

ICB – Board Assurance Framework (BAF)

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
 - ➔ 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

This BAF includes the following Strategic Risks to the ICB's strategic priorities:

Reference	Strategic risk	Responsible committee	Executive lead	Initial date of assessment	Last reviewed	Target risk score	Previous risk score	Current risk score	Risk appetite risk score	Overall Assurance rating
SR1	There is a risk that increasing need for healthcare intervention is not met in the most appropriate and timely way and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to delivery consistently safe services with appropriate levels of care.	Quality & Performance	Brigid Stacey	17.11.2022	11.05.2023	10	20	20	12	Partially assured
SR2	There is a risk that short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	Quality & Performance	Brigid Stacey	17.11.2022	11.05.2023	10	20	20	12	Partially assured
SR3	There is a risk that the population is not sufficiently engaged in designing and developing services leading to inequitable access to care and outcomes.	Public Partnership Committee	Helen Dillistone	17.11.2022	10.05.2023	9	16	16	12	Partially assured

Reference	Strategic risk	Responsible committee	Executive lead	Initial date of assessment	Last reviewed	Target risk score	Previous risk score	Current risk score	Risk appetite risk score	Overall Assurance rating
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 £3.1bn available funding.	Finance & Estates Committee	Keith Griffiths	17.11.2022	15.05.2023	9	16	16	12	Partially assured
SR5	There is a risk that the system is not able to recruit and retain sufficient workforce to meet the strategic objectives and deliver the operational plans.	People & Culture Committee	Linda Garnett	17.11.2022	10.05.2023	16	20	20	16	Partially assured
SR6	There is a risk that the system does not create and enable One Workforce to facilitate integrated care.	People & Culture Committee	Linda Garnett	17.11.2022	10.05.2023	9	12	12	9	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.	Population Health & Strategic Commissioning Committee	Zara Jones	17.11.2022	15.05.2023	9	12	12	12	Partially assured
SR8	There is a risk that the system does not: A. establish intelligence and analytical solutions to support effective decision making: and B. deliver digital transformation.	Finance & Estates Committee	Jim Austin	17.11.2022	10.05.2023	8	12	12	12	Partially assured
SR9	There is a risk that the gap in health and care widens due to a range of factors (recognising that not all factors may be within the direct control of the system) which limits the ability of the system to reduce health inequalities and improve outcome.	Population Health & Strategic Commissioning Committee	Zara Jones	17.11.2022	15.05.2023	12	16	16	12	Partially assured

Strategic Risk SR1 – Quality and Performance Committee

Strategic Aim – To improve overall health outcomes including life expectancy and healthy life expectancy rates for people (adults and children) living in Derby and Derbyshire.		Committee overall assurance level Partially assured						
		ICB Lead: Brigid Stacey, Chief Nursing Officer ICB Chair: Adedeji Okubadejo, Chair of Quality & Performance Committee		System lead: Brigid Stacey, Chief Nursing Officer, Dr Robyn Dewis System forum: System Quality Group		Date of identification: 17.11.2022 Date of last review: 11.05.2023		
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 RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 12				Initial 20	Current 20	Target 10
			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		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						
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	<ul style="list-style-type: none"> Derbyshire ICS Integrated Quality and Performance Report has been refined and is reported and managed by the System Quality and Performance Committee monthly. These will highlight areas of significant concern. System Deep Dives provide further assurance at the Quality and Performance Committee. Deep dives are identified where there is lack of performance/ or celebration of good performance The Integrated Assurance and Performance Report has been developed and is reported to public ICB Board bimonthly. Specific section focuses on Quality. Health inequalities programme of work supported by the strategic intent function of the ICS, the anchor institution and the plans for data and 	1T1.1C 1T1.2C 1T1.3C 1T1.4C 1T1.5C	Intelligence and evidence are required to understand health inequalities, make decisions and review ICS progress. Plan for data and digital need to be developed further. Lack of real time data collections. Requirement for streamlining Data and Digital needs of all Partners (Including LA's). Finalised and implemented System BAF.	<ul style="list-style-type: none"> Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. System Quality Group assurance to the Quality and Performance Committee and ICB Board. System Quality Group assurance on System risks and ICB Risks. Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. Agreed ICB Quality Risk escalation Policy. Risk Escalations from SQG to Q&P. Quality and Safety Forum provides assurance into the System Quality Group and meets bi-monthly. This provides the detailed sense check of reporting. 	1T1.1AS 1T1.2AS	The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board. Consistent escalation reporting across the system to be agreed.		

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control 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)
	<p>digital management. This reports to the PHSCC.</p> <ul style="list-style-type: none"> Agreed ICB Quality Risk Escalation Policy. Risk Escalations from System Quality Group to Quality and Performance Committee. Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023. ICB and ICS Exec Teams in place. 					
<p>Threat 2 Lack of system ownership and capacity by the Integrated Care Partnership (ICP) and County and City Councils</p>	<ul style="list-style-type: none"> Agreed System Quality infrastructure in place across Derbyshire Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023. Agreed System Quality and Performance Dashboard to include inequality measures Agreed NHSE Core20PLUS5 Improvement approach to support the reduction of health inequalities. ICB Board and Derbyshire Trusts approved and committed to the delivery of the Derbyshire ICS Green Plan. Agreed Derby and Derby City Air Quality Strategy. 	<p>1T2.1C</p> <p>1T2.2C</p>	<p>Derbyshire ICS Health Inequalities Strategy has been developed and requires approval from the ICP and ICB Board.</p> <p>Integrated Care Strategy is in place and requires sign off from Local Authority Cabinets</p>	<ul style="list-style-type: none"> Dr Robyn Dewis, Director of Public Health Derby City is the Chair of Health Inequalities Group across the System Approved Integrated Care Partnership (ICP) Terms of Reference by the ICP and ICB Board. ICP is now formally meeting in Public from February 2023. County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. Agreed Core20PLUS5 approach across Derbyshire. 	<p>1T2.1AS</p>	<p>Derbyshire ICS Health Inequalities Strategy has been developed and requires approval from the ICP and ICB Board.</p>
<p>Threat 3 Ineffective Commissioning of services across Derby and Derbyshire</p>	<ul style="list-style-type: none"> Derbyshire Cost Improvement Programme (CIP) in progress and Service Benefit Reviews challenge process is in place to support efficiencies. Agreed Prioritisation tool is in place. Population Health Strategic Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions. Robust system QEIA process for commissioning/ decommissioning schemes Agreed targeted Engagement Strategy – to implement engagement element of Comms & Engagement strategy. Robust Citizen engagement across Derbyshire and reported through Public Partnerships Committee. 	<p>1T3.1C</p> <p>1T3.2C</p> <p>1T3.3C</p> <p>1T3.4C</p>	<p>Commissioning to focus on patient cohorts, with measures around services to be put in place to support reduction of inequalities.</p> <p>Increase Patient Experience feedback and engagement.</p> <p>CIP programme requires further development.</p> <p>Integrated Care Strategy is in place requires sign off from Local Authority Cabinets</p>	<ul style="list-style-type: none"> Agreed ICS 5 Year Strategy in place Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. Population Health Strategic Commissioning Committee assurance to the ICB Board via the Assurance Report. System Quality Group assurance to the Quality and Performance Committee and ICB Board. System Quality Group assurance on System risks and ICB Risks Public Partnerships Committee Public assurance to ICB Board. NHSE Assurance Reviews and Assurance Letters provide evidence of compliance and any areas of concern. 	<p>1T3.1AS</p> <p>1T3.2AS</p> <p>1T3.3AS</p>	<p>2023/24 Operational Plan in place and submitted to NHSE</p> <p>Integrated Care Strategy is in place requires sign off from Local Authority Cabinets</p> <p>Draft Joint Forward Plan in place and will be published by 30th June 2023</p>

Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1 -	1T1.1A	Development of Intelligence and dashboard to evidence Core20PLUS5 principles	1T1.1C 1T1.2C 1T1.3C 1T1.4C	Dr Robyn Dewis	Quarter 2 2023/24	Commenced	Population Health and Strategic Commissioning Committee	Partially assured
	1T1.2A	Development of Integrated Care Strategy and sign-off by Local Cabinets	1T1.1C 1T2.2C 1T3.3C 1T3.4C 1T3.2AS 2T2.1AS 6T1.1AS 7T1.5AS 7T2.4AS 7T3.3AS 7T4.2AS	Zara Jones	Quarter 2 2023/24	Commenced	ICB Board/ Integrated Care Partnership/ Population Health and Strategic Commissioning Committee	Partially assured
	1T1.3A	Triangulation with Provider System BAF	1T1.5C	Chrissy Tucker	Quarter 2 2023/24	Commenced	ICB Board/Corporate Committees	Partially assured
Threat 2	1T2.1A	Development of a system Health Inequalities strategy as part of the wider Integrated Care Partnership strategy	1T2.1C 1T2.1AS	Dr Robyn Dewis	Quarter 2 2023/24	Commenced	Population Health and Strategic Commissioning Committee	Partially assured
Threat 3	1T3.1A	Development of Patient Experience Plan	1T3.2C	Letitia Harris	30/06/2023	Commenced	System Quality Group	Partially assured
	1T3.2A	Development of Operational Plan	1T3.1C 1T3.1AS 4T3.1AS 7T1.4AS 7T2.3AS 7T3.2AS 7T3.3AS 7T4.1AS	Executive Team	Quarter 1 2023/24	Commenced	ICB Board	Partially assured
	1T3.3A	Development of Joint Forward Plan	1T3.3AS 7T1.6AS 7T2.5AS 7T3.4AS 7T4.3AS	Zara Jones	Quarter 1 2023/24	Commenced	ICB Board	Partially assured

Strategic Risk SR2 – Quality and Performance Committee

Strategic Aim – To improve overall health outcomes including life expectancy and healthy life expectancy rates for people (adults and children) living in Derby and Derbyshire.		Committee overall assurance level		Partially assured			
		ICB Lead: Brigid Stacey, Chief Nursing Officer ICB Chair: Adedeji Okubadejo, Chair of Quality & Performance Committee		System lead: Brigid Stacey, Chief Nursing Officer, Dr Robyn Dewis System forum: System Quality Group		Date of identification: 17.11.2022 Date of last review: 11.05.2023	
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	Risk appetite: target, tolerance and current score			Initial	Current	Target
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee				20	20
Strategic threats (what might cause this risk to materialise)				Impact (what are the impacts of each of the strategic threats)			
<ol style="list-style-type: none"> Lack of system ownership and collaboration The ICS short term needs are not clearly determined Lack of coordination across Derbyshire results in health outcomes and life expectancy improvements not being achieved 				<ol style="list-style-type: none"> No intelligence and data to support the improvement healthcare intervention Lack of clarity of direction and expectations, with all parts of the system identifying their own role in achieving the objectives Inability to deliver safe services and appropriate standards of care across Derbyshire 			
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	
Threat 1 Lack of system ownership and collaboration	<ul style="list-style-type: none"> ICB and ICS Exec Teams in place Agreed System Quality infrastructure in place across Derbyshire System Committees are in place and established since July 2022. Integrated Care Partnership (ICP) was established in shadow form and met in formally Public from February 2023. JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system. Provider Collaborative Leadership Board in place overseeing Delivery Boards and other delivery groups. System Delivery Boards in place - providing a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact. Agreed System Quality and 	2T1.1C 2T1.2C 2T1.3C 2T1.4C	<p>Intelligence and evidence to understand health inequalities, make decisions and review ICS progress.</p> <p>In some cases, the 'scope' of System Delivery Board focus is not sufficiently broad enough to tackle the root cause of problems and thus there is an issue that system partners are crowded out from influencing the business of the Board.</p> <p>Level of maturity of Delivery Boards and PCLB</p> <p>Level of maturity of the ICP</p>	<ul style="list-style-type: none"> Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. System Quality Group assurance to the Quality and Performance Committee and ICB Board. System Quality Group assurance on System risks and ICB Risks. Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE Consistent management reporting across the system to be agreed NHS Executive Team in place NHSE Assurance Reviews and Assurance Letters provide evidence of compliance and any areas of concern. 	2T1.1AS	The Integrated Assurance and Performance Report is in place but will 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)
	Performance Dashboard to include inequality measures.					
Threat 2 The ICS short term needs are not clearly determined	<ul style="list-style-type: none"> Agreed ICS 5 Year Strategy sets out the short-term priorities Agreed ICB Strategic Objectives Integrated Care Strategy approved ICB Board and ICP and requires sign off from Local Authority Cabinets Integrated Care Partnership (ICP) was established in shadow form and met in formally Public from February 2023. System planning & co-ordination group managing overall approach to planning Agreed Commissioning Intentions in place 	2T2.1C 2T2.2C	<p>Commissioning to focus on patient cohorts, with measures around services to be put in place to support reduction of inequalities.</p> <p>Increase Patient Experience feedback and engagement.</p>	<ul style="list-style-type: none"> The ICB Board Development Sessions provide dedicated time to agree ICB/ ICS Priorities. ICB Board agreement of Strategic Objectives 	2T2.1AS	Integrated Care Strategy is in place requires sign off from Local Authority Cabinets
Threat 3 Lack of coordination across Derbyshire results in health outcomes and life expectancy improvements not being achieved	<ul style="list-style-type: none"> Agreed NHSE Core20PLUS5 Improvement approach to support the reduction of health inequalities Agreed System Quality & Performance dashboard to include inequality measures County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. Integrated Care Partnership (ICP) was established in shadow form and met in formally Public from February 2023. Robust Citizen engagement across Derbyshire and reported through Public Partnerships Committee4 	2T3.1C 2T3.2C 2T3.3C	<p>Derbyshire ICS Health Inequalities Strategy has been developed and requires approval from the ICP and ICB Board.</p> <p>Ensuring prevention is embedded in all Care pathways.</p> <p>Alignment between the ICS and the City and County Health and Wellbeing Boards</p>	<ul style="list-style-type: none"> County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. Public Partnerships Committee Public assurance to ICB Board. 	2T3.1AS	Derbyshire ICS Health Inequalities Strategy has been developed and requires approval from the ICP and ICB Board.

Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1	2T1.1A	Develop the Intelligence and evidence to understand health inequalities	2T1.1C	Dr Robyn Dewis	Quarter 2 2023/24	Commenced	Population Health & Strategic Commissioning Committee	Partially assured
	2T1.2A	Clarification of the scope and Terms of References of Provider Collaborative Leadership Board and System Delivery Boards	2T1.2C 2T1.3C 7T1.3C 7T2.5C 7T4.6C	Tamsin Hooton	Quarter 2 2023/24	Commenced	Provider Collaborative Leadership Board/ System Delivery Boards	Partially assured
	2T1.3A	ICB Board Development Session to discuss Provider Collaborative Leadership Board and System Delivery Boards	2T1.2C 2T1.3C 7T1.3C 7T2.5C 7T4.6C	Helen Dillistone	Quarter 3 2023/24	Commenced	ICB Board	Partially assured
	2T1.4A	Annual Review of the Integrated Care Partnership to determine alignment and	2T1.4C 2T1.3C	Helen Dillistone/ICP Chair	Quarter 4 2023/24	Not yet commenced	Integrated Care Partnership	Partially assured

		relationships between ICP, Health and Wellbeing Boards and the ICS						
Threat 2	2T2.1A	Develop Patient Experience Plan	2T2.1C 2T2.2C	Letitia Harris	30/06/2023	Commenced	System Quality Group	Partially assured
Threat 3	2T3.1A	Development of a system Health Inequalities strategy as part of the wider Integrated Care Partnership strategy	2T3.1C 2T3.1AS 2T3.2C	Dr Robyn Dewis	Quarter 2 2023/24	Commenced	Population Health & Strategic Commissioning Committee	Partially assured

Strategic Risk SR3 – Public Partnership 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: Helen Dillistone, Executive Director of Corporate Affairs ICB Chair: Julian Corner, Chair of Public Partnership Committee		System lead: Helen Dillistone, Executive Director of Corporate Affairs System forum: Public Partnership Committee		Date of identification: 17.11.2022 Date of last review: 10.05.2023		
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the population is not sufficiently engaged in designing and developing services leading to inequitable access to care and outcomes.	Risk appetite: target, tolerance and current score RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 12						Initial 16	Current 16	Target 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 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 communications and engagement team are not sufficiently resourced to be able to engage with the public and local communities in a meaningful way.		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. Services do not meet the needs of patients, preventing them from being value for money and effective.								
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.	<ul style="list-style-type: none"> Agreed system Communications & Engagement Strategy. Agreed targeted Engagement Strategy – to implement engagement element of C&E strategy. Agreed Guide to Public Involvement, now being rolled out to ICB and then broader system. Public Partnership Committee now established and identifying role in assurance of softer community and stakeholder engagement. Communications and Engagement Team leaders are linked with the emerging system strategic approach, 	3T1.1C 3T1.2C 3T1.3C	Analysis of insight in relation to stated system priorities required, to inform further targeted engagement work. Require engagement team involvement in NHS planning development. All aspects of the Engagement Strategy need to be developed and implemented. This includes the Insight Framework, Co-production Framework and Evaluation Framework. The Governance Framework also needs further development.	<ul style="list-style-type: none"> Senior managers have membership of IC Strategy Working Group to influence Comprehensive legal duties training programme for engagement professionals Public Partnership Committee assurance to ICB Board Public Partnership Committee Assurance to ICB Board on identified risks ePMO gateway structure ensures compliance with PPI process National Oversight Framework ICB annual assessment evidence 	3T1.1AS 3T1.2AS 3T1.3AS 3T1.4AS	Analysis of insight in relation to stated system priorities required to inform further targeted engagement work. Further work is needed with providers to embed the guide to PPI, especially around system transformation programmes. Assurance on skills relating to cultural engagement and communication across all JUCD partners ICB self-assessment and submission				

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)
	<ul style="list-style-type: none"> including the development of place alliances. Insight summarisation is informing the priorities within the strategy. 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. Proof of Concept Project starting in New Year. Agreed gateway for PPI form on the ePMO system. 	<p>3T1.4C</p> <p>3T1.5C</p> <p>3T1.6C</p>	<p>Once Insight Framework proof of concept work is up and running, establish how we make better use of insight in the system. Collect it, collate it, analyse and interpret it, and put it in a format that the system can use to ensure public participation is informing decision making.</p> <p>Further work is needed with providers to embed the guide to PPI, especially around system transformation programmes.</p> <p>Assurance on skills relating to cultural engagement and communication across all JUCD partners</p>	<ul style="list-style-type: none"> Benchmarking against comparator ICS approaches. 		
<p>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.</p>	<ul style="list-style-type: none"> Agreed system Communications & Engagement Strategy, with ambitions on stakeholder relationship management. Membership of key strategic groups, including Executive Team, Delivery Board, Senior Leadership Team and others to ensure detailed understanding of progression. Functional and well-established system communications and engagement group. 	<p>3T2.1C</p> <p>3T2.2C</p> <p>3T2.3C</p> <p>3T2.4C</p>	<p>Development of system stakeholder communication methodologies understand and maintain/improve relationships and maximise reach</p> <p>Systematic change programme approach to system development and transformation not yet articulated/live.</p> <p>Staff awareness of work of ICS and ICB programme, to enable to recruitment of advocates for the work</p> <p>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.</p>	<ul style="list-style-type: none"> NHS/ICS ET membership and ability/requirement to provide updates ePMO progression Public Partnership Committee Assurance to ICB Board on identified risks ePMO gateway structure ensures compliance with PPI process Benchmarking against comparator ICS approaches National Oversight Framework ICB annual assessment evidence 	3T2.1AS	ICB self-assessment and submission
<p>Threat 3 The complexity of change required, and the speed of transformation 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.</p>	<ul style="list-style-type: none"> Agreed system Communications & Engagement Strategy. Agreed Guide to Public Involvement, now being rolled out to ICB and then broader system. Public Partnership Committee now established and identifying role in assurance of softer community and stakeholder engagement. ePMO gateway process includes engagement assessment check Training programme underway with managers on PPI governance requirements and process 	3T3.1C	Clear roll out timescale for transformation programmes	<ul style="list-style-type: none"> Comprehensive legal duties training programme for engagement professionals PPI Governance Guide training for project/programme managers Public Partnership Committee assurance to ICB Board ePMO progression Public Partnership Committee Assurance to ICB Board on identified risks ePMO gateway structure ensures compliance with PPI process National Oversight Framework ICB annual assessment evidence 	3T3.1AS	ICB self-assessment and submission

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 4 The communications and engagement team are not sufficiently resourced to be able to engage with the public and local communities in a meaningful way.	<ul style="list-style-type: none"> Detailed work programme for the engagement team Clearly allocated portfolio leads across team to share programmes Distributed leadership across system communications professionals supports workload identification and delivery. 	3T4.1C	Clear roll out timescale for transformation programmes to enable resource assessment	<ul style="list-style-type: none"> Wrike Planning Tool Risk/threat monitored by Public Partnership Committee 	3T4.1AS	Benchmarking against comparator ICS approaches
		3T4.2C	Quantification of required capacity challenging			
		3T4.3C	Delivery of Communications & Engagement Strategy infrastructure work requires completion and is competing factor			

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	3T1.1A	Secure attendance in NHS Joint Forward Plan development group.	3T1.1C 3T1.2C 3T1.1AS	Sean Thornton	31 March 2023	Complete	JFP Development Group	Partially assured
	3T1.2A	Ongoing implementation of Engagement Strategy frameworks	3T1.1C 3T1.3C 3T1.1AS	Karen Lloyd	31 March 2024+	Commenced	Public Partnership Committee	Partially assured
	3T1.3A	Ongoing implementation of Insight Framework approach	3T1.1C 3T1.4C 3T1.1AS	Karen Lloyd	31 March 2024+	Commenced	Public Partnership Committee	Partially assured
	3T1.4A	Programme of work to roll out PPI Guide with system partners, including general practice	3T1.1C 3T1.5C 3T1.1AS 3T1.2AS	Karen Lloyd	31 March 2023+	Commenced	Public Partnership Committee	Partially assured
	3T1.5A	Assess current team skills in cultural engagement and communications, including channel assessment, and devise action plan to close gaps/implement training and development.	3T1.1C 3T1.6C 3T1.1AS 3T1.3AS	Sean Thornton	31 December 2023	Commenced	Communications and Engagement Team	Partially assured
	3T1.6A	Completion of ICB self-assessment and submission to NHSE	3T1.4AS 3T2.1AS 3T3.1AS	Helen Dillistone	End of Quarter 2/ Quarter 3	Commenced	Corporate Delivery Team/Public Partnership Committee/Audit and Governance Committee	Partially assured
Threat 2	3T2.1A	Delivery of Communications and Engagement Strategy Stakeholder chapter to scope processes on relationship managing and stakeholder perceptions, resulting in business case.	3T2.1C	Andy Kemp	31 March 2024+	Commenced	Public Partnership Committee	Partially assured
	3T2.2A	Meet with ePMO colleagues to understand change model approach to system transformation, including financial context for 23/24.	3T2.1C 3T2.2C 3T2.4C	Sean Thornton	30 June 2023	Commenced	Communications and Engagement Team	Partially assured

	3T2.3A	Delivery of Communications and Engagement Strategy Internal Communications chapter to create platform for engagement with ICB and system staff, building on existing mechanisms.	3T2.1C 3T2.3C	David Lilley-Brown	31 March 2024	Commenced	Communications and Engagement Team	Partially assured
	3T2.4A	Develop proposal and business case for UEC behaviour/insight programme following social marketing principles.	3T1.1C	Donna Broughton	31 July 2023	Commenced	Communications and Engagement Team	Partially assured
	3T2.5A	Completion of ICB self-assessment and submission to NHSE	3T2.1AS	Helen Dillistone	End of Quarter 2/ Quarter 3	Commenced	Corporate Delivery Team/Public Partnership Committee/Audit and Governance Committee	Partially assured
Threat 3	3T3.1A	Allied to ePMO programme review, implement scoping exercise across system/ICB delivery boards and other groups to establish baseline of work	3T3.1C	Sean Thornton	31 July 2023	Commenced	Communications and Engagement Team	Partially assured
	3T3.2A	Programme of work to roll out PPI Guide with system partners, including general practice	3T3.2A	Karen Lloyd	31 March 2024+	Commenced	Public Partnership Committee	Partially assured
	3T3.3A	Completion of ICB self-assessment and submission to NHSE	3T3.1AS	Helen Dillistone	End of Quarter 2/ Quarter 3	Commenced	Corporate Delivery Team/Public Partnership Committee/Audit and Governance Committee	Partially assured
Threat 4	3T4.1A	Allied to ePMO programme review, implement scoping exercise across system/ICB delivery boards and other groups to establish baseline of work	3T4.1C	Sean Thornton	31 March 2023	Commenced	Communications and Engagement Team	Partially assured
	3T4.2A	Confer with regional ICB leads on appetite for potential benchmarking approach to understand approaches, team roles, capacity.	3T4.1C 3T4.2C 3T4.1AS	Sean Thornton	31 March 2024	Commenced	Communications and Engagement Team	Partially assured
	3T4.3A	Implement remaining elements of Communications and Engagement Strategy chapters	3T4.1C 3T4.3C	Sean Thornton & team	31 March 2024+	Commenced	Public Partnership Committee	Partially assured

ICB – Board Assurance Framework (BAF)

Strategic Risk SR4 – Finance and Estates 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: Keith Griffiths, Chief Finance Officer ICB Chair: Richard Wright, Finance and Estates Committee Chair		System lead: Keith Griffiths, Chief Finance Officer System forum: Finance and Estates Committee				
		Date of identification: 17.11.2022 Date of last review: 15.5.2023				
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 £3.1bn available funding.	Risk appetite: target, tolerance and current score RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 12				
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 £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	<ul style="list-style-type: none"> Given the scale of the challenge there is no single control that can be put in place to totally mitigate this risk now. Detailed triangulation of activity, workforce and finances in place Provider Collaborative overseeing 'performance' and transformation programmes to deliver improvement in productivity 	4T1.1C 4T1.2C 4T1.3C 4T1.4C 4T1.5C	New Workforce and Clinical Models Plan. Triangulated activity, workforce, and financial plan. Do not understand the low productivity to address the clinical workforce modelling. Benchmark against pre Covid data and activity as a starting point to get to sustainable levels. Do not have the management processes in place to deliver the plans	<ul style="list-style-type: none"> Financial data and information is trusted but needs further work to translate into a sustainable plan. Workforce planning is in its infancy and improving but is not yet robust enough to be fully triangulated with demand, capacity, and financial plans. Five-year financial plan has been prepared to accelerate and influence change. Operational Plan and strategic plan being agreed at Board level. Integrated Assurance and Performance Report. 	4T1.1AS	The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
		4T1.6C	and level of productivity / efficiency required. The integrated assurance and performance report needs to be developed further to triangulate areas of activity, workforce, and finance.			
Threat 2 Shortage of out of hospital provision across health and care impacts on productivity levels	<ul style="list-style-type: none"> Not aware of effective controls now, and the solution requires integrated changes across social care and the NHS Collaborative escalation arrangements in place across health and care to ensure maximum cover out of hospital and flow in hospital is improved. Programme delivery boards for urgent and elective care review 	4T2.1C 4T2.2C 4T2.3C 4T2.4C 4T2.5C	National shortage in supply of out of hospital beds and services for medically fit for discharge patients prevents full mitigation. New Workforce strategy and Clinical Model required, alongside clear priorities for improving population health. Triangulated activity, workforce, and financial plan. Do not fully understand the low productivity levels and the opportunities to improve via the clinical workforce. Benchmark against pre Covid data and activity as a starting point to get to sustainable levels.	<ul style="list-style-type: none"> Integrated assurance and performance report and tactical responses agreed at Board level. Assurances for permanent, long-term resolution not available. National productivity assessment tool now available to assist all systems across the country, which will be used to influence 23/24 planning and delivery. 	4T2.1AS	The Integrated Assurance and Performance Report is in place and will 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	<ul style="list-style-type: none"> The CIP and Transformation Programme is not owned by leads, managed, implemented, and reported on for Finance to build into the system financial plan. EPMO system has been established and is led by Transformation Director. EPMO has list of efficiency projects only that are not developed to a level where the financial impact can be assured. Long term national funding levels are insufficient and uncertain, meaning despite radical improvements in efficiency and structural, transformational change, a financial gap to breakeven will remain. 	4T3.1C 4T3.2C 4T3.3C 4T3.4C 4T3.5C	Need to embed and cascade ICB savings target / CIP plan – staff at all levels to understand imperative and role in identification of savings / innovation. Ownership of system resources held appropriately. The EPMO System is not fully developed, owned, and managed to make the savings required. Programme delivery boards need to refocus on delivering cash savings as well as pathway change. The provider collaborative needs to drive speed and scope through the programme delivery boards	<ul style="list-style-type: none"> Reconciliation of financial ledger to EPMO System. SLT monthly finance updates provided – including recalibration of programme in response to emerging issues. Finance and Estates Committee oversight. Weekly system wide FD meetings focussed on long term financial stability, with real evidence of effective distributive leadership and collegiate decision making. 	4T3.1AS	2023/24 Operational Plan in place and submitted to NHSE, awaiting approval

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 4 National funding model does not reflect clinical demand and operational / workforce pressures	<ul style="list-style-type: none"> National political uncertainty alongside national economic and cost of living crisis means long term, stable and adequate financial allocations are unlikely to emerge in the short to medium term 	4T4.1C	No assurance can be given	<ul style="list-style-type: none"> 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. 	4T4.1AS	No assurance can be given
Threat 5 National funding model does not recognise that Derbyshire Providers receive £900m from other ICBs	<ul style="list-style-type: none"> ICB allocations are population based and take no account of the fact that UHDB manages and 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	<ul style="list-style-type: none"> The impact of this will continue to be calculated and will be demonstrated when appropriate. 	4T5.1AS	No assurance can be given

Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1	4T1.1A	Development of Triangulated Demand, Workforce and Financial plan	4T1.1C 4T1.2C 4T1.6C	Zara Jones	Awaiting national guidance – estimated 31/03/2023	Commenced	TBC	Partial assurance given the transparency and debate at Board level, recognising the socio-economic environment the health and care sectors are currently navigating and the scale of the tasks that lie ahead – both operationally and culturally.
	4T1.2A	Benchmark exercise and Report against pre covid levels of activity	4T1.1C 4T1.4C	Linda Garnett, Keith Griffiths		Commenced	TBC	
	4T1.3A	Develop management processes to deliver plans and level of productivity required	4T1.1C 4T1.3C 4T1.5C	Executive Team		Commenced	TBC	
	4T1.4A	Development of Integrated Assurance and Performance Report to ensure Board expectations are met	4T1.1C 4T1.1AS 1T1.1AS 2T1.1AS 5T1.1AS 5T2.1AS 5T3.1AS 6T1.2AS 6T2.1AS 7T1.1AS 7T2.1AS 7T3.1AS	Executive Team	End of Quarter 2 2023/24	Commenced	ICB Board	
Threat 2	4T2.1A	Development of new Workforce and Clinical Models Plan	4T1.2C 4T2.2C 4T2.4C	Linda Garnett/ Chris Weiner	End of Quarter 3 2023/24	Commenced	TBC	Partial assurance given the transparency and debate at board level, recognising the socio-

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
	4T2.2A	Development of Triangulated Demand, Workforce and Financial plan	4T2.1C 4T2.3C	Executive Team	End of Quarter 3 2023/24	Commenced	TBC	economic environment the health and care sectors are currently navigating and the scale of the tasks that lie ahead – both operationally and culturally
	4T2.3A	Benchmark exercise and report against pre covid levels of activity	4T2.1C 4T2.5C	Executive Team	End of Quarter 3 2023/24	Commenced	TBC	
Threat 3	4T3.1A	Develop and embed EPMO System	4T3.3C	Tamsin Hooton	End of Quarter 1 2023	Commenced	TBC	Partial assurance through evidence of improving reporting and accountability, although real delivery is yet to be seen
	4T3.2A	CIP Engagement Plan being implemented	4T3.1C	Tamsin Hooton	End of Quarter 1 2023	Commenced	TBC	
Threat 4	4T4.1A	National Allocations unclear	4T4.1C 4T4.1AS	Executive Directors / NEMs	Ongoing		TBC	Not assured
Threat 5	4T5.1A	The ICB will continue to lobby the Regional and National teams	4T5.1C 4T5.1AS	Keith Griffiths	Ongoing		TBC	A significant change in allocation policy at National level will need to take place to rectify this issue.

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: Linda Garnett, Interim Chief People Officer ICB Chair: Margaret Gildea, Chair of People and Culture Committee		System lead: Linda Garnett, Interim Chief People Officer System forum: People and Culture Committee		Date of identification: 17.11.2022 Date of last review: 10.05.2023	
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the system is not able to recruit and retain sufficient workforce to meet the strategic objectives and deliver the operational plans.	Risk appetite: target, tolerance and current score RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 16					Initial 20	Current 20	Target 16
Strategic threats (what might cause this risk to materialise)			Impact (what are the impacts of each of the strategic threats)						
1. Lack of system alignment between activity, people and financial plans 2. Staff resilience and wellbeing 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 and the scale of vacancies across health and care and some specific professions			1. There is an under supply of people to meet the activity planned and the funding available 2. Increased sickness absence, deterioration in relationships and higher turnover particularly people retiring early leading to gaps in the staffing required to deliver services 3. People are 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, 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 Lack of system alignment between activity, people and financial plans	<ul style="list-style-type: none"> An Integrated planning approach has been agreed across the system covering finance activity and workforce. Agreed System level SRO for Workforce Planning supported by Workforce Strategy and Planning Assistant Director The System People and Culture Committee provides oversight of workforce across the system The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan. People Services Collaborative Delivery Board has oversight of operational issues 	5T1.1C 5T1.2C	There is not an agreed integrated planning tool or system across all partners due to affordability. The Primary Care workforce plans are not aligned with other system plans.	<ul style="list-style-type: none"> Monthly monitoring of workforce numbers and temporary staffing spend vs budget and agency spend. Approved System One Workforce Strategy and Workforce plan Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan. People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce. 	5T1.1AS 5T1.2AS	The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board. Consistent escalation reporting across the system to be agreed.			

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control 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 2 Staff resilience and wellbeing is negatively impacted by environmental factors e.g. the industrial relations climate and the financial challenges in the system	<ul style="list-style-type: none"> A Comprehensive staff wellbeing offer is in place and available to Derbyshire ICS Employees Engagement and Annual staff opinion surveys are undertaken across the Derbyshire Providers and ICB The System People and Culture Committee provides oversight of workforce across the system The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan People Services Collaborative Delivery Board has oversight of operational issues Enhanced Leadership Development offer to support Managers and promoting Health and Wellbeing. 	5T2.1C	Funding for wellbeing offer is not recurrent	<ul style="list-style-type: none"> Monthly monitoring of absence and turnover People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce. System Wellbeing Group provides performance information to the People Services Collaborative Delivery Board. 	5T2.1AS	The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board.
		5T2.2C	Staff opinion surveys are not carried out across the Primary Care sector.		5T2.2AS	Despite measures being in place the situation is deteriorating in terms of staff health and being due to a range of factors.
		5T2.3C	The Leadership Development offer is not yet fully embedded in each organisation.			
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	<ul style="list-style-type: none"> Promotion of social care roles as part of Joined Up careers programme The System People and Culture Committee provides oversight of workforce across the system Integrated Care Partnership (ICP) was established in shadow form and now meets in Public from February 2023 onwards 	5T3.1C	More work required to understand how the NHS can provide more support to care sector employers	<ul style="list-style-type: none"> Monthly monitoring of vacancies via Skills for Care data People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce. Approved Integrated Care Partnership (ICP) Terms of Reference by the ICP and ICB Board. 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 range of widening participation and resourcing proposals to support with DCC Homecare Strategy 23/24 	5T3.1AS	The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board.
		5T3.2C	Lack of Workforce representation on the ICP.		5T3.2AS	Insufficient connection with People and Culture and the ICP
		5T3.3C	Insufficient connection with People and Culture and the ICP			

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	5T1.1A	Refresh of 22/23 workforce plan	5T1.2C	Sukhi Mahil	Quarter 1 2023/24	Commenced	People & Culture Committee	Partially assured
	5T1.2A	Design approach for 23/24 plan, agree common assumptions and ensure plan is workforce and activity lead.	5T1.1C	Sukhi Mahil	Quarter 1 2023/24	Commenced	People & Culture Committee	Partially assured

Threat 2	5T2.1A	Continue to spread and embed well-being offer	5T2.3C 5T2.2AS	Nicola Bullen	Review 30.06.2023	Commenced	TBC	Partially assured
	5T2.2A	Review Occupational Health Services to ensure they are focused on promoting health and wellbeing	5T2.2AS	Nicola Bullen	Quarter 1 2023/24	Commenced	TBC	Partially assured
Threat 3	5T3.1A	Continue to develop system wide recruitment campaigns to meet demand for health and care across Derbyshire	5T3.1C 5T3.2C 5T3.3C	Susan Spray	System Recruitment campaigns planned until 31.12.2023	Commenced	People & Culture Committee	Partially assured

Strategic Risk SR6 – 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: Linda Garnett, Interim Chief People Officer ICB Chair: Margaret Gildea, Chair of People and Culture Committee		System lead: Linda Garnett, Interim Chief People Officer System forum: People and Culture Committee																																					
		Date of identification: 17.11.2022 Date of last review: 10.05.2023																																					
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the system does not create and enable One Workforce to facilitate integrated care.	Risk appetite: target, tolerance and current score RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 9	<table border="1"> <caption>Strategic Risk 6 Data</caption> <thead> <tr> <th>Month</th> <th>Current risk level</th> <th>Tolerable risk level</th> <th>Target risk level</th> </tr> </thead> <tbody> <tr> <td>Nov-22</td> <td>12</td> <td>9</td> <td>9</td> </tr> <tr> <td>Dec-22</td> <td>12</td> <td>9</td> <td>9</td> </tr> <tr> <td>Jan-23</td> <td>12</td> <td>9</td> <td>9</td> </tr> <tr> <td>Feb-23</td> <td>12</td> <td>9</td> <td>9</td> </tr> <tr> <td>Mar-23</td> <td>12</td> <td>9</td> <td>9</td> </tr> <tr> <td>Apr-23</td> <td>12</td> <td>9</td> <td>9</td> </tr> <tr> <td>May-23</td> <td>12</td> <td>9</td> <td>9</td> </tr> <tr> <td>Jun-23</td> <td>12</td> <td>9</td> <td>9</td> </tr> </tbody> </table>	Month	Current risk level	Tolerable risk level	Target risk level	Nov-22	12	9	9	Dec-22	12	9	9	Jan-23	12	9	9	Feb-23	12	9	9	Mar-23	12	9	9	Apr-23	12	9	9	May-23	12	9	9	Jun-23	12	9	9
Month	Current risk level	Tolerable risk level	Target risk level																																				
Nov-22	12	9	9																																				
Dec-22	12	9	9																																				
Jan-23	12	9	9																																				
Feb-23	12	9	9																																				
Mar-23	12	9	9																																				
Apr-23	12	9	9																																				
May-23	12	9	9																																				
Jun-23	12	9	9																																				
Strategic threats (what might cause this risk to materialise)		Impact (what are the impacts of each of the strategic threats)																																					
1. There is not an agreed definition of what "One Workforce" means 2. There is insufficient funding to undertake skills and cultural development needed to support integration 3. Lack of system ownership and commitment to 'One Workforce'		1. System partners are not aligned in workforce development and integration 2. It is more challenging to transition from current ways of working to a more integrated approach 3. The system is not integrated on the Workforce Strategy and workforce 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)																																	
Threat 1 There is not an agreed definition of what "One Workforce" means	<ul style="list-style-type: none"> Work is underway to develop a One Workforce Strategy and plan aligned to a developing Integrated Care Strategy involving all system partners The Draft Integrated Care Strategy is in development by the ICB Board and ICP The System People and Culture Committee provides oversight of workforce across the system The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan. People Services Collaborative Delivery Board has oversight of operational issues Agreed People Services Collaborative Programme 	6T1.1C	Development and implementation of the One Workforce Strategy will be overseen by the HRD's Delivery Group and assurance given to the PCC	<ul style="list-style-type: none"> Monthly monitoring of workforce numbers and temporary staffing spend vs budget and agency spend. Approved System Workforce Strategy and implementation plan Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. The Workforce Advisory Group provides assurance to the System People and Culture Committee People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce. The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan. 	6T1.1AS 6T1.2AS	The Integrated Care Strategy approved by the ICB Board and ICP The Integrated Assurance and Performance Report is in place and will 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)
Threat 2 There is insufficient funding to undertake skills and cultural development needed to support integration	<ul style="list-style-type: none"> A system wide training needs analysis is to be carried out so that learning and development needs can be identified and prioritised for investment The System People and Culture Committee provides oversight of workforce triangulation across the system The Workforce Advisory Group provides the operational issues across the system People Services Collaborative Delivery Board has oversight of operational issues The System People and Culture Committee provides oversight of workforce triangulation across the system The Workforce Advisory Group provides the operational issues across the system 	6T2.1C	Agreement needed that any education and training funding will be invested in accordance with the priorities identified.	<ul style="list-style-type: none"> The outcome of the training needs analysis and decisions on investment of education and training funding will be overseen by the HRD's Delivery Group. Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan. People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce. 	6T2.1AS 6T2.2AS	<p>The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board.</p> <p>Consistent escalation reporting across the system to be agreed.</p>
Threat 3 Lack of system ownership and commitment to 'One Workforce'	<ul style="list-style-type: none"> The Workforce Advisory Group provides the operational issues across the system The Workforce Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board Work is underway to develop a One Workforce Strategy and plan aligned to a developing Integrated Care Strategy involving all system partners 	6T3.1C	Development and implementation of the One Workforce Strategy will be overseen by the HRD's Delivery Group and assurance given to the PCC	<ul style="list-style-type: none"> Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. The Workforce Advisory Group provides assurance to the System People and Culture Committee People and Culture Committee assurance to the Board via the ICB Board Integrated Assurance Report and Integrated Assurance and Performance Report which includes workforce. 	6T3.1AS 6T3.2AS 6T3.3AS	<p>Work is underway to develop a One Workforce Strategy and plan aligned to a developing Integrated Care Strategy involving all system partners</p> <p>The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board.</p> <p>Consistent escalation reporting across the system to be agreed.</p>

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	6T1.1A	Develop One Workforce Strategy in response to the Integrated Care Strategy, JFP and anticipated People plan	6T1.1C	Sukhi Mahil	Initial draft by 30.6.23	Commenced	TBC – June 2023	Partially assured
Threat 2	6T2.1A	System Wide TNA process to be developed and implemented	6T2.1C	Faith Sango	Quarter 1 2023/24	Commenced	TBC – June 2023	Partially assured
Threat 3	6T3.1A	Develop One Workforce Strategy in response to the Integrated Care Strategy, JFP and anticipated People plan	6T3.1C 6T3.1AS	Sukhi Mahil	Initial draft by 30.6.23	Commenced	TBC – June 2023	Partially assured

ICB – Board Assurance Framework (BAF)

Strategic Risk SR7 – Population Health and Strategic Commissioning Committee

Strategic Aim – To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.		Committee overall assurance level ICB Lead: Zara Jones, Executive Director of Strategy and Planning ICB Chair: Julian Corner, Chair of PHSCC		Partially assured System lead: Zara Jones, Executive Director of Strategy and Planning System forum: Population Health and Strategic Commissioning Committee			Date of identification: 17.11.2022 Date of last review: 15.05.2023			
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 RISK APPETITE OR 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 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 joint understanding of strategic aims and requirements of all system partners.	<ul style="list-style-type: none"> Strategic objectives agreed at ICB Board; dissemination will occur via Board members who represent system partners. ICB and ICS Exec Teams in place JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system. System Delivery Boards in place - providing a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis Delivery Boards engagement with 	7T1.1C 7T1.2C 7T1.3C 7T1.4C	Lack of a systematic approach/framework to guide the prioritisation of allocating resources to advance population health. In some cases, the 'scope' of System Delivery Board focus is not sufficiently broad enough to tackle the root cause of problems and thus there is an issue that system partners are crowded out from influencing the business of the Board. Level of maturity of Delivery Boards Values based approach to creating shared vision and strong relationships across partners in line with population needs	<ul style="list-style-type: none"> Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE PHSCC assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. Audit and Governance committee oversight and scrutiny BAFs Internal and external audit of plans HOSC ICB Strategic objectives and strategic risks System Delivery Board agendas and minutes Provider Collaborative Leadership Board minutes Health and Well Being Board minutes ICB Scheme of Reservation and 	7T1.1AS 7T1.2AS 7T1.3AS 7T1.4AS 7T1.5AS	The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board. Consistent management reporting across the system to be agreed Implement routine mechanism for shared reporting of risks and risk management across the system Integrated Care Strategy to be signed off by Local Authority Cabinets Joint Forward Plan to be published by end June 2023				

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)
	<p>JUCD Transformation Board.</p> <ul style="list-style-type: none"> • 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) • HOSCs/ Health and Wellbeing Boards are in place with an active scrutinising role • Dispute resolution protocols jointly agreed in key areas e.g. CYP joint funded packages – reducing disputes • Currently the system part funds the GP Provider Board (GPPB) which provides a collective voice for GP practices in the system at a strategic and operational level • Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023. 	<p>7T1.5C</p> <p>7T1.6C</p> <p>7T1.7C</p> <p>7T1.8C</p> <p>7T1.9C</p> <p>7T1.10C</p> <p>7T1.11C</p> <p>7T1.12C</p> <p>7T1.13C</p> <p>7T1.14C</p> <p>7T1.15C</p>	<p>Potential lack of clarity until the roles and responsibilities of new structures fully embed.</p> <p>Potential gap from 01/04/23: the GP Provider Board is only funded until 31/03/23. Without the GPPB there would be a gap in the development, dissemination and co-ordination of response to strategic objectives.</p> <p>Potential structural gap in that General Practice largely works to a nationally set contract which may not always totally align with locally set strategy</p> <p>No agreed process to measure system understanding and implementation of strategic aims.</p> <p>Process to ensure consistent approach is adopted to share outputs from ICS and ICB Exec team meetings.</p> <p>Lack of process to measure impact of agreed actions across the system.</p> <p>System PMO not in place.</p> <p>Scoping, baselining, strategic overview, and solution choice to be carried out to ensure right solution is adopted to fit the business problem</p> <p>Understand impact of changes, how they support operational models, how best value can be delivered, and prioritised.</p> <p>Further development of the strategy to bring greater efficiencies to staff and patients</p> <p>Establish a robust governance structure to programme, agree and prioritise change with operational leadership</p>	<p>Delegation</p> <ul style="list-style-type: none"> • Agreed process for establishing and monitoring financial and operational benefits • GPPB proposal for future operating model and funding planned for ICB Board discussion in April 23. • 2023/24 Operational Plan in place • Integrated Care Strategy approved by the ICB Board and ICP. • Production of Joint Forward Plan 		

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 2 Demand on organisations due to system pressures/restoration may impact ability to focus on strategic aims.	As above and: <ul style="list-style-type: none"> System performance reports received at Quality & Performance Committee will highlight areas of concern. ICB involvement in NOF process and oversight arrangements with NHSE. As above – GPPB and LMC both provide some resourced 'headspace' giving GP leaders time and opportunity to focus on strategic aims. PCN funding gives GP Clinical Directors some time to focus on the development of their Primary Care Networks System Planning and Co-ordination Group ensuring strategic focus alongside operational planning 	7T2.1C	Prolonged operational pressures ahead of winter and expected pressures to continue / increase.	<ul style="list-style-type: none"> NHSEI oversight and reporting Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. System Quality Group assurance to the Quality and Performance Committee and ICB Board. System Quality and Performance Report Monthly reports provided to ICB/ ICS Executive Team/ ICB Board and NHSE Measurement of relationship in the system: embedding culture of partnership across partners Coproduction Workforce resilience Demand in the system Audit and Governance Committee oversight and scrutiny BAFs 2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP. Production of Joint Forward Plan 	7T2.1AS	The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board.
		7T2.2C	Individual GP practices have little time or incentive to participate in delivering the strategic aims of the system unless they are aligned with the national contract or are specifically locally commissioned.		7T2.2AS	Consistent management reporting across the system to be agreed
		7T2.3C	Inconsistent planning and performance management systems in place across the system		7T2.3AS	Integrated Care Strategy to be signed off by Local Authority Cabinets
		7T2.4C	Implement routine mechanism for shared reporting of risks and risk management across the system		7T2.4AS	Joint Forward Plan to be published by end June 2023
		7T2.5C	Level of maturity of Delivery Boards			
Threat 3 Time for system to move more significantly into "system think".	<ul style="list-style-type: none"> 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 	7T3.1C	As above, extent of operational pressures and time required to focus on reactive management.	<ul style="list-style-type: none"> Daily reporting of performance and breach analysis – identification of learning or areas for improvement Measurement of relationship in the system: embedding culture of partnership across partners Resilience of OCC in operational delivery including clinical leadership Coproduction Workforce resilience Demand in the system NHSE oversight and daily reporting 2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP. Production of Joint Forward Plan 	7T3.1AS	The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board.
		7T3.2C	Individual practices may not see system working as a priority unless it delivers the requirements of their national contract		7T3.2AS	Integrated Care Strategy to be signed off by Local Authority Cabinets
		7T3.3C	Routine reporting not yet in place that is recognised by the system to enact real time change management.		7T3.3AS	Joint Forward Plan to be published by end June 2023
		7T3.4C	Recruitment of workforce not complete – lack of resilience.			
		7T3.5C	Lack of real time data collection.			
		7T3.6C	Embed reporting			
		7T3.7C	Complete recruitment of staff for posts			
Threat 4 Statutory requirements on individual organisations may conflict with system aims.	<ul style="list-style-type: none"> Strategic objectives agreed at ICB Board; dissemination will occur via Board members who represent system partners. ICB and ICS Exec Teams in place JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system. 	7T4.1C	Process to ensure consistent approach is adopted to share outputs from ICS and ICB Exec team meetings.	<ul style="list-style-type: none"> Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE Audit and Governance committee oversight and scrutiny ICB Strategic objectives and strategic risks System Delivery Board agendas and minutes Provider Collaborative Leadership Board minutes 	7T4.1AS	Integrated Care Strategy to be signed off by Local Authority Cabinets
		7T4.2C	Lack of process to measure impact of agreed actions across the system.		7T4.2AS	Joint Forward Plan to be published by end June 2023

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)
	<ul style="list-style-type: none"> System Delivery Boards in place - providing a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis Delivery Boards engagement with JUCD Transformation Board. Provider Collaborative Leadership Board in place overseeing Delivery Boards and other delivery groups. GPPB and LMC both provide some resourced 'headspace' giving GP leaders time and opportunity to focus on strategic aims. PCN funding gives GP Clinical Directors some time to focus on the development of their Primary Care Networks System Planning and Co-ordination Group ensuring strategic focus alongside operational planning 	7T4.3C 7T4.4C 7T4.5C 7T4.6C 7T4.7C	<p>Prolonged operational pressures ahead of winter and expected pressures to continue / increase.</p> <p>Individual GP practices have little time or incentive to participate in delivering the strategic aims of the system unless they are aligned with the national contract or are specifically locally commissioned.</p> <p>Inconsistent planning and performance management systems in place across the system.</p> <p>Level of maturity of Delivery Boards</p> <p>System Oversight of Individual boards decisions which may be against system aims.</p>	<ul style="list-style-type: none"> Health and Well Being Board minutes Measurement of relationship in the system: embedding culture of partnership across partners Coproduction 2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP. Production of Joint Forward Plan 		

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	Agree long term plan for resourcing GPPB	7T1.1C 7T1.6C	GPPB/ CN	Quarter 1 2023/24	Complete	Primary Care Sub Group/GPPB	Partially assured
	7T1.2A	Produce and embed the use of a universal prioritisation framework to guide resource allocation decisions.	7T1.1C 7T1.2C 7T1.12C 7T1.13C	ZJ	Quarter 3 – Quarter 4 2023/24	Commenced	PHSCC	Partially assured
	7T1.3A	Complete 23/24 planning round and deliver robust system plan	7T1.1C	ZJ	Quarter 1 2023/24	Complete	PHSCC	Partially assured
	7T1.4A	Development and ICB approval of the ICB Strategic Framework	7T1.4C	HD/ZJ	Quarter 2 2023/24	Commenced	ICB Board	Partially assured
	4T1.4A	Development of Integrated Assurance and Performance Report to ensure Board expectations are met.	7T1.1AS	Executive Officers	End Quarter 2 2023/24	Commenced	ICB Board	Partially assured
	4T4.2A	Establishment System Focus ICB Board Meetings	7T1.2AS	HD	End Quarter 2 2023/24	Commenced	ICB Board	Partially assured
	1T1.2A	Integrated Care Strategy is in place requires sign off from Local Authority Cabinets	7T2.3AS	ZJ	End Quarter 2 2023/24	Commenced	ICB Board	Partially assured

Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
	1T3.3A	Development of Joint Forward Plan to be published by 30 June 2023	7T2.4AS	ZJ	End Quarter 1 2023/24	Commenced	ICB Board	Partially assured
Threat 2	7T2.1A	Surge planning process established / all year-round planning approach – this does not prevent operational pressures but helps to predict and plan better the response	7T2.1C	UECC Board / UECC SRO / ZJ	End of Quarter 2 2023/24	Commenced	UECC Board	Partially assured
	4T1.4A	Development of Integrated Assurance and Performance Report to ensure Board expectations are met.	7T2.1AS	Executive Officers	End Quarter 2 2023/24	Commenced	ICB Board	Partially assured
	4T4.2A	Establishment System Focus ICB Board Meetings	7T2.2AS	HD	End Quarter 2 2023/24	Commenced	ICB Board	Partially assured
	1T1.2A	Integrated Care Strategy is in place requires sign off from Local Authority Cabinets	7T2.3AS	ZJ	End Quarter 2 2023/24	Commenced	ICB Board	Partially assured
	1T3.3A	Development of Joint Forward Plan to be published by 30 June 2023	7T2.4AS	ZJ	End Quarter 1 2023/24	Commenced	ICB Board	Partially assured
Threat 3	7T3.1A	Prioritisation process agreed in the system to better manage our time and use of resource	7T3.1C	ICB / ICP	Quarter 3 – Quarter 4 2023/24	Commenced	PHSCC	Partially assured
	4T1.4A	Development of Integrated Assurance and Performance Report to ensure Board expectations are met.	7T3.1AS	Executive Officers	End Quarter 2 2023/24	Commenced	ICB Board	Partially assured
	1T1.2A	Integrated Care Strategy is in place requires sign off from Local Authority Cabinets	7T3.2AS	ZJ	End Quarter 2 2023/24	Commenced	ICB Board	Partially assured
	1T3.3A	Development of Joint Forward Plan to be published by 30 June 2023	7T3.3AS	ZJ	End quarter 1 2023/24	Commenced	ICB Board	Partially assured
Threat 4	7T4.1A	Development of log System Board decisions	7T4.1C 7T4.2C 7T4.5C 7T4.7C 1T1.1AS 2T1.1AS	HD	Quarter 2 2023/24	Commenced	ICB Board	Partially assured
	7T4.2A	Establishment System ICB Board Meetings	7T4.1C 7T4.2C 7T4.5C 7T4.7C 1T1.1AS 1T1.2AS 2T1.1AS 5T1.2AS 6T2.2AS	HD	Quarter 1 2023/24	Completed	ICB Board	Partially assured

Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
	7T4.3A	Surge planning process established / all year-round planning approach – this does not prevent operational pressures but helps to predict and plan better the response	7T4.3C	UECC Board / UECC SRO / ZJ	End of Quarter 2 2023/24	Commenced	UECC Board	Partially assured
	1T1.2A	Integrated Care Strategy is in place requires sign off from Local Authority Cabinets	7T4.1AS	ZJ	End of Quarter 2 2023/24	Commenced	ICB Board	Partially assured
	1T3.3A	Development of Joint Forward Plan to be published by 30 June 2023	7T4.2AS	ZJ	End of Quarter 2 2023/24	Commenced	ICB Board	Partially assured

Strategic Risk SR8 – Finance and Estates 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: Jim Austin, Chief Digital Information Officer ICB Chair: Richard Wright, Chair of Finance and Estates Committee		System lead: Keith Griffiths, Executive Director of Finance System forum: Finance and Estates Committee Data and Digital Board					
		Date of identification: 17.11.2022 Date of last review: 10.05.2023					
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the system does not: A. establish intelligence and analytical solutions to support effective decision making and B. deliver digital transformation.	Risk appetite: target, tolerance and current score					
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee <div style="text-align: center; font-size: 24pt; font-weight: bold;">12</div>	<table border="1" style="margin-top: 10px;"> <thead> <tr> <th>Initial</th> <th>Current</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>12</td> <td>12</td> <td>8</td> </tr> </tbody> </table>	Initial	Current	Target	12
Initial	Current	Target					
12	12	8					
Strategic threats (what might cause this risk to materialise)		Impact (what are the impacts of each of the strategic threats)					
<ol style="list-style-type: none"> 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 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. Digital improvements and substitutions to clinical pathways are not delivered through either a lack of citizen engagement and/or clinical engagement 		<p>Threat 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:</p> <ul style="list-style-type: none"> 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 <p>Threats 2 and 3</p> <ul style="list-style-type: none"> Failure to secure patient, workforce and financial benefits from digitally enabled care and implementation of alternative care pathways highlighted in ICB plan; e.g. limited adoption of alternative (digital) clinical solutions (e.g. PIFU, Virtual Ward, self-serve on line) Failure to meet the national Digital and Data strategy key priorities (eg attain HIMMS level 5; cyber resilience) 					

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
<p>Threat 1 Agreement across the ICB on prioritisation of analytical and BI activity is not realised and therefore funding and associated resources are not identified to deliver the analytical capacity</p>	<ul style="list-style-type: none"> Agreed and publicly published Digital and Data Strategy Digital and Data Board (D3B) in place. This provides board support and governance for the delivery of the agreed Digital and Data strategy. D3B responsible for reporting assurance to ICB Finance and Estates Committee and assurance and direction from the Provider Collaborative Leadership Board. Strategic Intelligence Group established with oversight of system wide data and intelligence capability and driving organisational improvement to optimise available workforce and ways of working Analytics and business intelligence identified as a key system enabler and priority for strategic planning and operationally delivery in the Digital and Data strategy NHSE priorities and operational planning guidance 23/24 requires the right data architecture in place for population health management Digital and Data identified as a key enabler in the Integrated Care Partnership strategy 	<p>8T1.1C</p> <p>8T1.2C</p> <p>8T1.3C</p> <p>8T1.4C</p>	<p>Prioritisation and investment decision making process is required to fully implement the data and intelligence priorities</p> <p>Permanent, funded structure for analytical team demonstrating:</p> <ul style="list-style-type: none"> recruitment of a permanent Chief Data Analyst, Temporary appointment in place. allocation of analytical resource from within current workforce; development of analytical workforce in line with investment plan <p>Strategic Intelligence Group needs formalising and structured reporting through to D3B and direct link to ICB Strategic Intent function and ICB planning cell. SIG being reconstituted and reset.</p> <p>JUCD Information Governance Group needs formalisation and work required on using data for planning purposes. SIG being reconstituted and re-set.</p>	<ul style="list-style-type: none"> Data and Digital Strategy CMO and CDIO from ICB executive team are vice chairs of the D3B. Regional NHSE and AHSN representation at D3B provide independent input. D3B minutes demonstrating challenge and assurance levels Provider Collaborative Leadership Board Minutes demonstrating challenge and assurance levels Monthly Reporting to Finance and Estates Committee, ICB Board, NHSE and NHS Executive Team Evidence of compliance with the ICB Scheme of Reservation and Delegation A staffed, budgeted establishment for ICB analytics (workforce BAF link required) Data Sharing Agreements in place across all NHS providers, ICB, hospices and local authorities for direct care purposes. 	<p>8T1.1AS</p>	<p>The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board.</p>
<p>Threat 2 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.</p>	<ul style="list-style-type: none"> Agreed and publicly published Digital and Data Strategy Digital and Data Board (D3B) in place. This provides board support and governance for the delivery of the agreed Digital and Data strategy. D3B responsible for reporting assurance to ICB Finance and Estates Committee and assurance and direction from the Provider Collaborative Leadership Board. Representation from Clinical Professional Leadership Group on D3B Digital programme team leading and supporting key work in collaboration with system wide Delivery Boards e.g., Urgent and Emergency Care, Elective to embed digital enablement in care delivery Digital and Data identified as a key enabler in the Integrated Care Partnership strategy NHSE priorities and operational planning guidance 23/24 requires the right data architecture in place for population health management 	<p>8T2.1C</p> <p>8T2.2C</p> <p>8T2.3C</p> <p>8T2.4C</p>	<p>ICB prioritisation and investment decision making process is required to fully implement the digital and data strategy priorities.</p> <p>Digital literacy programme to support staff build confidence and competency in using technology to deliver care. Linked to Project Derbyshire (Digital HR) – no resource allocated / prioritised at this time.</p> <p>Clear prioritisation of clinical pathway transformation opportunities needs formalising through Provider Collaborative and ICB 5 year plan. Digital land data has contributed to ICB 5 year plan and will continue to update</p> <p>Stronger links / formalisation required to link the GP IT governance and activity to the wider ICB digital and technology strategy. CDIO joining GPIT discussions where possible. GP presence on Derbyshire Digital and Data Board under discussion.</p>	<ul style="list-style-type: none"> Data and Digital Strategy approved by ICB and NHSE CMO and CDIO from ICB executive team are vice chairs of the D3B. Regional NHSE and AHSN representation at D3B provide independent input. D3B minutes demonstrating challenge and assurance levels Provider Collaborative Leadership Board Minutes demonstrating challenge and assurance levels Clinical Professional Leadership Board Minutes demonstrating challenge and assurance levels Evidence of compliance with the ICB Scheme of Reservation and Delegation exploitation of Derbyshire Shared Care Record capabilities; demonstrated through usage data Acceptance and adoption of digital improvements by operational teams (COO, primary care and comms support needed – links to digital people plan and Delivery Board outcomes) A staffed, budgeted establishment for ICB digital and technology (workforce BAF link required) 	<p>8T2.1AS</p>	<p>2023/24 Operational Plan in place and submitted to NHSE</p>

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 3 Digital improvements and substitutions to clinical pathways are not delivered through either a lack of citizen engagement and/or clinical engagement	<ul style="list-style-type: none"> Digital and Data Board (D3B) enabling delivery board and support governance established and responsible for the delivery of the agreed Digital and Data strategy D3B responsible for reporting assurance to ICB Finance and Estates Committee and assurance and direction from the Provider Collaborative Leadership Board Citizen's Engagement forums have a digital and data element ICB and provider communications team engaged with messaging (e.g. Derbyshire Shared Care Record) 	8T3.1C	Data and Digital communication and engagement strategy required to increase awareness of digital technology and solutions available to support care delivery. Some engagement now delivered	<ul style="list-style-type: none"> ICB and provider communications plans with evidence of delivery Staff surveys showing ability to adopt and influence change Patient surveys and D7F results D3B minutes demonstrating challenge and assurance levels Provider Collaborative Leadership Board Minutes demonstrating challenge and assurance levels Clinical Professional Leadership Board Minutes demonstrating challenge and assurance levels Evidence of compliance with the ICB Scheme of Reservation and Delegation Data and Digital Strategy adoption reviewed through Internal Audit ICB Board Finance and Estates Committee Assurance Report to escalate concerns and issues. Public Partnerships Committee minutes demonstrating challenge and assurance levels 	8T3.1AS	The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board.
		8T3.2C	Development of a 'use case' library to help promote the benefits of digitally enabled care and now under construction for Shared care Record			
		8T3.3C	Improved information and understanding of Citizen and Community forums that could be accessed to discuss digitally enabled care delivery			
		8T3.4C	Increased collaboration with the Voluntary Sector across Derby and Derbyshire to harness capacity and expertise. Meetings with Rural Action Derbyshire completed and joined engagement strategy being developed			

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	8T1.1A	Secure agreement on data resource funding - budget being formalised		Jim Austin / Darran Green	June 2023	Commenced	TBC	Partially assured
	8T1.2A	Agree structure of ICB analytics team and role of Chief Data Analyst	8T1.2C	Chris Weiner	June 2023		TBC	Partially assured
	8T1.3A	Recruitment of analytics team		Chris Weiner	September 2023		TBC	Partially assured
	8T1.4A	Formalisation of Strategic Intelligence Group governance	8T1.2C	Chris Weiner (CDA once appointed)	June 2023		TBC	Partially assured
	8T1.5A	Execution of planned investment in analytical skills development in line with ICB plan		Chris Weiner (CDA once appointed)	April 2024		TBC	Partially assured
	8T1.6A	Formalise JUCD IG group and draft data sharing agreements for using data for purposes other than direct care	8T1.4C	Chris Weiner (CDA once appointed)/ Chrissy Tucker	June 2023	Commenced	TBC	Partially assured

Threat 2	8T2.1A	Secure agreement on digital and technology resource funding - budget being formalised		Jim Austin / Darran Green	June 2023	Commenced	TBC	Partially assured
	8T2.2A	Develop and roll out staff digital literacy programme	8T2.2C	Jim Austin / Workforce lead/AR	October 2023		TBC	Partially assured
	8T3.3A	Adopt ICB prioritisation tool to enable correct resource allocation		Jim Austin / Zara Jones	TBC – requires prioritisation tool		TBC	Partially assured
	8T3.4A	Formally incorporate Primary Care digital and technology governance within D3B	8T2.4C	Jim Austin / Chrissy Tucker	June 2023		TBC	Partially assured
Threat 3	8T3.1A	Formalise link to Public Partnership Committee, delayed until budgets resolved		Jim Austin /Sean Thornton	June 2023	Commenced	TBC	Partially assured
	8T3.2A	Work with ICB communications team and Provider communications teams to integrate digital strategy messaging into current engagement programme	8T3.1C	Jim Austin /Sean Thornton	June 2023		TBC	Partially assured
	8T3.3A	Deliver digital (and data) messaging through ICB communications plan		Jim Austin /Sean Thornton	June 2023+		TBC	Partially assured

Strategic Risk SR9 – Population Health and Strategic Commissioning Committee

Strategic Aim – Reduce inequalities in health and be an active partner in addressing the wider determinants of health.		Committee overall assurance level		Partially assured			
		ICB Lead: Zara Jones, Executive Director of Strategy and Planning ICB Chair: Julian Corner, Chair of PHSCC		System lead: Dr Robyn Dewis System forum: Population Health and Strategic Commissioning Committee		Date of identification: 17.11.2022 Date of last review: 15.05.2023	
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the gap in health and care widens due to a range of factors (recognising that not all factors may be within the direct control of the system) which limits the ability of the system to reduce health inequalities and improve outcome.	Risk appetite: target, tolerance and current score			Initial	Current	Target
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee				16	16
Strategic threats (what might cause this risk to materialise)				Impact (what are the impacts of each of the strategic threats)			
<ol style="list-style-type: none"> Resource required for restoration of services post-Covid impacts progress of health inequalities programme. The cost of living crisis worsens health inequalities. The population may not engage with prevention programmes. The ICS aim to achieve too much in too many areas with limited resources 				<ol style="list-style-type: none"> Delay or non-delivery of the health inequalities programme. Fuel/food poverty exacerbates or accelerates health conditions or diverts individuals from activities to support their health. The population are not able to access support to improve health. The ICS fails to make any impact rather than focusing on a small number of priority areas where the ICS can make an impact 			
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 Resource required for restoration of services post-Covid impacts progress of health inequalities programme.	<ul style="list-style-type: none"> Integrated Care Partnership Board in place with Terms of Reference agreed and work programme in place. Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023. NHS and ICS Executive teams in place. Core 20 Plus 5 work programme. Delivery Boards remit to ensure work programme supports HI. Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis inclusive of access and inequality considerations System-wide EQIA process supports identification of equalities risks and mitigations and reduces risk of projects/ programmes operating in 	9T1.1C 9T1.2C 9T1.3C 9T1.4C 9T1.5C 9T1.6C 9T1.7C	Financial position and requirement to break-even / lack of funds to invest or double-run whilst transforming. Clear ICP work programme The national formula for funding GP practices (Carr-Hill) probably provides insufficient weighting for deprivation Development of system needs assessment Infection Rates – impact on recovery Limited capital - impact on recovery Under performance against key national targets and standards	<ul style="list-style-type: none"> Measurement of relationship in the system: embedding culture of partnership across partners PHSCC assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. System Delivery Board agendas and minutes Provider Collaborative Leadership Board minutes Health and Well Being Board minutes ICP Agenda and minutes Coproduction Workforce resilience Demand in the system Audit and Governance Committee oversight and scrutiny HOSC EDI Committee reporting 	9T1.1AS 9T1.2AS 9T1.3AS	The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board. Integrated Care Strategy to be signed off by Local Authority Cabinets Joint Forward Plan to be published by end June 2023	

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)
	<p>isolation – and specifically decommissioning decisions</p> <ul style="list-style-type: none"> Ambulance handover action plan developed – improvement trajectory agreed with NHSI – monthly improvement trajectories monitored at Boards Derbyshire ICS Green Plan and action plan approved by Derbyshire Trusts and adopted by the ICB Board July 2022 	<p>9T1.8C</p> <p>9T1.9C</p> <p>9T1.10C</p> <p>9T1.11C</p> <p>9T1.12C</p> <p>9T1.13C</p> <p>9T1.14C</p> <p>9T1.15C</p>	<p>Single integrated improvement plans being developed with regular monitoring</p> <p>Relationships between various operating tiers of the ICS, in particular what a delegation and governance arrangements might be across the ICS (e.g. provider collaborative) in relation to place based delegation and governance arrangements.</p> <p>Development of clear narrative for provider collaborative, and participation in ICS and place-based discussions</p> <p>Establish a robust governance structure to programme, agree and prioritise change with operational leadership</p> <p>Further development of the strategy to bring greater efficiencies to staff and patients</p> <p>Consistent management reporting across the system to be agreed</p> <p>Implement routine mechanism for shared reporting of risks and risk management across the system</p> <p>Capacity in Primary Care to deliver increased target Annual Health Checks for high risk groups (ie LD/ SMI)</p>	<ul style="list-style-type: none"> Derbyshire ICS Greener Delivery Group and minutes 2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP. Production of Joint Forward Plan Development of health inequalities Group Provider facing for Mental Health Performance Data from MHSDB 		

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 2 The cost of living crisis worsens health inequalities.	<ul style="list-style-type: none"> The 22/23 winter plan includes additional funding for practices serving the most deprived populations in DDICB 	9T2.1C 9T2.2C 9T2.3C 9T2.4C 9T2.5C 9T2.6C 9T2.7C 9T2.8C	Scale of the challenge and areas we cannot directly influence which impact on health, Place Based Plans not in place Development of system needs assessment No impact analysis System governance arrangements that describe approach to delivery of the system transformation programme Variation across the ICS of patient and wider involvement in the planning and delivery of services Patient experience data collated at Trust wide level Wider population input into service development and population health developments	<ul style="list-style-type: none"> PHSCC assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. ICB Board Development sessions 2022/23 Winter Plan Alignment between the ICS and the City and County Health and Wellbeing Boards NHSEI oversight and reporting Production of Joint Forward Plan 	9T2.1AS 9T2.2AS 9T2.3AS	Derbyshire ICS Health Inequalities Strategy has been developed and requires approval from the ICP and ICB Board. The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board. Joint Forward Plan to be published by end June 2023
Threat 3 The population may not engage with prevention programmes.	<ul style="list-style-type: none"> Prevention work - winter plan and evidence base of where impact can be delivered General Practice is still trusted by the vast majority of people and has a proven track record of helping people engage with prevention programmes Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023 and has approved a draft ICP Strategy which will support improving health outcomes and reducing health inequalities. 	9T3.1C 9T3.2C	Core 20 plus 5 work - This programme forms a focus of the Health Inequalities requirement for the NHS but does not cover the entire opportunity for the system to tackle Health Inequalities. Time and resource for meaningful engagement	<ul style="list-style-type: none"> Alignment between the ICS and the City and County Health and Wellbeing Boards Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. Population Health Strategic Commissioning Committee assurance to the ICB Board via the Assurance Report. ICB Board and minutes ICP and minutes 	9T3.3AS	Derbyshire ICS Health Inequalities Strategy has been developed and requires approval from the ICP and ICB Board.
Threat 4 The ICS aim to achieve too much in too many areas with limited resources	<ul style="list-style-type: none"> NHS and ICS Executive teams in place. Core 20 Plus 5 work programme. Delivery Boards remit to ensure work programme supports HI. Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis inclusive of access and inequality considerations System-wide EQIA process supports identification of equalities risks and mitigations and reduces risk of projects/ programmes operating in isolation – and specifically decommissioning decisions. 	9T4.1C 9T4.2C 9T4.3C 9T4.4C 9T4.5C	Financial position and requirement to break-even / lack of funds to invest or double-run whilst transforming. Clear ICP work programme The national formula for funding GP practices (Carr-Hill) probably provides insufficient weighting for deprivation Development of system needs assessment Variation across the ICS of patient and wider involvement in the planning and delivery of services	<ul style="list-style-type: none"> Measurement of relationship in the system: embedding culture of partnership across partners System Delivery Board agendas and minutes Provider Collaborative Leadership Board minutes Health and Well Being Board minutes ICP Agenda and minutes Coproduction 2022/23 Winter Plan Alignment between the ICS and the City and County Health and Wellbeing Boards Production of Joint Forward Plan 	9T4.1AS 9T4.2AS	Derbyshire ICS Health Inequalities Strategy has been developed and requires approval from the ICP and ICB Board. Joint Forward Plan to be published by end June 2023

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)
	<ul style="list-style-type: none"> The 22/23 winter plan includes additional funding for practices serving the most deprived populations in DDICB. Prevention work - winter plan and evidence base of where impact can be delivered. 	9T4.6C	Wider population input into service development and population health developments			

Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1	9T1.1A	Review alternative funding formula to Carr Hill – scope cost and logistics Development of Integrated Assurance and Performance Report to ensure Board expectations are met. Integrated Care Strategy is in place requires sign off from Local Authority Cabinets Development of Joint Forward Plan to be published by 30 June 2023	9T1.3C	GPPB/CN/ Finance	01/04/2024	Commenced	GPPB	Partially assured
	4T1.4A		9T1.1AS	Executive Officers	End Quarter 2 2023/24	Commenced	ICB Board	Partially assured
	1T1.2A		9T1.3AS	ZJ	Quarter 1 2023/24	Commenced	ICB Board	Partially assured
	1T3.3A		9T1.4AS	ZJ	Quarter 1 2023/24	Commenced	ICB Board	Partially assured
Threat 2	9T2.1A	Development of priorities for the ICP and delivery commences Development of Integrated Assurance and Performance Report to ensure Board expectations are met. Integrated Care Strategy is in place requires sign off from Local Authority Cabinets Development of Joint Forward Plan to be published by 30 June 2023	9T2.1C	ICP/ZJ/KB	Quarter 1 2023/24	Commenced	ICP/PHSCC	Partially assured
	4T1.4A		9T2.1AS	Executive Officers	End Quarter 2 2023/24	Commenced	ICB Board	Partially assured
	1T1.2A		9T2.2AS	ZJ	Quarter 1 2023/24	Commenced	ICB Board	Partially assured
	1T3.3A		9T2.3AS	ZJ	Quarter 1 2023/24	Commenced	ICB Board	Partially assured
Threat 3	9T3.1A	Discuss approach with Public Partnership Committee Integrated Care Strategy is in place requires sign off from Local Authority Cabinets	9T3.1C	Julian Corner/ Sean Thornton ZJ	30/04/2023	Commenced	Public Partnership Committee	Partially assured
	1T1.2A		9T3.2C 9T3.3AS		Quarter 1 2023/24	Commenced	ICB Board	Partially assured
Threat 4	9T4.1A	Development of priorities for the ICB/ ICP and delivery of metrics Integrated Care Strategy is in place requires sign off from Local Authority Cabinets Development of Joint Forward Plan to be published by 30 June 2023	9T4.2C	ICB/ZJ/CW/CCo	Quarter 1 2023/24	Commenced	ICP/PHSCC	Partially assured
	1T1.2A		9T4.1AS	ZJ	Quarter 1 2023/24	Commenced	ICB Board	Partially assured
	1T3.3A		9T4.2AS	ZJ	Quarter 1 2023/24	Commenced	ICB Board	Partially assured