence decisions and the power balance across the NHS system resides with decision-makers.	• Agreed system Communications & Engagement Strategy. • Insight Framework approach approved and pilots funded by Integrated Place Executive, and supported by Public Partnership Committee.	3T4.1C 3T4.2C 3T4.3C 3T4.4C 3T4.5C 3T4.6C 3T4.7C	ICB Board oversight and mandate. ICP oversight and mandate. Understanding of resourcing/sustainability of programme beyond pilot phase. Embedding of governance approach into system/ICB procedures. Monitoring of outcomes in line with other articulated threats on transformation programme. Insight Framework has been developed and its implementation will ensure that we have insight around what matters to people to feed into future strategic priorities. Coproduction Framework in development to embed, support, and champion co-production in the culture, behaviour, and relationships of the Integrated Care System, coproduced with a wide range of system partners.	• Programme of updates and presentations to seek consensus • To be developed during next phase of implementation as adoption of insight and co-production approaches into decision making processes are confirmed.	3T4.1AS 3T4.2AS	Evidence of tangible inputs and outputs aligned to key strategies and plans. Public Partnership Committee performance reporting in development. Insight Strategy in development.

Actions to treat threat								
Threat	**Action ref no**	**Action**	**Control/ Assurance Ref No**	**Action Owner**	**Due Date**	**Has work started? Update**	**Committee level of assurance** (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	**Committee level of assurance**
Threat 1	3T1.1A	Ongoing implementation of Engagement Strategy frameworks	3T1.1C 3T1.2C	Karen Lloyd	Ongoing through 24/25	Commenced	Public Partnership Committee	
		• Evaluation Framework – aligned to creation of Lay Reference Group and Performance Report	3T1.4C 3T1.10C	KL/ST	LRG launch and Performance Report agreement 30.9.24	Commenced – 3.7.23 and ongoing since		
		• Co-production Framework	3T1.9C	BF	July workshop converted into action plan 30.9.24	Commenced 2.7.24	Co-production development group – co-producing action plan based on workshop.	
		• Insight Framework	3T1.8C 3T4.3C 3T4.4C 3T4.5C 3T4.6C 3T4.7C	AK KL	Insight Strategy developed following pilots 30.10.24	Commenced 1.6.24		
		• Engagement Framework		ST	Board development session TBC	TBC		
		• Governance Framework	3T1.11C	Karen Lloyd	Ongoing roll out and implementation.	Commenced 2022	Public Partnership Committee	
	3T1.2A	Engagement Strategy Refresh	3T1.1C	Christina Jones/Karen Lloyd	Update following completion of other frameworks. 31.3.25	Commenced 2022	Communications & Engagement Team	
	3T1.3A	Assess current team skills in cultural engagement and communications, including channel assessment, and devise action plan to close gaps/implement training and development.	3T1.6C 3T1.3AS 3T2.1C		Following September PPC Dev Session 30.11.24	Commenced June 2024		
					Team Skills Audit and PDP 30.9.24	In progress		
					Community Profiles Pilot 30.9.24	Working Group Meeting 9.9.24. Initial pilot output for 30.9.24		
					Internal communications channels audit 30.9.24	Survey complete, devising action plan by 30.10.24.	Public Partnership Committee & Population Health and Clinical Commissioning Committee	
					External communications channels audit 30.9.24	Survey complete, action plan in development by 30.9.24		

4

Actions to treat threat									
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started? Update	Committee level of assurance (eg assured, partially assured, not assured)		
							Committee/Sub Group Assurance	Committee level of assurance	
	3T1.4A	Strengthen connection with ICB procurement governance timetables, key priorities and system transformation programme (ePMO)	3T1.2C 3T2.2C 3T3.2AS	Claire Warner/Karen Lloyd	Procurement Group membership and timeline – 30.9.24	Complete	Communications & Engagement Team	
	3T1.5A	Strengthen communications and engagement support to 2025 JFP development, with programme of public discussion to help inform.	3T1.1AS 3T2.2C	Christina Jones/Karen Lloyd	Programme launch – 30.9.24	Commenced – outline agreement with NHSET May 2024, delay to implementation due to election.	Public Partnership Committee	
	3T1.6A	Secure ICB commissioner representation on PPC.	3T1.5C 3T3.1AS	Sean Thornton	30.9.24	Not started.	Public Partnership Committee & Population Health and Clinical Commissioning Committee	
	3T1.7A	Strengthen assurance on PPI and Insight at PHSCC to ensure plans have public view embedded.	3T1.2C 3T1.3C 3T2.4C	Sean Thornton	31.10.24	Not started.		
Threat 2	3T2.1A	Revision of Communications Strategy, to incorporate prior work on stakeholder strategy and take account of internal & external communications surveying.	3T2.1C 3T2.5C 3T2.1AS 3T3.3C	Christina Jones	31.10.24	Commenced. Align to internal and external communications surveys. 30.10.24.	Public Partnership Committee Executive Team	Partially Assured
	3T2.2A	Continue to align with ePMO and other governance processes to embed PPI assessment processes	3T1.7C	Karen Lloyd	Ongoing	Ongoing	Public Partnership Committee	
	3T2.3A	Associated actions 3T1.4A, 3T1.5A						
Threat 3	3T3.1A	Establish the role of the Communications and Engagement Team in the work of the Prevention and Health Inequalities Board to identify priorities.	3T1.1AS 3T3.1C	Sean Thornton	30.9.24	Commenced 21.6.24	Communications and Engagement Team	Partially Assured
	3T3.2A	Implement scoping exercise across system/ICB delivery boards and other groups to establish C&E work programme and capacity requirements.	3T1.2C 3T1.3C 3T1.7C 3T3.2C 3T3.1AS 3T2.3C	Sean Thornton, Karen Lloyd, Christina Jones	30.09.24	Commenced June 2024. Work underway to align with Transformation Coordinating Group and system communications leads.	Public Partnership Committee	
		Associated actions 3T1.4A, 3T1.5A						

Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started? Update	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 4	3T4.1A	Secure ICB Board Development session on insight strategy to ensure oversight and mandate.	34T.1C 3T4.1AS 3T4.2AS 3T2.3C 3T2.2AS	Helen Dillistone	31.10.24	Not started.	ICB Board	Not assessed (new threat)
	3T4.2A	Secure ICP agenda item on insight framework and approach	3T4.2C	Richard Wright	17.04.24	Complete.	Integrated Care Partnership	
	3T4.3A	Resource assessment undertaken to understand sustainability of insight framework and pilots	3T4.3C 3T4.4C 3T4.5C 3T4.6C	Karen Lloyd	31.12.24	Not started. Aligned to action 3T1.1A Insight Framework.	Public Partnership Committee Integrated Care Partnership Executive Team	
	3T4.4A	Assess transformation programme delivery and associated use of insight to inform plans Associated action 3T1.7A	3T1.7C 3T1.8C	Karen Lloyd	31.3.25	Not started.	Public Partnership Committee	

ICB – Board Assurance Framework (BAF)

Strategic Risk SR4 – Finance, Estates and Digital Committee

Joined Up Care Derbyshire

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.	Committee overall assurance level		Partially assured	
	ICB Lead: Keith Griffiths, Chief Finance Officer **ICB Chair:** Jill Dentith, Finance, Estates and Digital Committee Chair		**System lead:** Keith Griffiths, Chief Finance Officer **System forum:** Finance, Estates and Digital Committee	**Date of identification:** 17.11.2022 **Date of last review:** 18.09.2024

Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.4bn available funding.	Risk appetite: target, tolerance and current score		Initial	Current	Target
20		**RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee** 12	Strategic Risk 4 chart (Current risk level ~20, Tolerable risk level ~12, Target risk level ~9, Apr-24 to Sep-24)	16	20	9

Strategic threats (what might cause this risk to materialise)

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 break even 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

Impact (what are the impacts of each of the strategic threats)

1. Unable to meet financial plan / return to sustainable financial position. Severe cash flow issues and additional cost of borrowing
2. Increasing bed occupancy to above safe levels and poor flow in/out of hospital
3. Provider performance levels drop and costs increase
4. Any material shortfall in funding means even with efficiency and transformation and structural change there could still be a gap to breakeven, whilst also preventing any investment in reducing health inequalities and improving population health
5. Allocations received by the ICB do not recognise the breadth and location of services delivered by Providers

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 1 Rising activity needs, capacity issues, and availability and cost of workforce	• Given the scale of the challenge there is no single control that can be put in place to totally mitigate this risk now. • Detailed triangulation of activity, workforce and finances in place • Provider Collaborative overseeing 'performance' and transformation programmes to deliver improvement in productivity	4T1.1C 4T1.2C 4T1.3C 4T1.4C 4T1.5C	New Workforce and Clinical Models Plan. Triangulated activity, workforce, and financial plan. Do not understand the low productivity to address the clinical workforce modelling. Review Value Weighted Activity (VWA) target set for the system and benchmark this against other systems. Do not have the management processes in place to deliver the plans	• Financial data and information is trusted but needs further work to translate into a sustainable plan. Workforce planning is in its infancy and improving but is not yet robust enough to be fully triangulated with demand, capacity, and financial plans. • Five-year financial plan has been prepared to accelerate and influence change. • Operational Plan and strategic plan being agreed at Board level. • Integrated Assurance and Performance Report.	4T1.1AS	The Integrated Assurance and Performance Report is in place and will continue to be developed further as reported to ICB Board.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
		4T1.6C	and level of productivity / efficiency required. The integrated assurance and performance report needs to be developed further to triangulate areas of activity, workforce, and finance.			
Threat 2 Shortage of out of hospital provision across health and care impacts on productivity levels	• Not aware of effective controls now, and the solution requires integrated changes across social care and the NHS • Collaborative escalation arrangements in place across health and care to ensure maximum cover out of hospital and flow in hospital is improved. • Programme delivery boards for urgent and elective care review	4T2.1C 4T2.2C 4T2.3C 4T2.4C 4T2.5C	National shortage in supply of out of hospital beds and services for medically fit for discharge patients prevents full mitigation. New Workforce strategy and Clinical Model required, alongside clear priorities for improving population health. Triangulated activity, workforce, and financial plan. Do not fully understand the low productivity levels and the opportunities to improve via the clinical workforce. Review Value Weighted Activity (VWA) target set for the system and benchmark this against other systems.	• Integrated assurance and performance report and tactical responses agreed at Board level. Assurances for permanent, long-term resolution not available. • National productivity assessment tool now available to assist all systems across the country, which will be used to influence 24/25 planning and delivery.(EA)	4T2.1AS	The Integrated Assurance and Performance Report is in place and will continue to be developed further as reported to ICB Board.
Threat 3 The scale of the challenge means break even can only be achieved by structural change and real transformation. failure to deliver against plan and/or to transform services	• The CIP and Transformation Programme is not owned by leads, managed, implemented, and reported on for Finance to build into the system financial plan. • EPMO system has been established and the System is committed to its use for 24/25 • EPMO has list of efficiency projects only that are not developed to a level where the financial impact can be assured. • Long term national funding levels are insufficient and uncertain, meaning despite radical improvements in efficiency and structural, transformational change, a financial gap to breakeven will remain. • Development of Financial Sustainability Board to understand and alleviate the financial challenges.	4T3.2C 4T3.3C 4T3.4C 4T3.5C	Ownership of system resources held appropriately. The EPMO System is not fully owned and managed to make the savings required. Programme delivery boards need to refocus on delivering cash savings as well as pathway change. The provider collaborative needs to drive speed and scope through the programme delivery boards	• Reconciliation of financial ledger to EPMO System. • SLT monthly finance updates provided – including recalibration of programme in response to emerging issues. • Finance and Estates Committee oversight. • Weekly system wide Finance Director meetings focussed on long term financial stability, with real evidence of effective distributive leadership and collegiate decision making.		

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Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 4 National funding model does not reflect clinical demand and operational / workforce pressures	• National political uncertainty alongside national economic and cost of living crisis means long term, stable and adequate financial allocations are unlikely to emerge in the short to medium term	4T4.1C	No assurance can be given	• All opportunities to secure resources are being maximised, alongside which a strong track record of delivery within existing envelopes is being maintained. This should give assurance regionally and nationally. • Executive and non-executive influencing of regional and national colleagues needs to strengthen, and a positive, inspiring culture maintained across the local health and care system. • Development of governance surrounding the commitment of secured resources for new investments.	4T4.1AS	No assurance can be given
Threat 5 National funding model does not recognise that Derbyshire Providers receive £900m from other ICBs	• ICB allocations are population based and take no account of the fact that UHDB manages an Acute and two Community hospitals outside the Derbyshire boundary added to this EMAS only provide 20% of their activity in Derbyshire. Regional and National teams have been made aware of this anomaly and recognise this disadvantages Derbyshire.	4T5.1C	No assurance can be given	• The impact of this will continue to be calculated and will be demonstrated when appropriate.	4T5.1AS	No assurance can be given

Actions to treat threat							
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1	**4T1.1A**	Development of Triangulated Activity, Workforce and Financial plan ready for March 25 New appointment to Director of Finance will work with planning to develop this. Financial Sustainability Group continues to oversee progress of efficiency progress for the wider system. Financial reset has given further clarity over both workforce and operational performance with the finances. Each organisation within the system has been asked to produce a 5 year Financial Sustainability plan.	4T1.1C 4T1.2C 4T1.6C	Michelle Arrowsmith	Subject to quarterly review – next review will be December 2024	In progress	Finance/Performance/Quality Committees ICB Board Financial Sustainability Group	Partial assurance given the transparency and debate at Board level, recognising the socio-economic environment the health and care sectors are currently navigating and the scale of the tasks that lie ahead – both operationally and culturally.
	4T1.2A	Review Value Weighted Activity (VWA) target set for the system and benchmark this against other systems. VWA can be seen as an indicator of productivity and early information for quarter 1 suggests that there is currently	4T1.1C 4T1.4C	Lee Radford, Keith Griffiths	Subject to quarterly review – September 2024	In progress	People and Culture/Finance Estates and Digital Committee	

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Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
	4T1.3A	overperformance against plans, however, this will need to be validated. Develop management processes to deliver plans and level of productivity required Implementation and maintenance of the e-PMO to track efficiencies. E-PMO now consistently populated with efficiencies including productivity and CIP. Plans to set up a productivity sub-group of the ICB Finance, Estates and Digital Committee. Providers working on productivity plans as part of 24/25 planning in addition to Delivery Board/PCLB plans. Delivery boards looking at efficiency and productivity in addition to internal provider actions e.g. planned care board and Get it right first time (GIRFT). Work has been done to look at 'value' across all Delivery Boards. Pipeline schemes/opportunities being recorded on ePMO, workshops with trust and programme teams to develop 2024/2025 plans. Discussions are taking place within SFEDC and sub groups about how to further develop system approach to productivity.	4T1.1C 4T1.3C 4T1.5C	Chair of Provider Collaborative/ Tamsin Hooton/Provider DOFs	Subject to quarterly review – September 2024	In progress	PCLB/ Finance, Estates and Digital Committee	
	4T1.4A	Development of Integrated Assurance and Performance Report to ensure Board expectations are met The Integrated Assurance and Performance Report is in place and will continue to be developed further as reported to ICB Board. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to: - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report. Different strands of the framework are continuing to be developed and will combine to form part of a coherent strategy. This is continuing, the Task and Finish Groups are being stood up to cover the elements that need to be developed.	4T1.1C 4T1.1AS	Executive Team	This will be a process with key review points/dates. The next key date will be December 2024	In progress	ICB Board	

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Actions to treat threat

Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee/Sub Group Assurance	Committee level of assurance
							Committee level of assurance (eg assured, partially assured, not assured)	
Threat 2	**4T2.1A**	Develop the workforce planning approach to inform the 2024/25 plan and future projections For example, a Fragile Service Board was established in 24/25 to mitigate current and future service risks e.g. hyper acute stroke workforce.	4T1.2C 4T2.2C 4T2.4C	Lee Radford / Chris Weiner	Subject to monthly review, next review September 2024	In progress	People and Culture Committee Provider Collaboration Leadership Board Fragile Service Board	Partial assurance given the transparency and debate at board level, recognising the socio-economic environment the health and care sectors are currently navigating and the scale of the tasks that lie ahead – both operationally and culturally
	4T2.2A	Development of Triangulated Activity, Workforce and Financial plan Financial Sustainability Group continues to oversee progress of efficiency progress for the wider system. Financial reset has given further clarity over both workforce and operational performance with the finances. Each organisation within the system has been asked to produce a 5 year Financial Sustainability plan. This work will link with the development of the system underlying position and initiation of plans for 2025/26.	4T2.1C 4T2.3C	Executive Team	Subject to quarterly review – December 2024	In progress	People and Culture Committee/ Finance Estates and Digital Committee	
	4T2.3A	Review Value Weighted Activity (VWA) target set for the system and benchmark this against other systems. VWA can be seen as an indicator of productivity and early information for quarter 1 suggests that there is currently overperformance against plans, however, this will need to be validated.	4T2.1C 4T2.5C	Executive Team/Michelle Arrowsmith	Subject to quarterly review – September 2024	In progress	People and Culture/Finance Estates and Digital Committee	
Threat 3	**4T3.1A**	Develop and embed EPMO System The system e-PMO continues to develop and increasingly is the single source of information on efficiency plans. Work to further develop the e-PMO functionality and ease of use is ongoing, led via Director of PMO and Improvement, including enhanced analysis and reporting by type of scheme. Commitment to review the ePMO system in Q3 - Q4, scope of review agreed.	4T3.3C 4T3.4C 4T3.5C	Tamsin Hooton	Q4 2023/24 substantially completed Q4 2024/2025	In progress	Finance, Estates and Digital Committee / PCLB NHS Executive Group	Partial assurance through evidence of improving reporting and accountability, although real delivery is yet to be seen
	4T3.3A	Development of a consistent approach to measuring productivity is ongoing. Benchmarking work on corporate efficiencies, work underway on people supply, digital and procurement. Work to identify additional opportunities for savings underway. Procurement, HR and digital are current priority workstreams within corporate efficiencies.	4T3.2C	Tamsin Hooton	Quarter 3 2024/2025	In progress	Delivery and Trust Boards, PCLB, SFEDC, System PMO Leads Group	Partially assured

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Actions to treat threat								
Threat	**Action ref no**	**Action**	**Control/ Assurance Ref No**	**Action Owner**	**Due Date**	**Has work started?**	**Committee level of assurance** (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	**Committee level of assurance**
		There are plans to establish a sub group of SFEDC on productivity. Work on 'value' opportunities, supported by Regional analytics team has also been completed (end of Q3).		Keith Griffiths	Quarter 3 2024/2025	Commenced	Finance, Estates and Digital Committee	
Threat 4	**4T4.1A**	National Allocations unclear. Some residual 2024/25 issues are being addressed with NHSE.	4T4.1C 4T4.1AS	Executive Directors / NEMs	Subject to quarterly review – September 2024	In progress	SFEDC	Not assured
Threat 5	**4T5.1A**	The ICB will continue to lobby the Regional and National teams.	4T5.1C 4T5.1AS	Keith Griffiths	Subject to quarterly review/on-going – September 2024	In progress	SFEDC	A significant change in allocation policy at National level will need to take place to rectify this issue.

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ICB – Board Assurance Framework (BAF)

Joined Up Care Derbyshire

Strategic Risk SR5 – People and Culture Committee

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.	Committee overall assurance level	Partially assured	
	ICB Lead: Lee Radford, ICB Chief People Officer **ICB Chair:** Margaret Gildea, Chair of People & Culture Committee	**System lead:** Lee Radford, ICB Chief People Officer **System forum:** People and Culture Committee	**Date of identification:** 17.11.2022 **Date of last review:** 04.11.2024

Strategic risk (what could prevent us achieving this strategic objective)	New risk description: 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.	Risk appetite: target, tolerance and current score		Initial	Current	Target
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee. **14**	Strategic Risk 5 chart (Apr-24 to Sep-24): Current risk level ~20, Tolerable risk level ~16, Target risk level	**20**	**16**	**14**

Strategic threats (what might cause this risk to materialise)	**Impact** (what are the impacts of each of the strategic threats)
1. Current system financial position makes the current workforce model unsustainable. 2. Lack of system alignment between activity, people and financial plans. 3. 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. 4. 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.	1. Workforce model developed to meet system finances as opposed to population need. 2. There is an under supply of people to meet the activity planned and the funding available. 3. Increased sickness absence, workforce turnover, and changes in attitudes to work life balance post covid are leading to gaps in the staffing required to deliver services. 4. People going to better paid jobs in other sectors, which means that patients cannot be discharged from hospital due to lack of care packages, causing long waiting times in the Emergency pathways and poorer quality of care.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 1 Current system financial position makes the current workforce model unsustainable.	• Organisational vacancy controls in place. • Agency Reduction plan and steering group meetings in place. • System workforce plan developed and in place and monitored.	5T1.3C	• Workforce implications of Transformation programmes including CIP not fully understood.	• 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. • Approved System Workforce plan. • 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	5T1.1AS	Limited information on social care, VCFSE and local authority sectors workforce plans, costs and risks that would provide a full system perspective.
Threat 2 Lack of system alignment between activity, people and financial plans.	• An Integrated planning approach has been agreed across the system covering finance, activity and workforce. • Agreed System level SRO for Workforce Planning supported by Workforce Strategy and Planning Associate Director. • The System People and Culture Committee provides oversight of workforce across the system.	5T2.3C	• Some inconsistencies in recording of workforce financial costs in system workforce plan resulting in increased workforce costs but static WTEs.	• Monthly monitoring of workforce plan position including temporary staffing alongside pay bill position. • Approved System Workforce plan • 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 which includes workforce.	5T2.1AS	Work is progressing to develop an integrated performance assurance report which includes Quality, Performance, Workforce and Finance. Limited information on social care, VCFSE and local authority sectors workforce plans, costs and risks that would provide a fuller system perspective.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	• Increased workforce intelligence aligned to financial costs are continually improving. • Improved workforce planning principles for 25/26 developed with finance and workforce teams.					
Threat 3 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.	• A Comprehensive staff wellbeing offer is in place and available to Derbyshire NHS and local authority ICS Employees from each provider organisation. • Engagement and Annual staff opinion surveys are undertaken across the NHS Derbyshire Providers and ICB. • The System People and Culture Committee provides oversight of workforce across the system. • Enhanced Leadership Development offer to support Managers and promoting Health and Wellbeing for NHS providers	5T3.3C	• The Leadership Development offer is not yet fully embedded in each organisation. • Independent social care providers and VCFSE sectors have variable health and well being offers.	• Monthly monitoring of absence. • People and Culture Committee assurance to the Board via the ICB Board Assurance. • Health Assessments continue to provide impact and now embedded within People Services to support long-term sickness within NHS and Local Authority providers.	5T3.1AS	Work is progressing to develop an integrated performance assurance report which includes Quality, Performance, Workforce and Finance. Limited information on social care, VCFSE and local authority sectors workforce plans, costs and risks that would provide a fuller system perspective.
Threat 4 Employers in the care sector cannot attract and retain sufficient numbers of staff to enable optimal flow of service users through the pathways and the scale of vacancies across health and care and some specific professions.	• Promotion of social care roles as part of Joined Up Careers programme.. • Workforce Partnership Group established with responsibility for two of the ten People Functions - Workforce Supply, Social and Economic Development - with a focus towards voluntary, primary and social care workforce as agreed with the Integrated Care Partnership.	5T4.1C 5T4.2C 5T4.3C	• More work required to understand how the NHS can provide more support to care sector employers. • Lack of Workforce representation on the ICP. • Insufficient connection with People and Culture and the ICP.	• 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.	5T4.1AS	Lack of inclusive talent management and succession planning strategies and processes across the system that identifies succession planning risks. Lack of visibility of top 10 system hard to recruit to posts across all sectors. No defined talent plan or pipeline to support fragile services workforce challenges across the system. Limited information on social care, VCFSE and local authority sectors workforce plans, costs and risks that would provide a fuller system perspective.

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ICB – Board Assurance Framework (BAF)

Actions to treat threat.							
Threat	**Action ref no**	**Action**	**Control/ Assurance Ref No**	**Action Owner**	**Due Date**	**Has work started?**	**Committee level of assurance** (eg assured, partially assured, not assured)
							Committee/Subgroup Assurance / **Committee level of assurance**
Threat 1	5T1.2A	Quantify Workforce implications of Transformation programmes including CIP in conjunction with Provider Collaborative Board.	5T1.2C	Sukhi Mahil/ Tamsin Hooton	Q1 2025	Planning Commenced	People & Culture Committee Provider Collaborative Board — Partially assured.
	5T1.3A	Scoping of system agency at Trust level use commenced for review at Agency Reduction Steering Group, aligned to the requirement to end the use of all Off-Framework agencies by 01 July 2024.	5T1.3C	Sukhi Mahil	Q3 2024	In progress	People & Culture Committee — Partially assured.
	5T1.4A	All off-framework use must be signed off at Chief Executive level or through a designated deputy.	5T1.1AS	Sukhi Mahil	Q3 2024	In progress	People & Culture Committee — Partially assured.
Threat 2	5T2.3A	Develop the workforce planning approach to inform the 2025/26 plan and future projections.	5T2.3C 5T2.1AS 5T2.2AS	Sukhi Mahil	Q3 2024/25	In progress	People & Culture Committee — Partially assured.
Threat 3	5T3.1A	To review NHS Staff and Pulse Survey feedback and make recommendations for focused staff cultural and wellbeing initiatives to retain our people.	5T3.3C	Tracy Gilbert	In progress from Q3 2024/25, subject to quarterly review	In progress	People & Culture Committee — Partially assured.
		To develop system OD strategy to improve culture, welling being and inclusion.	5T3.3C	Tracy Gilbert	March 2025	In progress	People & Culture Committee — Partially assured.
Threat 4	5T4.1A	Develop a One Workforce Strategy which delivers a sustainable workforce pipeline.	5T4.1C 5T4.2C 5T4.3C	Lee Radford/Sukhi Mahil Susan Spray	October 2025	In progress	People & Culture Committee — Partially assured.
		Continue to develop system wide recruitment campaigns to meet demand for health and care across Derbyshire.	5T4.1C 5T4.2C 5T4.3C	Susan Spray	System Recruitment campaigns planned as a rolling programme.	In progress	People & Culture Committee — Partially assured
		Build better workforce intelligence of social care, VCSFE and local authority sectors to give a more informed workforce position across the system.	5T4.1C 5T4.2C 5T4.3C	Lee Radford/Sukhi Mahil	March 2025	In progress	People & Culture Committee — Partially assured
		To develop a system talent management and succession planning approach to develop talent opportunities to attract and retain our people.	5T4.3C	Tracy Gilbert	April 2025	In progress	People & Culture Committee — Partially assured
		Develop anchor relationships with local HEI's and FEI's to develop strategic workforce pipelines.	5T4.1C 5T4.2C 5T4.3C	Susan Spray	March 2025	In progress	People & Culture Committee — Partially assured

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ICB – Board Assurance Framework (BAF)

Strategic Risk SR7 – Population Health and Strategic Commissioning Committee

Joined Up Care Derbyshire

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.	Committee overall assurance level		Partially assured	
	ICB Lead: Michelle Arrowsmith, Chief Strategy and Delivery Officer **ICB Chair:** Richard Wright, Chair of PHSCC		**System lead:** Michelle Arrowsmith, Chief Strategy and Delivery Officer **System forum:** Population Health and Strategic Commissioning Committee	**Date of identification:** 17.11.2022 **Date of last review:** 24.09.2024

Strategic risk (what could prevent us achieving this strategic objective)	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.	Risk appetite: target, tolerance and current score	Initial	Current	Target
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee **12**			

Strategic Risk 7 chart — y-axis 0 to 14. Current risk level 12 (solid blue line); Tolerable risk level 9 (orange dashed); Target risk level (dotted). Months Apr-24 to Sep-24.

Legend: — Current risk level   – – Tolerable risk level   ····· Target risk level

Initial: **12**   Current: **12**   Target: **9**

Strategic threats (what might cause this risk to materialise)	Impact (what are the impacts of each of the strategic threats)
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.	1. System partners interpret aims differently resulting in reduced focus or lack of co-ordination. 2. System partners may be required to prioritise their own organisational response ahead of strategic aims. 3. If the system does not think and act as one system, support is less likely to be there to achieve strategic aims. 4. Individual boards to take decisions which are against system aims.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Gap Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Gap Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 1 Lack of joint understanding of strategic aims and requirements of all system partners.	• Strategic objectives agreed at ICB Board; dissemination will occur via Board members who represent system partners. • ICB and ICS Exec Teams in place • JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system. • System Delivery Boards in place - providing a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact • 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.	7T1.1C 7T1.2C 7T1.3C 7T1.4C	In some cases, the 'scope' of System Delivery Board focus is not sufficiently broad enough to tackle the root cause of problems and thus there is an issue that system partners are crowded out from influencing the business of the Board. Level of maturity of Delivery Boards Values based approach to creating shared vision and strong relationships across partners in line with population needs Scoping, baselining, strategic overview, and solution choice to be carried out to ensure right solution is adopted to fit the business problem	• Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE • PHSCC assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. • Audit and Governance committee oversight and scrutiny • Board Assurance Framework • Internal and external audit of plans (EA) • Health Oversight Scrutiny Committees • ICB Strategic objectives and strategic risks • Delivery Highlight and Escalation Report and Transformation report shared with ICB Finance, Estates Committee and Digital Committee • System Delivery Board agendas and minutes	7T1.1AS 7T1.2AS	The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board. Consistent management reporting across the system to be agreed

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Gap Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Gap Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	• 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) • 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 • Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023.	7T1.5C	Understand impact of changes, how they support operational models, how best value can be delivered, and prioritised.	• Provider Collaborative Leadership Board minutes • Health and Well Being Board minutes • ICB Scheme of Reservation and Delegation • Agreed process for establishing and monitoring financial and operational benefits • GPPB proposal for future operating model and funding planned for ICB Board discussion in April 23. • 2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP. • Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published		
Threat 2 Demand on organisations due to system pressures/restoration may impact ability to focus on strategic aims.	**As above and:** • System performance reports received at Quality & Performance Committee will highlight areas of concern. • ICB involvement in NOF process and oversight arrangements with NHSE. • As above – 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	7T2.2C	Level of maturity of Delivery Boards	• NHSEI oversight and reporting (EA) • Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. • System Quality Group assurance to the Quality and Performance Committee and ICB Board. • System Quality and Performance Report • Monthly reports provided to ICB/ ICS Executive Team/ ICB Board and NHSE • Measurement of relationship in the system: embedding culture of partnership across partners • Coproduction • Workforce resilience • Demand in the system • Audit and Governance Committee oversight and scrutiny • Board Assurance Framework • 2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP. • Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published	7T2.1AS 7T2.2AS	The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board. Consistent management reporting across the system to be agreed.
Threat 3 Time for system to move more significantly into "system think".	• SOC/ICC processes – ICCs supporting ICB to collate and submit information • As above – GPPB and LMC both provide some resourced 'headspace'	7T3.1C	As above, extent of operational pressures and time required to focus on reactive management.	• Daily reporting of performance and breach analysis – identification of learning or areas for improvement • Measurement of relationship in the	7T3.1AS	The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board.

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	• 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			system: embedding culture of partnership across partners • Resilience of OCC in operational delivery including clinical leadership • Coproduction • Workforce resilience • Demand in the system • NHSE oversight and daily reporting (EA) • 2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP. • Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published		
Threat 4 Statutory requirements on individual organisations may conflict with system aims.	• Strategic objectives agreed at ICB Board; dissemination will occur via Board members who represent system partners. • ICB and ICS Exec Teams in place • JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system. • System Delivery Boards in place - providing a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact • 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. • 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	7T4.1C 7T4.2C 7T4.3C 7T4.4C 7T4.5C	Process to ensure consistent approach is adopted to share outputs from ICS and ICB Exec team meetings. Lack of process to measure impact of agreed actions across the system. Prolonged operational pressures ahead of winter and expected pressures to continue / increase. Level of maturity of Delivery Boards System Oversight of Individual boards decisions which may be against system aims.	• Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE • Audit and Governance committee oversight and scrutiny • ICB Strategic objectives and strategic risks • System Delivery Board agendas and minutes • Provider Collaborative Leadership Board minutes • Health and Well Being Board minutes • Measurement of relationship in the system: embedding culture of partnership across partners • Coproduction • 2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP. • Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published		

Actions to treat threat

Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1	7T1.1A	Produce and embed the use of a universal prioritisation framework to guide resource allocation decisions. *(Also 7T3.1A).* This is being carried out as part of the development of the Joint Forward Plan implementation and 24/25 operational planning. This has commenced and is underway, currently being developed as part of the Joint Forward Plan refresh. This work is continuing and will be developed as part of the planning for 2025/2026. As part of the Executives System Planning Group, a System Planning Operational Task and Finish Group has been established and a draft for first review is expected in October/November 2024.	7T1.1C 7T1.3C 7T1.4C 7T1.5C	Michelle Arrowsmith	November 2024	In progress	PHSCC	Partially Assured
	7T1.2A	Development of Integrated Assurance and Performance Report to ensure Board expectations are met. *(Also 7T3.2A).* This is progressing, the first elements are in place, currently systemising the process. This is ongoing and any subsequent changes are reflected in the report. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to: - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report. Different strands of the framework are continuing to be developed and will combine to form part of a coherent strategy. This is continuing, the Task and Finish Groups are being stood up to cover the elements that need to be developed. The first draft of the 'Operation Periscope' product is expected by December 2024.	7T1.1AS	Chris Weiner	Process with key review points/dates. The next key date will be December 2024	Reported to Board Bi monthly	ICB Board	Partially Assured
	7T1.3A	Delivery Boards to develop a process to share decisions and challenge actions enhancing transparency and shared understanding of impact. TCG has developed a benefits realisation approach to track benefits across Delivery Boards to develop a process to share	7T1.2C	Tamsin Hooton	Quarter 4 2024/25	In progress	TCG/System Planning Group	Partially assured

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Threat	**Action ref no**	**Action**	**Control/ Assurance Ref No**	**Action Owner**	**Due Date**	**Has work started?**	**Committee level of assurance** (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	**Committee level of assurance**
		decisions enhancing transparency and shared understanding of impact. Benefits realisation and triangulation has been embedded in planning process for 24/25 but there is more work to do to fully complete this piece of work. Impact assessment of transformation plans undertaken in month 1, indicates incomplete identification of impact and benefits across programme as whole, further work being led by TCG and PMO Director. Work on a more comprehensive and quantified benefits approach is continuing, UEC and 'doing hubs once' programmes are being prioritised in the first instance. Aim to develop this further in Q3/Q4 to support 25/26 planning. Training and support on using data for measurement to be offered to key transformation teams Q3.						
Threat 2	7T2.2A	Delivery Boards to develop a process to share decisions and challenge actions enhancing transparency and shared understanding of impact. Workshop session held 27/9/23, to agree a process to develop programme plans in a co-ordinated way, proposal for a system wide benefits realisation approach to understand impact, and interface with a system prioritisation approach. This now needs to be aligned with system planning approach. Benefits realisation and triangulation has been embedded in planning process for 24/25 but there is more work to do to fully complete this piece of work. Work on a more comprehensive and quantified benefits approach is continuing, UEC and 'doing hubs once' programmes are being prioritised in the first instance. Aim to develop this further in Q3/Q4 to support 25/26 planning. Training and support on using data for measurement to be offered to key transformation teams Q3.	7T2.2C	Tamsin Hooton	Quarter 3 2024/25	In progress	TCG/System Planning Group	Partially assured
	7T2.3A	Consistent management reporting across the system to be agreed. System wide performance report compiled jointly with the Quality Team. The Joint Forward Plan has an agreed Outcomes Framework to drive the activities	7T2.2AS	Michelle Arrowsmith	Process with key review points/dates. The next key date will be December 2024	In progress	Quality and Performance Committee ICB Board	Partially assured

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All assurances are classified as positive assurance unless specified as a Negative Assurance (NA)

Actions to treat threat								
Threat	**Action ref no**	**Action**	**Control/ Assurance Ref No**	**Action Owner**	**Due Date**	**Has work started?**	**Committee level of assurance** (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	**Committee level of assurance**
		and interventions to include measurable System Objectives and development in key areas. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to: - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report. Different strands of the framework are continuing to be developed and will combine to form part of a coherent strategy. This is continuing, the Task and Finish Groups are being stood up to cover the elements that need to be developed. The first draft of the 'Operation Periscope' product and Outcomes Framework is expected by December 2024.						
Threat 3	7T3.1A	Prioritisation process agreed in the system to better manage our time and use of resource. This is being carried out as part of the development of the Joint Forward Plan implementation and 24/25 operational planning. This has commenced and is underway, currently being developed as part of the Joint Forward Plan refresh. This work is continuing and will be developed as part of the planning for 2025/2026. As part of the Executives System Planning Group, a System Planning Operational Task and Finish Group has been established and a draft for first review is expected in October/November 2024.	7T3.1C	Michelle Arrowsmith	December 2024	In progress	PHSCC	Partially assured
	7T3.2A	Development of Integrated Assurance and Performance Report to ensure Board expectations are met. This is progressing, the first elements are in place, currently systemising the process. This is ongoing and any subsequent changes are reflected in the report. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to: - codify performance management approach	7T3.1AS	Michelle Arrowsmith	Process with key review points/dates. The next key date will be December 2024	Reported to Board Bi-monthly	ICB Board	Partially assured

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Actions to treat threat								
Threat	**Action ref no**	**Action**	**Control/ Assurance Ref No**	**Action Owner**	**Due Date**	**Has work started?**	**Committee level of assurance** (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	**Committee level of assurance**
		- agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report. Different strands of the framework are continuing to be developed and will combine to form part of a coherent strategy. This is continuing, the Task and Finish Groups are being stood up to cover the elements that need to be developed. The first draft of the 'Operation Periscope' product and Outcomes Framework is expected by December 2024.						
Threat 4	7T4.1A	Development of log System ICB/ICP Board decisions	7T4.1C	Helen Dillistone	Quarter 3 2024/25	Commenced	ICB Board/ICP Board	Partially assured
	7T4.2A	Develop a process to measure impact of agreed actions across the system. To be delivered as part of the Joint Forward Plan implementation – System wide Evaluation Strategy of the impact of the Joint Forward Plan and the Integrated Care Strategy. This has commenced and is underway, currently being developed as part of the Joint Forward Plan refresh. The work is continuing and the first draft of the 'Operation Periscope' product and Outcomes Framework is expected by December 2024.	7T4.2C	Michelle Arrowsmith	December 2024	In progress	ICB Board/ICP Board	Partially assured
	7T4.4A	Delivery Boards to develop a process to share decisions and challenge actions enhancing transparency and shared understanding of impact. Transformation report and escalation report produced monthly and shared with System Finance and Estates Committee for assurance. Benefits realisation approach has been developed see 7T2. Gap in controls in relation to clear place in the system to agree on how to transact programme benefits, where they are non-cash releasing without changes to provider capacity.	7T4.4C	Tamsin Hooton	Quarter 3 2024/25	In progress	Delivery Boards / Finance, Estates and Digital Committee/NHS Executive	Partially Assured
	7T4.5A	Development of a process to support system oversight and delivery of system aims and Joint Forward Plan. The Joint Forward Plan refresh was presented at the July 2024 ICB Board.	7T4.5C	Helen Dillistone	Quarter 3 2024/25	Commenced	ICB Board/ICP Board	Partially Assured

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ICB – Board Assurance Framework (BAF)

Strategic Risk SR8 – Population Health and Strategic Commissioning Committee

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.	Committee overall assurance level	Partially assured	
	ICB Lead: Chris Weiner ICB Chief Medical Officer **ICB Chair:** Richard Wright, Chair of PHSCC	**System lead:** Chris Weiner, ICB Chief Medical Officer **System forum:** Population Health and Strategic Commissioning Committee	**Date of identification:** 17.11.2022 **Date of last review:** 25.09.24

Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	Risk appetite: target, tolerance and current score	Initial	Current	Target
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 12	Strategic Risk 8 chart (Apr-24 to Sep-24): Current risk level 12, Tolerable risk level 12, Target risk level 8	12	12	8

Strategic threats (what might cause this risk to materialise)	Impact (what are the impacts of each of the strategic threats)
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.	1. As a result of incomplete and non-timely data provision/analysis, the ICB will be hampered in the making optimal strategic commissioning decisions and it will require complex and inefficient people structures to ensure system oversight of daily operations. This will result in a: • reduced ability to effectively support strategic commissioning and service improvement work • failure to meet national requirements on population health management, • reduced ability to analyse how effectively resources are being used within the ICB • failure to deliver the required contribution to regional research initiatives • continued paucity of analytical talent development and recruitment resulting in inflated costs

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 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	• Agreed and publicly published Digital and Data Strategy • 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 Estates 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	8T1.2C 8T1.3C	Senior analytical leadership role to co-ordinate: - Delivering value from NECS contract - Co-ordinating work across SIG - Identifying opportunities for more effective delivery of PHM Identified three priority areas of strategic working: - System surveillance intelligence - Deep dive intelligence - 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. • D3B minutes demonstrating challenge and assurance levels • Provider Collaborative Leadership Board Minutes demonstrating challenge and assurance levels • Monthly Reporting to Finance and Estates Committee, ICB Board, NHSE and NHS Executive Team • Evidence of compliance with the ICB	8T1.1AS	The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	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 • NHSE priorities and operational planning guidance 23/24 requires the right data architecture in place for population health management • Digital and Data identified as a key enabler in the Integrated Care Partnership strategy	8T1.4C 8T1.5C	Strategic Intelligence Group (SIG) needs formalising and structured reporting through to D3B and direct link to ICB Strategic Intent function and ICB planning cell. JUCD Information Governance Group needs formalisation and work required on using data for planning purposes.	Scheme of Reservation and Delegation • A staffed, budgeted establishment for ICB analytics (workforce BAF link required) • Data Sharing Agreements in place across all NHS providers, ICB, hospices and local authorities for direct care purposes.		

Actions to treat threat

Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1	8T1.3A	Recruitment of analytics team Associate Director of Business Intelligence 8D, commenced with the advert June, interviews planned for early July. Due to the seniority of the role, the start date is likely to be September/October 2024. Band 8D Associate Director of Business Intelligence commences in post in early November 2024. Analytics team recruitment is complete for all other roles, all staff are in post.	8T1.2C	Chris Weiner	Quarter 3 2024/25	In progress	Executive Team	Partially assured
	8T1.4A	Co-ordination and local prioritisation through SIG with leadership provided by internal business intelligence team. Meeting taken place, further Senior Digital and Data Strategy meetings have been set up. The first meeting is planned for late June 2024.	8T1.4C	Chris Weiner	Gap 8T1.4C completed July 2024	Action Partially Completed	Business Intelligence Team	Partially assured
		Surveillance report planned to be launched June 2024 based on the Gold Standard set by Yorkshire & Humber as stipulated by NHSE. Surveillance Report (Operation Periscope) has commenced by the Business Intelligence Team. A Project Plan has been published detailing all the core elements, further work is being undertaken to further enhance this.	8T1.3C	Chris Weiner	Quarter 3 2024/25	In progress	Strategic Intelligence Group (SIG)	Partially assured

Actions to treat threat							
Threat	**Action ref no**	**Action**	**Control/ Assurance Ref No**	**Action Owner**	**Due Date**	**Has work started?**	**Committee level of assurance** (eg assured, partially assured, not assured)
							Committee/Sub Group Assurance / **Committee level of assurance**
	8T1.5A	SIG is looking at health inequalities, population health management and how this data can be shared across the whole system. Senior analytical leadership role to be confirmed due to structures. Surveillance report planned to be launched June 2024 based on the Gold Standard set by Yorkshire & Humber as stipulated by NHSE. Surveillance report (Operation Periscope) was launched in July 2024. The Population Health Management element is still to be worked through relating to this.	8T1.4C	Chris Weiner	Quarter 3 2024/25	In progress	Strategic Intelligence Group (SIG) — Partially assured
	8T1.6A	Execution of planned investment in analytical skills development in line with ICB new structure Formalise JUCD IG group and draft data sharing agreements for using data for purposes other than direct care. A system decision has been made to move to a Federated Data Platform and this work continues.	8T1.5C	Helen Dillistone	Quarter 4 2024/25	In progress	Business Intelligence Team / JUCD IG Group — Partially assured
	8T1.8A	Continue to strengthen the ICB Board Integrated Assurance and Performance Report data and information. This is progressing, the first elements are in place, currently systemising the process. This is ongoing and any subsequent changes are reflected in the report. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to: - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report. Different strands of the framework are continuing to be developed and will combine to form part of a coherent strategy. This is continuing, the Task and Finish Groups are being stood up to cover the elements that need to be developed. The first draft of the 'Operation Periscope' product is expected by December 2024.	8T1.1AS	Michelle Arrowsmith	Process with key review points/dates. The next key date will be December 2024	In progress Presented to ICB Board bi monthly	Quality and Performance Committee, ICB Board — Partially assured

ICB – Board Assurance Framework (BAF)

Joined Up Care Derbyshire

Strategic Risk SR9 – Population Health and Strategic Commissioning Committee

Strategic Aim – Reduce inequalities in health and be an active partner in addressing the wider determinants of health.	Committee overall assurance level		Partially assured	
	ICB Lead: Michelle Arrowsmith, Chief Strategy and Delivery Officer **ICB Chair:** Richard Wright, Chair of PHSCC		**System lead:** Dr Robyn Dewis, Derby City Director of Public Health **System forum:** Population Health and Strategic Commissioning Committee	**Date of identification:** 17.11.2022 **Date of last review:** 25.09.2024

Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.	Risk appetite: target, tolerance and current score			Initial	Current	Target
16		**RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee** **12**			**16**	**16**	**12**

Strategic threats (what might cause this risk to materialise)	Impact (what are the impacts of each of the strategic threats)
1. The breadth of requirements on the system outstrips/surpasses our ability to prioritise our resources (financial/capacity) towards reducing health inequalities. 2. The population may not engage with prevention programmes.	1. Delay or non-delivery of the health inequalities programme. The ICS fails to make any impact rather than focusing on a small number of priority areas where the ICS can make an impact. 2. The population are not able to access support to improve health.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 1 The breadth of requirements on the system outstrips/surpasses our ability to prioritise our resources (financial/capacity) towards reducing health inequalities.	• Integrated Care Partnership Board in place with Terms of Reference and strategy agreed. • Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023. • NHS and ICS Executive teams in place. • Core 20 Plus 5 work programme. • Delivery Boards remit to ensure work programme supports HI. • 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 • System-wide EQIA process supports identification of equalities risks and mitigations and reduces risk of	9T1.1C 9T1.2C 9T1.3C 9T1.4C	Financial position and requirement to break-even / lack of funds to invest or double-run whilst transforming. Capacity to support strategy and its delivery. The national formula for funding GP practices (Carr-Hill) probably provides insufficient weighting for deprivation Under performance against key national targets and standards (Core 20 Plus 5 work programme)	• Measurement of relationship in the system: embedding culture of partnership across partners • PHSCC assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. • System Delivery Board agendas and minutes • Provider Collaborative Leadership Board minutes • Health and Well Being Board minutes • ICP Agenda and minutes • Coproduction • Workforce resilience • Demand in the system • Audit and Governance Committee oversight and scrutiny • Health Overview and Scrutiny	9T1.1AS	The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	projects/ programmes operating in isolation – and specifically decommissioning decisions • Ambulance handover action plan developed – improvement trajectory agreed with NHSI – monthly improvement trajectories monitored at Boards			Committee (HOSC) • EDI Committee reporting • Derbyshire ICS Greener Delivery Group and minutes • 2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP. • Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published Development of Health Inequalities Group, Provider facing for Mental Health • Performance Data from MHSDB		
Threat 2 The population may not engage with prevention programmes.	• Prevention work - winter plan and evidence base of where impact can be delivered • General Practice is still trusted by the vast majority of people and has a proven track record of helping people engage with prevention programmes • Integrated Care Partnership (ICP) established. • ICP Strategy in place which will support improving health outcomes and reducing health inequalities.	9T2.1C 9T2.2C	Core 20 plus 5 work - This programme forms a focus of the Health Inequalities requirement for the NHS but does not cover the entire opportunity for the system to tackle Health Inequalities. Time and resource for meaningful engagement.	• Alignment between the ICS and the City and County Health and Wellbeing Boards • Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. • Population Health Strategic Commissioning Committee assurance to the ICB Board via the Assurance Report. • ICB Board and minutes • ICP and minutes • Derbyshire ICS Health Inequalities Strategy has been developed and approved.		

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Actions to treat threat

Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	**Committee level of assurance**
Threat 1	9T1.1A	Monthly monitoring of financial position and the ICB requirement to break-even.	9T1.1C	Keith Griffiths	Subject to quarterly review – next review September 2024	Subject to quarterly review/Annually	Finance, Estates and Digital Committee/ ICB Board	Partially assured
	9T1.2A	Prioritisation of actions needed to implement strategy. There are three areas to the strategy; Start Well, Stay Well, Age/Die Well. This is being routinely reported to the Integrated Partnership Board including updates on actions, therefore the gap is closed on the assurance element. Capacity is still an issue and the strategy is being utilised to prioritise actions. The Integrated Partnership Board last met on 19th June 2024 and progress and updates provided including Stay Well Update - Role and function of the Population Health Management Steering Group and next focus for the Stay Well Sprint. The next meeting is planned for 16th October 2024.	9T1.2C	Michelle Arrowsmith	In progress – 2024/25	In progress	ICB Board/ICP Board	Partially assured
	9T1.3A	Review alternative funding formula to Carr Hill – scope cost and logistics Initial discussion held with Leicester, Leicestershire and Rutland ICB (LLRICB) who completed this work during quarter 3. Significant additional costs likely if ICB is to 'level up' to support new formula which gives greater weighting to deprivation. Would be challenging given current system financial position. Further work needed to scope but not prioritised for 23/24. Will reconsider in action plan for 24/25. Reconsidered for 24/5 but it is not affordable at present or in the foreseeable future due to the system financial position. Therefore the proposal is that where we are allocating additional funding to practices we offer additional funding to those serving the most deprived populations.	9T1.3C	Michelle Arrowsmith	Completed August 2024	Completed	GPPB/PHSCC	Fully assured
	9T1.4A	NHS England Regional Prevention Group monitor Core 20 plus 5 performance and review and agree any mitigations should targets fall below threshold. National targets have been circulated to each ICB. NHSE will review the data from providers and advise the ICB should any performance falls below the threshold. The ICS presented on performance to the Regional Prevention Group in June 24. The ICS is an outlier on the Weight Management Referral	9T1.4C	Chris Weiner	Subject to quarterly review – next review September 2024	In progress	NHSE Regional Prevention Board Derbyshire GP Provider Board	Partially assured

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Actions to treat threat								
Threat	**Action ref no**	**Action**	**Control/ Assurance Ref No**	**Action Owner**	**Due Date**	**Has work started?**	**Committee level of assurance** (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	**Committee level of assurance**
	9T1.5A	Scheme (obesity). Developing mitigations with NHSE and Primary Care to increase referrals into the initiative. On CVD indicators blood pressure readings which are below the age-appropriate treatment threshold is above the national average for Derby and Derbyshire. Development of Integrated Assurance and Performance Report to ensure Board expectations are met. This is progressing, the first elements are in place, currently systemising the process. This is ongoing and any subsequent changes are reflected in the report. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to: - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report. Different strands of the framework are continuing to be developed and will combine to form part of a coherent strategy. This is continuing, the Task and Finish Groups are being stood up to cover the elements that need to be developed. The first draft of the 'Operation Periscope' product and Outcomes Framework is expected by December 2024.	9T1.1AS	Michelle Arrowsmith	Process with key review points/dates. The next key date will be December 2024	In progress Presented to ICB Board bi monthly	Quality and Performance Committee, ICB Board	Partially assured
Threat 2	9T2.1A	Prevention and Health Inequalities Board being set up. Derby City Council has partnered with Community Action Derby to create the Derby Health Inequalities Partnership (DHIP) and is led by the voluntary sector. First meeting commenced currently reviewing Terms of Reference and membership of group. Prevention and Health Inequalities Board was established in April 24 and the TOR was approved.	9T2.1C	Chris Weiner / Scott Webster	~~Will be fully implemented during Quarter 1 2024/25~~ Complete April 24	Completed	Population Health Strategic Commissioning Committee	Fully assured

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         All assurances are classified as positive assurance unless specified as a Negative Assurance (NA)

ICB – Board Assurance Framework (BAF)

Strategic Risk SR10 – Finance, Estates and Digital Committee

Joined Up Care Derbyshire

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.	Committee overall assurance level		Partially assured		
	ICB Lead: Andrew Fearn, Interim Joint Chief Digital Officer **ICB Chair:** Jill Dentith, Chair of Finance, Estates and Digital Committee		**System lead:** Keith Griffiths, Chief Finance Officer **System forum:** Finance and Estates Committee Data and Digital Board		**Date of identification:** 17.11.2022 **Date of last review:** 12.09.2024

Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	Risk appetite: target, tolerance and current score		Initial	Current	Target
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee **12**	Strategic Risk 10 *(line chart showing Series1, Series2 at level 12 and Series3 at level 8 across Apr-24 to Sep-24)*	**12**	**12**	**9**

Strategic threats (what might cause this risk to materialise)	Impact (what are the impacts of each of the strategic threats)
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	Threat 1 – Processes are not agreed and the ICS fail to meet the opportunities and efficiencies that digital enablement can realise. Threat 2 • Failure to secure patient, workforce and financial benefits from digitally enabled care and implementation of alternative care pathways highlighted in ICB plan; e.g. limited adoption of alternative (digital) clinical solutions (e.g. PIFU, Virtual Ward, self-serve on line) • Failure to meet the national Digital and Data strategy key priorities (eg attain HIMMS level 5; cyber resilience)

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 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.	• Agreed and publicly published Digital and Data Strategy • 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 Estates Committee and assurance and direction from the Provider Collaborative Leadership Board. • Representation from Clinical Professional Leadership Group on D3B • Digital programme team leading and supporting key work in collaboration with system wide Delivery Boards e.g., Urgent and Emergency Care, Elective	10T1.1C 10T1.2C	ICB prioritisation and investment decision making process is required to fully implement the digital and data strategy priorities. Digital literacy programme to support staff build confidence and competency in using technology to deliver care.	• Data and Digital Strategy approved by ICB and NHSE • CMO and CDIO from ICB executive team are vice chairs of the D3B. • Regional NHSE and AHSN representation at D3B provide independent input. • D3B minutes demonstrating challenge and assurance levels • Provider Collaborative Leadership Board Minutes demonstrating challenge and assurance levels • Clinical Professional Leadership Board Minutes demonstrating challenge and assurance levels • Evidence of compliance with the ICB Scheme of Reservation and Delegation • exploitation of Derbyshire Shared Care Record capabilities; demonstrated		

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	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 23/24 requires the right data architecture in place for population health management • Digital and Data has contributed to ICB 5 year plan Clear prioritisation of clinical pathway transformation opportunities need formalising through Provider Collaborative and ICB 5 year plan. • 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			through usage data • Acceptance and adoption of digital improvements by operational teams (COO, primary care and comms support needed – links to digital people plan and Delivery Board outcomes) • A staffed, budgeted establishment for ICB digital and technology (workforce BAF link required)		
Threat 2 Digital improvements and substitutions to clinical pathways are not delivered through either a lack of citizen engagement and/or clinical engagement	• Digital and Data Board (D3B) enabling delivery board and support governance established and responsible for the delivery of the agreed Digital and Data strategy • D3B responsible for reporting assurance to ICB Finance and Estates Committee and assurance and direction from the Provider Collaborative Leadership Board • Citizen's Engagement forums have a digital and data element • ICB and provider communications team engaged with messaging (e.g. Derbyshire Shared Care Record)	10T2.2C 10T2.3C 10T2.4C	Development of a 'use case' library to help promote the benefits of digitally enabled care and now under construction for Shared Care Record Improved information and understanding of Citizen and Community forums that could be accessed to discuss digitally enabled care delivery Increased collaboration with the Voluntary Sector across Derby and Derbyshire to harness capacity and expertise in place with Rural Action Derbyshire	• ICB and provider communications plans with evidence of delivery • Staff surveys showing ability to adopt and influence change • Patient surveys and D7F results • D3B minutes demonstrating challenge and assurance levels • Provider Collaborative Leadership Board Minutes demonstrating challenge and assurance levels • Clinical Professional Leadership Board Minutes demonstrating challenge and assurance levels • Evidence of compliance with the ICB Scheme of Reservation and Delegation • Data and Digital Strategy adoption reviewed through Internal Audit • ICB Board Finance and Estates Committee Assurance Report to escalate concerns and issues. • Public Partnerships Committee minutes demonstrating challenge and assurance levels		

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All assurances are classified as positive assurance unless specified as a Negative Assurance (NA)

Actions to treat threat								
Threat	**Action ref no**	**Action**	**Control/ Assurance Ref No**	**Action Owner**	**Due Date**	**Has work started?**	**Committee level of assurance** (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	**Committee level of assurance**
Threat 1	10T1.2A	Develop and roll out staff digital literacy programme. Linked to Project Derbyshire (Digital HR) – no resource allocated / prioritised at this time. Planning work commenced	10T1.2C	Andrew Fearn / Workforce lead/AR	From 25/26 financial year	Commenced	D3B , Digital Implementation Group	Partially assured
	10T1.3A	Adopt ICB prioritisation tool to enable correct resource allocation	10T1.1C	Andrew Fearn / Georgina Mills/PHSCC	TBC – requires prioritisation tool	Part of 24/25 planning activity	D3B	Not assured
Threat 2	10T2.2A	Work with ICB communications team and Provider communications teams to integrate digital strategy messaging into current engagement programme. A review of the system communications methods in progress that will support digital comms.	10T2.3C	Andrew Fearn /Sean Thornton	Continuous – 2024/25 Next review September 2024	In progress	Public Partnership Committee	Partially assured
	10T2.3A	Deliver digital (and data) messaging through ICB communications plan. JUCD NHS Futures site established (staff facing) that provides detail on specific digital projects across the ICS. Further work and agreement on route for public facing information.	10T2.3C	Andrew Fearn /Sean Thornton	Continuous 24/25 Next review September 2024	In progress	Public Partnership Committee/ DB3	Partially assured
	10T2.4A	Meetings with Rural Action Derbyshire completed, and project agreed, in collaboration with Derbyshire County Council (DCC) to support digital inclusion/confidence. Derbyshire County Council agreed on-going funding support for 24/25. ICB Digital Programme team and engagement team to develop joint engagement strategy.	10T2.4C	Andrew Fearn /Sean Thornton	Continuous – 2024/25 Next review September 2024	In progress	Public Partnership Committee/ DB3	Partially assured

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