NHS Derby and Derbyshire Integrated Care Board

Appendix 2 - Derby and Derbyshire ICB Risk Register - as at December 2024

Risk Reference	Year	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating: Probability	Initial Risk Rating: Impact	Initial Risk Rating: Rating	Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating: Probability	Previous Rating: Impact	Previous Rating: Rating	Residual/Current Risk: Probability	Residual/Current Risk: Impact	Residual/Current Risk: Rating	Target Risk: Probability	Target Risk: Impact	Target Risk: Rating	Target Date	Link to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
01	24/25	The Acute providers may not meet the new target in respect of 78% of patients being seen, treated, admitted or discharged from the Emergency Department within 4 hours by March 2024, resulting in the failure to meet the ICB constitutional standards and quality statutory duties, taking into account the clinical impact on patients and the clinical mitigations in place where long waits result.	System Quality Group	Constitutional Standards/ Quality	3	4	12	- The ICB are active members of the Derbyshire Urgent and Emergency Critical Care Board (UECC) which has oversight and ownership of the operational standards. The performance dashboard is reviewed at each board meeting focusing on key standards such as the ED performance, C2 Performance, Ambulance Handovers, VW Utilisation etc. The report is a being further developed to allow the group to focus on trends and areas of improvement. This will provide greater scrutiny of performance areas of concern to be highlighted and acted upon accordingly - The System Operational Coordination centre (OCC) was established on 1st December 2022, operation 7/7 8am-6pm with on-call cover to support out of hours. The updated Minimal Viable product for the OCC was released by NHSE on 18/07/2023 and is currently being reviewed and actioned by the UEC team. The OCC have established daily system calls to check in with the system every morning at 9.30 this includes getting an operational update from each provider and raise any concerns and/or issues. When the system and/or a provider is in a state of escalation an update is shared with UEC leads, execs and on-call directors. - Providers update the OPEL reporting website daily by 11am and can escalate concerns and requests for support via the ICB urgent care team in hours, or the on-call director out of hours. - Shrewd has been deployed across the system and offers realtime oversight of the UEC system using real time data. Data quality is still being worked through but the aim is for Shrewd to offer a real time view of system pressures, enable the OCC to identify trends and support system reporting. - All providers across the Derbyshire Health and Social Care System participate in the System Tactical Group (silver command/tactical) and System Strategic Calls (gold command/strategic). These meetings are stood up by exception only. The purpose of this silver command level group is to co-ordinate and deliver the actions necessary to respond to significant issues which are affecting, or likely to affect, the functioning of an effective operation at a intra and inter sector level across the Health and Social Care System. This group reports into the System Escalation Group (SEC) which represents Gold Command. - ECIST have visited both UHDB sites, the team are working through the recommendations - NHSE have commissioned KPMG to review the midland systems to understand where the driving factors are, this review will help direct focus toward the improvements required in our system - NHSE colleagues visited CRH in November to conduct a peer review on their processes and pathways. Awaiting the report from NHSE - Non Elective Improvement Group reinstated at RDH, this forum reviews the performance and trajectories internally and also focuses on alternative pathways to improve the ED position. - Ambulance Handover Improvement Group (UHDB/EMAS/ICB) is in place weekly to review handover data trends, review pathways/processes and alternative pathways to ED such as direct to UTC/SDEC. This will support reducing the demand on our emergency departments. The direct to UTC pathway has been signed off and went live on 19/02/2024. CRH: 1. Discussions are ongoing with system partners with regards to increasing the discharge flow for patients who no longer have the right to reside, with a specific focus on P1 delays 2. The Executive Team (Medical Director, Chief Nurse & Chief Operating Officer) are having further discussions with the ED Senior Team to support Ambulatory Flow, with agreed key actions 3. Focused work continues to maximise capacity within SDEC, Frailty and co-located UTC, this is expected to reduce presentations to ED and increase flow within the department by fast tracking patients to these locations. UHDB: 1. Dailly data Breach validation process - currently saving c. 18 breaches / day. 2. Development and consistent operation and staffing of co-lo UTC on the QHB site launch 3/3. 3. Senior Decision maker / GP streamer in ED. Avoid ED disposition and see and treat wherever possible - current saving c. 5-15 breaches / day	Review of the Directory of Services to ensure all appropriate patients go to UTCs rather than EDs. - Improving ambulance handover times through increased senior ownership within EDs and applying Releasing Time To Care principles in EMAS. - Derbyshire is exploring the 45 minute handover initiative and is looking to implement across the system. The 45 minute policy highlights an opportunity to gain lost time back as well as many other benefits. An Operational working group has been established to work through how the system implement this locally. - The HALO role is no longer in place due to the post holder moving on to a new opportunity. Alternative options are being explored to support ambulance handover times. - Taking a system-wide approach to Same Day Emergency Care working to increase same-day discharges to improve patient flow. - Same day emergency care (SDEC) and Royal Derby Hospital (RDH) Co-located Urgent Treatment Centre (UTC) pathways have been developed and continue to increase for EMAS to access, in order to reduce the number of patients directed to ED. Discussions have started through Team Up on SDEC flow to community services to avoid inappropriate admissions through. - The SCC regularly review the OPEL dashboard to support their operational discussion and to give a full picture on their operational resilience, which supports the system to understand where the pressures are, the impact this has and actions required to support. However, it is important to note that there will be a phasing out of the Opel dashboard by the end of 2024 and Shrewd will be the main operational system that supports resilience. - The smart system Shrewd (live dashboard providing an overview of our system UEC pathways) is now implemented. The SCC continue to work with system partners on data quality and alignment with other operational reporting. The data quality improvement work is expected to continue until the end of September. - Daily regional 10am calls continue as Operational Coordination Centre (OOC) and Regional Control Centre (RCC) calls. - The SCC have the daily check in calls with system partners to support managing the day to day operations, improve system working and relationships. - NHS UTC Standards have been published. KPI's for all UTCs have been agreed, and work is ongoing to support the data collection which will monitor UTC performance against these standards. - From 18th March joint face to face working at EMAS Specialist Practitioners Hub in Ripley with CNH+SPoA MDT approach. Right Care First Time for patients, maximise community services and prevent inappropriate conveyancing and attendance at ED. -Awaiting decision of future funding of the CNH via the Operational Plan. Escalated to ICB Exec Team. - Continuously exploring opportunities to expand number of pathways going into the CNH/SPoA - Doing Hubs Once high level milestone plan in development. - Call before Convey to CNH SPoA for 75-year-olds & over commenced in September for 3 months. CNH Performance:- November EMAS Cat 3&4 Ambulance avoidance was 66%, a slight increase from October of 65%. This represents 673 ambulance dispatches avoided in November. The Mean response tine was 14 minutes in November with performance at 89.1%. 111 Online Cat 3&4 93% of patients avoided an ambulance with most patients being referred to a UTC/PCC (39%) or ED (18.6%). This represents a further reduction on ED attends compared to last month (22%). In Hours Primary Care Validation November saw 1774 cases to this service which is a decrease from October which stood at 1846. A total of 1560 patients were deflected. Most patients (43.7%) were referred to a UTC or PCC. 9.5% received self-care advice in November. Referral to patient's own GP was 13.5% in November, slightly lower than October (14.9%). EMAS Cat 3/4 - 9 Pathways outcomes (falls related) now live. Teams channel between CNH and EMAS EOC live, improving communication, building relations and understanding different services.	November 2024 performance CRH reported 78.1% (YTD 76.3%) and UHDB reported 72.6% (YTD 74.5%). CRH: The Type 1 attendances and Type 3 streamed attendances remain high, with an average of 241 Type 1 and 200 streamed attendances per day. UHDB: The volume of attendances remains high, with Derby seeing an average of 222 Type 1 adult attendances per day, 106 children's Type 1s and 174 co-located UTC. At Burton there was an average of 189 Type 1 attendances per day and 44 per day through Primary Care Streaming. The acuity of the attendances was high, with Derby seeing an average of 9 Resuscitation patients & 213 Major patients per day and Burton seeing 60 Major/Resus patients per day. The score remains at 20 is because the acutes are not meeting the 78% target and this is impacting on flow.	5	4	20	5	4	20	3	3	9	Ongoing	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Dec-24	Jan-25	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Amy Grazier Senior Operational Resilience Manager Dan Merrison Senior Performance & Assurance Manager Jasbir Dosanjh
06A	24/25	Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the ICB to move to a sustainable financial position. Delivery of 24/25 Financial Plan	Finance, Estates and Digital Committee	Finance	4	4	16	The System has committed to delivering a 5% CIP target in its 24/25 plan of £169.7m. Whilst delivering a deficit in 24/25, the recurrent schemes of £102.8m will move the System toward a more sustainable financial position. All schemes to be included within ePMO for monitoring. Actions are continually being taken against the detailed risk log to take smaller actions to mitigate the overriding risk. System strategies surrounding estates and digital plans, sharing risk across the System, and engagement into the ePMO to improve reporting, all play a part. Development of clear governance flows and ownership of transformation programmes have been identified. Assurance of delivery to be reported to PCLB, Place and SFEDC. Multidisciplinary ICS Planning Subgroup ensures full triangulation of plan with clinical input; allowing senior decision making and prioritisation of strategy. The System's liquidity position is considered; this period of financial challenge results in cash risks. A number of mitigating options have been provided including national solutions, enhanced management of working capital and PDC.	April Update: Finance, HR and Operational colleagues to work closer to understand the financial impacts of performance targets on a long-term planning model, alongside a strategy for estates and infrastructure. The need to focus on transformation and improvement going forward, alongside performance management; requiring System data intelligence. The System committed to the use of the ePMO to facilitate the management of ideas, schemes and transformations, which should be reinforced to ensure continued share of ownership. There is an increasing urgency to identify recurrent cost out transformation in order to move closer to financial sustainability. July update: Finance, HR and Operational colleagues to work closer to triangulate information and understand the in-year financial impacts of performance and delivery against plans.	November Update At M07, the ICS is reporting year-to-date adverse variance of £3.8m. Drivers of the variance remain consistent with previous months (see above). Guidance re the repayment of deficit funding is still awaited. Propose this risk remain at 20. The target risk of 6 is challenging.	4	5	20	4	5	20	2	3	6	Ongoing	SR4	Dec-24	Jan-25	Claire Finn, Interim Chief Financial Officer	David Hughes Director of Finance Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative
06B	24/25	Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the ICB to move to a sustainable financial position. Delivery of 2-year Break Even	Finance, Estates and Digital Committee	Finance	3	5	15	The System has committed to delivering a 5% CIP target in its 24/25 plan of £169.7m. In order to work towards the 2-year break even position and to financial sustainability the system will need to deliver the financial plan for 24/25 with a focus on the identification and delivery of recurrent schemes, some of which will need to focus on system-wide transformation. All schemes to be included within ePMO for monitoring. The risk log will need to be extended to a longer time frame with consideration of those risks arising in 24/25 that will have an impact on future years e.g. repayment of any national revenue support, in order for actions to be identified to mitigate the overriding risk. As with Risk 6a, System strategies surrounding estates and digital plans, sharing risk across the System, and engagement into the ePMO to improve reporting, all play a part. Revisiting and development of a medium term plan will support the early identification of future risks and issues that will need to be managed in order to deliver the 2-year position. Development of clear governance flows and ownership of transformation programmes have been identified. Assurance of delivery to be reported to PCLB, Place and SFEDC. Multidisciplinary ICS Planning Subgroup ensures full triangulation of plan with clinical input; allowing senior decision making and prioritisation of strategy.	April Update: Finance, HR and Operational colleagues to work closer to understand the financial impacts of performance targets on a long-term planning model, alongside a strategy for estates and infrastructure. The need to focus on transformation and improvement going forward, alongside performance management; requiring System data intelligence. The System committed to the use of the ePMO to facilitate the management of ideas, schemes and transformations, which should be reinforced to ensure continued share of ownership. There is an increasing urgency to identify recurrent cost out transformation in order to move closer to financial sustainability.	November Update The above measures/actions continue. SFEDC will undertake another assurance deep dive in November. Work has commence re the ICS's underlying position and will be shared with the Committee on a continual basis. It is proposed the risk remains at 20.	4	5	20	4	5	20	2	3	6	Ongoing	SR4	Dec-24	Jan-25	Claire Finn, Interim Chief Financial Officer	David Hughes Director of Finance Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative
09	24/25	There is a risk to patients on Provider waiting lists due to the continuing delays in treatment resulting in increased clinical harm.	System Quality Group	Clinical	4	4	16	• Risk stratification of waiting lists as per national guidance • Work is underway to attempt to control the growth of the waiting lists – via MSK pathways, consultant connect, ophthalmology, reviews of the waiting lists with primary care etc. • Providers are providing clinical reviews and risk stratification for long waiters and prioritising treatment accordingly.	• An assurance group is in place to monitor actions being undertaken to support these patients which reports to PCDB and SQP • Providers are capturing and reporting any clinical harm identified as a result of waits as per their quality assurance processes • An assurance framework has been developed and completed by all providers the results of which will be reported to PCDB • A minimum standard in relation to these patients is being considered by PCDB • Work to control the addition of patients to the waiting lists is ongoing	22 July 2024 - The Risk Stratification report Quarter 3 and 4 (2023/24) was presented to the System Quality and Performance Committee concerning Standard QS11 of the Quality Schedule: Risk Stratification and Harm in Long Waiters. The paper provided a more in-depth explanation and suggested a reduction in the risk score was contingent on receiving the awaited data from UHDB in August 2024. Therefore, it was agreed that the risk score remain at 16. August/September 2024 - The Risk Stratification Tool needs redesigning and adapting for Providers and the varying services they provided. Meetings are being arranged to begin the redesign discussions. October/November: The work is continuing, update expected for December. December: Providers have suggested no changes to the current Risk Stratification tool and this continues to be used to provide quarterly positions by CRH and DCHS. Information has not been provided by DHcFT to date for 2024/25 and this is being escalated through CQRG for action. UHDB have agreed a recovery plan for the back log of harm reviews which will be overseen by the UHDB Harm review group and report to CQRG for assurance. Work with providers to ensure the completeness of information continues.	4	4	16	4	4	16	3	2	6	Feb-25	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Dec-24	Jan-25	Prof Dean Howells Chief Nursing Officer	Letitia Harris Assistant Director of Clinical Quality
11	24/25	If the ICB does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS's Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change.	Audit and Governance Committee	Corporate	4	4	16	Helen Dillistone, Net Zero Executive Lead for Derbyshire ICS NHSE Memorandum of Understanding in place NHSE Midlands Greener Board established and meets quarterly Derbyshire ICS Greener Delivery Group established and meets quarterly NHSE Midlands regional priorities identified for 2024/25 Derbyshire Provider Trust Green Plans 2022-2025 approved by individual Trust Boards and submitted to NHSE Derbyshire ICS final draft Green Plan has been approved through the Derbyshire Trust Boards in 2022. The CCG Governing Body approved the Green Plan on the 7th April 2022. Approved ICS Green Plan submitted to NHSEI end March 2022 and confirmed CEO and GB sign off 7th April 2022. Derbyshire ICS Green Plan Action Plan in place and priorities identified. Development of Derbyshire ICS Green Plan Dash Board. Monthly Highlight Reporting to NHSE in place. Quarterly review meetings with NHSE Green Director Lead Approved ICS Green Plan submitted to NHSEI end March 2022 and confirmed CEO and GB sign off 7th April 2022. Derbyshire ICS Green Plan Action Plan in place and priorities identified. Development of Derbyshire ICS Green Plan Dash Board. Monthly Highlight Reporting to NHSE in place.	Helen Dillistone, Net Zero Executive Lead for Derbyshire ICS NHSE Memorandum of Understanding in place NHSE Midlands Greener Board established and in place Derbyshire ICS Greener Delivery Group established and in place NHSE Midlands regional priorities identified Derbyshire Provider Trust Green Plans approved by individual Trust Boards and submitted to NHSE Derbyshire ICS Green Plan 2022 - 2025 approved by Trust Boards and CCG Governing Body on 7th April 2022. Derbyshire System assessed as 'maturing' by NHSE in 2023, and actions identified to become 'thriving' Refresh of ICS System plan required in 2025.	December 2025: There have been further delays to the publication of the Green Plan refresh guidance which is now expected in the new year. Systems have been advised to start work on Green Plans and DDICS are progressing with stakeholder engagement to review the last plan and identify system priorities for the next three years. Capital funding is currently available to Trusts through the NHS Energy Efficiency Fund to be spent in year. Expressions of interest are also being requested for 2025/26 to support EV Charging infrastructure and the ICB are working closely with EMAS to ensure we are in strong position should the funding be made available. Incremental progress continues to be made pending publication of the guidance and we are still working to an indicative timeline of June 2025 for submission. Therefore the current risk score and target date are appropriate and realistic.	3	3	9	3	3	9	3	2	6	Jun-25	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Dec-24	Jan-25	Helen Dillistone - Chief of Staff	Katy Dunne Head of Corporate Programmes
13	24/25	Existing human resource in the Communications and Engagement Team may be insufficient. This may impact on the team's ability to provide the necessary advice and oversight required to support the system's ambitions and duties on citizen engagement. This could result in non-delivery of the agreed ICS Engagement Strategy, lower levels of engagement in system transformation and non-compliance with statutory duties.	Public Partnerships Committee	Corporate	4	4	16	• Detailed work programme for the engagement team • Clearly allocated portfolio leads across team to share programmes * Assessment of transformation programmes in ePMO system underway to quantify engagement workload. Ongoing assessment of ePMO programmes nearing conclusion. System comms leads have agreed distributed leadership approach to assessing work programmes within delivery boards and other system groups. Team has agreed portfolios and business partner arrangements to help horizon scan and plan for future work.	•Implementation of planning tool to track and monitor required activity, outputs and capacity •Links with e-PMO to embed PPI assessment and EIA processes into programme gateways •Distributed leadership across system communications professionals being implemented to understand delivery board and enabler requirements •Establishment of workstream approach to main programme areas to take place July/August 2022 to ensure prioritisation of projects is clear across system.	July: Further movement of staff on the communications side of the team, including one internal secondment to close temporary vacancy in Engagement Team. Continue to seek to understanding transformation priorities emerging from JFP refresh to support capacity assessment. August: Complete appointment for Internal Communications Manager and begun to understand process for confirmation of arrangements with an ongoing secondment, which will support the settlement of remaining temporary roles in the team. Manager on maternity leave returns in October. Ongoing conversations about JFP development will continue to support capacity assessment. September: Darzi review released to further support development on JFP/ICB priorities. Internal Communications manager commences 7.10.24. October: Engagement Manager returns from maternity leave. October: Review underway of system transformation programmes to assess existing links and capacity requirements. October: Engagement Team working on four major change programmes (Learning Disability Short Breaks, Community Transformation, Stroke Rehabilitation review, Urgent Treatment Centre review), with limited capacity to undertake additional programmes of significance. November: Communications Team capacity limited, working across staff event outputs and action plans, winter/pressures communications and significant BAU. Engagement Team continue to service five major change programmes (Fertility, Learning Disability Short Breaks, Community Transformation, Stroke Rehabilitation review, Urgent Treatment Centre review) with an assessment of the potential to require external capacity to support the engagement in Community Transformation. Work on 'ICB Front Door' approach may help streamline processes with other corporate teams. December: NHS 10-Year Plan public engagement programme being developed, drawing additional capacity across the team. Re-invigorated approach to Place communications discussed by Integrated Place Executive, aimed at broadening communications capacity to support this work from across the JUCD partnership.	2	3	6	2	3	6	2	2	4	Jan-25	SR3 SR4 SR5 SR7 SR8 SR9	Dec-24	Jan-25	Helen Dillistone - Chief of Staff	Sean Thornton - Director of Communications and Engagement
15	24/25	The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI	Audit and Governance Committee	Corporate	4	4	16	The current function in the process of delegation is Specialised Commissioning. Commissioning responsibility for 59 Acute Specialised Services were delegated to ICBs in April 2024. The transfer of support staff to the host ICB does not take place until July 2025. Responsibility for delivery sits with the East Midlands Joint Committee. A delegation agreement is in place for phase 1 which will be updated for phase 2. Six workstreams have been established to work through the necessary actions for safe and timely delegation, with an Executive Leadership Group established to provide strategic direction. The ICB has an established Programme Board to manage this programme of work for Derbyshire.	Pre-delegation assurance framework process completed and in place. Delegation framework for phase 1 - in place. Delegation framework for phase 2 expected. ICB Programme Board to work through next steps.	May: A Joint Controllers Agreement and DPIA has been shared which will be discussed at the Information Governance Assurance Forum at the June meeting – this sets out how information governance will be managed within the Specialised Services operating model. June: Impact score proposed to be decreased to a 2 as we are not seeing any impacts to date - risk can be increased again should the situation change. Furthermore, the oversight of these services has been included in the new structures where appropriate July: The probability is proposed to be reduced to a 2, lowering the overall score. There are no actions required of the ICB at this time and, whilst the ICB has overall responsibility for the service, the staff involved do not transfer to the host ICB until Spring 2025 and therefore the risk can be reduced for the time being. Work around the transfer will likely commence later this year and the risk can be increased if necessary at that point should any potential impacts be recognised. August/September - No changes this month. October: NHSE have now indicated that the staff transfer will take place in July 2025 rather than April. Changes are expected later in the year when further details and potential impacts are understood. November: No change. December: The mitigations and actions sections have been updated to reflect the Spec Com more specifically. No change to the risk score as we are still awaiting next steps on this	2	2	4	2	2	4	2	2	4	Feb-25	SR4 SR5 SR7 SR9	Dec-24	Jan-25	Helen Dillistone - Chief of Staff	Chrissy Tucker - Director of Corporate Governance and Assurance

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17	24/25	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.	Public Partnerships Committee	Corporate	4	3	12	The system has an agreed Communications & Engagement Strategy which continues to be implemented. This includes actions supporting broadening our communications reach across stakeholders, understanding current and future desired relationships and ensuring we are reaching deeper into the ICB and components parts to understand priorities and opportunities for involvement. The Public Partnership Committee is now established and is identifying its role in assurance of softer community and stakeholder engagement. Communications and Engagement Team leaders are linked with the emerging system strategic approach, including the development of place alliances, seeking to understand the relationships and deliver an improved narrative of progress. April: Engagement approach in IC Strategy underway with sessions during May. JFP engagement and stakeholder management approach now in development. August: JFP engagement approach remains in development.	*- Continued and accelerated implementation of the Communications and Engagement Strategy actions plan priorities across stakeholder management, digital, media, internal communications and public involvement. *- Continued formation of the remit of the Public Partnership Committee *- Key role for C&E Team to play in ICB OD programme *- Continued links with IC Strategy development programme *- Continued links with Place Alliances to understand and communicate priorities	October: Review underway of system transformation programmes to assess existing links and capacity requirements. October: Preparations underway for local engagement to support NHS 10 Year Plan, linked with Healthwatch organisations to partner on approach. November: Planning continues for local engagement to support NHS 10 Year Plan, co-produced with Healthwatch organisations. Planning for engagement to take place through January and early February and seeking to tie into other community engagement activities, eg with Derby Health Inequalities Partnership.. December: Local engagement approach launched for NHS 10 Year Plan, seeking to provide feedback on existing insight gleaned, identify work already underway and ask specific questions about 'three shifts' To be used as a launch pad for continuous conversation with the public about ICB and wider NHS progress.	4	3	12	4	3	12	3	2	6	Jan-25	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Dec-24	Jan-25	Helen Dillistone - Chief of Staff	Sean Thornton - Director of Communications and Engagement
19A	24/25	Failure to deliver a timely response to patients due to excessive handover delays. Leading to significant response times for patients whilst waiting in the community for an ambulance response, resulting in potential levels of harm.	System Quality Group	Clinical	5	5	25	**UECC mitigations.** 1.System leaders and clinician(s) in charge are aware of the risk across the acute pathway, including patients end route to hospital, awaiting an ambulance response as well as those already in the department. 2.Ambulance handover delays and the numbers of patients waiting for an ambulance response are reported at site-wide bed meetings to facilitate a system-wide response. 3.Named senior leads from both the acute and ambulance trust are responsible for overseeing the development and implementation of clinical handover processes which focus on patient safety. 4.Information sharing through the SCC and Daily System Call. 5.Escalation processes in place with SCC including process to stand up a dedicated call if required. 6.UECC Transformational leads to ensure proactive streaming, redirection and care navigation supports professionals directly access alternative appropriate community pathways and in hospital pathways, right care first time. **Discharge mitigations.** 1.Pathway operational group meet weekly (with the ability to step up to Daily) to expedite discharges to support flow within the acute trusts. 2.Discharge pathway improvement group meet weekly to provide a joined up approach to discharge improvement and to ensure pathways of care are working to an optimised model of delivery by defining the metrics required and monitoring performance and progress against agreed local targets.	**UECC actions to treat risk** •Monthly Ambulance Handover Improvement Group. The purpose of the group is to bring together the EMAS and acute colleagues to co-ordinate and deliver the actions necessary to respond to significant issues which are affecting, or likely to affect ambulance handover times and C2 performance. •Daily System call in place with representation from all system partners at an operational level. •Local system governance structures (SCC, tactical, strategic) to manage difficult decisions: Derbyshire System pressures quality review panel. Decisions and discussions held at a Tactical and Strategic level. •Shrewd (Smart System) being rolled out - which will provide live data across the UEC pathway. Data quality currently being worked through. •Overview of HHO delays and robust scrutiny of progress to delivery improvement trajectories. •Performance management of workforce and abstraction rates to ensure necessary resources are in place to respond to demand. •Regular monitoring of Actions and risk by CQRG. •Continued support for immediate and rapid handover including minimum care standards during times of POA. •Formally acknowledge the local and regional impact of handover upon C2 mean Both Acute sites have been supporting this target by focusing on their internal flow and turnaround times in the following ways. •Both acutes aim to turnaround within 15minutes - there has been a reduction in ambulance handover delays at both sites. •EMAS duty managers offer support to ED departments with the turnaround during busier periods. •Additional escalation areas identified (and in use when required) at RDH to support with offloading in a timely manner. •Additional pathways explored for EMAS with a direct referral into UTC and SDEC now available for EMAS clinicians to support their turnaround and ability to respond quickly. •Additional prevention work to reduce conveyance and ED attends with the linkage to CNH. Redirection of CAT 3 and CAT 4 patients to alternative appropriate pathways through the CNH Spa. Call before Convey to CNH SPoA for over 75-year-olds to start in September for 3-months •Implementation of EMAS Hospital Handover Harm Prevention Tool at Acute Trusts. •Ongoing work in commissioning Same Day Emergency Care and direct access to specialties such as surgery, gynaecology and urology and community providers implementing urgent two-hour community response to suitable patients, thereby increasing the number of patients who can be safely treated in their own homes.	5th December 2024 UECC Board Ambulance Handover UECC Board Update UECC Board performance pack •CRH Chesterfield had significantly more delays during October than for the previous year, with over 70 hours lost. However, numbers of ambulance arrivals were higher than last year •RDH had significantly higher delays during October, relative to the previous year, with 1,354 hours lost. Numbers of ambulance arrivals were lower in October though. All system partners have committed to supporting the 45-Minute Handover initiative and its implementation (Ambulance crews to transfer the patient into ED by a maximum 45 minutes after arrival if not off loaded with crew having done handover with ED team) A working group has been established and has been focusing on: Understanding the impact to each organisation and the capacity required to enable go live A review of internal escalation processes is being finalised, including approach to risk, at the acute trusts and EMAS A local timeline has been proposed and is being discussed at the working group on 28/11/24 Implementation of UEC rapid action plan and confirmation of system readiness in on-going Agreement to dynamically manage risk to maintain under 45-minute handovers The EMAS Standard Operating procedure is going through the final governance processes System comms leads are linked into the work and will support with messaging within EMAS, the acutes and wider system Review and update escalation protocol and relevant policies Cascade any changes via on-call training across the system System Winter Weekly Monitoring Group meeting, well attended by all partners discusses a comprehensive data pack including ambulance handover impact by Acute Trust setting.	5	4	20	5	4	20	2	5	10	Ongoing	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Dec-24	Jan-25	Dr Chris Weiner Chief Medical Officer	Andrew Longbotham
19B	24/25	The risk of delayed or inadequate patient discharge is heighted by factors including, unsuitable home environments, limited availability of community and home care services, and delays in providing necessary and equipment. Poor coordination among health providers, insufficient rehabilitation and long-term care options, rigid discharge policies, and ineffective communication and data management is further exacerbated by seasonal increases in patient volumes and inadequate transport services. The result is that the system struggled to effectively manage and support patient transitions from hospital to home or long-term care, leading to potential harm and unmet patient needs.	System Quality Group	Clinical	5	2	10	Pathways Operations Group established to monitor pathway numbers and provide a forum to escalate concerns with system partners. An escalation framework developed throughout October and to be signed off during November. Recruitment to Winter System Coordination Lead throughout November to proactively support escalations, seek earlier additional support and ensure all provider actions are undertaken. Discharge Planning and Improvement Group monitoring workstream progress for key discharge priorities as outlined in the Discharge Improvement Strategy for Joined Up Care Derbyshire. System daily flow calls.	Developed a discharge escalation framework to maintain flow to reduce harm associated with delays - Completed Nov 24. Improving the involvement of people who are being discharged in shaping discharge outcomes and pathway developments. Create a single data and intelligence approach to help us manage transfers of care between settings and reduce unnecessary delays. Enhancing the offer for people returning home with no formalised care or support needs, including improving transport and "settling in" support. Adult Social Care Discharge Fund panel approved additional ringfenced ambulances for discharge from 1st Oct anticipated 500 journeys/month. ICB supporting work to look at Easter 2025 period when EMAS contract ends. Delivering our agreed operating model or home based reablement and rehabilitation so more people can go home and stay at home after a stay in an acute hospital. Improve coordination with community health services to ensure availability of support personnel and resources : integration of health and social care. Consultation Section 75 with Derbyshire County Council and DCHS to launch Dec 24. Transforming our operating model for reablement and rehabilitation in a bed-based setting so more people can return home, and to ensure less people going into permanent care straight from hospital (Pathway 3). Create a multi-disciplinary team for Derby and Derbyshire to take responsibility for individuals needing discharge from hospital to deliver our mission of "Why not home? Why not today?" Phased approach to CTH development to be launched, commencing with out of area discharges. Embed a culture and practice of "Trusted" information sharing so we complete assessments outside of hospital and make sure these are "strengths based". System Quality Group approved piloting of Trusted Intermediate Care Referral (TICR). Older peoples mental health services to support private providers and engage with new providers to create suitable placements for patient's with organic diagnosis. Adult mental health services- to reduce discharge delays, support Early Discharge where appropriate and support with re-entry to the community. Providing the support needed to sustain the progress achieved during in-patient care.	September: Risk score revised to 8 by the Strategic Discharge Group. October: System Quality Group members agreed in principle to the decrease but asked for further detail around the reasoning for this decrease. This is now provided by the Strategic Discharge Group: The Strategic Discharge Group (SDG) have developed a better structure to record and manage risks, along with a dedicated discharge improvement team with a better defined governance structure. In reviewing the SDG's internal risk register all risks have been rescored which has given the overall average risk score of 8. November/December: At the SQG on 5th November- the membership didn't agree to the risk score decrease, whilst recognising the work being carried out by the Strategic Discharge Group. As the Chair, the Chief Nursing Officer is liaising with the Strategic Discharge Group to discuss the rationale and reasoning behind the decision. Subsequently, the risk score remains at a high 12 currently. September/October: Developing discharge delivery plans against all priorities outlined. Plan to reinstate winter patient transport service to support with discharge flow. 'Transport and settle' schemes to take patients home and settle in from discharge to be procured, likely start date from Winter 24/25. Workstream progress reported monthly via Discharge Planning and Improvement Group. Discharge Improvement Strategy finalised outlining key priorities, what good looks and how it can be measured. Discharge reporting updated as per 360 Assurance actions	3	4	12	3	4	12	3	2	6	April 2026	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Dec-24	Jan-25	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD
19C	24/25	Lack of digital interoperability across information platforms leads to inadequate visibility of discharge information and communication between providers. There are a lack of effective performance indicators to monitor and manage discharge processes. Inadequate data collection and analysis to identify bottlenecks in discharge pathways. Lack of system data intelligence to inform decision making to manage risks when in system escalation.	System Quality Group	Clinical	5	3	15	Weekly Discharge to Assess (D2A) summary data pack developed and circulated amongst partners. Pathway Data Group provides a joint forum to escalate data concerns and aim to find solutions - Discharge Planning and Improvement Group developed a Logic Model for discharge data and have requested support for this from the Pathway Data Group. Doing Hubs Once and Care Transfer Hub working groups established to identify the gaps and create a joined up approach to managing them. OPTICA system rolled out at CRH and UHDB to provide increased visibility. CRH utilising OPTICA in daily escalations - increased understanding of delay reasons and where to focus efforts. UHDB developing an implementation plan to complete roll out by Mar 2025.	Use data analytics to track and analyse discharge trends, identifying and addressing bottlenecks. Development and implementation of an interoperability API and system-level data warehouse will enable information flows between existing systems. Implement key performance indicators (KPIs) to monitor discharge processes and identify areas for improvement. Pathway data group to support the development of a data dashboard as outlined in the logic model Care Transfer Hub to be developed to monitor and own system data. Initial digital specification drafted. Interim digital solutions scoped ready to support a pilot.	September-December: Logic model for discharge metrics shared with Pathway Data Group and NECS for support.	5	3	15	5	3	15	3	2	6	October 2025	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Dec-24	Jan-25	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD
20	24/25	Under the Immigration and Asylum Act 1999, the Home Office has a statutory obligation to provide those applying for asylum in England with temporary accommodation within Derby City and Derbyshire. Due to the number of contingency Hotels in the city and county there is concern that there will be an increase in demand and pressure placed specifically upon Primary Care Services and Looked After Children Services in supporting Asylum Seekers and unaccompanied asylum seekers with undertaking health assessments.	System Quality Group	Clinical	4	5	20	Local Partners continue to work closely together and meet regularly with the Home Office, SERCO and the East Midlands Councils Strategic Migration Team to discuss any issues, concerns or points to escalate in regard to the Contingency Hotels. Health and Social Care are providing services to meet the needs of the service users placed within our area.	Regular meetings with the Home Office, Serco and East Midland Councils Strategic Migration team to discuss concerns/ issues identified and points to escalate further – meetings have been taking place weekly and now going to be fortnightly DDICB are working closely with Primary Care Networks/ GP practices to commission/ deliver Primary Care Services to asylum seekers placed within our geographical area - all hotels and IAA have GP practice cover Both Health and Social Care services to continue to meet the statutory needs of looked after children - although under significant pressure Looked after children services are being offered All partners working closely together to try and meet the needs of asylum seekers and raise any concerns to the Home Office, SERCO and East Midlands Councils Strategic Migration team - concerns/ issues identified are being raised via meetings. Formal letters of concern have also been written to the Home Office.	21/7/24 there is no change to this risk - 4 hotels remain open - no date at this point to close the settings. 14/08/24 There are now 4 remaining hotels out of 7 hotels in the Derbyshire footprint. Due to the recent far right protests the Home Office, SERCO and Police across the country have been on increased alert due to the potential risks to the residents in the hotels. No current plans to close the remaining 4 hotels at this point September: The situation with the hotels it is a long standing issue and managed with relevant escalation processes in place, therefore the risk score is recommended to be decreased to a high score of 9 to reflect the mechanisms in place. However, 4 hotels remain open and there are no plans for closure at this stage. October - No change in the position - 4 contingency hotels remain open in Derby / Derbyshire area. November 2024 update - there continues to be 4 contingency hotels in the county and city - with no plans to close any of the settings. Hotels are all providing accommodation for adult males. December: This risk was discussed at Quality and Safety Forum to consider if this is a risk that should continue as there are no changes in relation to the four hotels closing in the near future, along with the ongoing risk of more hotels being stood up, this being a Home office decision. The Forum agreed to propose the risk for closure, this is felt as 'business as usual'. As an ICB we will work with our Primary care team in the community, our partners and health providers and Home office should any issues arise.	3	3	9	3	3	9	3	3	9	November 2024	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Dec-24	Jan-25	Prof Dean Howells Chief Nursing Officer	Michelina Racioppi Assistant Director for Safeguarding Children/ Lead Designated Nurse for Safeguarding Children
21	24/25	There is a risk that contractors may not be able to fulfil their obligations in the current financial climate. The ICB may then have to find alternative providers, in some cases at short notice, which may have significant financial impact.	Finance, Estates and Digital Committee	Finance	4	4	16	Understand financial pressures facing our providers. Maintain Contract Database Proactive Procurement November: Work with colleagues in the ICB and wider GP community to pick up early warning signs for practices at risk of handing in their contracts and, if it does happen, work rapidly with the same group to intervene and secure cover.	Contractors will at short notice inform the ICB that they can no longer fulfil their contractual obligations. This risk should cover a wide range of contracts from the supply of health care (General Medical practitioners and Individual care packages) to the supply of goods and services. Maintain a close working relationship with key with providers. Use contract database to understand which contracts are due for renewal and plan well ahead. Work closely with colleagues in A&GEM Procurement team to ensure we are aware of latest information available in the various markets the ICB works in	Sept-Oct : The risk level has not changed because GP providers are still reporting financial and workforce challenges to maintain safe and effective services for our population. Currently we do not have any practices wishing to hand back contracts, but this remains a risk and we continue to work on mitigations as described above. GPs are currently undertaking collective action to work within their contractual obligations. To date the impact of this has been manageable and we are working with other providers to continue to monitor and mitigate the impact. November/December : Other healthcare contracts: NHS E issued guidance on revised cost uplift factor to take into account the pay award changes, the net CUF has increased from 0.6% to 3.9% to be applied to those NHS and non-NHS providers covered by the NHS Payment System. For providers on a local price payment mechanism the uplift is subject to the terms of the contracts (for contracts which span a number of years uplifts may have been already accounted for). Organisations who employ staff on Agenda for Change Terms would also be eligible for the uplift. To note, where a provider is facing risk associated with financial sustainability processes are outlined within the contract conditions which need to be followed in the first instance to determine whether actual financial risk exists i.e. open book review. NHS E Framework: To note that NHS England has a variety of frameworks in place which the ICB can call off to procure goods and services from pre-approved suppliers. These frameworks are designed to streamline the procurement process, ensure value for money, and facilitate rapid mobilisation of services when needed. Atamis (contract database) progress update: Next steps relate to the ICBs contracts being uploaded onto the database. Issue identified in terms of staffing capacity constraints as dedicated time is required to undertake training to become fully conversant with the system along with the system reporting capabilities.	3	4	12	3	4	12	2	3	6	Ongoing	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Dec-24	Jan-25	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Craig Cook Director of Acute Commissioning, Performance and Contracting & Clive Newman Director of Primary Care
22	24/25	National funding for pay awards and the application to staff who are not on NHS payrolls. Consequently there is a an increasing risk of legal challenge as well as real, emerging loss of morale for over 4,500 staff across the Derbyshire system which could affect recruitment and retention of critical frontline colleagues.	Finance, Estates and Digital Committee	Finance	5	5	25	The only mitigation rests with Treasury as the funds required to equalise pay across the system have not been made available to the NHS nationally; it is not just a Derbyshire problem but rather a national one.	As the ICB cannot mitigate against this risk it must be accepted. The organisations which are affected are aware of this decision and the further risk to the health and care system is that staff may be demotivated, feel undervalued, feel that they are being treated unfairly and may leave the organisations, therefore increasing the risk of inadequate workforce in Derbyshire to support our patients.	August Update Work is on-going to assess the impact of this issue. This includes understanding if other ICBs should be contributing towards this funding shortfall. The ICB is liaising with the NHSE national team to better understand the methodology/rationale in respect of this allocation distribution. September Update Information still awaited from NHSE. The ICB is quantifying the potential impact of this issue. It is proposed the risk remains at 12. October Update National pay award funding has been received. An initial review suggests that funding is sufficient. This issue will be reviewed in-month and if funding is sufficient, the risk will be reduced or removed for M07. November Update National pay award funding has been received. Following review, it is considered funding is sufficient. This is no longer a risk - propose closure of this risk per discussions at the October Committee.	3	4	12	3	4	12				Ongoing	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Dec-24	Jan-25	Claire Finn, Interim Chief Financial Officer	David Hughes Director of Finance
23	24/25	There is an ongoing risk to performance against RTT and the cancer standards due to an increase in referrals into UHDB resulting in significant capacity challenges to meet increased level of demand for diagnostic investigations, diagnosis and treatment.	System Quality Group	Clinical	4	4	16	The change in referral over last 18mth a result of a range of factors - including Staffs practices focusing on early cancer diagnosis, changes in how services are configured/offered across west midlands and increased use of Tamworth/Lichfield all of which influence patient/GP choice of providers. UHDB in tier 1 for cancer performance so plans being managed through national oversight to develop recovery action plans.	•Recruitment to range of posts funded through EMCA to support recovery. •Prioritisation of Best Practice timed pathways across key tumour sites – LGI, Urology, Skin and Gynae •Development of UHDB tumour site recovery action plans (with support from NHSEI IST team) due – Oct-23 •Development of referral triage functions: Gynae, LGI and Urology •Work underway to understand drivers for variance in Histology TAT at tumour site level. •Work going to enhance access to PET scanning (Longer term ambition to develop PET service within Derbyshire) •Oncology challenges supported through regional alliance support – longer term workforce development	May - Risk description revised to reflect the wider challenges in terms of acute capacity to meet the demand of ALL referrals. Productivity work being led through planned care delivery board/Provider collaborative and referral optimisation work being refreshed June- DA gynae pathway now in place and work developing to fully implement FIT pathway. Referral optimisation will sit in Planned care delivery board going forward and cover planned care, cancer and diagnostics. July - recovery actions to support performance being managed through system recovery plans and PCDB and include acute productivity plans and insourcing to mitigate risks around demand outstripping capacity. August/September- Ongoing recovery actions to support performance being managed through system recovery plans and PCDB and include acute productivity plans and insourcing to mitigate risks around demand outstripping capacity. October - Current recovery efforts to enhance performance are being managed through system recovery plans and PCDB. These efforts include acute productivity plans and insourcing to address the risk of demand exceeding capacity. Work ongoing to address the acute waiting list growth through a range of actions managed through PCDB. November/December - Specific work being carried out around managing waiting list growth including waiting list validation. Due to the risk being long term, the risk score remains the same, waiting lists have doubled in the last four years.	4	4	16	4	4	16	2	4	8	Feb 25	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Dec-24	Jan-25	Prof Dean Howells Chief Nursing Officer	Monica McAlindon Associate Director of Planned Care

Risk Reference	Year	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating			Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating			Residual/ Current Risk			Target Risk			Target Date	Link to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
					Probability	Impact	Rating				Probability	Impact	Rating	Probability	Impact	Rating	Probability	Impact	Rating						
25	24/25	There is a risk of significant waiting times for moderate to severe stroke patients for community rehabilitation. This means, patients may have discharges from acute delayed, be seen by non-stroke specialist therapists and require more robust social care intervention.	System Quality Group	Clinical	4	5	20	•Risk matrix in community services is used to triage referrals- this addresses risk and clinical need and is used to prioritise waiting lists •Regular waiting list reviews are conducted in community to ensure patient needs/risk continue to be managed. This is done every 12 weeks to ensure patients are in the right place from a triage decision perspective. •When referral is accepted the service, patients receive condition specific resources which includes signposting to services and wider resource packs. Guidance is given on when to contact services, which is based on the risk matrix. •Staffing resource is redeployed/flexed across the county to manage staffing shortfalls. •Advice clinic has been established to allow non-specialists to bring Stroke and Neuro cases for advice from stroke specialists. •Provider Collaboration Leadership Board (Nov 23) and NHSE (Jan 24) have agreed to provide oversight and assurance to the project.	•Undertake a review of current service provision to better understand the patient level impact of the current service •Explore opportunities alongside the Stroke and Neuro Rehabilitation task and finish group partners for rapid service improvement measures •Develop business case for enhanced funding to move the service in line with regions best practice. The Integrated Stroke Delivery Network have identified recommendations for improvement that relate to commissioning, access, service gaps, low staffing levels, psychology provision and life after stroke. Implemented Public Engagement (Oct 24)	•A plan for a rehabilitation review has been developed •Key system partners have been engaged at Chesterfield Royal hospital, Royal Derbyshire Hospital, Derbyshire Community Health Service, Derbyshire Mental health Foundation Trust and the Stroke Association. •Work is ongoing to extract service level data from the system to describe the current system challenges •Patient experience leads have developed and implemented a plan to engage patients and carers across Derbyshire to understand their experiences of the stroke rehabilitation pathway •Staff engagement sessions are planned to explore opportunities for service development, integrated working and service efficiency. •A paper outlining current service provision will be presented to the Stroke Delivery Board on the 15th may with recommendations to develop a business case for enhanced Clinical Psychology input and to review VCSE provision alongside the core rehabilitation review. •Commenced the data extraction and patient engagement activity. The priority is to understand in greater detail the impact of current service provision on patients. •Escalated issue to the Stroke Delivery Board September: Meeting with the Health Overview and Scrutiny Committee (HOSC) and engagement starts at the end of September. October- Case for Change and Engagement Plan presented to City and County HOSC, and the Public Partnership Committee. Boards support paper and request future options are presented back to the Boards for assurance. The engagement plan has been implemented. This includes launch of engagement platform, public survey and public meetings. Task and Finish Group have commenced development of service opportunities. November- Public engagement to finish 24th November. Presented progress to Quality and Performance Committee. Service options and business case in development. Dec- Providers continue to develop service options and patient pathway. Engagement feedback being collated to support development of options. There will be no reduction in score until the Stroke Rehab service review is completed and new model is implemented.	4	4	16	4	4	16	2	4	8	March 2025	SR1,SR2,SR4,SR7,SR9	Dec-24	Jan-25	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance
27	24/25	As a result of the introduction of the new provider selection regime, existing processes to connect PPI governance into change programmes may weaken. This may result in services not meeting needs of patients, reduced PPI compliance, risk of legal challenge and damage to NHS and ICB reputation.	Public Partnerships Committee	Clinical	3	4	12	•PPI Assessment Form included in ePMO gateway process. •Establishment of ICB Procurement Group, with C&E Team membership. •C&E staff directly connected to procurement process. •Portfolio/BP relationships with directorates and teams to understand workload.	•Establish and strengthen role within ICB Procurement Group to understand business timetable and contracts register. Understand opportunities for horizon scanning and compliance. •Raise awareness of PPI Governance Guide with ICB Procurement Group membership and other key figures to build capacity to spot, challenge and raise risks. •Continue links with ePMO team, including new lead, to maintain PPI assessment process.	June: ICB Commissioning and Procurement Group meeting and identifying opportunities to strengthen processes. Communications and Engagement Team represented on the group and able to play advisory role to embed PPI and equality good practice. Expected that this risk can reduce by end of Q2. July: Ongoing strengthening of policy and process through the Commissioning and Procurement Group, with full Communications and Engagement Team involvement. The risk score is proposed to be decreased to 9 due to having a process in place that the Communications and Engagement team are now engaged with. August: Ongoing strengthening of policy and process through the Commissioning and Procurement Group. Commissioning Cycle training to be explored which will help embed PPI processes. September: ICB Delivery Group to review existing processes in support of commissioning cycle, including PPI and EIA elements. October: Ongoing work to review processes as part of commissioning cycle. November/December: Work on commissioning cycle continues, alongside Commissioning & Procurement Group establishment. Risk hasn't materialised and is mitigated to the extent that this risk may now be closed. PPC agreed this in principle at its meeting on 26/11/24 and will discuss again at the next PPC business meeting.	3	3	9	3	3	9	2	3	6	March 2025	SR1,SR2,SR3,SR4,SR5,SR7,SR8,SR9, SR10	Dec-24	Jan-25	Helen Dillistone - Chief of Staff Michelle Arrowsmith, Chief Strategy and Delivery Officer, and Deputy Chief Executive	Sean Thornton - Deputy Director Communications and Engagement
32	24/25	Risk of the Derbyshire health system being unable to deliver it's capital programme requirements due to capacity and funding availability.	Finance, Estates and Digital Committee	Finance	4	4	16	Following the recent recruitment of key Senior Finance posts within the ICB additional resource is now available to support the management and reporting of the capital programme for the system. The System has identified a lead for undertaking capital prioritisation and allocations being the JUCD Provider Collaborative Strategic Finance Lead. Prioritisation of capital programmes is undertaken across providers in order for the system to develop a plan in line with the allocations available. .	The System will need to identify a new SRO to take over from the current position holder once they leave the system to take up a new role. A review of the capital prioritisations should include a system-wide view in addition to the traditional individual organisations view, in order to ensure the Derbyshire health system makes best use of the limited resources available to deliver on local & national priorities and maintaining safe and effective patient care within suitable healthcare environments. Further lobbying to NHSE for additional funding in relation to specific requirements, including the eradication of mental health dormitories and IFRS16 lease requirements.	October/November: System capital prioritisation meetings under the chair of the JUCD provider collaborative finance lead have now reconvened – having met twice since the last update. Whilst there remains a forecast adverse to plan on system capital, the prioritisation group have stepped up a piece of work to understand what can be slipped into 2025/26 and are committed to delivery of a capital programme in line with the resource available. December: Capital is at risk over overspending to the value of £4m. The drivers of this are £4m Mental Health Dormitories; however a query remains with NHSE re the reporting and funding of national Ambulance replacements of £1.8m. Boards have been asked to give assurance in M8 to the deliverability of the capital plans, however the £4m Dorm overspend remains unfunded at the point of submission of the Board assurance. An additional capital bid has been submitted to NHSE which will remove the impact of this from the system position, however we are awaiting confirmation of this funding.	3	4	12	3	4	12	2	3	6	Ongoing	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Dec-24	Jan-25	Claire Finn, Interim Chief Financial Officer	Jennifer Leah Director of Finance
33	24/25	There is a risk that the current contractual dispute with Midlands and Lancashire CSU (MLCSU) may result in a failure to deliver against national statutory performance and financial targets leading to a reputational risk for the ICB.	System Quality Group	Clinical	4	4	16	As a result of the dispute MLCSU has implemented a vacancy freeze for the Derbyshire Contract which they hold with the ICB. The vacancy freeze is impacting on the number of reviews undertaken, this impacts on CHC spend and the national statutory key performance indicators (KPI). Discussions are currently underway between ICB Chief Finance Officer (CFO) and the Finance Director at MLCSU to try and resolve the contractual dispute. If resolved this will help to mitigate the issues. 3 meetings have been held with MLCSU to discuss delivery of their Quality and Performance KPI's. When the dispute is resolved financially there will be an agreed improvement plan against delivery of these KPI's.	Monthly Operational and Contract Management meetings in place. Monthly monitoring of KPI delivery both locally and with NHSE Midlands. CFO to CFO discussion to resolve dispute. Meetings with MLCSU to identify KPI improvement plans.	Series of 3 meetings in place for October and November 2024 to discuss KPI and contract delivery with MLCSU. December: Meetings now concluded. Work underway to agree an improvement plan to implement once dispute is resolved. The risk score remains the same as the discussions CFO to CFO have only just commenced. Once the dispute is resolved then we may be able to refresh the target date but not at present.	4	4	16	4	4	16	2	4	8	October 2025	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Dec-24	Jan-25	Prof Dean Howells Chief Nursing Officer	Jo Hunter Deputy Chief Nurse