

## Appendix 1 - ICB Board Assurance Framework (BAF) - Quarter 2 2023/24 Summary

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 | 02.10.2023    | 10                | 20                  | 16                 | 12                       | ↓                      | Partially assured        |
| SR2       | There is a risk that short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.  | Quality & Performance        | Prof Dean Howells | 02.10.2023    | 10                | 20                  | 16                 | 12                       | ↓                      | Partially assured        |
| SR3       | There is a risk that the population is not sufficiently engaged in designing and developing services leading to inequitable access to care and outcomes.  | Public Partnership Committee | Helen Dillistone  | 31.10.2023    | 9                 | 16                  | 16                 | 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 £3.1bn available funding.  | Finance, Estates and Digital Committee                | Keith Griffiths     | 13.10.2023    | 9                 | 16                  | 16                 | 12                       | ↔                      | Partially assured        |
| SR5       | There is a risk that the system is not able to recruit and retain sufficient workforce to meet the strategic objectives and deliver the operational plans.   | People & Culture Committee                            | Linda Garnett       | 26.10.2023    | 16                | 20                  | 20                 | 16                       | ↔                      | Partially assured        |
| SR6       | There is a risk that the system does not create and enable One Workforce to facilitate integrated care.  | People & Culture Committee                            | Linda Garnett       | 26.10.2023    | 9                 | 12                  | 12                 | 9                        | ↔                      | Partially assured        |
| SR7       | There is a risk that decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.  | Population Health & Strategic Commissioning Committee | Michelle Arrowsmith | 05.10.2023    | 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     | 05.10.2023    | 8                 | 12                  | 12                 | 12                       | ↔                      | Partially assured        |
| SR9       | There is a risk that the gap in health and care widens due to a range of factors 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 | 05.10.2023    | 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          | 17.10.2023    | 10                | 12                  | 12                 | 12                       | ↔                      | Partially assured        |



| 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"> <li>Agreed ICB Quality Risk Escalation Policy.</li> <li>Risk Escalations from System Quality Group to Quality and Performance Committee.</li> <li>Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023.</li> <li>ICB and ICS Exec Teams in place.</li> <li><a href="#">Integrated Care Strategy in place and published.</a></li> </ul>  | 1T1.7C                     | Lack of confidence in the delivery of the 3 year maternity plan.   | <ul style="list-style-type: none"> <li>Recovery Action Plan submitted at the Learning Disabilities and Autism (LDA) Mental Health Delivery Board.</li> <li>Maternity Reporting into the Local Maternity and Neo natal System (LMNS).</li> </ul>  |                  |   |
| <b>Threat 2</b><br>Lack of system ownership and capacity by the Integrated Care Partnership (ICP) and County and City Councils | <ul style="list-style-type: none"> <li>Agreed System Quality infrastructure in place across Derbyshire</li> <li>Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023.</li> <li>Agreed System Quality and Performance Dashboard to include inequality measures</li> <li>Agreed NHSE Core20PLUS5 Improvement approach to support the reduction of health inequalities.</li> <li>ICB Board and Derbyshire Trusts approved and committed to the delivery of the Derbyshire ICS Green Plan.</li> <li>Agreed Derby and Derby City Air Quality Strategy.</li> <li><a href="#">Integrated Care Strategy in place and published.</a></li> <li><a href="#">Derbyshire ICS Health Inequalities Strategy has been developed and woven into the ICS Strategy and has been approved by the ICP.</a></li> </ul> |                            |  | <ul style="list-style-type: none"> <li>Dr Robyn Dewis, Director of Public Health Derby City is the Chair of Health Inequalities Group across the System</li> <li>Approved Integrated Care Partnership (ICP) Terms of Reference by the ICP and ICB Board.</li> <li>ICP is now formally meeting in Public from February 2023.</li> <li>County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan.</li> <li>Agreed Core20PLUS5 approach across Derbyshire.</li> <li><a href="#">Derbyshire ICS Health Inequalities Strategy has been developed and woven into the ICS Strategy and has been approved by the ICP.</a></li> </ul> |                  |   |
| <b>Threat 3</b><br>Ineffective Commissioning of services across Derby and Derbyshire   | <ul style="list-style-type: none"> <li>Derbyshire Cost Improvement Programme (CIP) in progress and Service Benefit Reviews challenge process is in place to support efficiencies.</li> <li>Agreed Prioritisation tool is in place.</li> <li>Population Health Strategic Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions.</li> <li>Robust system QEIA process for commissioning/ decommissioning schemes</li> <li>Agreed targeted Engagement Strategy – to implement engagement element of Comms &amp; Engagement strategy.</li> <li>Robust Citizen engagement across Derbyshire and reported through Public Partnerships Committee.</li> </ul>  | 1T3.1C<br>1T3.2C<br>1T3.3C | <p>Commissioning to focus on patient cohorts, with measures around services to be put in place to support reduction of inequalities.</p> <p>Increase Patient Experience feedback and engagement.</p> <p><a href="#">Cost Improvement Programme (CIP) Subject to Electronic Programme Management Officer (EPMO) and the Quality and Equality Impact Assessment processes.</a></p> | <ul style="list-style-type: none"> <li>Agreed ICS 5 Year Strategy in place</li> <li>Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report.</li> <li>Population Health Strategic Commissioning Committee assurance to the ICB Board via the Assurance Report.</li> <li>System Quality Group assurance to the Quality and Performance Committee and ICB Board.</li> <li>System Quality Group assurance on System risks and ICB Risks</li> <li>Public Partnerships Committee Public assurance to ICB Board.</li> </ul>  | 1T3.1AS          | 2023/24 Operational Plan in place and submitted to NHSE   |

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| Threat status | System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat) | Control Ref No | System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level) | System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)  | Assurance Ref No | System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level) |
|---------------|--|----------------|---|---|------------------|---|
|               | <ul style="list-style-type: none"> <li>Integrated Care Strategy in place and published.</li> <li>Joint Forward Plan in place and now published.</li> </ul>           |                |   | <ul style="list-style-type: none"> <li>NHSE Assurance Reviews and Assurance Letters provide evidence of compliance and any areas of concern.</li> <li>Winter Plan in development for discussion at ICB Board on 19.10.23</li> </ul> |                  |   |

| Actions to treat threat |               |  |                                      |                     |                   |                       |   |                              |
|-------------------------|---------------|--|--------------------------------------|---------------------|-------------------|-----------------------|---|------------------------------|
| Threat                  | Action ref no | Action   | Control/ Assurance Ref No            | Action Owner        | Due Date          | Has work started?     | Committee level of assurance (eg assured, partially assured, not assured)                       |                              |
|                         |               |  |                                      |                     |                   |                       | Committee/Sub Group Assurance   | Committee level of assurance |
| Threat 1 -              | 1T1.1A        | Development of Intelligence and dashboard to evidence Core20PLUS5 principles   | 1T1.1C<br>1T1.2C<br>1T1.3C<br>1T1.4C | Dr Robyn Dewis      | Quarter 2 2023/24 | Commenced             | Population Health and Strategic Commissioning Committee   | Partially assured            |
|                         | 1T1.2A        | Development of Integrated Care Strategy / Joint Forward Plan   | 1T1.1C<br>1T3.3C                     | Michelle Arrowsmith | Quarter 2 2023/24 | Completed<br>30.06.23 | ICB Board/ Integrated Care Partnership/ Population Health and Strategic Commissioning Committee | Partially assured            |
|                         | 1T1.3A        | Triangulation with Provider System BAF   | 1T1.5C                               | Chrissy Tucker      | Quarter 2 2023/24 | Completed<br>30.06.23 | ICB Board/Corporate Committees  | Partially assured            |
|                         | 1T1.4A        | Development of Recovery Action Plan which is submitted at the Learning Disabilities & Autism (LDA) Mental Health Delivery Board. | 1T1.6C                               | Jo Hunter           | Quarter 3 2023/24 | Commenced             | Learning Disabilities and Autism (LDA) Mental Health Delivery Board                             | Partially assured            |
|                         | 1T1.5A        | Production of Maternity Reporting process into the Local Maternity and Neo natal System (LMNS).                                  | 1T1.7C                               | Jo Hunter           | Quarter 3 2023/24 | Commenced             | Local Maternity and Neo natal System Board  | Partially assured            |
| Threat 2                | 1T2.1A        | Development of a system Health Inequalities strategy as part of the wider Integrated Care Partnership strategy                   | 1T2.1C<br>1T2.1AS                    | Dr Robyn Dewis      | Quarter 2 2023/24 | Completed<br>30.06.23 | Population Health and Strategic Commissioning Committee   | Partially assured            |
| Threat 3                | 1T3.1A        | Development of Patient Experience Plan   | 1T3.2C                               | Elaine Belshaw      | 31.12.23          | Commenced             | System Quality Group  | Partially assured            |
|                         | 1T3.2A        | Development of Operational Plan  | 1T3.1C<br>IT3.1AS                    | Executive Team      | Quarter 1 2023/24 | Completed<br>30.06.23 | ICB Board   | Partially assured            |

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Strategic Risk SR2 – Quality and Performance Committee

|   |  |  |  |   |                         |  |               |
|---|--|--|--|---|-------------------------|--|---------------|
| <b>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.</b>  |  | <b>Committee overall assurance level</b><br>Partially assured  |  |   |                         |  |               |
|   |  | <b>ICB Lead:</b> Prof Dean Howells, Chief Nursing Officer<br><b>ICB Chair:</b> Adedeji Okubadejo, Chair of Quality & Performance Committee |  | <b>System lead:</b> Prof Dean Howells, Chief Nursing Officer, Dr Robyn Dewis<br><b>System forum:</b> Quality and Performance Committee  |                         | <b>Date of identification:</b> 17.11.2022<br><b>Date of last review:</b> 02.10.2023  |               |
| <b>Strategic risk</b><br>(what could prevent us achieving this strategic objective)   | <b>There is a risk that short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.</b>  | <b>Risk appetite: target, tolerance and current score</b>  |  |   | <b>Initial</b>          | <b>Current</b>   | <b>Target</b> |
|   |  | <b>RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee</b><br><br>12   |  |   |                         | 20   | 16            |
| <b>Strategic threats</b> (what might cause this risk to materialise)  |  |  |  | <b>Impact</b> (what are the impacts of each of the strategic threats)   |                         |  |               |
| 1. Lack of system ownership and collaboration<br>2. The ICS short term needs are not clearly determined<br>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<br>2. Lack of clarity of direction and expectations, with all parts of the system identifying their own role in achieving the objectives<br>3. Inability to deliver safe services and appropriate standards of care across Derby and Derbyshire  |                         |  |               |
| <b>Threat status</b>  | <b>System Controls</b> (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)  | <b>Control Ref No</b>  | <b>System Gaps in control</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)   | <b>System Sources of Assurance</b> (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)   | <b>Assurance Ref No</b> | <b>System Gaps in Assurance</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level) |               |
| <b>Threat 1</b><br>Lack of system ownership and collaboration   | <ul style="list-style-type: none"> <li>ICB and ICS Exec Teams in place</li> <li>Agreed System Quality infrastructure in place across Derbyshire</li> <li>System Committees are in place and established since July 2022.</li> <li>Integrated Care Partnership (ICP) was established in shadow form and met in formally Public from February 2023.</li> <li>JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system.</li> <li>Provider Collaborative Leadership Board in place overseeing Delivery Boards and other delivery groups.</li> <li>System Delivery Boards in place - providing a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact.</li> <li>Agreed System Quality and</li> </ul> | 2T1.1C<br><br>2T1.2C<br><br>2T1.3C<br><br>2T1.4C   | Intelligence and evidence to understand health inequalities, make decisions and review ICS progress.<br><br>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.<br><br>Level of maturity of Delivery Boards and PCLB<br><br>Level of maturity of the ICP/ICS/ICB | <ul style="list-style-type: none"> <li>Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report.</li> <li>System Quality Group assurance to the Quality and Performance Committee and ICB Board.</li> <li>System Quality Group assurance on System risks and ICB Risks.</li> <li>Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE</li> <li>Consistent management reporting across the system to be agreed</li> <li>NHS Executive Team in place</li> <li>NHSE Assurance Reviews and Assurance Letters provide evidence of compliance and any areas of concern. (EA)</li> <li>Winter Plan in development for discussion at ICB Board on 19.10.23</li> </ul> | 2T1.1AS                 | The Integrated Assurance and Performance Report is in place but will continue to be developed further as reported to ICB Board.                  |               |

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|--|---|----------------------|---|---|------------------|---|
|  | Performance Dashboard to include inequality measures.   |                      |   |   |                  |   |
| <b>Threat 2</b><br>The ICS short term needs are not clearly determined   | <ul style="list-style-type: none"> <li>Agreed ICS 5 Year Strategy sets out the short-term priorities</li> <li>Agreed ICB Strategic Objectives</li> <li>Integrated Care Partnership (ICP) was established in shadow form and met in formally Public from February 2023.</li> <li>System planning &amp; co-ordination group managing overall approach to planning</li> <li>Agreed Commissioning Intentions in place</li> <li>ICP Strategy now approved.</li> </ul>  | 2T2.1C<br><br>2T2.2C | Commissioning to focus on patient cohorts, with measures around services to be put in place to support reduction of inequalities.<br><br>Increase Patient Experience feedback and engagement. | <ul style="list-style-type: none"> <li>The ICB Board Development Sessions provide dedicated time to agree ICB/ ICS Priorities.</li> <li>ICB Board agreement of Strategic Objectives</li> <li>BAF Operational Group - Regular review of the ICB BAF via established working group prior to reporting to Quality and Performance Committee.</li> </ul>  |                  |   |
| <b>Threat 3</b><br>Lack of coordination across Derby and Derbyshire results in health outcomes and life expectancy improvements not being achieved | <ul style="list-style-type: none"> <li>Agreed NHSE Core20PLUS5 Improvement approach to support the reduction of health inequalities</li> <li>Agreed System Quality &amp; Performance dashboard to include inequality measures</li> <li>County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan.</li> <li>Integrated Care Partnership (ICP) was established in shadow form and met in formally Public from February 2023.</li> <li>Robust Citizen engagement across Derbyshire and reported through Public Partnerships Committee</li> <li>Derbyshire ICS Health Inequalities Strategy has been developed and woven into the ICS Strategy and has been approved by the ICP.</li> </ul> | 2T3.2C<br><br>2T3.3C | Ensuring prevention is embedded in all Care pathways.<br><br>Alignment between the ICS and the City and County Health and Wellbeing Boards.   | <ul style="list-style-type: none"> <li>County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan.</li> <li>Public Partnerships Committee Public assurance to ICB Board.</li> <li>Derbyshire ICS Health Inequalities Strategy has been developed and woven into the ICS Strategy and has been approved by the ICP.</li> <li>Winter Plan in development for discussion at ICB Board on 19.10.23.</li> </ul> |                  |   |

| 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 |
| <b>Threat 1</b>         | 2T1.1A        | Develop the Intelligence and evidence to understand health inequalities  | 2T1.1C                    | Dr Robyn Dewis   | Quarter 2 2023/24 | Commenced            | Population Health & Strategic Commissioning Committee                     | Partially assured            |
|                         | 2T1.2A        | Clarification of the scope and Terms of References of Provider Collaborative Leadership Board and System Delivery Boards | 2T1.2C<br>2T1.3C          | Tamsin Hooton    | Quarter 2 2023/24 | Complete<br>30.09.23 | Provider Collaborative Leadership Board/<br>System Delivery Boards        | Partially assured            |
|                         | 2T1.3A        | ICB Board Development Session to discuss Provider Collaborative Leadership Board and System Delivery Boards              | 2T1.2C<br>2T1.3C          | Helen Dillistone | Quarter 4 2023/24 | Commenced            | ICB Board   | Partially assured            |

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|                 |        |  |                             |                                |                            |                                    |   |                   |
|-----------------|--------|--|-----------------------------|--------------------------------|----------------------------|------------------------------------|---|-------------------|
|                 | 2T1.4A | Annual Review of the Integrated Care Partnership to determine alignment and relationships between ICP, Health and Wellbeing Boards and the ICS | 2T1.4C<br>2T1.3C            | Helen Dillistone/ICP Chair     | Quarter 4 2023/24          | Not yet commenced                  | Integrated Care Partnership                           | Partially assured |
| <b>Threat 2</b> | 2T2.1A | Develop Patient Experience Plan  | 2T2.1C<br>2T2.2C            | <a href="#">Elaine Belshaw</a> | <a href="#">31/12/2023</a> | Commenced                          | System Quality Group                                  | Partially assured |
| <b>Threat 3</b> | 2T3.1A | Development of a system Health Inequalities strategy as part of the wider Integrated Care Partnership strategy                                 | 2T3.1C<br>2T3.1AS<br>2T3.2C | Dr Robyn Dewis                 | Quarter 2 2023/24          | <a href="#">Completed 30.06.23</a> | Population Health & Strategic Commissioning Committee | Partially assured |

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|---|--|--|--|---|------------------|---|
|   | <ul style="list-style-type: none"> <li>including the development of place alliances.</li> <li>Insight summarisation is informing the priorities within the strategy.</li> <li>Insight Framework has been developed and its implementation will ensure that we have insight around what matters to people to feed into future strategic priorities. Proof of Concept Project starting in New Year.</li> <li>Agreed gateway for PPI form on the ePMO system.</li> </ul>  | 3T1.5C<br><br>3T1.6C                             | <p>decision making.</p> <p>Further work is needed with providers to embed the guide to PPI, especially around system transformation programmes.</p> <p>Assurance on skills relating to cultural engagement and communication across all JUCD partners</p>  | <ul style="list-style-type: none"> <li>Benchmarking against comparator ICS approaches.</li> </ul>   |                  |   |
| <p><b>Threat 2</b><br/>Due to the pace of change, building and sustaining communication and engagement momentum and pace with stakeholders during a significant change programme may be compromised.</p>  | <ul style="list-style-type: none"> <li>Agreed system Communications &amp; Engagement Strategy, with ambitions on stakeholder relationship management.</li> <li>Membership of key strategic groups, including Executive Team, Delivery Board, Senior Leadership Team and others to ensure detailed understanding of progression.</li> <li>Functional and well-established system communications and engagement group.</li> </ul>  | 3T2.1C<br><br>3T2.2C<br><br>3T2.3C<br><br>3T2.4C | <p>Development of system stakeholder communication methodologies understand and maintain/improve relationships and maximise reach</p> <p>Systematic change programme approach to system development and transformation not yet articulated/live.</p> <p>Staff awareness of work of ICS and ICB programme, to enable to recruitment of advocates for the work</p> <p>Behaviour change approach requires development to support health management and service navigation. Proposal required for UECC Delivery Board and other areas to develop this, requiring resource.</p> | <ul style="list-style-type: none"> <li>NHS/ICS ET membership and ability/requirement to provide updates</li> <li>ePMO progression</li> <li>Public Partnership Committee Assurance to ICB Board on identified risks</li> <li>ePMO gateway structure ensures compliance with PPI process</li> <li>Benchmarking against comparator ICS approaches</li> <li>National Oversight Framework ICB annual assessment evidence</li> </ul>  | 3T2.1AS          | ICB self-assessment and submission (EA)   |
| <p><b>Threat 3</b><br/>The complexity of change required, and the speed of transformation required leads to patients and public being engaged too late in the planning stage, or not at all leading to legal challenge where due process is not being appropriately followed.</p> | <ul style="list-style-type: none"> <li>Agreed system Communications &amp; Engagement Strategy.</li> <li>Agreed Guide to Public Involvement, now being rolled out to ICB and then broader system.</li> <li>Public Partnership Committee now established and identifying role in assurance of softer community and stakeholder engagement.</li> <li>ePMO gateway process includes engagement assessment check</li> <li>Training programme underway with managers on PPI governance requirements and process</li> </ul> | 3T3.1C   | Clear roll out timescale for transformation programmes   | <ul style="list-style-type: none"> <li>Comprehensive legal duties training programme for engagement professionals</li> <li>PPI Governance Guide training for project/programme managers</li> <li>Public Partnership Committee assurance to ICB Board</li> <li>ePMO progression</li> <li>Public Partnership Committee Assurance to ICB Board on identified risks</li> <li>ePMO gateway structure ensures compliance with PPI process</li> <li>National Oversight Framework ICB annual assessment evidence</li> </ul> | 3T3.1AS          | ICB self-assessment and submission (EA)   |

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

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| Actions to treat threat |               |   |  |  |  |   |   |                              |
|-------------------------|---------------|---|--|--|--|---|---|------------------------------|
| Threat                  | Action ref no | Action  | Control/ Assurance Ref No  | Action Owner   | Due Date   | Has work started? Update  | Committee level of assurance (eg assured, partially assured, not assured)           |                              |
|                         |               |   |  |  |  |   | Committee/Sub Group Assurance   | Committee level of assurance |
| Threat 1                | 3T1.2A        | Ongoing implementation of Engagement Strategy frameworks<br>Evaluation Framework – planning workshop<br>Co-production Framework – first scoping session<br>Insight Framework – Tool drafted and socialised.<br>Board development session ahead of seeking pilots.<br>Governance Framework – PPI and HOSC Guides developed. Final framework to follow conclusion of other frameworks.  | 3T1.3C<br>3T1.1AS  | Karen Lloyd<br><br>HM<br>BF<br><br>KL<br><br>KL                            | 31 March 2024<br><br>3.7.23<br>20.6.23<br><br>17.8.23<br><br>31.3.24                                 | Commenced<br><br>Commenced<br>Commenced<br><br>Commenced<br><br>Commenced                               | Public Partnership Committee  | Partially assured            |
|                         | 3T1.3A        | Ongoing implementation of Insight Framework approach<br>Tool drafted and socialised.<br>Board development session<br>Piloting of tool   | 3T1.4C<br>3T1.1AS  | Karen Lloyd<br><br>KL<br>KL/ST/HD<br>KL                                    | 31 March 2024<br><br>8.6.23<br>17.8.23<br>31.3.24+   | Commenced<br><br>Commenced<br>Commenced<br>Commenced  | Public Partnership Committee  | Partially assured            |
|                         | 3T1.4A        | Programme of work to roll out PPI Guide with system partners, including general practice<br>Clarification of PPI expectations for GP<br>Clarification of NHS FT resource and role in engagement delivery<br>Meeting with ICB commissioning directors to discuss process<br>Ongoing opportunities to promote approach.   | 3T1.5C<br>3T1.1AS<br>3T1.2AS   | Karen Lloyd<br><br>KL<br>ST<br><br>KL/ST<br><br>KL                         | 31 March 2024<br><br>30.09.23<br>30.9.23<br><br>8.9.23<br><br>31.3.24+                               | Commenced<br><br>Commenced<br>Commenced<br><br>Commenced<br><br>Commenced                               | Public Partnership Committee  | Partially assured            |
|                         | 3T1.5A        | Assess current team skills in cultural engagement and communications, including channel assessment, and devise action plan to close gaps/implement training and development.<br>Health literacy bite-sized training (various team members and team discussion)<br>Team skills audit and PDPs<br>Community profiles development, including knowledge of communications preferences for population segments. Confirm pilot areas.<br>Internal channels benchmarking and evaluation<br>External channels benchmarking and evaluation<br>Forge closer team links and shared work programmes with behavioural psychology team. | 3T1.6C<br>3T1.1AS<br>3T1.3AS   | Sean Thornton<br><br>Various<br><br>MH<br>ST/KL<br><br>DLB<br>DB<br><br>DB | 30 September 2023+<br><br>30.6.23<br><br>30.6.23<br>31.7.23<br><br>30.9.23<br>30.9.23<br><br>30.9.23 | Commenced<br><br>Completed<br><br>Commenced<br>Commenced<br><br>Commenced<br>Commenced<br><br>Commenced | Communications and Engagement Team  | Partially assured            |
|                         | 3T1.6A        | Completion of ICB self-assessment and submission to NHSE  | 3T1.4AS<br>3T2.1AS<br>3T3.1AS  | Helen Dillistone   | End of Quarter 3   | Commenced   | Corporate Delivery Team/Public Partnership Committee/Audit and Governance Committee | Partially assured            |
|                         | Threat 2      | 3T2.1A  | Delivery of Communications and Engagement Strategy Stakeholder chapter to scope processes on relationship managing and | 3T2.1C<br><br>3T2.1C<br>3T2.2C   | Andy Kemp  | 31 March 2024+  | Commenced   | Public Partnership Committee |

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|          |        |   |                  |                                     |   |   |   |                   |
|----------|--------|---|------------------|-------------------------------------|---|---|---|-------------------|
|          |        | stakeholder perceptions, resulting in business case.<br>Management tool identified with Head of Digital Configuration of tool for ICB purposes<br>Population of tool with local data, inc. GDPR compliance<br>Use of tool for distribution purposes<br>Development of tool for stakeholder management purposes, including profiling   | 3T2.4C           | AK<br>GC-T<br>AK<br><br>AK<br>AK/LM | 30.06.23<br>30.6.23<br>31.8.23<br><br>From 1.9.23<br>31.12.23 | Completed<br>Commenced<br>Commenced<br><br>Commenced<br>Commenced | Communications and Engagement Team  | Partially assured |
|          | 3T2.2A | Meet with ePMO colleagues to understand change model approach to system transformation, including financial context for 23/24.  | 3T2.1C<br>3T2.3C | Sean Thornton                       | 30 June 2023+   | Commenced   | Communications and Engagement Team  | Partially assured |
|          | 3T2.3A | Delivery of Communications and Engagement Strategy Internal Communications chapter to create platform for engagement with ICB and system staff, building on existing mechanisms.<br>Internal channels benchmarking and evaluation<br>Team Derbyshire programme continues<br>Scope communications support for GP Provider Board (inc. PCNs) and GP Task Force<br>System leader key message briefings to start<br>Roll out of online engagement platform tool for staff | 3T1.1C           | David Lilley-Brown                  | 31 March 2024   | Commenced   | Communications and Engagement Team  | Partially assured |
|          | 3T2.4A | Develop proposal and business case for UEC behaviour/insight programme following social marketing principles.   | 3T2.1C           | Donna Broughton                     | 31 July 2023  | Completed   | Communications and Engagement Team  | Partially assured |
|          | 3T2.5A | Completion of ICB self-assessment and submission to NHSE  | 3T2.1AS          | Helen Dillistone                    | End of Quarter 3  | Commenced   | Corporate Delivery Team/Public Partnership Committee/Audit and Governance Committee | Partially assured |
| Threat 3 | 3T3.1A | Allied to ePMO programme review, implement scoping exercise across system/ICB delivery boards and other groups to establish baseline of work<br>System C&E leads undertake delivery board and committee scoping<br>ICB team undertake scoping in line with portfolios<br>Collation of all priorities and capacity assessment<br>Resource/capacity assessment presented to NHS Executive Team  | 3T3.1C           | Sean Thornton                       | 30 September 2023+  | Commenced   | Communications and Engagement Team  | Partially assured |
|          | 3T3.2A | Programme of work to roll out PPI Guide with system partners, including general practice  | 3T3.2A           | Karen Lloyd                         | 31 March 2024+  | Commenced   | Public Partnership Committee  | Partially assured |
|          | 3T3.3A | Completion of ICB self-assessment and submission to NHSE  | 3T3.1AS          | Helen Dillistone                    | End of Quarter 2/<br>Quarter 3                                | Commenced   | Corporate Delivery Team/Public Partnership Committee/Audit and Governance Committee | Partially assured |
| Threat 4 | 3T4.1A | Allied to ePMO programme review, implement scoping exercise across system/ICB delivery boards and other groups to establish baseline of work  | 3T4.1C           | Sean Thornton                       | 30 September 2023   | Commenced   | Communications and Engagement Team  | Partially assured |

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|  |               |  |                             |                      |                |           |                                    |                   |
|--|---------------|--|-----------------------------|----------------------|----------------|-----------|------------------------------------|-------------------|
|  | <b>3T4.2A</b> | Confer with regional ICB leads on appetite for potential benchmarking approach to understand approaches, team roles, capacity. | 3T4.1C<br>3T4.2C<br>3T4.1AS | Sean Thornton        | 31 March 2024  | Commenced | Communications and Engagement Team | Partially assured |
|  | <b>3T4.3A</b> | Implement remaining elements of Communications and Engagement Strategy chapters  | 3T4.1C<br>3T4.3C            | Sean Thornton & team | 31 March 2024+ | Commenced | Public Partnership Committee       | Partially assured |

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## Strategic Risk SR4 – Finance, Estates and Digital Committee

|   |  |  |  |   |                         |  |
|---|--|--|--|---|-------------------------|--|
| <b>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.</b>  |  | <b>Committee overall assurance level</b><br>Partially assured  |  |   |                         |  |
| <b>ICB Lead:</b> Keith Griffiths, Chief Finance Officer<br><b>ICB Chair:</b> Jill Dentith, Finance, Estates and Digital Committee Chair   |  | <b>System lead:</b> Keith Griffiths, Chief Finance Officer<br><b>System forum:</b> Finance, Estates and Digital Committee  |  |   |                         |  |
|   |  | <b>Date of identification:</b> 17.11.2022<br><b>Date of last review:</b> 13.10.2023  |  |   |                         |  |
| <b>Strategic risk</b><br>(what could prevent us achieving this strategic objective)   | There is a risk that the NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.1bn available funding.  | <b>Risk appetite: target, tolerance and current score</b><br>RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee<br>12   |  |   |                         |  |
| <b>Strategic threats</b> (what might cause this risk to materialise)  |  | <b>Impact</b> (what are the impacts of each of the strategic threats)  |  |   |                         |  |
| 1. Rising activity needs, capacity issues, and availability and cost of workforce<br>2. Shortage of out of hospital provision across health and care impacts on productivity levels<br>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<br>4. National funding model does not reflect clinical demand and operational / workforce pressures<br>5. <a href="#">National funding model does not recognise that Derbyshire Providers receive £900m from other ICBs</a> |  | 1. Unable to meet financial plan / return to sustainable financial position. Severe cash flow issues and additional cost of borrowing<br>2. Increasing bed occupancy to above safe levels and poor flow in/out of hospital<br>3. Provider performance levels drop and costs increase<br>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<br>5. <a href="#">Allocations received by the ICB do not recognise the breadth and location of services delivered by Providers</a> |  |   |                         |  |
| <b>Threat status</b>  | <b>System Controls</b> (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)  | <b>Control Ref No</b>  | <b>System Gaps in control</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)   | <b>System Sources of Assurance</b> (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)   | <b>Assurance Ref No</b> | <b>System Gaps in Assurance</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level) |
| <b>Threat 1</b><br>Rising activity needs, capacity issues, and availability and cost of workforce   | <ul style="list-style-type: none"> <li>Given the scale of the challenge there is no single control that can be put in place to totally mitigate this risk now.</li> <li>Detailed triangulation of activity, workforce and finances in place</li> <li>Provider Collaborative overseeing 'performance' and transformation programmes to deliver improvement in productivity</li> </ul> | 4T1.1C<br>4T1.2C<br>4T1.3C<br>4T1.4C<br>4T1.5C   | New Workforce and Clinical Models Plan.<br><br>Triangulated activity, workforce, and financial plan.<br><br>Do not understand the low productivity to address the clinical workforce modelling.<br><br>Benchmark against pre Covid data and activity as a starting point to get to sustainable levels.<br><br>Do not have the management processes in place to deliver the plans | <ul style="list-style-type: none"> <li>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.</li> <li>Five-year financial plan has been prepared to accelerate and influence change.</li> <li>Operational Plan and strategic plan being agreed at Board level.</li> <li>Integrated Assurance and Performance Report.</li> </ul> | 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.<br><br>The integrated assurance and performance report needs to be developed further to triangulate areas of activity, workforce, and finance.   |  |                  |   |
| <b>Threat 2</b><br>Shortage of out of hospital provision across health and care impacts on productivity levels   | <ul style="list-style-type: none"> <li>Not aware of effective controls now, and the solution requires integrated changes across social care and the NHS</li> <li>Collaborative escalation arrangements in place across health and care to ensure maximum cover out of hospital and flow in hospital is improved.</li> <li>Programme delivery boards for urgent and elective care review</li> </ul>  | 4T2.1C<br><br>4T2.2C<br><br>4T2.3C<br><br>4T2.4C<br><br>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"> <li>Integrated assurance and performance report and tactical responses agreed at Board level. Assurances for permanent, long-term resolution not available.</li> <li>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)</li> </ul>   | 4T2.1AS          | The Integrated Assurance and Performance Report is in place and will continue to be developed further as reported to ICB Board.           |
| <b>Threat 3</b><br>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"> <li>The CIP and Transformation Programme is not owned by leads, managed, implemented, and reported on for Finance to build into the system financial plan.</li> <li>EPMO system has been established and is led by Transformation Director.</li> <li>EPMO has list of efficiency projects only that are not developed to a level where the financial impact can be assured.</li> <li>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.</li> <li>Development of Financial Sustainability Board to understand and alleviate the financial challenges.</li> </ul> | 4T3.1C<br><br>4T3.2C<br><br>4T3.3C<br><br>4T3.4C<br><br>4T3.5C | <p>Need to embed and cascade ICB savings target / CIP plan – staff at all levels to understand imperative and role in identification of savings / innovation.</p> <p>Ownership of system resources held appropriately.</p> <p>The EPMO System is not fully developed, 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"> <li>Reconciliation of financial ledger to EPMO System.</li> <li>SLT monthly finance updates provided – including recalibration of programme in response to emerging issues.</li> <li>Finance and Estates Committee oversight.</li> <li>Weekly system wide Finance Director meetings focussed on long term financial stability, with real evidence of effective distributive leadership and collegiate decision making.</li> </ul> | 4T3.1AS          | 2023/24 Operational Plan in place and submitted to NHSE.  |

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| Threat status  | System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)  | Control Ref No | System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level) | System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)  | Assurance Ref No | System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level) |
|--|---|----------------|---|---|------------------|---|
| <b>Threat 4</b><br>National funding model does not reflect clinical demand and operational / workforce pressures     | <ul style="list-style-type: none"> <li>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</li> </ul>  | 4T4.1C         | No assurance can be given   | <ul style="list-style-type: none"> <li>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.</li> <li>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.</li> </ul> | 4T4.1AS          | No assurance can be given   |
| <b>Threat 5</b><br>National funding model does not recognise that Derbyshire Providers receive £900m from other ICBs | <ul style="list-style-type: none"> <li>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.</li> </ul> | 4T5.1C         | No assurance can be given   | <ul style="list-style-type: none"> <li>The impact of this will continue to be calculated and will be demonstrated when appropriate.</li> </ul>  | 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   |
| <b>Threat 1</b>         | <b>4T1.1A</b> | Development of Triangulated Demand, Workforce and Financial plan for 24/25   | 4T1.1C<br>4T1.2C<br>4T1.6C | Michelle Arrowsmith  | 31.01.24                 | Commenced         | Finance/Performance/Quality Committees<br>ICB Board                       | Partial assurance given the transparency and debate at Board level, recognising the socio-economic environment the health and care sectors are currently navigating and the scale of the tasks that lie ahead – both operationally and culturally. |
|                         | <b>4T1.2A</b> | Benchmark exercise and Report against pre covid levels of activity   | 4T1.1C<br>4T1.4C           | Linda Garnett, Keith Griffiths                               | Ongoing - Q4 2023/24     | Commenced         | People and Culture/Finance Estates and Digital Committee                  |  |
|                         | <b>4T1.3A</b> | Develop management processes to deliver plans and level of productivity required<br>Implementation and maintenance of the e-PMO to track efficiencies<br><br>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) | 4T1.1C<br>4T1.3C<br>4T1.5C | Chair of Provider Collaborative/ Tamsin Hooton/Provider DOFs | Ongoing - 2024/25        | Commenced         | PCLB/ Director of Finance Group   |  |
|                         | <b>4T1.4A</b> | Development of Integrated Assurance and Performance Report to ensure Board expectations are met  | 4T1.1C<br>4T1.1AS          | Executive Team   | Ongoing – 2024/25        | Commenced         | ICB Board   |  |
| <b>Threat 2</b>         | <b>4T2.1A</b> | Development of new Workforce and Clinical Models Plan  | 4T1.2C<br>4T2.2C<br>4T2.4C | Linda Garnett/ Chris Weiner<br>Angela Deakin                 | End of Quarter 3 2023/24 | Commenced         | People and Culture Committee/ CPLG  | Partial assurance given the transparency and debate at board level,  |

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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  |
|                         | 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.<br>Development of Triangulated Demand, Workforce and Financial plan   | 4T2.1C<br>4T2.3C           | Executive Team             | End of Quarter 3 2023/24 | Commenced          | People and Culture Committee/<br>Finance Estates and Digital Committee    | recognising the socio-economic environment the health and care sectors are currently navigating and the scale of the tasks that lie ahead – both operationally and culturally |
|                         | 4T2.3A        | Benchmark exercise and report against pre covid levels of activity   | 4T2.1C<br>4T2.5C           | Executive Team             | End of Quarter 3 2023/24 | Commenced          |   |   |
| Threat 3                | 4T3.1A        | Develop and embed EPMO System<br>The system e-PMO has developed significantly in Quarter 2. It is now being used by all providers (to varying degrees) Delivery Boards and programmes. Financial efficiencies are being recorded, and we now have £98m plans on e-PMO. A report on system efficiencies is being generated from the e-PMO for Financial Sustainability Board (FSB) and SFEDC as well as going to the TCG and PCLB.  | 4T3.3C<br>4T3.4C<br>4T3.5C | Tamsin Hooton              | Ongoing – Q4 2023/24     | Commenced          | Finance, Estates and Digital Committee / PCLB                             | Partial assurance through evidence of improving reporting and accountability, although real delivery is yet to be seen  |
|                         | 4T3.2A        | CIP Engagement Plan being implemented<br>Currently all CIPs are provider based (the ICB has a £44.2m CIP challenge), except for £4m System Delivery Boards. At a system level, this is being supported by sharing of schemes and good practice from the e-PMO, via DoFs and provider PMO/improvement teams, system wide workshop to share schemes in Sept. Work has been done with Delivery Boards to support them in developing their schemes, including sharing data pack on opportunities. Further process looking at waste in clinical pathways will commence Q3 2023/204. | 4T3.1C<br>4T3.4C<br>4T3.5C | Tamsin Hooton              | End of Quarter 1 2023    | Completed 30.06.23 | Delivery and Trust Boards   | Partially assured   |
|                         | 4T3.3A        | Development of a consistent approach to measuring productivity   | 4T3.2C                     | Tamsin Hooton              | Quarter 3 2023/24        | Commenced          | Delivery and Trust Boards   | Partially assured   |
|                         | 4T3.4A        | Development of Operational Plan  | 4T3.1AS                    | Executive Team             | Quarter 1 23/24          | Complete 30.06.23  | ICB Board   |   |
| Threat 4                | 4T4.1A        | National Allocations unclear   | 4T4.1C<br>4T4.1AS          | Executive Directors / NEMs | Ongoing – 2024/25        | Commenced          | TBC   | Not assured   |
| Threat 5                | 4T5.1A        | The ICB will continue to lobby the Regional and National teams   | 4T5.1C<br>4T5.1AS          | Keith Griffiths            | Ongoing – 2023/25        | Commenced          | TBC   | A significant change in allocation policy at National level will need to take place to rectify this issue.  |

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## Strategic Risk SR5 – People and Culture Committee

|  |   |  |   |   |                            |   |               |   |              |
|--|---|--|---|---|----------------------------|---|---------------|---|--------------|
| <b>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.</b>   |   | <b>Committee overall assurance level</b><br>Partially assured  |   | <b>ICB Lead:</b> Linda Garnett, Interim Chief People Officer<br><b>ICB Chair:</b> Margaret Gildea, Chair of People and Culture Committee  |                            | <b>System lead:</b> Linda Garnett, Interim Chief People Officer<br><b>System forum:</b> People and Culture Committee  |               | <b>Date of identification:</b> 17.11.2022<br><b>Date of last review:</b> 26.10.2023 |              |
| <b>Strategic risk</b><br>(what could prevent us achieving this strategic objective)  | <b>There is a risk that the system is not able to recruit and retain sufficient workforce to meet the strategic objectives and deliver the operational plans.</b>   | <b>Risk appetite: target, tolerance and current score</b><br><br>RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee<br><br>16 |   |   |                            |   | Initial<br>20 | Current<br>20   | Target<br>16 |
| <b>Strategic threats</b> (what might cause this risk to materialise)   |   |  | <b>Impact</b> (what are the impacts of each of the strategic threats)   |   |                            |   |               |   |              |
| 1. Lack of system alignment between activity, people and financial plans<br>2. Staff resilience and wellbeing is negatively impacted by environmental factors e.g. the industrial relations climate and the financial challenges in the system<br>3. Employers in the care sector cannot attract and retain sufficient numbers of staff to enable optimal flow of service users through the pathways and the scale of vacancies across health and care and some specific professions |   |  | 1. There is an under supply of people to meet the activity planned and the funding available<br>2. Increased sickness absence, deterioration in relationships and higher turnover particularly people retiring early leading to gaps in the staffing required to deliver services<br>3. People are going to better paid jobs in other sectors which means that patients cannot be discharged from hospital due to lack of care packages causing long waiting times in the Emergency pathways, poorer quality of care. |   |                            |   |               |   |              |
| <b>Threat status</b>   | <b>System Controls</b> (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)   | <b>Control Ref No</b>  | <b>System Gaps in control</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)  | <b>System Sources of Assurance</b> (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)   | <b>Assurance Ref No</b>    | <b>System Gaps in Assurance</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)  |               |   |              |
| <b>Threat 1</b><br>Lack of system alignment between activity, people and financial plans   | <ul style="list-style-type: none"> <li>An Integrated planning approach has been agreed across the system covering finance activity and workforce.</li> <li>Agreed System level SRO for Workforce Planning supported by Workforce Strategy and Planning Assistant Director</li> <li>The System People and Culture Committee provides oversight of workforce across the system</li> </ul> | 5T1.1C<br><br>5T1.2C<br><br>5T1.3C   | There is not an agreed integrated planning tool or system across all partners due to affordability.<br><br>The Primary Care workforce plans are not aligned with other system plans.<br><br>Develop 2024/25 workforce plan.   | <ul style="list-style-type: none"> <li>Monthly monitoring of workforce numbers and temporary staffing spend vs budget and agency spend.</li> <li>Approved System 'One Workforce' Strategy and Workforce plan</li> <li>Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE.</li> <li>The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan.</li> <li>People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce.</li> </ul> | 5T1.1AS<br><br><br>5T1.2AS | Work is underway to develop an integrated performance assurance report which includes Quality, Performance, Workforce and Finance. Activity delivered should be informing everything but there are further issues requiring resolution in that area.<br><br>Consistent escalation reporting across the system to be agreed. |               |   |              |

| Threat status  | System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)  | Control Ref No                     | System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)   | System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)   | Assurance Ref No       | System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)  |
|--|---|------------------------------------|---|--|------------------------|--|
| <b>Threat 2</b><br>Staff resilience and wellbeing is negatively impacted by environmental factors e.g. the industrial relations climate and the financial challenges in the system   | <ul style="list-style-type: none"> <li>A Comprehensive staff wellbeing offer is in place and available to Derbyshire ICS Employees</li> <li>Engagement and Annual staff opinion surveys are undertaken across the Derbyshire Providers and ICB</li> <li>The System People and Culture Committee provides oversight of workforce across the system</li> <li>Enhanced Leadership Development offer to support Managers and promoting Health and Wellbeing.</li> </ul> | 5T2.1C<br><br>5T2.3C               | Funding for wellbeing offer is not recurrent<br><br>The Leadership Development offer is not yet fully embedded in each organisation.  | <ul style="list-style-type: none"> <li>Monthly monitoring of absence and turnover</li> <li>People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce.</li> <li>System Wellbeing Group provides performance information to the People Services Collaborative Delivery Board.</li> </ul>   | 5T2.1AS<br><br>5T2.2AS | Work is underway to develop an integrated performance assurance report which includes Quality, Performance, Workforce and Finance. Activity delivered should be informing everything but there are further issues requiring resolution in that area.<br><br>Despite measures being in place the situation is deteriorating in terms of staff health and being due to a range of factors (NA) |
| <b>Threat 3</b><br>Employers in the care sector cannot attract and retain sufficient numbers of staff to enable optimal flow of service users through the pathways and the scale of vacancies across health and care and some specific professions | <ul style="list-style-type: none"> <li>Promotion of social care roles as part of Joined Up careers programme</li> <li>The System People and Culture Committee provides oversight of workforce across the system</li> <li>Integrated Care Partnership (ICP) was established in shadow form and now meets in Public from February 2023 onwards</li> </ul>   | 5T3.1C<br><br>5T3.2C<br><br>5T3.3C | More work required to understand how the NHS can provide more support to care sector employers<br><br>Lack of Workforce representation on the ICP.<br><br>Insufficient connection with People and Culture and the ICP | <ul style="list-style-type: none"> <li>Monthly monitoring of vacancies via Skills for Care data</li> <li>People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce.</li> <li>Approved Integrated Care Partnership (ICP) Terms of Reference by the ICP and ICB Board.</li> <li>County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan.</li> <li>Better Care funding supports the Joined Up Careers team to work in partnership with Health and Social Care.</li> <li>Action Plan including range of widening participation and resourcing proposals to support with DCC Homecare Strategy 23/24</li> </ul> | 5T3.1AS<br><br>5T3.2AS | Work is underway to develop an integrated performance assurance report which includes Quality, Performance, Workforce and Finance. Activity delivered should be informing everything but there are further issues requiring resolution in that area.<br><br>Insufficient connection with People and Culture and the ICP (NA)   |

| Actions to treat threat |               |   |                           |              |            |                      |   |                              |
|-------------------------|---------------|---|---------------------------|--------------|------------|----------------------|---|------------------------------|
| Threat                  | Action ref no | Action  | Control/ Assurance Ref No | Action Owner | Due Date   | Has work started?    | Committee level of assurance (eg assured, partially assured, not assured) |                              |
|                         |               |   |                           |              |            |                      | Committee/Sub Group Assurance   | Committee level of assurance |
| Threat 1                | 5T1.1A        | Refresh of 2022/23 workforce plan   | 5T1.2C                    | Sukhi Mahil  | Q1 2023/23 | Complete<br>30.06.23 | People & Culture Committee  | Partially assured            |
|                         | 5T1.2A        | Develop 2023/24 workforce plan  | 5T1.1C                    | Sukhi Mahil  | Q1 2023/24 | Complete<br>30.06.23 | People & Culture Committee  | Partially assured            |
|                         | 5T1.3A        | Develop the workforce planning approach to inform the 2024/25 plan and future projections | 5T1.3C                    | Sukhi Mahil  | Q3 2023/24 | Commenced            | People & Culture Committee  | Partially assured            |

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

|          |        |   |                            |               |   |           |  |                   |
|----------|--------|---|----------------------------|---------------|---|-----------|--|-------------------|
| Threat 2 | 5T2.1A | Continue to spread and embed well-being offer.<br>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 in activities, and over 4000 colleagues participating in activities each month. The evaluation from the HNA is underway and will be completed in Sept.  | 5T2.3C<br>5T2.2AS          | Nicola Bullen | September 2023  | Commenced | People & Culture Committee<br>People Services Collaborative Delivery Board | Partially assured |
|          | 5T2.2A | Review Occupational Health Services to ensure they are focused on promoting health and wellbeing.<br>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 programme that is produced for all staff across Derbyshire. | 5T2.2AS                    | Nicola Bullen | Quarter 2 2024/25   | Ongoing   | People & Culture Committee<br>People Services Collaborative Delivery Board | Partially assured |
|          | 5T2.3A | Pursue alternative funding sources, consider measures to mitigate impact of services reducing, utilise wellbeing support in place across the system.<br>Funding is likely to be received through NHS Midlands a combined bid with Northants ICB, this will be confirmed by end of Sept '23  | 5T2.1C                     | Nicola Bullen | Ongoing from Quarter 2 2023/24                              | Commenced | People & Culture Committee<br>People Services Collaborative Delivery Board | Partially assured |
| Threat 3 | 5T3.1A | Continue to develop system wide recruitment campaigns to meet demand for health and care across Derbyshire  | 5T3.1C<br>5T3.2C<br>5T3.3C | Susan Spray   | System Recruitment campaigns planned as a rolling programme | Commenced | People & Culture Committee   | Partially assured |

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

Strategic Risk SR6 – People and Culture Committee

|  |   |  |  |  |                         |   |
|--|---|--|--|--|-------------------------|---|
| <b>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.</b>           |   | <b>Committee overall assurance level</b><br>Partially assured  |  |  |                         |   |
| <b>ICB Lead:</b> Linda Garnett, Interim Chief People Officer<br><b>ICB Chair:</b> Margaret Gildea, Chair of People and Culture Committee   |   | <b>System lead:</b> Linda Garnett, Interim Chief People Officer<br><b>System forum:</b> People and Culture Committee   |  |  |                         |   |
|  |   | <b>Date of identification:</b> 17.11.2022<br><b>Date of last review:</b> 26.10.2023  |  |  |                         |   |
| <b>Strategic risk</b><br>(what could prevent us achieving this strategic objective)  | <b>There is a risk that the system does not create and enable One Workforce to facilitate integrated care.</b>  | <b>Risk appetite: target, tolerance and current score</b>  |  |  |                         |   |
|  |   | <b>RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee.</b><br><br>9   | <p>Strategic Risk 6</p> <p>Y-axis: 0 to 14<br/>X-axis: Nov-22 to Sep-23</p> <p>Legend: Current risk level (solid blue line), Tolerable risk level (dashed orange line), Target risk level (dotted grey line)</p> |  |                         |   |
| <b>Strategic threats</b> (what might cause this risk to materialise)   |   | <b>Impact</b> (what are the impacts of each of the strategic threats)  |  |  |                         |   |
| 1. There is not an agreed definition of what "One Workforce" means.<br>2. There is insufficient funding to undertake skills and cultural development needed to support integration.<br>3. Lack of system ownership and commitment to 'One Workforce' |   | 1. System partners are not aligned in workforce development and integration.<br>2. It is more challenging to transition from current ways of working to a more integrated approach.<br>3. The system is not integrated on the Workforce Strategy and workforce development |  |  |                         |   |
| <b>Threat status</b>   | <b>System Controls</b> (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)   | <b>Control Ref No</b>  | <b>System Gaps in control</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)   | <b>System Sources of Assurance</b> (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)  | <b>Assurance Ref No</b> | <b>System Gaps in Assurance</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)  |
| <b>Threat 1</b><br>There is not an agreed definition of what "One Workforce" means   | <ul style="list-style-type: none"> <li>Work is underway to develop a One Workforce Strategy and plan aligned to the Integrated Care Strategy and Joint Forward Plan involving all system partners.</li> <li>The Draft Integrated Care Strategy is in development by the ICB Board and ICP</li> <li>Development and implementation of the One Workforce Strategy will be overseen by the Workforce Advisory Group and assurance given to the People and Culture Committee</li> <li>The System People and Culture Committee provides oversight of workforce across the system.</li> <li>Agreed People Services Collaborative Programme</li> </ul> | 6T1.1C   | Development and implementation of the One Workforce Strategy will be overseen by the HRD's Delivery Group and assurance given to the PCC   | <ul style="list-style-type: none"> <li>Monthly monitoring of workforce numbers and temporary staffing spend vs budget and agency spend.</li> <li>Approved System Workforce Strategy and implementation plan</li> <li>Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE.</li> <li>The Workforce Advisory Group provides assurance to the System People and Culture Committee</li> <li>People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce.</li> <li>The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan.</li> </ul> | 6T1.1AS<br><br>6T1.2AS  | The Integrated Care Strategy approved by the ICB Board and ICP<br><br>The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board. |

| Threat status   | System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)   | Control Ref No | System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)                               | System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)   | Assurance Ref No                      | System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)  |
|---|--|----------------|---|--|---------------------------------------|--|
| <b>Threat 2</b><br>There is insufficient funding to undertake skills and cultural development needed to support integration | <ul style="list-style-type: none"> <li>A system wide training needs analysis is to be carried out so that learning and development needs can be identified and prioritised for investment.</li> <li>The System People and Culture Committee provides oversight of workforce triangulation across the system.</li> </ul>  | 6T2.1C         | Agreement needed that any education and training funding will be invested in accordance with the priorities identified.   | <ul style="list-style-type: none"> <li>The outcome of the training needs analysis and decisions on investment of education and training funding will be overseen by the Workforce Advisory Group.</li> <li>Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE.</li> <li>The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan.</li> <li>People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce.</li> </ul> | 6T2.1AS<br><br>6T2.2AS                | <p>The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board.</p> <p>Consistent escalation reporting across the system to be agreed.</p>  |
| <b>Threat 3</b><br>Lack of system ownership and commitment to 'One Workforce'   | <ul style="list-style-type: none"> <li>The Workforce Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board</li> <li>Work is underway to develop a One Workforce Strategy and plan <a href="#">aligned to the Integrated Care Strategy and Joint Forward Plan involving all system partners</a></li> </ul> | 6T3.1C         | Development and implementation of the One Workforce Strategy will be overseen by the Workforce Advisory Group and assurance given to the People and Culture Committee | <ul style="list-style-type: none"> <li>Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE.</li> <li>The Workforce Advisory Group provides assurance to the System People and Culture Committee</li> <li>People and Culture Committee assurance to the Board via the ICB Board Integrated Assurance Report and Integrated Assurance and Performance Report which includes workforce.</li> </ul>  | 6T3.1AS<br><br>6T3.2AS<br><br>6T3.3AS | <p>Work is underway to develop a One Workforce Strategy and plan aligned to a developing Integrated Care Strategy involving all system partners.</p> <p>The Integrated Assurance and Performance Report is in place and will continue to be developed further as reported to ICB Board.</p> <p>Consistent escalation reporting across the system to be agreed.</p> |

| Actions to treat threat. |               |   |                           |              |   |                   |   |                              |
|--------------------------|---------------|---|---------------------------|--------------|---|-------------------|---|------------------------------|
| Threat                   | Action ref no | Action  | Control/ Assurance Ref No | Action Owner | Due Date  | Has work started? | Committee level of assurance (eg assured, partially assured, not assured) |                              |
|                          |               |   |                           |              |   |                   | Committee/Subgroup Assurance  | Committee level of assurance |
| <b>Threat 1</b>          | 6T1.1A        | Develop One Workforce Strategy aligned to support delivery of the Integrated Care Strategy, and Joint Forward Plan (JFP) and includes the response to the NHS Long Term Workforce Plan and NHS People plan. | 6T1.1C                    | Sukhi Mahil  | Initial draft by Autumn (aligned to JFP timescales) | Commenced         | ICS Executive   | Partially assured            |
| <b>Threat 2</b>          | 6T2.1A        | System Wide TNA process to be developed and implemented   | 6T2.1C                    | Faith Sango  | Quarter 3 2023/24                                   | Commenced         | Workforce Advisory Group  | Partially assured            |
| <b>Threat 3</b>          | 6T3.1A        | Develop One Workforce Strategy in response to the Integrated Care Strategy, JFP and anticipated People plan   | 6T3.1C<br>6T3.1AS         | Sukhi Mahil  | Initial draft by Autumn (aligned to JFP timescales) | Commenced         | ICS Executive   | Partially assured            |

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

## Strategic Risk SR7 – Population Health and Strategic Commissioning Committee

|  |   |  |   |  |                             |   |  |   |               |             |
|--|---|--|---|--|-----------------------------|---|--|---|---------------|-------------|
| <b>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.</b>   |   | <b>Committee overall assurance level</b><br>Partially assured  |   | <b>ICB Lead:</b> Michelle Arrowsmith, Chief Strategy and Delivery Officer<br><b>ICB Chair:</b> Julian Corner, Chair of PHSCC   |                             | <b>System lead:</b> Michelle Arrowsmith, Chief Strategy and Delivery Officer<br><b>System forum:</b> Population Health and Strategic Commissioning Committee                                      |  | <b>Date of identification:</b> 17.11.2022<br><b>Date of last review:</b> 05.10.2023 |               |             |
| <b>Strategic risk</b><br>(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.   | <b>Risk appetite: target, tolerance and current score</b><br>RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee<br>12   |   |  |                             |   |  | Initial<br>12   | Current<br>12 | Target<br>9 |
|  |   | <b>Strategic threats</b> (what might cause this risk to materialise)   |   | <b>Impact</b> (what are the impacts of each of the strategic threats)  |                             |   |  |   |               |             |
| 1. Lack of joint understanding of strategic aims and requirements of all system partners.<br>2. Demand on organisations due to system pressures/restoration may impact ability to focus on strategic aims.<br>3. Time for system to move more significantly into "system think".<br>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.<br>2. System partners may be required to prioritise their own organisational response ahead of strategic aims.<br>3. If the system does not think and act as one system, support is less likely to be there to achieve strategic aims.<br>4. Individual boards to take decisions which are against system aims. |   |  |                             |   |  |   |               |             |
| <b>Threat status</b>   | <b>System Controls</b> (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)   | <b>Control Gap Ref No</b>  | <b>System Gaps in control</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)  | <b>System Sources of Assurance</b> (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)  | <b>Assurance Gap Ref No</b> | <b>System Gaps in Assurance</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)  |  |   |               |             |
| <b>Threat 1</b><br>Lack of joint understanding of strategic aims and requirements of all system partners.  | <ul style="list-style-type: none"> <li>Strategic objectives agreed at ICB Board; dissemination will occur via Board members who represent system partners.</li> <li>ICB and ICS Exec Teams in place</li> <li>JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system.</li> <li>System Delivery Boards in place - providing a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact</li> <li>Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis</li> <li>Delivery Boards engagement with</li> </ul> | 7T1.1C<br><br>7T1.2C<br><br>7T1.3C<br><br>7T1.4C   | In some cases, the 'scope' of System Delivery Board focus is not sufficiently broad enough to tackle the root cause of problems and thus there is an issue that system partners are crowded out from influencing the business of the Board.<br><br>Level of maturity of Delivery Boards<br><br>Values based approach to creating shared vision and strong relationships across partners in line with population needs<br><br>Scoping, baselining, strategic overview, and solution choice to be carried out to ensure right solution is adopted to fit the business problem | <ul style="list-style-type: none"> <li>Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE</li> <li>PHSCC assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report.</li> <li>Audit and Governance committee oversight and scrutiny</li> <li>Board Assurance Framework</li> <li>Internal and external audit of plans (EA)</li> <li>Health Oversight Scrutiny Committees</li> <li>ICB Strategic objectives and strategic risks</li> <li>System Delivery Board agendas and minutes</li> <li>Provider Collaborative Leadership Board minutes</li> <li>Health and Well Being Board minutes</li> <li>ICB Scheme of Reservation and</li> </ul> | 7T1.1AS<br><br>7T1.2AS      | The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board.<br><br>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>JUCD Transformation Board.</p> <ul style="list-style-type: none"> <li>Provider Collaborative Leadership Board in place overseeing Delivery Boards and other delivery groups.</li> <li>System planning &amp; co-ordination group managing overall approach to planning</li> <li>Formal risk sharing arrangements in place across organisations (via Section 75s/ Pooled Budgets)</li> <li>Health Oversight Scrutiny Committees (HOSCs)/ Health and Wellbeing Boards are in place with an active scrutinising role</li> <li>Dispute resolution protocols jointly agreed in key areas e.g. CYP joint funded packages – reducing disputes</li> <li>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</li> <li>Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023.</li> </ul> | 7T1.5C               | Understand impact of changes, how they support operational models, how best value can be delivered, and prioritised.                              | <p>Delegation</p> <ul style="list-style-type: none"> <li>Agreed process for establishing and monitoring financial and operational benefits</li> <li>GPPB proposal for future operating model and funding planned for ICB Board discussion in April 23.</li> <li>2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP.</li> <li>Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published</li> </ul>  |                        |  |
| <b>Threat 2</b><br>Demand on organisations due to system pressures/restoration may impact ability to focus on strategic aims. | <p><b>As above and:</b></p> <ul style="list-style-type: none"> <li>System performance reports received at Quality &amp; Performance Committee will highlight areas of concern.</li> <li>ICB involvement in NOF process and oversight arrangements with NHSE.</li> <li>As above – GPPB and LMC both provide some resourced 'headspace' giving GP leaders time and opportunity to focus on strategic aims.</li> <li>PCN funding gives GP Clinical Directors some time to focus on the development of their Primary Care Networks</li> <li>System Planning and Co-ordination Group ensuring strategic focus alongside operational planning</li> </ul>  | 7T2.1C<br><br>7T2.2C | <p>Prolonged operational pressures ahead of winter and expected pressures to continue / increase.</p> <p>Level of maturity of Delivery Boards</p> | <ul style="list-style-type: none"> <li>NHSE oversight and reporting (EA)</li> <li>Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report.</li> <li>System Quality Group assurance to the Quality and Performance Committee and ICB Board.</li> <li>System Quality and Performance Report</li> <li>Monthly reports provided to ICB/ ICS Executive Team/ ICB Board and NHSE</li> <li>Measurement of relationship in the system: embedding culture of partnership across partners</li> <li>Coproduction</li> <li>Workforce resilience</li> <li>Demand in the system</li> <li>Audit and Governance Committee oversight and scrutiny</li> <li>Board Assurance Framework</li> <li>2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP.</li> <li>Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published</li> </ul> | 7T2.1AS<br><br>7T2.2AS | <p>The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board.</p> <p>Consistent management reporting across the system to be agreed</p> |
| <b>Threat 3</b>   | <ul style="list-style-type: none"> <li>SOC/ICC processes – ICCs supporting ICB to collate and submit information</li> </ul>   | 7T3.1C               | As above, extent of operational pressures and time required to focus on reactive management.  | <ul style="list-style-type: none"> <li>Daily reporting of performance and breach analysis – identification of learning or areas for improvement</li> </ul>   | 7T3.1AS                | The Integrated Assurance and Performance Report is in place and  |

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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) |
|--|--|--|--|--|----------------------|---|
| Time for system to move more significantly into "system think".                                      | <ul style="list-style-type: none"> <li>As above – GPPB and LMC both provide some resourced 'headspace' giving GP leaders time to focus on system working</li> <li>Development and delivery of Integrated Care System Strategy</li> <li>Embedded Place Based approaches that focus partners together around community / population aims not sovereign priorities</li> </ul>   |  |  | <ul style="list-style-type: none"> <li>Measurement of relationship in the system: embedding culture of partnership across partners</li> <li>Resilience of OCC in operational delivery including clinical leadership</li> <li>Coproduction</li> <li>Workforce resilience</li> <li>Demand in the system</li> <li>NHSE oversight and daily reporting (EA)</li> <li>2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP.</li> <li>Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published</li> </ul>  |                      | continues to be developed further as reported to ICB Board.   |
| <b>Threat 4</b><br>Statutory requirements on individual organisations may conflict with system aims. | <ul style="list-style-type: none"> <li>Strategic objectives agreed at ICB Board; dissemination will occur via Board members who represent system partners.</li> <li>ICB and ICS Exec Teams in place</li> <li>JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system.</li> <li>System Delivery Boards in place - providing a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact</li> <li>Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis</li> <li>Delivery Boards engagement with JUCD Transformation Board.</li> <li>Provider Collaborative Leadership Board in place overseeing Delivery Boards and other delivery groups.</li> <li>GPPB and LMC both provide some resourced 'headspace' giving GP leaders time and opportunity to focus on strategic aims.</li> <li>PCN funding gives GP Clinical Directors some time to focus on the development of their Primary Care Networks</li> <li>System Planning and Co-ordination Group ensuring strategic focus alongside operational planning</li> </ul> | 7T4.1C<br><br>7T4.2C<br><br>7T4.3C<br><br>7T4.4C<br><br>7T4.5C | <p>Process to ensure consistent approach is adopted to share outputs from ICS and ICB Exec team meetings.</p> <p>Lack of process to measure impact of agreed actions across the system.</p> <p>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> | <ul style="list-style-type: none"> <li>Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE</li> <li>Audit and Governance committee oversight and scrutiny</li> <li>ICB Strategic objectives and strategic risks</li> <li>System Delivery Board agendas and minutes</li> <li>Provider Collaborative Leadership Board minutes</li> <li>Health and Well Being Board minutes</li> <li>Measurement of relationship in the system: embedding culture of partnership across partners</li> <li>Coproduction</li> <li>2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP.</li> <li>Joint Forward Plan, Derby and Derbyshire NHS Five Year Plan 23/24 to 27/28 in place and published</li> </ul> |                      |   |

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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                | 7T1.1A        | Produce and embed the use of a universal prioritisation framework to guide resource allocation decisions.  | 7T1.1C<br>7T1.3C<br>7T1.4C<br>7T1.5C | Michelle Arrowsmith                           | Quarter 3 – Quarter 4 2023/24  | Commenced         | PHSCC   | Partially Assured            |
|                         | 7T1.2A        | Development of Integrated Assurance and Performance Report to ensure Board expectations are met.   | 7T1.1AS                              | Michelle Arrowsmith                           | Ongoing- Bi-monthly  | Bi-monthly        | ICB Board   | Partially Assured            |
|                         | 7T1.3A        | Delivery Boards to develop a process to share decisions and challenge actions enhancing transparency and shared understanding of impact.   | 7T1.2C                               | Tamsin Hooton                                 | Quarter 4 2023/24  | Commenced         | Delivery Boards/ Provider Collaborative Leadership Board                  | Partially assured            |
| Threat 2                | 7T2.1A        | Surge planning process established / all year-round planning approach – this does not prevent operational pressures but helps to predict and plan better the response<br><a href="#">H2 planning – first draft 25.09.23. Awaiting formal feedback.</a> | 7T2.1C                               | UECC Board / UECC SRO / MA<br><br>Sam Kabiswa | End of Quarter 2 2023/24.<br><br><a href="#">H2 planning completed 25.09.23, awaiting feedback</a> | Commenced         | UECC Board  | Partially assured            |
|                         | 7T2.2A        | Delivery Boards to develop a process to share decisions and challenge actions enhancing transparency and shared understanding of impact.   | 7T2.2C                               | Tamsin Hooton                                 | Quarter 4 2023/24  | Commenced         | Delivery Boards/ Provider Collaborative Leadership Board                  | Partially assured            |
| Threat 3                | 7T3.1A        | Prioritisation process agreed in the system to better manage our time and use of resource  | 7T3.1C                               | ICB / ICP                                     | Quarter 3 – Quarter 4 2023/24  | Commenced         | PHSCC   | Partially assured            |
|                         | 7T3.2A        | Development of Integrated Assurance and Performance Report to ensure Board expectations are met.   | 7T3.1AS                              | Michelle Arrowsmith                           | On-going bi-monthly  | 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 |
| Threat 4                | 7T4.1A        | Development of log System ICB/ICP Board decisions   | 7T4.1C                    | Chrissy Tucker      | Quarter 4 2023/24        | Commenced         | ICB Board/ICP Board   | Partially assured            |
|                         | 7T4.2A        | Develop a process to measure impact of agreed actions across the system.<br>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.  | 7T4.2C                    | Sam Kabiswa         | Quarter 4 2023/24        | Commenced         | ICB Board/ICP Board   | Partially assured            |
|                         | 7T4.3A        | Surge planning process established / all year-round planning approach – this does not prevent operational pressures but helps to predict and plan better the response.  | 7T4.3C                    | Michelle Arrowsmith | End of Quarter 3 2023/24 | Commenced         | Urgent Care Delivery Board  | Partially Assured            |
|                         | 7T4.4A        | Delivery Boards to develop a process to share decisions and challenge actions enhancing transparency and shared understanding of impact.<br>Workshop session held 27/9/23, to agree a process to develop plans in a co-ordinated way, including a system wide benefits realisation approach to understand impact, and interface with a system prioritisation approach. The proposed approach will be further discussed via the TCG and taken to the PCLB and System planning group for support. | 7T4.4C                    | Tamsin Hooton       | Quarter 4 2023/24        | 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.  | 7T4.5C                    | Chrissy Tucker      | On-going – Q4 2023/24    | Not yet commenced | ICB Board/ICP Board   | Partially Assured            |

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Strategic Risk SR8 – Population Health and Strategic Commissioning Committee

|  |  |   |  |  |                         |  |  |               |               |             |
|--|--|---|--|--|-------------------------|--|--|---------------|---------------|-------------|
| <b>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.</b> |  | <b>Committee overall assurance level</b><br>ICB Lead: Chris Weiner ICB Medical Director<br>ICB Chair: Julian Corner, Chair of PHSCC   |  | <b>Partially assured</b><br>System lead: Chris Weiner, ICB Medical Director<br>System forum: Population Health and Strategic Commissioning Committee   |                         |  | <b>Date of identification:</b><br>17.11.2022<br><b>Date of last review:</b> 05.10.2023 |               |               |             |
| <b>Strategic risk</b><br>(what could prevent us achieving this strategic objective)  | <b>There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.</b>  | <b>Risk appetite: target, tolerance and current score</b><br>RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee<br>12  |  |  |                         |  |  | Initial<br>12 | Current<br>12 | Target<br>8 |
|  |  | <b>Strategic threats</b> (what might cause this risk to materialise)<br>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. |  | <b>Impact</b> (what are the impacts of each of the strategic threats)<br>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: <ul style="list-style-type: none"> <li>reduced ability to effectively support strategic commissioning and service improvement work</li> <li>failure to meet national requirements on population health management,</li> <li>reduced ability to analyse how effectively resources are being used within the ICB</li> <li>failure to deliver the required contribution to regional research initiatives</li> <li>continued paucity of analytical talent development and recruitment resulting in inflated costs</li> </ul> |                         |  |  |               |               |             |
| <b>Threat status</b>   | <b>System Controls</b> (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)  | <b>Control Ref No</b>   | <b>System Gaps in control</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)   | <b>System Sources of Assurance</b> (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)  | <b>Assurance Ref No</b> | <b>System Gaps in Assurance</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level) |  |               |               |             |
| <b>Threat 1</b><br>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"> <li>Agreed and publicly published Digital and Data Strategy</li> <li>Digital and Data Board (D3B) in place. This provides board support and governance for the delivery of the agreed Digital and Data strategy.</li> <li>D3B responsible for reporting assurance to ICB Finance and Estates Committee and assurance and direction from the Provider Collaborative Leadership Board.</li> <li>Strategic Intelligence Group (SIG) established with oversight of system wide data and intelligence capability and driving organisational</li> </ul> | 8T1.1C<br><br>8T1.2C<br><br>8T1.3C  | Senior system analytical leadership role to be created within ICB structures<br><br>Senior analytical leadership role to co-ordinate: <ul style="list-style-type: none"> <li>Delivering value from NECS contract</li> <li>Co-ordinating work across SIG</li> <li>Identifying opportunities for more effective delivery of PHM</li> </ul> Identified three priority areas of strategic working: | <ul style="list-style-type: none"> <li>Data and Digital Strategy</li> <li>CMO and CDIO from ICB executive team are vice chairs of the D3B.</li> <li>Regional NHSE and AHSN representation at D3B provide independent input.</li> <li>D3B minutes demonstrating challenge and assurance levels</li> <li>Provider Collaborative Leadership Board Minutes demonstrating challenge and assurance levels</li> <li>Monthly Reporting to Finance and Estates Committee, ICB Board, NHSE and NHS Executive Team</li> <li>Evidence of compliance with the ICB</li> </ul>  | 8T1.1AS                 | The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board.                      |  |               |               |             |

| Threat status | System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)  | Control Ref No       | System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)  | System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)  | Assurance Ref No | System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level) |
|---------------|---|----------------------|--|---|------------------|---|
|               | <ul style="list-style-type: none"> <li>improvement to optimise available workforce and ways of working</li> <li>Analytics and business intelligence identified as a key system enabler and priority for strategic planning and operationally delivery in the Digital and Data strategy</li> <li>NHSE priorities and operational planning guidance 23/24 requires the right data architecture in place for population health management</li> <li>Digital and Data identified as a key enabler in the Integrated Care Partnership strategy</li> </ul> | 8T1.4C<br><br>8T1.5C | <ul style="list-style-type: none"> <li>System surveillance intelligence</li> <li>Deep dive intelligence</li> <li>Population Health Management.</li> </ul> <p>Strategic Intelligence Group (SIG) needs formalising and structured reporting through to D3B and direct link to ICB Strategic Intent function and ICB planning cell</p> <p>JUCD Information Governance Group needs formalisation and work required on using data for planning purposes.</p> | <ul style="list-style-type: none"> <li>Scheme of Reservation and Delegation</li> <li>A staffed, budgeted establishment for ICB analytics (workforce BAF link required)</li> <li>Data Sharing Agreements in place across all NHS providers, ICB, hospices and local authorities for direct care purposes.</li> </ul> |                  |   |

| 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                | 8T1.2A        | Agree structure of ICB analytics team and role of Chief Data Analyst<br><i>Work dependent on restructure agreement.</i>                   | 8T1.2C                    | Chris Weiner          | December 2023       | Commenced            | Executive Team  | Partially assured            |
|                         | 8T1.3A        | Recruitment of analytics team<br><i>Work dependent on restructure agreement.</i>  | 8T1.2C                    | Chris Weiner          | Quarter 4 2023/24   | Not started          | To be agreed  | Partially assured            |
|                         | 8T1.4A        | Co-ordination and local prioritisation through SIG with leadership provided by internal business intelligence team                        | 8T1.3C<br>8T1.4C          | Chris Weiner          | April 2024          | Commenced            | Business Intelligence Team  | Partially assured            |
|                         | 8T1.5A        | Execution of planned investment in analytical skills development in line with ICB plan<br><i>Work dependent on restructure agreement.</i> | 8T1.4C                    | Chris Weiner          | October 2023        | Commenced            | Business Intelligence Team  | Partially assured            |
|                         | 8T1.6A        | Formalise JUCD IG group and draft data sharing agreements for using data for purposes other than direct care                              | 8T1.6C                    | Chris Weiner/ Ged /CT | Quarter 2 2023/24   | Commenced            | JUCD IG Group   | Partially assured            |
|                         | 8T1.7A        | SIG being reconstituted and reset   | 8T1.5C<br>8T1.6C          | Chris Weiner          | Quarter 3 2023/24   | Commenced            | Strategic Intelligence Group  | Partially assured            |
|                         | 8T1.8A        | Continue to strengthen the ICB Board Integrated Assurance and Performance Report data and information.                                    | 8T1.1AS                   | Executive Officers    | Ongoing/ Bi monthly | Commenced / on going | ICB Board   | Partially assured            |

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# ICB – Board Assurance Framework (BAF)

## Strategic Risk SR9 – Population Health and Strategic Commissioning Committee

|  |   |  |   |  |                         |  |               |
|--|---|--|---|--|-------------------------|--|---------------|
| <b>Strategic Aim – Reduce inequalities in health and be an active partner in addressing the wider determinants of health.</b>  |   | <b>Committee overall assurance level</b>   |   | <b>Partially assured</b>   |                         |  |               |
|  |   | <b>ICB Lead:</b> Michelle Arrowsmith, Chief Strategy and Delivery Officer<br><b>ICB Chair:</b> Julian Corner, Chair of PHSCC |   | <b>System lead:</b> Dr Robyn Dewis<br><b>System forum:</b> Population Health and Strategic Commissioning Committee   |                         | <b>Date of identification:</b> 17.11.2022<br><b>Date of last review:</b> 05.10.2023  |               |
| <b>Strategic risk</b><br>(what could prevent us achieving this strategic objective)  | <b>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.</b>   | <b>Risk appetite: target, tolerance and current score</b>  |   |  | <b>Initial</b>          | <b>Current</b>   | <b>Target</b> |
|  |   | <b>RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee</b>   |   |  | 16                      | 16   | 12            |
| <b>Strategic threats</b> (what might cause this risk to materialise)   |   |  |   | <b>Impact</b> (what are the impacts of each of the strategic threats)  |                         |  |               |
| <ol style="list-style-type: none"> <li>The breadth of requirements on the system adversely affect our ability to prioritise our resources (financial/capacity) towards reducing health inequalities.</li> <li>The population may not engage with prevention programmes.</li> </ol> |   |  |   | <ol style="list-style-type: none"> <li>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.</li> <li>The population are not able to access support to improve health.</li> </ol>  |                         |  |               |
| <b>Threat status</b>   | <b>System Controls</b> (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)   | <b>Control Ref No</b>  | <b>System Gaps in control</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)  | <b>System Sources of Assurance</b> (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)  | <b>Assurance Ref No</b> | <b>System Gaps in Assurance</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level) |               |
| <b>Threat 1</b><br>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"> <li>Integrated Care Partnership Board in place with Terms of Reference and strategy agreed.</li> <li>Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023.</li> <li>NHS and ICS Executive teams in place.</li> <li>Core 20 Plus 5 work programme.</li> <li>Delivery Boards remit to ensure work programme supports HI.</li> <li>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</li> <li>System-wide EQIA process supports identification of equalities risks and mitigations and reduces risk of projects/ programmes operating in</li> </ul> | 9T1.1C<br>9T1.2C<br>9T1.3C<br>9T1.4C   | <p>Financial position and requirement to break-even / lack of funds to invest or double-run whilst transforming.</p> <p>Capacity to support strategy and its delivery</p> <p>The national formula for funding GP practices (Carr-Hill) probably provides insufficient weighting for deprivation</p> <p>Under performance against key national targets and standards (Core 20 Plus 5 work programme)</p> | <ul style="list-style-type: none"> <li>Measurement of relationship in the system: embedding culture of partnership across partners</li> <li>PHSCC assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report.</li> <li>System Delivery Board agendas and minutes</li> <li>Provider Collaborative Leadership Board minutes</li> <li>Health and Well Being Board minutes</li> <li>ICP Agenda and minutes</li> <li>Coproduction</li> <li>Workforce resilience</li> <li>Demand in the system</li> <li>Audit and Governance Committee oversight and scrutiny</li> <li>Health Overview and Scrutiny Committee (HOSC)</li> </ul> | 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>isolation – and specifically decommissioning decisions</p> <ul style="list-style-type: none"> <li>Ambulance handover action plan developed – improvement trajectory agreed with NHSI – monthly improvement trajectories monitored at Boards</li> </ul>  |                             |   | <ul style="list-style-type: none"> <li>EDI Committee reporting</li> <li>Derbyshire ICS Greener Delivery Group and minutes</li> <li>2023/24 Operational Plan in place Integrated Care Strategy approved by the ICB Board and ICP.</li> <li>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</li> <li>Performance Data from MHSDB</li> </ul>   |                  |   |
| <p><b>Threat 2</b><br/>The population may not engage with prevention programmes.</p> | <ul style="list-style-type: none"> <li>Prevention work - winter plan and evidence base of where impact can be delivered</li> <li>General Practice is still trusted by the vast majority of people and has a proven track record of helping people engage with prevention programmes</li> <li>Integrated Care Partnership (ICP) established.</li> <li>ICP Strategy in place which will support improving health outcomes and reducing health inequalities.</li> </ul> | <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"> <li>Alignment between the ICS and the City and County Health and Wellbeing Boards</li> <li>Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report.</li> <li>Population Health Strategic Commissioning Committee assurance to the ICB Board via the Assurance Report.</li> <li>ICB Board and minutes</li> <li>ICP and minutes</li> <li>Derbyshire ICS Health Inequalities Strategy has been developed and approved.</li> </ul> |                  |   |

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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 |
| <b>Threat 1</b>         | 9T1.1A        | Monthly monitoring of financial position and the ICB requirement to break-even.  | 9T1.1C                    | Darran Green                 | Quarter 4 2023/24   | On-going - Annually | Finance, Estates and Digital Committee/ ICB Board                         | Partially assured            |
|                         | 9T1.2A        | Prioritisation of actions needed to implement strategy   | 9T1.2C                    | Kate Brown                   | Quarter 3 2023/24   | Commenced           | ICB Board/ICP Board   | Partially assured            |
|                         | 9T1.3A        | Review alternative funding formula to Carr Hill – scope cost and logistics   | 9T1.3C                    | GPPB/Clive Newman/Finance    | April 2024          | 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. | 9T1.4C                    | Angela Deakin                | Ongoing – 2024/25   | 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  | 9T1.1AS                   | Michelle Arrowsmith          | On-going- bimonthly | Bi-monthly          | ICB Board   | Partially assured            |
| <b>Threat 2</b>         | 9T2.1A        | Prevention and Health Inequalities Board being set up  | 9T2.1C                    | Chris Weiner / Angela Deakin | November 2023       | Monthly             | Population Health Strategic Commissioning Committee                       | Partially assured            |

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## Strategic Risk SR10 – Finance, Estates and Digital Committee

|  |   |  |  |
|--|---|--|--|
| <b>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.</b>   |   | <b>Committee overall assurance level</b><br>Partially assured  |  |
| <b>ICB Lead:</b> Jim Austin, Chief Digital Technology Officer<br><b>ICB Chair:</b> Jill Dentith, Chair of Finance, Estates and Digital Committee   |   | <b>System lead:</b> Keith Griffiths, Executive Director of Finance<br><b>System forum:</b> Finance and Estates Committee Data and Digital Board  |  |
| <b>Date of identification:</b> 17.11.2022<br><b>Date of last review:</b> 17.10.2023  |   |  |  |
| <b>Strategic risk</b><br>(what could prevent us achieving this strategic objective)  | <b>There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.</b>  | <b>Risk appetite: target, tolerance and current score</b><br>RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee<br>12   |  |
| <b>Strategic threats</b> (what might cause this risk to materialise)   |   | <b>Impact</b> (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.<br>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.<br>Threat 2 <ul style="list-style-type: none"> <li>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)</li> <li>Failure to meet the national Digital and Data strategy key priorities (eg attain HIMMS level 5; cyber resilience)</li> </ul> |  |
| <b>Threat status</b>   | <b>System Controls</b> (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)   | <b>Control Ref No</b>  | <b>System Gaps in control</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)   |
| <b>Threat 1</b><br>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"> <li>Agreed and publicly published Digital and Data Strategy</li> <li>Digital and Data Board (D3B) in place. This provides board support and governance for the delivery of the agreed Digital and Data strategy.</li> <li>D3B responsible for reporting assurance to ICB Finance and Estates Committee and assurance and direction from the Provider Collaborative Leadership Board.</li> <li>Representation from Clinical Professional Leadership Group on D3B</li> <li>Digital programme team leading and supporting key work in collaboration with system wide Delivery Boards e.g., Urgent and Emergency Care, Elective</li> </ul> | 10T1.1C<br><br>10T1.2C   | ICB prioritisation and investment decision making process is required to fully implement the digital and data strategy priorities.<br><br>Digital literacy programme to support staff build confidence and competency in using technology to deliver care.   |
|  |   |  | <b>System Sources of Assurance</b> (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)  |
|  |   |  | <ul style="list-style-type: none"> <li>Data and Digital Strategy approved by ICB and NHSE</li> <li>CMO and CDIO from ICB executive team are vice chairs of the D3B.</li> <li>Regional NHSE and AHSN representation at D3B provide independent input.</li> <li>D3B minutes demonstrating challenge and assurance levels</li> <li>Provider Collaborative Leadership Board Minutes demonstrating challenge and assurance levels</li> <li>Clinical Professional Leadership Board Minutes demonstrating challenge and assurance levels</li> <li>Evidence of compliance with the ICB Scheme of Reservation and Delegation</li> <li>exploitation of Derbyshire Shared Care Record capabilities; demonstrated</li> </ul> |
|  |   |  | <b>Assurance Ref No</b>  |
|  |   |  | <b>System Gaps in Assurance</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)   |

| 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"> <li>to embed digital enablement in care delivery</li> <li>Digital and Data identified as a key enabler in the Integrated Care Partnership strategy</li> <li>NHSE priorities and operational planning guidance 23/24 requires the right data architecture in place for population health management</li> <li>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.</li> <li>Formal link to the GP IT governance and activity to the wider ICB digital and technology strategy in place via Chief Data Information Officer.</li> <li>GP presence on Derbyshire Digital and Data Board</li> </ul> |   |  | <p>through usage data</p> <ul style="list-style-type: none"> <li>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)</li> <li>A staffed, budgeted establishment for ICB digital and technology (workforce BAF link required)</li> </ul>  |                  |   |
| <p><b>Threat 2</b><br/>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"> <li>Digital and Data Board (D3B) enabling delivery board and support governance established and responsible for the delivery of the agreed Digital and Data strategy</li> <li>D3B responsible for reporting assurance to ICB Finance and Estates Committee and assurance and direction from the Provider Collaborative Leadership Board</li> <li>Citizen's Engagement forums have a digital and data element</li> <li>ICB and provider communications team engaged with messaging (e.g. Derbyshire Shared Care Record)</li> </ul>   | <p>10T2.1C</p> <p>10T2.2C</p> <p>10T2.3C</p> <p>10T2.4C</p> | <p>Data and Digital communication and engagement strategy required to increase awareness of digital technology and solutions available to support care delivery.</p> <p>Development of a 'use case' library to help promote the benefits of digitally enabled care <b>and now under construction for Shared Care Record</b></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"> <li>ICB and provider communications plans with evidence of delivery</li> <li>Staff surveys showing ability to adopt and influence change</li> <li>Patient surveys and D7F results</li> <li>D3B minutes demonstrating challenge and assurance levels</li> <li>Provider Collaborative Leadership Board Minutes demonstrating challenge and assurance levels</li> <li>Clinical Professional Leadership Board Minutes demonstrating challenge and assurance levels</li> <li>Evidence of compliance with the ICB Scheme of Reservation and Delegation</li> <li>Data and Digital Strategy adoption reviewed through Internal Audit</li> <li>ICB Board Finance and Estates Committee Assurance Report to escalate concerns and issues.</li> <li>Public Partnerships Committee minutes demonstrating challenge and assurance levels</li> </ul> |                  |   |

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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                | 10T1.1A       | Secure agreement on digital and technology resource funding - budget being formalised for 23/24 budget only, still to agree recurrent funding                                | 10T1.1C                   | Jim Austin / Darran Green      | June 2023                          | Complete for 23/24 funding 30.06.23 | D3B   | Partially assured            |
|                         | 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 24/25 financial year          | Commenced                           | D3B , Digital Implementation Group  | Partially assured            |
|                         | 10T1.3A       | Adopt ICB prioritisation tool to enable correct resource allocation  | 10T1.1C                   | Jim Austin / Darran Green      | TBC – requires prioritisation tool | Not started                         | D3B   | Partially assured            |
|                         | 10T1.4A       | Formally incorporate Primary Care digital and technology governance within D3B   | 10T1.1C                   | Jim Austin / Chrissy Tucker    | June 2023 – Completed              | Complete 30.06.23                   | D3B   | Partially assured            |
| Threat 2                | 10T2.1A       | Formalise link to Public Partnership Committee, Scheduled for August 2023. Some engagement now delivered.  | 10T2.1C                   | Jim Austin /Sean Thornton      | Quarter 3 2023/24                  | Commenced                           | Public Partnership Committee  | Partially assured            |
|                         | 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      | Ongoing – 2024/25                  | Commenced                           | Public Partnership Committee  | Partially assured            |
|                         | 10T2.3A       | Deliver digital (and data) messaging through ICB communications plan.  | 10T2.3C                   | Jim Austin /Sean Thornton      | June 2023+                         | Commenced                           | Public Partnership Committee/ DB3   | Partially assured            |
|                         | 10T2.4A       | Meetings with Rural Action Derbyshire completed and Derbyshire County Council lead role, joint engagement strategy being developed.  | 10T2.4C                   | Jim Austin /Sean Thornton      | Ongoing – 2024/25                  | Commenced                           | Public Partnership Committee/ DB3   | Partially assured            |

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