ICB – Board Assurance Framework (BAF) Quarter 4 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	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, Safety and Improvement Committee	Prof Dean Howells	09.04.2025	8	16	16	12	⟷	Partially Assured
SR2	There is a risk that short term operational needs hinder the pace and scale required for the system to achieve the long term strategic objectives to reduce health inequalities, improve health outcomes and life expectancy.	Strategic Commissioning and Integration Committee	Dr Chris Weiner	07.04.2025	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.	Strategic Commissioning and Integration Committee	Helen Dillistone		9	12	12	12	⟷	Adequate
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 and Performance Committee	Bill Shields	16.04.2025	9	20	20	12	⟷	Adequate
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	15.04.2024	12	16	16	16	⟷	Partially Assured
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.	Strategic Commissioning and Integration Committee	Michelle Arrowsmith	08.04.2025	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.	Strategic Commissioning and Integration Committee	Dr Chris Weiner	10.04.2025	8	12	12	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 and Performance Committee	Andrew Fearn	17.04.2025	9	12	12	12	⟷	Adequate
SR11	There is a risk that the core patient care and business functions of Derbyshire system partners could be compromised or unavailable if there were a successful cyber-attack/disruption, resulting in threats to patient care and safety, and loss or exploitation of personal patient information, amongst others.	Finance and Performance Committee	Dr Chris Weiner	31.03.2025	9	20	16	15	↓	Partially Assured

ICB – Board Assurance Framework (BAF)

Strategic Risk SR1 – Quality, Safety and Improvement 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, Safety and Improvement Committee	**System lead:** Prof Dean Howells, Chief Nursing Officer, Dr Robyn Dewis **System forum:** Quality, Safety and Improvement Committee	**Date of identification:** 17.11.2022 **Date of last review**: 09.04.2025

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**
		TOLERABLE LEVEL OF RISK as agreed by committee		**20**	**16**	**8**

Strategic threats (what might cause this risk to materialise)	**Impact** (what are the impacts of each of the strategic threats)
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	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	• Deep dives are identified where there is lack of performance/ or celebration of good performance. • Health inequalities programme of work supported by the strategic intent function of the ICS, the anchor institution and the plans for data and digital management. This reports to the Strategic Commissioning and Integration Committee. • Maternity surveillance is ongoing and being jointly led by the ICB Chief Nurse Officer and the Regional Chief Nurse.	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 LAs). CQC unannounced visit to Radbourne Unit (DHCFT), resulted in Section 31 notice and restrictions on female admissions to wards 33 and 35.	• The Integrated Assurance and Performance Report has been developed and is reported to public ICB Board bimonthly. Specific section focuses on Quality. • Quality, Safety and Improvement Committee assurance to the ICB Board via the Performance Report. • System Quality Group 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. • 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 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)
				• Recovery Action Plan submitted at the LDA Mental Health Delivery Board. • Maternity Reporting into the Local Maternity and Neo natal System (LMNS). • CQC Maternity Report at CRH and UHDB.		
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. • Agreed System Quality and Performance Dashboard to include inequality measures. • County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. • Agreed Core20PLUS5 approach across Derbyshire. • ICB Board and Derbyshire Trusts approved and committed to the delivery of the Derbyshire ICS Green Plan and also agreed Derby and Derby City Air Quality Strategy.		
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. • Robust Citizen engagement across Derbyshire and reported through Strategic Commissioning and Integration Committee.	1T3.2C	Increase Patient Experience feedback and engagement.	• Robust system QEIA process for commissioning/ decommissioning schemes. • Agreed targeted Engagement Strategy – to implement engagement element of Comms & Engagement strategy. • Strategic Commissioning and Integration Committee assurance to the ICB Board via the Assurance Report. Also provides clinical oversight of commissioning and de-commissioning decisions. • NHSE Assurance Reviews and Assurance Letters provide evidence of compliance and any areas of concern.		
Threat 4 Risk to clinical quality and safety due to the significant financial constraints across all partners within JUCD		1T4.2C	Introduction of Statistical Process Control Charts (SPCC) to system performance reporting.	• Local Authority and ICB Public consultation processes where significant service change is planned due to system financial constraints. • Quarterly QEIA report to the Quality, Safety and Improvement Committee. Monthly meetings of the QEIA group are in place and escalation to the Chief Nursing Officer and Strategic Commissioning and Integration Committee as required.	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.

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
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 -	1T1.1A	Operation Periscope initial version is currently live in the ICB. Processes are now being created to routinely use this data in decision making.	1T1.1C 1T1.2C 1T1.3C 1T1.4C	Dr Chris Weiner	Quarter 2 2025/26	In progress	Quality, Safety and Improvement Committee	Partially assured
	1T1.6A	The Integrated Performance report continues to be developed and refined. The report has been updated and includes performance through both contract and Delivery Board routes.	1T1.1AS	Michelle Arrowsmith	Quarter 1 2025/26	In progress	Quality, Safety and Improvement Committee, ICB Board	Partially assured
	1T1.7A	DHCFT remain in NOF level 3 due to financial and performance requirements. Regular meetings held with the DHCFT/ICB/NHSE. NOF 3 Exit criteria - Patient safety. The trust has met the Section 31 conditions, onward monitoring sits within "business as usual" oversight arrangements.	1T1.5C	Prof Dean Howells	March 2025	Complete	• Quality, Safety and Improvement Committee • Nursing and Quality Attendance at DHCFT Quality and Safeguarding Committee • Clinical Quality Reference Group (CQRG) monthly	Assured
Threat 3	1T3.1A	An engagement strategy has been produced which has patient experience as part of it, more specifically the role of patient experience around the case for change and the level of consultation and engagement required to meet legal requirements.	1T3.2C	Prof Dean Howells	March 2025	Complete	Quality, Safety and Improvement Committee	Assured
Threat 4	1T4.2A	Operation Periscope initial version is currently live in the ICB. Processes are now being created to routinely use this data in decision making.	1T4.1AS	Dr Chris Weiner	Quarter 2 2025/26	In progress	Quality, Safety and Improvement Committee	Partially assured

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
All assurances are classified as positive assurance unless specified as a Negative Assurance (NA)

ICB – Board Assurance Framework (BAF)

Strategic Risk SR2 – Strategic Commissioning and Integration 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: Dr Chris Weiner, ICB Chief Medical Officer **ICB Chair** : Jill Dentith, Chair of Strategic Commissioning and Integration Committee	**System lead:**-Dr Chris Weiner, ICB Chief Medical Officer **System forum:** Strategic Commissioning and Integration Committee	**Date of identification:** 22.01.2025 **Date of last review:** 07.04.2025

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 for the system to achieve the long term strategic objectives to reduce health inequalities, improve health outcomes and life expectancy.**	**Risk appetite: target, tolerance and current score**	**Initial**	**Current**	**Target**
		TOLERABLE LEVEL OF RISK as agreed by committee **12**	**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. The breadth of requirements on the system outstrips/surpasses our ability to prioritise our resources (financial/capacity) and coordination across the system towards reducing health inequalities. 4. The population may not engage with prevention programmes.	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.** 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 **and inability to deliver safe** services and appropriate standards of care. 4. 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 Lack of system ownership and collaboration	• JUCD Transformation Co-ordinating Group has responsibility for delivery of transformation plans across system. • Provider Collaborative Leadership Board overseeing Delivery Boards and other delivery groups. • System Delivery Boards provide a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact. • All Providers are undertaking clinical harm reviews linked to long waiting lists and waits at the Emergency Department. Tier 1 oversight is in place for UHDB and processes are in place.	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, Safety and Improvement Committee assurance to the ICB Board via the Assurance Report and Integrated Performance Report. • System Quality Group assurance on System risks and ICB risks. • Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. • NHSE Assurance Reviews and Assurance Letters provide evidence of compliance and any areas of concern. (EA) • Quality sub group of MHLDA Delivery Board established. Regular Integrated Assurance report is in place and reported to the Delivery Board. • UEC Board include Quality as a regular agenda item.	2T1.1AS	The Integrated Performance Report 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)
				• MH LDA Delivery Board Terms of Reference (ToR) and Children's Delivery Board terms of reference are drafted, standardised in format across all ICB System Delivery Boards. The ToRs will be submitted to the June 2025 Delivery Boards with a proposed/revised structure of subgroups to reflect the Operational Plan priorities for 2025/26.		
Threat 2 The ICS short term needs are not clearly determined	• ICS 5 Year Strategy sets out the short and medium term priorities. • System planning & co-ordination group managing overall approach to planning. • Agreed Commissioning Intentions in place.	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 Seminar Sessions provide dedicated time to agree ICB/ ICS Priorities.		
Threat 3 The breadth of requirements on the system outstrips/surpasses our ability to prioritise our resources (financial/capacity) and coordination across the system towards reducing health inequalities.	• Agreed System dashboard to include inequality measures. • Core 20 Plus 5 work programme. • Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis inclusive of access and inequality considerations. • Existing in-ICB and in-system clinically led prioritisation framework is being revisited to ensure suitability for recent (March 2025) changes to healthcare system design. • Forthcoming commencement of Director of Population Health in April 2025 with remit to self-review DDICB against CQCs 'addressing health inequalities through engagement with people and communities' framework.	9T1.4C	Under performance against key national targets and standards (Core 20 Plus 5 work programme).	• System-wide EQIA process supports identification of equalities risks and mitigations and reduces risk of projects/ programmes operating in isolation – and specifically decommissioning decisions. • County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. • Delivery Boards remit to ensure work programme supports health inequalities. • SCIC assurance to the ICB Board via the Assurance Report and Integrated Performance Report. • Provider Collaborative Leadership Board. • Health and Well Being Board. • Audit and Governance Committee oversight and scrutiny. • Health Overview and Scrutiny Committee (HOSC). • Derbyshire ICS Greener Delivery Group. • Performance Data from MHSDB.	2T3.1AS	Public Health Summary Report to be developed and report into Quality, Safety and Improvement Committee.
Threat 4 The population may not engage with prevention programmes	• 'Winter wash up' meeting held on 02.04.25 to collate learning. • First draft of winter plan has been brought forward and will aim to be completed by June 2025. • Urgent Emergency Care Board, Community Transformation Programme expected to relieve pressure on UECB, 40% benefits expected to be delivered in 2025/26.			• Alignment between the ICS and the City and County Health and Wellbeing Boards. • Integrated Care Partnership (ICP) and ICP Strategy in place which will support improving health outcomes and reducing health inequalities.		

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
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	2T1.1A	Use of the Data Platform has commenced, however, there is no General Practice or acute detail and a Data Sharing Agreement is required/in progress. No clear timeline at this stage.	2T1.1C	Dr Chris Weiner	Quarter 1 2025/2026	In progress	JUCD Data & Digital Board and subsequent sub groups/Strategic Commissioning and Integration Committee	Partially assured
	2T1.5A	The Integrated Performance report continues to be developed and refined. The report has been updated and includes performance through both contract and Delivery Board routes.	2T1.1AS	Michelle Arrowsmith	Quarter 1 2025/2026	In progress	Quality, Safety and Improvement Committee, ICB Board, System Quality Group	Partially assured
Threat 2	2T2.1A	An engagement strategy has been produced which has patient experience as part of it, more specifically the role of patient experience around the case for change and the level of consultation and engagement required to meet legal requirements.	2T2.1C 2T2.2C	Prof Dean Howells	March 2025	Complete	System Quality Group Strategic Commissioning and Integration Committee	Assured
Threat 3	2T3.3A	Operation Periscope initial version is currently live in the ICB. Processes are now being created to routinely use this data in decision making.	2T3.1AS	Dr Chris Weiner	Quarter 2 2025/26	In progress	Directors of Public Health meeting	Partially assured
Threat 4	9T1.4A	The Integrated Performance report continues to be developed and refined. The report has been updated and includes performance through both contract and Delivery Board routes.	9T1.4C	Michelle Arrowsmith	Quarter 1 2025/2026	In progress	NHSE Regional Prevention Board Derbyshire GP Provider Board	Partially assured

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
All assurances are classified as positive assurance unless specified as a Negative Assurance (NA)

ICB – Board Assurance Framework (BAF)

Strategic Risk SR3 – Strategic Commissioning and Integration 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**	**Adequate**	
	ICB Lead: Helen Dillistone, Chief of Staff **ICB Chair:** Jill Dentith, Chair of Strategic Commissioning and Integration Committee	**System lead:** Helen Dillistone, Chief of Staff **System forum:** Strategic Commissioning and Integration Committee	**Date of identification:** 17.11.2022 **Date of last review:** 30.04.25

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**
		TOLERABLE LEVEL OF RISK as agreed by committee **12**	**16**	**12**	**9**

Strategic threats (what might cause this risk to materialise)	**Impact** (what are the impacts of each of the strategic threats)
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.	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. • A suite of guidance is available to support the application of the public involvement duty in service change, and assessment process. • Guidance available around consulting	3T1.1C 3T1.2C 3T1.3C	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.	• Senior managers have membership of IC Strategy Working Group to influence. • PPI assessment processes routinely shared with Health Overview & Scrutiny Committees. • Comprehensive legal duties training programme for engagement professionals. • ePMO gateway structure ensures compliance with PPI process. • National Oversight Framework ICB annual assessment evidence and emerging CQC reviews. • Benchmarking against comparator ICS approaches. • The CQC self-assessment and	3T1.1AS 3T1.3AS	Evidence of tangible inputs and outputs aligned to key strategies and plans. Assurance on skills relating to cultural engagement and communication across all JUCD partners.

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)
	with the Health Overview and Scrutiny Committee. • 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.	3T1.4C 3T1.6C 3T1.8C 3T1.9C 3T1.10C 3T1.11C 3T1.12C 3T1.13C 3T1.14C	Establishment of Lay Reference Group required to include diversity of the voice we hear in assurance processes. Delay to development. Ongoing learning of skills relating to cultural engagement and communication across all JUCD partners, including health literacy approach. Insight Framework proof of concept continues to be developed to embed it as 'Business as Usual', ensuring we share power with people and communities routinely, supporting them to have a voice, and input into priority setting. 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. Process and culture to ensure the views of citizens are at the centre of decision making. The conversion of existing and new insight into decision-making processes across the ICB and system. Programme budgets not factoring in engagement expenditure in project development, and no central pot of programme engagement funding held in ICB.	improvement framework has been co-designed to help Integrated Care Systems (ICSs) improve their engagement with people and communities. DDICB is a pilot site. • PPC stood down and PPI duties overseen by Strategic Commissioning and Integration Committee. This will align PPI and commissioning activity and assurance.		

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)
		3T1.15C	Model ICB and Cost Reduction programme to impact on approaches and capacity to deliver.			
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.	• Membership of key strategic groups, including Executive Team, Delivery Board, Senior Leadership Team and others to ensure detailed understanding of progression. • Functional and well-established system communications and engagement group. • Digital engagement infrastructure in place across partners to ensure transparency around decisions being made in the ICB and enhance opportunities for collaboration. • Established Relationship Manager role within the Engagement Team to try and offset this in some areas of commissioning and transformation, and encourage continuous engagement. E.g. Maternity, CAYP, Urgent Care, Mental Health. • Established relationships with key forums in the City and County, e.g. DHIP and the BME Forum.	3T2.1C 3T2.2C 3T2.3C 3T2.4C 3T2.5C	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 development to support health management and service navigation. Proposal required for UECC Delivery Board and other areas to develop this, requiring resource. Communications and Engagement Strategy refresh required in 2024/25.	• NHS/ICS ET membership and ability/requirement to provide updates. • ePMO progression. • 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	Ability to articulate momentum behind coherent priorities and approach to delivering strategy, transformation and mitigation of financial challenge.
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 Guide to Public Involvement, now being rolled out to ICB and then broader system. • ePMO gateway process includes engagement assessment check • Training programme underway with managers on PPI governance requirements and process	3T3.1C 3T3.2C 3T3.3C 3T3.4C 3T3.5C	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. Fully embedded PPI duties within the commissioning cycle. Commissioning decisions made without regard for PPI duties, both with DDICB and in areas where we are an associate commissioner.	• Comprehensive legal duties training programme for engagement professionals. • PPI Governance Guide training for project/programme managers. • ePMO progression. • 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. • Anticipated national guidance on strategic commissioning, including commissioning cycle approach.	3T3.3AS	Establish Procurement guidance related to patient and public involvement.
Threat 4 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.	• Insight Framework approach firmly embedded in the work of the Engagement Team, and promoted in all interactions with commissioners and system partners as the way we should be working. Sharing power with people and communities, and spending time building trust and relationships.	3T4.1C 3T4.3C 3T4.4C	ICB Board oversight and mandate. Understanding of resourcing/sustainability of programme beyond pilot phase to build a network of staff across the system who can promote this way of working and support its implementation. Embedding of governance approach into system/ICB procedures.	• 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 3T4.3AS	Evidence of tangible inputs and outputs aligned to key strategies and plans. Insight Strategy 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)
		3T4.5C	Monitoring of outcomes in line with other articulated threats on transformation programme.			
		3T4.6C	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.			
		3T4.7C	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.			

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** (e.g. assured, partially assured, not assured)	
							Committee/Sub Group Assurance	**Committee level of assurance**
Threat 1	3T1.1A	Ongoing implementation of Engagement Strategy frameworks and evaluation. • Evaluation Framework – aligned to creation of Lay Reference Group and Performance Report	3T1.1C 3T1.2C 3T1.4C 3T1.10C 3T1.15C	Karen Lloyd KL/ST	Ongoing through 24/25 LRG launch and Performance Report agreement 30.09.24	Commenced LRG delayed. Performance report requirements to be agreed with SCIC and in line with model ICB	Strategic Commissioning and Integration Committee Co-production development group – co-producing action plan based on workshop.	Partial Assurance
		• Co-production Framework	3T1.9C 3T1.15C	BF	July workshop converted into action plan 30.9.24	Commenced 2.7.24. Guides in development for agreement in line with model ICB	Strategic Commissioning and Integration Committee	
		• Insight Framework	3T1.8C 3T4.3C 3T4.4C 3T4.5C 3T4.6C 3T4.7C 3T1.15C	AK KL	Insight Strategy developed following pilots 30.10.24	Commenced 01.06.24. Evaluation and spreading of practice the subject of revised Engagement Strategy addressing model ICB	Strategic Commissioning and Integration Committee	
		• Engagement Framework • Governance Framework	3T1.11C	ST	Q1 2025/26	Plan in SCIC development session on engagement and insight. Agree ToR.	Strategic Commissioning and Integration Committee	
	3T1.2A	Engagement Strategy Refresh taking heed to frameworks evaluation and embedding, seeking to move into Influence, Developing our Practice and Insight strategic phase.	3T1.1C	Karen Lloyd	Ongoing roll out and implementation. Update following completion of other frameworks and in line with model ICB	Planning sessions held Jan/Feb 25, including review at PPC development session, 28.1.25	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 3T1.15C	Christina Jones/Karen Lloyd, Claire Warner	Team Skills Audit and PDP 30.9.24 Community Profiles Pilot 30.9.24 Internal communications channels audit 30.9.24	On hold, subject to model ICB and cost reductions Pilot profile available for Normanton, Derby. To be reviewed view to roll out in 25/26. Survey complete, elements now being implemented		

					External communications channels audit 30.9.24	Survey complete, action plan in delivery since Sept 2024.		
	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 – connection into 25/26 planning and onward JFP approach.	Strategic Commissioning and Integration Committee	
	3T1.7A	Strengthen assurance on PPI and Insight at SCIC to ensure plans have public view embedded.	3T1.2C 3T1.3C 3T2.4C	Sean Thornton	01.04.25	To be resolved by ICB PPI statutory duties becoming part of new SCIC.		
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 3T1.15C	Christina Jones	31.10.24	On hold, subject to implementation of Model ICB and cost reductions	Strategic Commissioning and Integration Committee Executive Team	Partial assurance
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 21.06.24, ongoing membership of P&Hi Board.	Communications and Engagement Team	Partial assurance
	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 3T2.3C	Sean Thornton, Karen Lloyd, Christina Jones	30.09.24	Commenced June 2024. Work underway to align with Transformation Coordinating Group and 2025/26 operational priorities	Strategic Commissioning and Integration Committee	
Threat 4	3T4.1A	Secure ICB Board Development session on insight strategy to ensure oversight and mandate.	34T.1C 3T4.1AS 3T2.3C 3T2.2AS	Helen Dillistone	31.10.24	Not started.	ICB Board	Partial assurance
	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	31.03.25	Not started.	Public Partnership Committee	

ICB – Board Assurance Framework (BAF)

Strategic Risk SR4 – Finance and Performance 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**	**Adequate**	
	ICB Lead: Bill Shields, Chief Finance Officer **ICB Chair:** Nigel Smith, Finance and Performance Committee Chair	**System lead:** Bill Shields, Chief Finance Officer **System forum:** Finance and Performance Committee	**Date of identification:** 17.11.2022 **Date of last review**: 16.04.2025

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** **TOLERABLE LEVEL OF RISK as agreed by committee**		**Initial** **16**	**Current** **20**	**Target** **9**

Strategic threats (what might cause this risk to materialise)	**Impact** (what are the impacts of each of the strategic threats)
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	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 4T1.5C 4T1.6C	New Workforce and Clinical Models Plan. Triangulated activity, workforce, and financial plan. Do not understand the low productivity to address the clinical workforce modelling. Do not have the management processes in place to deliver the plans and level of productivity / efficiency required. The integrated assurance and performance report needs to be	• Financial data and information is trusted but needs further work to translate into a sustainable plan. Workforce planning is triangulated with demand, capacity, and financial plans. • Five-year financial plan has been prepared to accelerate and influence change. • 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)
			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 4T2.3C 4T2.5C	National shortage in supply of out of hospital beds and services for medically fit for discharge patients prevents full mitigation. Triangulated activity, workforce, and financial plan. 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. (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 and operational plan. • EPMO review carried out and recommendations approved by NHS Executives. • EPMO has list of efficiency projects that are not developed to a level where the financial impact can be assured.	4T3.3C 4T3.4C 4T3.5C	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 system 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. • Weekly system wide Finance Director meetings focussed on long term financial stability, with real evidence of effective distributive leadership and collegiate decision making. • Financial Sustainability Board to understand and alleviate the financial challenges.		
Threat 4 National funding model does not reflect clinical demand and operational / workforce pressures	• 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		4T5.1AS	No assurance can be given

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
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	**4T1.1A**	The Integrated Performance report continues to be developed and refined. The report has been updated and includes performance through both contract and Delivery Board routes.	4T1.1C 4T1.2C 4T1.6C	Michelle Arrowsmith	Subject to quarterly review – next review will be June 2025	In progress	Finance/Performance/Quality Committees ICB Board Financial Sustainability Group	Partial assurance given the financial environment and service pressures.
	4T1.2A	Review benchmarking information continues per NHS benchmarking guidelines such as model health system, value weighted activity metrics etc to ensure optimum productivity and efficiency across Derby and Derbyshire.	4T1.1C 4T1.3C 4T2.1C	Bill Shields	Subject to quarterly review – June 2025	In progress	People and Culture/Finance and Performance Committee	
	4T1.3A	Support given to programme teams around benefits realisation planning, and using data to support improvement. Sources of data to identify improvement opportunities are shared with programme teams.	4T1.1C 4T1.3C 4T1.5C	Chair of Provider Collaborative/ Tamsin Hooton/Provider DOFs	Subject to quarterly review – next review June 2025	In progress	PCLB/ Finance and Performance Committee	
	4T1.4A	The Integrated Performance report continues to be developed and refined. The report has been updated and includes performance through both contract and Delivery Board routes.	4T1.1C 4T1.1AS	Executive Team	Quarter 1 2025/26	In progress	ICB Board	
Threat 2	**4T2.2A**	An aligned workforce activity and financial plan will be developed during 2025/26 planning round.	4T2.3C	Lee Radford / Executive Team	March 2025	Complete	People and Culture Committee/ Finance and Performance Committee	Assured
	4T2.3A	VWA can be seen as an indicator of productivity, overperformance against plans, this needs to be validated.	4T2.1C 4T2.5C	Executive Team/Michelle Arrowsmith	Subject to quarterly review – June 25	In progress	People and Culture/Finance and Performance Committee	Partial assurance given the financial environment and service pressures.
Threat 3	**4T3.1A**	Review of EPMO System	4T3.3C 4T3.4C 4T3.5C	Tamsin Hooton	Recommendations agreed through NHS Execs and will be implemented for Q1 2025/26	In progress	Finance and Performance Committee / PCLB	Partial assurance through evidence of improving reporting and accountability, although real delivery is yet to be seen.
Threat 4	**4T4.1A**	National Allocations unclear. Resolved November 2024.	4T4.1C 4T4.1AS	Executive Directors / NEMs	Completed November 2024	Completed	Finance and Performance Committee	Assured
Threat 5	**4T5.1A**	The ICB will continue to lobby the Regional and National teams.	4T5.1C 4T5.1AS	Bill Shields	Subject to quarterly review/on-going – June 2025	In progress	Finance and Performance Committee	A significant change in allocation policy at National level will need to take place to rectify this issue.

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
All assurances are classified as positive assurance unless specified as a Negative Assurance (NA)

ICB – Board Assurance Framework (BAF)

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 and 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:** 15.04.2025

Strategic risk (what could prevent us achieving this strategic objective)	**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** **TOLERABLE LEVEL OF RISK as agreed by committee.** **16**		**Initial** **20**	**Current** **16**	**Target** **12**

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. Staff resilience and wellbeing across the health and care workforce is negatively impacted by environmental factors e.g. the industrial relations climate and the financial challenges in the system. 3. Employers in the care sector cannot attract and retain sufficient numbers of staff to enable optimal flow of service users through the pathways due to the scale of vacancies across health and care and some specific professions.	1. Workforce model developed to meet system finances as opposed to population need. 2. 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. 3. 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.	5T1.3C	• Workforce implications of Transformation programmes including CIP not fully understood.	• NHS Workforce Plan developed and triangulated with finance and performance. • Monthly monitoring of workforce numbers and temporary staffing spend vs budget and agency spend. • Outputs from provider vacancy control panels received on a monthly basis. • NHS Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. • People and Culture Committee assurance to the Board via the ICB Board Assurance Report including NHS workforce.	5T1.1AS	Limited information on social care, VCFSE and local authority sectors workforce plans, costs and risks that would provide a fuller system perspective.
Threat 2 Staff resilience and wellbeing across the health and care workforce is negatively impacted by environmental factors e.g. the	• Engagement and Annual staff opinion surveys are undertaken across the NHS Derbyshire Providers and ICB. • Enhanced Leadership Development offer to support Managers and promoting Health and Wellbeing for NHS providers.	5T2.3C 5T2.3C	• 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.	• The ICB People and Culture Committee provides oversight of workforce across the system. • A Comprehensive staff wellbeing offer is in place and available to Derbyshire NHS and local authority ICS Employees from each provider organisation. • Monthly monitoring of absence in NHS and local authority. • Health Assessments continue to provide impact and now embedded within People Services to support long-term sickness within NHS and Local Authority providers.	5T1.1AS	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)
industrial relations climate and the financial challenges in the system.						
Threat 3 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. • ICB has direct links into VCSE and social care sector workforce leads. • ICS Step into Work programmes supporting recruitment in health and care sectors.	5T3.1C 5T3.2C 5T3.3C	• 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.	5T3.1AS 5T3.2AS 5T3.3AS 5T3.4AS	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.

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
All assurances are classified as positive assurance unless specified as a Negative Assurance (NA)

ICB – Board Assurance Framework (BAF)

Joined Up Care Derbyshire

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.	5T1.3C	Sukhi Mahil/ Tamsin Hooton	Complete	Completed March 2025	People & Culture Committee Provider Collaborative Board	Assured
Threat 2	5T2.1A	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	Complete – now Business as usual activity	Complete March 2025	People & Culture Committee	Assured
	5T2.2A	To develop system OD strategy to improve culture, welling being and inclusion.	5T2.3C	Tracy Gilbert	June 2025	In progress	People & Culture Committee	Partially assured.
Threat 3	5T3.1A	Develop a One Workforce Strategy which delivers a sustainable workforce pipeline.	5T3.2AS 5T3.4AS	Lee Radford/Sukhi Mahil Susan Spray	November 2025	In progress	People & Culture Committee	Partially assured.
	5T3.2A	Continue to develop system wide recruitment campaigns to meet demand for health and care across Derbyshire.	5T3.1C 5T3.2C 5T3.3C	Susan Spray	Complete – now Business as usual activity	Completed March 2025	People & Culture Committee	Assured
	5T3.3A	Build better workforce intelligence of social care, VCSFE and local authority sectors to give a more informed workforce position across the system.	5T1.1AS	Lee Radford/Sukhi Mahil	September 2025	In progress	People & Culture Committee	Partially assured
	5T3.4A	To develop a system talent management and succession planning approach to develop talent opportunities to attract and retain our people.	5T3.1AS 5T3.3AS	Tracy Gilbert	September 2025	In progress	People & Culture Committee	Partially assured
	5T3.5A	Develop anchor relationships with local HEI's and FEI's to develop strategic workforce pipelines.	5T3.2AS 5T3.4AS	Susan Spray	Complete – now Business as usual activity	Completed March 2025	People & Culture Committee	Assured

ICB – Board Assurance Framework (BAF)

Strategic Risk SR7 – Strategic Commissioning and Integration 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: Michelle Arrowsmith, Chief Strategy and Delivery Officer **ICB Chair:** Jill Dentith, Chair of Strategic Commissioning and Integration Committee	**System lead:** Michelle Arrowsmith, Chief Strategy and Delivery Officer **System forum:** Strategic Commissioning and Integration Committee
		Date of identification: 17.11.2022 **Date of last review**: 08.04.25

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** **TOLERABLE LEVEL OF RISK as agreed by committee** **12**		**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 in place. • JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system. • System Delivery Boards in place. • Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis • Delivery Boards engagement with JUCD Transformation Board. • Provider Collaborative Leadership Board in place overseeing Delivery Boards and other delivery groups. • System planning & co-ordination group managing overall approach to planning • Formal risk sharing arrangements in place across organisations (via Section 75s/ Pooled Budgets)	7T1.3C 7T1.4C 7T1.5C 7T1.6C	Values based approach to creating shared vision and strong relationships across partners in line with population needs Agree and embed the prioritisation framework ensuring robust business cases are used to inform decision making. Understand impact of changes, how they support operational models, how best value can be delivered, and prioritised. System Delivery Board Plans agreed and in place.	• Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE • SCIC assurance to the ICB Board via the Assurance Report and Integrated Quality and Performance Report. • Audit and Governance Committee oversight and scrutiny. • Internal and external audit of plans (EA) • Health Oversight Scrutiny Committees. • Delivery Highlight and Escalation Report and Transformation report shared with ICB Finance and Performance Committee. • System Delivery Board agendas and minutes. • Provider Collaborative Leadership Board minutes. • Health and Well Being Board minutes. • ICB Scheme of Reservation and	7T1.1AS	The Integrated 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 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)
	• 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.			Delegation • Agreed process for establishing and monitoring financial and operational benefits • Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published		
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, Safety and Improvement Committee will highlight areas of concern. • ICB involvement in NOF process and oversight arrangements with NHSE. • GPPB and LMC both provide some resourced 'headspace' giving GP leaders time and opportunity to focus on strategic aims. • PCN funding gives GP Clinical Directors some time to focus on the development of their Primary Care Networks. • System Planning and Co-ordination Group ensuring strategic focus alongside operational planning.	7T2.2C	Level of maturity of Delivery Boards	• NHSEI oversight and reporting (EA) • Quality, Safety and Improvement Committee assurance to the ICB Board via the Assurance Report and Integrated Performance Report. • System Quality Group assurance to the Quality, Safety and Improvement Committee and ICB Board. • System Quality Report. • Monthly reports provided to ICB/ ICS Executive Team/ ICB Board and NHSE. • Measurement of relationship in the system: embedding culture of partnership across partners • Audit and Governance Committee oversight and scrutiny • Operational Plan and Integrated Care Strategy in place.	7T2.1AS	The Integrated Performance Report is in place and continues to be developed further as reported to ICB Board.
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' giving GP leaders time to focus on system working • Development and delivery of Integrated Care System Strategy • Embedded Place Based approaches that focus partners together around community / population aims not sovereign priorities • Provider collaborative board 'Compact' and MOU document system behaviours and guide decision making in the system interest	7T3.1C	Agreed Delivery Board Plans to be in place including benefits plan, reported via system ePMO.	• Daily reporting of performance and breach analysis – identification of learning or areas for improvement • Resilience of OCC in operational delivery including clinical leadership • NHSE oversight and daily reporting (EA)	7T3.1AS	The Integrated Performance Report is in place and continues to be developed further as reported to ICB Board.
Threat 4 Statutory requirements on individual organisations may conflict with system aims.	• Strategic objectives 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	7T4.1C 7T4.2C 7T4.3C	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	• Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE • Audit and Governance committee oversight and scrutiny • System Delivery Board agendas and minutes • Transformation Co-ordinating Group and NHS Executives minutes.		

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
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 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)
	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					

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	The Prioritisation Framework has now been developed and agreed. The next stage is embedment.	7T1.3C 7T1.4C 7T1.5C	Michelle Arrowsmith	Quarter 1 2025/26	In progress	Strategic Commissioning and Integration Committee	Partially Assured
	7T1.2A	The Integrated Performance report continues to be developed and refined. The report has been updated and includes performance through both contract and Delivery Board routes.	7T1.1AS	Michelle Arrowsmith	Quarter 1 2025/26	Reported to Board Bi-monthly	Finance and Performance Committee ICB Board	Partially Assured
	7T1.3A	System Delivery Board Plans will detail where projects achieve the commitments made in the Joint Forward Plan and ICS Strategy.	7T1.6C	Michelle Arrowsmith	Quarter 1 2025/26	In progress	Strategic Commissioning and Integration Committee	Partially Assured
Threat 2	7T2.2A	Work on a more comprehensive and quantified benefits approach is continuing, UEC and 'doing hubs once' programmes are being prioritised in the first instance. Recommendations about future capacity and skills development to be produced in Q4.	7T2.2C	Tamsin Hooton	Quarter 1 2025/26 Partially completed	In progress	TCG/System Planning Group	Assured
	7T2.3A	The Integrated Performance report continues to be developed and refined. The report has been updated and includes performance	7T2.2AS	Michelle Arrowsmith	Quarter 1 2025/26	In progress	Finance and Performance Committee ICB Board	Partially assured

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
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**
		through both contract and Delivery Board routes.						
Threat 3	7T3.1A	The 2025/26 Operational Plan was submitted on 27th March 2025. This forms the basis of the Delivery Board Plans. The Delivery Board Plans will detail where projects will achieve the commitments made in the Joint Forward Plan and ICS Strategy.	7T3.1C	Michelle Arrowsmith	Quarter 1 2025/26	In progress	Strategic Commissioning and Integration Committee	Partially assured
	7T3.2A	The Integrated Performance report continues to be developed and refined. The report has been updated and includes performance through both contract and Delivery Board routes.	7T3.1AS	Michelle Arrowsmith	Quarter 1 2025/26	Reported to Board Bi-monthly	Finance and Performance Committee ICB Board	Partially assured
Threat 4	7T4.2A	Operation Periscope initial version is currently live in the ICB. Processes are now being created to enable routine use of this data.	7T4.2C	Michelle Arrowsmith	Quarter 2 2025/26	In progress	ICB Board/ICP Board	Partially assured

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
All assurances are classified as positive assurance unless specified as a Negative Assurance (NA)

ICB – Board Assurance Framework (BAF)

Strategic Risk SR8 – Strategic Commissioning and Integration 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: Dr Chris Weiner ICB Chief Medical Officer **ICB Chair:** Jill Dentith, Chair of Strategic Commissioning and Integration Committee	**System lead:** Dr Chris Weiner, ICB Chief Medical Officer **System forum:** Strategic Commissioning and Integration Committee	**Date of identification:** 17.11.2022 **Date of last review:** 10.04.25

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** **TOLERABLE LEVEL OF RISK as agreed by committee** **12**		**Initial** **12**	**Current** **12**	**Target** **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)
<u>Threat 1</u> 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	• Digital and Data Board (D3B) in place. This provides board support and governance for the delivery of the agreed Digital and Data strategy. • D3B responsible for reporting assurance to ICB Finance and Performance Committee and assurance and direction from the Provider Collaborative Leadership Board. • Strategic Intelligence Group (SIG) established with oversight of system wide data and intelligence capability and driving organisational improvement to optimise available	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. • Monthly Reporting to Finance and Performance Committee, ICB Board, NHSE and NHS Executive Team	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)
	workforce and ways of working • Analytics and business intelligence identified as a key system enabler and priority for strategic planning and operationally delivery in the Digital and Data strategy and Strategic Intelligence Group (SIG) • NHSE priorities and operational planning guidance 23/24 requires the right data architecture in place for population health management	8T1.5C	JUCD Information Governance Group needs formalisation and work required on using data for planning 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	8T1.4A	Operation Periscope initial version is currently live in the ICB. Processes are now being created to routinely use this data in decision making.	8T1.3C	Dr Chris Weiner	Quarter 1 2025/26	In progress	Strategic Intelligence Group (SIG)	Partially assured
	8T1.5A	Director of Population Health joined the ICB in April 2025 with initial remit to perform an in-ICB assessment of inequalities work against CQC-published framework recommendations.	8T1.3C	Dr Chris Weiner	Completed Quarter 4 2024/25	Complete	Strategic Intelligence Group (SIG)	Assured
	8T1.6A	Use of the Data Platform has commenced, however, there is no General Practice or acute detail and a Data Sharing Agreement is required/in progress. No clear timeline at this stage.	8T1.5C	Helen Dillistone	Quarter 1 2025/26	In progress	Business Intelligence Team JUCD IG Group	Partially assured
	8T1.8A	The Integrated Performance report continues to be developed and refined. The report has been updated and includes performance through both contract and Delivery Board routes.	8T1.1AS	Michelle Arrowsmith	Quarter 1 2025/26	In progress Presented to ICB Board bi monthly	Quality, Safety and Improvement Committee, ICB Board	Partially assured

ICB – Board Assurance Framework (BAF)

Strategic Risk SR10 – Finance and Performance 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	Adequate	
	ICB Lead: Andrew Fearn, Interim Joint Chief Digital Officer **ICB Chair:** Nigel Smith, Chair of Finance and Performance Committee	**System lead:** Bill Shields, Chief Finance Officer **System forum:** Finance and Performance Committee Data and Digital Board	**Date of identification:** 17.11.2022 **Date of last review:** 17.04.2025

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**
		TOLERABLE LEVEL OF RISK as agreed by committee				
		12		**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 (e.g. 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)
<u>Threat 1</u> 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.	• D3B responsible for reporting assurance to ICB Finance and Performance Committee and assurance and direction from the Provider Collaborative Leadership Board. • Digital programme team leading and supporting key work in collaboration with system wide Delivery Boards e.g., Urgent and Emergency Care, Elective to embed digital enablement in care delivery. • Digital and Data identified as a key enabler in the Integrated Care Partnership strategy. • NHSE priorities and operational planning guidance requires the right data architecture in place for population health management.	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. • Representation from Clinical Professional Leadership Group on D3B. • Regional NHSE and AHSN representation at D3B provide independent input. • Formal link to the GP IT governance and activity to the wider ICB digital and technology strategy in place via Chief Data Information Officer. • GP presence on Derbyshire Digital and Data Board. • Exploitation of Derbyshire Shared Care Record capabilities; demonstrated through usage data. • Acceptance and adoption of digital		

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)
	• Clear prioritisation of clinical pathway transformation opportunities need formalising through Provider Collaborative and ICB 5 year plan.			improvements by operational teams (COO, primary care and comms support needed – links to digital people plan and Delivery Board outcomes) • Engagement around digital as part of the 10-year plan.		
Threat 2 Digital improvements and substitutions to clinical pathways are not delivered through either a lack of citizen engagement and/or clinical engagement	• Citizen's Engagement forums have a digital and data element.	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 team plans with evidence of delivery, team also engaged with messaging (e.g. Derbyshire Shared Care Record). • Staff surveys showing ability to adopt and influence change. • Patient surveys and D7F results. • Data and Digital Strategy adoption reviewed through Internal Audit • ICB Board, Finance and Performance Committee Assurance Report to escalate concerns and issues.		

Actions to treat threat

Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (e.g. 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. Digital Programme role and responsibility needs to be defined, further action required.	10T1.2C	Andrew Fearn / Workforce lead	From 2025/26 financial year	Commenced	D3B , Digital Implementation Group	Partially assured
	10T1.3A	Adopt ICB prioritisation tool to enable correct resource allocation	10T1.1C	Andrew Fearn / Richard Coates	TBC – requires prioritisation tool	Not yet commenced	D3B	Not assured
Threat 2	10T2.2A	A review of the system communications methods in progress that will support digital comms.	10T2.3C	Andrew Fearn /Sean Thornton	Continuous – Next review June 2025	In progress	Strategic Commissioning and Integration 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 local public facing information. All nationally directed public facing communications facilitated through Communication Team.	10T2.3C	Andrew Fearn /Sean Thornton	Continuous - Next review June 2025	In progress	Strategic Commissioning and Integration Committee / DB3	Partially assured

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
All assurances are classified as positive assurance unless specified as a Negative Assurance (NA)

	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 – Next review June 2025	In progress	Strategic Commissioning and Integration Committee/ DB3	Partially assured

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
All assurances are classified as positive assurance unless specified as a Negative Assurance (NA)

ICB – Board Assurance Framework (BAF)

Strategic Risk SR11 – Finance 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: Andrew Fearn, Interim Joint Chief Digital Officer **ICB Chair:** Nigel Smith, Chair of Finance and Performance Committee	**System lead:** Dr Chris Weiner, Chief Medical Officer **System forum:** Finance and Performance Committee	**Date of identification:** Dec 2024 **Date of last review:** 31.03.25

Strategic risk (what could prevent us achieving this strategic objective)	**There is a risk that the core patient care and business functions of Derbyshire system partners could be compromised or unavailable if there were a successful cyber-attack/disruption, resulting in threats to patient care and safety, and loss or exploitation of personal patient information, amongst others.**	**Risk appetite: target, tolerance and current score** **TOLERABLE LEVEL OF RISK as agreed by committee** **15**		**Initial** **20**	**Current** **16**	**Target** **9**

Strategic threats (what might cause this risk to materialise)	**Impact** (what are the impacts of each of the strategic threats)
• The system does not have a system wide cyber security plan and strategy in place nor therefore a clear understanding of all digital systems and processes in use and their potential vulnerabilities and therefore will not have comprehensive business continuity plans in place. • Cyber security is a complex and changing field, with growing sophistication in the methods used by bad actors, with threats being generated by Ransomware, Malicious Attacks, accidental IT incident. • Contracts held by the ICB do not always contain the necessary controls to ensure appropriate cyber resilience for direct and sub-contracted suppliers.	• There may be gaps in the existing cyber security arrangements which could potentially be exploited by bad actors. • If the system does not maintain its awareness and knowledge as to techniques used and lessons learned from previous attacks, there could be gaps in our cyber security arrangements. • Impacts to patient care, patient treatment pathways, NHS resourcing, NHS financial management

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)
<u>Threat 1</u> **The system does not have a system wide cyber security plan and strategy in place nor therefore a clear understanding of all digital systems and processes in use and their potential vulnerabilities and therefore will not have comprehensive business continuity plans in place.**	• Main providers of digital systems have cyber security arrangements in place. • Business Continuity Plans in place aligned to ISO22301. • Appropriate use of DTAC (Digital Technology Assessment Criteria) • Incident Response Plans in place for each organisation, these to a varied level cover Cyber Incidents	11T1.1C 11T1.2C 11T1.3C 11T1.4C	• Smaller providers, e.g. for websites, apps etc may not have sufficient arrangements evidenced. • Business Continuity plans need full awareness of Digital risks included which are outside of the scope of current templates in usage. • Limited assurance in most organisations around Core Standard 53 "assurance of 3rd party suppliers" this will include digital provision. • No Cyber Response specific ICS plan in place.	• EPRR Core Standards majority of organisations have passed the Business Continuity Section for 2024-25 • Organisations have passed the DSPT Toolkit for 2024-25 which includes an external assurance review • Successful completion and review of DTAC responses • Completed Data Protection Impact Assessment (DPIA), Information Asset Register (IAR) and Information Sharing Agreement (ISA) to ensure the ICB understand the data being shared/processed and the associated risks • Business Continuity arrangements are	11T1.1AS	• Self-assessment via the EPRR Core Standards- commissioning of independent audit of cyber resilience within the Derbyshire system

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)
				all aligned to ISO 22301 as per NHS standing guidance		
Threat 2 **Cyber security is a complex and changing field, with growing sophistication in the methods used by bad actors, with threats being generated by Ransomware, Malicious Attacks, accidental IT incident.**	• Health Emergency Planning Officers Group and the Local Health Resilience Partnership have oversight of risks pertaining to cyber-attack/disruption as identified in the National Security Risk Assessment • Cyber Teams within organisations have good communication pathways that link into the ICB • ICB is part of the Cyber Assurance Network – peer groups share issues and alerts, learning shared. • The ICB, through NECS, are members of the NHS Bitsight and Vulnerability Management Service (VMS). These provide third-party assurance of the security of the perimeter network and the sharing of information on the dark web which could be used to instigate an attack.	11T2.1C 11T2.2C 11T2.3C 11T2.4C	• Assurance of all organisations being signed up at both Cyber and EPRR/Operational level for NHS Digital Cyber Alerts for horizon scanning. • ICS Cyber Resilience Working Group to share best practice and changes in Cyber risk/threat • IT provision to the system is fragmented with different IT providers in organisation. • Assurance not available as to taking learning from across the system and outside of it.	• Cyber Alerts NHS Digital • National Cyber Security Centre resources • NHS EPRR Guidance and Frameworks • JUCD Cyber Security Subgroup	11T2.1AS 11T2.2AS	• Confirmation that all organisations (and pertinent roles) are signed up to the NHS Digital Cyber Alerts • JUCD Cyber Security Subgroup does not have dedicated resource to enable it to maintain system oversight and co-ordinate cyber activity and consistent levels of protection and learning.
Threat 3 **Contracts held by the ICB do not always contain the necessary controls to ensure appropriate cyber resilience for direct and sub-contracted suppliers.**	• NHS Standard contract request production of the Business Continuity Plan for those providing services to/on behalf of the NHS • Audit programme for produced BC Plans by the EPRR Team • IAO data mapping process is in place to ensure data flows are monitored and appropriate protection in place.	11T3.1C 11T3.2C	• Business Continuity Plans are produced however these are not fully audited at present; a process is now in place to review this. • Not all contracts currently contain appropriate clauses including those for sub-contractors.	• EPRR Core Standards • NHS Standard Contract • Reviews of Digital and IG teams to ensure data appropriately managed and protected.	11T3.1AS 11T3.2AS	• Delivery of system oversight assurance under Core Standard 53 • Embedding of skillsets within teams to understand and action the requirements.

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
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** (e.g. assured, partially assured, not assured)	
							Committee/Sub Group Assurance	**Committee level of assurance**
Threat 1 **The system does not have a system wide cyber security plan and strategy in place nor therefore a clear understanding of all digital systems and processes in use and their potential vulnerabilities and therefore will not have comprehensive business continuity plans in place.**	11T1.1A	Conduct system cyber event to update knowledge, identify gaps, map interdependencies and address actions to mitigate threats. Action plan to be held jointly by ICB Digital and EPRR teams and reported via Audit & Governance Committee and through Data & Digital Board.	11T1.4C	EPRR and Digital Leads	23/01/2025 (monthly meeting) Complete - Managed through the established ICS Cyber Resilience task and finish group	Complete	Finance and Performance Committee	Assured
	11T1.2A	Organisations to refresh their business continuity plans in light of the outcomes of the system event and to ensure inclusion of digital risks	11T1.2C	EPRR Leads	31/08/2025	Yes	Finance and Performance Committee	Partially assured
	11T1.3A	Creation of an ICS Cyber Resilience task and finish group to drive forwards the cyber resilience and development of the Cyber Response (ICS Cyber Response CONOPS) arrangements for the system including interdependencies.	11T1.4C 11T1.1AS	EPRR and Digital Leads	23/01/2025. Complete - ICS Cyber Resilience task and finish group meets bi-monthly.	Complete	Finance and Performance Committee	Assured
	11T1.4A	Assurance of commissioned providers process to be enacted during 2025 in relation to cyber resilience and business continuity	11T1.1C 11T1.3C	EPRR and Contracting	31/08/2025	Yes	Finance and Performance Committee	Partially assured
Threat 2 **Cyber security is a complex and changing field, with growing sophistication in the methods used by bad actors, with threats being generated by Ransomware, Malicious Attacks, accidental IT incident**	11T2.1A	Confirmation that all organisations (and pertinent roles) are signed up to the NHS Digital Cyber Alerts	11T2.1C 11T2.1AS	Interim Joint Chief Digital Officer	28/02/2025 Complete	Complete	Finance and Performance Committee	Assured
	11T2.2A	Creation of an ICS Cyber Resilience task and finish group to drive forwards the cyber resilience and development of the Cyber Response arrangements for the system including interdependencies.	11T2.2C	EPRR and Digital Leads	23/01/2025 Complete - meets bi-monthly.	Complete	Finance and Performance Committee	Assured
	11T2.3A	D3B to ensure technical oversight of any ongoing or emergency risks, through technical design and/or any other associated sub groups- link into ICB/ICS Cyber Response Plan(s)	11T2.3C	Interim Joint Chief Digital Officer	31/08/2025	Yes	Finance and Performance Committee	Partially assured
	11T2.4A	Alignment of learning from incidents processes between EPRR and Digital	11T2.4C	EPRR and Digital Leads	Process in place, first meeting planned for Q1 2025/26	Yes	Finance and Performance Committee	Partially assured
	11T2.5A	Head of Digital & IG to liaise with Joint Chief Digital Officer to identify how to address this gap.	11T2.4C	Interim Joint Chief Digital Officer	28/02/2025 Pending ICB re-structure arrangements Q1 2025/26	Yes	Finance and Performance Committee	Partially assured

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
All assurances are classified as positive assurance unless specified as a Negative Assurance (NA)

<u>Threat 3</u> **Contracts held by the ICB do not always contain the necessary controls to ensure appropriate cyber resilience for direct and sub-contracted suppliers.**	11T3.1A 11T3.2A 11T3.3A	Assurance of commissioned providers process to be enacted during 2025 in relation to cyber resilience and business continuity Embedding of skillsets within teams to understand and action the requirements within contract management around IG, EPRR and digital clauses. DSPT return completion this year will show what contracts we have in place and what assurance we have of contracts.	11T3.1C 11T3.2AS 11T3.2AS 11T3.2C 11T3.1AS	EPRR Leads and Contracting EPRR and Digital/IG team with Head of Contracting Digital Leads and Contracting	31/08/2025 31/08/2025 31/08/2025	Yes No No	Finance and Performance Committee Finance and Performance Committee Finance and Performance Committee	Partially assured Partially assured Partially assured

Key: All assurances are classified as internal assurances unless specified as an External Assurance (EA)
All assurances are classified as positive assurance unless specified as a Negative Assurance (NA)