




ICB – Board Assurance Framework (BAF) Quarter 1 2024/25

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	Last reviewed	Target risk score	Previous risk score	Current risk score	Risk appetite risk score	Movement in risk score	Overall Assurance rating
SR1	There is a risk that increasing need for healthcare intervention is not met in the most appropriate and timely way and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to delivery consistently safe services with appropriate levels of care.	Quality & Performance	Prof Dean Howells	17.06.2024	10	12	12	12	↔	Partially assured
SR2	There is a risk that short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	Quality & Performance	Prof Dean Howells	17.06.2024	10	16	16	12	↔	Partially assured
SR3	There is a risk that the population is not sufficiently engaged and able to influence the design and development of services, leading to inequitable access to care and poorer health outcomes.	Public Partnership Committee	Helen Dillistone	27.06.2024	9	12	12	12	↔	Partially assured

Reference	Strategic risk	Responsible committee	Executive lead	Last reviewed	Target risk score	Previous risk score	Current risk score	Risk appetite risk score	Movement in 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 £3.4bn available funding.	Finance, Estates and Digital Committee	Keith Griffiths	21.06.2024	9	20	20	12	↔	Partially assured
SR5	There is a risk that the system is not able to maintain a sustainable workforce and positive staff experience in line with the people promise due to the impact of the financial challenge.	People & Culture Committee	Linda Garnett	19.06.2024	16	20	20	16	↔	Partially assured
SR6	<i>Risk merged with SR5.</i>									
SR7	There is a risk that decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	Population Health & Strategic Commissioning Committee	Michelle Arrowsmith	05.06.2024	9	12	12	12	↔	Partially assured
SR8	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	Population Health & Strategic Commissioning Committee	Dr Chris Weiner	05.06.2024	8	12	12	12	↔	Partially assured
SR9	There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.	Population Health & Strategic Commissioning Committee	Michelle Arrowsmith	05.06.2024	12	16	16	12	↔	Partially assured
SR10	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	Finance, Estates and Digital Committee	Jim Austin	20.06.2024	9	12	12	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: Prof Dean Howells, Chief Nursing Officer ICB Chair: Adedeji Okubadejo, Chair of Quality & Performance Committee		System lead: Prof Dean Howells, Chief Nursing Officer, Dr Robyn Dewis System forum: Quality and Performance Committee		Date of identification: 17.11.2022 Date of last review: 17.06.2024			
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that increasing need for healthcare intervention is not met in the most appropriate and timely way and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and both upper tier Councils to deliver consistently safe services with appropriate standards of care.	Risk appetite: target, tolerance and current score RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 12							Initial 20	Current 12	Target 10
			Strategic threats (what might cause this risk to materialise) <ol style="list-style-type: none"> Lack of timely data to improve healthcare intervention Lack of system ownership and capacity by the Integrated Care Partnership (ICP) and County and City Councils Ineffective Commissioning of services across Derby and Derbyshire Risk to clinical quality and safety due to the significant financial constraints across all partners within JUCD 								
Impact (what are the impacts of each of the strategic threats) <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 Inability to deliver safe services and appropriate standards of care within organisations or across JUCD 											
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)					
Threat 1 Lack of timely data to improve healthcare intervention	<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). CQC unannounced visit to Radbourne Unit (DHCFT), resulted in Section 31 notice and restrictions on female admissions to wards 33 and 35.	<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	The Integrated Assurance and Performance Report is in place and will continue to be developed further as reported to ICB Board.					

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	<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. Integrated Care Strategy in place and published. Maternity surveillance from NHSE Maternity surveillance is ongoing and being jointly led by Dean Howells and Nina Morgan (Regional Chief Nurse). 			<ul style="list-style-type: none"> Recovery Action Plan submitted at the LDA Mental Health Delivery Board. Maternity Reporting into the Local Maternity and Neo natal System (LMNS). Reporting against annual plan and operational plan through Q&P and Integrated Assurance and Performance Report which is reported to ICB Board. Deep dive on Maternity to be undertaken at Quality & Performance Committee. CQC Maternity Report at CRH and UHDB. UHDB Maternity Care Assurance Report was presented to the ICB public meeting Jan 24. ICB Board public meeting recorded and available in the public domain. 		
<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. Integrated Care Strategy in place and published. Derbyshire ICS Health Inequalities Strategy has been developed and woven into the ICS Strategy and has been approved by the ICP. 			<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. Derbyshire ICS Health Inequalities Strategy has been developed and woven into the ICS Strategy and has been approved by the ICP. 		
<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 	1T3.2C	Increase Patient Experience feedback and engagement.	<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 		

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

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

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control 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>clinical oversight of commissioning and decommissioning decisions.</p> <ul style="list-style-type: none"> • 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. • Integrated Care Strategy in place and published. • Joint Forward Plan in place and now published. 			<p>to the ICB Board via the Assurance Report.</p> <ul style="list-style-type: none"> • 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. • Winter Plan developed. 		
<p>Threat 4 Risk to clinical quality and safety due to the significant financial constraints across all partners within JUCD</p>	<ul style="list-style-type: none"> • TBC 			<ul style="list-style-type: none"> • TBC 		<ul style="list-style-type: none"> • TBC

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Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1 -	1T1.1A	Development of Intelligence and dashboard to evidence Core20PLUS5 principles Following the ICB staff re-structure completion, a performance dashboard will be developed by the Business Intelligence Team. The concept has been formulated as the start of this. The integrated performance report will continue in its current state, whilst this development work progresses. Dashboard development has commenced and is a work in progress. As a result of the ICB staff re-structure, more analytical capacity is now available.	1T1.1C 1T1.2C 1T1.3C 1T1.4C	Dr Chris Weiner	Quarter 2 2024/25	Commenced	Population Health and Strategic Commissioning Committee	Partially assured
	1T1.6A	The Integrated Assurance and Performance Report is in place and will continue to be developed further as reported to ICB Board. This is progressing, the first elements are in place, currently systemising the process. This is ongoing and any subsequent changes are reflected in the report. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to: - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report. Different strands of the framework are continuing to be developed and will combine to form part of a coherent strategy.	1T1.1AS	Michelle Arrowsmith	This will be a continuous process with key review points/dates. The next key date will be Mid June 2024 The next key date will be July 2024	Commenced	Quality and Performance Committee, ICB Board, System Quality Group	Partially assured
	1T1.7A	Mental Health surveillance from NHSE; Mental health surveillance from ICB led by Dean Howells and Jo Hunter; ICB attendance at Derbyshire Healthcare NHS Foundation Trust Executive weekly oversight meeting; Monthly reporting to Quality and Performance Committee by Dave Mason, Chief Nurse at Derbyshire Healthcare NHS Foundation Trust.	1T1.5C	Prof Dean Howells	December 2024	Commenced	Quality and Performance Committee Derbyshire Healthcare NHS Foundation Trust Executive weekly oversight meeting	Partially assured

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Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 3	1T3.1A	<p>Development of Patient Experience Plan The Patient Engagement Strategy is currently under review and the Patient Experience Plan is being incorporated the strategy going forward.</p> <p>A development day for the PPC is planned for June, a revised Engagement Strategy will be discussed.</p> <p>A further joint away day with the Patient Experience team is also planned in order to discuss how we work closely together and part of that is what we need to reflect of their work in the Engagement Strategy. This will result in a joint strategy.</p>	1T3.2C	Prof Dean Howells	<p>First Draft to PPC April 2024</p> <p>First Draft to PPC July 2024</p>	Commenced	System Quality Group Public Partnerships Committee	Partially assured
Threat 4		TBC						

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Strategic Risk SR2 – Quality and Performance Committee

Strategic Aim – To improve overall health outcomes including life expectancy and healthy life expectancy rates for people (adults and children) living in Derby and Derbyshire.		Committee overall assurance level Partially assured	
Strategic risk (what could prevent us achieving this strategic objective)		Risk appetite: target, tolerance and current score	
There is a risk that short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.		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. Lack of system ownership and collaboration 2. The ICS short term needs are not clearly determined 3. Lack of coordination across Derby and Derbyshire results in health outcomes and life expectancy improvements not being achieved		1. No intelligence and data to support the improvement healthcare intervention 2. Lack of clarity of direction and expectations, with all parts of the system identifying their own role in achieving the objectives 3. Inability to deliver safe services and appropriate standards of care across Derby and Derbyshire	
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
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. ICP established and meeting regularly. JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system. Provider Collaborative Leadership Board in place overseeing Delivery Boards and other delivery groups. System Delivery Boards in place - providing a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact. 	2T1.1C 2T1.2C 2T1.3C 2T1.4C	Intelligence and evidence to understand health inequalities, make decisions and review ICS progress. In some cases, the 'scope' of System Delivery Board focus is not sufficiently broad enough to tackle the root cause of problems 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 and PCLB. Increasing maturity of the ICP/ICS/ICB
			System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)
			<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 established and functioning NHSE Assurance Reviews and Assurance Letters provide evidence of compliance and any areas of concern. (EA) Winter Plan commenced for 24/25 and
			Assurance Ref No
			2T1.1AS
			System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
			The Integrated Assurance and Performance Report is in place but will continue to be developed further as reported to ICB Board.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	<ul style="list-style-type: none"> Agreed System Quality and Performance Dashboard to include inequality measures. All Providers are undertaking clinical harm reviews linked to long waiting lists and waits at the Emergency Department. Tier 1 oversight is in place for UHDB and processes are in place. 			<p>JFP submitted.</p> <ul style="list-style-type: none"> Quality sub group of MHLDA Delivery Board established. Regular Integrated Assurance report is in place and reported to the Delivery Board. UEC Board are including Quality as a regular agenda item. Children and Young Peoples Board are looking at the model of either Quality sub group or a regular agenda item. This is planned for follow up in Quarter 2 2024/25. 		
<p>Threat 2 The ICS short term needs are not clearly determined</p>	<ul style="list-style-type: none"> Agreed ICS 5 Year Strategy sets out the short-term priorities Agreed ICB Strategic Objectives Integrated Care Partnership (ICP) was established in shadow form and met in formally Public from February 2023. System planning & co-ordination group managing overall approach to planning Agreed Commissioning Intentions in place ICP Strategy now approved. 	<p>2T2.1C</p> <p>2T2.2C</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>	<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 Quality and Performance BAF Operational Group - Regular review of the ICB BAF via established working group prior to reporting to Quality and Performance Committee. 		
<p>Threat 3 Lack of coordination across Derby and Derbyshire results in health outcomes and life expectancy improvements not being achieved</p>	<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 Committee Derbyshire ICS Health Inequalities Strategy has been developed and woven into the ICS Strategy and has been approved by the ICP. 	2T3.3C	Alignment between the ICS and the City and County Health and Wellbeing Boards.	<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. Derbyshire ICS Health Inequalities Strategy has been developed and woven into the ICS Strategy and has been approved by the ICP. Winter Plan commenced for 24/25 and JFP submitted. Showcase of Health Inequalities and wider Determinants of Health presented at November Quality & Performance Committee. 	2T3.1AS	Public Health Summary Report to be developed and report into Quality & Performance Committee.

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Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1	2T1.1A	<p>Develop the Intelligence and evidence to understand health inequalities A Quality Equality Impact Assessment is completed for all projects.</p> <ul style="list-style-type: none"> •GetUBetter – MSK digital enabler to support patients to manage and prevent deterioration of conditions and ensure patients access the right local services at the right time. •Recap Health – Digital enabler secured to support Cardiac Rehab patients. •Digital Weight Management Programme – Offer of patient self-referral mechanism. •Virtual Wards – Digital enablement onboarded. <p>SUS Outpatient data has the ability to identify F2F / virtual activity. The ICB (along with other system partners) is currently considering a Section 251 application to the Health Research Authority to enable the sharing of data across JUCD for population health management purposes. However, this requires agreement on a platform that will collate and distribute the data. The ICB is entering a proof of concept arrangement with NECS for their Axym project to assist in developing and assessing the Information Governance and Business Intelligence processes and requirements. This with focus upon two use cases – cancer and physical health checks for patients with a serious mental illness.</p>	2T1.1C	Dr Chris Weiner	June 2024	Commenced	JUCD Data & Digital Board and subsequent sub groups/Population Health & Strategic Commissioning Committee	Partially assured
	2T1.3A	<p>Provider Collaborative Leadership Board and System Delivery Boards. The final Deloitte report outlines integrated assurance and moving forward with System Delivery Boards and provider Collaborative Leadership Boards, to be triangulated and embedded.</p>	2T1.2C 2T1.3C	Helen Dillistone	Quarter 1 2024/2025 Quarter 2 2024/2025	Commenced	ICB Board	Partially assured
	2T1.4A	<p>Annual Review of the Integrated Care Partnership to determine alignment and relationships between ICP, Health and Wellbeing Boards and the ICS. The review will be incorporated into the system Integrated Assurance work.</p>	2T1.4C 2T1.3C	Helen Dillistone/ICP Chair	Quarter 2 2024/25	Not yet commenced	Integrated Care Partnership	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
Threat 2	2T2.1A	<p>Develop Patient Experience Plan The Patient Engagement Strategy is currently under review and the Patient Experience Plan is being incorporated the strategy going forward.</p> <p>A development day for the PPC is planned for June, a revised Engagement Strategy will be discussed.</p> <p>A further joint away day with the Patient Experience team is also planned in order to discuss how we work closely together and part of that is what we need to reflect of their work in the Engagement Strategy. This will result in a joint strategy.</p>	2T2.1C 2T2.2C	Prof Dean Howells	<p>First Draft to PPC April 2024</p> <p>First Draft to PPC July 2024</p>	Commenced	System Quality Group Public Partnerships Committee	Partially assured
Threat 3	2T3.2A	<p>Alignment between the ICS and the City and County Health and Wellbeing Boards. A Local Government Association (LGA) facilitated workshop between Derby and Derbyshire Health and Wellbeing Boards and Integrated Care Partnership was held on 29th February 2024. The purpose of the development workshop was to develop a shared view of:</p> <ul style="list-style-type: none"> • the ingredients required for success • the challenges and barriers we face • what we want to collectively achieve • the opportunities and actions to progress. <p>In addition, the workshop aimed to improve alignment and clarification of relative roles, responsibilities and accountability. The detailed output of the workshop is currently being collated as well as proposed next steps.</p>	2T3.3C	Dr Robyn Dewis	Work plan in development	Work plan in development	ICP, Health & Well Being Boards, ICB Board	Partially assured
	2T3.3A	<p>Public Health Summary Report to be developed and report into Quality & Performance Committee. Population Health Core20 dashboard and a Surveillance Report being developed for the system. This second report covers various data from A&E to Waiting List, ambulance response times etc.</p>	2T3.1AS	Dr Chris Weiner	Work plan in development	Work plan in development	Directors of Public Health meeting	Partially assured

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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, Chief of Staff ICB Chair: Richard Wright, Chair of Public Partnership Committee		System lead: Helen Dillistone, Chief of Staff System forum: Public Partnership Committee		Date of identification: 17.11.2022 Date of last review: 27.06.24		
Strategic risk (what could prevent us achieving this strategic objective)	<p>There is a risk that the population is not sufficiently engaged in designing and developing services leading to inequitable access to care and outcomes.</p> <p>There is a risk that the population is not sufficiently engaged and able to influence the design and development of services, leading to inequitable access to care and poorer health outcomes.</p>	Risk appetite: target, tolerance and current score RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 12						Initial 16	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. The public are not being engaged and included in the strategy development and early planning stage of service development therefore the system will not be able to suitably reflect the public's view and benefit from their experience in its planning and prioritisation. 2. Due to the pace of change, building and sustaining communication and engagement momentum and pace with stakeholders during a significant change programme may be compromised. 3. The complexity of change required, and the speed of transformation, potential decommissioning and other cost improvement programmes required leads to patients and public being engaged too late in the planning stage, or not at all leading to legal challenge where due process is not being appropriately followed. 4. The communications and engagement team are not sufficiently resourced to be able to engage with the public and local communities in a meaningful way. The system does not adopt the ethos of the Insight or Co-Production Frameworks, public views do not routinely influence decisions and the power balance across the NHS system resides with decision-makers.		1. Potential legal challenge through variance/lack of process. 2. Failure to secure stakeholder support for proposals. 3. inability to deliver the volume of engagement work required; risk of transformation delay due to legal challenge; reputational damage and subsequent loss of trust among key stakeholders. 4. Services do not meet the needs of patients, preventing them from being value for money and effective. Reduced credibility for the ICB's broader claims to place public views at the heart of decision-making.								
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)		Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)			
Threat 1 The public are not being engaged and included in the strategy development and early planning stage of service development therefore the system will not be able to suitably reflect the public's view and benefit from their experience in its	<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, published and available to the system to guide good practice. PPI log developed to list all potential services changes and the appropriate level of engagement required. This is seen by PPC and HOSC. Guidance available to support the 	3T1.1C 3T1.2C 3T1.3C	All aspects of the Engagement Strategy need to continue to be developed and implemented, and then evaluated. All are in progress. Continue to advise providers on good PPI practice, especially around system transformation programmes. Ensuring transformation programmes are providing sufficient time to factor in the inputs to and outcomes from involvement activity, including	<ul style="list-style-type: none"> Senior managers have membership of IC Strategy Working Group to influence. PPI assessment processes routinely reported to Public Partnership Committee. PPI assessment processes routinely shared with Health Overview & Scrutiny Committees. Comprehensive legal duties training programme for engagement professionals. Public Partnership Committee assurance to ICB Board. 		3T1.1AS 3T1.2AS 3T1.3AS	Evidence of tangible inputs and outputs aligned to key strategies and plans. Public Partnership Committee performance reporting in development. Assurance on skills relating to cultural engagement and communication across all JUCD partners.			

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)
planning and prioritisation.	<p>application of the public involvement duty in service change, and assessment process.</p> <ul style="list-style-type: none"> Guidance available around consulting with the Health Overview and Scrutiny Committee. Public Partnership Committee now established and identifying role in assurance of softer community and stakeholder engagement. Clear understanding of duties in relation to NHS providers, including general practice. Communications and Engagement Team leaders are linked with the emerging system strategic approach, including the development of place alliances. Insight summarisation is informing the priorities within the strategy. A range of methods and tools available to all our system partners to support involvement of people and communities in work to improve, change and transform the delivery of our health and care provision. These include Readers Panel, PPG Network, Patient and Public Partners, Derbyshire Dialogue, and Online Engagement Platform. Insight Framework proof of concept now moving to results phase to inform how system acts on findings. Developed Insight Library to house all insight available in the system, with the aim of sharing this with all system partners to aid decision making based on insight and prevent duplication. Agreed gateway for PPI form on the ePMO system. 	<p>3T1.4C</p> <p>3T1.5C</p> <p>3T1.6C</p> <p>3T1.7C</p> <p>3T1.8C</p> <p>3T1.9C</p> <p>3T1.10C</p> <p>3T1.11C</p>	<p>prioritising the utilisation of insight alongside other evidence sources.</p> <p>Establishment of Lay Reference Group required to include diversity of the voice we hear in assurance processes.</p> <p>Confirmation of commissioner representation on the PPC.</p> <p>Ongoing learning of skills relating to cultural engagement and communication across all JUCD partners, including health literacy approach.</p> <p>ePMO reporting system in development to complete PPI assessment connection with transformation programme.</p> <p>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.</p> <p>Coproduction Framework in development to embed, support, and champion co-production in the culture, behaviour, and relationships of the Integrated Care System, coproduced with a wide range of system partners.</p> <p>Evaluation Framework in development, to enable the ICB to continually examine public involvement practice and the impact this has on work, people, and communities.</p> <p>Definition on appraisal of five frameworks to support ongoing continuous improvement, in turn demonstrating how ICB acts on people's needs and lived experience to reduce inequalities in health and care provision.</p>	<ul style="list-style-type: none"> 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 and emerging CQC reviews. Benchmarking against comparator ICS approaches. 		
Threat 2 Due to the pace of change, building and sustaining communication and engagement	<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 	<p>3T2.1C</p> <p>3T2.2C</p>	<p>Development of system stakeholder communication methodologies understand and maintain/improve relationships and maximise reach.</p> <p>Systematic change programme</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. 	<p>3T2.1AS</p> <p>3T2.2AS</p>	<p>Ability to articulate momentum behind coherent priorities and approach to delivering strategy, transformation and mitigation of financial challenge.</p> <p>Public Partnership Committee</p>

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momentum and pace with stakeholders during a significant change programme may be compromised.	<ul style="list-style-type: none"> Board, Senior Leadership Team and others to ensure detailed understanding of progression. Functional and well-established system communications and engagement group. Digital engagement infrastructure in place across partners to ensure transparency around decisions being made in the ICB and enhance opportunities for collaboration. 	<p>3T2.3C</p> <p>3T2.4C</p> <p>3T2.5C</p>	<p>approach to system development and transformation not yet articulated/live.</p> <p>Staff awareness of work of ICS and ICB programme, to enable 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> <p>Communications and Engagement Strategy refresh required in 2024/25.</p>	<ul style="list-style-type: none"> ePMO gateway structure ensures compliance with PPI process. Benchmarking against comparator ICS approaches. National Oversight Framework ICB annual assessment evidence and emerging CQC reviews. 		performance reporting in development.
<p>Threat 3</p> <p>The complexity of change required, and the speed of transformation, potential decommissioning and other cost improvements required leads to patients and public being engaged too late in the planning stage, or not at all leading to legal challenge where due process is not being appropriately followed.</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 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 	<p>3T3.1C</p> <p>3T3.2C</p> <p>3T3.3C</p>	<p>Systematic change programme approach to system development and transformation not yet articulated/live.</p> <p>Clear roll out timescale for transformation programmes.</p> <p>Communications and Engagement Strategy refresh required in 2024/25.</p>	<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 risks. ePMO gateway structure ensures compliance with PPI process. National Oversight Framework ICB annual assessment evidence. Establishment of ICB Procurement Group supports future planning and engagement timetable. 	<p>3T3.1AS</p> <p>3T3.2AS</p>	<p>Strengthened connection between PHSCC and PPC business agendas.</p> <p>Forward plan of procurements required.</p>

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<p>Threat 4 The communications and engagement team are not sufficiently resourced to be able to engage with the public and local communities in a meaningful way. The system does not adopt the ethos of the Insight or Co-Production Framework, public views do not routinely influence decisions and the power balance across the NHS system resides with decision-makers.</p>	<ul style="list-style-type: none"> Agreed system Communications & Engagement Strategy. Insight Framework approach approved and pilots funded by Integrated Place Executive, and supported by Public Partnership Committee. 	<p>3T4.1C</p> <p>3T4.2C</p> <p>3T4.3C</p> <p>3T4.4C</p> <p>3T4.5C</p> <p>3T4.6C</p> <p>3T4.7C</p>	<p>ICB Board oversight and mandate.</p> <p>ICP oversight and mandate.</p> <p>Understanding of resourcing/sustainability of programme beyond pilot phase.</p> <p>Embedding of governance approach into system/ICB procedures.</p> <p>Monitoring of outcomes in line with other articulated threats on transformation programme.</p> <p>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.</p> <p>Coproduction Framework in development to embed, support, and champion co-production in the culture, behaviour, and relationships of the Integrated Care System, coproduced with a wide range of system partners.</p>	<ul style="list-style-type: none"> Programme of updates and presentations to seek consensus To be developed during next phase of implementation as adoption of insight and co-production approaches into decision making processes are confirmed. 	<p>3T4.1AS</p> <p>3T4.2AS</p>	<p>Evidence of tangible inputs and outputs aligned to key strategies and plans.</p> <p>Public Partnership Committee performance reporting in development.</p>

Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started? Update	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1		TBC						
Threat 2		TBC						
Threat 3		TBC						
Threat 4		TBC						

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ICB – Board Assurance Framework (BAF)

Strategic Risk SR4 – Finance, Estates and Digital 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: Jill Dentith, Finance, Estates and Digital Committee Chair		System lead: Keith Griffiths, Chief Finance Officer System forum: Finance, Estates and Digital Committee				
		Date of identification: 17.11.2022 Date of last review: 21.06.2024				
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.4bn available funding.	Risk appetite: target, tolerance and current score 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 c.£900m from other ICBs		1. Unable to meet financial plan / return to sustainable financial position. Severe cash flow issues and additional cost of borrowing 2. Increasing bed occupancy to above safe levels and poor flow in/out of hospital 3. Provider performance levels drop and costs increase 4. Any material shortfall in funding means even with efficiency and transformation and structural change there could still be a gap to breakeven, whilst also preventing any investment in reducing health inequalities and improving population health 5. Allocations received by the ICB do not recognise the breadth and location of services delivered by Providers				
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 1 Rising activity needs, capacity issues, and availability and cost of workforce	<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 continue to be developed further as reported to ICB Board.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
		4T1.6C	and level of productivity / efficiency required. The integrated assurance and performance report needs to be developed further to triangulate areas of activity, workforce, and finance.			
Threat 2 Shortage of out of hospital provision across health and care impacts on productivity levels	<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	<p>National shortage in supply of out of hospital beds and services for medically fit for discharge patients prevents full mitigation.</p> <p>New Workforce strategy and Clinical Model required, alongside clear priorities for improving population health.</p> <p>Triangulated activity, workforce, and financial plan.</p> <p>Do not fully understand the low productivity levels and the opportunities to improve via the clinical workforce.</p> <p>Benchmark against pre Covid data and activity as a starting point to get to sustainable levels.</p>	<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.(EA) 	4T2.1AS	The Integrated Assurance and Performance Report is in place and will continue to be developed further as reported to ICB Board.
Threat 3 The scale of the challenge means break even can only be achieved by structural change and real transformation. failure to deliver against plan and/or to transform services	<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 the System is committed to its use for 24/25 EPMO has list of efficiency projects only that are not developed to a level where the financial impact can be assured. Long term national funding levels are insufficient and uncertain, meaning despite radical improvements in efficiency and structural, transformational change, a financial gap to breakeven will remain. Development of Financial Sustainability Board to understand and alleviate the financial challenges. 	4T3.2C 4T3.3C 4T3.4C 4T3.5C	<p>Ownership of system resources held appropriately.</p> <p>The EPMO System is not fully owned and managed to make the savings required.</p> <p>Programme delivery boards need to refocus on delivering cash savings as well as pathway change.</p> <p>The provider collaborative needs to drive speed and scope through the programme delivery boards</p>	<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 Finance Director meetings focussed on long term financial stability, with real evidence of effective distributive leadership and collegiate decision making. 		

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Threat 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. Development of governance surrounding the commitment of secured resources for new investments. 	4T4.1AS	No assurance can be given
Threat 5 National funding model does not recognise that Derbyshire Providers receive £900m from other ICBs	<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 Activity, Workforce and Financial plan for 24/25 Financial Sustainability Group continues to oversee progress of efficiency progress for the wider system. Financial reset has given further clarity over both workforce and operational performance with the finances. Each organisation within the system has been asked to produce a 5 year Financial Sustainability plan.	4T1.1C 4T1.2C 4T1.6C	Michelle Arrowsmith	Subject to quarterly review – July 2024	Commenced	Finance/Performance/Quality Committees ICB Board Financial Sustainability Group	Partial assurance given the transparency and debate at Board level, recognising the socio-economic environment the health and care sectors are currently navigating and the scale of the tasks that lie ahead – both operationally and culturally.
	4T1.2A	Benchmark exercise and Report against pre covid levels of activity	4T1.1C 4T1.4C	Linda Garnett, Keith Griffiths	Subject to quarterly review – July 2024	Commenced	People and Culture/Finance Estates and Digital Committee	
	4T1.3A	Develop management processes to deliver plans and level of productivity required Implementation and maintenance of the e-PMO to track efficiencies. E-PMO now consistently populated with efficiencies including productivity and CIP.	4T1.1C 4T1.3C 4T1.5C	Chair of Provider Collaborative/ Tamsin Hooton/Provider DOFs	Subject to quarterly review – July 2024 Subject to quarterly review – July 2024	Commenced	PCLB/ Finance, Estates and Digital Committee	

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							Committee/Sub Group Assurance	Committee level of assurance
	4T1.4A	<p>Plans to set up a productivity sub-group of the ICB Finance and Estates Committee. Providers working on productivity plans as part of 24/25 planning in addition to Delivery Board/PCLB plans.</p> <p>Delivery boards looking at efficiency and productivity in addition to internal provider actions e.g. planned care board and Get it right first time (GIRFT). Work has been done to look at 'value' across all Delivery Boards.</p> <p>Pipeline schemes/opportunities being recorded on ePMO, workshops with trust and programme teams to develop 2024/2025 plans.</p> <p>Development of Integrated Assurance and Performance Report to ensure Board expectations are met The Integrated Assurance and Performance Report is in place and will continue to be developed further as reported to ICB Board.</p> <p>Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to:</p> <ul style="list-style-type: none"> - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report. <p>Different strands of the framework are continuing to be developed and will combine to form part of a coherent strategy.</p>	4T1.1C 4T1.1AS	Executive Team	<p>This will be a process with key review points/dates.</p> <p>The next key date will be Mid June 2024</p> <p>The next key date will be July 2024</p>	Commenced	ICB Board	
Threat 2	4T2.1A	<p>Develop the workforce planning approach to inform the 2024/25 plan and future projections Examples - Clinical Models Plan:</p>	4T1.2C 4T2.2C 4T2.4C	Linda Garnett/ Chris Weiner	Q1 2024/25	Commenced	People and Culture Committee/ CPLG	Partial assurance given the transparency and debate at board level, recognising the socio-

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Actions to treat threat								
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							Committee/Sub Group Assurance	Committee level of assurance
	4T2.2A	Cardio Vascular plan currently being developed to target population health management and health inequalities across Derby and Derbyshire on a PLACE based approach. Socialising plan is now with system partners and will be presented at PHSCC in January for ratification. At the December CPLG meeting, the concept was agreed. Added to the planning round 24/25 awaiting confirmation of acceptance and finance apportioned to it.	4T1.2C 4T2.2C 4T2.4C	Chris Weiner	Q1 2024/25 – plans to be developed at a PLACE level. Q2 onwards anticipated delivery	Commenced	CPLG and PHSCC	economic environment the health and care sectors are currently navigating and the scale of the tasks that lie ahead – both operationally and culturally
		Development of Triangulated Activity, Workforce and Financial plan Financial Sustainability Group continues to oversee progress of efficiency progress for the wider system. Financial reset has given further clarity over both workforce and operational performance with the finances. Each organisation within the system has been asked to produce a 5 year Financial Sustainability plan.	4T2.1C 4T2.3C	Executive Team	Subject to quarterly review – July 2024	Commenced	People and Culture Committee/ Finance Estates and Digital Committee	
		Benchmark exercise and report against pre covid levels of activity	4T2.1C 4T2.5C	Executive Team/Michelle Arrowsmith	Subject to quarterly review – July 2024	Commenced	People and Culture/Finance Estates and Digital Committee	
Threat 3	4T3.1A	Develop and embed EPMO System The system e-PMO continues to develop and increasingly is the single source of information on efficiency plans. Work to further develop the e-PMO functionality and ease of use is ongoing, led via Director of PMO and Improvement, including enhanced analysis and reporting by type of scheme.	4T3.3C 4T3.4C 4T3.5C	Tamsin Hooton	Q4 2023/24 substantially completed	Commenced	Finance, Estates and Digital Committee / PCLB	Partial assurance through evidence of improving reporting and accountability, although real delivery is yet to be seen
		Development of a consistent approach to measuring productivity is ongoing. Benchmarking work on corporate efficiencies, work underway on people supply, digital and procurement. Work to identify additional opportunities for savings underway. Procurement, HR and digital are current priority workstreams within corporate efficiencies. There are plans to establish a sub group of SFEDC on productivity (end date Q1 2024/2025). Work on 'value' opportunities, supported by Regional analytics team has also been completed (end of Q3). PCLB to establish	4T3.2C	Tamsin Hooton	Quarter 1 2024/2025	Commenced	Delivery and Trust Boards, PCLB, SFEDC, System PMO Leads Group	

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Actions to treat threat								
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							Committee/Sub Group Assurance	Committee level of assurance
		a shared programme on productivity (end date Q1 2024/2025).						
Threat 4	4T4.1A	National Allocations unclear	4T4.1C 4T4.1AS	Executive Directors / NEMs	Subject to quarterly review – July 2024	Commenced	SFEDC	Not assured
Threat 5	4T5.1A	The ICB will continue to lobby the Regional and National teams	4T5.1C 4T5.1AS	Keith Griffiths	Subject to quarterly review – July 2024	Commenced	SFEDC	A significant change in allocation policy at National level will need to take place to rectify this issue.

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ICB – Board Assurance Framework (BAF)

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: 19.06.2024	
Strategic risk (what could prevent us achieving this strategic objective)	New description: There is a risk that the system is not able to maintain a sustainable workforce and positive staff experience in line with the people promise due to the impact of the financial challenge.		Risk appetite: target, tolerance and current score				Initial	Current	Target
	Previous description: There is a risk that the system is not able to maintain a sustainable workforce size and profile which meets the People Promise objectives.		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee.				20	20	16
Strategic threats (what might cause this risk to materialise)					Impact (what are the impacts of each of the strategic threats)				
1. Current system financial position makes the current workforce model unaffordable. 2. Lack of system alignment between activity, people and financial plans 3. Staff resilience and wellbeing across the health and care workforce is negatively impacted by environmental factors e.g. the industrial relations climate and the financial challenges in the system. 4. Employers in the care sector cannot attract and retain sufficient numbers of staff to enable optimal flow of service users through the pathways and the scale of vacancies across health and care and some specific professions.					1. Workforce model developed to meet system finances as opposed to population need. 2. There is an under supply of people to meet the activity planned and the funding available. 3. Increased sickness absence, deterioration in relationships and higher turnover particularly people retiring early leading to gaps in the staffing required to deliver services. 4. 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 Current system financial position makes the current workforce model unaffordable	<ul style="list-style-type: none"> Organisational vacancy controls Agency Reduction plan 	5T1.1C 5T1.2C 5T1.3C	<ul style="list-style-type: none"> System Vacancy control processes Development of a Health and Care Strategy which delivers an affordable workforce model. Workforce implications of Transformations programmes including CIP not fully understood. 	<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 Workforce plan Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce. 	5T1.1AS	System level assurance process to be developed.			
Threat 2 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 	5T2.3C	Develop 24/25 workforce plan.	<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 Workforce plan 	5T2.1AS	Work is progressing to develop an integrated performance assurance report which includes Quality, Performance, Workforce and Finance. Activity delivered should be informing			

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>Workforce Strategy and Planning Assistant Director</p> <ul style="list-style-type: none"> The System People and Culture Committee provides oversight of workforce across the system. 			<ul style="list-style-type: none"> Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce. 	5T2.2AS	<p>everything but there remain further issues requiring resolution in that area.</p> <p>Consistent escalation reporting across the system to be agreed (NA).</p>
<p>Threat 3 Staff resilience and wellbeing across the health and care workforce is negatively impacted by environmental factors e.g. the industrial relations climate and the financial challenges in the system</p>	<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. Enhanced Leadership Development offer to support Managers and promoting Health and Wellbeing. 	5T3.1C	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. Health Assessments continue to provide impact and now embedded within People Services to support long-term sickness. 	5T3.1AS	<p>Work is progressing to develop an integrated performance assurance report which includes Quality, Performance, Workforce and Finance. Activity delivered should be informing everything but there remain further issues requiring resolution in that area.</p> <p>Despite measures being in place the situation is deteriorating in terms of staff health and being due to a range of factors (NA).</p>
		5T3.3C	The Leadership Development offer is not yet fully embedded in each organisation.		5T3.2AS	
<p>Threat 4 Employers in the care sector cannot attract and retain sufficient numbers of staff to enable optimal flow of service users through the pathways and the scale of vacancies across health and care and some specific professions</p>	<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 (February 2023 onwards) 	5T4.1C	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 	5T4.1AS	<p>Work is progressing to develop an integrated performance assurance report which includes Quality, Performance, Workforce and Finance. Activity delivered should be informing everything but there remain issues requiring resolution in that area.</p>
		5T4.2C	Lack of Workforce representation on the ICP.			
		5T4.3C	Insufficient connection with People and Culture and the ICP			

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Actions to treat threat.								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Subgroup Assurance	Committee level of assurance
Threat 1	5T1.1A	Develop System Vacancy control processes.	5T1.1C	Linda Garnett	Q2 2024	Commenced	People & Culture Committee	Partially assured.
	5T1.2A	Develop Health and Care Strategy which delivers an affordable workforce model.	5T1.2C	Sukhi Mahil	Q4 2024	Planning Commenced	People & Culture Committee	Partially assured.
	5T1.3A	Quantify Workforce implications of Transformation programmes including CIP.	5T1.3C	Sukhi Mahil/ Tamsin Hooton	Q2 2024	Commenced	PH&SCC People & Culture Committee	Partially assured.
	5T1.4A	Scoping of system agency at Trust level use commenced for review at Agency Reduction Steering Group, aligned to the requirement to end the use of all off-framework agencies by 01 July 2024. In the intervening period all off-framework use must be signed off at Chief Executive level or through a designated deputy.	5T1.1AS	Sukhi Mahil	Q2 2024	Commenced	People & Culture Committee	Partially assured.
Threat 2	5T2.3A	Develop the workforce planning approach to inform the 2024/25 plan and future projections	5T2.3C 5T2.1AS 5T2.2AS	Sukhi Mahil	Q2 2024/25	Commenced	People & Culture Committee	Partially assured.
Threat 3	5T3.1A	Continue to spread and embed well-being offer. Review and evaluate feedback from Health and Wellbeing survey to continue to develop and improve wellbeing service offering. Work is ongoing with good levels of engagement across JUCD Health and Care workforce in activities. Over 4000 colleagues participating in activities each month. The evaluation from the HNA has been completed and will inform future planning. A new timetable of support is implemented quarterly along with the development of specialist groups, interventions for emotional and physical health.	5T3.3C 5T3.2AS	Nicola Bullen	Continuous from quarter 3 2023/24, subject to quarterly review	Commenced	People & Culture Committee People Services Collaborative Delivery Board	Partially assured.
	5T3.2A	Review Occupational Health Services to ensure they are focused on promoting health and wellbeing. The health promotional activity largely sits within the JUCD Wellbeing programmes of work including activity timetable, lifestyle and wellbeing and health inequalities, with Occupational Health supporting the health Surveillance programmes. There is a significant programme of work around health surveillance as well as a quarterly activity	5T3.2AS	Nicola Bullen	Quarter 2 2024/25	Commenced	People & Culture Committee People Services Collaborative Delivery Board	Partially assured.

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							Committee/Subgroup Assurance	Committee level of assurance
	5T3.3A	<p>programme that is produced for all staff across Derbyshire.</p> <p>Pursue alternative funding sources, consider measures to mitigate impact of services reducing, utilise wellbeing support in place across the system.</p> <p>Funding will be received through NHS Midlands, a combined bid with Northants ICB, this will provide mental health hub activity across the East Midlands.</p> <p>Commitment to finance secured within Primary Care, Local Authority and City Council.</p>	5T3.1C 5T3.1AS	Nicola Bullen	Continuous from Quarter 2 2023/24, subject to quarterly review.	Commenced	People & Culture Committee People Services Collaborative Delivery Board	Partially assured.
Threat 4	5T4.1A	Continue to develop system wide recruitment campaigns to meet demand for health and care across Derbyshire.	5T4.1C 5T4.2C 5T4.3C 5T4.1AS	Susan Spray	System Recruitment campaigns planned as a rolling programme.	Commenced	People & Culture Committee	Partially assured.

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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 Partially assured		ICB Lead: Michelle Arrowsmith, Chief Strategy and Delivery Officer ICB Chair: Richard Wright, Chair of PHSCC		System lead: Michelle Arrowsmith, Chief Strategy and Delivery Officer System forum: Population Health and Strategic Commissioning Committee		Date of identification: 17.11.2022 Date of last review: 05.06.2024		
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	Risk appetite: target, tolerance and current score						Initial	Current	Target
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 12	<p>Strategic Risk 7</p> <p>Y-axis: 0 to 14 X-axis: Jun-23 to Jun-24</p> <p>Legend: Current risk level (solid blue), Tolerable risk level (dashed red), Target risk level (dotted green)</p>						12	12
Strategic threats (what might cause this risk to materialise)					Impact (what are the impacts of each of the strategic threats)					
1. Lack of joint understanding of strategic aims and requirements of all system partners. 2. Demand on organisations due to system pressures/restoration may impact ability to focus on strategic aims. 3. Time for system to move more significantly into "system think". 4. Statutory requirements on individual organisations may conflict with system aims.					1. System partners interpret aims differently resulting in reduced focus or lack of co-ordination. 2. System partners may be required to prioritise their own organisational response ahead of strategic aims. 3. If the system does not think and act as one system, support is less likely to be there to achieve strategic aims. 4. Individual boards to take decisions which are against system aims.					
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Gap Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Gap Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)				
Threat 1 Lack of joint understanding of strategic aims and requirements of all system partners.	<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 	7T1.1C 7T1.2C 7T1.3C	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 Board Assurance Framework Internal and external audit of plans (EA) Health Oversight Scrutiny Committees ICB Strategic objectives and strategic risks Delivery Highlight and Escalation Report and Transformation report shared with 	7T1.1AS 7T1.2AS	The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board. Consistent management reporting across the system to be agreed				

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Gap Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Gap Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	<p>areas of transformation to support 'system think' via system-wide cost: impact analysis</p> <ul style="list-style-type: none"> • Delivery Boards engagement with JUCD Transformation Board. • Provider Collaborative Leadership Board in place overseeing Delivery Boards and other delivery groups. • System planning & co-ordination group managing overall approach to planning • Formal risk sharing arrangements in place across organisations (via Section 75s/ Pooled Budgets) • Health Oversight Scrutiny Committees (HOSCs)/ Health and Wellbeing Boards are in place with an active scrutinising role • Dispute resolution protocols jointly agreed in key areas e.g. CYP joint funded packages – reducing disputes • Currently the system part funds the GP Provider Board (GPPB) which provides a collective voice for GP practices in the system at a strategic and operational level • Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023. 	<p>7T1.4C</p> <p>7T1.5C</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>ICB Finance, Estates Committee and Digital Committee</p> <ul style="list-style-type: none"> • System Delivery Board agendas and minutes • Provider Collaborative Leadership Board minutes • Health and Well Being Board minutes • ICB Scheme of Reservation and Delegation • Agreed process for establishing and monitoring financial and operational benefits • GPPB proposal for future operating model and funding planned for ICB Board discussion in April 23. • 2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP. • Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published 		

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Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Gap Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Gap Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 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 	7T2.2C	Level of maturity of Delivery Boards	<ul style="list-style-type: none"> NHSEI oversight and reporting (EA) Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. System Quality Group assurance to the Quality and Performance Committee and ICB Board. System Quality and Performance Report Monthly reports provided to ICB/ ICS Executive Team/ ICB Board and NHSE Measurement of relationship in the system: embedding culture of partnership across partners Coproduction Workforce resilience Demand in the system Audit and Governance Committee oversight and scrutiny Board Assurance Framework 2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP. Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published 	7T2.1AS 7T2.2AS	The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board. Consistent management reporting across the system to be agreed.
Threat 3 Time for system to move more significantly into "system think".	<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 (EA) 2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP. Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published 	7T3.1AS	The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board.
Threat 4 Statutory requirements on individual organisations may conflict with system aims.	<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 	7T4.1C 7T4.2C	Process to ensure consistent approach is adopted to share outputs from ICS and ICB Exec team meetings. Lack of process to measure impact of agreed actions across the system.	<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 		

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	<p>delivery of transformation plans across system.</p> <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 	<p>7T4.3C</p> <p>7T4.4C</p> <p>7T4.5C</p>	<p>Prolonged operational pressures ahead of winter and expected pressures to continue / increase.</p> <p>Level of maturity of Delivery Boards</p> <p>System Oversight of Individual boards decisions which may be against system aims.</p>	<p>minutes</p> <ul style="list-style-type: none"> Provider Collaborative Leadership Board minutes Health and Well Being Board minutes Measurement of relationship in the system: embedding culture of partnership across partners Coproduction 2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP. Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published 		

Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1	7T1.1A	Produce and embed the use of a universal prioritisation framework to guide resource allocation decisions. (Also 7T3.1A). This is being carried out as part of the development of the Joint Forward Plan implementation and 24/25 operational planning. <i>This has commenced and is underway, currently being developed as part of the Joint Forward Plan refresh.</i>	7T1.1C 7T1.3C 7T1.4C 7T1.5C	Michelle Arrowsmith	Quarter 1 2024/25 Quarter 2 2024/25	Commenced	PHSCC	Partially Assured
	7T1.2A	Development of Integrated Assurance and Performance Report to ensure Board expectations are met. (Also 7T3.2A). This is progressing, the first elements are in place, currently systemising the process. This is ongoing and any subsequent changes are reflected in the report. Recommendation has been made to redevelop and update our ICB integrated performance	7T1.1AS	Michelle Arrowsmith	Process with key review points/dates. The next key date will be Mid June 2024 <i>The next key date will be July 2024</i>	Reported to Board Bi monthly	ICB Board	Partially Assured

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Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
	7T1.3A	<p>report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to:</p> <ul style="list-style-type: none"> - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report. <p>Different strands of the framework are continuing to be developed and will combine to form part of a coherent strategy.</p> <p>Delivery Boards to develop a process to share decisions and challenge actions enhancing transparency and shared understanding of impact.</p> <p>TCG has developed a benefits realisation approach to track benefits across Delivery Boards to develop a process to share decisions enhancing transparency and shared understanding of impact.</p> <p>Benefits realisation and triangulation has been embedded in planning process for 24/25 but there is more work to do to fully complete this piece of work.</p> <p>Impact assessment of transformation plans undertaken in month 1, indicates incomplete identification of impact and benefits across programme as whole, further work being led by TCG and PMO Director.</p> <p>Transformation programmes have been asked to revise and update plans for by end of Q1.</p>	7T1.2C	Tamsin Hooton	Quarter 2 2024/25	Commenced	TCG/System Planning Group	Partially assured
Threat 2	7T2.2A	<p>Delivery Boards to develop a process to share decisions and challenge actions enhancing transparency and shared understanding of impact.</p> <p>Workshop session held 27/9/23, to agree a process to develop programme plans in a co-ordinated way, proposal for a system wide benefits realisation approach to understand impact, and interface with a system prioritisation approach. This now needs to be aligned with system planning approach.</p> <p>Benefits realisation and triangulation has been embedded in planning process for 24/25 but there is more work to do to fully complete this piece of work.</p>	7T2.2C	Tamsin Hooton	Quarter 2 2024/25	Commenced	TCG/System Planning Group	Partially assured

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							Committee/Sub Group Assurance	Committee level of assurance
	7T2.3A	<p>Consistent management reporting across the system to be agreed. System wide performance report compiled jointly with the Quality Team. The Joint Forward Plan has an agreed Outcomes Framework to drive the activities and interventions to include measurable System Objectives and development in key areas. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to:</p> <ul style="list-style-type: none"> - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report. <p>Different strands of the framework are continuing to be developed and will combine to form part of a coherent strategy.</p>	7T2.2AS	Michelle Arrowsmith	<p>Process with key review points/dates.</p> <p>The next key date will be Mid-June 2024</p> <p>The next key date will be July 2024</p>		Quality and Performance Committee ICB Board	Partially assured
Threat 3	7T3.1A	<p>Prioritisation process agreed in the system to better manage our time and use of resource. This is being carried out as part of the development of the Joint Forward Plan implementation and 24/25 operational planning. This has commenced and is underway, currently being developed as part of the Joint Forward Plan refresh.</p>	7T3.1C	Michelle Arrowsmith	<p>Quarter 1 2024/25 Quarter 2 2024/25</p>	Commenced	PHSCC	Partially assured
	7T3.2A	<p>Development of Integrated Assurance and Performance Report to ensure Board expectations are met. This is progressing, the first elements are in place, currently systemising the process. This is ongoing and any subsequent changes are reflected in the report. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to:</p> <ul style="list-style-type: none"> - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the 	7T3.1AS	Michelle Arrowsmith	<p>Process with key review points/dates.</p> <p>The next key date will be Mid-June 2024</p> <p>The next key date will be July 2024</p>	Reported to Board Bi-monthly	ICB Board	Partially assured

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							Committee/Sub Group Assurance	Committee level of assurance
		narrative/explanatory information for the report. Different strands of the framework are continuing to be developed and will combine to form part of a coherent strategy.						
Threat 4	7T4.1A	Development of log System ICB/ICP Board decisions	7T4.1C	Helen Dillistone	Quarter 2 2024/25	Commenced	ICB Board/ICP Board	Partially assured
	7T4.2A	Develop a process to measure impact of agreed actions across the system. To be delivered as part of the Joint Forward Plan implementation – System wide Evaluation Strategy of the impact of the Joint Forward Plan and the Integrated Care Strategy. This has commenced and is underway, currently being developed as part of the Joint Forward Plan refresh.	7T4.2C	Michelle Arrowsmith	Quarter 3 2024/25	Commenced	ICB Board/ICP Board	Partially assured
	7T4.4A	Delivery Boards to develop a process to share decisions and challenge actions enhancing transparency and shared understanding of impact. Transformation report and escalation report produced monthly and shared with TCG/PCLB as well as reported to the System Finance and Estates Committee for assurance. Benefits realisation approach has been developed, but there is more work for the transformation programmes to do to fully complete this to show cross cutting system impact. Gap in controls in relation to clear place in the system to agree on how to transact programme benefits, where they are non-cash releasing without changes to provider capacity.	7T4.4C	Tamsin Hooton	Quarter 1 2024/25	Commenced	Delivery Boards/ Provider Collaborative Leadership Board	Partially Assured
	7T4.5A	Development of a process to support system oversight and delivery of system aims and Joint Forward Plan. The final Deloitte report outlines integrated assurance and moving forward with System Delivery Boards and provider Collaborative Leadership Boards, to be triangulated and embedded. The refreshed Joint Forward Plan will be presented at July ICB Board.	7T4.5C	Helen Dillistone	Quarter 1 2024/25 Quarter 2 2024/25	Not yet commenced	ICB Board/ICP Board	Partially Assured

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Strategic Risk SR8 – Population Health and Strategic Commissioning Committee

<p>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.</p>		<p>Committee overall assurance level</p>		<p>Partially assured</p>				
		<p>ICB Lead: Chris Weiner ICB Chief Medical Officer ICB Chair: Richard Wright, Chair of PHSCC</p>		<p>System lead: Chris Weiner, ICB Chief Medical Officer System forum: Population Health and Strategic Commissioning Committee</p>		<p>Date of identification: 17.11.2022 Date of last review: 05.06.24</p>		
<p>Strategic risk (what could prevent us achieving this strategic objective)</p>	<p>There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.</p>	<p>Risk appetite: target, tolerance and current score</p> <p>RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee</p> <p>12</p>	<p>Strategic Risk 8</p> <p>Legend: Current risk level (solid blue), Tolerable risk level (dashed red), Target risk level (dotted green)</p>			<p>Initial</p> <p>12</p>	<p>Current</p> <p>12</p>	<p>Target</p> <p>8</p>
<p>Strategic threats (what might cause this risk to materialise)</p>			<p>Impact (what are the impacts of each of the strategic threats)</p>					
<p>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>			<p>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 					

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
Threat 1 Agreement across the ICB on prioritisation of analytical and BI activity is not realised and therefore funding and associated resources are not identified to deliver the analytical capacity	<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 (SIG) established with oversight of system wide data and intelligence capability and driving organisational improvement to optimise available workforce and ways of working Analytics and business intelligence identified as a key system enabler and priority for strategic planning and operationally delivery in the Digital and Data strategy NHSE priorities and operational planning guidance 23/24 requires the right data architecture in place for population health management Digital and Data identified as a key enabler in the Integrated Care Partnership strategy 	8T1.2C	Senior analytical leadership role to co-ordinate: <ul style="list-style-type: none"> Delivering value from NECS contract Co-ordinating work across SIG Identifying opportunities for more effective delivery of PHM 	<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. 	8T1.1AS	The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board.
		8T1.3C	Identified three priority areas of strategic working: <ul style="list-style-type: none"> System surveillance intelligence Deep dive intelligence Population Health Management. 			
		8T1.4C	Strategic Intelligence Group (SIG) needs formalising and structured reporting through to D3B and direct link to ICB Strategic Intent function and ICB planning cell			
		8T1.5C	JUCD Information Governance Group needs formalisation and work required on using data for planning purposes.			

Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1	8T1.3A	Recruitment of analytics team Associate Director of Business Intelligence 8D, commenced with the advert June, interviews planned for early July. Due to the seniority of the role, the start date is likely to be September/October 2024. Analytics team recruitment complete for all other roles.	8T1.2C	Chris Weiner	Quarter 1 2024/25 Quarter 2 2024/25	Commenced	Executive Team	Partially assured
	8T1.4A	Co-ordination and local prioritisation through SIG with leadership provided by internal business intelligence team.	8T1.4C	Chris Weiner	April 2024 Quarter 2 2024/25	Commenced	Business Intelligence Team	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
		Meeting taken place, further Senior Digital and Data Strategy meetings have been set up. The first meeting is planned for late June 2024. Surveillance report planned to be launched June 2024 based on the Gold Standard set by Yorkshire & Humber as stipulated by NHSE.	8T1.3C					
	8T1.5A	SIG is looking at health inequalities, population health management and how this data can be shared across the whole system. Senior analytical leadership role to be confirmed due to structures. Surveillance report planned to be launched June 2024 based on the Gold Standard set by Yorkshire & Humber as stipulated by NHSE.	8T1.4C	Chris Weiner	New structure to be implemented by end of Q1 2024 Quarter 2 2024/25	Commenced	Strategic Intelligence Group (SIG)	Partially assured
	8T1.6A	Execution of planned investment in analytical skills development in line with ICB new structure Formalise JUCD IG group and draft data sharing agreements for using data for purposes other than direct care. A paper is currently being reviewed prior to presentation to the ICB's Executive Team which identifies options for implementation of an Information Governance framework – for direct care and secondary uses – a proof of concept for two user cases (cancer and serious mental illness) to test the principles and commissioning of NECS to provide access to their Axym product to collate and store the data. If approved, this will help to unlock some of the issues currently being experienced across the system and put in place the necessary agreements between the GP Practices, the ICB, JUCD partners and NECS. Legal advice is currently being sought on the necessary contract variations and the work will need to be funded and resourced by colleagues with the appropriate skills and experience, co-ordinated through the ICB.	8T1.5C	Helen Dillistone	Moved from Q4 to Q1 2024/25 as work in progress, but has not been completed.	Commenced	Business Intelligence Team JUCD IG Group	Partially assured
	8T1.8A	Continue to strengthen the ICB Board Integrated Assurance and Performance Report data and information. This is progressing, the first elements are in place, currently systemising the process. This is ongoing and any subsequent changes are reflected in the report. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled	8T1.1AS	Michelle Arrowsmith	Process with key review points/dates. The next key date will be Mid-June 2024 The next key date will be July 2024	Commenced Presented to ICB Board bi monthly	Quality and Performance Committee, 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
		together to: - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report. Different strands of the framework are continuing to be developed and will combine to form part of a coherent strategy.						

Strategic Risk SR9 – Population Health and Strategic Commissioning Committee

Strategic Aim – Reduce inequalities in health and be an active partner in addressing the wider determinants of health.		Committee overall assurance level		Partially assured			
		ICB Lead: Michelle Arrowsmith, Chief Strategy and Delivery Officer ICB Chair: Richard Wright, Chair of PHSCC		System lead: Dr Robyn Dewis, Derby City Director of Public Health System forum: Population Health and Strategic Commissioning Committee		Date of identification: 17.11.2022 Date of last review: 05.06.2024	
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.	Risk appetite: target, tolerance and current score			Initial	Current	Target
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 12	<p>Strategic Risk 9</p> <p>Y-axis: 0 to 18. X-axis: Jun-23 to Jun-24. Legend: Current risk level (blue line at 16), Tolerable risk level (red dashed line at 12), Target risk level (green dotted line at 12).</p>			16	16
Strategic threats (what might cause this risk to materialise)				Impact (what are the impacts of each of the strategic threats)			
1. The breadth of requirements on the system outstrips/surpasses our ability to prioritise our resources (financial/capacity) towards reducing health inequalities. 2. The population may not engage with prevention programmes.				1. Delay or non-delivery of the health inequalities programme. The ICS fails to make any impact rather than focusing on a small number of priority areas where the ICS can make an impact. 2. The population are not able to access support to improve health.			
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	
Threat 1 The breadth of requirements on the system outstrips/surpasses our ability to prioritise our resources (financial/capacity) towards reducing health inequalities.	<ul style="list-style-type: none"> Integrated Care Partnership Board in place with Terms of Reference and strategy agreed. Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023. NHS and ICS Executive teams in place. Core 20 Plus 5 work programme. Delivery Boards remit to ensure work programme supports HI. Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis inclusive of access and inequality considerations System-wide EQIA process supports 	9T1.1C 9T1.2C 9T1.3C 9T1.4C	Financial position and requirement to break-even / lack of funds to invest or double-run whilst transforming. Capacity to support strategy and its delivery. The national formula for funding GP practices (Carr-Hill) probably provides insufficient weighting for deprivation Under performance against key national targets and standards (Core 20 Plus 5 work programme)	<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 	9T1.1AS	The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board.	

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	<p>identification of equalities risks and mitigations and reduces risk of projects/ programmes operating in 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 			<p>oversight and scrutiny</p> <ul style="list-style-type: none"> Health Overview and Scrutiny Committee (HOSC) EDI Committee reporting Derbyshire ICS Greener Delivery Group and minutes 2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP. Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published Development of Health Inequalities Group, Provider facing for Mental Health Performance Data from MHSDB 		
<p>Threat 2 The population may not engage with prevention programmes.</p>	<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) established. ICP Strategy in place which will support improving health outcomes and reducing health inequalities. 	<p>9T2.1C</p> <p>9T2.2C</p>	<p>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.</p> <p>Time and resource for meaningful engagement.</p>	<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 Derbyshire ICS Health Inequalities Strategy has been developed and approved. 		

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Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1	9T1.1A	Monthly monitoring of financial position and the ICB requirement to break-even.	9T1.1C	Michelle Arrowsmith	Subject to quarterly review	Subject to quarterly review/Annually	Finance, Estates and Digital Committee/ ICB Board	Partially assured
	9T1.2A	Prioritisation of actions needed to implement strategy. There are three areas to the strategy; Start Well, Stay Well, Age/Die Well. This is being routinely reported to the Integrated Partnership Board including updates on actions, therefore the gap is closed on the assurance element. Capacity is still an issue and the strategy is being utilised to prioritise actions. The Integrated Partnership Board met on 17th April 2024 and progress and updates provided on the three areas of the strategy.	9T1.2C	Michelle Arrowsmith	In progress – 2024/25	Commenced	ICB Board/ICP Board	Partially assured
	9T1.3A	Review alternative funding formula to Carr Hill – scope cost and logistics Initial discussion held with Leicester, Leicestershire and Rutland ICB (LLRICB) who completed this work during quarter 3. Significant additional costs likely if ICB is to 'level up' to support new formula which gives greater weighting to deprivation. Would be challenging given current system financial position. Further work needed to scope but not prioritised for 23/24. Will reconsider in action plan for 24/25.	9T1.3C	Michelle Arrowsmith	April 2025	Commenced	GPPB/PHSCC	Partially assured
	9T1.4A	NHS England Regional Prevention Group monitor Core 20 plus 5 performance and review and agree any mitigations should targets fall below threshold. National targets have been circulated to each ICB. NHSE will review the data from providers and advise the ICB should any performance falls below the threshold. The ICS is to present on performance to the Regional Prevention Group in June 24. The ICS is an outlier on the Weight Management Referral Scheme (obesity). Developing mitigations with NHSE and Primary Care to increase referrals into the initiative. On CVD indicators blood pressure readings which are below the age-appropriate treatment threshold is above the national average for Derby and Derbyshire.	9T1.4C	Michelle Arrowsmith	Subject to quarterly review	Commenced	Long Term Plan Prevention Programmes Working Group meeting	Partially assured
	9T1.5A	Development of Integrated Assurance and Performance Report to ensure Board expectations are met. This is progressing, the first elements are in	9T1.1AS	Michelle Arrowsmith	Process with key review points/dates.	Commenced Presented to ICB Board bi monthly	Quality and Performance Committee, ICB Board	Partially assured

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Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
		<p>place, currently systemising the process. This is ongoing and any subsequent changes are reflected in the report.</p> <p>Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to:</p> <ul style="list-style-type: none"> - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report. <p>Different strands of the framework are continuing to be developed and will combine to form part of a coherent strategy.</p>			<p>The next key date will be Mid-June 2024</p> <p>The next key date will be July 2024</p>			
Threat 2	9T2.1A	<p>Prevention and Health Inequalities Board being set up.</p> <p>Derby City Council has partnered with Community Action Derby to create the Derby Health Inequalities Partnership (DHIP) and is led by the voluntary sector.</p> <p>First meeting commenced currently reviewing Terms of Reference and membership of group.</p> <p>Prevention and Health Inequalities Board was established in April 24 and the TOR was approved.</p>	9T2.1C	Chris Weiner / Scott Webster	<p>Will be fully implemented during Quarter 1 2024/25</p> <p>Complete April 24</p>	Completed	Population Health Strategic Commissioning Committee	Assured

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ICB – Board Assurance Framework (BAF)

Strategic Risk SR10 – Finance, Estates and Digital 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 Technology Officer ICB Chair: Jill Dentith, Chair of Finance, Estates and Digital Committee		System lead: Keith Griffiths, Chief Finance Officer System forum: Finance and Estates Committee Data and Digital Board				
Date of identification: 17.11.2022 Date of last review: 20.06.2024						
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	Risk appetite: target, tolerance and current score 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. Agreement across the ICB on prioritisation of digital and technology activity may not be realised and therefore budget allocation and reconciliation process across ICB for digital and technology are not agreed. 2. Digital improvements and substitutions to clinical pathways are not delivered through either a lack of citizen engagement and/or clinical engagement		Threat 1 – Processes are not agreed and the ICS fail to meet the opportunities and efficiencies that digital enablement can realise. Threat 2 <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)
Threat 1 Agreement across the ICB on prioritisation of digital and technology activity may not be realised and therefore budget allocation and reconciliation process across ICB for digital and technology are not agreed.	<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 	10T1.1C 10T1.2C	ICB prioritisation and investment decision making process is required to fully implement the digital and data strategy priorities. Digital literacy programme to support staff build confidence and competency in using technology to deliver care.	<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 		

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>to embed digital enablement in care delivery</p> <ul style="list-style-type: none"> Digital and Data identified as a key enabler in the Integrated Care Partnership strategy NHSE priorities and operational planning guidance 23/24 requires the right data architecture in place for population health management Digital and Data has contributed to ICB 5 year plan Clear prioritisation of clinical pathway transformation opportunities need formalising through Provider Collaborative and ICB 5 year plan. Formal link to the GP IT governance and activity to the wider ICB digital and technology strategy in place via Chief Data Information Officer. GP presence on Derbyshire Digital and Data Board 			<p>through usage data</p> <ul style="list-style-type: none"> 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>Threat 2 Digital improvements and substitutions to clinical pathways are not delivered through either a lack of citizen engagement and/or clinical engagement</p>	<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) 	<p>10T2.2C</p> <p>10T2.3C</p> <p>10T2.4C</p>	<p>Development of a 'use case' library to help promote the benefits of digitally enabled care and now under construction for Shared Care Record</p> <p>Improved information and understanding of Citizen and Community forums that could be accessed to discuss digitally enabled care delivery</p> <p>Increased collaboration with the Voluntary Sector across Derby and Derbyshire to harness capacity and expertise in place with Rural Action Derbyshire</p>	<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 		

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

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