




## Appendix 1 - ICB – Board Assurance Framework (BAF) Quarter 4 2023/24

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	15.04.2024	10	16	12	12		Partially assured
SR2	There is a risk that short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	Quality & Performance	Prof Dean Howells	15.04.2024	10	16	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	19.04.2024	9	16	12	12		Partially assured

Reference	Strategic risk	Responsible committee	Executive lead	Last reviewed	Target risk score	Previous risk score	Current risk score	Risk appetite risk score	Movement in risk score	Overall Assurance rating
SR4	There is a risk that the NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.1bn available funding.	Finance, Estates and Digital Committee	Keith Griffiths	12.04.2024	9	20	20	12	↔	Partially assured
SR5	There is a risk that the system is not able to maintain a sustainable workforce size and profile which meets the People Promise objectives.	People & Culture Committee	Linda Garnett	15.04.2024	16	20	20	16	↔	Partially assured
SR6	There is a risk that the system does not create and enable a health and care Workforce to facilitate integrated care.	People & Culture Committee	Linda Garnett	15.04.2024	9	12	12	9	Risk Closed March 24	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	12.04.2024	9	12	12	12	↔	Partially assured
SR8	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	Population Health & Strategic Commissioning Committee	Dr Chris Weiner	11.04.2024	8	12	12	12	↔	Partially assured
SR9	There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.	Population Health & Strategic Commissioning Committee	Michelle Arrowsmith	11.04.2024	12	16	16	12	↔	Partially assured
SR10	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	Finance, Estates and Digital Committee	Jim Austin	15.04.2024	9	12	12	12	↔	Partially assured

## 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> Partially assured	
<b>ICB Lead:</b> Prof Dean Howells, Chief Nursing Officer <b>ICB Chair:</b> Adedeji Okubadejo, Chair of Quality & Performance Committee		<b>System lead:</b> Prof Dean Howells, Chief Nursing Officer, Dr Robyn Dewis <b>System forum:</b> Quality and Performance Committee	
<b>Date of identification:</b> 17.11.2022 <b>Date of last review:</b> 15.04.2024			
<b>Strategic risk</b> (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>RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee</b>  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. Lack of system ownership and collaboration 2. The ICS short term needs are not clearly determined 3. Lack of coordination across Derby and Derbyshire results in health outcomes and life expectancy improvements not being achieved		1. No intelligence and data to support the improvement healthcare intervention 2. Lack of clarity of direction and expectations, with all parts of the system identifying their own role in achieving the objectives 3. Inability to deliver safe services and appropriate standards of care across Derby and Derbyshire	
<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> 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	Intelligence and evidence to understand health inequalities, make decisions and review ICS progress.
		2T1.2C	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.
		2T1.3C	Level of maturity of Delivery Boards and PCLB.
		2T1.4C	Level of maturity of the ICP/ICS/ICB
			<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>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 developed and in place.</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)
			2T1.1AS The Integrated Assurance and Performance Report is in place but will continue to be developed further as reported to ICB Board.
			2T1.2AS Quality governance link to Place being developed.

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>Performance Dashboard to include inequality measures.</p> <ul style="list-style-type: none"> <li>All Providers are undertaking clinical harm reviews linked to long waiting lists and waits at the Emergency Department. Tier 1 oversight is in place for UHDB and processes are in place.</li> </ul>			<ul style="list-style-type: none"> <li>Quality sub group of MHLDA Delivery Board established. Regular Integrated Assurance report is in place and reported to the Delivery Board.</li> <li>UEC Board are including Quality as a regular agenda item.</li> <li>Children and Young Peoples Board are looking at the model of either Quality sub group or a regular agenda item.</li> </ul>		
<p><b>Threat 2</b> The ICS short term needs are not clearly determined</p>	<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>	<p>2T2.1C</p> <p>2T2.2C</p>	<p>Commissioning to focus on patient cohorts, with measures around services to be put in place to support reduction of inequalities.</p> <p>Increase Patient Experience feedback and engagement.</p>	<ul style="list-style-type: none"> <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>		
<p><b>Threat 3</b> Lack of coordination across Derby and Derbyshire results in health outcomes and life expectancy improvements not being achieved</p>	<ul style="list-style-type: none"> <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>	2T3.3C	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 has been developed and is in place.</li> <li>Showcase of Health Inequalities and wider Determinants of Health presented at November Quality &amp; Performance Committee.</li> </ul>	2T3.1AS	Public Health Summary Report to be developed and report into Quality & Performance Committee.

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

Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 1	2T1.1A	<p>Develop the Intelligence and evidence to understand health inequalities A Quality Equality Impact Assessment is completed for all projects.</p> <ul style="list-style-type: none"> <li>•GetUBetter – MSK digital enabler to support patients to manage and prevent deterioration of conditions and ensure patients access the right local services at the right time.</li> <li>•Recap Health – Digital enabler secured to support Cardiac Rehab patients.</li> <li>•Digital Weight Management Programme – Offer of patient self-referral mechanism.</li> <li>•Virtual Wards – Digital enablement onboarded.</li> </ul> <p>SUS Outpatient data has the ability to identify F2F / virtual activity. The ICB (along with other system partners) is currently considering a Section 251 application to the Health Research Authority to enable the sharing of data across JUCD for population health management purposes. However, this requires agreement on a platform that will collate and distribute the data. The ICB is entering a proof of concept arrangement with NECS for their Axym project to assist in developing and assessing the Information Governance and Business Intelligence processes and requirements. This with focus upon two use cases – cancer and physical health checks for patients with a serious mental illness.</p>	2T1.1C	Ged Connolly-Thompson/ Angela Deakin	June 2024	Commenced	JUCD Data & Digital Board and subsequent sub groups/Population Health & Strategic Commissioning Committee	Partially assured
	2T1.3A	<p>Provider Collaborative Leadership Board and System Delivery Boards. The final Deloitte report outlines integrated assurance and moving forward with System Delivery Boards and provider Collaborative Leadership Boards, to be triangulated and embedded.</p>	2T1.2C 2T1.3C	Helen Dillistone	Quarter 1 2024/2025	Commenced	ICB Board	Partially assured
	2T1.4A	<p>Annual Review of the Integrated Care Partnership to determine alignment and relationships between ICP, Health and Wellbeing Boards and the ICS. The review will be incorporated into the system Integrated Assurance work.</p>	2T1.4C 2T1.3C	Helen Dillistone/ICP Chair	Quarter 2 2024/25	Not yet commenced	Integrated Care Partnership	Partially assured

Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
	2T1.5A	Quality governance link to Place being developed. As part of the work to understand how quality and governance links/sit in Place, a Place Quality/Governance Workshop was held in December to help identify how this will/could work in the landscape.	2T1.2AS	Phil Sugden	Complete 31.12.23	Completed 31.12.23	Place Quality/Governance Workshop	Assured
<b>Threat 2</b>	2T2.1A	Develop Patient Experience Plan The Patient Engagement Strategy is currently under review and the Patient Experience Plan is being incorporated the strategy going forward.	2T2.1C 2T2.2C	Elaine Belshaw / Karen Lloyd	<del>31/12/2023 Draft completed Dec 23.</del> February 2024 submission to System Quality Group First Draft to PPC April 2024	Commenced	System Quality Group Public Partnerships Committee	Partially assured
<b>Threat 3</b>	2T3.2A	Alignment between the ICS and the City and County Health and Wellbeing Boards. A Local Government Association (LGA) facilitated workshop between Derby and Derbyshire Health and Wellbeing Boards and Integrated Care Partnership was held on 29 <sup>th</sup> February 2024. The purpose of the development workshop was to develop a shared view of: • the ingredients required for success • the challenges and barriers we face • what we want to collectively achieve • the opportunities and actions to progress. In addition, the workshop aimed to improve alignment and clarification of relative roles, responsibilities and accountability. The detailed output of the workshop is currently being collated as well as proposed next steps.	2T3.3C	Dr Robyn Dewis	Work plan in development	Work plan in development	ICP, Health & Well Being Boards, ICB Board	Partially assured
	2T3.3A	Public Health Summary Report to be developed and report into Quality & Performance Committee. Population Health Core20 dashboard and a Surveillance Report being developed for the system. This second report covers various data from A&E to Waiting List, ambulance response times etc.	2T3.1AS	Dr Chris Weiner	Work plan in development	Work plan in development	Directors of Public Health meeting	Partially assured

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## ICB – Board Assurance Framework (BAF)

### Strategic Risk SR3 – Public Partnership 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> <b>Partially assured</b>		<b>ICB Lead:</b> Helen Dillistone, Chief of Staff <b>ICB Chair:</b> Richard Wright, Chair of Public Partnership Committee		<b>System lead:</b> Helen Dillistone, Chief of Staff <b>System forum:</b> Public Partnership Committee		<b>Date of identification:</b> 17.11.2022 <b>Date of last review:</b> 19.04.2024																																																																				
<b>Strategic risk</b> (what could prevent us achieving this strategic objective)	<b>There is a risk that the population is not sufficiently engaged in designing and developing services leading to inequitable access to care and outcomes.</b>	<b>Risk appetite: target, tolerance and current score</b>						<b>Initial</b> 16	<b>Current</b> 12	<b>Target</b> 9																																																																		
		<b>RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee</b>	<table border="1"> <caption>Strategic Risk 3 Risk Levels</caption> <thead> <tr> <th>Month</th> <th>Current risk level</th> <th>Tolerable risk level</th> <th>Target risk level</th> </tr> </thead> <tbody> <tr> <td>Jan-23</td> <td>16</td> <td>12</td> <td>9</td> </tr> <tr> <td>Feb-23</td> <td>16</td> <td>12</td> <td>9</td> </tr> <tr> <td>Mar-23</td> <td>16</td> <td>12</td> <td>9</td> </tr> <tr> <td>Apr-23</td> <td>16</td> <td>12</td> <td>9</td> </tr> <tr> <td>May-23</td> <td>16</td> <td>12</td> <td>9</td> </tr> <tr> <td>Jun-23</td> <td>16</td> <td>12</td> <td>9</td> </tr> <tr> <td>Jul-23</td> <td>16</td> <td>12</td> <td>9</td> </tr> <tr> <td>Aug-23</td> <td>16</td> <td>12</td> <td>9</td> </tr> <tr> <td>Sep-23</td> <td>16</td> <td>12</td> <td>9</td> </tr> <tr> <td>Oct-23</td> <td>16</td> <td>12</td> <td>9</td> </tr> <tr> <td>Nov-23</td> <td>16</td> <td>12</td> <td>9</td> </tr> <tr> <td>Dec-23</td> <td>16</td> <td>12</td> <td>9</td> </tr> <tr> <td>Jan-24</td> <td>12</td> <td>12</td> <td>9</td> </tr> <tr> <td>Feb-24</td> <td>12</td> <td>12</td> <td>9</td> </tr> <tr> <td>Mar-24</td> <td>12</td> <td>12</td> <td>9</td> </tr> </tbody> </table>								Month	Current risk level	Tolerable risk level	Target risk level	Jan-23	16	12	9	Feb-23	16	12	9	Mar-23	16	12	9	Apr-23	16	12	9	May-23	16	12	9	Jun-23	16	12	9	Jul-23	16	12	9	Aug-23	16	12	9	Sep-23	16	12	9	Oct-23	16	12	9	Nov-23	16	12	9	Dec-23	16	12	9	Jan-24	12	12	9	Feb-24	12	12	9	Mar-24	12	12	9	<b>12</b>	
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<ol style="list-style-type: none"> <li>The public are not being engaged and included in the strategy development and early planning stage of service development therefore the system will not be able to suitably reflect the public's view and benefit from their experience in its planning and prioritisation.</li> <li>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.</li> <li>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.</li> <li>The communications and engagement team are not sufficiently resourced to be able to engage with the public and local communities in a meaningful way.</li> </ol>		<ol style="list-style-type: none"> <li>Potential legal challenge through variance/lack of process.</li> <li>Failure to secure stakeholder support for proposals.</li> <li>inability to deliver the volume of engagement work required; risk of transformation delay due to legal challenge; reputational damage and subsequent loss of trust among key stakeholders.</li> <li>Services do not meet the needs of patients, preventing them from being value for money and effective.</li> </ol>																																																																										
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<u>Threat 1</u> The public are not being engaged and included in the strategy development and early planning stage of service development therefore the system will not be able to suitably reflect the public's view and benefit from their experience in its	<ul style="list-style-type: none"> <li>Agreed system Communications &amp; Engagement Strategy.</li> <li>Agreed targeted Engagement Strategy – to implement engagement element of C&amp;E 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>Communications and Engagement Team leaders are linked with the</li> </ul>	3T1.3C  3T1.4C	<p>All aspects of the Engagement Strategy need to be developed and implemented. This includes the Insight Framework, Co-production Framework and Evaluation Framework. The Governance Framework also needs further development.</p> <p>Once Insight Framework proof of concept work is up and running, establish how we make better use of insight in the system. Collect it, collate it, analyse and interpret it, and put it in a format that the system can use to</p>	<ul style="list-style-type: none"> <li>Senior managers have membership of IC Strategy Working Group to influence</li> <li>Comprehensive legal duties training programme for engagement professionals</li> <li>Public Partnership Committee assurance to ICB Board</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>	3T1.2AS  3T1.3AS  3T1.4AS	<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> <p>ICB self-assessment and submission (EA)</p>																																																																						

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planning and prioritisation.	<p>emerging system strategic approach, including the development of place alliances.</p> <ul style="list-style-type: none"> <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>	<p>3T1.5C</p> <p>3T1.6C</p>	<p>ensure public participation is informing decision making.</p> <p>Further work is needed with providers to embed the guide to PPI, especially around system transformation programmes.</p> <p>Assurance on skills relating to cultural engagement and communication across all JUCD partners</p>	<ul style="list-style-type: none"> <li>Benchmarking against comparator ICS approaches.</li> </ul>		
<p><b>Threat 2</b> 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>	<p>3T2.1C</p> <p>3T2.2C</p> <p>3T2.4C</p>	<p>Development of system stakeholder communication methodologies understand and maintain/improve relationships and maximise reach</p> <p>Systematic change programme approach to system development and transformation not yet articulated/live.</p> <p>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> 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> 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          3T4.3C	Clear roll out timescale for transformation programmes to enable resource assessment       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 Evaluation Framework – PPC discussion Co-production Framework – first scoping session Board development session ahead of seeking pilots. Insight Framework – pilots underway Governance Framework – PPI and HOSC Guides developed. Final framework to follow conclusion of other frameworks.	3T1.3C	Karen Lloyd	31 March 2024	Commenced	Public Partnership Committee	Partially assured
			3T1.1AS	HM BF LK	Completed 28.11.23 Completed 20.6.23 TBC	Completed Completed Not started		
	3T1.3A	Ongoing implementation of Insight Framework approach  Board development session Piloting of tool	3T1.4C	Karen Lloyd	<del>31 March 2024</del> Continuous, delivery date TBC	Commenced	Public Partnership Committee	Partially assured
			3T1.1AS	KL/ST/HD KL/AK	TBC 31.3.24+	Not started Commenced		
	3T1.4A	Programme of work to roll out PPI Guide with system partners, including general practice Clarification of PPI expectations for GP Ongoing opportunities to promote approach.	3T1.5C	Karen Lloyd	<del>31 March 2024</del>	Continuous	Public Partnership Committee	Partially assured
			3T1.1AS 3T1.2AS	KL KL	Continuous Continuous	Continuous Continuous		
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. Health literacy bite-sized training (various team members and team discussion) Team skills audit and PDPs Community profiles development, including knowledge of communications preferences for population segments. Confirm pilot areas. Internal channels benchmarking and evaluation  External channels benchmarking and evaluation	3T1.6C	Sean Thornton	31.03.24+	Commenced	Communications and Engagement Team	Partially assured	
		3T1.1AS 3T1.3AS	Various	30 September 2023+ 31.03.24+	Commenced Complete 6.2.24			
			MH ST/KL  DLB  CC/MH	31.05.24 31.03.24  Continuous – Delivery Date TBC <del>31.03.24</del> 30.06.24	Continuous Re-commenced 1.2.24  Re-commenced 1.2.24 Re-commenced 1.2.24			
3T1.6A	Completion of ICB self-assessment and submission to NHSE	3T1.4AS 3T2.1AS 3T3.1AS	Helen Dillistone	<del>End of Quarter 4</del> Quarter 1 2024/25	Commenced	Corporate Delivery Team/Public Partnership Committee/Audit and Governance Committee		
Threat 2	3T2.1A	Delivery of Communications and Engagement Strategy Stakeholder chapter to scope processes on relationship managing and stakeholder perceptions, resulting in business case.	3T2.1C 3T2.1C 3T2.2C 3T2.4C	Sean Thornton	31 March 2024+	Commenced	Public Partnership Committee	Partially assured

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	3T2.3A	Configuration of tool for ICB purposes	3T1.1C	GC-T	TBC	Recommended Mar 24	Communications and Engagement Team	Partially assured
		Population of tool with local data, inc. GDPR compliance		DLB	31.3.24	Not started.		
		Use of tool for distribution purposes		DLB	31.3.24+	Not started.		
		Development of tool for stakeholder management purposes, including profiling		DLB	31.3.25			
3T2.5A	Delivery of Communications and Engagement Strategy Internal Communications chapter to create platform for engagement with ICB and system staff, building on existing mechanisms. Internal channels benchmarking and evaluation Team Derbyshire programme continues Scope communications support for GP Provider Board (inc. PCNs) and GP Task Force System leader key message briefings to start Roll out of online engagement platform tool for staff	David Lilley-Brown	31 March 2024	Commenced	Communications and Engagement Team	Partially assured		
		DLB	31.3.24	Delay	Communications and Engagement Team	Partially assured		
		DLB DLB ST	Ongoing 31.03.24	In progress				
		DLB/ST DLB/HofC	29.02.24 1.2.24	Commenced 1.4.24	Not started.			
				End of Quarter 4	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. System C&E leads undertake delivery board and committee scoping Collation of all priorities and capacity assessment Resource/capacity assessment presented to NHS Executive Team	3T3.1C	Sean Thornton	30 September 2023+	Commenced	Communications and Engagement Team	Partially assured
				System C&E	31.03.24	Delay		
			ICB/System C&E ST	29.2.24 29.2.24	Delay Delay			
	3T3.2A	Programme of work to roll out PPI Guide with system partners, including general practice.	3T3.2A	Karen Lloyd	31 March 2024+	Continuous	Public Partnership Committee	Partially assured
	3T3.3A	Completion of ICB self-assessment and submission to NHSE	3T3.1AS	Helen Dillistone	End of Quarter 4	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	<del>30 September 2023</del> Delivery Date TBC	Commenced	Communications and Engagement Team	Partially assured
	3T4.3A	Implement remaining elements of Communications and Engagement Strategy chapters.	3T4.1C 3T4.3C	Sean Thornton & team	31 March 2024+	Commenced	Public Partnership Committee	Partially assured

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# ICB – Board Assurance Framework (BAF)

## 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> Partially assured				
<b>ICB Lead:</b> Keith Griffiths, Chief Finance Officer <b>ICB Chair:</b> Jill Dentith, Finance, Estates and Digital Committee Chair		<b>System lead:</b> Keith Griffiths, Chief Finance Officer <b>System forum:</b> Finance, Estates and Digital Committee				
		<b>Date of identification:</b> 17.11.2022 <b>Date of last review:</b> 12.04.2024				
<b>Strategic risk</b> (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> RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 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 2. Shortage of out of hospital provision across health and care impacts on productivity levels 3. The scale of the challenge means even can only be achieved by structural change and real transformation. failure to deliver against plan and/or to transform services 4. National funding model does not reflect clinical demand and operational / workforce pressures 5. National funding model does not recognise that Derbyshire Providers receive £900m from other ICBs		1. Unable to meet financial plan / return to sustainable financial position. Severe cash flow issues and additional cost of borrowing 2. Increasing bed occupancy to above safe levels and poor flow in/out of hospital 3. Provider performance levels drop and costs increase 4. Any material shortfall in funding means even with efficiency and transformation and structural change there could still be a gap to breakeven, whilst also preventing any investment in reducing health inequalities and improving population health 5. Allocations received by the ICB do not recognise the breadth and location of services delivered by Providers				
<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> 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 4T1.2C 4T1.3C 4T1.4C 4T1.5C	New Workforce and Clinical Models Plan. Triangulated activity, workforce, and financial plan. Do not understand the low productivity to address the clinical workforce modelling. Benchmark against pre Covid data and activity as a starting point to get to sustainable levels. Do not have the management processes in place to deliver the plans	<ul style="list-style-type: none"> <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.  The integrated assurance and performance report needs to be developed further to triangulate areas of activity, workforce, and finance.			
<b>Threat 2</b> 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  4T2.2C  4T2.3C  4T2.4C  4T2.5C	<p>National shortage in supply of out of hospital beds and services for medically fit for discharge patients prevents full mitigation.</p> <p>New Workforce strategy and Clinical Model required, alongside clear priorities for improving population health.</p> <p>Triangulated activity, workforce, and financial plan.</p> <p>Do not fully understand the low productivity levels and the opportunities to improve via the clinical workforce.</p> <p>Benchmark against pre Covid data and activity as a starting point to get to sustainable levels.</p>	<ul style="list-style-type: none"> <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> 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>	4T3.2C  4T3.3C  4T3.4C  4T3.5C	<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>		

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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> 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> 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
Threat 1	4T1.1A	Development of Triangulated Activity, Workforce and Financial plan for 24/25 Financial Sustainability Group continues to oversee progress of efficiency progress for the wider system. Financial reset has given further clarity over both workforce and operational performance with the finances. <a href="#">Each organisation within the system has been asked to produce a 5 year Financial Sustainability plan.</a>	4T1.1C 4T1.2C 4T1.6C	Michelle Arrowsmith	Continuous process	Commenced	Finance/Performance/Quality Committees ICB Board Financial Sustainability Group	Partial assurance given the transparency and debate at Board level, recognising the socio-economic environment the health and care sectors are currently navigating and the scale of the tasks that lie ahead – both operationally and culturally.
	4T1.2A	Benchmark exercise and Report against pre covid levels of activity	4T1.1C 4T1.4C	Linda Garnett, Keith Griffiths	Continuous	Commenced	People and Culture/Finance Estates and Digital Committee	
	4T1.3A	Develop management processes to deliver plans and level of productivity required Implementation and maintenance of the e-PMO to track efficiencies. <a href="#">E-PMO now consistently populated with efficiencies including productivity and CIP.</a> <a href="#">Plans to set up a productivity sub-group of the</a>	4T1.1C 4T1.3C 4T1.5C	Chair of Provider Collaborative/ Tamsin Hooton/Provider DOFs	Continuous - 2024/25	Commenced	PCLB/ <a href="#">Finance, Estates and Digital Committee</a>	

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Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
	4T1.4A	<p>ICB Finance and Estates Committee. Providers working on productivity plans as part of 24/25 planning in addition to Delivery Board/PCLB plans.</p> <p>Delivery boards looking at efficiency and productivity in addition to internal provider actions e.g. planned care board and Get it right first time (GIRFT). Work has been done to look at 'value' across all Delivery Boards.</p> <p>Pipeline schemes/opportunities being recorded on ePMO, workshops with trust and programme teams to develop 2024/2025 plans.</p> <p>Development of Integrated Assurance and Performance Report to ensure Board expectations are met The Integrated Assurance and Performance Report is in place and will continue to be developed further as reported to ICB Board.</p> <p>Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to:</p> <ul style="list-style-type: none"> <li>- codify performance management approach</li> <li>- agree what data goes into the integrated performance report; and</li> <li>- agree the process to provide the narrative/explanatory information for the report.</li> </ul>	4T1.1C 4T1.1AS	Executive Team Sam Kabiswa	Ongoing – 2024/25  This will be a continuous process with key review points/dates.  The next key date will be Mid-June 2024	Commenced	ICB Board	
Threat 2	4T2.1A	<p>Develop the workforce planning approach to inform the 2024/25 plan and future projections Examples - Clinical Models Plan: Cardio Vascular plan currently being developed to target population health management and health inequalities across Derby and Derbyshire on a PLACE based approach. Socialising plan is now with system partners and will be presented at PHSCC in January for ratification. At the December CPLG meeting, the concept was agreed.</p>	4T1.2C 4T2.2C 4T2.4C  4T1.2C 4T2.2C 4T2.4C	Linda Garnett/ Chris Weiner  Chris Weiner/ Scott Webster	Q1 2024/25  Q1 2024/25 – plans to be developed at a PLACE level. Q2 onwards anticipated delivery	Commenced  Commenced	People and Culture Committee/ CPLG  CPLG and PHSCC	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

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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	Added to the planning round 24/25 awaiting confirmation of acceptance and finance apportioned to it.  Development of Triangulated Activity, Workforce and Financial plan Financial Sustainability Group continues to oversee progress of efficiency progress for the wider system. Financial reset has given further clarity over both workforce and operational performance with the finances. Each organisation within the system has been asked to produce a 5 year Financial Sustainability plan.	4T2.1C 4T2.3C	Executive Team	Continuous process	Commenced	People and Culture Committee/ Finance Estates and Digital Committee	operationally and culturally
	4T2.3A	Benchmark exercise and report against pre covid levels of activity	4T2.1C 4T2.5C	Executive Team/Michelle Arrowsmith	Continuous	Commenced	People and Culture/Finance Estates and Digital Committee	
Threat 3	4T3.1A	Develop and embed EPMO System The system e-PMO continues to develop. At quarter 4 e-PMO was fully recording all provider and ICB CIP plans and being used to track delivery via the FSB and SFEDC. Work to further develop the e-PMO functionality and ease of use is ongoing, led via Director of PMO and Improvement. The system is being used to record all CIP plans and pipeline transformation plans for 2024/2025.	4T3.3C 4T3.4C 4T3.5C	Tamsin Hooton	Continuous – Q4 2023/24 / substantially completed	Commenced	Finance, Estates and Digital Committee / PCLB	Partial assurance through evidence of improving reporting and accountability, although real delivery is yet to be seen
	4T3.3A	Development of a consistent approach to measuring productivity is ongoing. Benchmarking work on corporate efficiencies, work underway on people supply, digital and procurement. Work to identify additional opportunities for savings underway. Procurement, HR and digital are current priority workstreams within corporate efficiencies. There are plans to establish a sub group of SFEDC on productivity (end date Q1 2024/2025). Work on 'value' opportunities, supported by Regional analytics team has also been completed (end of Q3). PCLB to establish	4T3.2C	Tamsin Hooton	Quarter 1 2024/2025	Commenced	Delivery and Trust Boards, PCLB, SFEDC, System PMO Leads Group	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
		a shared programme on productivity (end date Q1 2024/2025).						
<b>Threat 4</b>	<b>4T4.1A</b>	National Allocations unclear	4T4.1C 4T4.1AS	Executive Directors / NEMs	Continuous – 2024/25	Commenced	SFEDC	Not assured
<b>Threat 5</b>	<b>4T5.1A</b>	The ICB will continue to lobby the Regional and National teams	4T5.1C 4T5.1AS	Keith Griffiths	Continuous – 2023/25	Commenced	SFEDC	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> Partially assured							
<b>ICB Lead:</b> Linda Garnett, Interim Chief People Officer <b>ICB Chair:</b> Margaret Gildea, Chair of People and Culture Committee		<b>System lead:</b> Linda Garnett, Interim Chief People Officer <b>System forum:</b> People and Culture Committee							
<b>Date of identification:</b> 17.11.2022 <b>Date of last review:</b> 15.04.24									
<b>Strategic risk</b> (what could prevent us achieving this strategic objective)	<b>There is a risk that the system is not able to maintain a sustainable workforce size and profile which meets the People Promise objectives.</b>	<b>Risk appetite: target, tolerance and current score</b> RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee.  16							
			<table border="1"> <thead> <tr> <th>Initial</th> <th>Current</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>20</td> <td>20</td> <td>16</td> </tr> </tbody> </table>	Initial	Current	Target	20	20	16
Initial	Current	Target							
20	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. Current system financial position makes the current workforce model unaffordable 2. Lack of system alignment between activity, people and financial plans 3. Staff resilience and wellbeing across the health and care workforce is negatively impacted by environmental factors e.g. the industrial relations climate and the financial challenges in the system. 4. Employers in the care sector cannot attract and retain sufficient numbers of staff to enable optimal flow of service users through the pathways and the scale of vacancies across health and care and some specific professions.		1. Workforce model developed to meet system finances as opposed to population need. 2. There is an under supply of people to meet the activity planned and the funding available. 3. Increased sickness absence, deterioration in relationships and higher turnover particularly people retiring early leading to gaps in the staffing required to deliver services. 4. People are going to better paid jobs in other sectors which means that patients cannot be discharged from hospital due to lack of care packages causing long waiting times in the Emergency pathways, poorer quality of care.							
<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> Current system financial position makes the current workforce model unaffordable	<ul style="list-style-type: none"> <li>Organisational vacancy controls</li> <li>Agency Reduction plan</li> </ul>	5T1.1C  5T1.2C 5T1.3C  5T1.4C	<ul style="list-style-type: none"> <li>System Vacancy control processes</li> <li>System level control total</li> <li>Development of a Health and Care Strategy which delivers an affordable workforce model.</li> <li>Workforce implications of Transformations programmes including CIP not fully understood.</li> </ul>	<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 Workforce plan</li> <li>Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE</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>		Pending discussion at the next P&CC (27 June 2024)			
<b>Threat 2</b> Lack of system alignment between	<ul style="list-style-type: none"> <li>An Integrated planning approach has been agreed across the system covering finance activity and workforce.</li> </ul>	5T2.3C	Develop 24/25 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 Workforce Strategy</li> </ul>	5T2.1AS	Work is progressing to develop an integrated performance assurance report which includes Quality, Performance, Workforce and Finance.			

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)
activity, people and financial plans	<ul style="list-style-type: none"> <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>			<ul style="list-style-type: none"> <li>and Workforce plan</li> <li>Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE.</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>	5T2.2AS	<p>Activity delivered should be informing everything but there remain further issues requiring resolution in that area.</p> <p>Consistent escalation reporting across the system to be agreed (NA).</p>
<b>Threat 3</b> Staff resilience and wellbeing across the health and care workforce is negatively impacted by environmental factors e.g. the industrial relations climate and the financial challenges in the system	<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>	5T3.1C  5T3.3C	<p>Funding for wellbeing offer is not recurrent.</p> <p>The Leadership Development offer is not yet fully embedded in each organisation.</p>	<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> <li>Health Assessments continue to provide impact and now embedded within People Services to support long-term sickness.</li> </ul>	5T3.1AS  5T3.2AS	<p>Work is progressing to develop an integrated performance assurance report which includes Quality, Performance, Workforce and Finance. Activity delivered should be informing everything but there remain further issues requiring resolution in that area.</p> <p>Despite measures being in place the situation is deteriorating in terms of staff health and being due to a range of factors (NA).</p>
<b>Threat 4</b> 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 (February 2023 onwards)</li> </ul>	5T4.1C  5T4.2C  5T4.3C	<p>More work required to understand how the NHS can provide more support to care sector employers.</p> <p>Lack of Workforce representation on the ICP.</p> <p>Insufficient connection with People and Culture and the ICP</p>	<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>	5T4.1AS  5T4.2AS	<p>Work is progressing to develop an integrated performance assurance report which includes Quality, Performance, Workforce and Finance. Activity delivered should be informing everything but there remain issues requiring resolution in that area.</p> <p>Insufficient connection with People and Culture and the ICP (NA).</p>

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

Actions to treat threat.								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Subgroup Assurance	Committee level of assurance
Threat 1	5T1.1A	Develop System Vacancy control processes.	5T1.1C	Linda Garnett	TBC	TBC	People & Culture Committee	Partially assured.
	5T1.2A	System level control total.	5T1.2C	Linda Garnett	TBC	TBC	People & Culture Committee	Partially assured.
	5T1.3A	Develop Health and Care Strategy which delivers an affordable workforce model.	5T1.3C	Sukhi Mahil	TBC	TBC	People & Culture Committee	Partially assured.
	5T1.4A	Workforce implications of Transformations programmes including CIP not fully understood.	5T1.4C	Tamsin Hooton	TBC	TBC	PH&SCC	Partially assured.
Threat 2	5T2.3A	Develop the workforce planning approach to inform the 2024/25 plan and future projections	5T2.3C 5T2.1AS 5T2.2AS	Sukhi Mahil	Q1 2024/25	Commenced	People & Culture Committee	Partially assured.
Threat 3	5T3.1A	Continue to spread and embed well-being offer. Review and evaluate feedback from Health and Wellbeing survey to continue to develop and improve wellbeing service offering. Work is ongoing with good levels of engagement across JUCD <a href="#">Health and Care workforce</a> in activities. Over 4000 colleagues participating in activities each month. The evaluation from the HNA has been completed and will inform future planning. A new timetable of support is implemented quarterly along with the development of specialist groups, interventions for emotional and physical health.	5T3.3C 5T3.2AS	Nicola Bullen	Continuous from quarter 3 2023/24	Continuous	People & Culture Committee People Services Collaborative Delivery Board	Partially assured.
	5T3.2A	Review Occupational Health Services to ensure they are focused on promoting health and wellbeing. The health promotional activity largely sits within the JUCD Wellbeing programmes of work including activity timetable, lifestyle and wellbeing and health inequalities, with Occupational Health supporting the health Surveillance programmes. There is a significant programme of work around health surveillance as well as a quarterly activity programme that is produced for all staff across Derbyshire.	5T3.2AS	Nicola Bullen	Quarter 2 2024/25	Continuing	People & Culture Committee People Services Collaborative Delivery Board	Partially assured.
	5T3.3A	Pursue alternative funding sources, consider measures to mitigate impact of services	5T3.1C 5T3.1AS	Nicola Bullen	Continuous from Quarter 2 2023/24	Commenced	People & Culture Committee	Partially assured.

Actions to treat threat.								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Subgroup Assurance	Committee level of assurance
		reducing, utilise wellbeing support in place across the system. Funding will be received through NHS Midlands, a combined bid with Northants ICB, this will provide mental health hub activity across the East Midlands. <a href="#">Commitment to finance secured within Primary Care, Local Authority and City Council.</a>					People Services Collaborative Delivery Board	
Threat 4	5T4.1A	Continue to develop system wide recruitment campaigns to meet demand for health and care across Derbyshire.	5T4.1C 5T4.2C 5T4.3C 5T4.1AS	Susan Spray	System Recruitment campaigns planned as a rolling programme.	Commenced	People & Culture Committee	Partially assured.
	5T4.2A	Programme of work agreed to be presented to the ICP. Attended ICP and programme of work agreed by ICP.	5T4.1C 5T4.2C 5T4.3C 5T4.2AS	Linda Garnett/ Susan Spray	<a href="#">Completed February 2024</a>	Complete	People & Culture Committee	Assured.

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# ICB – Board Assurance Framework (BAF)



## 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> Partially assured				
		<b>ICB Lead:</b> Linda Garnett, Interim Chief People Officer <b>ICB Chair:</b> Margaret Gildea, Chair of People and Culture Committee	<b>System lead:</b> Linda Garnett, Interim Chief People Officer <b>System forum:</b> People and Culture Committee	<b>Date of identification:</b> 17.11.2022 <b>Date of last review:</b> 15.04.2024		
<b>Strategic risk</b> (what could prevent us achieving this strategic objective)	<b>There is a risk that the system does not create and enable a health and care workforce to facilitate integrated care.</b>	<b>Risk appetite: target, tolerance and current score</b>		<b>Initial</b>	<b>Current</b>	<b>Target</b>
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee.  <b>9</b>	<p>Strategic Risk 6</p> <p>Legend: Current risk level (solid blue), Tolerable risk level (dashed red), Target risk level (dotted green)</p>		12	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. There is insufficient funding to undertake skills and cultural development needed to support integration. 2. Lack of system ownership and commitment to developing an integrated workforce.			1. It is more challenging to transition from current ways of working to a more integrated approach. 2. 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> 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> <li>Agreement to develop a system OD programme.</li> </ul>	6T1.1C	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> <li>Commitment to develop a system OD programme.</li> </ul>	6T1.1AS  6T1.2AS	The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board.  Consistent escalation reporting across the system to be agreed.

Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
<b>Threat 2</b> Lack of system ownership and commitment to an integrated Workforce	<ul style="list-style-type: none"> <li>Work is underway to develop a Workforce Strategy and plan aligned to the Integrated Care Strategy and Joint Forward Plan involving all system partners</li> </ul>	6T2.1C	Development and implementation of the Workforce Strategy will be overseen by 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>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>	6T2.2AS  6T2.3AS	<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	<p>Electronic TNA to identify training gaps so that learning and development needs can be identified and prioritised for investment developed. This has been implemented across 50% of JUCD Organisations.</p> <p>Remaining organisations are fully involved in discussions regarding training gaps and needs to support prioritisation and investment across the full system and will be added to the electronic TNA once consistent ESR access is available to ensure consistency across the system.</p> <p>An operational project lead was freed up to work on this and the electronic TNA is now in place.</p>	6T1.1C	Faith Sango	Quarter 4 2023/24	Completed March 2024 pending whole system adoption of ESR	People Services Collaborative Delivery Board	Assured
<b>Threat 2</b>	6T2.1A	Develop Workforce Strategy in response to the Integrated Care Strategy, JFP and anticipated People plan.	6T2.1C 6T2.1AS 6T1.1AS 6T1.2AS 6T2.2AS 6T2.3AS	Sukhi Mahil	Initial draft to be aligned to JFP timescales	Commenced	ICS Executive	Partially assured

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## 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> Partially assured							
<b>ICB Lead:</b> Michelle Arrowsmith, Chief Strategy and Delivery Officer <b>ICB Chair:</b> Richard Wright, Chair of PHSCC		<b>System lead:</b> Michelle Arrowsmith, Chief Strategy and Delivery Officer <b>System forum:</b> Population Health and Strategic Commissioning Committee							
<b>Date of identification:</b> 17.11.2022 <b>Date of last review:</b> 12.04.2024									
<b>Strategic risk</b> (what could prevent us achieving this strategic objective)	<b>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>	<b>Risk appetite: target, tolerance and current score</b> RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 12							
			<table border="1"> <thead> <tr> <th>Initial</th> <th>Current</th> <th>Target</th> </tr> </thead> <tbody> <tr> <td>12</td> <td>12</td> <td>9</td> </tr> </tbody> </table>	Initial	Current	Target	12	12	9
Initial	Current	Target							
12	12	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. 2. Demand on organisations due to system pressures/restoration may impact ability to focus on strategic aims. 3. Time for system to move more significantly into "system think". 4. Statutory requirements on individual organisations may conflict with system aims.		1. System partners interpret aims differently resulting in reduced focus or lack of co-ordination. 2. System partners may be required to prioritise their own organisational response ahead of strategic aims. 3. If the system does not think and act as one system, support is less likely to be there to achieve strategic aims. 4. Individual boards to take decisions which are against system aims.							
<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>Threat 1</b> 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</li> </ul>	7T1.1C  7T1.2C  7T1.3C	In some cases, the 'scope' of System Delivery Board focus is not sufficiently broad enough to tackle the root cause of problems and thus there is an issue that system partners are crowded out from influencing the business of the Board.  Level of maturity of Delivery Boards  Values based approach to creating shared vision and strong relationships across partners in line with population needs						
			<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>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</li> </ul>						
			<b>Assurance Gap Ref No</b>						
			7T1.1AS  7T1.2AS						
			<b>System Gaps in Assurance</b> (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)						
			The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board.  Consistent management reporting across the system to be agreed						



Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	Control Gap Ref No	System Gaps in control (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)	System Sources of Assurance (Evidence that the controls/ systems which we are placing reliance on are effective – management, risk and compliance, external)	Assurance Gap Ref No	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	<p>'system think' via system-wide cost: impact analysis</p> <ul style="list-style-type: none"> <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>• 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>	<p>7T1.4C</p> <p>7T1.5C</p>	<p>Scoping, baselining, strategic overview, and solution choice to be carried out to ensure right solution is adopted to fit the business problem</p> <p>Understand impact of changes, how they support operational models, how best value can be delivered, and prioritised.</p>	<p>Board minutes</p> <ul style="list-style-type: none"> <li>• Health and Well Being Board minutes</li> <li>• ICB Scheme of Reservation and Delegation</li> <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>		
<p><b>Threat 2</b> Demand on organisations due to system pressures/restoration may impact ability to focus on strategic aims.</p>	<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>	<p>7T2.1C</p> <p>7T2.2C</p>	<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>• NHSEI 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>	<p>7T2.1AS</p> <p>7T2.2AS</p>	<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>

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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)
<b>Threat 3</b> Time for system to move more significantly into "system think".	<ul style="list-style-type: none"> <li>SOC/ICC processes – ICCs supporting ICB to collate and submit information</li> <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>	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> <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>	7T3.1AS	The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board.
<b>Threat 4</b> 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	Process to ensure consistent approach is adopted to share outputs from ICS and ICB Exec team meetings.	<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>		
7T4.2C	Lack of process to measure impact of agreed actions across the system.					
7T4.3C	Prolonged operational pressures ahead of winter and expected pressures to continue / increase.					
7T4.4C	Level of maturity of Delivery Boards					
7T4.5C	System Oversight of Individual boards decisions which may be against system aims.					

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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. (Also 7T3.1A). This is being carried out as part of the development of the Joint Forward Plan implementation and 24/25 operational planning.	7T1.1C 7T1.3C 7T1.4C 7T1.5C	Michelle Arrowsmith Sam Kabiswa	Quarter 4 2023/24 Quarter 1 2024/25	Commenced	PHSCC	Partially Assured
	7T1.2A	Development of Integrated Assurance and Performance Report to ensure Board expectations are met. (Also 7T3.2A). This is progressing, the first elements are in place, currently systemising the process. This is ongoing and any subsequent changes are reflected in the report. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to: - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report.	7T1.1AS	Michelle Arrowsmith Sam Kabiswa	This will be a continuous process with key review points/dates.  The next key date will be Mid-June 2024	Reported to Board Bi monthly	ICB Board	Partially Assured
	7T1.3A	Delivery Boards to develop a process to share decisions and challenge actions enhancing transparency and shared understanding of impact.  TCG co-ordinates overall transformation reporting and escalation of risks. Summary reports are presented to PCLB and escalations to NHS Executive. Reports and deep dives also go to SFEDC. Further work is being done to develop a benefits realisation plan across Delivery Boards.  Workshop session held 27/9/23, to agree a process to develop programme plans in a co-ordinated way, proposal for a system wide benefits realisation approach to understand impact, and interface with a system prioritisation approach. Benefits realisation and triangulation has been embedded in planning process for 24/25 but there is more work to do to fully complete this piece of work.	7T1.2C	Tamsin Hooton	Quarter 4 2023/24 Completed March 2024  Quarter 4 2023/24 Completed March 2024  Quarter 4 2023/24 Quarter 2 2024/25	Completed  Completed	Delivery Boards/ Provider Collaborative Leadership Board  TCG/PCLB/SFEDC  TCG/System Planning Group	Assured  Assured  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 2	7T2.1A	H2 planning – first draft 25.09.23. Awaiting formal feedback. Ongoing, in progress – continuous planning approach. Planning completed and submitted to NHS England in November 2023.	7T2.1C	Sam Kabiswa	Completed November 2023	Completed	UECC Board	Assured
	7T2.2A	Delivery Boards to develop a process to share decisions and challenge actions enhancing transparency and shared understanding of impact. TCG co-ordinates overall transformation reporting and escalation of risks. Summary reports are presented to PCLB and escalations to NHS Executive. Reports and deep dives also go to SFEDC. Further work is being done to develop a benefits realisation plan across Delivery Boards.  Workshop session held 27/9/23, to agree a process to develop programme plans in a co-ordinated way, proposal for a system wide benefits realisation approach to understand impact, and interface with a system prioritisation approach. This now needs to be aligned with system planning approach. Benefits realisation and triangulation has been embedded in planning process for 24/25 but there is more work to do to fully complete this piece of work.	7T2.2C	Tamsin Hooton	Quarter 4 2023/24 Completed March 2024  Quarter 2 2024/25	Completed  Commenced	Delivery Boards/ Provider Collaborative Leadership Board  TCG/System Planning Group	Assured  Partially assured
	7T2.3A	Consistent management reporting across the system to be agreed. System wide performance report compiled jointly with the Quality Team. The Joint Forward Plan has an agreed Outcomes Framework to drive the activities and interventions to include measurable System Objectives and development in key areas. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to: - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report.	7T2.2AS	Sam Kabiswa	This will be a continuous process with key review points/dates.  The next key date will be Mid-June 2024.	Commenced	Quality and Performance Committee ICB Board	Partially assured

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Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
Threat 3	7T3.1A	Prioritisation process agreed in the system to better manage our time and use of resource. This is being carried out as part of the development of the Joint Forward Plan implementation and 24/25 operational planning.	7T3.1C	ICB / ICP Sam Kabiswa	Quarter 4 2023/24 Quarter 1 2024/25	Commenced	PHSCC	Partially assured
	7T3.2A	Development of Integrated Assurance and Performance Report to ensure Board expectations are met. This is progressing, the first elements are in place, currently systemising the process. This is ongoing and any subsequent changes are reflected in the report. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to: - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report.	7T3.1AS	Michelle Arrowsmith	This will be a continuous process with key review points/dates.  The next key date will be Mid-June 2024.	Reported to Board Bi-monthly	ICB Board	Partially assured
Threat 4	7T4.1A	Development of log System ICB/ICP Board decisions	7T4.1C	Chrissy Tucker	Quarter 2 2024/25	Commenced	ICB Board/ICP Board	Partially assured
	7T4.2A	Develop a process to measure impact of agreed actions across the system. To be delivered as part of the Joint Forward Plan implementation – System wide Evaluation Strategy of the impact of the Joint Forward Plan and the Integrated Care Strategy.	7T4.2C	Sam Kabiswa	Quarter 4 2023/24 Quarter 3 2024/25	Commenced	ICB Board/ICP Board	Partially assured
	7T4.4A	Delivery Boards to develop a process to share decisions and challenge actions enhancing transparency and shared understanding of impact.  Transformation report and escalation report produced monthly and shared with TCG/PCLB. 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. This has now been embedded in the planning approach for 24/25.	7T4.4C	Tamsin Hooton	Quarter 4 2023/24 Quarter 1 2024/25	Commenced	Delivery Boards/ Provider Collaborative Leadership Board	Partially Assured
	7T4.5A	Development of a process to support system oversight and delivery of system aims and Joint Forward Plan.	7T4.5C	Chrissy Tucker	Quarter 1 2024/25	Not yet commenced	ICB Board/ICP 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
		The final Deloitte report outlines integrated assurance and moving forward with System Delivery Boards and provider Collaborative Leadership Boards, to be triangulated and embedded.						

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# ICB – Board Assurance Framework (BAF)

## 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>		<b>Partially assured</b>				
		<b>ICB Lead:</b> Chris Weiner ICB Chief Medical Officer <b>ICB Chair:</b> Richard Wright, Chair of PHSCC		<b>System lead:</b> Chris Weiner, ICB Chief Medical Officer <b>System forum:</b> Population Health and Strategic Commissioning Committee		<b>Date of identification:</b> 17.11.2022 <b>Date of last review:</b> 11.04.24		
<b>Strategic risk</b> (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>  <b>RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee</b>  <p style="text-align: center;"><b>12</b></p>	<p style="text-align: center;">Strategic Risk 8</p> <p style="text-align: center;">Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23 Jun-23 Jul-23 Aug-23 Sep-23 Oct-23 Nov-23 Dec-23 Jan-24 Feb-24 Mar-24</p> <p style="text-align: center;">— Current risk level    - - - Tolerable risk level    ..... Target risk level</p>			<b>Initial</b>  <p style="text-align: center;"><b>12</b></p>	<b>Current</b>  <p style="text-align: center;"><b>12</b></p>	<b>Target</b>  <p style="text-align: center;"><b>8</b></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. Agreement across the ICB on prioritisation of analytical and BI activity is not realised and therefore funding and associated resources are not identified to deliver the analytical capacity.		1. As a result of incomplete and non-timely data provision/analysis, the ICB will be hampered in the making optimal strategic commissioning decisions and it will require complex and inefficient people structures to ensure system oversight of daily operations. This will result in a: <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>						

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 1</b> 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 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>	8T1.1C  8T1.2C  8T1.3C  8T1.4C  8T1.5C	<p>Senior system analytical leadership role to be created within ICB structures</p> <p>Senior analytical leadership role to co-ordinate:</p> <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> <p>Identified three priority areas of strategic working:</p> <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>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 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>	8T1.1AS	The Integrated Assurance and Performance Report is in place and continues to be developed further as reported to ICB Board.

Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
<b>Threat 1</b>	8T1.2A	Agree structure of ICB analytics team and role of Chief Data Analyst	8T1.1C 8T1.2C	Chris Weiner	<del>December 2023</del> February 2024	Completed	Executive Team	Assured
	8T1.3A	Recruitment of analytics team	8T1.2C	Chris Weiner	<del>Quarter 4 2023/24</del> Quarter 1 2024/25	Commenced	Executive Team	Partially assured
	8T1.4A	Co-ordination and local prioritisation through SIG with leadership provided by internal business intelligence team	8T1.3C 8T1.4C	Chris Weiner	April 2024	Commenced	Business Intelligence Team	Partially assured



Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
	8T1.5A	SIG is looking at health inequalities, population health management and how this data can be shared across the whole system. Senior analytical leadership role to be confirmed due to structures.	8T1.4C	Chris Weiner	New structure to be implemented by end of Q1 2024	Commenced	Strategic Intelligence Group (SIG)	Partially assured
	8T1.6A	Execution of planned investment in analytical skills development in line with ICB new structure Formalise JUCD IG group and draft data sharing agreements for using data for purposes other than direct care. A paper is currently being reviewed prior to presentation to the ICB's Executive Team which identifies options for implementation of an Information Governance framework – for direct care and secondary uses – a proof of concept for two user cases (cancer and serious mental illness) to test the principles and commissioning of NECS to provide access to their Axym product to collate and store the data. If approved, this will help to unlock some of the issues currently being experienced across the system and put in place the necessary agreements between the GP Practices, the ICB, JUCD partners and NECS. Legal advice is currently being sought on the necessary contract variations and the work will need to be funded and resourced by colleagues with the appropriate skills and experience, co-ordinated through the ICB.	8T1.5C	Helen Dillstone/ Ged /CT	Moved from Q4 to Q1 2024/25 as work in progress, but has not been completed.	Commenced	Business Intelligence Team	Partially assured
JUCD IG Group							Partially assured	
	8T1.7A	SIG reconstituted and reset	8T1.4C	Chris Weiner	December 2023	Complete	Strategic Intelligence Group	Assured
	8T1.8A	Continue to strengthen the ICB Board Integrated Assurance and Performance Report data and information. This is progressing, the first elements are in place, currently systemising the process. This is ongoing and any subsequent changes are reflected in the report. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to: - codify performance management approach - agree what data goes into the integrated performance report; and - agree the process to provide the narrative/explanatory information for the report.	8T1.1AS	Executive Officers Sam Kabiswa	This will be a continuous process with key review points/dates.  The next key date will be Mid-June 2024	Commenced Presented to ICB Board bi monthly	Quality and Performance Committee, ICB Board	Partially assured

## 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 <b>ICB Chair:</b> Richard Wright, Chair of PHSCC		<b>System lead:</b> Dr Robyn Dewis, Derby City Director of Public Health <b>System forum:</b> Population Health and Strategic Commissioning Committee		<b>Date of identification:</b> 17.11.2022 <b>Date of last review:</b> 11.04.2024	
<b>Strategic risk</b> (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
<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 outstrips/surpasses 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> 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</li> </ul>	9T1.1C 9T1.2C 9T1.3C 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</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>identification of equalities risks and mitigations and reduces risk of projects/ programmes operating in isolation – and specifically decommissioning decisions</p> <ul style="list-style-type: none"> <li>Ambulance handover action plan developed – improvement trajectory agreed with NHSI – monthly improvement trajectories monitored at Boards</li> </ul>			<p>oversight and scrutiny</p> <ul style="list-style-type: none"> <li>Health Overview and Scrutiny Committee (HOSC)</li> <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> 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
Threat 1	9T1.1A	Monthly monitoring of financial position and the ICB requirement to break-even.	9T1.1C	Jason Burn	Quarter 4 2023/24 Continuous process	On-going – Annually	Finance, Estates and Digital Committee/ ICB Board	Partially assured
	9T1.2A	Prioritisation of actions needed to implement strategy. There are three areas to the strategy; Start Well, Stay Well, Age/Die Well. This is being routinely reported to the Integrated Partnership Board including updates on actions, therefore the gap is closed on the assurance element. Capacity is still an issue and the strategy is being utilised to prioritise actions.	9T1.2C	Kate Brown	In progress – 2024/25	Commenced	ICB Board/ICP Board	Partially assured
	9T1.3A	Review alternative funding formula to Carr Hill – scope cost and logistics Initial discussion held with Leicester, Leicestershire and Rutland ICB (LLRICB) who completed this work during quarter 3. Significant additional costs likely if ICB is to 'level up' to support new formula which gives greater weighting to deprivation. Would be challenging given current system financial position. Further work needed to scope but not prioritised for 23/24. Will reconsider in action plan for 24/25.	9T1.3C	GPPB/Clive Newman/Finance	April 2025	Commenced	GPPB/PHSCC	Partially assured
	9T1.4A	NHS England Regional Prevention Group monitor Core 20 plus 5 performance and review and agree any mitigations should targets fall below threshold. National targets have been circulated to each ICB. NHSE will review the data from providers and advise the ICB should any performance falls below the threshold.	9T1.4C	Scott Webster	In Progress – continual 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. This is progressing, the first elements are in place, currently systemising the process. This is ongoing and any subsequent changes are reflected in the report. Recommendation has been made to redevelop and update our ICB integrated performance report to reflect the new ICB delegated responsibilities and performance management approach. A working group is being pulled together to: - codify performance management approach - agree what data goes into the integrated performance report; and	9T1.1AS	Michelle Arrowsmith Sam Kabiswa	This will be a continuous process with key review points/dates.  The next key date will be Mid-June 2024	Commenced Presented to ICB Board bi monthly	Quality and Performance Committee, ICB Board	Partially assured

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Actions to treat threat								
Threat	Action ref no	Action	Control/ Assurance Ref No	Action Owner	Due Date	Has work started?	Committee level of assurance (eg assured, partially assured, not assured)	
							Committee/Sub Group Assurance	Committee level of assurance
		- agree the process to provide the narrative/explanatory information for the report.						
<b>Threat 2</b>	9T2.1A	Prevention and Health Inequalities Board being set up. Derby City Council has partnered with Community Action Derby to create the Derby Health Inequalities Partnership (DHIP) and is led by the voluntary sector. First meeting commenced currently reviewing Terms of Reference and membership of group.	9T2.1C	Chris Weiner / <a href="#">Scott Webster</a>	<del>In the process of being confirmed.</del> Will be fully implemented during Quarter 1 2024/25	Monthly	Population Health Strategic Commissioning Committee	Partially assured

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# ICB – Board Assurance Framework (BAF)

## 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> Partially assured	
<b>ICB Lead:</b> Jim Austin, Chief Digital Technology Officer <b>ICB Chair:</b> Jill Dentith, Chair of Finance, Estates and Digital Committee		<b>System lead:</b> Keith Griffiths, Chief Finance Officer <b>System forum:</b> Finance and Estates Committee Data and Digital Board	
		<b>Date of identification:</b> 17.11.2022 <b>Date of last review:</b> 15.04.2024	
<b>Strategic risk</b> (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>	
		<b>RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee</b>  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. 2. Digital improvements and substitutions to clinical pathways are not delivered through either a lack of citizen engagement and/or clinical engagement		Threat 1 – Processes are not agreed and the ICS fail to meet the opportunities and efficiencies that digital enablement can realise. Threat 2 <ul style="list-style-type: none"> <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> 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  10T1.2C	ICB prioritisation and investment decision making process is required to fully implement the digital and data strategy priorities.  Digital literacy programme to support staff build confidence and competency in using technology to deliver care.
			<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)
	<p>to embed digital enablement in care delivery</p> <ul style="list-style-type: none"> <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> 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>10T2.2C</p> <p>10T2.3C</p> <p>10T2.4C</p>	<p>Development of a 'use case' library to help promote the benefits of digitally enabled care and now under construction for Shared Care Record</p> <p>Improved information and understanding of Citizen and Community forums that could be accessed to discuss digitally enabled care delivery</p> <p>Increased collaboration with the Voluntary Sector across Derby and Derbyshire to harness capacity and expertise in place with Rural Action Derbyshire</p>	<ul style="list-style-type: none"> <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	10T1.2A	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	Part of 23/24 and 24/25 planning activity	D3B	Not assured
Threat 2	10T2.2A	Work with ICB communications team and Provider communications teams to integrate digital strategy messaging into current engagement programme.	10T2.3C	Jim Austin /Sean Thornton	Continuous – 2024/25	Commenced	Public Partnership Committee	Partially assured
	10T2.3A	Deliver digital (and data) messaging through ICB communications plan. <a href="#">JUCD NHS Futures site established that provides detail on specific digital projects across the ICS.</a>	10T2.3C	Jim Austin /Sean Thornton	June 2023+	Commenced	Public Partnership Committee/ DB3	Partially assured
	10T2.4A	Meetings with Rural Action Derbyshire completed. Derbyshire County Council <a href="#">agreed on-going funding support for 24/25. ICB Digital Programme team</a> and engagement team to develop joint engagement strategy.	10T2.4C	Jim Austin /Sean Thornton	Continuous – 2024/25	Commenced	Public Partnership Committee/ DB3	Partially assured

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