

ICB – Board Assurance Framework (BAF)

The key elements of the BAF are:

- A description of each Strategic Risk, that forms the basis of the ICB’s risk framework
- Risk ratings – initial, current (residual), tolerable and target levels
- Clear identification of strategic threats and opportunities that are considered likely to increase or reduce the Strategic Risk
- Key elements of the risk treatment strategy identified for each threat and opportunity, each assigned to an executive lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate the three lines of defence: (1) **Management** (those responsible for the area reported on); (2) **Risk and compliance** functions (internal but independent of the area reported on); and (3) **Independent assurance** (Internal audit and other external assurance providers)
- Clearly identified gaps in the control framework, with details of planned responses each assigned to a member of the Senior Leadership Team (SLT) with agreed timescales

Key to lead committee assurance ratings:

- ➔ Green = Assured: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity
 - no gaps in assurance or control AND current exposure risk rating = target OR
 - gaps in control and assurance are being addressed
- ➔ Amber = Partially assured: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy
- ➔ Red = Not assured: the Committee is not satisfied that there is sufficient reliable evidence that the current risk treatment strategy is appropriate to the nature and/or scale of the threat or opportunity

This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take and which can then be provided to the Board in relation to each Strategic Risk and also to identify any further action required to improve the management of those

Risk scoring = Probability x Impact (P x I)

Impact	Probability					
	1	2	3	4	5	
	Rare	Unlikely	Possible	Likely	Almost certain	
5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5

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

Reference	Strategic risk	Responsible committee	Executive lead	Initial date of assessment	Last reviewed	Target risk score	Previous risk score	Current risk score	Risk appetite risk score	Overall Assurance rating
SR1	There is a risk that increasing need for healthcare intervention is not met in the most appropriate and timely way and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to delivery consistently safe services with appropriate levels of care,	Quality & Performance	Brigid Stacey	17.11.2022	23.02.2023	10	20	20	12	Partially assured
SR2	There is a risk that short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	Quality & Performance	Brigid Stacey	17.11.2022	23.02.2023	10	20	20	12	Partially assured
SR3	There is a risk that the population is not sufficiently engaged in designing and developing services leading to inequitable access to care and outcomes.	Public Partnerships Committee	Helen Dillistone	17.11.2022	28.02.2023	9	16	16	12	Partially assured

Reference	Strategic risk	Responsible committee	Executive lead	Initial date of assessment	Last reviewed	Target risk score	Previous risk score	Current risk score	Risk appetite risk score	Overall Assurance rating
SR4	There is a risk that the NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £2.9bn available funding.	Finance & Estates Committee	Keith Griffiths	17.11.2022	02.03.2023	9	16	16	12	Partially assured
SR5	There is a risk that the system is not able to recruit and retain sufficient workforce to meet the strategic objectives and deliver the operational plans.	People & Culture Committee	Amanda Rawlings	17.11.2022	01.03.2023	16	20	20	16	Partially assured
SR6	There is a risk that the system does not create and enable One Workforce to facilitate integrated care.	People & Culture Committee	Amanda Rawlings	17.11.2022	01.03.2023	9	12	12	9	Partially assured
SR7	There is a risk that decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	Population Health & Strategic Commissioning Committee	Zara Jones	17.11.2022	01.03.2023	9	12	12	9	Partially assured
SR8	There is a risk that the system does not: A . establish intelligence and analytical solutions to support effective decision making. B. deliver digital transformation.	Finance & Estates Committee	Jim Austin	17.11.2022	28.02.2023	8	12	12	12	Partially assured
SR9	There is a risk that the gap in health and care widens due to a range of factors (recognising that not all factors may be within the direct control of the system) which limits the ability of the system to reduce health inequalities and improve outcome.	Population Health & Strategic Commissioning Committee	Zara Jones	17.11.2022	01.03.2023	12	16	16	12	Partially assured

Strategic Risk SR1 – Quality and Performance Committee

Strategic Aim - To improve overall health outcomes including life expectancy and healthy life expectancy rates for people (adults and children) living in Derby and Derbyshire.		Committee overall assurance level Partially assured		ICB Lead: Brigid Stacey, Chief Nurse Officer ICB Chair: Margaret Gildea, Interim Chair of Quality & Performance Committee		System lead: Brigid Stacey, Chief Nurse Officer, Dr Robyn Dewis System forum: System Quality Group		Date of identification: 17.11.2022 Date of last review: 23.02.2023	
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that increasing need for healthcare intervention is not met in the most appropriate and timely way and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and both upper tier Councils to deliver consistently safe services with appropriate standards of care.	Risk appetite: target, tolerance and current score				Initial	Current	Target	
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 12				20	20	10	
Strategic threats (what might cause this risk to materialise)	Strategic threats		Impact (what are the impacts of each of the strategic threats)						
	1. Lack of timely data to improve healthcare intervention 2. Lack of system ownership and capacity by the Integrated Care Partnership (ICP) and County and City Councils 3. Ineffective Commissioning of services across Derby and Derbyshire		1. No intelligence and data to support the improvement healthcare intervention 2. Lack of clarity of direction and expectations, with all parts of the system identifying their own role in achieving the objectives 3. Inability to deliver safe services and appropriate standards of care across Derbyshire						
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	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)	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)					
Threat 1	<ul style="list-style-type: none"> Derbyshire ICS Integrated Quality and Performance Report has been refined and is reported and managed by the System Quality and Performance Committee monthly. These will highlight areas of significant concern. System Deep Dives provide further assurance at the Quality and Performance Committee. Deep dives are identified where there is lack of performance. The Integrated Assurance and Performance Report has been developed and is reported to public ICB Board bimonthly. Specific section focuses on Quality. Health inequalities programme of work supported by the strategic intent function of the ICS, the anchor institution and the plans for data and digital management. This reports to the PHSCC. Agreed ICB Quality Risk Escalation Policy. Risk Escalations from System Quality Group to Quality and Performance Committee. 	<ul style="list-style-type: none"> Intelligence and evidence are required to understand health inequalities, make decisions and review ICS progress. Plan for data and digital need to be developed further. Lack of real time data collections. Requirement for streamlining Data and Digital needs of all Partners (Including LA's). Finalised and implemented System BAF. 	<ul style="list-style-type: none"> Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. System Quality Group assurance to the Quality and Performance Committee and ICB Board. System Quality Group assurance on System risks and ICB Risks. Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. Agreed ICB Quality Risk escalation Policy. Risk Escalations from SQG to Q&P. Quality and Safety Forum provides assurance into the System Quality Group and meets bi-monthly. This provides the detailed sense check of reporting. 	<ul style="list-style-type: none"> 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. 					

	<ul style="list-style-type: none"> Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023. ICB and ICS Exec Teams in place. 					
Threat 2	<ul style="list-style-type: none"> Agreed System Quality infrastructure in place across Derbyshire Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023. Agreed System Quality and Performance Dashboard to include inequality measures Agreed NHSE Core20PLUS5 Improvement approach to support the reduction of health inequalities. ICB Board and Derbyshire Trusts approved and committed to the delivery of the Derbyshire ICS Green Plan. Agreed Derby and Derby City Air Quality Strategy. 	<ul style="list-style-type: none"> Derbyshire ICS Health Inequalities Strategy has been developed and requires approval from the ICP and ICB Board. Integrated Care Strategy is currently in development 	<ul style="list-style-type: none"> Dr Robyn Dewis, Director of Public Health Derby City is the Chair of Health Inequalities Group across the System Approved Integrated Care Partnership (ICP) Terms of Reference by the ICP and ICB Board. ICP is now formally meeting in Public from February 2023. County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. Agreed Core20PLUS5 approach across Derbyshire. 	<ul style="list-style-type: none"> Derbyshire ICS Health Inequalities Strategy has been developed and requires approval from the ICP and ICB Board. 		
Threat 3	<ul style="list-style-type: none"> Derbyshire Cost Improvement Programme (CIP) in progress and Service Benefit Reviews challenge process is in place to support efficiencies. Agreed Prioritisation tool is in place. Population Health Strategic Commissioning Committee providing clinical oversight of commissioning and decommissioning decisions. Robust system QEIA process for commissioning/ decommissioning schemes Agreed targeted Engagement Strategy – to implement engagement element of Comms & Engagement strategy. Robust Citizen engagement across Derbyshire and reported through Public Partnerships Committee 	<ul style="list-style-type: none"> Commissioning to focus on patient cohorts, with measures around services to be put in place to support reduction of inequalities. Increase Patient Experience feedback and engagement. CIP programme requires further development. Integrated Care Strategy is currently in development 	<ul style="list-style-type: none"> Agreed ICS 5 Year Strategy in place Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. Population Health Strategic Commissioning Committee assurance to the ICB Board via the Assurance Report. System Quality Group assurance to the Quality and Performance Committee and ICB Board. System Quality Group assurance on System risks and ICB Risks Public Partnerships Committee Public assurance to ICB Board. NHSE Assurance Reviews and Assurance Letters provide evidence of compliance and any areas of concern. 	<ul style="list-style-type: none"> Draft 2023/24 Operational Plan in development Draft Integrated Care Strategy in development with the ICB Board and ICP. Development of Draft Joint Forward Plan 		
Actions to treat threat	Action	Action owner	Due date	Committee level of assurance (eg assured, partially assured, not assured)		
				Has work started?	Committee/ Sub Group assurance	Committee level of assurance
Threat 1 -	<ul style="list-style-type: none"> Development of Intelligence and dashboard to evidence Core20PLUS5 principles Development of Integrated Care Strategy 	Dr Robyn Dewis	Quarter 1 2023/24	Commenced	Population Health and Strategic Commissioning Committee	Partially assured
		Zara Jones	Quarter 1 2023/24	Commenced	ICB Board/ ICP/ PHSCC	Partially assured
Threat 2 -	<ul style="list-style-type: none"> Development of a system Health Inequalities strategy as part of the wider Integrated Care Partnership strategy 	Dr Robyn Dewis	Quarter 1 2023/24	Commenced	Population Health and Strategic Commissioning Committee	Partially assured
Threat 3 –	<ul style="list-style-type: none"> Development of Patient Experience Plan Development of Operational Plan Development of Joint Forward Plan 	Letitia Harris	30/06/2023	Commenced	System Quality Group	Partially assured
		Executive Team	Quarter 1 2023/24	Commenced	ICB Board	Partially assured

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Strategic Risk SR2 – Quality and Performance Committee

Strategic Aim - To improve overall health outcomes including life expectancy and healthy life expectancy rates for people (adults and children) living in Derby and Derbyshire.		Committee overall assurance level Partially assured		ICB Lead: Brigid Stacey, Chief Nurse Officer ICB Chair: Margaret Gildea, Interim Chair of Quality & Performance Committee		System lead: Brigid Stacey, Chief Nurse Officer, Dr Robyn Dewis System forum: System Quality Group		Date of identification: 17.11.2022 Date of last review: 23.02.2023	
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	Risk appetite: target, tolerance and current score				Initial	Current	Target	
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee <div style="text-align: center; font-size: 24px; font-weight: bold;">12</div>				20	20	10	
Strategic threats (what might cause this risk to materialise)	Strategic threats 1. Lack of system ownership and collaboration 2. The ICS short term needs are not clearly determined 3. Lack of coordination across Derbyshire results in health outcomes and life expectancy improvements not being achieved.		Impact (what are the impacts of each of the strategic threats) 1. No intelligence and data to support the improvement healthcare intervention 2. Lack of clarity of direction and expectations, with all parts of the system identifying their own role in achieving the objectives 3. Inability to deliver safe services and appropriate standards of care across Derbyshire						
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	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)	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)					
Threat 1	<ul style="list-style-type: none"> ICB and ICS Exec Teams in place Agreed System Quality infrastructure in place across Derbyshire System Committees are in place and established since July 2022. Integrated Care Partnership (ICP) was established in shadow form and met in formally Public from February 2023. JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system. Provider Collaborative Leadership Board in place overseeing Delivery Boards and other delivery groups. System Delivery Boards in place - providing a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact. Agreed System Quality and Performance Dashboard to include inequality measures. 	<ul style="list-style-type: none"> Intelligence and evidence to understand health inequalities, make decisions and review ICS progress. In some cases, the 'scope' of System Delivery Board focus is not sufficiently broad enough to tackle the root cause of problems and thus there is an issue that system partners are crowded out from influencing the business of the Board. Level of maturity of Delivery Boards and PCLB Level of maturity of the ICP 	<ul style="list-style-type: none"> Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. System Quality Group assurance to the Quality and Performance Committee and ICB Board. System Quality Group assurance on System risks and ICB Risks. Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE Consistent management reporting across the system to be agreed NHS Executive Team in place NHSE Assurance Reviews and Assurance Letters provide evidence of compliance and any areas of concern. 	<ul style="list-style-type: none"> The Integrated Assurance and Performance Report is in place but will developed further as reported to ICB Board. 					

Threat 2	<ul style="list-style-type: none"> Agreed ICS 5 Year Strategy sets out the short-term priorities Agreed ICB Strategic Objectives Draft Integrated Care Strategy in development with the ICB Board and ICP. Integrated Care Partnership (ICP) was established in shadow form and met in formally Public from February 2023. System planning & co-ordination group managing overall approach to planning Agreed Commissioning Intentions in place 	<ul style="list-style-type: none"> Commissioning to focus on patient cohorts, with measures around services to be put in place to support reduction of inequalities. Increase Patient Experience feedback and engagement. 	<ul style="list-style-type: none"> The ICB Board Development Sessions provide dedicated time to agree ICB/ ICS Priorities. ICB Board agreement of Strategic Objectives 	<ul style="list-style-type: none"> The draft Integrated Care Strategy in development with the ICB Board and ICP. 		
Threat 3	<ul style="list-style-type: none"> Agreed NHSE Core20PLUS5 Improvement approach to support the reduction of health inequalities Agreed System Quality & Performance dashboard to include inequality measures County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. Integrated Care Partnership (ICP) was established in shadow form and met in formally Public from February 2023. Robust Citizen engagement across Derbyshire and reported through Public Partnerships Committee 	<ul style="list-style-type: none"> Derbyshire ICS Health Inequalities Strategy has been developed and requires approval from the ICP and ICB Board. Ensuring prevention is embedded in all Care pathways Alignment between the ICS and the City and County Health and Wellbeing Boards 	<ul style="list-style-type: none"> County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. Public Partnerships Committee Public assurance to ICB Board. 	<ul style="list-style-type: none"> Derbyshire ICS Health Inequalities Strategy has been developed and requires approval from the ICP and ICB Board. 		
Actions to treat threat	Action	Action owner	Due date	Committee level of assurance (eg assured, partially assured, not assured)		
Threat 1 -	Develop the Intelligence and evidence to understand health inequalities	Dr Robyn Dewis	Quarter 1 2023/24	Has work started?	Committee/ Sub Group assurance	Committee level of assurance
Threat 2 -	Develop Patient Experience Plan	Letitia Harris	30/06/2023	Commenced	System Quality Group	Partially assured
Threat 3 –	Development of a system Health Inequalities strategy as part of the wider Integrated Care Partnership strategy	Dr Robyn Dewis	Quarter 1 2023/24	Commenced	Population Health and Strategic Commissioning Committee	Partially assured

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Strategic Risk SR3 – Public Partnerships Committee



Strategic Aim - To improve overall health outcomes including life expectancy and healthy life expectancy rates for people (adults and children) living in Derby and Derbyshire.		Committee overall assurance level ICB Lead: Helen Dillistone, Executive Director of Corporate Affairs ICB Chair: Julian Corner, Chair of Public Partnerships Committee		Partially assured System lead: Helen Dillistone, Executive Director of Corporate Affairs System forum: Public Partnerships Committee			Date of identification: 17.11.2022 Date of last review: 28.02.2023	
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the population is not sufficiently engaged in designing and developing services leading to inequitable access to care and outcomes.	Risk appetite: target, tolerance and current score RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 12				Initial 16	Current 16	Target 9
Strategic threats (what might cause this risk to materialise)	Strategic threats <ol style="list-style-type: none"> 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. 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. 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. The communications and engagement team are not sufficiently resourced to be able to engage with the public and local communities in a meaningful way. 		Impact (what are the impacts of each of the strategic threats) <ol style="list-style-type: none"> Potential legal challenge through variance/lack of process. Failure to secure stakeholder support for proposals. 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. Services do not meet the needs of patients, preventing them from being value for money and effective. 					
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	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)	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)				
Threat 1	<ul style="list-style-type: none"> Agreed system Communications & Engagement Strategy. Agreed targeted Engagement Strategy – to implement engagement element of C&E strategy. Agreed Guide to Public Involvement, now being rolled out to ICB and then broader system. Public Partnership Committee now established and identifying role in assurance of softer community and stakeholder engagement. Communications and Engagement Team leaders are linked with the emerging system 	<ul style="list-style-type: none"> Analysis of insight in relation to stated system priorities required, to inform further targeted engagement work. Require engagement team involvement in NHS planning development. All aspects of the Engagement Strategy need to be developed and implemented. This includes the Insight Framework, Co-production Framework and Evaluation Framework. The Governance Framework also needs further development. 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 	<ul style="list-style-type: none"> Senior managers have membership of IC Strategy Working Group to influence Comprehensive legal duties training programme for engagement professionals Public Partnership Committee assurance to ICB Board Public Partnership Committee Assurance to ICB Board on identified risks ePMO gateway structure ensures compliance with PPI process NOF evidence, self-assessment and submission (tbc) Benchmarking against comparator ICS approaches. 	<ul style="list-style-type: none"> Analysis of insight in relation to stated system priorities required, to inform further targeted engagement work. Further work is needed with providers to embed the guide to PPI, especially around system transformation programmes. Assurance on skills relating to cultural engagement and communication across all JUCD partners 				

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)	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)	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
	<p>strategic approach, including the development of place alliances.</p> <ul style="list-style-type: none"> Insight summarisation is informing the priorities within the strategy. Insight Framework has been developed and its implementation will ensure that we have insight around what matters to people to feed into future strategic priorities. Proof of Concept Project starting in New Year. Agreed gateway for PPI form on the ePMO system. 	<p>system can use to ensure public participation is informing decision making.</p> <ul style="list-style-type: none"> Further work is needed with providers to embed the guide to PPI, especially around system transformation programmes. Assurance on skills relating to cultural engagement and communication across all JUCD partners 		
Threat 2	<ul style="list-style-type: none"> Agreed system Communications & Engagement Strategy, with ambitions on stakeholder relationship management. Membership of key strategic groups, including Executive Team, Delivery Board, Senior Leadership Team and others to ensure detailed understanding of progression. Functional and well-established system communications and engagement group 	<ul style="list-style-type: none"> Development of system stakeholder communication methodologies understand and maintain/improve relationships and maximise reach Systematic change programme approach to system development and transformation not yet articulated/live. Staff awareness of work of ICS and ICB programme, to enable to recruitment of advocates for the work Behaviour change approach requires development to support health management and service navigation. Proposal required for UECC Delivery Board and other areas to develop this, requiring resource. 	<ul style="list-style-type: none"> NHS/ICS ET membership and ability/requirement to provide updates ePMO progression Public Partnership Committee Assurance to ICB Board on identified risks ePMO gateway structure ensures compliance with PPI process Benchmarking against comparator ICS approaches 	<ul style="list-style-type: none"> NOF evidence, self-assessment and submission (tbc)
Threat 2	<ul style="list-style-type: none"> Agreed system Communications & Engagement Strategy. Agreed Guide to Public Involvement, now being rolled out to ICB and then broader system. Public Partnership Committee now established and identifying role in assurance of softer community and stakeholder engagement. ePMO gateway process includes engagement assessment check Training programme underway with managers on PPI governance requirements and process 	<ul style="list-style-type: none"> Clear roll out timescale for transformation programmes 	<ul style="list-style-type: none"> Comprehensive legal duties training programme for engagement professionals PPI Governance Guide training for project/programme managers Public Partnership Committee assurance to ICB Board ePMO progression Public Partnership Committee Assurance to ICB Board on identified risks ePMO gateway structure ensures compliance with PPI process 	<ul style="list-style-type: none"> NOF evidence, self-assessment and submission (tbc)
Threat 4	<ul style="list-style-type: none"> Detailed work programme for the engagement team Clearly allocated portfolio leads across team to share programmes Distributed leadership across system communications professionals supports workload identification and delivery. 	<ul style="list-style-type: none"> Clear roll out timescale for transformation programmes to enable resource assessment Quantification of required capacity challenging Delivery of Communications & Engagement Strategy infrastructure work requires completion and is competing factor 	<ul style="list-style-type: none"> Write Planning Tool Risk/threat monitored by Public Partnership Committee 	<ul style="list-style-type: none"> Benchmarking against comparator ICS approaches

Actions to treat threat	Action	Action owner	Due date	Committee level of assurance (eg assured, partially assured, not assured)		
				Has work started?	Committee/ Sub Group assurance	Committee level of assurance
Threat 1	<ul style="list-style-type: none"> Secure attendance in NHS Joint Forward Plan development group. Ongoing implementation of Engagement Strategy frameworks Ongoing implementation of Insight Framework approach Programme of work to roll out PPI Guide with system partners, including general practice Assess current team skills in cultural engagement and communications, including channel assessment, and devise action plan to close gaps/implement training and development. 	Sean Thornton	31 Jmarch 2023	Commenced	JFP Development Group	Partially assured
		Karen Lloyd	31 March 2023+	Commenced	PPC	Partially assured
		Karen Lloyd	31 March 2023+	Commenced	PPC	Partially assured
		Karen Lloyd	31 March 2023+	Commenced	PPC	Partially assured
		Sean Thornton	31 March 2023	Commenced	Communications and Engagement Team	Partially assured
Threat 2	<ul style="list-style-type: none"> Delivery of Communications and Engagement Strategy Stakeholder chapter to scope processes on relationship managing and stakeholder perceptions, resulting in business case. Meet with ePMO colleagues to understand change model approach to system transformation, including financial context for 23/24. Delivery of Communications and Engagement Strategy Internal Communications chapter to create platform for engagement with ICB and system staff, building on existing mechanisms. Develop proposal and business case for UEC behaviour/insight programme following social marketing principles. 	Andy Kemp	31 March 2023	Commenced	PPC	Partially assured
		Sean Thornton	31 March 2023	Commenced	Communications and Engagement Team	Partially assured
		David Lilley-Brown	31 March 2023	Commenced	Communications and Engagement Team	Partially assured
		Donna Broughton	31 March 2023	Commenced	Communications and Engagement Team	Partially assured
Threat 3	<ul style="list-style-type: none"> Allied to ePMO programme review, implement scoping exercise across system/ICB delivery boards and other groups to establish baseline of work Programme of work to roll out PPI Guide with system partners, including general practice 	Sean Thornton	31 March 2023	Commenced	Communications and Engagement Team	Partially assured
		Karen Lloyd	31 March 2023+	Commenced	PPC	
Threat 4	<ul style="list-style-type: none"> Allied to ePMO programme review, implement scoping exercise across system/ICB delivery boards and other groups to establish baseline of work Confer with regional ICB leads on appetite for potential benchmarking approach to understand approaches, team roles, capacity. Implement remaining elements of Communications and Engagement Strategy chapters 	Sean Thornton	31 March 2023	Commenced	Communications and Engagement Team	Partially assured
		Sean Thornton	31 March 2023	Commenced	Communications and Engagement Team	Partially assured
		Sean Thornton & team	31 March 2023	Commenced	PPC	Partially assured

Strategic Risk SR4 – Finance and Estates Committee

Strategic Aim - To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.		Committee overall assurance level ICB Lead: Keith Griffiths, Chief Finance Officer ICB Chair: Richard Wright, Finance and Estates Committee Chair		Partial Assurance System lead: Keith Griffiths, Chief Finance Officer System forum: Finance and Estates Committee		Date of identification: 17.11.22 Date of last review: 02.03.2023	
Strategic risk (What could prevent us achieving this strategic objective)	There is a risk that the NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £2.9bn available funding.	Risk appetite: target, tolerance and current score			Initial	Current	Target
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 12			16	16	9
Strategic threats (What might cause this risk to materialise)	Strategic threats 1. Rising activity needs, capacity issues, and availability and cost of workforce 2. Shortage of out of hospital provision across health and care impacts on productivity levels 3. The scale of the challenge means break even can only be achieved by structural change and real transformation. failure to deliver against plan and/or to transform services 4. National funding model does not reflect clinical demand and operational / workforce pressures		Impact (what are the impacts of each of the strategic threats) 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				
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)		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)		
Threat 1	<ul style="list-style-type: none"> Given the scale of the challenge there is no single control that can be put in place to totally mitigate this risk now. Detailed triangulation of activity, workforce and finances in place Provider Collaborative overseeing 'performance' and transformation programmes to deliver improvement in productivity 		<ul style="list-style-type: none"> 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 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. 		<ul style="list-style-type: none"> Financial data and information is trusted but needs further work to translate into a sustainable plan. Workforce planning is in its infancy and improving but is not yet robust enough to be fully triangulated with demand, capacity, and financial plans. Five-year financial plan has been prepared to accelerate and influence change. Operational Plan and strategic plan being agreed at Board level. Integrated Assurance and Performance Report. 		
Threat 2	<ul style="list-style-type: none"> Not aware of effective controls now, and the solution requires integrated changes across social care and the NHS Collaborative escalation arrangements in place across health and care to ensure maximum cover out of hospital and flow in hospital is improved. Programme delivery boards for urgent and elective care review 		<ul style="list-style-type: none"> National shortage in supply of out of hospital beds and services for medically fit for discharge patients prevents full mitigation. New Workforce strategy and Clinical Model required, alongside clear priorities for improving population health. Triangulated activity, workforce, and financial plan. 		<ul style="list-style-type: none"> Integrated assurance and performance report and tactical responses agreed at Board level. Assurances for permanent, long-term resolution not available. National productivity assessment tool now available to assist all systems across the country, which will be used to influence 23/24 planning and delivery. 		

		<ul style="list-style-type: none"> Do not fully understand the low productivity levels and the opportunities to improve via the clinical workforce. Benchmark against pre Covid data and activity as a starting point to get to sustainable levels. 		
Threat 3	<ul style="list-style-type: none"> The CIP and Transformation Programme is not owned by leads, managed, implemented, and reported on for Finance to build into the system financial plan. EPMO system has been established and is led by Transformation Director. EPMO has list of efficiency projects only that are not developed to a level where the financial impact can be assured. Long term national funding levels are insufficient and uncertain, meaning despite radical improvements in efficiency and structural, transformational change, a financial gap to breakeven will remain. 	<ul style="list-style-type: none"> Need to embed and cascade ICB savings target / CIP plan – staff at all levels to understand imperative and role in identification of savings / innovation. Ownership of system resources held appropriately. The EPMO System is not fully developed, owned, and managed to make the savings required. Programme delivery boards need to refocus on delivering cash savings as well as pathway change. The provider collaborative needs to drive speed and scope through the programme delivery boards 	<ul style="list-style-type: none"> Reconciliation of financial ledger to EPMO System. SLT monthly finance updates provided – including recalibration of programme in response to emerging issues. Finance and Estates Committee oversight. Weekly system wide FD meetings focussed on long term financial stability, with real evidence of effective distributive leadership and collegiate decision making. 	
Threat 4	<ul style="list-style-type: none"> National political uncertainty alongside national economic and cost of living crisis means long term, stable and adequate financial allocations are unlikely to emerge in the short to medium term. 	<ul style="list-style-type: none"> No assurance can be given 	<ul style="list-style-type: none"> All opportunities to secure resources are being maximised, alongside which a strong track record of delivery within existing envelopes is being maintained. This should give assurance regionally and nationally. Executive and non-executive influencing of regional and national colleagues needs to strengthen, and a positive, inspiring culture maintained across the local health and care system. 	
Actions to treat threat	Action	Action owner	Due date	Committee level of assurance (e.g., assured, partially assured, not assured)
Threat 1 -	<ul style="list-style-type: none"> Development of Triangulated Demand, Workforce and Financial plan Benchmark exercise and Report against pre covid levels of activity Develop management processes to deliver plans and level of productivity required Further development of integrated assurance and performance report 	Zara Jones, Amanda Rawlings, Keith Griffiths Executive Team Executive Team	Awaiting national guidance Estimated 31/03/2023	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
Threat 2 -	<ul style="list-style-type: none"> Development of new Workforce and Clinical Models Plan Development of Triangulated Demand, Workforce and Financial plan Benchmark exercise and report against pre covid levels of activity 	Amanda Rawlings/ Chris Weiner Executive Team Executive Team	End Quarter 3 2023/24	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
Threat 3 –	<ul style="list-style-type: none"> Develop and embed EPMO System CIP Engagement Plan being implemented 	Tamsin Hooton	End April 2023	Partial assurance through evidence of improving reporting and accountability, although real delivery is yet to be seen
Threat 4 -	<ul style="list-style-type: none"> National Allocations unclear 	Executive Directors / NEMs	On Going	Not Assured

ICB – Board Assurance Framework (BAF)

Strategic Risk SR5 – People and Culture Committee

Strategic Aim - To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.		Committee overall assurance level Partially assured	
ICB Lead: Amanda Rawlings, Chief People Officer ICB Chair: Margaret Gildea, Chair of People and Culture Committee		System lead: Amanda Rawlings, Chief People Officer System forum: People and Culture Committee	
		Date of identification: 17.11.2022 Date of last review: 01.03.2023	
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the system is not able to recruit and retain sufficient workforce to meet the strategic objectives and deliver the operational plans.	Risk appetite: target, tolerance and current score RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 16	
Strategic threats (what might cause this risk to materialise)	Strategic threats <ol style="list-style-type: none"> Lack of system alignment between activity, people and financial plans Staff resilience and wellbeing is negatively impacted by environmental factors eg the industrial relations climate and the financial challenges in the system 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 	Impact (what are the impacts of each of the strategic threats) <ol style="list-style-type: none"> There is an under supply of people to meet the activity planned and the funding available Increased sickness absence, deterioration in relationships and higher turnover particularly people retiring early leading to gaps in the staffing required to deliver services People are going to better paid jobs in other sectors which means that patients cannot be discharged from hospital due to lack of care packages causing long waiting times in the Emergency pathways, poorer quality of care 	
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	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)
Threat 1	<ul style="list-style-type: none"> An Integrated planning approach has been agreed across the system covering finance activity and workforce. Agreed System level SRO for Workforce Planning supported by Workforce Strategy and Planning Assistant Director The System People and Culture Committee provides oversight of workforce across the system The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan. People Services Collaborative Delivery Board has oversight of operational issues 	<ul style="list-style-type: none"> There is not an agreed integrated planning tool or system across all partners due to affordability. The Primary Care workforce plans are not aligned with other system plans. 	<ul style="list-style-type: none"> Monthly monitoring of workforce numbers and temporary staffing spend vs budget and agency spend. Approved System One Workforce Strategy and Workforce plan Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan. People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce.
Threat 2	<ul style="list-style-type: none"> A Comprehensive staff wellbeing offer is in place and available to Derbyshire ICS Employees Engagement and Annual staff opinion surveys are undertaken across the Derbyshire Providers and ICB The System People and Culture Committee provides oversight of workforce across the system 	<ul style="list-style-type: none"> Funding for wellbeing offer is not recurrent Staff opinion surveys are not carried out across the Primary Care sector. The Leadership Development offer is not yet fully embedded in each organisation. 	<ul style="list-style-type: none"> Monthly monitoring of absence and turnover People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce. System Wellbeing Group provides performance information to the People Services Collaborative Delivery Board.
			System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)
			<ul style="list-style-type: none"> The 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.
			<ul style="list-style-type: none"> The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board. Despite measures being in place the situation is deteriorating in terms of staff health and being due to a range of factors.

	<ul style="list-style-type: none"> The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan People Services Collaborative Delivery Board has oversight of operational issues Enhanced Leadership Development offer to support Managers and promoting Health and Wellbeing. 					
Threat 3	<ul style="list-style-type: none"> Promotion of social care roles as part of Joined Up careers programme The System People and Culture Committee provides oversight of workforce across the system Integrated Care Partnership (ICP) was established in shadow form and now meets in Public from February 2023 onwards 	<ul style="list-style-type: none"> More work required to understand how the NHS can provide more support to care sector employers Lack of Workforce representation on the ICP. Insufficient connection with People and Culture and the ICP 	<ul style="list-style-type: none"> Monthly monitoring of vacancies via Skills for Care data People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce. Approved Integrated Care Partnership (ICP) Terms of Reference by the ICP and ICB Board. County and City Health and Wellbeing Boards support the delivery of the Health Inequalities Strategy and Plan. Better Care funding supports the Joined Up Careers team to work in partnership with Health and Social Care. 	<ul style="list-style-type: none"> The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board. Insufficient connection with People and Culture and the ICP 		
Actions to treat threat	Action	Action owner	Due date	Committee level of assurance (eg assured, partially assured, not assured)		
				Has work started?	Committee/ Sub Group assurance	Committee level of assurance
Threat 1	Refresh of 22/23 workforce plan Design approach for 23/24 plan, agree common assumptions and ensure plan is workforce and activity lead.	Sukhi Mahil	Quarter 1 2023/24	Commenced	TBC 8.3.23	TBC 8.3.23
Threat 2	Continue to spread and embed well-being offer Review Occupational Health Services to ensure they are focused on promoting health and wellbeing	Nicola Bullen	Review 31.03.23 Quarter 1 2023/24	Commenced	TBC 8.3.23	TBC 8.3.23
Threat 3	Continue to develop system wide recruitment campaigns to meet demand for health and care across Derbyshire	Susan Spray	System Recruitment campaigns planned until 31.12.23	Commenced	TBC 8.3.23	TBC 8.3.23

ICB – Board Assurance Framework (BAF)

Strategic Risk SR6 – People and Culture Committee

Strategic Aim - To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.		Committee overall assurance level ICB Lead: Amanda Rawlings, Chief People Officer ICB Chair: Margaret Gildea, Chair of People and Culture Committee		Partially assured System lead: : Amanda Rawlings, Chief People Officer System forum: People and Culture Committee		Date of identification: 17.11.2022 Date of last review: 01.03.2023		
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the system does not create and enable One Workforce to facilitate integrated care.	Risk appetite: target, tolerance and current score				Initial	Current	Target
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 9				12	12	9
Strategic threats (what might cause this risk to materialise)	Strategic threats 1. There is not an agreed definition of what "One Workforce" means 2. There is insufficient funding to undertake skills and cultural development needed to support integration 3. Lack of system ownership and commitment to 'One Workforce'		Impact (what are the impacts of each of the strategic threats) 1. System partners are not aligned in workforce development and integration 2. It is more challenging to transition from current ways of working to a more integrated approach 3. The system is not integrated on the Workforce Strategy and workforce development					
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	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)	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)				
Threat 1	<ul style="list-style-type: none"> Work is underway to develop a One Workforce Strategy and plan aligned to a developing Integrated Care Strategy involving all system partners The Draft Integrated Care Strategy is in development by the ICB Board and ICP The System People and Culture Committee provides oversight of workforce across the system The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan. People Services Collaborative Delivery Board has oversight of operational issues Agreed People Services Collaborative Programme 	<ul style="list-style-type: none"> Development and implementation of the One Workforce Strategy will be overseen by the HRD's Delivery Group and assurance given to the PCC 	<ul style="list-style-type: none"> Monthly monitoring of workforce numbers and temporary staffing spend vs budget and agency spend. Approved System Workforce Strategy and implementation plan Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. The Workforce Advisory Group provides assurance to the System People and Culture Committee People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce. The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan. 	<ul style="list-style-type: none"> The Draft Integrated Care Strategy is in development by the ICB Board and ICP The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board. 				
Threat 2	<ul style="list-style-type: none"> A system wide training needs analysis is to be carried out so that learning and development needs can be identified and prioritised for investment 	<ul style="list-style-type: none"> Agreement needed that any education and training funding will be invested in accordance with the priorities identified. 	<ul style="list-style-type: none"> The outcome of the training needs analysis and decisions on investment of education and training funding will be overseen by the HRD's Delivery Group. 	<ul style="list-style-type: none"> 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. 				

	<ul style="list-style-type: none"> The System People and Culture Committee provides oversight of workforce triangulation across the system The Workforce Advisory Group provides the operational issues across the system People Services Collaborative Delivery Board has oversight of operational issues The System People and Culture Committee provides oversight of workforce triangulation across the system The Workforce Advisory Group provides the operational issues across the system 			<ul style="list-style-type: none"> Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. The Workforce Advisory Group brings together all component part to discuss workforce and planning and system engagement of the plan. People and Culture Committee assurance to the Board via the ICB Board Assurance Report and Integrated Assurance and Performance Report which includes workforce. 		
Threat 3	<ul style="list-style-type: none"> The Workforce Advisory Group provides the operational issues across the system The Workforce Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board Work is underway to develop a One Workforce Strategy and plan aligned to a developing Integrated Care Strategy involving all system partners 	<ul style="list-style-type: none"> Development and implementation of the One Workforce Strategy will be overseen by the HRD's Delivery Group and assurance given to the PCC 		<ul style="list-style-type: none"> Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE. The Workforce Advisory Group provides assurance to the System People and Culture Committee People and Culture Committee assurance to the Board via the ICB Board Integrated Assurance Report and Integrated Assurance and Performance Report which includes workforce. 	<ul style="list-style-type: none"> Work is underway to develop a One Workforce Strategy and plan aligned to a developing Integrated Care Strategy involving all system partners The 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. 	
Actions to treat threat	Action	Action owner	Due date	Committee level of assurance (eg assured, partially assured, not assured)		
				Has work started?	Committee/ Sub Group assurance	Committee level of assurance
Threat 1 -	Develop One Workforce Strategy	Sukhi Mahil	Initial draft by 30.4.23	Commenced	TBC 8.3.23	TBC 8.3.23
Threat 2 -	System Wide TNA process to be developed and implemented	Faith Sango	Quarter 1 2023/24	Commenced	TBC 8.3.23	TBC 8.3.23
Threat 3 –	Develop One Workforce Strategy	Sukhi Mahil	Initial draft by 31.03.23	Commenced	TBC 8.3.23	TBC 8.3.23

ICB – Board Assurance Framework (BAF)

Strategic Risk SR7 – Population Health and Strategic Commissioning Committee

Strategic Aim - To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.		Committee overall assurance level ICB Lead: Zara Jones, Executive Director of Strategy and Planning ICB Chair: Julian Corner, Chair of PHSCC		Partially assured System lead: Zara Jones, Executive Director of Strategy and Planning System forum: Population Health and Strategic Commissioning Committee			Date of identification: 17.11.2022 Date of last review: 01.03.2023	
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	Risk appetite: target, tolerance and current score			Initial	Current	Target	
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 9	<p>Strategic Risk 7</p> <p>Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23</p> <p>— Current risk level - - - Tolerable risk level Target risk level</p>			12	12	9
Strategic threats (what might cause this risk to materialise)	Strategic threats <ol style="list-style-type: none"> Lack of joint understanding of strategic aims and requirements of all system partners. Demand on organisations due to system pressures/restoration may impact ability to focus on strategic aims. Time for system to move more significantly into "system think". Statutory requirements on individual organisations may conflict with system aims. 			Impact (what are the impacts of each of the strategic threats) <ol style="list-style-type: none"> System partners interpret aims differently resulting in reduced focus or lack of co-ordination. System partners may be required to prioritise their own organisational response ahead of strategic aims. If the system does not think and act as one system, support is less likely to be there to achieve strategic aims. Individual boards to take decisions which are against system aims. 				
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	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)	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)				
Threat 1	<ul style="list-style-type: none"> Strategic objectives agreed at ICB Board; dissemination will occur via Board members who represent system partners. ICB and ICS Exec Teams in place JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system. System Delivery Boards in place - providing a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis Delivery Boards engagement with JUCD Transformation Board. Provider Collaborative Leadership Board in place overseeing Delivery Boards and other delivery groups. System planning & co-ordination group managing overall approach to planning 	<ul style="list-style-type: none"> Lack of a systematic approach/framework to guide the prioritisation of allocating resources to advance population health. In some cases, the 'scope' of System Delivery Board focus is not sufficiently broad enough to tackle the root cause of problems and thus there is an issue that system partners are crowded out from influencing the business of the Board. Level of maturity of Delivery Boards Values based approach to creating shared vision and strong relationships across partners in line with population needs Potential lack of clarity until the roles and responsibilities of new structures fully embed. Potential gap from 01/04/23: the GP Provider Board is only funded until 31/03/23. Without the GPPB there would be a gap in the development, dissemination and co-ordination of response to strategic objectives. Potential structural gap in that General Practice largely works to a nationally set contract which may not always totally align with locally set strategy 	<ul style="list-style-type: none"> Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE PHSCC assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. Audit and Governance committee oversight and scrutiny BAFs Internal and external audit of plans HOSC ICB Strategic objectives and strategic risks System Delivery Board agendas and minutes Provider Collaborative Leadership Board minutes Health and Well Being Board minutes ICB Scheme of Reservation and Delegation Agreed process for establishing and monitoring financial and operational benefits GPPB proposal for future operating model and funding planned for ICB Board discussion in April 23. 	<ul style="list-style-type: none"> The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board. Consistent management reporting across the system to be agreed Implement routine mechanism for shared reporting of risks and risk management across the system Draft 2023/24 Operational Plan in development Draft Integrated Care Strategy in development with the ICB Board and ICP. Development of Draft Joint Forward Plan 				

	<ul style="list-style-type: none"> Formal risk sharing arrangements in place across organisations (via Section 75s/ Pooled Budgets) HOSCs/ Health and Wellbeing Boards are in place with an active scrutinising role Dispute resolution protocols jointly agreed in key areas e.g. CYP joint funded packages – reducing disputes Currently the system part funds the GP Provider Board (GPPB) which provides a collective voice for GP practices in the system at a strategic and operational level Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023. 	<ul style="list-style-type: none"> No agreed process to measure system understanding and implementation of strategic aims. Process to ensure consistent approach is adopted to share outputs from ICS and ICB Exec team meetings. Lack of process to measure impact of agreed actions across the system. System PMO not in place. Scoping, baselining, strategic overview, and solution choice to be carried out to ensure right solution is adopted to fit the business problem Understand impact of changes, how they support operational models, how best value can be delivered, and prioritised. Further development of the strategy to bring greater efficiencies to staff and patients Establish a robust governance structure to programme, agree and prioritise change with operational leadership 		
Threat 2	<ul style="list-style-type: none"> As above and: System performance reports received at Quality & Performance Committee will highlight areas of concern. ICB involvement in NOF process and oversight arrangements with NHSE. As above – GPPB and LMC both provide some resourced 'headspace' giving GP leaders time and opportunity to focus on strategic aims. PCN funding gives GP Clinical Directors some time to focus on the development of their Primary Care Networks System Planning and Co-ordination Group ensuring strategic focus alongside operational planning 	<ul style="list-style-type: none"> Prolonged operational pressures ahead of winter and expected pressures to continue / increase. Individual GP practices have little time or incentive to participate in delivering the strategic aims of the system unless they are aligned with the national contract or are specifically locally commissioned. Inconsistent planning and performance management systems in place across the system Implement routine mechanism for shared reporting of risks and risk management across the system Level of maturity of Delivery Boards 	<ul style="list-style-type: none"> NHSEI oversight and reporting Quality and Performance Committee assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. System Quality Group assurance to the Quality and Performance Committee and ICB Board. System Quality and Performance Report Monthly reports provided to ICB/ ICS Executive Team/ ICB Board and NHSE Measurement of relationship in the system: embedding culture of partnership across partners Coproduction Workforce resilience Demand in the system Audit and Governance Committee oversight and scrutiny BAFs 	<ul style="list-style-type: none"> The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board. Consistent management reporting across the system to be agreed Draft 2023/24 Operational Plan in development Draft Integrated Care Strategy in development with the ICB Board and ICP. Development of Draft Joint Forward Plan
Threat 3	<ul style="list-style-type: none"> SOC/ICC processes – ICCs supporting ICB to collate and submit information As above – GPPB and LMC both provide some resourced 'headspace' giving GP leaders time to focus on system working Development and delivery of Integrated Care System Strategy Embedded Place Based approaches that focus partners together around community / population aims not sovereign priorities 	<ul style="list-style-type: none"> As above, extent of operational pressures and time required to focus on reactive management. Individual practices may not see system working as a priority unless it delivers the requirements of their national contract Routine reporting not yet in place that is recognised by the system to enact real time change management. Recruitment of workforce not complete – lack of resilience. Lack of real time data collection. Embed reporting Complete recruitment of staff for posts 	<ul style="list-style-type: none"> Daily reporting of performance and breach analysis – identification of learning or areas for improvement Measurement of relationship in the system: embedding culture of partnership across partners Resilience of OCC in operational delivery including clinical leadership Coproduction Workforce resilience Demand in the system NHSE oversight and daily reporting 	<ul style="list-style-type: none"> The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board. Draft 2023/24 Operational Plan in development Draft Integrated Care Strategy in development with the ICB Board and ICP. Development of Draft Joint Forward Plan

Threat 4	<ul style="list-style-type: none"> Strategic objectives agreed at ICB Board; dissemination will occur via Board members who represent system partners. ICB and ICS Exec Teams in place JUCD Transformation Co-ordinating Group in place with responsibility for delivery of transformation plans across system. System Delivery Boards in place - providing a mechanism to share decisions and challenge actions enhancing transparency and shared understanding of impact Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis Delivery Boards engagement with JUCD Transformation Board. Provider Collaborative Leadership Board in place overseeing Delivery Boards and other delivery groups. GPPB and LMC both provide some resourced 'headspace' giving GP leaders time and opportunity to focus on strategic aims. PCN funding gives GP Clinical Directors some time to focus on the development of their Primary Care Networks System Planning and Co-ordination Group ensuring strategic focus alongside operational planning 	<ul style="list-style-type: none"> Process to ensure consistent approach is adopted to share outputs from ICS and ICB Exec team meetings. Lack of process to measure impact of agreed actions across the system. Prolonged operational pressures ahead of winter and expected pressures to continue / increase. Individual GP practices have little time or incentive to participate in delivering the strategic aims of the system unless they are aligned with the national contract or are specifically locally commissioned. Inconsistent planning and performance management systems in place across the system. Level of maturity of Delivery Boards System Oversight of Individual boards decisions which may be against system aims. 	<ul style="list-style-type: none"> Monthly reporting provided to ICB/ ICS Executive Team/ ICB Board and NHSE Audit and Governance committee oversight and scrutiny ICB Strategic objectives and strategic risks System Delivery Board agendas and minutes Provider Collaborative Leadership Board minutes Health and Well Being Board minutes Measurement of relationship in the system: embedding culture of partnership across partners Coproduction Draft Integrated Care Strategy JUCD Operational Plan 	<ul style="list-style-type: none"> Draft 2023/24 Operational Plan in development Draft Integrated Care Strategy in development with the ICB Board and ICP. Development of Draft Joint Forward Plan
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Actions to treat threat	Action	Action owner	Due date	Committee level of assurance (eg assured, partially assured, not assured)		
				Has work started?	Committee/ Sub Group assurance	Committee level of assurance
Threat 1	Agree long term plan for resourcing GPPB	GPPB/ CN	Quarter 1 2023/24	Commenced	Primary Care Sub Group/GPPB	Partially assured
	Produce and embed the use of a universal prioritisation framework to guide resource allocation decisions.	ZJ	Quarter 1 2023/24	Commenced	PHSCC	Partially assured
	Complete 23/24 planning round and deliver robust system plan	ZJ	Quarter 1 2023/24	Commenced	PHSCC	Partially assured
Threat 2	Surge planning process established / all year-round planning approach – this does not prevent operational pressures but helps to predict and plan better the response	UECC Board / UECC SRO / ZJ	End Q1 2023/24	Commenced	UECC Board	Partially assured
Threat 3	Prioritisation process agreed in the system to better manage our time and use of resource	ICB / ICP	Quarter 1 2023/24	Commenced	PHSCC	Partially assured
Threat 4	Development of log System Board decisions	HD	Quarter 1 2023/24	Commenced	ICB Board	Partially assured
	Establishment System ICB Board Meetings	HD	Quarter 1 2023/24	Commenced	ICB Board	Partially assured

Strategic Risk SR8 – Finance and Estates Committee

Strategic Aim - To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.		Committee overall assurance level ICB Lead: Jim Austin, Chief Transformation Officer ICB Chair: Richard Wright, Chair of Finance and Estates Committee		Partially assured System lead: Keith Griffiths, Chief Finance Officer System forum: Finance and Estates Committee Data and Digital Board		Date of identification: 17.11.2022 Date of last review: 28.02.2023			
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the system does not: A. establish intelligence and analytical solutions to support effective decision making and B. deliver digital transformation.		Risk appetite: target, tolerance and current score RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 12		<p>Strategic Risk 8</p> <p>Y-axis: 0 to 14 X-axis: Nov-22, Dec-22, Jan-23, Feb-23, Mar-23, Apr-23, May-23</p> <p>Legend: Current risk level (solid blue line), Tolerable risk level (dashed orange line), Target risk level (dotted grey line)</p>		Initial 12	Current 12	Target 8
Strategic threats (what might cause this risk to materialise)	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 2. Agreement across the ICB on prioritisation of digital and technology activity may not be realised and therefore budget allocation and reconciliation process across ICB for digital and technology are not agreed. 3. Digital improvements and substitutions to clinical pathways are not delivered through either a lack of citizen engagement and/or clinical engagement		Impact (what are the impacts of each of the strategic threats) Threat 1 As a result of incomplete and non-timely data provision/analysis, the ICB will be hampered in the making optimal strategic commissioning decisions and it will require complex and inefficient people structures to ensure system oversight of daily operations. This will result in: <ul style="list-style-type: none"> A reduced ability to effectively support strategic commissioning and service improvement work A failure to meet national requirements on population health management, A reduced ability to analyse how effectively resources are being used within the ICB A failure to deliver the required contribution to regional research initiatives A continued paucity of analytical talent development and recruitment resulting in inflated costs Threats 2 and 3 <ul style="list-style-type: none"> Failure to secure patient, workforce and financial benefits from digitally enabled care and implementation of alternative care pathways highlighted in ICB plan; eg limited adoption of alternative (digital) clinical solutions (eg PIFU, Virtual Ward, self-serve on line) Failure to meet the national Digital and Data strategy key priorities (eg attain HIMMS level 5; cyber resilience) 						
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)		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)				
Threat 1	<ul style="list-style-type: none"> Agreed and publicly published Digital and Data Strategy Digital and Data Board (D3B) in place. This provides board support and governance for the delivery of the agreed Digital and Data strategy. D3B responsible for reporting assurance to ICB Finance and Estates Committee and assurance and direction from the Provider Collaborative Leadership Board. Strategic Intelligence Group established with oversight of system wide data and intelligence capability and driving organisational improvement to optimise available workforce and ways of working 		<ul style="list-style-type: none"> Prioritisation and investment decision making process is required to fully implement the data and intelligence priorities Permanent, funded structure for analytical team demonstrating <ul style="list-style-type: none"> Recruitment of a permanent Chief Data Analyst; Allocation of analytical resource from within current workforce; Development of analytical workforce in line with investment plan Strategic Intelligence Group needs formalising and structured reporting through to D3B and direct link to ICB Strategic Intent function and ICB planning cell. JUCD Information Governance Group needs formalisation and work required on using data for planning purposes 		<ul style="list-style-type: none"> Data and Digital Strategy CMO and CDIO from ICB executive team are vice chairs of the D3B. Regional NHSE and AHSN representation at D3B provide independent input. D3B minutes demonstrating challenge and assurance levels Provider Collaborative Leadership Board Minutes demonstrating challenge and assurance levels Monthly Reporting to Finance and Estates Committee, ICB Board, NHSE and NHS Executive Team Evidence of compliance with the ICB Scheme of Reservation and Delegation 				

	<ul style="list-style-type: none"> Analytics and business intelligence identified as a key system enabler and priority for strategic planning and operationally delivery in the Digital and Data strategy NHSE priorities and operational planning guidance 23/24 requires the right data architecture in place for population health management Digital and Data identified as a key enabler in the Integrated Care Partnership strategy 		<ul style="list-style-type: none"> A staffed, budgeted establishment for ICB analytics (workforce BAF link required) Data Sharing Agreements in place across all NHS providers, ICB, hospices and local authorities for direct care purposes.
Threat 2	<ul style="list-style-type: none"> Agreed and publicly published Digital and Data Strategy Digital and Data Board (D3B) in place. This provides board support and governance for the delivery of the agreed Digital and Data strategy. D3B responsible for reporting assurance to ICB Finance and Estates Committee and assurance and direction from the Provider Collaborative Leadership Board. Representation from Clinical Professional Leadership Group on D3B Digital programme team leading and supporting key work in collaboration with system wide Delivery Boards e.g., Urgent and Emergency Care, Elective to embed digital enablement in care delivery Digital and Data identified as a key enabler in the Integrated Care Partnership strategy NHSE priorities and operational planning guidance 23/24 requires the right data architecture in place for population health management 	<ul style="list-style-type: none"> 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 Clear prioritisation of clinical pathway transformation opportunities needs formalising through Provider Collaborative and ICB 5 year plan Stronger links / formalisation required to link the GP IT governance and activity to the wider ICB digital and technology strategy 	<ul style="list-style-type: none"> Data and Digital Strategy approved by ICB and NHSE CMO and CDIO from ICB executive team are vice chairs of the D3B. Regional NHSE and AHSN representation at D3B provide independent input. D3B minutes demonstrating challenge and assurance levels Provider Collaborative Leadership Board Minutes demonstrating challenge and assurance levels Clinical Professional Leadership Board Minutes demonstrating challenge and assurance levels Evidence of compliance with the ICB Scheme of Reservation and Delegation exploitation of Derbyshire Shared Care Record capabilities; demonstrated through usage data Acceptance and adoption of digital improvements by operational teams (COO, primary care and comms support needed – links to digital people plan and Delivery Board outcomes) A staffed, budgeted establishment for ICB digital and technology (workforce BAF link required)
Threat 3	<ul style="list-style-type: none"> Digital and Data Board (D3B) enabling delivery board and support governance established and responsible for the delivery of the agreed Digital and Data strategy D3B responsible for reporting assurance to ICB Finance and Estates Committee and assurance and direction from the Provider Collaborative Leadership Board Citizen's Engagement forums have a digital and data element ICB and provider communications team engaged with messaging (eg Derbyshire Shared Care Record) 	<ul style="list-style-type: none"> Data and Digital communication and engagement strategy required to increase awareness of digital technology and solutions available to support care delivery Development of a 'use case' library to help promote the benefits of digitally enabled care Improved information and understanding of Citizen and Community forums that could be accessed to discuss digitally enabled care delivery Increased collaboration with the Voluntary Sector across Derby and Derbyshire to harness capacity and expertise - Links to Rural Action Derbyshire (ICS lead on digital engagement) need strengthening 	<ul style="list-style-type: none"> ICB and provider communications plans with evidence of delivery Staff surveys showing ability to adopt and influence change Patient surveys and D7F results D3B minutes demonstrating challenge and assurance levels Provider Collaborative Leadership Board Minutes demonstrating challenge and assurance levels Clinical Professional Leadership Board Minutes demonstrating challenge and assurance levels Evidence of compliance with the ICB Scheme of Reservation and Delegation Data and Digital Strategy adoption reviewed through Internal Audit ICB Board Finance and Estates Committee Assurance Report to escalate concerns and issues. Public Partnerships Committee minutes demonstrating challenge and assurance levels

Actions to treat threat	Action	Action owner	Due date	Committee level of assurance (eg assured, partially assured, not assured)
Threat 1	<ul style="list-style-type: none"> Secure agreement on data resource funding Agree structure of ICB analytics team and role of Chief Data Analyst Recruitment of analytics team Formalisation of Strategic Intelligence Group governance Execution of planned investment in analytical skills development in line with ICB plan Formalise JUCD IG group and draft data sharing agreements for using data for purposes other than direct care 	Jim Austin / Darran Green Chris Weiner Chris Weiner Chris Weiner (CDA once appointed) Chris Weiner (CDA once appointed) Chris Weiner (CDA once appointed)/ Chrissy Tucker	By April 2023 June 2023 September 2023 June 2023 April 2024 June 2023	Partially assured Partially assured Partially assured Partially assured Partially assured Partially assured
Threat 2	<ul style="list-style-type: none"> Secure agreement on digital and technology resource funding Develop and roll out staff digital literacy programme Adopt ICB prioritisation tool to enable correct resource allocation Formally incorporate Primary Care digital and technology governance within D3B 	Jim Austin / Darran Green Jim Austin / Workforce lead/AR Jim Austin / Zara Jones Jim Austin / Chrissy Tucker	31 March 2023 October 2023 TBC – requires prioritisation tool June 2023	Partially assured Partially assured Partially assured Partially assured
Threat 3	<ul style="list-style-type: none"> Formalise link to Public Partnership Committee Work with ICB communications team and Provider communications teams to integrate digital strategy messaging into current engagement programme Deliver digital (and data) messaging through ICB communications plan 	Jim Austin /Sean Thornton Jim Austin /Sean Thornton Jim Austin /Sean Thornton	31 March 2023 June 2023 June 2023+	Partially assured Partially assured Partially assured

ICB – Board Assurance Framework (BAF)

Strategic Risk SR9 – Population Health and Strategic Commissioning Committee

Strategic Aim - Reduce inequalities in health and be an active partner in addressing the wider determinants of health.		Committee overall assurance level Partially Assured		ICB Lead: Zara Jones, Executive Director of Strategy and Planning ICB Chair: Julian Corner, Chair of PHSCC		System lead: Dr Robyn Dewis System forum: Population Health and Strategic Commissioning Committee		Date of identification: 17.11.2022 Date of last review: 01.03.2023	
Strategic risk (what could prevent us achieving this strategic objective)	There is a risk that the gap in health and care widens due to a range of factors (recognising that not all factors may be within the direct control of the system) which limits the ability of the system to reduce health inequalities and improve outcome.	Risk appetite: target, tolerance and current score			Initial	Current	Target		
		RISK APPETITE OR TOLERABLE LEVEL OF RISK as agreed by committee 12	<p>Strategic Risk 9</p> <p>18 16 14 12 10 8 6 4 2 0</p> <p>Nov-22 Dec-22 Jan-23 Feb-23 Mar-23 Apr-23 May-23</p> <p>— Current risk level - - - Tolerable risk level Target risk level</p>			16	16	12	
Strategic threats (what might cause this risk to materialise)	Strategic threats		Impact (what are the impacts of each of the strategic threats)						
	<ol style="list-style-type: none"> Resource required for restoration of services post-Covid impacts progress of health inequalities programme. The cost of living crisis worsens health inequalities. The population may not engage with prevention programmes. The ICS aim to achieve too much in too many areas with limited resources 		<ol style="list-style-type: none"> Delay or non-delivery of the health inequalities programme. Fuel/food poverty exacerbates or accelerates health conditions or diverts individuals from activities to support their health. The population are not able to access support to improve health. The ICS fails to make any impact rather than focusing on a small number of priority areas where the ICS can make an impact 						
Threat status	System Controls (what controls/ systems & processes do we already have in place to assist us in managing the risk and reducing the likelihood/ impact of the threat)	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)	System Gaps in Assurance (Specific areas / issues where further work is required to manage the risk to accepted appetite/tolerance level)					
Threat 1	<ul style="list-style-type: none"> Integrated Care Partnership Board in place with Terms of Reference agreed and work programme in place. Integrated Care Partnership (ICP) was established in shadow form and met in Public for the first time February 2023. NHS and ICS Executive teams in place. Core 20 Plus 5 work programme. Delivery Boards remit to ensure work programme supports HI. Programme approach in place in key areas of transformation to support 'system think' via system-wide cost: impact analysis inclusive of access and inequality considerations System-wide EQIA process supports identification of equalities risks and mitigations and reduces risk of projects/ programmes operating in isolation – and specifically decommissioning decisions Ambulance handover action plan developed – improvement trajectory agreed with NHSI – monthly improvement trajectories monitored at Boards 	<ul style="list-style-type: none"> Financial position and requirement to break-even / lack of funds to invest or double-run whilst transforming. Clear ICP work programme The national formula for funding GP practices (Carr-Hill) probably provides insufficient weighting for deprivation Development of system needs assessment Infection Rates – impact on recovery Limited capital - impact on recovery Under performance against key national targets and standards Single integrated improvement plans being developed with regular monitoring Relationships between various operating tiers of the ICS, in particular what a delegation and governance arrangements might be across the ICS (e.g. provider collaborative) in relation to place based delegation and governance arrangements. 	<ul style="list-style-type: none"> Measurement of relationship in the system: embedding culture of partnership across partners PHSCC assurance to the ICB Board via the Assurance Report and Integrated Quality Assurance and Performance Report. System Delivery Board agendas and minutes Provider Collaborative Leadership Board minutes Health and Well Being Board minutes ICP Agenda and minutes Coproduction Workforce resilience Demand in the system Audit and Governance Committee oversight and scrutiny HOSC EDI Committee reporting Derbyshire ICS Greener Delivery Group and minutes 	<ul style="list-style-type: none"> The Integrated Assurance and Performance Report is in place and will be developed further as reported to ICB Board. Draft 2023/24 Operational Plan in development Draft Integrated Care Strategy in development with the ICB Board and ICP. Development of Draft Joint Forward Plan 					

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

	<ul style="list-style-type: none"> Prevention work - winter plan and evidence base of where impact can be delivered. 					
Actions to treat threat	Action (to address gaps in controls)	Action owner	Due date	Committee level of assurance (eg assured, partially assured, not assured)		
				Has work started?	Committee/ Sub Group assurance	Committee level of assurance
Threat 1	<ul style="list-style-type: none"> Review alternative funding formula to Carr Hill – scope cost and logistics 	GPPB/ CN/ Finance	01/04/2024	Commenced	GPPB	Partially assured
Threat 2	<ul style="list-style-type: none"> Development of priorities for the ICP and delivery commences 	ICP/ZJ/KB	Quarter 1 2023/24	Commenced	ICP/PHSCC	Partially assured
Threat 3	<ul style="list-style-type: none"> Discuss approach with Public Partnerships committee 	Julian Corner/ Sean Thornton	30/04/2023	Commenced	Public partnerships Committee	Partially assured
Threat 4	<ul style="list-style-type: none"> Development of priorities for the ICB and delivery metrics 	ICB/ZJ/CW/CCo	Quarter 1 2023/24	Commenced	ICP/PHSCC	Partially assured