NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC AGENDA

18th September 2025 at 9:15am to 11am

Hasland Village Hall, Eastwood Park, Hasland Road, Chesterfield S41 0AY

"To support people in Derby and Derbyshire to live their healthiest lives, creating a sustainable, joined-up health and social care system for now and the future".

Our aims: to **improve outcomes** in population health and healthcare; **tackle inequalities** in outcomes, experiences and access; enhance **productivity and value for money**; and support broader **social and economic development**.

This meeting will be recorded – please notify the Chair if you do not give consent

Ref	Time	Item	Presenter	Type	Enc.
Introductory Items					
ICBP/2526/048	09:15	Welcome, introductions and apologies: Adedeji Okubadejo, Sue Sunderland, Paul Simpson	Dr Kathy McLean	–	Verbal
ICBP/2526/049	-	Confirmation of quoracy	Dr Kathy McLean	–	Verbal
ICBP/2526/050	-	Board Member Register of Interests	Dr Kathy McLean	Information	✓
Minutes & Matters Arising					
ICBP/2526/051	09:20	Minutes from the meeting held on 17th July 2025	Dr Kathy McLean	Decision	✓
ICBP/2526/052	-	Action Log – July 2025	Dr Kathy McLean	Discussion	✓
Leadership					
ICBP/2526/053	09:25	Citizen Story: Community Growth	Helen Dillistone, Donna Booth, Natalie Peace	Information	✓
ICBP/2526/054	09:40	Chair's Report	Dr Kathy McLean	Information	✓
ICBP/2526/055	09:45	Chief Executive Officer's Report	Dr Chris Clayton	Information	✓
Strategy					
ICBP/2526/056	10:00	Neighbourhood Health Update	Michelle Arrowsmith, Nicki Doherty, Dr Penny Blackwell, Jim Austin	Assurance	✓
Delivery and Performance					
ICBP/2526/057	10:10	JUCD Seasonal Plan – Winter 2025/26 • Board Assurance Statement	Prof Chris Weiner	Assurance/ Decision	✓
ICBP/2526/058	10:20	Integrated Performance Report	Executive Directors, Committee Chairs	Assurance	✓

Ref	Time	Item	Presenter	Type	Enc.
Governance & Risk					
ICBP/2526/059	10:30	Integrated Care Board Risk Register Report - as at 31st August 2025	Helen Dillistone	Decision	✓
ICBP/2526/060	10:35	Committee Assurance Reports • Audit and Governance Committee • Finance and Performance Committee • Strategic Commissioning and Integration Committee • Quality, Safety and Improvement Committee • Remuneration Committee • Joint Transition Committee	Committee Chairs	Assurance	✓
For Information					
ICBP/2526/061	10:45	ICB Annual Assessment Outcome Letter 2024/25	Dr Kathy McLean	Information	✓
Closing Items					
ICBP/2526/062	10:50	Risks identified during the course of the meeting	Dr Kathy McLean	Discussion	Verbal
ICBP/2526/063	-	2025/26 Board Forward Planner – Public	Dr Kathy McLean	Information	✓
ICBP/2526/064	10.55	Questions received from the public relating to items on the agenda	Dr Kathy McLean	-	Verbal
ICBP/2526/065	-	Any Other Business			
ICBP/2526/066	11:00	Close	Dr Kathy McLean	-	Verbal

Item 050

NHS DERBY AND DERBYSHIRE ICB BOARD REGISTER OF INTERESTS 2025/26

*denotes those who have left, who will be removed from the register six months after their leaving date

Surname	Forename	Job Title	Also a member of	Declared Interest (Including direct/ indirect Interest)	Type of Interest				Date of Interest		Action taken to mitigate risk
					Financial Interest	Non Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	
Arrowsmith	Michelle	Chief Strategy and Delivery Officer/ Deputy Chief Executive Officer	Finance & Performance Committee Strategic Commissioning & Integration Committee ICS Executive Team Meeting Midlands 111 Board Gender Dysphoria Working Group Planned Care Board Strategic Delivery Group (Ambulance)	Director of husband's company - Woodford Woodworking Tooling Ltd				✓	01/11/14	Ongoing	No action required as not relevant to any ICB business
Austin	Jim	Participant to the Board for Place	Primary & Community Care Delivery Board Chair of Digital and Data Delivery Board Integrated Place Executive ICS Executive Team Meeting Derbyshire County Place Partnership Board	CEO of Derbyshire Community Health Services NHS Foundation Trust	✓				16/09/24	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Spouse is a locum GP and the Local Place Alliance lead for High Peak (8 hours per week)				✓	01/11/22	Ongoing	
Bhatia	Avi	Participant to the Board for the Clinical & Professional Leadership Group	Chair - Clinical and Professional Leadership Group, Derbyshire ICS Strategic Commissioning & Integration Committee Erewash Place Alliance Group Primary & Secondary Care Interface Working Group	GP partner at Moir Medical Centre	✓				01/07/22	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				GP partner at Erewash Health Partnership	✓				01/07/22	Ongoing	
				Part landlord / owner of premises at College Street Medical Practice, Long Eaton, Nottingham	✓				01/07/22	Ongoing	
				Spouse works for Nottingham University Hospitals				✓	01/07/22	Ongoing	
				Work as Training Programme Director and as an Associate Postgraduate Dean for the East Midlands GP Deanery, NHSE		✓			29/10/24	Ongoing	
Clayton	Chris	Chief Executive Officer	ICS Executive Team Meeting	Spouse is a partner in PWC				✓	01/07/22	Ongoing	Declare interest when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Dentith	Jill	Non-Executive Member	Audit & Governance Committee Finance & Performance Committee Quality & Performance Committee	Self-employed through own management consultancy business trading as Jill Dentith Consulting	✓				2012	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Director of Jon Carr Structural Design Ltd	✓				06/04/21	Ongoing	
Dillistone	Helen	Chief of Staff	Audit & Governance Committee Greener Delivery Board Strategic Commissioning & Integration Committee	Nil							No action required
Finn*	Claire	Interim Chief Finance Officer	Audit & Governance Committee Finance & Performance Committee Strategic Commissioning & Integration Committee Integrated Place Executive ICS Executive Team Meeting Midlands 111 Board	Trustee of Newfield Charitable Trust			✓		01/10/23	Ongoing	Declare interest when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Gildea	Margaret	Non-Executive Member / Senior Independent Director	People & Culture Committee Strategic Commissioning & Integration Committee Quality, Safety & Improvement Committee Remuneration Committee Derby City Health & Wellbeing Board	Director of Organisation Change Solutions a leadership, management and OD consultancy. I do not work for any organisation in the NHS, but do provide coaching and OD support for First Steps ED, an eating disorder charity	✓				01/07/22	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Chair of Melbourne Assembly Rooms (a voluntary not for profit organisation that runs the former SDDC controlled leisure centre)			✓		01/07/22	Ongoing	
Houlston	Ellie	Director of Public Health – Derbyshire County Council (Local Authority Partner Member)	System Quality Group Integrated Care Partnership Health and Wellbeing Board - Derbyshire County Council Women's Health Hub Steering Group ICS Executive Team Meeting Derbyshire County Place Partnership Board	Director of Public Health, Derbyshire County Council	✓				01/09/22	Ongoing	Declare interest if relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair. Sheffield based - unlikely to bid in work in Derbyshire
				Director and Trustee of SOAR Community			✓		01/09/22	Ongoing	
Howells	Dean	Chief Nurse Officer	People & Culture Committee Quality, Safety & Improvement Committee Local Maternity and Neonatal System Board Clinical and Professional Leadership Group Information Governance Assurance Forum ICS Executive Team Meeting Midlands 111 Board Strategic Delivery Group (Ambulance)	Honorary Professor, University of Wolverhampton		✓			13/09/23	Ongoing	Declare interest if relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair.

Surname	Forename	Job Title	Also a member of	Declared Interest (Including direct/ indirect Interest)	Type of Interest				Date of Interest		Action taken to mitigate risk
					Financial Interest	Non Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	
McLean	Kathy	ICB Chair	Remuneration Committee	Kathy McLean Limited - a private limited company offering health related advice	✓				05/08/19	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Occasional adviser for CQC well led inspections	✓				24/06/22	Ongoing	
				Chair of Nottingham and Nottinghamshire Integrated Care Board		✓			01/02/21	Ongoing	
				Chair of Nottingham and Nottinghamshire Integrated Care Partnership		✓			01/02/21	Ongoing	
				Joint Chair of Joint Negotiating Committee Staff and Associate Specialists on behalf of NHS Employers		✓			24/06/22	Ongoing	
				Member of NHS Employers Policy Board		✓			Ongoing	Ongoing	
				Chair of the Public Service Consultants	✓				01/05/25	Ongoing	
				Chair of ICS Network, NHS Confederation		✓			01/04/24	Ongoing	
				Chair of East Midlands Specialised & Joint Committees		✓			01/04/24	Ongoing	
				Advisor to Oxehealth	✓				17/02/22	Ongoing	
				Trustee for NHS Confederation		✓			TBC	Ongoing	
Mott	Andrew	GP Amber Valley (Primary Medical Services Partner Member)	System Quality Group Joint Area Prescribing Committee Derbyshire Prescribing Group Clinical and Professional Leadership Group End of Life Programme Board Children's Urgent Care Group Community Same Day Urgent Care Delivery Group Amber Valley Place Alliance Group Virtual Wards Delivery Group GP Leadership Group Women's Health Hub Steering Group Primary & Community Care Delivery Group Seasonal Vaccination Sub-Group Primary & Secondary Care Interface Working Group Neighbourhood Executive Meeting	GP Partner of Jessop Medical Practice	✓				01/07/22	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Practice is shareholder in Amber Valley Health Ltd (provides services to our PCN)	✓				01/07/22	Ongoing	
				Medical Director, Derbyshire GP Provider Board	✓				01/07/22	Ongoing	
				Managing Partner at Jessop Medical Practice, involved in all aspects of provision of primary medical services to our registered population.		✓			01/07/22	Ongoing	
				Wife is Consultant Paediatrician at UHDBFT				✓	01/07/22	Ongoing	
Okubadejo	Adedeji	Clinical Lead Member	Audit & Governance Committee Strategic Commissioning & Integration Committee Quality, Safety & Improvement Committee Remuneration Committee	Director, Carwis Consulting Ltd. Provision of clinical anaesthetic and pain management services as well as management consulting services to patients and organisations in the independent healthcare sector	✓				01/04/23	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Provision of private clinical anaesthesia services	✓				01/04/23	Ongoing	
				Director and Chairman, OBIC UK. Working to improve educational attainment of children from black and minority ethnic communities in the UK			✓		01/04/23	Ongoing	
				Non-Executive Director at Black Country Healthcare NHS Foundation Trust	✓				01/08/25	Ongoing	
Posey	Stephen	Chief Executive Officer, UHDBFT (NHS Trust & FT Partner Member)	Provider Collaborative Leadership Board (Chair)	Chief Executive Officer of UHDBFT	✓				01/08/23	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Partner is Chief Executive Officer of the Royal College of Obstetricians and Gynaecologists				✓	01/08/23	Ongoing	
				Partner is a Non-Executive Director for the Kent, Surrey & Sussex (KSS) AHSN				✓	01/08/23	Ongoing	
				Partner is a Non-Executive Director for Manx Care				✓	17/05/23	Ongoing	
				Chair of Stakeholder Group - East Midlands Research Delivery Network		✓			01/04/25	Ongoing	
Powell	Mark	Chief Executive Officer, DHcFT (NHS Trust & FT Partner Member)	Neighbourhood Executive Meeting	CEO of Derbyshire Healthcare NHS Foundation Trust	✓				01/04/23	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Treasurer of Derby Athletic Club			✓		01/03/22	Ongoing	
Radford	Lee	Chief People Officer	Finance & Performance Committee People & Culture Committee ICS Executive Team Meeting	Nil							No action required
Shields	Bill	Chief Finance Officer	Audit & Governance Committee Finance & Performance Committee Strategic Commissioning & Integration Committee Integrated Place Executive ICS Executive Team Meeting Midlands 111 Board	Chair of HFMA Financial Recovery Group & VIce Chair of HFMA ICB CFO Forum		✓			01/10/24	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				On secondment from NHS Devon ICB as Joint Chief Finance Officer at NHS Derby and Derbyshire ICB and NHS Nottingham and Nottinghamshire ICB		✓			01/04/25	Ongoing	

Surname	Forename	Job Title	Also a member of	Declared Interest (Including direct/ indirect Interest)	Type of Interest				Date of Interest		Action taken to mitigate risk
					Financial Interest	Non Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	
Simpson	Paul	Local Authority Partner Member	N/A	Chief Executive Officer, Derby City Council	✓				Ongoing	Ongoing	Declare interest if relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair.
Smith	Nigel	Non-Executive Member	Audit & Governance Committee Finance & Performance Committee People & Culture Committee Remuneration Committee	NED at Nottinghamshire Healthcare NHS FT Trustee at Derbyshire Districts Citizens Advice Bureau Associate Hospital Manager at Rotherham, Doncaster and South Humber NHS FT	✓ ✓	 ✓ 			02/02/22 01/02/19 01/09/19	Ongoing Ongoing Ongoing	Declare interets when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
Sunderland	Sue	Non-Executive Member	Audit and Governance Committee Finance & Performance Committee People & Culture Committee IFR Panels CFI Panels	Audit Chair NED, Nottinghamshire Healthcare Trust Independent Audit Chair of Joint Audit, Risk & Assurance Committee for Derbyshire Office of the Police & Crime Commissioner and Chief Constable Husband is an independent person sitting on Derby City Council's Audit Committee	✓ ✓			 ✓	01/07/22 01/07/22 01/07/22	Ongoing Ongoing Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
Weiner	Chris	Chief Medical Officer	Strategic Commissioning & Integration Committee Quality, Safety & Improvement Committee System Quality Group EMAS 999 Clinical Quality Review Group Clinical and Professional Leadership Group ICS Executive Team Meeting Digital & Data Board Strategic Delivery Group (Ambulance)	Visiting Professor (Public Health), University of Derby		✓			15/05/25	Ongoing	Declare interest when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD MEETING IN PUBLIC

Thursday, 17th July 2025

Joseph Wright Room, Council House, Derby DE1 2FS

Unconfirmed Minutes

Present:		
Dr Kathy McLean	KM	ICB Chair (Meeting Chair)
Jim Austin	JA	Chief Executive Officer, DCHSFT (Participant Member to the Board for Place)
Dr Avi Bhatia	AB	Participant to the Board for the Clinical & Professional Leadership Group
Dr Chris Clayton	CC	ICB Chief Executive Officer
Jill Dentith	JED	ICB Non-Executive Member
Helen Dillistone	HD	ICB Chief of Staff
Margaret Gildea	MG	ICB Non-Executive Member / Senior Non-Executive Member
Ellie Houlston	EH	Director of Public Health – Derbyshire County Council (Local Authority Partner Member)
Prof Dean Howells	DH	ICB Chief Nurse
Dr Andrew Mott	AM	GP Amber Valley (Partner Member for Primary Care Services) / Medical Director of GP Provider Board
Dr Deji Okubadejo	DO	ICB Clinical Lead Member
Mark Powell	MP	Chief Executive DHcFT (NHS Trust and FT Partner Member)
Lee Radford	LR	ICB Chief People Officer
Bill Shields	BS	ICB Joint Chief Finance Officer with NNICB
Paul Simpson	PS	Chief Executive, Derby City Council (Local Authority Partner Member)
Nigel Smith	NS	ICB Non-Executive Member
Prof. Chris Weiner	CW	ICB Chief Medical Officer
In Attendance:		
Neil Ainslie	NA	CEO, The Living Well Foundation
Kathryn Durrant	KD	ICB Executive Board Secretary
Fran Palmer	FP	ICB Corporate Governance Manager
David Parkinson	DP	Manager of Jericho House, The Living Well Foundation
Sean Thornton	ST	ICB Director of Communications and Engagement
Christina Jones	CJ	ICB Head of Communications
1 former client of Jericho House and 1 member of the public		
Apologies:		
Michelle Arrowsmith	MA	ICB Chief Strategy and Delivery Officer / Deputy CEO
Suzanne Pickering	SP	ICB Head of Governance
Stephen Posey	SPo	Chief Executive, UHDBFT / Chair of the Provider Collaborative Leadership Board (NHS Trust and FT Partner Member)
Sue Sunderland	SS	ICB Non-Executive Member

Item No.	Item	Action
ICBP/2526/027	**Welcome, introductions and apologies:** The Chair, Dr Kathy McLean (KM) welcomed all Board Members and attendees to the Board Meeting in Public. The Chair welcomed the colleagues attending to present the Citizens' Story and the member of the public attending to observe. Apologies for absence were received as noted above.	
ICBP/2526/028	**Confirmation of quoracy** It was confirmed that the meeting was quorate.	

ICBP/2526/029	**Declarations of Interest** The Chair reminded Committee Members of their obligation to declare any interests they may have on issues arising at Committee meetings which might conflict with the business of the ICB. Declarations made by members of the Board are listed in the ICB's Register of Interests and included with the meeting papers. The Register is also available either via the ICB Board Secretary or the ICB website, using the following link: https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/ It was noted that ICBs are currently in a state of change. There were no specific conflicts but, in light of the change of constitution to allow a joint CEO of the ICB Cluster, Dr Chris Clayton (CC) could potentially be conflicted. It was judged that this potential conflict would not require CC to leave the meeting.	
ICBP/2526/030	**Minutes of the meeting held on 22nd May 2025** **The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held.**	
ICBP/2526/031	**Action Log – May 2025** It was noted that, due to the move to ICB cluster arrangements, the long-term actions may need to be revised to reflect the changes. Furthermore, the Joint Forward Plan may change; Helen Dillistone (HD) assured the Board that there is a process in place for capturing these changes. **The Board NOTED the action log.**	
ICBP/2526/032	**Citizen Story: Jericho House, The Living Recovery Foundation** The Chair welcomed the representatives from The Living Recovery Foundation and commented that she very much enjoyed her visit to Jericho House. Neil Ainslie (CEO of The Living Recovery Foundation), David Parkinson (Manager of Jericho House) and a former service user presented an overview of the Foundation's work. The Foundation works with men and their families to move from addiction to vibrant wellbeing. The service is around a recovery capital model, with residential, abstinence-based 6-month placements at Jericho House. The service focuses on social, community and cultural resilience, and ensuring that service users access education and support to reach a point where they are ready for work. The service is the largest addiction recovery network in Derby and has had a considerable positive impact on the lives of service users and their families, in a difficult field where many interventions are unsuccessful. Of 105 individuals admitted over five years, 39 are still drug free and 23 of these have completed BTEC qualifications. Many former service users remain in touch with the Foundation and some now participate in voluntary work. The service represents value for money against investment made, with a positive impact on society that greatly exceeds its shoestring budget. The former service user illustrated the excellent work of the Foundation through his success story; the service was able to help him out of his addiction issues and provided social and cultural support where the NHS was only able to offer a medical alternative. Thanks to the Foundation he is no longer addicted and is working with the Foundation on intervention with children from disadvantaged backgrounds, helping them onto the right path to avoid addiction. The Board thanked the representatives for their inspirational, positive presentation and commented that they were compelling ambassadors for the service. The following comments were made: • The strength-based approach and the self-reported outcomes of the service were particularly commended. The NHS struggles at times to manage quality indicators from service users and could learn from this service. Former clients are now contributing positively to society with great purpose and connection, many giving back to health and social care and promoting taking care of	

	oneself, family and community. This links into the NHS's shift to community and the 10 year plan; • the referral system was clarified; referrals come from GPs however due to the finite resources available the service are only able to accept nine clients at a time. Care is taken to ensure that the clients accepted are those for whom the service is most likely to be successful. With more resources and investment the Foundation would be able to attend prisons and hospitals to be able to support more people; the model is scalable and cheap; • the statutory responsibility for addressing substance use lies with the local authorities, in strong strategic partnership with the NHS, and there are a number of recovery programmes around the county that carry out excellent work. However there is a gap in provision for these very vulnerable people and much of the funding to these programmes is short term. There are opportunities to work together to improve provision across the county; • in terms of connection with mental health services, the models commissioned by local authorities are more oriented around medical interventions than abstinence. Each model has a place and some models are more effective for some clients but all clients must be supported and kept safe. A system-wide approach is required, where the successful models are connected and funded; • there is a known need for these services among young people but the clients are not always easily identifiable. Derby has a high prevalence of addiction and the system has a duty to reduce inequality and prevent ill health; more can be done to support areas that are not necessarily the responsibility of the NHS; • the harm reduction model is prevalent in addiction recovery, with priorities often being around reduction of crime, financial and keeping the clients alive. However clients need support on a holistic, individual level, strengthening their sense of self to support recovery; and • Paul Simpson (PS) advised that he has also visited Jericho House, is very supportive of their work and Derby City Council may be able to assist with accommodation issues. The impact of this service against the small investment cannot be overstated and the benefits to the public sector are considerable. The wider Derbyshire system must consider funding for effective, successful projects such as this service; there are opportunities for joint working for maximum impact. The Chair thanked the Citizens' Story representatives and encouraged Board members to visit Jericho House themselves. **The Board NOTED the Citizen Story.**	
ICBP/2526/033	**Chair's Report** The Chair highlighted the following from her report: • the ICB will cluster with Nottinghamshire ICB and Lincolnshire ICB. The three ICBs will remain statutory bodies with a single functioning Board in common until the law changes. A joint Chair and joint CEO are expected to be appointed by the end of July; • the transition period continues to be a time of uncertainty for all ICB staff, but more information is anticipated over the next few weeks, especially around finance; • a joint Transition Committee has been set up which is currently functioning successfully with equal numbers of leads across the three ICBs; • the NHS 10 year plan has been published and ICBs will be instrumental in delivering the plan, particularly around the three shifts and a greater focus on patient view and outcomes. The Chair recognised and expressed thanks to all who are making this happen, in particular the Team Up programme; • the Penny Dash review has been published and focuses on regulation and oversight of quality and safety, with some recommendations for changes. It was noted that the National Quality Board will bring additional clarity to the System and the Cluster will be able to contribute to this work; and • the Chair continues to create a series of podcasts featuring interviews with experts and discussions, linked to the three shifts.	

	The Board discussed the Chair's report and commented on how the theme of Team Up, neighbourhoods and community align with patient stories. The voluntary sector is key to this work and their voice should be heard at Board level. The Board discussed the Terms of Reference for the Joint ICB Transition Committee. The level of quoracy of the Committee was queried, however this and the Non-Executive membership will be reviewed as the transition continues. **The Board NOTED the Chair's report and APPROVED the Joint ICB Transition Committee terms of reference.**	
ICBP/2526/034	**Chief Executive's Report** Dr Chris Clayton (CC) highlighted the following from his report: • CC is very proud of the work that has taken place over several years in the neighbourhood approach, which continues to progress well; • the Community Transformation Project and the partnership prioritisation process link into the Citizens' story and fit within the framing of the Start well, live well and age well programme to protect communities against global harm. CC noted that tobacco is the most prevalent addiction, and education around smoking is addressed under the 'Start well' initiative; and • progress is being made in Derbyshire towards all three shifts, with particular emphasis in the report on preventative work and the shift to digital. The Board discussed the CEO's report, with comments as below: • the success of the Team Up project was noted. A national ask is for local success stories to be scaled up, with guidance around how to apply the frameworks more widely. Team Up was started around 7 years ago on a small scale under CCGs and was a decision to provide investment and space for teams to establish how best to work with communities, with each community presenting its own challenges. The Team Up model has been scaled up across all of Derbyshire and is an exciting success story, however would not necessarily be a scalable blueprint for the national level; and • the dissolution of Integrated Care Partnerships (ICPs) was discussed, and how this will affect joined up care in Derbyshire. It was noted that ICPs will no longer be statutory however at this time it is not possible to prejudge how system working and partnerships will take place. There is a natural inclination for the system to continue close working and until an alternative is presented will continue to work in partnership to ensure that progress is maintained. **The Board NOTED the Chief Executive's report.**	
ICBP/2526/035	**10 Year Health Plan for England** CC gave an overview of the 10 Year Plan, which had been published recently and was included in the meeting pack for the Board's assurance. The Plan will be discussed in detail in future Cluster Board meetings and a seminar session may be dedicated to understanding and discussing the Plan. There is an emphasis on the importance of the three shifts and stability for the health and care system, population health and continued partnership in the changing architecture. Establishment of the future workforce will be crucial to achieving the objectives in the Plan. Further brief summaries and analyses of the 10 Year Plan are available and can be found at the links below: • NHS Confed: Fit for the Future: The NHS 10 Year Health Plan for England - CF • Carnal Farrar: Ten-Year Health Plan: what you need to know | NHS Confederation The Plan was discussed, with the following comments: • it was noted that there are challenges around fully understanding how the system can start to address the Plan in the first one or two years, as there is currently no plan for delivery. It is anticipated that some national workstreams will consider this but to some extent it will be up to systems to make their own plans for delivery. A Derbyshire system approach must be prioritised, rather than just considering the position of the ICB;	

	• a considerable amount is being achieved over the summer period, for example CC and Paul Simpson (PS) have written to NHSE on the subject of neighbourhood acceleration sites and are considering how to sight the Board on plans with regards to these sites; • the next Board meeting in September will need to cover a considerable amount of governance tasks, however there will likely be urgent tasks arising in the meantime that will need to be addressed and signed off by extraordinary Board meetings in order to meet relevant deadlines. Any such meetings will be via MS Teams; • clarity was sought around the abolition of Commissioning Support Units (CSUs) and Healthwatch, and the likely destination of the functions currently undertaken by these organisations. CSUs will cease to exist by March 2027 and their functions will transition to ICBs or elsewhere. Some workstream changes around transition functions to and from ICBs is also taking place. The Board were assured that CSUs are starting to plan for the transition over the next 18 months and it will be helpful to set time aside to consider provision and identify any gaps; with a view to the gap and asset analysis it would likely be beneficial to consider this individually and at ICB Cluster level, noting good practice and replicating across the Cluster if possible. With regards to Healthwatch, some of their duties will transition to ICBs but full details are not currently known; • the Guardian's Office is also being abolished; this will have implications for Freedom to Speak Up (FSTU) which is a very important local function although the growth of local provision has resulted in a reduced need for national oversight; and • additional forthcoming national changes but will impact health and care systems include mayoral changes and local government devolution. **The ICB Board RECEIVED the 10 Year Plan.**	
ICBP/2516/ 036	**Integrated Performance Report** **Quality** Prof. Dean Howells (DH) highlighted maternity services and advised that monthly oversight meetings with national teams are taking place to oversee UHDB and measure progress and improvement over the last six months. A solid leadership team is now in place and real improvements have been made in compliance and perinatal mortality. Amid a national focus on maternity services, 10 organisations across the country will be under increased scrutiny and review; a list of these organisations has not yet been published and a chair for the review has not been appointed. Learning and good practice are being shared across Trusts and the ICB are eagerly awaiting the forthcoming CQC review of UHDB so that these ongoing improvements can be demonstrated. The Local Maternity and Neonatal Service (LMNS) in Derbyshire is very well developed, however risks may be incurred from national developments around structural changes. DH commended the work of local and national maternity services in bringing forward individualised outcomes and feedback on quality has been very positive. It was noted that in future commissioning decisions, and resultant reports to Board, will focus more on outcomes, and what is important for patients, than activity. Activity will be implied from the reports received by Board. This change in focus will take place across all ICB functions, and ultimately the functions of the whole cluster, and will be a welcome lens shift. **Performance** DH advised that elective care is on plan in both acute Trusts, with UHDB showing improvement ahead of trajectory around waits; currently there are zero waits over 72 weeks. Currently the risk of industrial action from resident doctors is being assessed; the Board were assured that Chief People Officers across providers are ensuring that plans are in place to maintain care and services for all patients with safe staffing levels to support any action that may take place.	

In terms of urgent care, the focus has been on the 4-hour wait standard. Winter planning will be crucial for the Cluster Board; the timescale was brought forward with planning commencing in April. Key Lines of enquiry have already been submitted to NHSE and draft plans will be submitted to them by 1st August. Final plans should be ready for Board assurance and signoff in September, which will ensure that the Cluster is in a strong position for Winter. The system have signed up to the national target of improvement of the level of staff immunisation against Flu by 5% and there will be a push to increase immunity in staff to the levels across the wider community.

The Mental Health Delivery Board reports that strong progress is being made in out of area placements and in the premises position for the male Psychiatric Inpatient Care Unit (PICU) at Kingsway Hospital. It was noted that the new format of the assurance reports is more focused and descriptive. There are opportunities for the Board to feedback to Delivery Board via committees around overall objectives, progress against objectives and structure. All metrics are on plan, however performance improvement is flat due to the phases of the plan; committees are partially assured that the plan can be achieved but increasing levels of performance to meet targets is a challenge.

The ICB as a commissioner must ensure that, ahead of changes across the system, only proven, evidence-based procedures are commissioned. The Trusts are fully cognisant of this and the improvement process incorporates a focus on evidence-based procedures. Work is taking place to address productivity around theatre use and this is linked to the independent sector. The Strategic Commissioning and Integration Committee (SCIC) is addressing these issues.

Finance

Bill Shields (BS) gave an overview; broadly the system is on plan as at month 3 but the majority of the Cost Improvement Plan measures must be delivered in the second half of the year. Deficit support funding is anticipated in quarters 1 and 2, although this is not confirmed. There has been no central confirmation of funding for redundancies therefore ICBs are taking steps to derisk the position by assuming there will be no savings through the restructure in quarter 4. Two external contractual positions with providers in Greater Manchester are still to be concluded.

With regard to theatre utilisation, the system is broadly on plan but efficiency must increase significantly in terms of productivity and financial impact. The risk rating attached to the acute providers is quite significant; efforts will be redoubled to ensure that the system delivers on this in the current year.

The capital position is slightly behind plan, which is not unusual for this time of year, but work is taking place to ensure the capital allocation is fully utilised.

The Finance and Performance Committee are adequately assured of delivery of efficiencies, however overall system assurance is partial. The risk rating for acute providers indicates a gap around provider actions to make savings; around £8m will need to be turned around per month in the expenditure plan in order to be on plan, which will present a challenge in Autumn, although all providers are forecast to achieve targets. Deficit support funding will help but could be withdrawn if the system is not able to adhere to the plan.

The Board discussed the savings delivery risk of £54m and the consequences of not achieving this; if £54m savings is not achieved then mitigations must be found and the efficiency plan may need to be increased. The system is ahead of the position at this time last year, and it is not anticipated that the risk will be £54m at the end of the year, but there is more to be done. There is currently no national narrative in terms of deficit support in 2026/27 but it is anticipated that any such support will be less than 2025/26.

	In due course through the transition process the accountability for provider spend will be transferred to the providers themselves and NHSE. Work is taking place to demonstrate delivery against historical trends and establish clarity around which organisations are delivering which functions, in order that all organisations can position themselves correctly for the actions that need to be taken. It was stressed that funding has been increasingly flowing from corporate areas towards Urgent and Emergency Care, and a strategic shift will be needed to reverse this. **Workforce** Lee Radford advised that broadly the system is on plan with regards to WTEs; some bank provision at UHDB bas been converted into substantive, which has resulted in an increase in the short-term but will cost less overall. An issue with pension contribution payments has resulted in a slight overspend in the year to date. Work is taking place with providers to understand non-WTE post funding, to ensure that all costs are recorded correctly against the plan and in order that providers understand their roles and responsibilities to support the plan. Work continues to track delivery costs for agency and bank staff. The People and Culture Committee are partially assured on workforce as the finance is not currently aligned and there are issues around use of expensive locums, however this assurance will be bolstered by close working between the CFO and CPO. Strong assurance has been taken around the development of the leadership programme. The Chair commented that the Derbyshire system has been complimented at regional level for its analysis and work around workforce numbers. The Board congratulated all involved and agreed that this success should be shared across the cluster. It was noted that general practice and DHU Healthcare are not represented in the data presented but it would be beneficial for the Board to understand the position of these providers; this will be included in the next report. **Action: LR to include data for general practice and DHU Healthcare in the workforce performance report for Derbyshire. BS to assist in rolling this expectation out across Nottinghamshire and Lincolnshire ICBs.** It is crucial for the system to produce clear workforce data amid requirements to reduce workforce, targets and strict controls in the system. There are processes for vacancy control, however transformation must take place including benchmarking against peers and staffing levels according to the most efficient and effective ways to deliver care. Finally it was noted that the national downturn in NHS recruitment means that there will be around 240 new nurses in September with no work available, which may cause a problem for future workforce. **The ICB Board RECEIVED the Integrated Performance Report for assurance.**	**LR**
ICBP/2526/ 037	**One Workforce People Plan** Lee Radford (LR) gave an overview of the One Workforce plan. The plan incorporates an improved understanding of the workforce, including social care and the voluntary sector (VCFSE), and the establishment of a model to deploy the system workforce most effectively to meet the aspirations of the 10 Year Plan as the system begin to consider the strategic agenda. The Plan was discussed, with the following comments: • it was clarified that the plan has been presented to both the ICP and the ICB Board; • the Nottinghamshire system have a unique approach to social care data which may be useful to consider and understand in Derbyshire; • increased recognition and visibility of the workforce in VCSE, pharmacy, ophthalmic and dental services (POD) and primary care is positive. Each GP	

	practice will develop their workforce around the available finance and it will be useful to observe how the workforce in these sectors evolves over time; • the plan will consider the workforce with a longer-term view, incorporating the next stage of working with higher education and training. Colleagues emerging from training now are different to previous generations and it is critical to include the voice of these younger people in future planning; and • overall the Derbyshire system will consider the future and how to work effectively with other systems. Close alignment with finance will be critical. **The ICB Board RECEIVED the current update report on the development of the ICB's One Workforce approach across the NHS, Social Care, VCFSE and Local Authority sectors in Derby and Derbyshire.**	
ICBP/2526/038	**Fit and Proper Person Test** The fit and proper person test process was brought to Board as part of the annual assurance process. All Board appraisals and reviews have been carried out, signed off and submitted on time. CC expressed thanks to the team in successfully completing the process. **The ICB Board NOTED the ICB position in relation to the Fit and Proper Person Test submission and approval of the process by the ICB Chair.**	
ICBP/2526/039	**Board Assurance Framework (BAF) Quarter 1 2025/26 position** Helen Dillistone (HD) introduced the new format of the BAF for 2025/26 along with the new Committees. HD drew the Board's attention to the holding position for all risks, with the exception of risk 11 which is with the Finance and Performance Committee and has been decreased from 16 to 12. The BAF was discussed, with the following comments: • governance of all committees and the BAF will need to be reviewed in light of the transition; a Board seminar session in the next few months will consider this, incorporating risks, appetites and the 10 year plan; • transition is a key risk, and the Transition Committee across all three Boards will be worked into the BAF in due course. The transition risks on the BAF may need to be made more explicit but the BAF should not duplicate the Committee's risk register. Consistency of the risks across the DLN Cluster will be crucial. The Audit and Governance Committee will be overseeing the risks more generally; • the role of Derby City Council in addressing Strategic Risk 5 around an affordable and sustainable workforce was clarified. There is a piece of work taking place around sharing information between agencies, which will solve a lot of these issues. However the Risk Register does not demonstrate this as yet; • it was queried that the A&E capacity and performance at Chesterfield Royal Hospital seems to be a consistent challenge, proving a key system issue for capacity with impact felt outside the hospital, however this is not detailed in the Risk Register. The importance of differentiation of individual risks from high level Board assurance was noted, however the Risk Register can be made more explicit to capture this detail at a strategic level. **Action: NS to review the Finance and Performance Committee's Risk Register to understand the flow around Chesterfield Royal, to understand where this risk is captured and if it needs to be strengthened.** • The BAF ought to be a driver for the focus of the Board; it still needs some development to get to this stage and this will take place through the new framework. **The ICB Board:** • **RECEIVED the Quarter 1 2025/26 BAF strategic risks 1 to 11;** • **NOTE the risk score decreases in respect of strategic risk:** ○ **Strategic Risk 11, owned by Finance and Performance Committee has been decreased from a very high score of 16 to a high score of 12.**	**NS**
ICBP/2526/040	**Integrated Care Board Risk Register Report – as at 30th June 2025**	

	The Risk Register Report was taken as read. It was noted that the current format is difficult to read; the Governance Team will review the format of the report for future papers. **The ICB Board RECEIVED and NOTED:** • **Appendix 1, the Risk Register Report;** • **Appendix 2, which details the full ICB Corporate Risk Register;** • **Appendix 3, which summarises the movement of all risks in June 2025.** **APPROVED CLOSURE of:** • **Risk 06A relating to the delivery of the 2024/25 financial plan;** • **Risk 06B relating to the delivery of a 2 year break even position;** • **Risk 21 relating to contractors not being able to fulfil their financial and performance obligations;** • **Risk 32 relating to delivery of the capital programme.**	
ICBP/2526/ 041	**Committee Assurance Reports** **Audit and Governance Committee** The external audit has been completed, and the ICB has received a strong internal audit opinion. The accounts have been submitted and the Fit and Proper Person Test process is complete. NHSE have confirmed that the new financial general ledger Oracle Fusion, which is a cloud-based system, is to be released on 1st October; the timing of the change may be challenging due to the transition period but the Board were assured that the Committee will oversee the process to ensure its success. **Strategic Commissioning and Integration Committee** Work has been taking place to address the three shifts and to identify areas where improvements can be made. There is a good breadth of foundation and depth in the relevant ICB policies, and conversations about neighbourhoods have been productive. The Committee will be looking to shift from adequate to full assurance for all items. **Transition Committee** The Committee are working with shifting landscapes, limited information and unclear decisions, however the executives involved are collaborating very well together across the three ICBs. Clarity around the timeline is being sought to bring a level of stability to the workforce as soon as possible. In the coming months the Remuneration Committee will also need to be involved in this work. The Governance team will ensue that the colour scheme for reporting levels of assurance is consistent across all reports. **The ICB Board RECEIVED the Committee Assurance Reports for assurance.**	
ICBP/2526/ 042	**ICB Constitution** The Constitution was presented to the Board in response to a national directive for ICBs from NHSE. **The ICB Board NOTED the proposed changes to the ICB Constitution.**	
ICBP/2526/ 043	**Risks identified during the course of the meeting** The risks arising from transition were noted and will be strengthened. It was noted that a risk may arise from the paper presented under Item 046 below.	
ICBP/2526/ 044	**Forward Planner** The forward planner was taken as read; it will be subject to change throughout the transition process. **The Board NOTED the forward planner for information.**	
ICBP/2526/ 045	**Questions received from members of the public** No questions were received from members of the public.	
ICBP/2526/	**Any Other Business**	

046	**Intensive and Assertive Community Mental Health Treatment Update** Mark Powell (MP) and Prof. Dean Howells (DH) gave an overview of the progress report from DHCFT. There are some gaps across all ICBs in respect of national standards around Intensive and Assertive Community Mental Health Teams; there is a requirement from NHSE that all ICBs and providers publish a self-assessment, gap analysis and subsequently a mitigation plan. Work is taking place to mitigate the risks of not having a complete service, to consider how the gaps can be resolved and to address the financial implications. It was noted that this has been identified as a financial risk at the Mental Health Learning Disability and Autism Delivery Board; this will be raised by DHCFT for review and consideration by the JUCD Executive Team. **Action: MP to raise this as a risk for review and consideration by the JUCD Executive Team.** In terms of practice, DHCFT is in a strong position and this has been acknowledged by NHSE. The Quality, Safety and Improvement Committee will also oversee delivery. In the next approximately 18 months the NHSE position may be bolstered and recommendations might go further on construction of assertive outreach. Community support in general will need to reflect the outcomes of the enquiry. However funding streams may fall short. The Penny Dash report highlights a disproportionate focus on safety in mental health following the tragic events and issues that have arisen, which is understandable but may direct focus away from broader healthcare issues. **The ICB Board NOTED the Derbyshire Healthcare NHS Foundation Trust progress report, as requested by NHSE to be tabled at the ICB Board meeting, for Intensive and Assertive Community Mental Health Treatment**	**MP**

Date and Time of Next Meeting

Date: Thursday, 18th September 2025
Time: 9:15am to 11:15am
Venue: Hasland Village Hall, Eastwood Park, Hasland Road, Chesterfield, Derbyshire S41 0AE

NHS
Derby and Derbyshire
Integrated Care Board

ICB BOARD MEETING IN PUBLIC

ACTION LOG – JULY 2025

Item No.	Item Title	Lead	Action Required	Action Implemented	Due Date
ICBP/2324/050 20.7.2023	NHS Derby and Derbyshire One Workforce Strategy	Lee Radford	It was agreed that the Plan would return to a future Board for further discussion.	The workforce plan review is in progress and may need to be scaled up to cluster-level. More information will be known when the new executive structures, SMT portfolios and reporting arrangements are in place.	**Jan 2026**
ICBP/2425/080 19.11.2024	Joint Forward Plan	Michelle Arrowsmith	Monitor and establish measure against system ambition and ensure there is a link to board assurance framework	The 2025/26 Operational Plan (year 3 of the JFP) delivery is measured and monitored in the main through our system delivery boards and BAF.	**September 2025**
ICBP/2425/104 16.01.2025	Citizen's Story: Can community-based projects begin to reduce health inequalities?	Jim Austin, Chris Weiner, Andrew Fearn	It is recognised that the use of the data that supports community-based projects sits with the Integrated Place Executive (IPE) oversight and Place Alliances. The ability to collate, share and surface data is one that the ICB is leading on through the data teams. JA, CW and AF to update Board on progress and barriers.	The ICB's DPO and Head of Digital & Information Governance have agreed a modified process with officials from the Confidentiality Advisory Group (CAG). The ICB has recently submitted its annual	**January 2026**

				statement for the existing Section 251 for risk stratification only. A draft of the amendment incorporating population health management has been completed and is awaiting information on the planned communications campaign with citizens.	
ICBP/2425/ 131 20.03.2025	Operational Planning approach to 2025/26	Dr Avi Bhatia	Dr Avi Bhatia (AB) to work with the Clinical Professional Leadership Group (CPLG) and other relevant colleagues on aligning objectives for transformational change across all organisations.	AB - We continue to engage Clinical staff on alignment and working towards ongoing transformation of clinical services.	**Closed - July 2025**
ICBP/2526 036 22.07.2025	Integrated Performance Report: Workforce	Lee Radford, Bill Shields	LR to include data for general practice and DHU Healthcare in the workforce performance report for Derbyshire. BS to assist in rolling this expectation out across Nottinghamshire and Lincolnshire ICBs.	The Primary care data for GP practices will be included in the next Board report. There is no data sharing agreement for data between DHU and the ICB.	**September 2025**
ICBP/2526 039 22.07.2025	Board Assurance Framework (BAF) Quarter 1 2025/26 position	Helen D	Corporate Team to review the Finance and Performance Committee's Risk Register to understand the flow around Chesterfield Royal FT, to understand where the risk around A&E capacity and performance is captured and if it needs to be strengthened.	Corporate Team to work with Craig Cook and Team to strengthen and align performance risks.	**November 2025**

Item 052

ICBP/2526 046 22.07.2025	Intensive and Assertive Community Mental Health Treatment Update	Mark Powell	MP to raise the risk of not having a complete Intensive and Assertive Community Mental Health service for review and consideration by the JUCD Executive Team.	The paper was on the NHS Executive agenda on 5th September 2025 as a result of this action. The minutes of this meeting will set out what is agreed.	**September 2025**

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

18th September 2025

Item: 053

Report Title	Citizen's Story – Community Growth, Chesterfield							
Author	Christina Jones, Head of Communications							
Sponsor	Helen Dillistone, Chief of Staff							
Presenters	Helen Dillistone, Chief of Staff Donna Booth and Natalie Peace, Community Growth (CIC)							
Paper purpose	Decision	☐	Discussion	☒	Assurance	☐	Information	☒
Appendices (reports attached)	None							

Recommendations
The ICB Board are recommended to **NOTE** the citizens' story and ask questions of the panel.
Report Summary
Community Growth in Chesterfield, is a Community Interest Company run by Donna Booth and Natalie Peace, two best friends who grew up in Barrow Hill, Chesterfield, who wanted to improve life chances for local people. **Flourishing Females** is one of their programmes and is a nature-based, community-led programme in Chesterfield that supports women through green and social therapy. Rooted in lived experience and research, it offers a safe, nurturing space for women to reconnect with themselves, others and the natural world. Activities such as forest bathing, wild swimming and nature walks promote healing, reflection and personal growth. The programme aims to foster a sense of belonging, identity and purpose, helping participants overcome loneliness and isolation. Its impact is profound – women have moved beyond clinical diagnoses, rediscovered meaning in their lives and formed strong, trusting relationships. Nature is central to this transformation, offering calm, curiosity and connection, while shared meals and ceremonies deepen the sense of community. A powerful example is Mary, who had been under NHS mental health care for over 20 years at a cost of £1.75 million. Since joining the programme she has avoided hospitalisation, saving over £243,000, with her participation costing just £7,500. Broader benefits include reduced reliance on clinical services, increased employment, emotional resilience and significant financial savings to the public purse. Despite its success, the programme faces challenges such as emotional strain on facilitators, lack of systemic support and unstable funding. Flourishing Females has built strong partnerships with health professionals and networks and now seeks £30,000 annually to support its work. It calls for investment in holistic, community-led solutions that prioritise lived experience and long-term wellbeing, offering a proven model for sustainable, transformative change. Community Growth is also working with the Chesterfield Place team to create relationships in the community and help to improve the health and wellbeing of local people. They have been part of the regeneration of the Barrow Hill Memorial Hall. A programme of work to help improve the area is underway with Place partners having come together over the last few years to build trust and relationships with each other and the public. The Memorial Hall is one of only a few amenities in the town and has been closed for the last few years. It is now being renovated thanks to the Barrow Hill Community Trust which has plans to reinvigorate it as a

hub for local people providing social activities, health and care services, a breakfast club, women's services, housing and much more. The capital build on the project is being supported by the Staveley Town Deal. ICB Chair Dr Kathy McLean visited the Memorial Hall in February 2025.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☐	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☐	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☐
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☐
SR5	Affordable and sustainable workforce	☐	**SR7**	Aligned System decision-making	☐
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☐
SR11	Cyber-attack and disruption	☐			☐

Conflicts of Interest	

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

18th September 2025

Item: 054

Report Title	Chair's Report							
Author	Sean Thornton, Director of Communications and Engagement							
Sponsor	Dr Kathy McLean, ICB Chair							
Presenter	Dr Kathy McLean, ICB Chair							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices (reports attached)	None.							

Recommendations
The ICB Board are recommended to **NOTE** the Chair's report.
Report Summary

NHS Reform

- The work to implement the Government's reform of the leadership of the NHS continues and, since this Board last met, colleagues across the three clustering ICBs have been working hard to make as much progress as possible. However, there remain a number of elements of the change programme where we are still waiting for national decisions or updates. This includes an update on the approval of a national voluntary redundancy scheme.
- Following an appointment process over the summer, I am delighted to have been confirmed as the Chair designate for the three clustered ICBs: Derby and Derbyshire, Lincolnshire and Nottingham and Nottinghamshire from 1st October 2025. Linked to this, I wanted to note that Dr Gerry McSorley, Chair of Lincolnshire ICB, will retire as planned at the end of September. Those of you fortunate enough to know or have met Gerry will understand what a loss his retirement will be. I know that his leadership and support to the Lincolnshire Executive and Board as well as ICB staff and colleagues across the wider NHS has been outstanding and Lincolnshire colleagues will miss his wisdom and dedication.
- I also want to personally add my thanks to Gerry for his support and collaborative approach to working together during this transitional period and wish him all the best for his retirement.
- As part of the establishment of the Cluster, I have commenced a process to appoint Non-Executive Directors to the Board-in-Common. I will update colleagues on that in due course.
- Despite these steps forward, this change programme remains protracted and slow to progress and I expressed some of the frustrations with this situation in a recent article in the Health Service Journal, written in my role as Chair of the NHS Confederation ICS Network. You can see this article here: https://www.hsj.co.uk/finance-and-efficiency/something-has-to-give-on-icb-redundancies/7039863.article
- The Model Region Blueprint has also now been published which redefines the role of regions to reduce complexity, clarify roles, and empower local systems to lead reform. Alongside this, additional supporting guidance to support work to deliver the Model ICB has also been published.
- Finally, it should be noted that, just prior to the last Board meeting, the 'Review of patient safety across the health and care landscape' by Dr Penny Dash was published and can be seen here: https://www.gov.uk/government/publications/review-of-patient-safety-across-the-health-and-care-landscape. The recommendations are being reflected in our thinking for the future design and operating model of the clustered ICBs.

National news

I was sad to see the news that Matthew Taylor, Chief Executive of the NHS Confederation, has announced that he will stand down from the role in April 2026. He has been a fantastic leader for the Confederation and we will be sorry to see him go but wish him well in whatever he does next.

Local engagement
I have continued my engagement with the Mayor of the East Midlands, Claire Ward and East Midlands Combined County Authority (EMCCA) colleagues including most recently meeting at the start of September. It was great to see Mayor Claire and her team and discuss our joint work on Integrated Neighbourhood Teams and also the forthcoming Inclusive Growth Plan and Get Britain Working Plan. The ICB (alongside Nottingham and Nottinghamshire ICB) has been an active partner on these initiatives and more widely in terms of working with EMCCA and the Mayor on their mission to make the East Midlands the best place to live, to work and to learn.

I was also delighted to visit the Hub Plus, Derbyshire over the summer, a team which helps keep the primary care workforce up-to-date with skills, development, wellbeing and learning. It is a mixed team of 17 core staff members – including GPs, nurses, project managers and more – with extensive experience in general practice. Supported by a wider network of Associates and Fellows creating a bank of expertise across the County, the team go out to GP practices, PCNs, universities and schools around the county and city delivering training, information and strategic workforce support. My thanks to everyone who shared their work with me, it was a very insightful look at how we're providing skills, inspiration and morale to our general practice workforce.

Looking forward

Later today we have our Annual General Meeting where we will be pleased to describe the work we have undertaken as a system across the year and our plans for the future. Our desire to remain accountable to our local population remains undimmed even as we move to operating over a larger footprint as a cluster. Indeed, as we transform into a strategic commissioning organisation, working with and listening to our population, stakeholders and partners will be even more important to prioritise.

Finally, I should express my thanks and that of the whole Board to ICB staff who continue to work extremely hard in the face of considerable uncertainty and ambiguity. I am grateful for the resilience and fortitude shown – it is not going unnoticed.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☐	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☐
SR5	Affordable and sustainable workforce	☐	**SR7**	Aligned System decision-making	☐
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☐
SR11	Cyber-attack and disruption	☐			☐

Conflicts of Interest	

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

18 September 2025

Item: 055

Report Title	Chief Executive Officer's Report							
Author	Dr Chris Clayton, Chief Executive Officer							
Sponsor	Dr Chris Clayton, Chief Executive Officer							
Presenter	Dr Chris Clayton, Chief Executive Officer							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices (reports attached)	None.							

Recommendations
The ICB Board are recommended to **NOTE** the Chief Executive Officer's Report.
Report Summary

NHS Reform

The last few months have seen a number of key developments in the reform process with the appointment of our current chair Dr Kathy McLean confirmed as chair designate for the Derby and Derbyshire, Lincolnshire and Nottingham and Nottinghamshire (DLN) cluster by the secretary of state. I'm sure you will all join me in congratulating Kathy on her appointment.

Kathy is already working as Chair of Derby and Derbyshire ICB and Nottingham and Nottinghamshire ICB, having started as the Chair in Derby and Derbyshire in May 2024 and in Nottingham and Nottinghamshire in January 2021 (first as Chair of the ICS ahead of the ICB being established in July 2022).

I would also like to place on record on behalf of all of us across the DLN cluster our thanks and best wishes to Dr Gerry McSorley, current Chair of Lincolnshire ICB. Gerry will be retiring later this month as planned following a lengthy career in the NHS. He has been extremely helpful in conversations as our three ICBs have come together in recent months and we have been grateful for his expertise.

We have also been able to confirm to our staff further information about the process of change over the next few months.

All three ICB Boards met separately to review proposals about how we achieve the complex task of achieving our ICB cluster, with a specific focus on agreeing the approach and timeframe of staffing changes. Like other ICBs nationally, we do not believe a fair and compliant process can be fully met by the original December 2025 implementation deadline. A phased approach to change was agreed which will create strong leadership from which to develop detailed structures and ensure the change process is practical and sustainable.

Our cluster process remains influenced by national factors yet to be confirmed, such as the agreement of a national voluntary redundancy scheme, and the formal announcement of the Chief Executive Designate role.

Clearly, it is unlikely that the vast majority of staff will experience any consultation relating to their roles until at least early 2026.

We understand this is a challenging time for our staff and remain committed to doing all that we can to develop more certainty and work to support everyone to transition in a safe and effective way.

Council consultation

We have also in the last few weeks provided feedback to Derby City and Derbyshire County Councils' consultations on the programme of local government reform and reorganisation to create new unitary authorities. The responses were provided on behalf of the Board of the Integrated Care Board (ICB), and where appropriate incorporates the views of our NHS partners, including GPs, hospital trusts and our neighbourhood alliance. We will continue to work positively in partnership with local government through whichever structural form becomes the preferred option.

Winter planning
Winter planning is already well underway and is a challenging time for our services. Over the past few weeks, our Urgent and Emergency Care and Vaccination and Screening teams have been working hard to put the finishing touches to their plans for the coming months.

We know that vaccinations are an effective way of helping to prevent the spread of viruses like flu, and from becoming more ill if you do catch it, so I am thankful to our teams for all their hard work behind the scenes to drive this year's vaccination campaign.

Colleague awards
We've also had a successful year of running the Our People Monthly Awards, recognising our colleagues achievements within the ICB. Since February, 66 colleagues have been nominated with seven receiving recognition. Over 200 thank you cards were sent in person, and two staff members celebrated a combined 50 years of NHS service. These efforts, along with national award recognition and high engagement with the awards pages, have had a positive impact on staff morale, fostering a stronger sense of appreciation and belonging.

Neighbourhood health
We submitted our application for the National Neighbourhood Health Implementation Programme application but unfortunately we were not successful as our bid did not match the specific nature of bids that the national process was looking for. The national programme wanted elements which were not directly represented in our plans which have been in development for some time. Our local vision and its implementation still stands and I know the Neighbourhood Executive will continue to work hard across all our neighbourhoods to continue developing this, moving care close to home and improving the quality and service for patients and their families. Our Team Up service has already been heralded in the 10YP as a strong example of an integrated neighbourhood health team, and we will build on this, and fast-forward this work around our neighbourhood model to ensure people can get joined up care as close to home as possible across the whole of Derby and Derbyshire and push on with the work of Local Navigation Hubs and virtual wards.

Community Transformation Programme
The Community Transformation Programme is fully mobilised and progressing swiftly through the design phase. The programme centres on system-wide benefits for residents, with three key workstreams: incoming bed demand, complex discharge, and home-based enablement. Workshops across these areas have seen strong engagement from frontline teams and we look forward to the next stages.

Contracting and Operational Performance
We now have validated data for month 3 performance, and this is included in the integrated performance report. We are currently noting a mixed picture of performance across key targets at the end of Quarter 1 and continue to work with our trust colleagues to understand and support their mitigation plans to bring performance back on track. Urgent and Emergency Care pressures have continued to be felt across the summer months, and robust planning has taken place to ensure the safety of services over winter. We are now in the process of longer-term planning for 2026/27 - 2030/31, setting out our commissioning intentions for the next five years to reflect system priorities.

Unexpected death of Rob Taylor, Chief Fire Officer/Chief Executive
I was also extremely sad to hear of the unexpected death of the Chief Fire Officer/Chief Executive Rob Taylor, from Derbyshire Fire & Rescue Service, who passed away following a short and sudden illness this month. He was a valued colleague who will be missed by many and our thoughts and condolences go to Rob's family and friends. Rob joined Derbyshire Fire & Rescue Service (DFRS) in 2008 following a transfer from Greater Manchester Fire and Rescue Service. He began his career in Derbyshire as a firefighter at Buxton Fire Station. In August 2021 Rob was promoted to Deputy Chief Fire Office, and in February this year he proudly took his position as the Chief Fire Officer and Chief Executive of the Service.

Chris Clayton
Chief Executive Officer

National updates

NHS to bring 'sponge-on-a-string' cancer test to the high street
People with persistent heartburn or acid reflux will be offered an innovative 'sponge on a string' test in high-street pharmacies for the first time, as part of a new NHS pilot to help prevent oesophageal cancer.

First NHS round-the-clock mental health unit opens under 10 Year Health Plan
Hundreds of patients in East London are set to benefit as the NHS opened its first 24/7 neighbourhood mental health centre today – a key commitment under the 10 Year Health Plan – offering walk-in support for people with mental illness.

NHS publishes waiting list breakdowns to tackle health inequalities
Hospitals will be able to address unfair elective waits for working class and minority patients as new data published today shows those from deprived communities are more likely to wait longer.

NHS to roll out long-lasting 'suit of armour' jab to protect thousands of premature babies from RSV
Thousands of premature babies at risk of life-threatening infection can now be protected against the common respiratory syncytial virus (RSV) this winter, with a single long-lasting injection available on the NHS for the first time.

Hundreds of thousands of people urged to get lifesaving cancer vaccine
The NHS is urging hundreds of thousands of people yet to have the lifesaving human papillomavirus (HPV) vaccine to get protected against cervical and other cancers.

NHS's Chief Nursing Officer encourages more male students to consider a career in nursing
The NHS's Chief Nursing Officer for England is encouraging male students getting their exam results today not to be put off by outdated stereotypes about the profession.

Hundreds of thousands use 'Amazon-style' prescription tracker in NHS App
Nearly 400,000 people have used a new prescription tracking feature in the NHS App in the first ten weeks since its launch, helping reduce unnecessary calls and visits to pharmacies.

NHS to fast-track patients with head and neck cancer into cancer vaccine trial

Patients with advanced head and neck cancers in England will be fast-tracked into a trial of a new cancer vaccine, as the NHS expands its world-leading trial 'match-making' service.

NHS urges pregnant women to protect their 'winter babies' against RSV
The NHS's top midwife is urging newly eligible pregnant mothers that "now is the time to act" and get the RSV vaccine to protect their baby ahead of this winter.

Millions more GP appointments delivered in record year
New NHS figures show general practice has delivered over 7 million more appointments in the past year compared to last year, taking the total to a record 380 million.

NHS publishes strike impact data following a record June for treatments
The NHS performed a record number of checks for treatments, cancer checks and other tests for June, as 18-week performance hit its best level in 3 years.

NHS supporting record numbers of people living with dementia
A record half a million people have received a dementia diagnosis on the NHS, as the health service ramps up support for the country's biggest killer.

NHS scanning trucks help thousands get potentially life-saving liver cancer checks
Thousands more people are being referred for potentially life-saving liver cancer checks following the expansion of the NHS's community liver health check programme.

Shingles vaccine to be offered to hundreds of thousands more immunosuppressed adults
Around 300,000 more people will become eligible for a potentially lifesaving shingles vaccination from next week, as GP practices roll out the jab to protect all severely immunosuppressed adults.

NHS kicks off winter vaccine roll out with flu jabs for children and pregnant women
Millions of children and pregnant women are set to get their flu vaccinations from today, as the NHS kicks off its vital autumn vaccine roll out to protect people ahead of winter.

Martha's Rule rolled out to all acute hospitals
Martha's Rule is now available in every acute hospital in England, the NHS has announced, as new data shows hundreds of patients have benefitted from potentially life-saving changes to their care thanks to the scheme.

Regional developments

The NHS Specialist Gambling Harms Service in the East Midlands exceed referral targets
The NHS Specialist Gambling Harms Service in the East Midlands has exceeded referral targets for 2024/25.

Community Diagnostic Centres helping thousands more patients access tests in the Midlands without visiting hospital
Almost 1.5 million patients visited community diagnostic centres (CDCs) in the Midlands for convenient local access to scans, tests and checks

Local Developments

Derby and Derbyshire ICB news

The Hub Plus, Derbyshire welcomes ICB Chair Dr Kathy McLean
A team which helps keep the primary care workforce in Derby and Derbyshire up-to-date with skills, development, wellbeing and learning welcomed ICB chair Dr Kathy McLean for a visit to their 'Hub'.

GP practices in Derby and Derbyshire are easier to contact, survey results show
GP practices in Derby and Derbyshire have been praised for making improvements to patient satisfaction with their services.

The shift from sickness to prevention – Healthy Conversations podcast #3 now available
The third episode of our new Healthy Conversations podcast series with ICB Chair Dr Kathy McLean is now available.

Derbyshire Trailblazer Fellows lead the way in tackling health inequalities
GPs in Derby and Derbyshire are leading the way in tackling health inequalities by improving care for groups including Roma and traveller, young people with mental health issues and people living with addiction.

NHS team 'save life' of construction engineer who fell 25-foot from roof
"They are trying and while they're trying I've got hope. They really care." Robert Bell.
A dad of seven who survived a 25-foot fall from a building which left him unlikely to ever walk again has praised the NHS team which 'saved his life'.

A new service offering oral contraception through pharmacies has already saved over 1,000 hours of GP time
A new NHS service enabling people to access oral contraception directly from their local pharmacy has already saved more than 1,000 hours of GP and healthcare professional time.

Derby and Derbyshire ICB Annual General Meeting

The ICB's Annual General Meeting (AGM) will take place on Thursday 18 September 2025 from 11:30am – 12:30pm at Hasland Village Hall, Eastwood Park, Hasland Road, Chesterfield S41 0AY.

Derby City Council

One Derbyshire, two councils: thousands have their say about future of local services

Thousands of people across Derbyshire have been having their say about the future of the local councils that deliver their services.

Derby praised for work to keep children safe outside the school gates

Children are enjoying safer journeys to and from school thanks to a pioneering Council scheme, which has now won a nationally recognised award for helping to keep children safe by the school gates.

Good progress for Derby on the path to greater financial stability

Derby City Council continues to make progress on its journey to greater financial stability, reporting a forecast underspend at the end of the first quarter of the 2025/2026 financial year.

New supported living service to empower young adults with disabilities

Derby City Council plans to create a new local supported living provision for young adults aged 18-25 living with learning disabilities, neurodiversity, or autism.

Derbyshire County Council

Have your say on options for fewer councils, better value and stronger communities

Residents across Derby and Derbyshire are being invited to have their say about proposals to reduce the number of councils in Derby and Derbyshire from 10 to 2, to simplify the system, provide better value for council tax-payers and create stronger communities.

Chesterfield Royal Hospital

Announcement about Trust Chair, Mahmud Nawaz

Mahmud Nawaz, Chair of the Trust is to leave his role within the next few weeks in order to take up the role as Chair at Sheffield Teaching Hospitals.

Transforming Local Healthcare: Purpose-Built Community Diagnostic Centre Opens at Walton Hospital

Chesterfield Royal Hospital NHS Foundation Trust is proud to announce the opening of the new Community Diagnostic Centre (CDC) at Walton Hospital, marking a significant milestone in improving patient access to diagnostic services across North Derbyshire.

United Hospitals Derby and Burton

New research study led by outstanding UHDB colleague aiming to address health inequalities in Deaf communities

Researchers at University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) are leading a new study to tackle long-standing health inequalities in the Deaf* community - having been awarded over £100,000 from the National Institute for Health and Care Research (NIHR).

New Call for Concern phoneline launched: a patient safety initiative

A national patient safety initiative is now live across University Hospitals of Derby and Burton (UHDB) to give patients and their loved ones a direct route to request a rapid review if they are worried about someone's condition while they are in hospital.

Three UHDB teams recognised for improving quality and safety of care after making prestigious HSJ Awards shortlist

We are pleased that three teams across University Hospitals of Derby and Burton (UHDB) have been hailed as national examples of healthcare excellence.

Derbyshire Healthcare NHS FT

Derbyshire Healthcare opens county's first male Psychiatric Intensive Care Unit in Derby

Derbyshire Healthcare NHS Foundation Trust officially opened Kingfisher House, the first cutting-edge mental health facility in Derbyshire, designed to support males with acute mental health needs.

Seven impressive Derbyshire Healthcare NHS colleagues and one team shortlisted for national award championing equality, diversity and inclusion across healthcare

Derbyshire Healthcare NHS Foundation Trust has been shortlisted a record eight times at a national awards scheme run by the Asian Professionals' National Alliance (APNA NHS). APNA champions equality, diversity and inclusion in the workplace, to visibly make a difference to the NHS and its diverse workforce.

Derbyshire Healthcare opens new female Enhanced Care Unit in Derby

Derbyshire Healthcare NHS Foundation Trust opened its doors to Audrey House, a newly refurbished Enhanced Care Unit (ECU), designed to support women with complex mental health needs in a safe, therapeutic environment.

Voluntary Community and Social Enterprise Sector

Derbyshire Voluntary Action is proud to announce our 2025 Conference, bringing together voluntary, community, and social enterprise partners, public sector leaders, and changemakers to explore the new connected approach to neighbourhoods model.

Publications that may be of interest:

Joined Up Care Derbyshire | Monthly Newsletter July 2025

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☐	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☐
SR5	Affordable and sustainable workforce	☐	**SR7**	Aligned System decision-making	☐
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☐
SR11	Cyber-attack and disruption	☐			☐

Conflicts of Interest	

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

18th September 2025

Item: 056

Report Title	Neighbourhood Health Update							
Author	Nicki Doherty, Director of Place and Partnerships							
Sponsor	Michelle Arrowsmith, Deputy Chief Executive and Executive Director of Strategy and Delivery Jim Austin, SRO Community Transformation Programme							
Presenter	Michelle Arrowsmith, Deputy Chief Executive and Executive Director of Strategy and Delivery Nicki Doherty, Director of Place and Partnerships Dr Penny Blackwell, Chair of Neighbourhood Executive Jim Austin, SRO Community Transformation Programme and Participant Member to the Board for Place							
Paper purpose	Decision	☐	Discussion	☒	Assurance	☐	Information	☒
Appendices (reports attached)	Appendix 1 – Neighbourhood Health Update							

Recommendations

The ICB Board is recommended to

- **NOTE** the progress to date as well as the strong position that we have achieved because of our collective work since the ICB began.
- **AGREE** the next steps in progressing our Neighbourhood Model, as recommended by the Strategic Commissioning and Integration Committee

Report Summary

The report provides an update on the progress of the Neighbourhood Health Model in Derby and Derbyshire, aligned with the NHS 10 Year Plan's three shifts: moving care from hospital to community, adopting digital solutions, and focusing on prevention. It highlights the local development of integrated care teams and governance to support sustainable, person-centred health services.

For the purposes of brevity this report does not stray into delivery against the operational plan detail for Neighbourhoods in 2025/26, which is covered in regular reporting updates to the Board. Rather it is focussed on the transformational elements of developing Neighbourhood Health and the implementation progress of our agreed model.

Derby and Derbyshire has made significant progress and has unique strengths that set it apart, some of which were highlighted in the 2025 NHS 10 Year Plan. It is from these strong foundations that we have been able to agree an ambitious Neighbourhood Model. At the Strategic Commissioning and Integration Committee session on 11th September the model was explored in detail, with a particular lens to developing the provider landscape (the report from the Committee sets this out). It also heard from the Good Governance Institute on their assessment of our model and the emerging governance framework and maturity matrix that will support it.

The report sets out next steps: commissioning intentions, a governance framework and maturity index, the development of our provider landscape, the launch of the Derby and Derbyshire Neighbourhood Development Series. Securing the next steps will be critical to success.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☐	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☐
SR11	Cyber-attack and disruption	☐			

Conflicts of Interest	

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☒	No ☐	N/A ☐
Health Inequalities	Yes ☒	No ☐	N/A ☐
Patient and Public Involvement	Yes ☒	No ☐	N/A ☐
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

Neighbourhood Health Update

1. Introduction

1.1 Neighbourhood Working is not a new concept. We have been talking about this since the Health and Care Act of 2012, which introduced duties to:
- Integrated Health Services: in a way that promotes better integration
- Reduce Health Inequalities: supporting equitable and whole person orientations – holistic care

1.2 This was followed by a series of policies and programmes setting out ambitions for neighbourhood working, including but not limited to, the Better Care Fund (2013), the PCN DES (2019), NHS Five Year Forward View (2014), New Models of Care Vanguard Programme (2014), NHS Long Term Plan (2022), the Provider Selection Regime (2024) and the NHS 10 Year Plan (2025).

1.3 There have been numerous reviews of progress – Fuller, Hewitt, Darzi – all of which have reflected that despite the clear ambition for a shift from hospital to community and holistic neighbourhood team working the progress has not been sufficient.

1.4 Darzi most recently reported "**The NHS budget is not being spent where it should be - too great a share is being spent in hospitals, too little in the community, and productivity is too low",** and the NHS 10 Year Plan referenced the research findings from Carnall Farrar and NHS Confederation, setting out that those systems spending more on community care reported fewer non-elective admissions and had less need for ambulances .

1.5 In Derby and Derbyshire, we have been able to demonstrate significant progress, as showcased in the 2025 NHS 10 Year Plan, by Team Up. We have an important unique selling point of having focussed on function before form. We have spent years developing and cultivating trusted relationships across partners and a strong culture and identity in our places, enabled by distributed leadership and a strengths-based approach that capitalises on local relationships and assets to truly work with people and their families around what matters to them.

1.6 We are in an excellent position to respond to the national Neighbourhood vision. In fact, our ambition is great, going ahead and beyond the current national thinking. Years of working together on this, alongside learning from our vanguards, has positioned us well. At its session on 11th September, the Derby and Derbyshire ICB's Strategic Commissioning and Integration Committee heard from Andrew Corbett-Nolan, CEO of the Good Governance Institute, that *"…having a number of years go started on a pathway with your Local Place Alliances you have produced something really quite impressive. You have proof of concept of your Neighbourhood Model, and you have also, in developing your Local Place Alliances and doing some stuff through them, built up a lot of that capital of trust between people in the various neighbourhoods that will stand you in good stead. This means that you have a scalable template for working across the new wider footprint."*

1.7 We are not complacent; there are systemic reasons why we have failed nationally to make the progress on shifting resources from hospital to community. Our achievements to date and our plans aim to learn from preceding years and to create an integrated provider

landscape that can support each of the three shifts set out in the 2025 NHS 10 Year Plan: Hospital to Community, Analogue to Digital and Treatment to Prevention.

1.8 For the purposes of reasonable brevity this report does not stray into delivery against the operational plan detail for Neighbourhoods in 25/26, which is covered in regular reporting updates to the Board. Rather it is focussed on the transformational elements of developing Neighbourhood Health and the implementation progress of our agreed model.

2. Our Achievements

We are building from strong foundations, which are briefly set out below:

2.1 **Team Up Integrated Working:** an ambitious programme in Derby and Derbyshire, as featured in the NHS 10 Year Plan, that has created one team across health and social care who see all housebound patients in a neighbourhood. This team provides planned and urgent care with a holistic "what matters to you" approach. This team is not a new or 'add on' service – it is a teaming up of existing services – with general practice, community, mental healthcare, adult social care and the voluntary and community sector all working together.

Contributing to a system impact of: >3000 hours of additional capacity in General Practice, 98% of urgent community responses managed in the community (12% referred from Urgent and Emergency care services); a 4.3% reduction in A&E attendance, and a 11.4% reduction in occupied bed days.
Robert's Story (as featured on ITV news) can viewed here: *https://joinedupcarederbyshire.co.uk/news/nhs-team-save-life-of-construction-engineer-who-fell-25-foot-from-roof/*

2.2 **The GP Provider Board:** The GP Provider Board is Derby and Derbyshire's 'at scale' General Practice organisation, co-ordinating the work of General Practice and Primary Care Networks, speaking for it within the system and delivering specific ICB commissioned at scale General Practice programmes. The GPPB is the only organisation of its kind across Derbyshire, Nottinghamshire and Lincolnshire. It has a national profile and is seen as an exemplar for at scale GP organisations.

2.3 **Community Transformation Programme:** a major programme of transformation that will enable a significant reduction in system costs associated with hospital based and long-term care as part of the Hospital to Community Shift in care and resources. As well as improving integrated working and pathways of care it will also set a precedent for how we work as a system to reduce unnecessary hospital based spend and shift care into Neighbourhoods with a greater focus on prevention and early intervention.

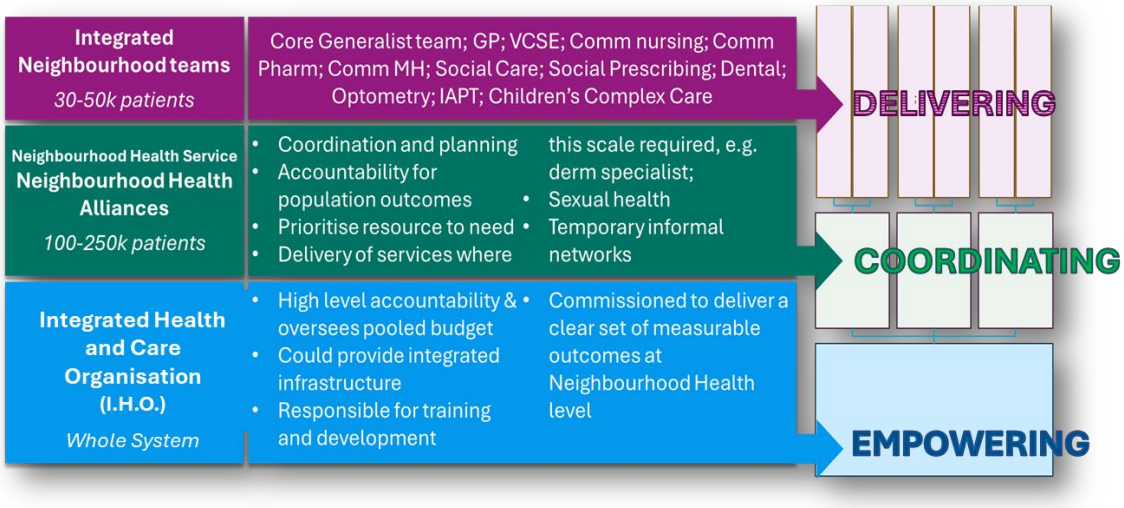
2.4 **Better Care Fund Governance:** in readiness for increasing our integrated working and joint commissioning for neighbourhood working we have spent time over the last 12 months strengthening our Better Care Fund governance, which will be a critical enabler to the Neighbourhood Model and funding of integrated service delivery.

2.5 **Neighbourhood Executive:** we have re-launched the Integrated Place Executive as the Neighbourhood Executive. With attendance from all partners across the system from Neighbourhoods through to acute Foundation Trusts, this is where we have collective oversight of the design and delivery of our Neighbourhood and Community Services Transformation. Additionally, we have recognised the value and important of having a smaller integrated Neighbourhood Executive team overseeing the

development of an implementation plan, which will have a strong Integrated Commissioning input.

2.6 **An Agreed Neighbourhood Model:** through an extensive engagement (workshops and a Neighbourhood Summit) we have designed and agreed a Neighbourhood Model for Derby and Derbyshire. This is an ambitious model that aims to create a fully integrated health and care organisation that is able to operate across three layers of scale: Integrated Neighbourhood Teams for delivering care to populations of 30-50k, Neighbourhood Health Alliances, for coordinating and organising the deployment of resources for populations of 100-250k, and a system wide host organisation (not a new organisation) for the holding of risk and budget and the provision of critical infrastructure (Fig. 1). This model promotes a Neighbourhood First ethos for decision making and delivery and will be enabled by a strong primary and community care trusted leadership.

Fig. 1 The Derby and Derbyshire Neighbourhood Model



2.5 **Our National Neighbourhood Health Implementation Programme Application**
We applied to the National Neighbourhood Health Implementation Programme. The process permitted only one application per Place (as defined locally by the ICB and Local Authority). For Derby and Derbyshire, it is agreed that we are one Place and that our model is designed around one Place. The submission aimed to bring together the emerging Physical and Mental Health Neighbourhood Hubs. We were not successful in Wave 1; however, we will have access to the national learning platform and much of the programme benefits. We have already connected with our Nottingham and Nottinghamshire colleagues where one of their Place applications was successful; we will work and learn together to optimise and share any benefits that we can.
Feedback on the application will be received at 3:30pm on 12th September. Whilst there is some disappointment this will not impact on our local commitment or progress.

3. Next Steps:

3.1 **Commissioning Intentions for 26/27 and beyond:** commissioning intentions are being drafted and present an important opportunity for us to signal how we expect our provider landscape to evolve over the coming years. As well as the three national shifts there will be an important development in the relationship with communities and how they shape the future of Neighbourhoods from an early stage.

3.2 **A Governance Framework and Maturity Matrix:** The Good Governance Institute has been working with us to develop a Governance Framework and Maturity Matrix to support the operating of the Derby and Derbyshire Neighbourhood model – as well as to provide feedback on its feasibility. As discussed at the Strategic Commissioining and Integration Committee session on 11th September, this will be crucial to implementation and is expected to be finalised within Q3 25/26.

3.3 **Developing our Provider Landscape:** using the governance framework and maturity matrix we will work with providers to put in place the transition required to move from Place to Neighbourhood Alliance as well as to develop the IHO hosting arrangements and governance. Retaining trust and collaboration across our providers will be critical and this will be supported by a thoughtful, transparent and collaborative implementation methodology.

3.4 **Launching the Derby and Derbyshire Neighbourhood Development Series:** we are designing a development series to launch in early 2026, which will support the Neighbourhood Alliances in their development as well as connect professionals across full pathways of care to identify and design new ways of integrated working, aligned to achieving better outcomes for their populations and consequently impacting on improved access across our health and care services

4. Conclusion and Recommendations:

4.1 Derby and Derbyshire has been developing its Neighbourhood working for more than 5 years. There are mature foundations in relationships and foundations that set us in a strong and unique position to take forward our Neighbourhood Model ambitions, which will strengthen the resilience and sustainability of our provider landscape, improve access to care, improve population health and wellbeing and improve staff wellbeing and retention.

4.2 Securing the next steps will be critical to success. There will be some risk to this as we transition into our new Cluster arrangements, that we will need to intentionally manage. Equally, there are opportunities to enhance our progress through the Cluster, particularly around enablers such as data.

4.3 The ICB Board is asked to

- **NOTE** the progress to date as well as the strong position that we have achieved because of our collective work since the ICB began.
- **SUPPORT** the next steps in progressing our Neighbourhood Model

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

18th September 2025

Item: 057

Report Title	JUCD Seasonal Plan - Winter 2025/26							
Author	Corie Holland, Operational Resilience and Performance Manager – UEC Amy Grazier Senior Operational Resilience Manger – UEC Andrew Sidebotham, Associate Director – UEC Emma Ince, Director of Delivery							
Sponsor	Professor Chris Weiner, Chief Medical Officer							
Presenter	Professor Chris Weiner, Chief Medical Officer							
Paper purpose	Decision	☒	Discussion	☒	Assurance	☒	Information	☐
Appendices (reports attached)	Appendix 1: Background to Seasonal Plan and Board Assurance Statement Appendix 2: JUCD Seasonal Plan Summary Slides **(See separate PDF 057.3)** Appendix 3: ICB Board Assurance Statement							

Recommendations
The Board are recommended to **APPROVE** the: • JUCD Seasonal Plan for 2025/26 • ICB Board Assurance Statement for submission to NHS England
Report Summary
This paper provides a draft ICB Assurance Statement for agreement, together with a summary of the Seasonal Plan for 2025/26, including the approach taken, an assessment of capacity and demand over winter, and escalation and monitoring arrangements. Engagement in seasonal planning has been positive, with all partners actively contributing to the process. Delivery and performance of the seasonal plan is monitored by the Urgent, Emergency and Critical Care Delivery Board with specific additional monitoring arrangements in place over winter to manage emerging risk.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☐	**SR4**	Sustainable financial position	☐
SR5	Affordable and sustainable workforce	☐	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☐
SR11	Cyber-attack and disruption	☐			

Conflicts of Interest	None identified.

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☒	No ☐	N/A ☐
Equality Delivery System	Yes ☒	No ☐	N/A ☐
Health Inequalities	Yes ☒	No ☐	N/A ☐
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☒	No ☐	N/A ☐

Background to the ICB System Seasonal Plan and Board Assurance Statement

Introduction

The ICB has a key role in understanding the delivery pressures across the system and ensuring that plans are in place to maintain safe and effective services. Every year health and care partners across the Integrated Care System (ICS) bring organisational plans together, collaboratively contributing to an overarching system plan to ensure resilience over winter.

The local seasonal planning process commenced earlier this year; directed by the system the Urgent, Emergency and Critical Care (UECC) Delivery Board in February 2025 that JUCD seasonal planning for 2025/26 would be completed by July 2025.

The Seasonal Plan builds on the work completed for the 2025/26 Operational Plan, encompassing the Key Lines of Enquiry included within the NHSE Urgent and Emergency Care Recovery Plan to ensure safe and effective care this winter.

Background

An event was held in April 2025 to review the effectiveness of winter planning and delivery in 2024/25. All JUCD health and social care providers, including Voluntary Community and Social Enterprise (VCSE) partners, were represented. Collectively representatives identified what worked well during last winter and what could be improved ahead of this coming winter. The outcomes and learning from this session, together with annual and other planning processes informed seasonal planning for 2025/26 and are summarised in the Appendix 2.

NHS England (NHSE) published an Urgent and Emergency Care (UEC) Recovery Plan and a Winter Letter setting out expectations for planning, preparedness and assurance with both documents published during June 2025. The Seasonal Plan considers arrangements in place in Derby and Derbyshire against the requirements in the Recovery Plan and Winter Letter. To complement planning, and support assurance and readiness, an NHS England (NHSE) Midlands Regional Winter Summit is due to take place on 17 September 2025.

To date there has been no confirmation of additional funding for seasonal pressures, and the development of the system seasonal plan assumed no additional system income.

Health and Social Care providers across the Derby and Derbyshire Integrated Care System (DD ICS) have completed individual organisational plans to ensure safe and effective care, and to highlight risks during expected peaks in activity during the winter period. The JUCD Seasonal System Plan accurately reflects the plans in place across all local health and social care organisations, and whole system engagement has taken place ensuring clarity about how neighbourhood services support the UEC pathway and individuals to avoid unnecessary attendance at hospital.

Ahead of submission of the Seasonal Plan for 2025/26, NHSE requested a system submission reflecting winter pressures and preparedness. Each system was asked to provide a comprehensive response to Key Lines of Enquiry (KLOE) that were shared in July 2025. The responses to the individual KLOEs have been reviewed by an NHSE subject matter expert, providing their professional view and assurance rating for the system.

Feedback was positive with a high level of assurance for responses and some areas for further development.

Seasonal Plan

The Seasonal Plan includes the following sections, summarised:

Benchmarking against the NHSE UEC Recovery Plan and the 2025/26 Winter Letter

Including expectations set out in the Winter Letter received this year, with consideration of where these are reflected in the KLOE's and the UEC Recovery Plan.

Demand and Capacity Position Statement

There is sufficient planned capacity to meet expected demand across services in Derby and Derbyshire with no organisations RAG rated as red. Amber assessments reflect a level of uncertainty with demand or a requirement for plans to be delivered to support capacity and delivery assumptions.

Overview of core services available over winter

Including a range of services available to support urgent and emergency pathways across inflow, flow and outflow.

System risks, potential impact, and mitigation

Across four thematic areas: workforce; capacity; demand and IPC.

Prevention

Including an overview of the vaccination programme, and arrangements relating to infection prevention control (IPC).

System escalation, system monitoring and oversight

Including the System Co-ordination Centre and arrangements for the winter room; detail regarding the weekly Winter Monitoring Group set up to track changes to expected levels of demand and any risk to the delivery of plans to create additional capacity.

Communications

- Summary of the communication plan including campaigns scheduled over winter,
- Progress on the development of the Seasonal Plan has been reported regularly to the Urgent, Emergency and Critical Care (UECC) Delivery Board. On 7 August 2025, the Board reviewed the final version of the 2025/26 Seasonal Plan. Whilst acknowledging the quality of the plan, the Board noted risks to delivery over winter. Three key concerns were highlighted: workforce capacity; the pace of delivery within the Community Transformation Programme; and the need to consider further actions including additional investment, to reduce demand on the Urgent and Emergency Care pathway.

Urgent Emergency Care Team

The UEC Team within the ICB has further developed the work to incorporate:

- Board Assurance Statements requested by NHSE;
- feedback from NHSE on the JUCD Seasonal Plan and the Key Lines of Enquiry submissions;
- outcomes from Exercise Frostguard – the local system scenario stress test of the seasonal plan undertaken on 1 August 2025); and
- recent requirements relating to NHSE Exercise Aegis – regional scenario stress test planned for 17 September 2025.

Urgent Emergency Critical Care Board

The UECC Board held an in-person meeting in September with a focus on working through the areas highlighted below:

- workforce concerns over the winter period;
- consideration of investment to reduce flow into the Urgent and Emergency care system;
- pace of delivery of the Community Transformation Programme;
- escalation/OPEL/governance structure;
- System Coordination/Communication; and
- operational status of the Derby and Derbyshire System.

The session involved cross-referencing areas where partial assurance had already been secured, providing the group with the information needed to agree clear actions and next steps. It was well attended by system partners, with representation from the NHSE regional team, and a detailed action log is being developed. This will be overseen by the UECC Delivery Board supported through the weekly Winter Monitoring Group and associated Programme Delivery Groups.

Timeline of activity between 1 April 2025 – 5 September 2025

Date	Activity
2 April 2025	JUCD held a Winter Wash-Up event, bringing together all system partners and providers to reflect on winter during 2024/25, review performance, and begin preparations for winter 2025/26. Outputs from this event informed the development of the 2025/26 Seasonal Plan.
July 2025	A benchmarking exercise was undertaken, reviewing the latest UEC Recovery Plan, the NHSE National Winter Letter, and the JUCD Seasonal Plan.
July 2025	Internal provider plans received. While these are still subject to change pending completion of internal governance processes, draft versions were shared to support timely completion of the system plan ahead of the submission deadline.
1 August 2025	A system stress testing exercise (Exercise Frostguard) for the Seasonal Plan was undertaken, led by EPRR and the UEC Team.
1 August 2025	Draft JUCD Seasonal Plan was submitted to NHSE. This submission was made with the caveat that the plan is subject to approval through ICB/system governance and may be updated. It was also noted that the plan will remain an iterative, working document.

Date	Activity
7 August 2025	UECC Delivery Board meeting was held to review the draft Seasonal Plan.
14 August 2025	Seasonal Plan considered by the Strategic Commissioning and Integration Committee, full assurance for planning and limited assurance for delivery.
August–September 2025	Board assurance statements drafted, with the ICB Board Assurance Statement due for return by the end of September. Provider assurance statements are to be submitted directly to NHSE.
4 September 2025	A face-to-face UECC Delivery Board meeting held to review six priority areas of concern. These areas were identified through: UECC Board discussion; JUCD Exercise Frostguard; feedback from NHSE on the JUCD Seasonal Plan and Key Lines of Enquiry; and the requirements linked to NHSE Exercise Aegis.

Winter Planning 25/26

Board Assurance Statement (BAS)

Integrated Care Board (ICB)

Introduction

1. Purpose

The purpose of the Board Assurance Statement is to ensure the ICB's Board has oversight that all key considerations have been met. It should be signed off by both the ICB Accountable Officer and Chair.

2. Guidance on completing the Board Assurance Statement (BAS)

Section A: Board Assurance Statement

Please double-click on the template header and add the Integrated Care Board's (ICB) name.

This section gives ICBs the opportunity to describe the approach to creating the winter plan, and demonstrate how links with other aspects of planning have been considered.

Section B: 25/26 Winter Plan checklist

This section provides a checklist on what Boards should assure themselves is covered by 25/26 Winter plans.

3. Submission process and contacts

Completed Board Assurance Statements should be submitted to the national UEC team via england.eecpmo@nhs.net by **30 September 2025.**

Integrated Care Board:	Derby and Derbyshire ICB

Section A: Board Assurance Statement

Assurance statement	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Governance		
The Board has assured the ICB Winter Plan for 2025/26.	**To be confirmed by Board on 18 September 2025**	The system has full assurance on the quality, breadth, and depth of the winter plan. However, given the current pressures being faced by the urgent and emergency care system, the plan can only provide limited assurance on the effectiveness of service delivery over what is predicted to be a period of greater increased pressure Further assurance on delivery over winter was sought through a deep dive at the UEC Board on 4 September with consideration of the requirements of Operation Aegis. The Board notes that an NHS England Midlands Winter Stress Test (all ICB footprints) was held on 17 September and will review DDICB level of assurance against the reported outcomes of that event.

Integrated Care Board:	Derby and Derbyshire ICB

A robust quality and equality impact assessment (QEIA) informed development of the ICB's plan and this has been reviewed by the Board.	Yes	Presented to Panel on 26 August 2025. Positive feedback received, with no further action required.
The ICB's plan was developed with appropriate levels of engagement across all system partners, including primary care, 111 providers, community, acute and specialist trusts, mental health, ambulance services, local authorities and social care provider colleagues.	Yes	All system partners of Joined Up Care Derbyshire supported the development of the System Seasonal Plan for 25/26.
The Board has tested the plan during a regionally-led winter exercise, reviewed the outcome, and incorporated lessons learned.	Yes	Exercise Frostguard was held on 01 August 2025 for Derby and Derbyshire. An attenuated version of Exercise Aegis was held on 04 September 2025. Taken together these exercises both tested and supported our assessment of the assurance position for winter planning and delivery. The Board notes that an NHS England Midlands Winter Stress Test (all ICB footprints) was held on 17 September and DDICB will further review our level of assurance against the reported outcomes of that event.
The Board has identified an Executive accountable for the winter period, and ensured mechanisms are in place to keep the Board informed on the response to pressures.	Yes	Executive accountability through the Chief Medical Officer will be supported with assurance from the weekly Winter Monitoring Group, with mechanisms to inform

Integrated Care Board:	Derby and Derbyshire ICB

		Board of outputs, including demand, activity, capacity pressures and risk mitigation.
Plan content and delivery		
The Board is assured that the ICB's plan addresses the key actions outlined in Section B.	Yes	Following stress testing, an action log has been created to capture and monitor areas that have been highlighted as high risk as we approach winter. These actions are owned and monitored by The UEC Delivery Board, supported through the weekly Winter Monitoring Group.
The Board has considered key risks to quality and is assured that appropriate mitigations are in place for base, moderate, and extreme escalations of winter pressures.	Yes	Key risks to quality are captured through the system risk log, informed by the planning process.
The Board is assured there will be an appropriately skilled and resourced System Control Centre in place over the winter period to enable the sharing of intelligence and risk balance to ensure this is appropriately managed across all partners.	Yes	Experienced, knowledgeable resource is in place for the winter period via our System Coordination Centre (SCC) with further support available. This includes working closely with neighbouring ICB footprint SCC's where inter-dependencies exist.

ICB CEO/AO name	Date	ICB Chair name	Date

Section B: 25/26 Winter Plan checklist

Checklist	Confirmed (Yes / No)	Additional comments or qualifications (optional)
Prevention		
1. Vaccination programmes across all of the priority areas are designed to reduce complacency, build confidence, and maximise convenience. Priority programmes include childhood vaccinations, RSV vaccination for pregnant women and older adults (with all of those in the 75-79 cohort to be offered a vaccination by 31 August 2025) and the annual winter flu and covid vaccination campaigns.	Yes	DDICS has a robust vaccination programme in place to target priority areas. The timeline is clearly embedded within the plan and has been shared system wide. The programme will be monitored via the weekly Winter Monitoring Group and reported into Board. Significant engagement work is ongoing across JUCD through Voluntary Sector organisations, reaching out to communities to understand vaccine hesitancy and any barriers via community connectors. Alongside this we have produced a targeted communication campaign, focussing on both system wide and specific campaigns to lower-uptake areas as well as specific conditions.
2. In addition to the above, patients under the age of 65 with co-morbidities that leave them susceptible to hospital admission as a result of winter viruses should receive targeted care to encourage them to have their vaccinations, along with a pre-winter health check, and	Yes	Signposting is in place throughout Provider Trusts and Primary Care regarding winter vaccinations. Posters are being displayed

access to antivirals to ensure continuing care in the community.		within outpatient settings and relevant specialist teams/clinics particularly for patients identified within the "at risk" cohort, i.e. respiratory, obesity, heart disease etc. Staff are receiving appropriate training to ensure they are confident in having patient conversations about the importance of vaccination.
3. Patients at high risk of admission have plans in place to support their urgent care needs at home or in the community, whenever possible.	Yes	Proactive neighbourhood work has been captured throughout stress testing and system planning.
Capacity		
4. The profile of likely winter-related patient demand across the system is modelled and understood, and individual organisations have plans that connect together to ensure patients' needs are met, including at times of peak pressure.	Yes – modelled and understood.	This is outlined clearly through the demand and capacity modelling tool. Noted that capacity assumptions are predicated on the delivery of schemes and programmes. This will be monitored by the UEC Delivery Board, supported by the weekly Winter Monitoring Group and associated Programme Boards.
5. Seven-day discharge profiles have been shared with local authorities and social care providers, and standards agreed for P1 and P3 discharges.	Yes	Discharge planning is embedded within the system capacity and demand modelling tool and is monitored by the Pathways Operations Group.
6. Action has been taken in response to the Elective Care Demand Management letter,	Yes	Monitored by the Planned Care and

issued in May 2025, and ongoing monitoring is in place.		Cancer Delivery Board and Contract Management Framework
Leadership		
7. On-call arrangements are in place, including medical and nurse leaders, and have been tested.	Yes	Robust on-call arrangements are in place. Tactical and Strategic escalation was tested through exercise Frostguard,.
8. Plans are in place to monitor and report real-time pressures utilising the OPEL framework.	Yes	Real time monitoring and BAU/ Escalation system delivery meetings are built around OPEL monitoring via the SHREWD platform.

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

18th September 2025

Item: 058

Report Title	Integrated Performance Report							
Authors	Phil Sugden, Assistant Director of Quality Samuel Kabiswa, Associate Director, Contracting, Planning and Performance Marcus Pratt, Interim Joint System Director of Finance Michael West, Workforce Planning Project Manager							
Sponsor	Dr Chris Clayton, Chief Executive Officer							
Presenters	Executive Directors Committee Chairs							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☐
Appendices (reports attached)	Appendix 1 – Performance Report							

Recommendations
The ICB Board are recommended to **RECEIVE** the Integrated Performance Report for assurance.
Report Summary

Quality

- Derbyshire Community Health Services NHS Foundation Trust: CQC conducted an inspection of Snowdrop Ward (Walton Hospital) on the 17/18 June 2025. Snowdrop Ward provides services for older people with mental health problems in the north of Derbyshire. The outcome report was published on the 20 August 2025 with inspectors rating the service as good for how safe, effective, caring, responsive and well-led domains.
- Derbyshire Healthcare NHS Foundation Trust: CQC conducted a comprehensive inspection of the Kedleston Unit (forensic inpatient low-secure services) during the 19-21 August 2025. The full report is expected in 4 to 6 weeks. The initial feedback letter identified a number of positive areas. Areas of concern were identified in relation to advocacy support and staffing/leave arrangements. The Trust are developing an action plan which will be fed back through the CQRG for assurance.
- Mental Health Oversight and Governance KLOEs: As part of NHSE Mental Health Improvement Oversight Programme, the Midland NHSE Regional team undertook a mapping exercise of ICB quality oversight of mental health services. The KLOEs were completed by the N&Q directorate in May 2025. At the feedback session on the 29 August the NHSE Regional Team had significant assurance of the ICBs quality oversight of mental health services. The N&Q have been invited to the Regional Meeting to present the ICBs processes.

Performance

This month's report focusses on performance against key priorities within the planned care, urgent and emergency and mental health care portfolios, using validated data as the core source of information and fast track unvalidated data, where available. Key data points are summarised in Appendix 1 for reference.

Planned Care and Cancer Performance

Referral to Treatment – proportion of incomplete waiting list <18 weeks

At the end of Q1, both Trusts remain on their planned trajectories and are performing ahead of the same period last year. Performance improvement at CRH is, however, notably stronger than at UHDB. Encouraging as this progress is, both Trusts are in the second to lowest quartile when performance is benchmarked nationally and a material productivity gap persists, with further gains still to be realised.

- **Outpatient Care** – Workforce productivity is a greater challenge at CRH, where outpatient activity per consultant FTE is ~10% below peer Trusts. DNA rates, use of virtual consultations, and uptake of specialist advice and guidance also present improvement opportunities for both Trusts.
- **Theatre & Bed Utilisation** – Four months in, efficiency remains mixed. CRH is achieving theatre utilisation rates above peers and the national average, whereas UHDB continues to underperform against both. In addition, both Trusts are under-delivering on BADs rates compared with peers and the national benchmark, indicating scope to shift more work from daycase/admitted electives to outpatient settings.
- **Evidence Based Interventions –** UHDB is delivering substantially higher volumes of four elective procedures compared to peers, strongly indicating non-compliance with EBI thresholds.

Faster Cancer Diagnosis – proportion of suspected cancers diagnosed or ruled out within 28 days

At the end of Quarter 1 2025/26, UHDB remains behind plan with performance no better than the same period last year. At the CRH, the Trust has met its planned trajectory, but performance has nonetheless deteriorated on last year's position. Overall, both Trusts are delivering outcomes around 3% below their respective peer groups. The most challenging tumour sites across both Trusts are suspected gynaecological, gastrointestinal and urological cancers. In addition, the CRH's dermatology service lacks sufficient capacity to meet both general and two-week wait demand. Key cross cutting issues affecting performance across these tumour sites include:

- **First outpatient capacity:** Delays in initial specialist review are limiting timely progression through the cancer pathway.
- **Diagnostic capacity:** Access to imaging and endoscopy remains a critical limiting factor.
- **Histopathology Turnaround:** Delays in pathology reporting, particularly for biopsies and resection specifics, are contributing to pathway breaches.

Cancer Treatment – proportion of patients receiving first definitive treatment within 62 days

At the end of Quarter 1 2025/26, UHDB remains behind its planned trajectory, though performance is 6% better than at the same point last year. The Trust must still close a 4% gap to reach its year-end target. The CRH is performing above trajectory at the end of the quarter and stands just 1% short of its year-end target. While both Trusts faster cancer diagnosis performance doesn't benchmark well to peers, cancer treatment does, with the CRH 7% performing 7% above its peer group and UHDB 5% above. Encouraging as this is, significant variation persists in treatment times by tumour sites – where lower gastrointestinal, gynaecological and urological cancers are experiencing the longest treatment delays. This remains a priority for sustained improvement.

Urgent and Emergency Care Performance

A&E 4hr performance

Performance continues to diverge between the two Trusts. UHDB remains broadly on track against its 4-hour trajectory, though no significant progress has been made relative to the same period last year. In contrast, the CRH continues to underperform – both against plan and relative to last year's position.

- **12 hour waits** – Reducing excess waits remains a key focus. Current proportions stand at 4.9% at the CRH and 10.7% across UHDB, consistent with the same point last year. This reflects no further deterioration, but crucially, no improvement to date.
- **Demand** – Demand profiles differ significantly:
  - CRH – ED attendances are down on last year's position but non-elective admissions, particularly in patients aged 65+ are up 5.6%.
  - UHDB – ED demand is up 2.7% yet admissions are 8% lower than last year.
- **General and Acute Bed Flow** – Flow through beds remains the core challenge. While average length of stay compares reasonably well to benchmarks, there has been no meaningful reduction in with bed occupancy or length of stay over the past 18 months. Delayed discharges remain a critical constraint, with a clear divergence between Trusts:
  - UHDB – bed days lost to delay have grown 5.5%.
  - CRH – delays have increased by a substantial 36%.

This lack of flow is restricting capacity to admit patients from A&E, directly impacting performance against the 4-hour standard.

Mental health, learning disabilities and Autism performance

Average length of stay currently stands at 59 days - reducing this to 47 days by the end of the period is highly ambitious – but essential. Achieving this target is critical to releasing capacity in a system consistently running at 95%+ bed occupancy. At the end of quarter one, the Trust is behind its planned trajectory. Delivery will require a focused approach in three key areas:

- **Purposeful admission** – with increased investment in community services, admissions must only occur when care or treatment cannot be safely delivered in a non-inpatient setting.
- **Therapeutic inpatient care** – patients must have timely access to the assessments, interventions and treatments they need – ensuring that every day spent in hospital delivers therapeutic value.
- **Purposeful discharge** – Patients should be discharged as soon as their inpatient care objectives are met. There is significant opportunity here, with 1.

Finance

The report summarises the system financial position for the period ending 31st July 2025. It highlights key areas including I&E performance and efficiency achievement across the JUCD system.

Workforce

ICB Total	Reporting Period: Jul-25					
	Month 4			Trend		
	Plan	Actual	Variance From Plan	Previous Month	Actual - Direction of Change from Previous Month	Actual - Trend (Previous 12 Months)
Workforce						
Total Workforce (WTE)	30,624.69	30,364.44	-260.24	30,410.35	↓	
Substantive (WTE)	28,904.70	28,773.45	-131.25	28,856.99	↓	
Bank (WTE)	1,506.29	1,388.39	-117.90	1,359.62	↑	
Agency (WTE)	213.70	202.61	-11.09	193.75	↑	
Pay Cost						
Pay Cost (£'000)	153,963	153,832	-131	148,280	↑	

- As at Month 4 the total workforce across all areas (substantive, bank and agency) was 260.24 WTE under plan. Compared to M3, there was a reduction in Substantive positions (83.54 WTE) and an increase in Bank (28.77 WTE) and in Agency (8.86 WTE).
- The overall workforce pay plan position was underspent by £131k. There are however overspends in Bank and Agency. Some of the overspend in temporary staffing will be attributed to industrial action which occurred in month 4.
- YTD, pay expenditure across the system is £426k favourable to plan. This is driven by an £8.0m favourable variance in substantive and other pay, a £5.2m adverse variance in Bank staffing, a £2.4m adverse variance in Agency staffing,
- Trusts are continuing to implement and strengthen controls around vacancies and temporary staffing.
- At M3, the total workforce was 197.5 WTE below Q1's plan, broken-down as GPs excluding registrars (23.7 WTE) below plan, Nurses (23.9 WTE) below plan, Direct Patient Care roles (ARRS funded) (63.3 WTE) below plan, Direct Patient Care roles (not ARRS funded) (14.9 WTE) below plan and Other – Admin and non-clinical (71.7 WTE) below plan.
- JUCD continues to report zero off-framework agency shifts. This position is monitored on a weekly basis to ensure ongoing compliance.
- A total of 1,889 agency shifts were identified as non-compliant with the price cap, representing 52.2% of all agency shifts. Of these, 1,274 shifts (67.4%) were directly attributed to the Medical and Dental workforce. All providers are actively engaged in the regional Price Cap Compliance Workstream. This initiative is focused on coordinating efforts to improve compliance across the system, with the initial focus on Nursing and Midwifery as a result at its highest point at M8 2025 was 504 shifts and has come down to 316 shifts in M4.
- Following endorsement at the DDICB and NNICB joint CPO/CFO meeting on 12 August, the overall pay-overspend position is now being investigated with a pay spend disaggregation exercise. The purpose of the exercise is to aid understanding of the current 'misalignment' between the WTE, and the pay spend positions. The template has been tested with finance, ledger and workforce colleagues in our largest provider (UHDB) to ensure this can be populated and finance colleagues from each of the providers have been asked to lead the completion of the exercise, with close workforce involvement. The deadline for the initial return is COP 12th September 2025.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☒	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☒	**SR10**	Digital transformation	☒
SR11	Cyber-attack and disruption	☒			

Conflicts of Interest	None identified.

Have the following been considered and actioned?			
Financial Impact	Yes ☒	No ☐	N/A ☐
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

Derby and Derbyshire Integrated Care Board

Integrated Performance Report

September 2025

Dr Chris Clayton, Chief Executive Officer
Prof Dean Howells, Chief Nurse Officer
Michelle Arrowsmith, Chief Strategy and Delivery Officer
Bill Shields, Chief Finance Officer
Lee Radford, Chief People Officer

Quality

Prof Dean Howells, Chief Nurse Officer
Margaret Gildea, Non-Executive Member

Quality of Care, Access and Outcomes – position against plans, key risks and mitigations: Quality and Safety – Key Issues

Derby and Derbyshire Integrated Care Board

CONCERN OR ISSUE	SPECIALTY/PROGRAMME	DECISION/DISCUSSION OR INFORMATION	ACTIONS/OUTCOMES/RECOMMENDATIONS
NHS England established national quality premiums for Continuing Health Care (CHC) teams, requiring 80% of assessments for all new referrals to be completed within 28 days and 85% outside of hospitals	Continuing Health Care (CHC)	Information	• MLCSU experienced reduced staffing capacity due to contract disputes, which affected AACC service delivery and led to missed 28-day quality premium targets in the last two quarters of 2024/25. • The team achieved compliance in Q1 for out-of-hospital assessments and improved position for 28-day national quality premium at 74%, with Q2 projection to meeting benchmark of 80%. • A recovery plan, supported by the NHSE Transformation manager, is in place to improve quality premium compliance. • The CHC team has experienced a number of challenges within 2024/25, with internal and whole system pressures; increases in demand; increased levels of complexity and acuity in terms of case management. The team noted a significant increase in referrals into the service in both Checklist and Fast Track referrals. The team's outstanding CHC overall caseload reviews remain at 61%. • The team continues to experience workforce challenges following contract dispute which resulted in reduced staffing which naturally impacted on the existing team members. MLCSU has successfully recruited into some of the vacancies and the new staff are being supported through their induction. • System and Partnership working is underway to ensure that the appropriate referral route is being accessed.

Quality of Care, Access and Outcomes – position against plans, key risks and mitigations: Quality and Safety – Key Issues

Derby and Derbyshire Integrated Care Board

LEARNING AND SHARING - best practices, outcomes

Derbyshire Healthcare NHS Foundation Trust: CQC conducted a comprehensive inspection of the Kedelston Unit (Forensic inpatient low secure services) during the 19-21 August. The full report is expected in 4 to 6 weeks. The initial feedback letter identified a number of positive areas. Areas of concern were identified in relation to advocacy support and staffing/leave arrangements. Trust are developing action plan which will be fed back through CQRG for assurance.

Derbyshire Healthcare NHS Foundation Trust: CQC conducted a Mental Health Act inspection at the Derwent Unit (Chesterfield Royal) Oak Ward on the 27th August. Initial verbal feedback was positive. Trust awaiting report.

Derbyshire Community Health Services NHS Foundation Trust: CQC conducted an inspection of Snowdrop Ward (Walton Hospital) on the 17TH & 18TH of June 2025. Snowdrop Ward provides services for older people with mental health problems in the north of Derbyshire. The outcome report was published on the 20th August 2025 with inspectors rating the service as good for how safe, effective, caring, responsive and well-led.

Mental Health Oversight and Governance KLOEs: As part of NHSE Mental Health Improvement Oversight Programme, the Midland NHSE Regional team undertook a mapping exercise of ICB quality oversight of mental health services. The KLOEs were completed by the N&Q directorate in May 2025. At the feedback session on the 29th August the NHSE Regional Team had significant assurance of the ICBs quality oversight of mental health services. The N&Q have been invited to the Regional Meeting to present the ICBs processes.

Operational Plan Performance

Michelle Arrowsmith, Chief Strategy & Delivery Officer
Nigel Smith, Non-Executive Member

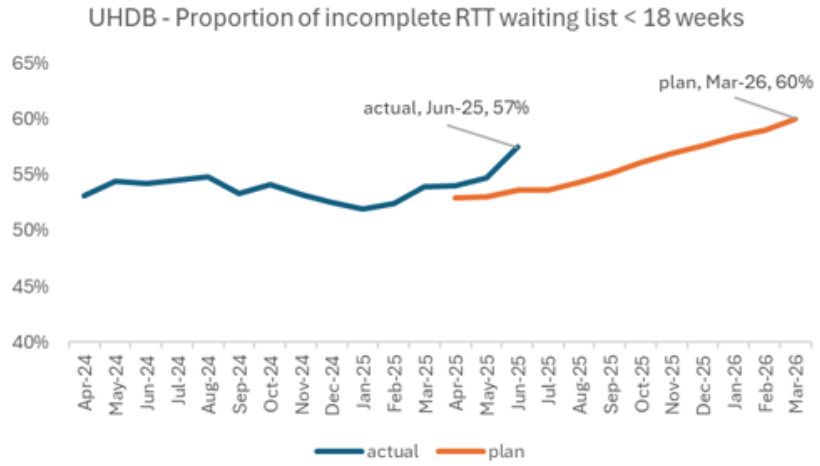
Referral to Treatment

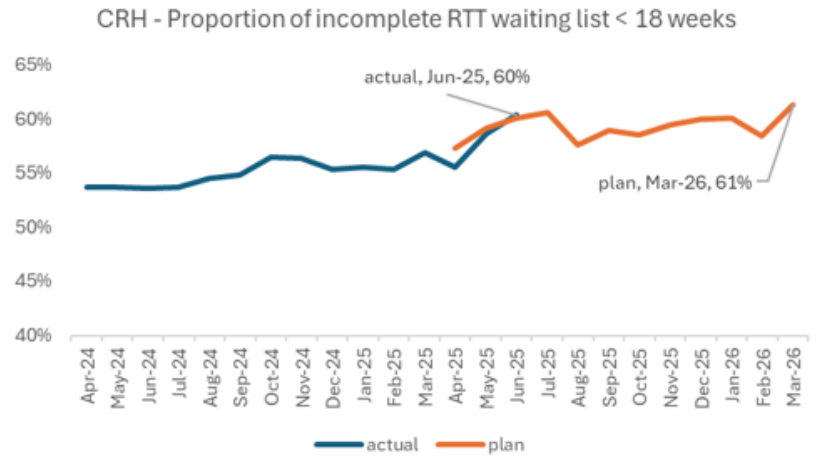
At the end of Q1, both Trusts remain on their planned trajectories and are performing ahead of the same period last year. Performance improvement at CRH is, however, notably stronger than at UHDB. Encouraging as this progress is, both Trusts are in the second to lowest quartile when performance is benchmarked nationally and a material productivity gap persists, with further gains still to be realised.

- **Outpatient Care** – Workforce productivity is a greater challenge at CRH, where outpatient activity per consultant FTE is ~10% below peer Trusts. DNA rates, use of virtual consultations, and uptake of specialist advice and guidance also present improvement opportunities for both Trusts.

- **Theatre & Bed Utilisation** – Four months in, efficiency remains mixed. CRH is achieving theatre utilisation rates above peers and the national average, whereas UHDB continues to underperform against both. In addition, both Trusts are under-delivering on BADs rates compared with peers and the national benchmark, indicating scope to shift more work from daycase/admitted electives to outpatient settings.

- **Evidence Based Interventions –** UHDB is delivering substantially higher volumes of four elective procedures compared to peers, strongly indicating non-compliance with EBI thresholds.





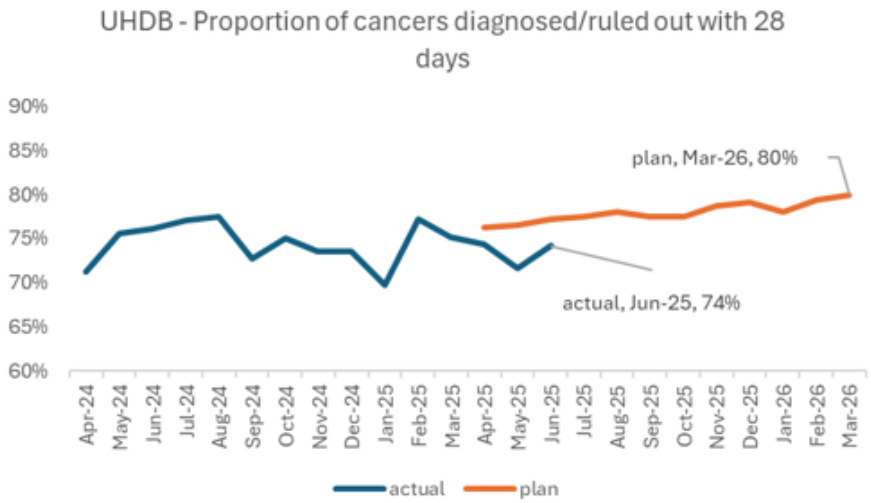
Faster Cancer Diagnosis

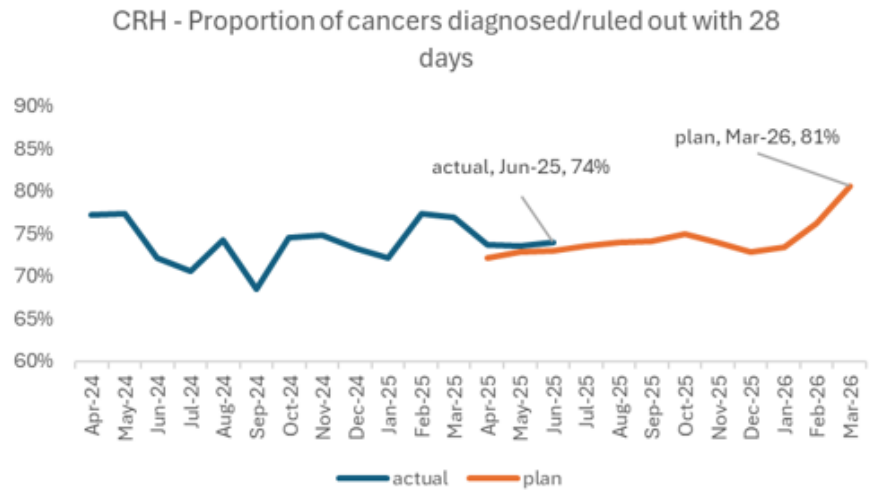
At the end of Quarter 1 2025/26, UHDB remains behind plan with performance no better than the same period last year. At the CRH, the Trust has met its planned trajectory, but performance has nonetheless deteriorated on last year's position. Overall, both Trusts are delivering outcomes around 3% below their respective peer groups.

The most challenging tumour sites across both Trusts are suspected **gynaecological**, **gastrointestinal** and **urological** cancers. In addition, the **CRH's dermatology service** lacks sufficient capacity to meet both general and two-week wait demand.

Key cross cutting issues affecting performance across these tumour sites include:

- **First outpatient capacity:** Delays in initial specialist review are limiting timely progression through the cancer pathway.
- **Diagnostic capacity:** Access to imaging and endoscopy remains a critical limiting factor.
- **Histopathology Turnaround:** Delays in pathology reporting, particularly for biopsies and resection specifics, are contributing to pathway breaches.



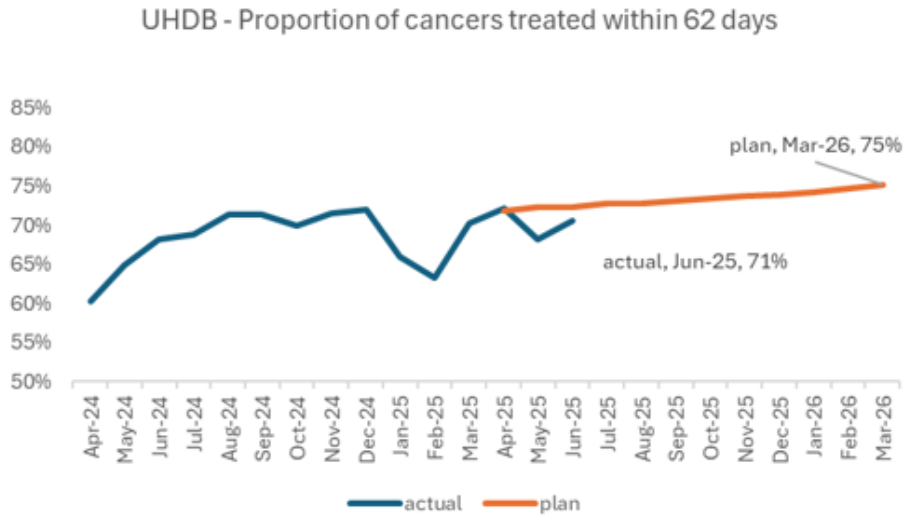


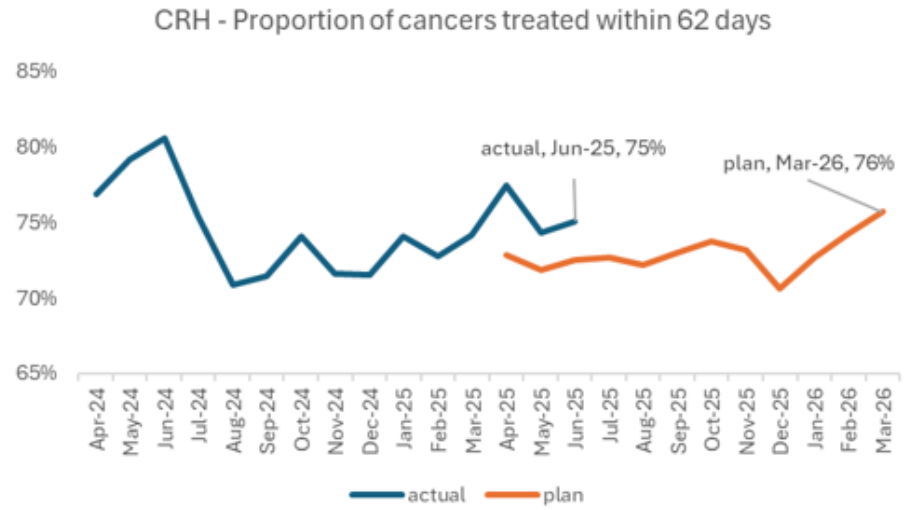
Cancer Treatment

At the end of Quarter 1 2025/26, UHDB remains behind its planned trajectory, though performance is 6% better than at the same point last year. The Trust must still close a 4% gap to reach its year end target. The CRH is performing above trajectory at the end of the quarter and stands just 1% short of its year end target.

While both Trusts faster cancer diagnosis doesn't benchmark well to peers, cancer treatment does, with the CRH 7% performing 7% above its peer group and UHDB 5% above.

Encouraging as this is, significant variation persists in treatment times by tumour sites – where lower gastrointestinal, gynaecological and urological cancers are experiencing the longest treatment delays. This remains a priority for sustained improvement.





4-hour Accident & Emergency

Performance continues to diverge between the two Trusts. UHDB remains broadly on track against its 4-hour trajectory, though no significant progress has been made relative to the same period last year. In contrast, the CRH continues to underperform – both against plan and relative to last year's position.

- **12 hour waits** – Reducing excess waits remains a key focus. Current proportions stand at 4.9% at the CRH and 10.7% across UHDB, consistent with the same point last year. This reflects no further deterioration, but crucially, no improvement to date.

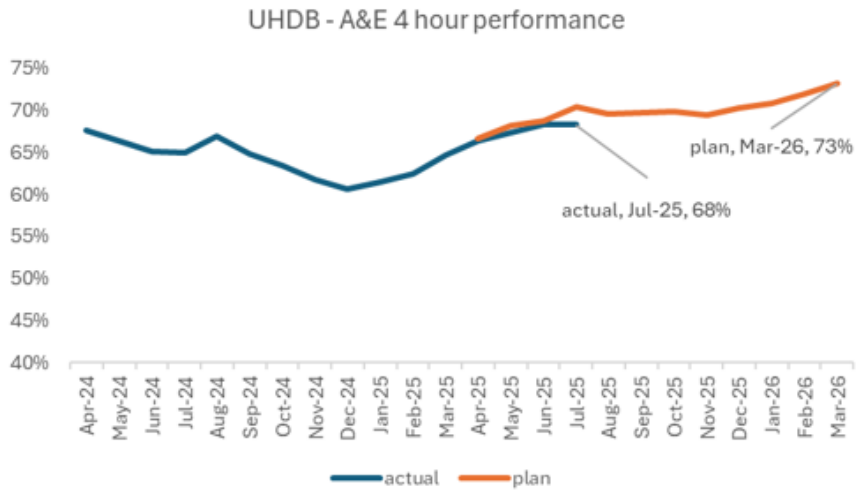
- **Demand** – Demand profiles differ significantly:

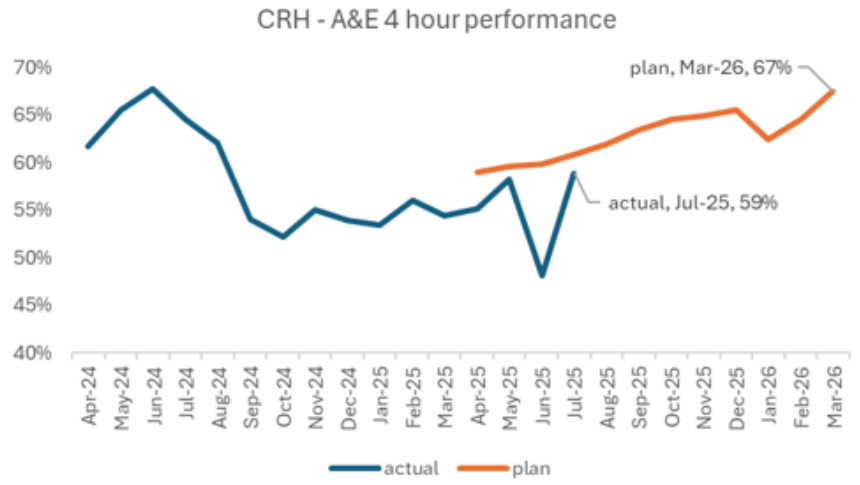
    - CRH – ED attendances are down on last year's position but non-elective admissions, particularly in patients aged 65+ are up 5.6%.
    - UHDB – ED demand is up 2.7% yet admissions are 8% lower than last year.

- **General and Acute Bed Flow** – Flow through beds remains the core challenge. While average length of stay compares reasonably well to benchmarks, there has been no meaningful reduction in with bed occupancy or length of stay over the past 18 months. Delayed discharges remain a critical constraint, with a clear divergence between Trusts:

    - UHDB – bed days lost to delay have grown 5.5%.
    - CRH – delays have increased by a substantial 36%.

This lack of flow is restricting capacity to admit patients from A&E, directly impacting performance against the 4-hour standard.





Mental Health

Derby and Derbyshire Integrated Care Board

Achieving an average length of stay of 47 days by the end of the period is highly ambitious – particularly given performance has remained at 62 days on average for the past five years. However, meeting this target is critical to creating capacity in a system currently operating at a bed occupancy of 95%+.

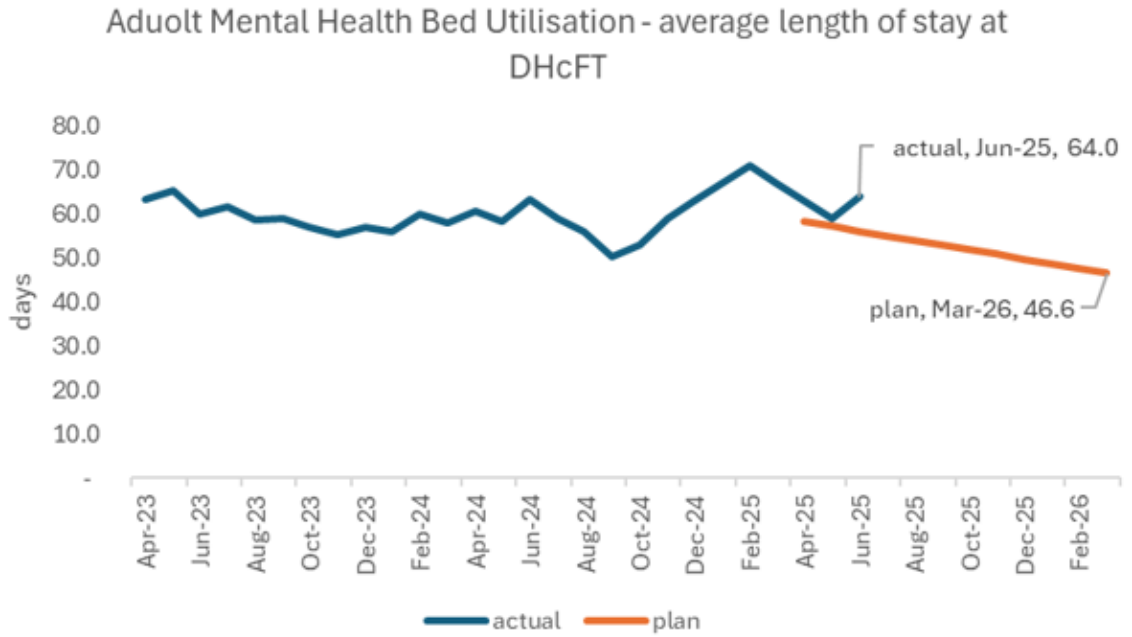
At the end of quarter one, the Trust is behind its planned trajectory.

Delivery will require a focused approach in three key areas:

Purposeful admission – with increased investment in community services, admissions must only occur when care or treatment cannot be safely delivered in a non-inpatient setting.

Therapeutic inpatient care – patients must have timely access to the assessments, interventions and treatments they need – ensuring that every day spent in hospital delivers therapeutic value.

Purposeful discharge – Patients should be discharged as soon as their inpatient care objectives are met. There is significant opportunity here, with 12-17% of beds occupied at any one time by patients who are clinically ready for discharge.



Finance

Bill Shields, Chief Finance Officer
Nigel Smith, Non-Executive Member

Month 4 System Finance Summary – Key Metrics

Derby and Derbyshire Integrated Care Board

Key Metrics	Year to Date (£'m)			Full Year (£'m)			RAG	
	Plan	Actual	Variance	Plan / Ceiling / Allocations	FOT	Variance	YTD	Full Year
Financial Position	(20.7)	(21.4)	(0.7)	0.0	0.0	0.0		
Total Pay Costs	599.8	599.3	0.4	1,782.5	1,780.8	1.7		
Substantive Pay Costs	567.9	560.2	7.7	1,690.9	1,682.7	8.2		
Other Pay Costs	2.4	2.1	0.3	6.7	5.4	1.3		
Bank Pay Costs	21.6	26.9	(5.2)	64.4	70.0	(5.6)		
Bank vs Ceiling				64.3	70.0	(5.7)		
Agency Pay Costs	7.8	10.2	(2.4)	20.5	22.7	(2.1)		
Agency vs Ceiling				23.8	22.7	1.1		
Total Efficiencies	42.9	42.8	(0.1)	181.7	181.7	0.0		
Recurrent Efficiencies	25.5	25.0	(0.5)	122.8	126.6	3.9		
Capital Expenditure vs Allocations	34.4	25.4	9.0	144.3	144.9	(0.6)		

Month 4 System Finance Summary – Financial Position

Derby and Derbyshire Integrated Care Board

	Inclusive of Deficit Support Funding			Excluding Deficit Support Funding						
	YTD Plan £'m	YTD Actual £'m	YTD Variance £'m	YTD Plan £'m	YTD Actual £'m	YTD Variance £'m	YTD DSF £'m	Full Year Plan / FOT Excluding DSF £'m	Full Year Non-Recurrent DSF £'m	Revised Full Year Plan / FOT £'m
ICB	0.0	0.1	0.1	0.0	0.1	0.1	0.0	0.0	0.0	0.0
CRH	(6.0)	(6.3)	(0.3)	(10.9)	(11.1)	(0.3)	4.8	(14.5)	14.5	(0.0)
DCHS	(1.0)	(1.0)	(0.0)	(1.0)	(1.0)	(0.0)	0.0	(0.0)	0.0	(0.0)
DHcFT	(1.7)	(1.7)	0.1	(1.7)	(1.7)	0.1	0.0	(0.0)	0.0	(0.0)
EMAS	1.0	1.1	0.0	1.0	1.1	0.0	0.0	0.0	0.0	0.0
UHDB	(13.0)	(13.7)	(0.6)	(23.2)	(23.8)	(0.6)	10.2	(30.5)	30.5	0.0
JUCD Total	(20.7)	(21.4)	(0.7)	(35.7)	(36.4)	(0.7)	15.0	(45.0)	45.0	0.0

- JUCD submitted a break-even plan inclusive of £45m deficit support funding (DSF). With the phasing of the plan, at month 4 the system planned for a deficit of £20.7m.
- As at month 4, the year to date position is £0.7m adverse to the planned deficit of £20.7m, due to the impact of industrial action.
- Key drivers within the position include pay costs which are favourable to plan to date in total, with overspends for bank and agency staff offset by underspends on other pay costs, including substantive staff.
- All organisations are forecasting to achieve the break-even plan for the financial year.

Month 4 System Finance Summary – Efficiencies

Derby and Derbyshire Integrated Care Board

Organisation	YTD Plan £'m	YTD Actual £'m	YTD Variance £'m	Full Year Plan £'m	Forecast Outturn £'m	Forecast Variance £'m
ICB	12.0	12.0	0.0	44.0	44.0	0.0
CRH	4.3	4.3	(0.0)	21.9	21.9	(0.0)
DCHS	4.5	4.5	0.0	17.0	17.0	(0.0)
DHcFT	4.1	4.1	0.0	14.8	14.8	0.0
EMAS	5.6	5.6	0.0	16.9	16.9	(0.0)
UHDB	12.4	12.3	(0.1)	67.0	67.0	(0.0)
JUCD Total	**42.9**	**42.8**	**(0.1)**	**181.7**	**181.7**	**(0.0)**

Total Forecast £'m	Risk Weighting %	Risk Adjusted Forecast £'m
44.0	90%	39.8
21.9	72%	15.7
17.0	87%	14.7
14.8	87%	12.8
16.9	88%	15.0
67.0	69%	46.5
181.7	**80%**	**144.5**

- At month 4, efficiency delivery is £42.8m, a variance of £0.1m behind plan to date.
- The split of YTD efficiencies between recurrent and non-recurrent schemes identifies that to date £25.0m (58%) has been delivered recurrently compared with the £25.6m (59%) planned.
- JUCD monthly efficiency delivery is planned to increase significantly from month 5 onwards.
- All organisations are forecasting to achieve the full year plan of £181.7m. However, a risk adjusted forecast identifies a gap of £37.2m (20%) against the annual plan target. Work continues across the system to ensure delivery of the full efficiency target.

Month 4 System Finance Summary – Capital

Derby and Derbyshire Integrated Care Board

	YTD Plan £'m	YTD Actual £'m	YTD Variance £'m	Original Annual Plan £'m	Revised Spending Limit £'m	Forecast Annual Amount £'m	Forecast Variance £'m
CRH	5.5	0.7	4.7	23.5	23.5	23.5	0.0
DCHS	6.1	6.9	(0.9)	18.1	18.1	18.1	0.0
DHcFT	6.6	5.7	0.9	18.6	18.6	18.6	0.0
EMAS	3.3	4.1	(0.9)	22.1	22.1	21.7	0.4
UHDB	13.0	7.9	5.1	58.5	58.5	58.5	0.0
Provider Total	**34.4**	**25.4**	**9.0**	**140.8**	**140.8**	**140.4**	**0.4**
DDICB	0.0	0.0	0.0	4.2	4.5	4.5	0.0
Overcommitment	0.0	0.0	0.0	(1.0)	(1.0)	0.0	(1.0)
Total Capital	**34.4**	**25.4**	**9.0**	**144.0**	**144.3**	**144.9**	**(0.6)**

- Year to date capital expenditure is a total of £25.4m, which is £9.0m below the plan.
- DCHS and EMAS are above plan YTD due to increased lease costs. These increased costs will be offset later in the year against other capital schemes that have not yet commenced.
- All other organisations are behind plan YTD mainly due to timing issues on schemes including site wide power, net zero solar and electronic patient record system.
- The system has plans to spend £144.9m which is above the overall allocations but within the 5% planning tolerance. Schemes will be reviewed and prioritised during the year to ensure expenditure remains within the funding available.

Workforce

Lee Radford, Chief People Officer
Margaret Gildea, Non-Executive Member

2025/26 Workforce Plan Position Month 4 - Provider Summary

Derby and Derbyshire Integrated Care Board

	2025/26	M4 Plan	M4 Actual	Variance from plan	Variance
CRH	Workforce (WTE)				
	Total Workforce	5,003.43	5,003.17	-0.26	As of Month 4, CRH remains aligned with the overall WTE plan. However, the pay-bill shows an overspend of £288k, primarily driven by temporary staffing. Bank staff are 17.71 WTEs above plan, resulting in an overspend of £886k, while agency staff are 3.01 WTEs above plan, contributing a further £392k. Of the £1.3m total overspend on temporary staffing, £212k is directly attributable to industrial action. In contrast, substantive staffing is 20.97 WTEs below plan, leading to an underspend of £1.1m.
	Substantive	4,665.61	4,644.64	-20.97	
	Bank	261.43	279.13	17.71	
	Agency	76.39	79.40	3.01	
	Cost (£)				
	Pay Cost (£'000) ^	25,722	26,010	288	
DCHS	Workforce (WTE)				
	Total Workforce	3,921.00	3,872.43	-48.57	DCHS as of Month 4, is operating 48.57 WTEs below plan, yet there is a pay-bill overspend of £179k. Bank staffing is 0.84 WTEs below plan, with an overspend of £20k, while agency staffing is 9.30 WTEs below plan with an underspend of £13k. Substantive staffing is 38.43 WTEs below plan but shows an overspend of £172k.
	Substantive	3,816.00	3,777.57	-38.43	
	Bank	80.00	79.16	-0.84	
	Agency	25.00	15.70	-9.30	
	Cost (£)				
	Pay Cost (£'000) ^	16,232	16,411	179	
DHcFT	Workforce (WTE)				
	Total Workforce	3,314.31	3,194.23	-120.08	DHcFT's substantive workforce is currently below plan due to delays in opening the Carsington Unit, PICU, and Audrey House. As of Month 4, agency expenditure is £200k below plan and is forecast to be £500k below plan by the end of the financial year. The main area of agency spend continues to be within medical staffing, particularly CAMHS consultants. Bank expenditure is £300k below plan as of Month 4 and is forecast to be £800k below plan by year-end.
	Substantive	3,143.05	3,045.69	-97.36	
	Bank	154.56	134.05	-20.51	
	Agency	16.70	14.49	-2.21	
	Cost (£)				
	Pay Cost (£'000) ^	15,955	15,022	-933	
EMAS	Workforce (WTE)				
	Total Workforce	4,581.64	4,492.90	-88.74	No Narrative provided
	Substantive	4,515.64	4,442.35	-73.29	
	Bank	47.00	45.74	-1.26	
	Agency	19.00	4.81	-14.19	
	Cost (£)				
	Pay Cost (£'000) ^	21,383	20,830	-553	
UHDB	Workforce (WTE)				
	Total Workforce	13,804.31	13,801.71	-2.60	UHDB is below plan on the total workforce by 2.60 WTEs, but there is overspend against the M4 pay-bill by £888k. The Substantive workforce is over plan by 98.80 WTEs with an overspend of £32k (Substantive WTE has reduced since M1– the largest reduction is in infrastructure support which includes back-office staff this aligns to the corporate vacancy freeze which commenced 1 April 2025). The bank workforce is below plan by 112.99 WTEs but has an overspend of £385k. The agency workforce is over plan by 11.60WTEs with an overspend of £516k. UHDB have Confirmed bank rates will now be paid at AFC rate, agreed through governance meetings, to commence 28th August - £2.6m fully developed
	Substantive	12,764.40	12,863.20	98.80	
	Bank	963.30	850.31	-112.99	
	Agency	76.61	88.21	11.60	
	Cost (£)				
	Pay Cost (£'000) ^	74,671	75,559	888	

2025/26 Primary Care Workforce (Month 3)

Derby and Derbyshire Integrated Care Board

The data below provides a high-level overview of the primary care data to plan. Discussions are underway to develop this further to provide a better understanding of primary care workforce.

Data Source: GP Commissioning Team	Baseline	Actual			Plan
Primary Care	Staff in post outturn	Q1			Q1
Joined Up Care Derbyshire	Year End	As at the end of			As at the end of
	(31-Mar-25)	Apr-25	May-25	Jun-25	Jun-25
Workforce (WTE)	Total WTE	Total WTE			Total WTE
Total Workforce	**3,638.5**	**3,549.9**	**3,510.9**	**3,516.3**	**3,713.8**
GPs excluding registrars	774.9	782.7	776.8	771.7	795.4
Nurses	350.1	346.3	341.6	337.4	361.3
Direct Patient Care roles (ARRS funded)	720.2	638.0	624.7	629.0	692.3
Direct Patient Care roles (not ARRS funded)	267.7	268.4	261.6	260.5	275.4
Other – admin and non-clinical	1,525.5	1,514.4	1,506.3	1,517.8	1,589.5

Summary

At M3, the total workforce was 197.5 WTE below Q1's plan, broken-down as GPs excluding registrars (23.7 WTE) below plan, Nurses (23.9 WTE) below plan, Direct Patient Care roles (ARRS funded) (63.3 WTE) below plan, Direct Patient Care roles (not ARRS funded) (14.9 WTE) below plan and Other – Admin and non-clinical (71.7 WTE) below plan.

Caveats to the data:

- Primary Care data is up to M3 due to the data availability from GP team
- Only quarterly plans are available, so we compare the nearest quarter end numbers for workforce gap data
- Some months may include backdated info as PCNs tend to submit claims as and when they receive them as they have to wait for third party invoices therefore WTE fluctuates WTE on the claims include temporary, agency, CVS and trust staff – not just PCN employed staff
- The info received for ARRS is a month in arrears

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

18th September 2025

Item: 059

Report Title	Integrated Care Board Risk Register Report – as at 31st August 2025							
Author	Suzanne Pickering, Head of Governance							
Sponsor	Helen Dillistone, Chief of Staff							
Presenter	Helen Dillistone, Chief of Staff							
Paper purpose	Decision	☒	Discussion	☐	Assurance	☒	Information	☐
Appendices (reports attached)	Appendix 1 – Corporate Risk Report Appendix 2 – ICB Corporate Risk Register Appendix 3 – Movement in risk summary – August 2025							

Recommendations

The ICB Board are requested to **RECEIVE** and **NOTE:**

- Appendix 1, the Risk Register Report;
- Appendix 2, which details the full ICB Corporate Risk Register;
- Appendix 3, which summarises the movement of all risks in August 2025.

APPROVE NEW RISKS:

- Risk 43 relating to the continuation of CSU services to the ICB following the recent announcement regarding CSU abolition by the end of March 2027;
- Risk 44 relating to System plans not aligning to activity, workforce and finance; and
- Risk 45 relating to the new ledger/ISFE2 system not working fully on implementation.

APPROVE INCREASE in risk scores for:

- Risk 17 relating to sustaining communication and engagement pace of change during the significant change programme; and
- Risk 19A relating to delivering a timely response to patients due to excessive handover delays.

NOTE the **TRANSFER OF RISK OWNERSHIP** for:

- Risk 1 relating to 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; and
- Risk 23 relating to RTT and cancer performance a result of increased demand and insufficient capacity.

Report Summary

The report summarises any movement in risk scores, new risks to the organisation and any risks approved for closure by the relevant committee. Click here for the link to the full Corporate Risk Register.

How does this paper support the 3 shifts of the NHS 10-Year Plan?

From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks

SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒

SR3	Population engagement	☒	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☒	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☒	**SR10**	Digital transformation	☒
SR11	Cyber-attack and disruption	☒			☐

Conflicts of Interest	None identified

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

CORPORATE RISK REGISTER REPORT

INTRODUCTION

The purpose of this report is to present the ICB Board with a summary of the current risk position, including any movement in risk scores, new risks to the organisation and any risks approved for closure by the relevant committee owning the risk.

The ICB currently has twelve very high risks, nine high scoring risks and one moderately scored risk on the corporate risk register.

NEW RISKS

Three new risks have been identified:

1. **Risk 43:** *There is a risk to the continuation of CSU services to the ICB following the recent announcement regarding CSU abolition by end Mar 2027 and the absence currently of a timetable or plan for the closure, which has a potential impact on the services we currently receive and also on the development of the cluster ICB operating model. NHSE have requested ICBs do not reduce CSU contracts in the 25/26 financial year and this may therefore also impact the Continuing Health Care (CHC) in-housing programme and the quality and finance benefits expected from that programme.*

   This risk score is proposed at a high risk score of 12 (probability 4 x impact 3).

   This risk was approved by the Audit and Governance Committee at the meeting held on 14th August 2025.

2. **Risk 44:** *There is a risk that System plans do not align activity, workforce and finance. This may result uncoordinated plans, reduced likelihood of achieving (finance, activity, productivity and workforce) targets across the system.*

   This risk has been scored at a very high 16 (probability 4 x impact 4).

3. **Risk 45:** *The new ledger/ISFE2 system does not work fully upon implementation and this has a significant impact upon the ICB's business operations from the 1 October 2025.*

   This risk has been scored at a high 8 (probability 2 x impact 4).

   Risk 44 and risk 45 were approved by the Finance and Performance Committee at the meeting held on 26th August 2025.

INCREASE TO RISK SCORE

Two risks are proposed to be increased in score:

1. Risk 17: *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.*

   This risk is proposed to be increased in risk score from a high score of 12 (probability 4 x impact 3) to a very high score of 16 (probability 4 x impact 4).

   The recommendation to increase the risk score was made at the Strategic Commissioning and Integration Committee meeting held on 12th June 2025. The risk impact rating is increased from 3 to 4 to reflect the current transition programme and the potential for pace of change to outstrip the ability to maintain relationships with all stakeholders. The Committee formally agreed the increase to a very high 16 on the 14th August 2025.

2. Risk 19A: *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.*

   This risk is proposed to be increased in risk score from a very high score of 16 (probability 4 x impact 4) to a very high score of 20 (probability 4 x impact 5).

   The recommendation to increase the risk score was made and agreed at the System Quality Group meeting held on the 5th August 2025. The risk impact rating is increased from 4 to 5 despite the ongoing and positive mitigation efforts, including improved handover performance, pathway development and enhanced system coordination, the underlying factors contributing to ambulance handover delays and community response times remain present and volatile. Specifically:

   - sustained operational pressure;
   - inconsistent delivery of mitigations;
   - ongoing clinical risk to patients; and
   - winter and surge risk.

   The issues in relation to the risk are now mainly at UHDB rather than Chesterfield Royal Hospital as Chesterfield are now meeting their ambulance handover times target.

TRANSFER OF RISK OWNERSHIP

Two operational performance risks were agreed to be transferred to the Finance and Performance Committee from the System Quality Group on the 8th August 2025, however, whilst the Finance and Performance Committee takes accountability for these risks, they did not accept the risks in their current form.

- Risk 1 relating to 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.

- Risk 23 relating to RTT and cancer performance a result of increased demand and insufficient capacity.

The Committee did not feel that these operational performance risks were consistent with the performance report which highlighted many areas of concerns and failure to meet performance targets. A fuller set of operational risks was requested to be presented for discussion at the next Finance and Performance Committee meeting.

There have been no changes to the remaining risks on the ICB corporate risk register.

NHS
Derby and Derbyshire
Integrated Care Board

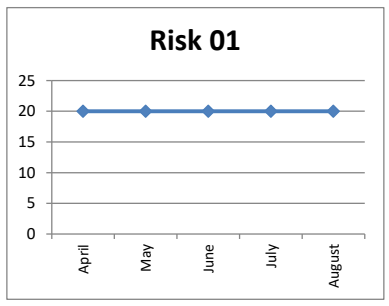
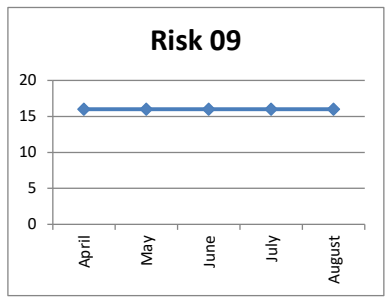
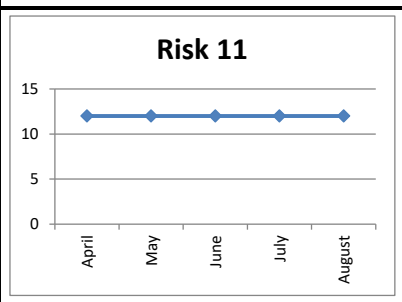
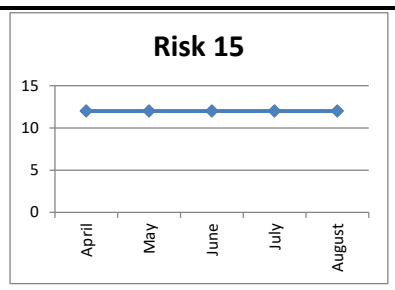
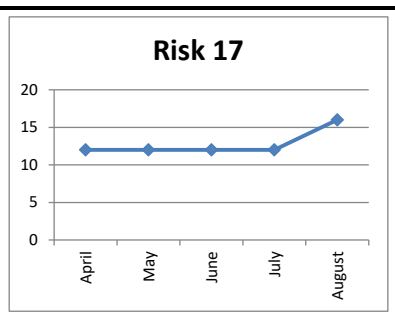
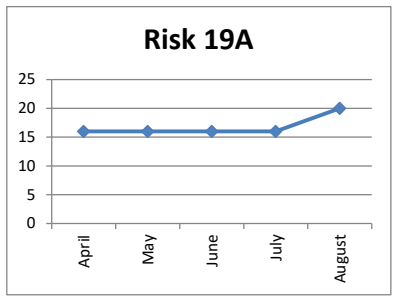
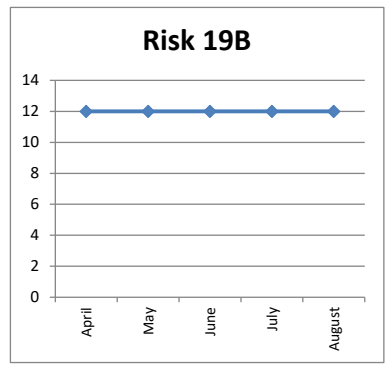
Appendix 2 - Derby and Derbyshire ICB Risk Register - as at August 2025

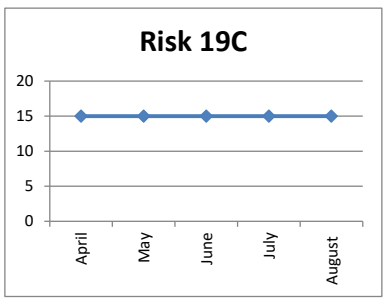
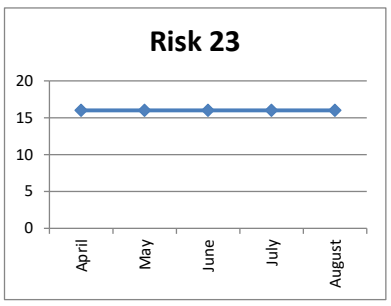
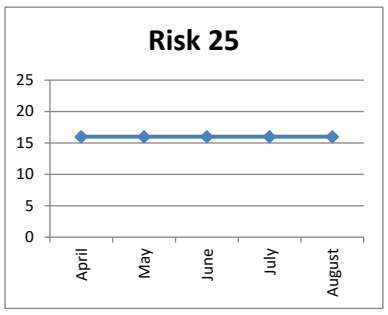
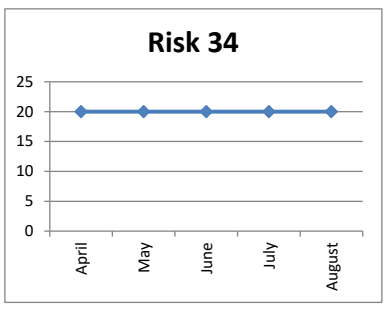
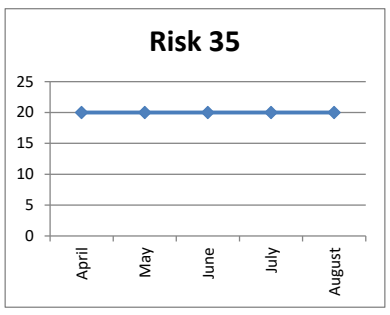
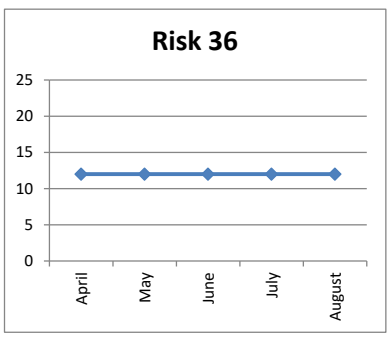
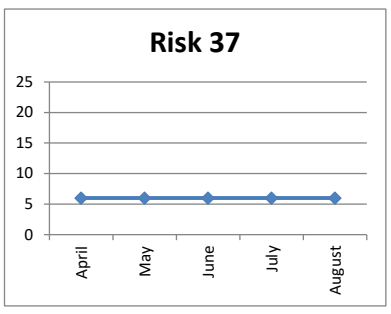
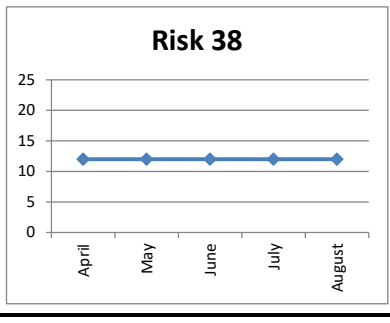
Risk Reference	Year	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating			Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating			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						
01	25/26	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, 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.	Finance and Performance Committee	Constitutional Standards/ Quality	3	4	12	**1. Strengthening Front Door and Same Day Emergency Care (SDEC) Access** - A system-wide approach to SDEC is underway, aiming to increase same-day discharges and improve patient flow. - At Royal Derby Hospital, co-located SDEC and Urgent Treatment Centre (UTC) pathways have been developed and are expanding to provide direct access for EMAS, reducing ED attendances. - Through the Team Up programme, discussions are progressing on extending SDEC flow into community services to avoid unnecessary admissions. **2. Enhancing System Navigation and Alternatives to ED** - Work continues to expand the number of clinical pathways accessible through the Central Navigation Hub (CNH) and Single Point of Access (SPoA). - A high-level milestone plan for the "Doing Hubs Once" programme developed and work underway to begin achieving key milestones - Draft CNH service in development with input from key stakeholders with a consideration to commission long term **3. Improving Ambulance Handover Times** - Derbyshire went live with the 45-minute ambulance handover initiative on 29 January 2025. Daily performance monitoring is in place, showing a step improvement in DDICB handover times and improvements in Category 2 response times. Weekly touch base calls are in place to support the transition from an average 45-minute handover to achieving no individual handovers exceeding 45 minutes. - Ambulance handover times are further being addressed through increased senior clinical ownership within EDs and the application of Releasing Time to Care principles in EMAS. **4. Data-Driven System Coordination and Oversight** - The SHREWD live dashboard system is operational, providing real-time visibility of urgent and emergency care (UEC) pathways across the system. - A new OPEL framework covering acute, community, mental health, and NHS111 providers is live. Data quality improvement work to align this with operational reporting will continue. - The System Coordination Centre (SCC) leads daily check-in calls with system partners to support operational management, enhance coordination, and strengthen system relationships. - Daily regional RCC calls continue to support strategic oversight and escalation. **5. Strengthening Urgent Treatment Centres (UTCs)** - NHS UTC standards have been published, and key performance indicators (KPIs) have been agreed across all UTCs. - Work is ongoing to improve data collection for UTC performance monitoring, with inclusion of KPIs in 2025/26 contractual arrangements.	**Work on-going with the acutes to support improvement in the 4 hour performance:** Demand Management & Front-Door Streaming - Improve triage, redirect non-urgent cases to alternative services, and expand Same Day Emergency Care (SDEC) and virtual wards. Work is on-going to: Optimise ED Flow - Streamline ED processes, explore increasing senior clinical decision-making, and implement Rapid Assessment and Treatment models. Workforce & Staffing Resilience - Ensure safe staffing levels, enhance flexible workforce arrangements, and support staff wellbeing to reduce burnout. Improve Hospital Flow & Capacity - Implement daily ward rounds, accelerate internal flow, and develop robust escalation and surge plans. Efficient Discharge Planning - Strengthen Discharge to Assess (D2A), improve multi-agency coordination, and explore working towards a 7-day discharge services. System-Level Coordination - oversight to track performance, resolve system-wide bottlenecks, and implement real-time monitoring tools. Communication & Public Messaging - Maintain transparent communication with patients, run public campaigns on appropriate ED use, and engage clinical leaders in planning. One of the key areas supporting the improvement of DDICS's 4 hour performance is the Clinical Navigation hub (CNH). Detailed updated provided below: **CRH Performance - June 2025** **EMAS Cat 3&4 Activity & Deflection -** June activity was 1300, which is a slight decrease on May's 1368. June deflection was 66.7%, representing 867 ambulance dispatches avoided in June. The mean response time was 14 minutes and 5 seconds, which is a slight increase on May's 13 minutes and 9 seconds but within the target of 30 minutes. Performance for June was 89.9%. **111 Online Cat 3&4 -** Activity in June saw 448 patients. 92% of patients avoided an ambulance (412). Most patients referred to UTC/PCC (38.4%) or ED walk in (22.5%). The mean response time was 15 minutes and 54 seconds which is a decrease on May's 17 minutes and 35 seconds and within the target of 30 minutes. **In Hours Primary Care Validation - Telephony -** An average of 22.3% of patients were referred to their own GP in June which is a decrease on May's 23.1%. Work is already underway to review Primary Care Validation Outcomes and identify opportunities to enhance processes and reduce the volume of GP referrals, audits have taken place and communications to the clinical teams have commenced. Communications have been sent out to 111 to ensure they are selecting this option on DoS as this is the top return, which has increased the number of referrals compared to June. **In Hours Primary Care Validation - NHS111 Online -** June saw 83 referrals, which is a decrease on May's 104. 31.3% of patients were referred to a UTC or PCC. 21.7% of patients were referred to their own GP practice following validation, 16.9% of patients were See, Treat & Discharge or Self-care. Mean performance was 40 minutes and 51 seconds (1 hour dispositions) and 1 hour 30 minutes (2 hour dispositions). Derbyshire are the first system nationally to clinically validate NHS111 Online in hours primary care dispositions (1 and 2 hours) and went live on the 6th November 2024. **HCP Referrals -** 18 falls referrals were made for clinical review and onward referral in June with only 6 receiving an ambulance response. Non-falls HCP referrals to CNH for June were 19, this is a decrease on May's 22. Following CNH intervention only 2 non-falls patients attended hospital via direct admission/made their own way to ED, resulting in 17 (89.4%) patients avoiding hospital. **UCR Element -** These are collected from 999 Cat 3 & 4 (Push and Automation), 111 Online Cat 3 & 4, Primary Care Validations, SPoA Line including Medequip It is challenging to present all Social Care referrals as there are currently no DoS Profiles which help capture this data. These cases are normally referred via telephony. Falls Service 59, Home Visiting Service 157, Therapy & Nursing 24, Social Care 1 **EMAS DoS Referrals to CRH -** In June EMAS referred 94 patients using the ED profiles, which is an average of 3.1 patients per day. 55.3% of patients were deflected away from the hospital front door (ED/Ambulance). In addition, 265 patients were referred to alternative CNH profiles, which is an average of 8.8 patients per day. 206 of these were to IUC CAS profiles and 59 to in-hours primary care validation.	July 2025 performance CRH reported 72.2% (YTD 70.4%) and UHDB reported 72.9% (YTD 72.3%). CRH: The Type 1 attendances and Type 3 streamed attendances remain high, with an average of 244 Type 1 and 199 streamed attendances per day. UHDB: The volume of attendances remains high, with Derby seeing an average of 219 Type 1 adult attendances per day, 87 children's Type 1s and 236 co-located UTC. At Burton there was an average of 71 Type 1 attendances per day and 162 per day through Primary Care Streaming. The acuity of the attendances was high, with Derby seeing an average of 11 Resuscitation patients & 208 Major patients per day and Burton seeing 61 Major/Resus patients per day. The system is not meeting the target in respect of 78% of patients being seen, treated, admitted, or discharged from the Emergency Department within 4 hours across all sites, with the national overall target of 95%. •The likelihood of not meeting the target for the system remains very high, reflected in the score of 20. While improvements have been seen to the 4-hour performance target at both acute trusts, the system is not meeting the target in respect of 78% of patients being seen, treated, admitted, or discharged from the Emergency Department within 4 hours across all sites, with the national overall target of 95%. The likelihood of not meeting the target for the system remains very high, reflected in the score of 20. The rationale for this is: • Performance Remains Below Target: Despite some improvements, current Emergency Department (ED) performance remains below the 78% trajectory, and there is limited evidence of sustained or consistent achievement across all sites. • Mitigations Not Yet Fully Embedded: Key actions—such as internal flow improvements, and discharge pathway enhancements—are still in progress and not yet delivering significant results across the system. • Ongoing Clinical Impact: Prolonged ED waits continue to pose a clinical risk to patients, particularly for those awaiting timely assessment, treatment, or transfer. While mitigations are in place, they cannot fully eliminate the risk of harm associated with long delays. • Systemic and Seasonal Pressures: The system remains vulnerable to demand surges, staffing challenges, and winter pressures—all of which could reverse recent improvements and further impact performance. • Accountability and Compliance Risk: Failure to meet the 78% target has implications for compliance with constitutional standards and statutory quality duties, reinforcing the need for continued risk visibility at a strategic level. August: Maintaining the current risk score ensures that the issue remains a system priority, supports oversight, and reflects the ongoing uncertainty around sustained delivery of the national standard. The Derby & Derbyshire system is not meeting the target in respect of 78% of patients being seen, treated, admitted, or discharged from the Emergency Department within 4 hours across all sites, with the national overall target of 95%.	5	4	20	5	4	20	3	3	9	On going	SR1 SR2 SR3 SR4 SR5 SR7 SR8	Aug-25	Sep-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
09	25/26	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	July/August Waiting lists remain significant therefore risk remains and score will be unchanged despite mitigations in place. Provider organisations continue to review waiting lists and prioritise as per SOPs. Harm reviews process remains in place according to the individual pathway with regular reviews ICB Quality teams continue to monitor this risk via updates to CQRG for assurance and it remains a rolling agenda item with quarterly updates for oversight. Review date September 2025 - Update requested	4	4	16	4	4	16	3	2	6	Mar-25	SR1 SR2 SR3 SR4 SR5 SR7 SR8	Aug-25	Sep-25	Prof Dean Howells Chief Nursing Officer	Letitia Harris Assistant Director of Clinical Quality
11	25/26	There is a risk that failure to meet the NHS Net Zero targets will put further pressure on the NHS's ability to meet the health and care needs of our patients in two ways: •Contributing to a warming climate and subsequent increase in extreme weather events impacting on business continuity •The production of harmful emissions impacting upon air quality which is in turn damaging to the health of our population.	Audit and Governance Committee	Corporate	4	4	16	System Net Zero SRO is Helen Dillistone, each Provider Trust has a Net Zero SRO in place. Trusts and systems have Green Plans in place for 2022 - 2025 which detail the actions to be taken to reach net zero. NHS Green Plans currently being refreshed in line with statutory guidance for Board approval and then publication in July 2025. Quarterly system meetings in place to monitor delivery of Trust and system NHS Green Plans. Regular interface with NHSE Regional Leads and other systems through quarterly Midlands SRO Meeting. Data capture from all Trusts and ICB to the national Greener NHS dashboard to monitor progress towards Net Zero Derbyshire specific dashboard developed. Dedicated staff resource in the ICB to support and monitor delivery of the system Green Plan and provide support to Provider Trusts. Strategic partnerships formed with Local Authorities and EMCA.	Strong system leadership to support delivery - Helen Dillistone, Net Zero Executive Lead for Derbyshire ICS. Robust governance and oversight in place: NHSE Midlands Greener Board established and in place Derbyshire ICS Greener Delivery Group established and in place NHSE Midlands regional priorities identified for each year. Derbyshire ICS Green Plan 2022 - 2025 approved by Trust Boards and CCG Governing Body on 7th April 2022. Refresh of ICS System plan required - due July 2025. Derbyshire System assessed as 'maturing' by NHSE in 2023, and actions identified to become 'thriving' will be embedded within Green Plan refresh. Strong relationships in place with NHSE Regional Team and Provider Trusts facilitates collaborative working across the system and with regulators.	August 2025: The JUCD Derbyshire Green Plan has a set of draft actions which focus on the system working together, co-ordinated by the ICB, to progress some of shared challenges, support the cultural shift required to ensure that sustainability becomes embedded as BAU, and that all organisations (including the ICB) are embedding climate related risk into our governance and decision-making processes through the TCFD requirements. The JUCD draft Green Plan has a focus on on sustainability in terms of the developing role of the ICB as the strategic commissioner and acknowledges that responsibility for delivery for some of the actions will be passing to providers in the future. The ICB Board should expect to receive the plan in September 2025 at the Annual General Meeting. The plan has been developed in accordance with the ICB's statutory duty with regards to climate change, however the current changing NHS landscape means that future delivery arrangements are still to be clarified, which could impact upon the achievement of the net zero targets. Discussions are taking place at cluster level to shape how the function will be delivered in accordance with the model ICB blueprint post-organisational change. Whilst the current risk scoring of 12 remains appropriate until more is known, it may be that this needs to be revised and increased when more detail on future direction of travel is available.	4	3	12	4	3	12	3	2	6	Mar-28	SR1 SR2 SR3 SR4 SR5 SR7 SR8	Aug-25	Sep-25	Helen Dillistone - Chief of Staff	Katy Dunne Head of Corporate Programmes
15	25/26	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. The Programme Board is now also overseeing the process of delegation for Vaccinations, Immunisations and Screening and over the next few months will be working through potential impacts on the ICB and the Derbyshire system. Vaccinations, Immunisation and Screening: NHSE have stood up an Operating Model Group (OMG) to oversee the delegation for Vaccinations, Immunisations and Screening and over the next few months will be working through potential impacts on the ICB and the Derbyshire system. Delegation is planned from 1st April 2026. The ICB Delegated Services Programme Board will oversee the transition.	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. Collaboration and Delegation Agreements for Specialised Commissioning delegation to be submitted to Board and signed off in March. Vaccinations, Immunisation and Screening: Critical path established for delegation from Jan 25 to Oct 25 Operating model to be signed off at ICB CEO time out session on 8th April 2025, led by NHSE. Pre delegation assessment framework will be underway in May 2025 with final sign off to ICB Board in September 2025. Capacity to deliver both programmes is a risk. Established ICB system wide for over two years Vaccinations and Immunisations Delivery Board in place. Screening Delivery Board stood up in January 2025. Finance and Contracting Workstream established under Operating Model Group	May: Delegation has been confirmed, however the operating model cannot be agreed until ICB functions have been agreed also. No further information has been received at this stage and no further meetings regarding delegation with NHSE have taken place to date. Delivery Boards for both Immunisation and Screening are in place and continue to meet monthly. In the background, we have been working closely with our acute providers in UHDB and CRH to understand the screening programmes further, introductory meetings with management and staff regarding the services they provide. June: Delivery Boards Continue. No further update regarding delegation although we understand that discussions are underway at national and regional level regarding the screening services previously identified for retention in NHS England to consider where they should be commissioned from in future. July: No further update on delegation. Delivery Boards continue. August: NHSE discussed at Operating Model Group meeting in July. Revised timeline expected in September 2025. Delegation has been mentioned to now be April 2027 but nothing confirmed in writing	3	4	12	3	4	12	2	2	4	Mar-26	SR4 SR5 SR7	Aug-25	Sep-25	Helen Dillistone - Chief of Staff	Chrissy Tucker - Director of Corporate Governance and Assurance
17	25/26	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.	Strategic Commissioning and Integration 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. 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	May: Model ICB blueprint received - aligned communications planning with potential cluster ICBs. Risk of reduction of communications and engagement capacity through period of change, and % reduction of team/capacity required as part of organisational approach. User involvement encouragingly at heart of Model ICB. 25/26 operational plan communications remains in progress, including ICB-specific work programme/priorities. JFP update to May ICB Board, requires development of communications approach. Local authority elections complete with new administration. Neighbourhood summit held, with comprehensive communications and stakeholder engagement programme required. June: 25/26 operational plan communications approach remains in progress. Consideration of Model ICB Blueprint within ICB Communications and Engagement team, along with proposed cluster ICBs.Pivot of emerging Engagement Strategy refresh in context of Model ICB Blueprint. Initiation of communications and engagement discussions to support Neighbourhood Health and Community Transformation programme, requiring system partners to support resourcing. July: Risk impact rating increased from 3 to 4 - recommended by SCIC in June 2025 to reflect current transition programme and potential for pace of change to outstrip ability to maintain relationships with all stakeholders. Communications leadership connection into Model ICB, Community Transformation and Neighbourhood Health developments, alongside breadth of BAU activity. August - continued connection to key system and ICB reform programmes. Emerging communciations and engagement plan on Community Transformation, ongoing close engagement in ICB cost reduction programme and central role for team in Neighbourhood Development. ICB-specific priorities packaged and communicated to staff to support focus, with business partner meetings with commissioing teams being progressed to align C&E capacity to priority plans, most notably to ensure we are correctly communicating progress with key stakeholders.	4	4	16	4	4	16	3	2	6	Mar-26	SR1 SR2 SR3 SR4 SR5 SR7 SR8	Aug-25	Sep-25	Helen Dillistone - Chief of Staff	Sean Thornton - Director of Communications and Engagement
19A	25/26	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** **1. Strategic Leadership and System Coordination** - A monthly Ambulance Handover Improvement Group brings together EMAS and acute provider colleagues to coordinate and deliver targeted actions addressing ambulance handover delays and Category 2 (C2) performance. - A weekly handover touchbase call is in place with EMAS, UHDB, CRH and ICB colleagues. The key aims of this meeting are to: review the latest performance data, identify and discuss any quality concerns or risks, share updates on improvement and action plans, highlight key challenges or areas requiring escalation and agree plans and action owners. - Daily operational system calls are held with representation from all system partners to ensure real-time coordination and collective management of pressures. - Local system governance structures – including the System Coordination Centre (SCC), Tactical and Strategic forums – oversee system-level decisions. The Derbyshire System Pressures Quality Review Panel ensures clinical scrutiny and quality oversight. - Regular risk and action monitoring is conducted through the Clinical Quality Review Group (CQRG) to ensure visibility and accountability. **2. Data-Driven Oversight and Operational Intelligence** - The SHREWD live data system is being rolled out to provide real-time visibility across the urgent and emergency care (UEC) pathway. Efforts to improve data quality are ongoing. - A system-wide overview of handover delays and robust scrutiny of progress against improvement trajectories supports transparent performance management. - Performance management of EMAS workforce and abstraction rates ensures appropriate resourcing is maintained to meet demand and reduce delays. **3. Hospital Flow and On-the-Day Operational Support** - Acute providers have formally recognised the impact of ambulance handover delays on C2 performance and are focused on improving internal patient flow and 15-minute ambulance turnaround times. - There has been a measurable reduction in handover delays at both acute sites, supported by proactive use of escalation areas, such as those at RDH, to enable timely offloading. - EMAS duty managers provide on-the-ground support to EDs during peak periods to aid ambulance turnaround and mitigate risk. - The EMAS Hospital Handover Harm Prevention Tool has been implemented at acute sites to identify and reduce clinical risks associated with prolonged handovers. - Continued support for rapid and immediate handover processes, including minimum care standards during Period of Ambulance Overwhelm (POA), remains in place to ensure patient safety. **4. Alternative Care Pathways and Conveyance Reduction** - Work continues to reduce ED conveyance through redirection of Category 3 and 4 patients via the Central Navigation Hub (CNH), SPoA, and predefined patient cohorts within the ambulance stack. - EMAS clinicians now have direct referral access to UTC and SDEC, enabling quicker handover and faster redeployment to community calls. - Additional direct access pathways are being commissioned for specialties such as surgery, gynaecology, and urology, as well as expanded urgent two-hour community responses for suitable patients to support care closer to home.	May: The trajectory has been missed by just under 2 minutes within April however, improvements have been made within the month for C2 across the system. Actual the performance for April 25 is 31 minutes and 30 seconds against a trajectory of 29 minutes and 21 seconds - monitoring continues to take place. June: Performance improved slightly during May, at 31 minutes and 26 seconds. This is better than the expected 38 minutes and 46 seconds in the plan. This expected time was higher than April's. July: The average C2 response time for Derby & Derbyshire ICB was 33minutes 21seconds for July 2025. This is an improvement from June 2025. Despite ongoing and positive mitigation efforts, including improved handover performance, pathway development, and enhanced system coordination, the underlying factors contributing to ambulance handover delays and community response times remain present and volatile. Specifically: • Sustained Operational Pressure - Acute and ambulance services continue to operate under significant and often unpredictable pressure, with high levels of demand, workforce constraints, and complex patient flows affecting response capacity. • Inconsistent Delivery of Mitigations - While improvement trajectories are in place, delivery across sites and days is variable. Key mitigations such as internal hospital flow improvements and pathway adoption are still embedding and are not yet consistently delivering sustainable reductions in delays. • Ongoing Clinical Risk to Patients - The risk to patients waiting in the community for a timely ambulance response remains considerable. Delays in C2 (and lower category) responses continue to pose a real risk of harm, particularly for time-sensitive conditions. • Winter and Surge Risk - With the potential for future demand surges or adverse seasonal pressures, there is a high risk that delays could re-escalate despite progress to date. July: Impact proposed to be increased from 4 to 5 and probability of 4. The increase in risk score is in relation to delays and responses to patients in the Community due to excessive handover delays and focused on the handover time rather than the harm. Rationale also: Sustained Operational Pressure, Inconsistent Delivery of Mitigations, Ongoing Clinical Risk to Patients, Winter and Surge Risk. The issues in relation to the risk are now mainly at UHDB rather than Chesterfield Royal Hospital as Chesterfield are now meeting their ambulance handover times target.	4	4	16	4	5	20	2	5	10	Ongoing	SR1 SR2 SR3 SR4 SR5 SR7 SR8	Aug-25	Sep-25	Dr Chris Weiner Chief Medical Officer	Andrew Sidebotham Associate Director, Urgent and Emergency Care Amy Grazier Katie Evans
19B	25/26	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 and now in use Jan 25 outlining process for partners to step up calls to support with system escalations. Winter System Coordination Lead commenced Mid December 24 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. Jan 25 Care transfer hub : Phase 1 (For out of area hospitals) launched to improve coordination of discharges out of acute hospitals.	Developed a discharge escalation framework to maintain flow to reduce harm associated with delays - Completed Nov 2024 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.	June 25 - Community Transformation programme delayed to June. 8 additional Community Support Beds to open at Staveley 12th June. From w/c 30th June Bennerley Fields will have 20 beds, 0 beds at Meadow View, 8 beds Oaklands, 32 beds Staveley, 17 beds Thomas Fields. Aiming September for a total of 89 beds. Care Transfer Hub to commence Phase 2 from Jun 22. Score remains the same and system pressures have remained high despite the time of yearJuly 25 - Community Transformation Programme underway which will be a key enabler for the development of the system Care Transfer Hub. DCC transition work to 3 Community Support Bed units within county and an increase from 77 beds to 92 is underway. Forecast completion for this work is September 2025. Pathway 2 (intermediate bedded care) improvement is also underway with reviews of the various operating and oversight models being undertaken in July/August. This will influence the forward plan for the implementation of an single Pathway 2 operating model for city and county. The risk score remains the same as further 'evidence of change' evidence is required in order to propose a reduction. It is hoped that as the next few weeks pass, sufficient progress will have been made to decrease the score. Aug 25 - Community Transformation Programme ongoing. Care Transfer Hub trials have commenced early August to test the proposed process and identify key areas of focus for the complex discharge workstream. Home based enablement workstream also now live to focus on Pathway 1 flow and delivery. Considerable pressure and flow issues experienced throughout late July and early August and therefore the risk score remains the same, despite ongoing transformation work.	3	4	12	3	4	12	3	2	6	April 2026	SR1 SR2 SR3 SR4 SR5 SR7 SR8	Aug-25	Sep-25	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD
19C	25/26	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 Jan 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.	Jun 25 - Review of pathway data group being undertaken throughout June focusing on nomenclature with all system partners. OPTICA use workshops held with trusts working through improvement plans. Score remains the same and system pressures have remained high despite the time of year July 25- Pathway Data Group has undertaken workshops to review pathway descriptors, data flows and KPIs required. Workplan and timelines for development is underway, led by ICB Head of Partnerships. OPTICA is now the data source used by both acute trusts to track and describe discharge delays. There is further development needed but improvement in data visibility has happened. System discharge flow remains under pressure, hence score remains unchanged despite positive progress in actions that will mitigate. The risk score remains the same as further 'evidence of change' evidence is required in order to propose a reduction. It is hoped that as the next few weeks pass, sufficient progress will have been made to decrease the score. August: - Pathway Data Group development ongoing, led by ICB Head of Partnerships. OPTICA a focus for the UHDB Discharge Improvement Project and is being utilised as part of Care Transfer Hub pilots with Chesterfield Royal. Newton supporting data collection and review as part of the ongoing Community Transformation Programme. Progress made with ICB support to review discharge ready data, however some further work required to validate this. Risk remains the same despite progress made, anticipating reduction within the next 4-6 weeks.	5	3	15	5	3	15	3	2	6	October 2025	SR1 SR2 SR3 SR4 SR5 SR7 SR8	Aug-25	Sep-25	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD
23	25/26	There is a risk to RTT and cancer performance due to increased demand and insufficient capacity. The total waitlist size has increased by over 90% since 2020. UHDB has also seen an increase in referrals from Staffordshire due to the growth of Tamworth/Lichfield capacity and changes to SSICB pathways, making UHDB pathways more preferable for patient flow.	Finance and Performance Committee	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. UHDB remain in Tier 2 for elective recovery so long waiter assurance through fortnightly regional calls in addition to JUCD elective oversight.	•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	In the 2024/25 NHS Operational plan JUCD have agreed to deliver on this standard by end of March 2026. Progress will be measured through Contractual processes and Improvement aligned to this overseen by the Planned Care Delivery Board. Moderate the growth in new demand, by increasing the use of pre-referral specialist advice, which is estimated to divert 10-15% of "unnecessary" outpatient first attendances; and adhering to the ICB's clinical policies in relation to evidence-based interventions. August: As part of the operational plan, actions have been taken to manage demand and reduce waiting times which includes: Validating waiting lists, improving triage and referral processes and optimising clinic capacity and scheduling. These efforts are already helping to reduce the overall waiting list. Additionally, in September, the Paediatric Clinical Delivery Board (PCDB) will be conducting a demand management deep dive to further support improvements and ensure timely access to care. Thre is no change to the risk score.	4	4	16	4	4	16	2	4	8	September 2025	SR1 SR2 SR3 SR4 SR5 SR7 SR8	Aug-25	Sep-25	Prof Dean Howells Chief Nursing Officer	Monica McAlindon Associate Director of Planned Care
25	25/26	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	April: The T&F group are to submit a paper this month to the Medical Directorate SMT to request funding from the NHSE LTC/Prevention allocation. Funding to enhance skill mix, establish provision in the High Peak and extend early supported discharge offer that will provide additional support to moderate patients leading to reduced demand on community services. Should the funding be agreed this will be included within the business case options and will have a direct impact on the risk score. The T&F group expect the business case to be completed by May/June for approval. May: MD SMT support option 2 proposal and release of ringfenced funding (£280k) for a one year period. The T&F group business case continues to be fully worked up for approval and scrutiny. June: Business case still in development, with aim for first draft end of month. Providers to request that any investment approved is agreed on a recurrent basis to enable workforce recruitment and retention. Amendments to the Stroke Association contract is also in scope of paper July: Final draft business case completed. To be presented to ICB Execs and wider governance in August. Preferred option aims develop Early Supported Discharge service in the High Peak and enhance psychology provision across the pathway. August: Paper presented to ICB Execs 30th July to seek approval on service option and recurrent funding (circa £300k per annum). The Execs requested that the proposal is reviewed via the prioritisation framework process due to the request for new investment. The process will take 4-6 weeks to complete. Should the recommendation be approved it will increase Early Supported Discharge provision in the High Peak(currently no service) leading to better rehab outcomes for patients with low-moderate rehab needs, and reducing demand on non-specialist and specialist rehabilitation services.	4	4	16	4	4	16	2	4	8	March 2026	SR1,SR2,SR4,SR7	Aug-25	Sep-25	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance

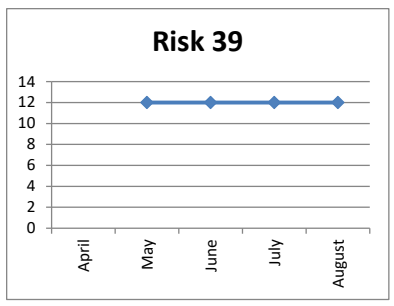
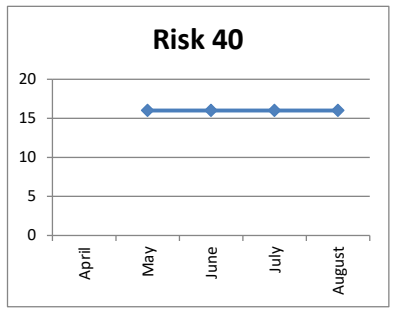
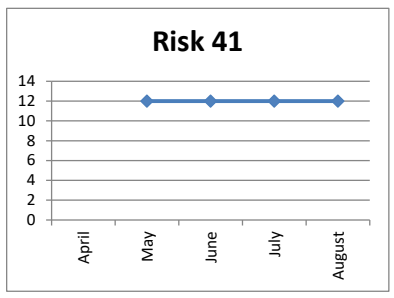
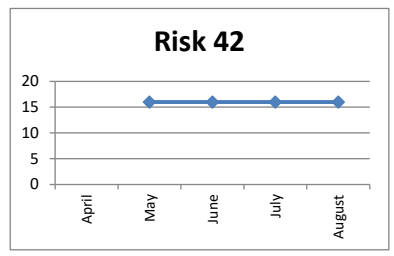
34	25/26	The health and wellbeing of ICB staff could be negatively affected by the announcement of the required ICB cost savings on 12th March 2025 and the resulting uncertainty as to the future role of ICBs.	Audit & Governance Committee	Corporate	0	4	20	Updates and platform for discussion provided at weekly Team Talk meetings; staff encouraged to ask questions. FAQ area available on the intranet showing questions asked and answers where they are available. Weekly Staff Bulletin email from Dr Chris Clayton providing any further updates as they become available. Reminders to staff on wellbeing support available and contact details for Mental Health First Aiders. Line managers reminded to ensure regular 1:1s are taking place and team meetings held to share news and staff concerns. OEIG and DIN in place to provide further support to staff and feedback to the ICB.	Continue with all mitigating actions. Develop communications plan with staff and stakeholders when more detail is known. Develop change process and review policies as necessary.	May: The HR teams have developed a wellbeing support plan that will be communicated to colleagues and signpost to sources of support. HR have also arranged workshops with an external provider on planning for retirement and financial planning. June: Wellbeing support plan communicated to colleagues at Team Talk with signposting to sources of support. Line managers encouraged to have regular one to one meetings with staff to include wellbeing conversations. Additional workshops arranged with Affinity Connect on retirement and financial planning. Pulse survey results identified 70.7% of staff have a negative mood with colleagues feeling demotivated, pessimistic and stressed linked to workload and concerns about job security. Sickness levels in May 2025 (2.92%) were lower than May 2024 (3.91%). There is a significant amount of anxiety/worry from staff around the ICB cost reductions that is impacting on colleagues. There is a real desire for timelines and further information, which regrettably is not available at the current time. July: Continued promotion of wellbeing offer and signposting to sources of support. Sickness levels in June 2025 (3.44%) have increased compared to May but were lower than June 2024 (4.1%). August: Continued promotion of wellbeing offer and signposting to sources of support. Good levels of engagement and positive feedback for the financial planning and retirement webinars. ICB has promoted the regional support offer developed to help leaders and teams within ICBs and NHSE to navigate this significant transformation, which includes writing OV's, interview skills and planning career moves. Sickness levels in July 2025 (4.02%) have increased compared to June but were lower than July 2024 (4.48%).	5	4	20	5	4	20	1	3	3	CrLeyng	SR6	Aug-25	Sep-25	Helen Dillistone, Chief of Staff	James Lunn, Assistant Director of HR and Organisational Development Sean Thornton, Director of Communications and Engagement
35	25/26	There is a risk of a loss of the skills, knowledge and momentum required to deliver the ICB priorities and plans following the announcement of the required ICB cost savings and whilst clarity as to the future responsibilities of ICBs is awaited.	Audit and Governance Committee	Corporate	0	4	20	Regular communication with staff. Continue to share information with staff as soon as possible. Line management support to focus on existing priorities.	Undertake a review of what the ICB priorities will be once it is known what the likely operating model and duties are.	May: The ICB Blueprint letter has now been received and shared with staff. The letter sets out a number of priorities for ICBs although the future of all current functions is not yet clear. Team Talk meetings take place each week at which staff can raise questions, along with an intranet page containing information received and FAQs. HR have shared wellbeing support information across the organisation. June: Communication to staff/managers encouraging teams to meet and discuss the model ICB blueprint and feedback to their Director. ICB submitted financial template to NHSE. Team Talk meetings take place each week at which staff can raise questions, along with an intranet page containing information received and FAQs. ICB cost reductions updates discussed with the Organisational Effectiveness and Improvement Group and the Diversity & Inclusion Network. Chief People Officer arranging a meeting with CPOs/Trade Unions/ Professional Representative Bodies in the proposed cluster to commence engagement and discussions on how best we can support their members (our staff). July: Regular updates at Team Talk on the cost reductions/ DLN cluster. Initial meetings with the Trade Unions/ Professional Representative Bodies to discuss engagement, working together and support for ICB colleagues. August: Continuation of updates at Team Talk on the cost reductions/ DLN cluster and bi-weekly meetings held with the Trade Unions/professional Representative Bodies. The ICB has not seen an increase in voluntary leavers compared to 2024 (4 employees voluntarily resigned from the ICB during the period 1 May to 31 July 2025 compared to 6 over the same period in 2024).	5	4	20	5	4	20	3	2	6	CrLeyng	SR5	Aug-25	Sep-25	Helen Dillistone, Chief of Staff	Chrissy Tucker, Director of Corporate Governance & Assurance
36	25/26	There is a risk that the ICB does not prioritise and commission efficiently and effectively to better improve health outcomes for the residents of Derby and Derbyshire. •By not identifying opportunities to utilise existing capacity in the current commission and contracts to meet demand •By not allocating sufficient resources available in the ICB to effectively manage, review and monitor contracts	Strategic Commissioning and Integration Committee	Clinical	4	4	16	Strategic Commissioning and Integration Committee (SCIC) to receive a prioritisation framework to help direct the order of which services/commissions are reviewed in a forward plan. SCIC to receive all recommendations relating to commissioning of services and ensure sufficient detail/specification to ensure we have the most effective, efficient care delivered within the commission.	Create the capacity within the ICB to deliver key commissioning activities. Enhance the capability of ICB teams to deliver key commissioning activities. Create a tactical and strategic commissioning plan and approach to support the ICBs Joint Forward Plan and medium term Financial Strategy.	March/April update: 25/26 Operational planning process surfacing some commissioning issues and giving opportunity to address these. Contracts are being reviewed where these end in the next 12 months. Forward Plan for procurements under constant review. May/June: Contract negotiations are currently taking place. Formal, robust contract management meetings are being re-introduced with each Provider. Sufficient resources have been identified to enable this process. July - Contracts in the process of being finalised. Executive Contract Management Boards have been put in place for our main NHS providers, due to take place July. Proposed structure for routine contract management picking up and resolving issues relating to quality performance, finance workforce etc. Risk remains at 12 due to ongoing capacity constraints within the contracts function and needing to embed the contract management process.	4	3	12	4	3	12	3	3	9	SteDi	SR2, SR7	Jul-25	Aug-25	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive Craig Cook, Director of Strategy & Planning
37	25/26	There is a risk that the ICB makes commissioning decisions and/or operational decisions that are not aligned with the strategic aims of the system; which impact on the scale of transformation and change required to deliver the 5 Year Forward View.	Strategic Commissioning and Integration Committee	Clinical	3	3	9	System response to winter and recovery planning. Senior Leadership of ICB Executive Team providing assurance to the ICB Board. System Oversight and Assurance Group providing assurance on system performance and delivery. SCIC receives and reviews decisions and actions to assure members these are aligned to strategic objectives. These should evidence consistency with delivery plans. SCIC decisions are evidenced to align with strategic aims of the system. Maturity of ICB – Internal controls and governance. BI, analytics and reporting in place populational health to be developed through population health management programme	ICB Executive Team are re-grouping to take further actions relating to the Joint Forward Plan. Roadmap to be devised to identify the System work required for the 5 year plan. Linking the ICB and NHS Partnerships and Provider organisations to work to the JFP and delivery of this.	March/April: 2025/26 Operational Plan development includes strategic shifts from hospital to community and illness to prevention, including development of our neighbourhood health offering. This all links to the Joint Forward Plan. May/June: Programme Delivery Boards inform the strategic direction of the programme of work. The 2025/26 Operational Plan includes projects and progress which will deliver the system strategic ambitions. The detailed commitments made in the 2025/26 Operational Plan are used to inform the Delivery Board Plan and Integrated Place Executive. July: Delivery Board Plans for urgent care, planned care, Mental Health and LDA and CYP are all in place and reporting is being finalised which will show how the projects support the delivery of the operational plan for 2025/26 which in turn reflects the system strategic ambitions.	3	2	6	3	2	6	2	2	4	TeD	SR2, SR7	Jul-25	Aug-25	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Emma Ince Director of Delivery
38	25/26	There is a risk that patient care is affected by the fragility of service delivery caused by lack of available and adequate resources and service investment.	Strategic Commissioning and Integration Committee	Clinical	3	4	12	Established a Fragile Services Oversight Group: -Membership includes JUCD Chief Medical Officers and Chief Operating Officers. - Agreed working definition of fragility, where there is a risk to the sustainability of clinical services within JUCD, - Developed a comprehensive list of fragile services identified by providers, which is reviewed regularly by the group. The list includes an assessment of the level of risk in each service, using NHS England's three categories of 'Worried, watchful and assured'. -Developed an approach to deciding the right organisation/group/geography for addressing the risk and finding solutions to strengthen and maintain service sustainability, which has been developed in the light of Regional guidance and is consistent with EMAP's processes.	Developing a fragile service reporting template to be submitted bi-monthly by providers for each service identified as fragile. Ongoing Actions: - Identify mitigations to manage or reduce service risk. - Escalate issues where progress is not being made due to external factors. - Continuous live monitoring of all services by providers to monitor fragility status.	April: Fragile services reporting guidance and template developed to be completed by relevant SRO in advance of meetings. High risk service updates and mitigations provided for CAMHS, Hyper Acute Stroke, Oncology, Ophthalmology, Paeds, Pharmacy (aseptic) and Huntington's Disease. May/June/July: No update. Fragile Services Oversight Group have not met this month. Next meeting 4th August. August:Fragile Service Oversight Group. No reporting templates were completed by providers. Requirement to relaunch noting importance to capture governance. High risk service areas discussed included Stroke HASU, Oncology, Pharmacy (Aseptics), Paediatrics (CAMHS, Surgery), Opthalmology and Huntingdon Disease. For each area assurance and mitigations were identified.	3	4	12	3	4	12	2	4	8	HaJo	SR2, SR7	Aug-25	Sep-25	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance
39	25/26	The ICB does not achieve a breakeven/balanced financial position in 2025/26.	Finance and Performance	Corporate/Financial	4	4	16	Formal governance arrangements exist where the risks are reviewed and issues addressed, e.g. Board, Finance and Performance Committee, etc. Robust internal systems and controls (including internal audit arrangements). Strong and compliant policies and procedures, e.g. Scheme of Delegation, etc. Robust ICB financial plan. Reporting of financial position (including efficiencies) to NHSE, executives and committees.	Continued reporting of the ICB's financial position to Executive Team and relevant committees. Ensure operational controls and governance arrangements in respect of the ICB's efficiencies are sufficient. On-going review of risks and mitigations.	August Update The ICB is on-plan at month 4 and forecasting breakeven at year-end. The on-going management of risks and mitigations continues. The ICB's CIP Group has moved to a fortnightly basis. The Executive Team update remains fortnightly either with a dedicated update paper or as part of the wider finance update	3	4	12	3	4	12	2	3	6	CrLeyng	SR4	Aug-25	Sep-25	Bill Shields, CFO	David Hughes, Director of Finance - ICB
40	25/26	Risk that we are unable to deliver the system financial plan resulting in a deficit and/or financial penalty. This maybe as a result of: * Operational pressures above planned levels * Inability to deliver the required level of system efficiency * Other unplanned for financial event/planned financial events not occurring.	Finance and Performance	Corporate/Financial	4	4	16	**Operational Performance:** System CFO's and / or Deputies meet at least weekly to ensure the delivery of the best possible out-turn position. HR and Operational colleagues involved in oversight of financial impact in various meetings considering performance targets and are setting out what is needed to ensure the best possible outcome. Executives and F&P receive integrated / aligned financial, operational and workforce reporting to support understanding of performance and impact. **Efficiency Delivery:** The System has committed to delivering a £181m CIP target in 2025/26. All schemes monitored by JUCD system finance team aligned to PFR reporting to NHSE. Financial Sustainability Board meets monthly with the purpose to gain assurance on the ability to deliver on the efficiency plan and recommend remedial action where required. Performance on efficiencies escalated to System NHS Executives and Finance & Performance Committee. **Other Items:** Good network with Deputy CFO meetings weekly - financial position discussed on working day 6 of each month and financial forecast and risks regular discussion at a system and ICB level. Any items which are raised are escalated appropriately to CFO's, FSB, Execs, System Execs and / or F&P to enact mitigating action.	**Operational Performance:** Service line reporting into Delivery Boards to demonstrate system financial plan and actual position on a monthly basis is in progress. This isn't yet available at a service line level (expected at a programme board level for F&P by M2) however to inform decision making on operational performance this needs extending to services which should be available later in 2025/26	August update: As a result of the industrial action in July, the YTD position is a £0.7m deficit against plan. The Financial Sustainability Board has been refreshed and is now receiving enhanced reporting on assurance metrics and the variance from the risk-adjusted position (which continues the NHSE weekly submissions format). Of the £181m system plans, there is a difference of £38m to the weighted risk adjusted position, which is a reduction of £8m from month 3. Following an action from July's finance and performance committee, JUCD has assessed the current run rate on pay spend and the movement required to achieve the 25/26 forecast pay spend. In general, there is good alignment but the key risk remain delivery of cost out efficiencies.	4	4	16	4	4	16	3	3	9	CrLeyng	SR4	Aug-25	Sep-25	Bill Shields, CFO	Marcus Pratt Interim Joint System Director of Finance Notts ICB
41	25/26	Risk that the system is unable to deliver the capital programme. This could be due to: * Strategic need exceeding resource available resulting in expenditure exceeding available resource * Programme progress being delayed resulting in capital recognition of spend being stunted and failure to maximise the opportunity from available resource (underspend of capital resource).	Finance and Performance	Corporate/Financial	3	4	12	System capital oversight group meets monthly and reports to system Deputy CFO's. Any matters for escalation are reported onwardly to CFO's. Capital reporting is regularly presented to F&P Committee. Forecasts are maintained for capital along with 3 year plans. System finance team maintain a good relationship with NHSE capital and cash colleagues.	Development of the capital plan into an integrated medium term plan with revenue financial planning.	August Update - Sovereign organisations are developing an assessment of multi-year capital requirements to feed into the system Capital Planning Group for review and consolidation. Indicative capital allocations have been provided to support this process and prioritisation of schemes. This work will progress over the next month with the intention of establishing a collective view of the system capital plan for the next two years in quarter three of the current financial year . The system group continue to monitor the in year delivery of the 25/26 programme. At this stage in the year, all organisations are forecasting to deliver a balanced position against operational capital. The group actively discusses any emerging risks that will require pro-active management and mitigation by individual organisations and in some cases across the system. In relation to the funding awarded to the system in respect of the "Return to Constitutional Standards" bids, there is a focus on ensuring business cases or programme of works are submitted for national approval via the regional team and queries are promptly closed off. Specifically in relation to the funding awarded in respect of the Community Diagnostic Centre (CDC) Programme, based on current estimates, forecasting a likely slippage of 25% in 25/26 which equates to £2.2m. We will work locally to manage this slippage in the context of the overall capital programme. The slippage is largely caused by the need to get the business cases developed and approved and supply chain issues. To mitigate this the Walton Scheme is progressing "at risk" in advance of the funding being secured. The business cases are now completed and are currently going through system confirm and challenge and assurances processes via the ICB. Once the ICB has approved the cases, they will be submitted to NHSE for approval. We anticipate this process to be completed over the next few weeks and therefore our submission to NHSE will be during September. Memorandums Understanding have been received for the approved schemes under the "Estate Safely" and these schemes are progressing..	3	4	12	3	4	12	3	3	9	CrLeyng	SR4	Aug-25	Sep-25	Bill Shields, CFO	Marcus Pratt Interim Joint System Director of Finance Notts ICB
42	25/26	There is a risk that providers do not have sufficient cash to pay staff and creditors	Finance and Performance	Corporate/Financial	4	4	16	The system is in receipt of Revenue Deficit Support and cash support from NHSE. The ICB plans cash drawdown to support timing of cashflow for providers. Providers maintain rolling daily cashflow's which inform decisions on payment and receipts. Cash and liquidity forms regular updates on the agenda for system Deputies. System finance team maintain good relationship with national capital and cash team.	System policy for cash management and management of cash at a system level. Delivery of cash releasing efficiencies	August update: The on-going management of this risk will form part of the ICS's wider financial performance management. In particular, financial performance in respect of efficiency delivery and organisational balance will help ensure that the ICS secures its (cash backed) deficit funding and is therefore less likely to need any additional cash support. This on-going ICS financial management takes place at a variety of fora, including the Financial Sustainability Board, System CFOs and System Deputy CFOs. No organisation has identified cash as an imminent risk albeit the future cash position is dependent on delivering cash out efficiencies..	4	4	16	4	4	16	3	3	9	CrLeyng	SR4	Aug-25	Sep-25	Bill Shields, CFO	Marcus Pratt Interim Joint System Director of Finance Notts ICB
New Risk 43	25/26	There is a risk to the continuation of CSU services to the ICB following the recent announcement regarding CSU abolition by end Mar 2027 and the absence currently of a timetable or plan for the closure, which has a potential impact on the services we currently receive and also on the development of the cluster ICB operating model. NHSE have requested ICBs do not reduce CSU contracts in the 25/26 financial year and this may therefore also impact the Continuing Health Care (CHC) in-housing programme and the quality and finance benefits expected from that programme.	Audit & Governance Committee	Corporate	4	3	12	Regional NHSE team established to understand and discuss services provided by CSUs to NSHE and ICBs. NHSE have advised CHC in-housing programme of work to continue for the time being. Establishment of Cluster Operating Model and East Midlands at Scale workstreams with agreement of associated Programme Plans.	Regional Transition Board on 14th August will discuss CSU plans overall. Agreement of scale of delivery for ICB functions (ongoing). Maintenance of relationships with CSUs to enable early identification of issues. ICB/MLCSU CHC in-housing programme continues.		New Risk	4	3	12	4	1	9	CrLeyng	SR5	Jul-25	Aug-25	Helen Dillistone, Chief of Staff	Chrissy Tucker, Director of Corporate Governance & Assurance
New Risk 44	25/26	There is a risk that System plans do not align activity, workforce and finance. This may result uncoordinated plans, reduced likelihood of achieving (finance, activity, productivity and workforce) targets across the system. (Note: This is a replacement for former risk RL06 and needs to be reviewed)	Finance and Performance	Corporate/Financial	4	4	16	Formal ICS Planning Sub Group led by the ICB in place. The Group has responsibility for directing the strategy and planning processes including the alignment of finance, activity & workforce, use of allocations, etc. On-going review and triangulation of our plan (activity/workforce/finance). Regular reporting to monthly to NHSE, ICB Exec Team and to ICS Executive Team to ensure they are sighted on issues. Development of shared ICS planning principles to ensure a coordinated planning round and in-year reporting.	Note: This section has been populated from former risk RL06 and needs to be reviewed. ICB to co-ordinate discussions with the system on a standard data set to meet the strategic objectives in conjunction with BI. This will ensure a contribution from member organisations and provide a consistent set of metrics. Decision mapping, against our governance processes to be clear where planning related decisions happen. This will include communications, Board Reports, prioritisation and detailing regular interaction with partners, public and patients engagement. Recognise the current workforce planning capability and capacity gap and put short/medium term plans in to close this risk.	**August Update** On-going alignment work by ICB and ICS colleagues. Full/detailed update for September Committee.	New Risk	4	4	16	2	3	6	MaJo	tbc	N/A. This risk score has been sourced from a similar risk in 2024/25 and needs updating to reflect current issues.	Sept-25	Michelle Arrowsmith, Deputy Chief Executive Lee Radford, Chief People Officer Bill Shields Chief Financial Officer	Craig West, Associate Director of Finance Sukhi Mahil, Director of Workforce Strategy, Planning & Transformation Craig Cook, Director of Strategy and Delivery
New Risk 45	25/26	The new ledger/ISFE2 system does not work fully upon implementation and this has a significant impact upon the ICB's business operations from the 1 October 2025.	Finance and Performance	Corporate/Financial	3	4	12	A fully resourced national implementation team has followed an NHSE agreed programme. National and local governance arrangements in place including a joint DDICB and NNICB project board. The new system has been tested (at a national level) and, following some amendments/fixes, been approved by NHSE for go-live on 1 October 2025. Training and process awareness sessions underway. Cutover arrangements have been agreed. Communications plan to be shared within ICB. National contingency arrangements have been shared. local contingency arrangements re finance staff are being developed.	Continued compliance with national actions and timetable. Continued attendance at user training and process awareness sessions. Ensure ICB systems and processes are ready for implementation. Finalise local contingency arrangements.	**August Update** National timetable on plan. Local arrangements on plan. (Note: ICB staff will not have passwords or access to the live system until 1 October 2025. However, training and process awareness sessions will be available) Continued development of contingency arrangements.	New Risk	2	4	8	1	4	4	CrOl	tbc	Aug-25	Sep-25	Bill Shields, Chief Financial Officer	David Hughes, Director of Finance - ICB

NHS
Derby and Derbyshire
Integrated Care Board

ICB Risk Register - Movement - August 2025

Risk Reference	Risk Description	Previous Rating (Jul)			Residual/ Current Risk Rating (Aug)			Movement - August	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
01	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, 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.	5	4	20	5	4	20	⟷	To ensure that the issue remains a system priority, supports oversight, and reflects the ongoing uncertainty around sustained delivery of the national standard.	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	
09	There is a risk to patients on Provider waiting lists due to the continuing delays in treatment resulting in increased clinical harm.	4	4	16	4	4	16	⟷	Waiting lists remain significant therefore risk remains and score will be unchanged despite mitigations in place.	Prof Dean Howells Chief Nursing Officer	Letitia Harris Assistant Director of Clinical Quality	
11	There is a risk that failure to meet the NHS Net Zero targets will put further pressure on the NHS's ability to meet the health and care needs of our patients in two ways: • Contributing to a warming climate and subsequent increase in extreme weather events impacting on business continuity • The production of harmful emissions impacting upon air quality which is in turn damaging to the health of our population.	4	3	12	4	3	12	⟷	More detail required on future direction of travel.	Helen Dillistone Chief of Staff	Katy Dunne Head of Corporate Programmes	
15	The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI	3	4	12	3	4	12	⟷	Revised timeline expected in September 2025. Delegation may be April 2027 - awaiting confirmation.	Helen Dillistone Chief of Staff	Chrissy Tucker - Director of Corporate Governance and Assurance	
17	Due to the pace of change, building and sustaining communication and engagement momentum and pace with stakeholders during a significant change programme may be compromised.	3	4	12	4	4	16	↑	Risk probability score increased to reflect current transition programme and potential for pace of change to outstrip ability to maintain relationships with all stakeholders.	Helen Dillistone Chief of Staff	Sean Thornton - Director of Communications and Engagement	
19A	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.	4	4	16	4	5	20	↑	Risk impact score increased due to delays in and responses to patients in the community due to excessive handover delays, pressure, inconsistent delivery of mitigations and risk.	Dr Chris Weiner Chief Medical Officer	Andrew Sidebotham Associate Director of Urgent Care	
19B	The risk of delayed or inadequate patient discharge is heightened by factors including, unsuitable home environments, limited availability of community and home care services, and delays in providing necessary equipment. Poor coordination among healthcare 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 struggles to effectively manage and support patient transitions from hospital to home or long-term care, leading to potential harm and unmet patient needs.	3	4	12	3	4	12	⟷	Considerable pressure and flow issues experienced throughout late July and early August, despite ongoing transformation work.	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD	

19C	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.	5	3	**15**	5	3	**15**	⟷	Risk score to remain the same despite progress made, anticipating reduction within the next 4-6 weeks.	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD	
23	There is a risk to RTT and cancer performance due to increased demand and insufficient capacity. The total waitlist size has increased by over 90% since 2020. UHDB has also seen an increase in referrals from Staffordshire due to the growth of Tamworth/Lichfield capacity and changes to SSICB pathways, making UHDB pathways more preferable for patient flow.	4	4	**16**	4	4	**16**	⟷	In the 2024/25 NHS Operational plan JUCD have agreed to deliver on this standard by end of March 2026.	Prof Dean Howells Chief Nursing Officer	Monica McAllindon Associate Director of Planned Care	
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.	4	4	**16**	4	4	**16**	⟷	Executive Team have requested that the proposal is reviewed via the prioritisation framework process due to the request for new investment. The process will take 4-6 weeks to complete.	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance	
34	The health and wellbeing of ICB staff could be negatively affected by the announcement of the required ICB cost savings on 12th March 2025 and the resulting uncertainty as to the future role of ICBs.	5	4	**20**	5	4	**20**	⟷	A significant amount of anxiety/worry from staff continutes around the ICB cost reductions that is impacting on colleagues.	Helen Dillistone, Chief of Staff	James Lunn, Assistant Director of HR and Organisational Development Sean Thornton, Director of Communications and Engagement	
35	There is a risk of a loss of the skills, knowledge and momentum required to deliver the ICB priorities and plans following the announcement of the required ICB cost savings and whilst clarity as to the future responsibilities of ICBs is awaited.	5	4	**20**	5	4	**20**	⟷	Continuation of updates at Team Talk on the cost reductions/ DLN cluster and bi-weekly meetings held with the Trade Unions/professional Representative Bodies.	Helen Dillistone, Chief of Staff	Chrissy Tucker, Director of Corporate Governance & Assurance	
36	There is a risk that the ICB does not prioritise and commission efficiently and effectively to better improve health outcomes for the residents of Derby and Derbyshire; •By not identifying opportunities to utilise existing capacity in the current commission and contracts to meet demand •By not allocating sufficient resources available in the ICB to effectively manage, review and monitor contracts.	4	3	**12**	4	3	**12**	⟷	Ongoing capacity constraints within the contracts function and needing to embed the contract management process.	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive Craig Cook, Director of Strategy & Planning	
37	There is a risk that the ICB makes commissioning decisions and/or operational decisions that are not aligned with the strategic aims of the system; which impact on the scale of transformation and change required to deliver the 5 Year Forward View.	3	2	**6**	3	2	**6**	⟷	Reporting is being finalised which will show how the projects support the delivery of the operational plan for 2025/26 which in turn reflects the system strategic ambitions.	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Emma Ince Director of Delivery	
38	There is a risk that patient care is affected by the fragility of service delivery caused by lack of available and adequate resources and service investment.	3	4	**12**	3	4	**12**	⟷	Fragile services reporting guidance and template not yet completed by providers/relevant SRO in advance of meetings.	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance	

39	The ICB does not achieve a breakeven/balanced financial position in 2025/26.	3	4	**12**	3	4	**12**	⇔	Month 4 financial position on-plan and forecasting breakeven at year-end. On-going management of ICB risk and mitigations continues.	Bill Shields, CFO	David Hughes, Director of Finance - ICB	
40	Risk that we are unable to deliver the system financial plan resulting in a deficit and/or financial penalty. This maybe as a result of: * Operational pressures above planned levels * Inability to deliver the required level of system efficiency * Other unplanned for financial event/planned financial events not occurring.	4	4	**16**	4	4	**16**	⇔	JUCD has assessed the current run rate on pay spend and the movement required to achieve the 25/26 forecast pay spend. In general, there is good alignment but the key risk remain delivery of cost out efficiencies.	Bill Shields, CFO	Marcus Pratt Interim Joint System Director of Finance Notts ICB	
41	Risk that the system is unable to deliver the capital programme. This could be due to: * Strategic need exceeding resource available resulting in expenditure exceeding available resource * Programme progress being delayed resulting in capital recognition of spend being stunted and failure to maximise the opportunity from available resource (underspend of capital resource).	3	4	**12**	3	4	**12**	⇔	Various workstreams to be progressed which include multi-year capital requirements, Community Diagnostic Centre Programme slippage, business cases and 'Estate Safety' schemes.	Bill Shields, CFO	Marcus Pratt Interim Joint System Director of Finance Notts ICB	
42	There is a risk that providers do not have sufficient cash to pay staff and creditors	4	4	**16**	4	4	**16**	⇔	Ongoing management of this risk will form part of the ICS's wider financial performance management.	Bill Shields, CFO	Marcus Pratt Interim Joint System Director of Finance Notts ICB	
43	There is a risk to the continuation of CSU services to the ICB following the recent announcement regarding CSU abolition by end Mar 2027 and the absence currently of a timetable or plan for the closure, which has a potential impact on the services we currently receive and also on the development of the cluster ICB operating model. NHSE have requested ICBs do not reduce CSU contracts in the 25/26 financial year and this may therefore also impact the Continuing Health Care (CHC) in-housing programme and the quality and finance benefits expected from that programme.	4	3	**12**	4	3	**12**	**NEW RISK**	**NEW RISK**	Helen Dillistone, Chief of Staff	Chrissy Tucker, Director of Corporate Governance & Assurance	New risk
44	There is a risk that System plans do not align activity, workforce and finance. This may result uncoordinated plans, reduced likelihood of achieving (finance, activity, productivity and workforce) targets across the system. (Note: This is a replacement for former risk RL06 and needs to be reviewed)	4	4	**16**	4	4	**16**	**NEW RISK**	**NEW RISK**	Michelle Arrowsmith, Deputy Chief Executive Lee Radford, Chief People Officer Bill Shields Chief Financial Officer	Craig West, Associate Director of Finance Sukhi Mahil, Director of Workforce Strategy, Planning & Transformation Craig Cook, Director of Strategy and Delivery	New risk
45	The new ledger/ISFE2 system does not work fully upon implementation and this has a significant impact upon the ICB's business operations from the 1 October 2025.	2	4	**8**	2	4	**8**	**NEW RISK**	**NEW RISK**	Bill Shields Chief Financial Officer	David Hughes, Director of Finance - ICB	New risk

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

18th September 2025

Item: 060

Report Title	Committee Assurance Reports							
Authors	ICB Committee Chairs							
Sponsors	ICB Executive Directors							
Presenters	ICB Committee Chairs							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☐
Appendices (reports attached)	Appendix 1 – Audit & Governance Committee Assurance Report Appendix 2 – Finance & Performance Committee Assurance Report Appendix 3 – Strategic Commissioning & Integration Committee Assurance Report Appendix 4 – Quality, Safety & Improvement Committee Assurance Report Appendix 5 – Remuneration Committee Appendix 6 – Joint ICB Transition Committee Assurance Report Appendix 7 – Joint Transition Committee Risk Log							

Recommendations
The ICB Board are recommended to **RECEIVE** the Committee Assurance Reports for assurance.
Report Summary
This report presents an overview of the work of the ICB Board's Committees since the last Board meeting in July. The report aims to provide assurance that the Committees are effectively discharging their delegated duties and to highlight key messages for the Board's attention. The report includes the Committees' assessments of the levels of assurance they have gained from the items received and any actions instigated to address any areas where low levels of assurance have been provided.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☒	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☒	**SR10**	Digital transformation	☒
SR11	Cyber-attack and disruption	☒			

Conflicts of Interest	Conflicts of interest are managed accordingly at all meetings.

Have the following been considered and actioned?			
Financial Impact	Yes ☒	No ☐	N/A ☐
Impact Assessments	Yes ☒	No ☐	N/A ☐
Equality Delivery System	Yes ☒	No ☐	N/A ☐
Health Inequalities	Yes ☒	No ☐	N/A ☐
Patient and Public Involvement	Yes ☒	No ☐	N/A ☐
ICS Greener Plan Targets	Yes ☒	No ☐	N/A ☐

Derby and Derbyshire Integrated Care Board

Audit & Governance Committee Assurance Report

Meeting Date(s):	14 August 2024
Committee Chair:	Sue Sunderland

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Internal Audit Progress Report including counter fraud progress	Took reasonable assurance from Internal Audit's Progress report which summarised the current position including the completion of 4 audits since the last committee: 2024/25 plan: • Section 117 governance – limited assurance – actions have been agreed to address the issues identified and should be complete by the end of the calendar year • Post payment verification – advisory review • System wide review of MSK service provision – advisory review 2025/26 plan • Data security & protection toolkit – low risk assurance/high confidence level (NHSE assessment criteria) Benchmarking data (2024/25 data) on the implementation of Internal Audit recommendations shows the ICB in a good position comparatively. However, current performance has dropped to 64% and it is important that this does not become the norm. The Counter Fraud update included the ICB's annual return on its compliance with the Counter Fraud functional standards which concluded that the ICB was green against all but one criteria – the amber rating for risk assessment is being addressed in the current year with all risks scheduled to be reviewed and updated.	**Adequate**	**Adequate**
Procurement Highlight Report	Took reasonable assurance around the ICB procurement arrangements from the report.	**Partial**	**Adequate**
Board Assurance Framework	As the BAF was presented to the July Board the Committee did not spend time discussing this item – so no change in assessment.	**Partial**	**Partial**
Risk Register Report	Reviewed the risks for which the committee is responsible' Approved:	**Adequate**	**Adequate**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
	• Decrease in risk score C02 relating to the embedding of information asset management • New risk 43 relating to the CSU service continuation following the announcement regarding CSU abolition by Mar 27 • Closure of risk C01 relating to data processing		
Risk management deep dive	None presented to this committee	**N/A**	**N/A**
Green plan refresh	Took reasonable assurance from the report on the ICS green plan refresh in particular around the adaption plan arrangements.	**Adequate**	**Adequate**
Corporate resilience	Took reasonable assurance from the Corporate resilience assurance group report that the ICB has appropriate arrangements in place against the core standard requirements.	**Adequate**	**Adequate**
Digital, Cyber security and Information governance	Took reasonable assurance from the regular reports on: • Digital and cyber security	**Adequate**	**Adequate**
Regular reports on key corporate issues	Took reasonable assurance from the regular reports on: • Mandatory training compliance • Freedom of information compliance • Conflicts of interest compliance • Management of Complaints	**Adequate**	**Adequate**
Regular reports on key control areas	Took reasonable assurance on the ICB's controls through the regular reports on: • Losses and special payments noting no further instances in the last quarter • Single tender waivers • Review of off payroll workers and IR35 compliance	**Adequate**	**Adequate**
New financial ledger	Took positive assurance that the team are managing the transition to the new national ledger including identifying the risks.	**Adequate**	**Adequate**
NHSE annual assessment of the ICB	Took reasonable assurance from the annual assessment of the ICB against its statutory duties.	Not applicable due to first report	**Adequate**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Mental Health investment standard	Took positive assurance from the report on KPMG's audit of the ICB's 2023/24 compliance with the Mental Health Investment Standard.	Not applicable due to first report	**Full**

Other consideration:

Decisions made:
Approved the removal of 2 Internal Audit reviews from the plan: • Patient safety and incident and response plan (PSIRF) as responsibility for this sits with providers – the relevance of this audit was queried by the Audit Committee when it was first included • System wide audit following discussions with the system audit chairs and conscious of the impending clustering changes for the ICB Agreed that any future proposals to change/extend the implementation dates for Internal Audit recommendations will be brought to the Audit Committee for approval. Approved the following Corporate and HR policies: • Complaints handling policy – minor changes • ICB appraisal policy – new policy • Special leave policy – additional elements added • Health & safety policy – new policy following bringing responsibility inhouse • Fire safety policy – new policy following bringing responsibility in house • Procurement policy – updated for PSR changes The Committee also agreed that general policy updates should be paused during the transition period. Agreed an AOB request that responsibility for agreeing the ICB people policy relating to the transition and the management of change should transfer to the ICB Remuneration Committee with immediate effect.

Information items and matters of interest:
The Audit and Governance Committee received the following items for information: • The results of the staff survey for 2024 noting that these are now relatively out of date and that given the subsequently announced restructuring the Committee were more focused on the management of staff morale and wellbeing during the change process. • Progress on the in-housing of Continuing Healthcare services

Matters of concern or key areas to escalate:
None

NHS
Derby and Derbyshire
Integrated Care Board

Finance & Performance Committee Assurance Report

Meeting Dates:	24 June 2025
Committee Chair:	Nigel Smith

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Chief Finance Officers Report	The committee were asked to note the update from the Chief Finance Officer (CFO) The committee discussed the system's financial position which is favourable to plan. The CFO went on to discuss the ICB CIP programme which continues to target above the required level to allow for slippage and shortfall in the programme and assurance in achieving the £44m is growing. The stepping up of the weekly internal CIP meeting has supported this improved assurance, however risks do remain. The meeting is chaired by either the CFO or ICB DoF and is attended by all execs and Directors. The CFO continued to explain the further stretch in the ICS plan around decommissioning which is in addition to the CIP target. The system £5.3m is sat with the 2 acute providers and whilst the CRH element shows a route to achieving the plan ask, the £3.7m with UHDB remains a challenge. The ICB are working with the Trust to identify services which can be stopped to release the saving required. The conversation went onto contracting outside of JUCD, in which the DDICB team had met with Sheffield, Manchester & Stockport to identify routes to financial resolution for cross boarder patient flow. Progress was more advanced with Sheffield and a solution was expected. There was more work to be done to resolve patients attending in the Manchester / Glossop area.	**Adequate**	**Adequate**
DDICB Financial Position	The paper was presented to the committee for assurance – the Associate Director of Finance presented the paper. The paper presented the Month 2 (M2) and full-year outturn (FOT) position for the Integrated Care Board (ICB), reflecting a favourable £78k to a breakeven plan in M2. A detailed conversation was had regarding many of the underlying challenges within the position including overspends in planned &	**Adequate**	**Adequate**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
	urgent care and a £1.4m overspend in mental health budgets (mainly due to ADHD patient choice and out of area PICU placements). Despite these ongoing operational and financial challenges, the forecast outturn remained at breakeven, which was discussed. The committee asked for a focus on the run rate in a future meeting – this was expected to include efficiency route to delivery and financial impact, low volume activity impact and a focus on planned & UEC spending. The committee asked for assurance on the contractual discussions. The Medium-Term Financial Plan was presented as the underlying deficit for the ICB alone of £7.4m. This position will contribute to the overall ICS MTFP which has been discussed previously and aims for a timeline of July presentation to F&P. The Committee asked about the expected planning assumptions around timeframe for recurrent balance in the plan; it was confirmed at this stage the MTFP is to understand the financial position currently in place so that system Execs can discuss and recommend to system Boards the underlying planning assumptions which need to be made to form a system financial strategy. Those will include the period to which financial balance should be achieved and the route to deliver this including medium term assumptions in efficiency delivery and commissioning decisions.		
System Financial Position	The paper was presented to the committee for assurance. It was noted that the paper for M2 included capital for the first time in 2025/26 reporting and Service Line Reporting in a live state for the first time ever. It was expected that the detail in this reporting was expected to improve over time. The Month 2 (M2) system position was reported as £0.6m favourable to plan. While the system remains on track for a full-year outturn (FOT) that achieves the required break-even plan, the committee noted three key risks in the delivery of the system position: 1) Efficiency Delivery - if the current M2 trajectory continues, the run rate indicates that the system would be circa £75m deficit by the end of the year. The plan however is for break even due to planned levels of efficiency in the second half of the year being circa £69m ahead of the run rate position plus a one-off item in UHDB position for £6.5m in M12. 2) Pay Spend – the system position at M2 whilst marginally favourable overall, is adverse to plan within pay (offset in non-pay and income). The adverse pay position was in part offset by a £1.3m favourable position in pay within DHcFT due to MRFD delays which caused overspend	**Partial**	**Partial**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
	elsewhere. Without this underspend, the pay position is circa £2m adverse which is mainly in UHDB. 3) UEC spending – the service line reporting indicated a £4m YTD overspend in UEC which is being offset by favourable position within corporate areas. Therefore, the committee emphasized the need for clear mitigating actions to provide assurance. The committee have asked for a short statement from each of the 6 organisations to state what is being done to turn around the run rate. The committee reviewed the system's efficiency programme, targeting £181.7m in savings. They noted significant variability in the risk-adjusted forecast delivery rates across organisations, the committee expressed concern over its current risk weighting. The committee welcomed an update on the Financial Sustainability Board's (FSB) oversight of efficiency delivery and acknowledged the work commissioned to strengthen assurance.		
Performance Report	The paper was sent to the committee for assurance. The report outlined system performance against key constitutional metrics, highlighting planned performance shortfalls in several areas. RTT performance at UHDB was showing on track although other areas of concern were noted including outpatients & theatres. The committee discussed additional un-commissioned activity carried out by UHDB putting pressure on the planned care financial position. CRH remain a worry due to growth since the beginning of the year, and in comparison, to the same point last year, in the waiting list and 18 week wait for some areas. The committee discussed whether the productivity assumption within CRH had been too ambitious. Cancer remained an area of concern for the committee – CRH had hit their target last year by focusing on high volume activity however this was having an impact with the remaining area of challenge in gynae. While other metrics remained in line with planned levels, the committee acknowledged that the plan anticipates performance improvements throughout the year. However, many metrics have remained static over recent months. Consequently, the committee continued to request further insight into provider-led initiatives aimed at improving this flat trajectory, to ensure national targets are met by year-end—something asked for in the previous meeting.	**Partial**	**Partial**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Elective Care Deep Dive	The paper was presented to the committee for information As part of the Committee's responsibility to oversee performance, a deep dive into elective care activity was presented. The paper highlighted ongoing challenges in meeting key national targets. Many of the challenges had been discussed as part of the previous paper including waiting list performance and cancer pathway plans. Committee noted the increased use of the Independent Sector to manage waiting lists and associated costs.	**Not previously presented**	**Partial**
Risk Register & BAF	The paper was presented for approval. The committee noted that again performance related risks had not been presented to the committee. An action was taken to ensure that the committee is sighted on all risks within the new portfolio. The committee noted the risk presented within the risk register. The committee went on to discuss the finance BAF risks including detailed conversation on BAF scores. It was agreed to maintain the BAF score for BAF 4 and BAF 10 however recommend reducing the score for BAF 11 and improve to adequate.	**Adequate**	**Adequate**

Other considerations:

Decisions made:
No key decisions were made.

Information items and matters of interest:
The committee noted that this was the last meeting for the Director of Finance – Strategy & Planning who was about to take on a 12 month secondment with Derbyshire Community Health Service as their Chief Financial Officer and welcomed Marcus Pratt who will be extending his system finance lead role currently with Nottingham & Nottinghamshire ICB to also support the Derbyshire system.

Matters of concern or key areas to escalate:
None.

NHS
Derby and Derbyshire
Integrated Care Board

Finance & Performance Committee Assurance Report

Meeting Dates:	22 July 2025
Committee Chair:	Nigel Smith

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Chief Finance Officers Report	The CFO update, delivered verbally by Bill Shields, covered several key financial developments. Contractual positions with Sheffield Teaching Hospitals were nearing closure, while potential arbitration with Greater Manchester ICB was flagged. The M3 financial position remained on plan, but savings anticipated from staff reductions in Q3 were unlikely to materialise and would be excluded from the programme. The depreciation income issue had been resolved, and the final CIP target was expected to be around £56m. The system-wide financial outlook was cautiously optimistic, with providers expected to deliver most savings in the latter half of the year. Discussions highlighted the need for alignment between workforce numbers and financial planning, with a joint approach between Derbyshire and Nottinghamshire to be presented in September. Redundancy costs, estimated at £1.5m for Derbyshire, were discussed, alongside uncertainties around executive team restructuring.	**N/A**	**N/A**
DDICB Financial Position	The report confirmed that the ICB was on track with a £0.08m favourable variance YTD and a breakeven forecast. The financial plan submitted in April aimed for a £23.8m surplus, redistributed to JUCD partners. Efficiency delivery stood at £8.7m YTD, with a target of £44m. Key pressures included inter-provider transfers and neurodivergent assessments, but these were offset by lower brain injury caseloads and reduced drug prices. The committee discussed the importance of assertive contract management and the need to cap activity levels. Specialised commissioning reserves were clarified, and aged debt issues were attributed to local authority partners. The committee noted the financial risks and actions required to maintain performance and agreed that the current level of assurance was **adequate**.	**Adequate**	**Adequate**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
System Financial Position	The system-wide financial position was reported as on-plan, with a £17.6m deficit at M3, after the receipt of deficit support funding. Efficiency delivery was slightly ahead of plan, though varied across organisations. Overspends were noted in Mental Health, Planned Care, and UEC, with capital expenditure lagging behind expectations. The Belper Health Hub and other capital schemes were flagged as behind schedule. Workforce costs, particularly bank and agency spend at UHDB, were a concern. The committee discussed the need for stronger scrutiny and mutual aid between providers. CRH's continued use of expensive locums and UHDB's MARs scheme were highlighted. The committee agreed that while risks were known and managed, the assurance level remained **partial**.	**Partial**	**Partial**
Medium Term Financial Plan	The MTFP update, outlined a system-wide underlying deficit of £148.6m—£13.4m worse than previously planned. The plan incorporated rolled-forward baselines, FYE efficiencies, and national impacts. Three scenarios were modelled, showing varying timelines to achieve recurrent balance, with full inflation funding offering the most optimistic outcome. The committee acknowledged that the current version did not yet include objectives from the 10 Year Plan. Future iterations would require collaboration across operational and workforce teams. The Planning Sub-Group and Financial Sustainability Board would oversee governance. The assurance rating for this item was agreed as **partial**.	**N/A**	**Partial**
Performance Report	The report focused on three priority areas using validated and fast-track data. Improvements were noted in RTT waits, but cancer performance remained static. ED demand had decreased, yet admission rates were higher, and productivity had declined. Concerns were raised about persistent bank and agency costs and the lack of cost reductions needed to meet financial targets. The committee discussed delayed discharges and the impact on system capacity. The Optimised Patient Tracking & Intelligent Choices Application (OPTICA) system showed promise at CRH, but implementation at UHDB was lagging. The Chair requested clearer analysis of performance trends and contributing factors. The assurance rating was agreed as **partial**.	**Partial**	**Partial**

Other considerations:

Decisions made:
No key decisions to report.

Information items and matters of interest:
The committee received reports for information and update in relation to the transformation programme, system-wide estates and digital. These were well received. In all instances the committee discussed the potential for programme alignment with Nottinghamshire and with Lincolnshire. There was also concern expressed over the number of programmes and projects being developed in the transformation and digital papers. It was suggested that greater benefit could be derived from achieving best value from a smaller number of projects.

Matters of concern or key areas to escalate:
None.

Derby and Derbyshire Integrated Care Board

Finance & Performance Committee Assurance Report

Meeting Dates:	26 August 2025
Committee Chair:	Nigel Smith

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
DDICB Financial Position	The ICB reported a £0.1m favourable variance year-to-date at month 4 and a breakeven forecast outturn, in line with the submitted plan. The favourable variance was attributed to lower-than-expected fast track and brain injury caseloads in Continuing Healthcare and reduced drug prices, which offset pressures in Mental Health, Learning Disabilities, and Planned/Urgent Care. The report emphasised the need for immediate action to contain future costs and to identify further efficiencies to recover any year-to-date pressures. Achieving the £44m efficiency target remains central to delivering the financial plan, with statutory duties and supporting metrics achieved to date and expected to be met at year-end. The Committee was assured that all statutory duties and financial metrics were being met, and that the ICB remained committed to delivering its financial plan despite ongoing challenges. Risks were being actively managed, particularly around efficiency delivery and aged debt with local authority partners. The Committee was asked to note the financial position, the distribution/retention of allocations, and the ongoing actions to address financial risks and efficiency targets. The level of assurance provided was considered **adequate**, with a clear commitment to ongoing monitoring and mitigation of emerging risks.	**Adequate**	**Adequate**
System Financial Position	The M4 System Finance Report summarised the financial position for the JUCD system as at 31 July 2025. The system reported a year-to-date deficit of £21.4m against a planned deficit of £20.7m, with the adverse variance mainly due to industrial action. All organisations were forecasting to achieve a breakeven position for the year, including the planned £45m Deficit Support Funding. Pay costs were slightly below plan, with overspends in bank and agency offset by underspends in substantive staff. Efficiency delivery was marginally behind plan, but all organisations forecast full delivery of the £181.7m target. Capital expenditure was £9m below plan due to timing issues, but the forecast remained within the allowable planning tolerance.	**Partial**	**Partial**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
	The Committee was assured that, the ICB understand the risks and is actively managing the system position. Although the system remains on track to deliver the planned financial position, increased clarity and assurance is required on detailed efficiency plans, especially within acute provider organisations. The level of assurance was considered **partial**, reflecting the ongoing need for robust monitoring and risk mitigation.		
Performance Report	The Operational Performance Report focused on key priorities within planned care, urgent and emergency care, and mental health. Both Acute Trusts remained on their planned trajectories for Referral to Treatment (RTT), with CRH showing stronger improvement than UHDB, though both remained below national benchmarks. Outpatient productivity, theatre and bed utilisation, and compliance with Evidence Based Interventions were highlighted as areas for improvement. Cancer performance showed mixed results, with both Trusts underperforming on faster diagnosis but benchmarking well on treatment times. Urgent and emergency care performance diverged between Trusts, with CRH underperforming and UHDB broadly on track. Bed flow and delayed discharges remained significant challenges. The Committee was provided with **partial** assurance, noting that while some progress had been made, key challenges persisted—particularly in reducing waiting times, improving productivity, and managing demand and capacity. The report highlighted the need for continued focus on purposeful admission and discharge in mental health, and on addressing bottlenecks in urgent and emergency care.	**Partial**	**Partial**
ePMO Efficiency plan Report	The ePMO Efficiency Plan Report for Month 4 detailed progress against the system-wide efficiency target of £181.7m for 2025/26. Actual delivery at Month 4 was £42.8m, marginally below the planned £42.9m, with a significant proportion of efficiencies backloaded to the latter part of the year. Of the efficiencies delivered to date, 58% were recurrent, below the planned 68%, indicating a need to increase recurrent savings in the remaining months. All organisations continued to forecast full delivery of their efficiency plans, but the report noted that a greater reliance on non-recurrent schemes could impact the underlying financial position. The Committee was assured that robust monitoring was in place, with regular oversight by the Executive SRO and the Financial Sustainability Board. The report emphasised the need to ramp up recurrent efficiency delivery and to develop replacement initiatives for high-risk schemes. The level of	**Partial**	**Partial**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
	assurance was considered **partial**, reflecting the challenging nature of the efficiency programme, and the need for further detail with continued focus on delivery and risk mitigation.		
Risk Report	The Risk Register Report presented the operational risks owned by the Finance and Performance Committee. Two performance risks had been transferred from the System Quality Group at the request of the Committee : failure to meet the 78% Emergency Department 4-hour target, and risks to RTT and cancer performance due to increased demand and insufficient capacity. **The Committee agreed to take ownership of the risks but did not accept the current wording of the risks at this stage and requested a fuller set of operational risks to be presented for discussion at the next meeting.** Four finance risks were also reviewed: failure to achieve breakeven, inability to deliver the system financial plan, inability to deliver the capital programme, and insufficient cash for providers. Two new risks were proposed: misalignment of system plans (activity, workforce, finance) and potential issues with the new ledger/ISFE2 system. The Committee was assured that robust management actions were in place to mitigate these risks, with regular monitoring and escalation as needed. The report provided detailed updates on each risk, including current scores, status, and actions taken. The level of assurance was considered **adequate**, with ongoing work to address areas of concern—particularly around performance targets and system alignment.	**Adequate**	**Adequate**

Other considerations:

Decisions made:
No key decisions were made.

Information items and matters of interest:
The committee received an update on ADEPT, which outlined progress in developing a strategic estates plan for the system, supported by the NHSE-commissioned ADEPT programme. The programme uses a clinically led, activity-driven tool to model demand and capacity across care settings, informing estates requirements over a 15-year period. The first phase, clinical planning, involved defining assumptions about future demand management and care models, across several scenarios. The modelling identified prevention, frailty, end-of-life care, and discharge as key areas for managing acute demand. Recommendations included the need for clear system leadership, agreed priorities, and sufficient transformation capacity. The committee received a report relating to the new NHS oversight framework for 2025/26. The framework shifts from system-level segmentation to individual organisational delivery scores, based on metrics reflecting NHS priorities such as access, effectiveness, patient safety, workforce, finance, and health inequalities. Draft segments had been shared with providers, with final results to be published in September. The report outlined the support, improvement, and intervention approaches for each segment, with higher levels of scrutiny and intervention for organisations in deficit or with significant performance issues.

Matters of concern or key areas to escalate:
No matters of concern or key areas to escalate to the Board.

NHS
Derby and Derbyshire
Integrated Care Board

Strategic Commissioning and Integration Committee Assurance Report

Meeting Date(s):	10th July, 14th August and 11 September 2025
Committee Chair:	Jill Dentith

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Risk Register Report	• No changes were suggested to the following risk scores: ➢ Risk 36 remains a high score of 12 ➢ Risk 37 remains a moderate score of 6 ➢ Risk 38 remains a high score of 12 • Recommendation to the committee that risk 17, relating to the pace of change, increased to a very high 16 • Minor remedial action required	**Partial**	**Adequate**
Contract Management Update	• The Strategic Commissioning and Integration Committee received an update on the Contract Management Framework. • Looking at ICB blueprint and 10-year plan, making for a stronger contract space. • The framework proposes a five-pillar framework to strengthen contracting: ➢ Integrated planning ➢ Performance monitoring ➢ Change control ➢ Financial management ➢ Quality integration • Emphasis on aligning with the ICB blueprint and improving transparency around investment returns. • Moderate remedial action required	**Partial**	**Partial**
Winter Plan	• The winter plan and flu vaccination campaign was presented. • Planning began in April to get ahead of national timelines. • Most system areas are RAG-rated amber, indicating high risk. • Key focus areas: ➢ Community Transformation	**N/A**	**Full assurance around planning process**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
	➢ Staff support and wellbeing ➢ Improving immunisation rates. We continue to look at how we can reduce the risk going forward.		 **Limited assurance around deliverability**
East Midlands IVF Policy Review.	The Strategic Commissioning and Integration Committee noted the update on the progress of the East Midlands IVF Policy Review. Currently in the options appraisal phase, with next steps pending. The committee agreed a full assurance of the process, noting the impact this will have and consequences moving forward.	**Adequate**	**Full**
Public Involvement in Prioritisation Framework Key Tests	• Derby & Derbyshire ICB (DDICB) hosted a public session to gather feedback on the updated Prioritisation Process. • Engagement conducted with a small group of informed public representatives. • Feedback led to adjustments in the framework. • Emphasis on broadening engagement, especially with deprived and underrepresented communities. • Committee noted the feedback received from the public information session on the Prioritisation Process and support the proposed next steps in the process. • The committee agreed a full assurance in the process and recognised the engagement piece is still live and active.	**N/A**	**Full**
Building relations with the Black African & Caribbean community	The Strategic Commissioning and Integration Committee approved the proposed actions for the ICB to strengthen community relations with Black African and Caribbean population.	**N/A**	**Full**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Confidential item - Primary Care Highlight report	• The Strategic Commissioning and Integration Committee noted the Primary Care Sub-Group Board Assurance Highlight report. • The committee agreed a full assurance level on the process.	**N/A**	**Full assurance**
Confidential item – Primary Care Network matter	The Strategic Commissioning and Integration Committee approved the Primary Care Network configuration for the PCN matter and noted the information given regarding the PCN's and that all options have been fully exhausted. The committee NOTE the next steps in term of PCN Directed Enhanced Services (DES) and Team Up services for the orphan practices. The Committee agreed an adequate assurance for this paper noting that minor remedial actions are required.	**N/A**	**Adequate**

Other consideration:

Decisions made:
N/A

Information items and matters of interest:
10th July 2025 Strategic Commissioning and Integration Committee Development Session: The session focused on the Neighbourhood Model and the Derby and Derbyshire approach. The committee also considered the impact of this model on strategic commissioning. Next steps following the session: • To continue to update on progress in developing our approach. • Bring an update report on Team Up to understand what has been achieved and why it worked well; informing our future thinking and decision making. • Develop an Assurance Framework to provide assurance to the board moving forward. This will use the NHSE Maturity Matrix Assessment in the first instance. • Feed the committee's development session outcomes into the Good Governance Institute work to ensure the product gives the committee a reference point for qualities and expectations from an integrated care provider.

Information items and matters of interest:
11th September 2025 Strategic Commissioning and Integration Committee Development Session: Discussion focused on the development of an Integrated Healthcare Organisation (IHO) to support delivery of the Neighbourhood Health Model, the associated governance framework and maturity index. The Good Governance Institute were in attendance to support discussions. The committee considered proposed commissioning principles and the capability, relationship and accountability requirements of an IHO, agreeing and supporting these as a foundation for further development. The committee noted the importance of reflecting our aims in strategic commissioning intentions. The committee recognised the work of the GP Provider Board as part of the infrastructure in progressing the development, noting that a lack of quoracy prevents a formal recommendation to the ICB Board. Next steps following the session: • Finalise the governance framework • Incorporate the principles into strategic commissioning intentions • Create a joint leadership team to oversee the implementation • Develop a communications and engagement strategy, to publicise and promote the Neighbourhood Model and Derby and Derbyshire approach

Matters of concern or key areas to escalate:
11 September 2025 Confidential session – The committee recognised the work of the GP Provider Board, noting that a lack of quoracy prevents a formal recommendation to the ICB Board. It was therefore agreed that an updated paper, incorporating comments from the committee, should be shared with the ICB Board in the confidential section of the September 2025 meeting, noting that any possible conflicts of interest will need to be managed.

Derby and Derbyshire Integrated Care Board

Quality, Safety and improvement Committee Assurance Report

Meeting Date(s):	24 July 2025
Committee Chair:	Adedeji Okubadejo, Clinical Lead Member

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
MNS update to include a note on the stillbirth review	This paper provides the committee with a progress update for Quarter 4, 2024/25 for Derby and Derbyshire LMNS against national and local maternity and neonatal service priorities for oversight and assurance. The focus of this report was: • Quarter 4 has seen improvements in perinatal mortality at both Chesterfield Royal Hospital (CRH) and University Hospitals of Derby and Burton (UHDB). The external review of stillbirths at CRH completed by Nottinghamshire LMNS did not identify any safety themes. • Improvements were seen with compliance for Maternity Incentive Scheme Year 6 and Saving Babies Lives Care Bundle for both trusts. • Concerns remain at UHDB around third- and fourth-degree tear rates, the section 29a and 31 CQC enforcement notices and the introduction of PPHS. The outcome of the review into neonatal deaths at CRH which is expected in quarter 2, 2025/26 will provide necessary assurance that the rise seen in quarter 3 2024/25 is understood and there are no themes to be addressed. • Progress has been seen at both trusts with the Three-Year Delivery Plan objectives as the final year is approached. Areas for improvement have been identified as priorities for 2025/26 and the LMNS will be providing the required support to maintain oversight and assurance.	**Adequate**	**Adequate**
Infection Prevention and Control Health Care Associated Infections 2024/25 update	The report provided an end of year update for the Derbyshire Infection Prevention and Control Health Care Associated Infections (HCAI) position for 2024/25. • Whilst there has been a significant reduction in IPC infections across the system compared to other Midland's organisations DDICB and it's Acute Trusts failed to meet NHSE thresholds for all reportable HCAIs. • While community trusts maintained low infection rates, acute settings continue to face challenges. The ICB remains committed to ongoing monitoring, collaborative	**Adequate**	**Adequate**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
	improvement efforts, and supporting trusts in achieving sustainable reductions in HCAI rates. • DDICB does not have its own IPC specialist nurses but facilitates collaboration by convening monthly IPC System Assurance Group meetings to share learning across organisations. • Both UHDB and CRH implemented robust IPC strategies. UHDB focused on divisional plans, surveillance, training, antimicrobial stewardship, and environmental cleanliness. CRH relaunched its IPC Operational Group, improved policy compliance and expanded training,		
Thematic Analysis of Complaints	The Quarterly Thematic Analysis of Complaints reports were presented to highlight the main themes from complaints received by the ICB and any learning or actions arising from closed cases. Key points were: • There has been an increase in complaints to the ICB with emerging themes in relation to the ICB's policy to access blood glucose monitoring devices. • Recurring Themes included: ○ CHC assessment process and communication by the service. specific issues within those themes have changed over time with fewer complaints about delayed outcome letters, reflecting tighter processes and a shift toward more complaints involving local authorities. ○ Access to ADHD and ASD assessment services. ○ Access to NHS Dental services. ○ The ICB's IVF and IUI policy Further work was requested to gather information that could highlight quality, or access issues related to inequalities.	**This was a new report to the Committee**	**Full**
Thematic Patient Experience Report	The paper was presented to provide an overview and assurance of the Patient Experience Team priority workstreams and learning outcomes. The current focus is around SEND and the close work with Derbyshire County Council was noted. Noting positive progress in engaging families and young people with SEND across social care, education, and health.	**Full**	**Full**

Other considerations:

Decisions made:
ICB Quality Strategy 2025 – 2028 – The 2025-28 ICB Quality Strategy was approved. Please note that the strategy is based upon current guidance and processes and will need to be revised when further information is available in relation to Provider/ICB/Regional Models and the Governance arrangements for the clustering of Derby & Derbyshire, Notts & Nottinghamshire & Lincolnshire ICBs.

Information items and matters of interest:
System Quality Group Update Report

Matters of concern or key areas to escalate:
None identified in the meeting

Derby and Derbyshire Integrated Care Board

Quality, Safety and improvement Committee Assurance Report

Meeting Date(s):	28 August 2025
Committee Chair:	Adedeji Okubadejo, Clinical Lead Member

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
QSI/2526/048: Safeguarding Childrens Update	The Report provides the Committee with a quarterly safeguarding children update for assurance. The focus of this report were: • The Families First Partnership (FFP) Programme a major initiative launched by the UK government to reform Children's Social Care in England. Its core aim is to transform the system of help, support, and protection for families, ensuring that children and young people receive the right help at the right time to thrive and stay safe. • CPIS – Child protection information Sharing – phase 2 roll out. There is now a mandate to make CPIS available across the NHS - (NHS Long term plan commitment). Currently CPIS is already established within unscheduled settings in England. Digital plans and organisational arrangements are now required to mobilise CPIS phase 2 that needs to be achieved by December 2025. The priority settings required to implement CPIS phase 2 are as follows: ○ Primary care (GP in hour service) via the NCRS ○ Mental Health / CAMHS ○ Sexual health and Sexual Assault Referral Centres (SARC) ○ 0-19 Services ○ Community Paediatrics (scheduled and emergency care settings), ○ Dentistry ○ Termination of Pregnancy Services. The CPIS service will provide child protection indicator information to support decision making processes undertaken by NHS health practitioners	**Adequate**	**Full**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
QSI/2526/ 048.1: Safeguarding Adults Update	The Report provides the Committee with a quarterly safeguarding adults update for assurance. From the Safeguarding Adults Assurance Framework evidence and the collation of operational activity it is apparent that the NHS Provider Trusts and Primary Care are meeting the Safeguarding Adults Boards key performance indicators in relation to making safeguarding personal and consulting with the adult at risk at the point of submitting a safeguarding referral.	**Adequate**	**Full**
QSI/2526/049: Medicines Safety / Controlled Drugs /Antimicrobial Prescribing	The Medicines Safety bi-yearly report was presented to provide assurance on the management of medicines safety, antimicrobial stewardship and controlled drugs across Primary Care and the system within Derby and Derbyshire. The report outlined: • Advice provided on recent medicines safety concerns/ incidents • The updated Antimicrobial Stewardship Report and ongoing work • Summary of current controlled drugs work • Overview of National Patient Safety Alerts	**Not previously presented**	**Adequate**
QSI/2526/051: Right Care Right Person (RCRP)	The paper was presented to provide assurances regarding the development and implementation of this multiagency process. The paper highlighted the tangible outcomes in the RCRP update around EMAS conveyance, Place of Safety, Acute Hospital hand overs and audit proposal to assess 'Concerns for Welfare' calls that do not meet statutory agencies thresholds for response and agree appropriate navigation is in place. The Derby and Derbyshire Multi Agency Policy / Memorandum of Understanding (Adults Only) Version 16 (MAA) finalised through the RCRP tactical meeting and approved by the RCRP Executive Oversight Group on 15 August 2025 was presented for approval. Individual Trusts and system partners will take the MAA through their respective governance structures.	**Adequate**	**Full**

Other considerations:

Decisions made:
QSI/2526/051: Right Care Right Person – The Derby and Derbyshire Multi Agency Policy / Memorandum of Understanding (Adults Only) Version 16 was approved. Please note work is underway to finalise the processes for Children and Young People in Autumn 2025.

Information items and matters of interest:
• NICE Guidance Compliance • System Quality Group Update Report

Matters of concern or key areas to escalate:
None identified in the meeting

Derby and Derbyshire Integrated Care Board

Remuneration Committee Assurance Report

Meeting Date(s):	22nd May 2025, 17th July 2025, 18th August 2025
Committee Chair:	Margaret Gildea

To Note: The Remuneration Committee meeting on 18th August 2025 comprised an extraordinary meeting in common with the Remuneration Committee of Nottingham and Nottinghamshire ICB (NNICB).

Assurances Received for May and July 2025:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
VSM Pay Banding review	The Remuneration Committee reviewed the further information provided with regards to a VSM role and considered approving a change in salary level for the role.	**Adequate**	**Full**
VSM Reporting and Pay Banding Review	The Remuneration Committee considered the change in line management and review of the pay banding for a VSM role.	**Not applicable**	**Adequate**
Very Senior Manager - Recruitment Update	The Remuneration Committee noted the updates on the pay, business case and recruitment of the Joint Chief Finance Officer.	**Adequate**	**Adequate**
Review of the Current VSM Pay Framework (Functional Directors)	The Remuneration Committee noted the 50% reduction in ICB costs and considerations to achieve this, including clustering	**Not applicable**	**Adequate**
Updated Very Senior Manager Pay Framework	The Remuneration Committee discussed the new VSM Pay Framework and possible alignment to Band 9.	**Adequate**	**Paused**
Remuneration Committee Annual Report and Committee Self-Assessment	The Remuneration Committee noted the Remuneration Committee's Self-Assessment 2024/25 and the Annual Report 2024/25.	**Not applicable**	**Full**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Formal Ratification of Updated Remuneration Committee Terms of Reference	The Remuneration Committee reviewed the updated Terms of Reference for the Remuneration Committee.	**Adequate**	**Full**
Update on ICB Transition Process	The Remuneration Committee noted the update on the transition process.	**Not applicable**	**Partial**
VSM Pay Progression	The Remuneration Committee reviewed the recommended pay progression for a VSM role.	**Not applicable**	**Full**
Very Senior Manager Pay Award	The Remuneration Committee noted the government acceptance of the recommendations of the NHS pay review bodies for NHS Very Senior Managers and discussed approving the award to all VSMs.	**Not applicable**	**Full**

18th August 2025 – Extraordinary Remuneration Meeting in Common with NNICB:

Item	Summary
Derbyshire, Lincolnshire and Nottinghamshire (DLN) ICB Cluster Chief Executive Designate Arrangements and Remuneration	The Remuneration Committee considered and made a decision with regards to the proposed remuneration for the Chief Executive Designate of the ICB Cluster, comprising NHS Derby and Derbyshire ICB, NHS Lincolnshire ICB, and NHS Nottingham and Nottinghamshire ICB.
Management of Change and Pay Protection Policy	The Remuneration Committee considered and made a decision with regards to the delegation and transfer of DDICB's People Policy relating to the transition and the management of change from the ICB Audit and Governance Committee to the ICB Remuneration Committee with immediate effect, to enable DDICB's Remuneration Committee to take decisions at the same time as Nottingham and Nottinghamshire ICB and Lincolnshire ICB.

Item	Summary
	The Committee also considered and made a decision with regards to the Management of Change and Pay Protection Policy for the ICB Cluster.
Management of Change Process and Executive Director (Wave 1) Consultation Document	The Remuneration Committee considered and made a decision with regards to the Executive Director Consultation process.

NHS
Derby and Derbyshire
Integrated Care Board

Joint Transition Committee Assurance Report

Meeting Date(s):	11 July, 21 July and 12 August 2025
Committee Chairs:	Jon Towler, Non-Executive Director, NHS Nottingham and Nottinghamshire ICB (11 and 21 July) Margaret Gildea, Non-Executive Member, NHS Derby and Derbyshire ICB (12 August)

Assurances Received:

Item	Summary
Management of Change Business Case	The Joint Committee has overseen development of the ICB Cluster Management of Change Business Case, which included analysis of a range of potential options for meeting national requirements, taking into account affordability, based on financial modelling and cost mitigation plans, while ensuring legal compliance and optimisation of staffing structure design. When considering the Business Case, members noted that a national voluntary redundancy scheme had yet to be approved and national guidance on accounting treatment for redundancies was awaited. The importance of taking a fair and compassionate approach to the management of change process was stressed in discussions. Members also noted the need for a risk sharing agreement to be developed across the three ICBs in relation to redundancy costs and ongoing salary costs.
ICB Cluster Operating Model	The Joint Committee has received regular updates regarding progress in developing the ICB Cluster Operating Model. Initial work has been completed to assess the most appropriate scale of delivery for all ICB functions and activities; this has included work across the Midlands Region to consider potential efficiencies through larger scale delivery options. A series of multi-disciplinary 'confirm and challenge' sessions are underway to test the work completed to date. Members were assured that good progress is being made; however, delays in the publication of the Model Region Blueprint and other national guidance relating to ICB function transfers were noted as impacting on further development in some areas.

Item	Summary
Transition Programme Plan Progress	The Joint Committee has received routine updates at all meetings regarding progress against the ICB Transition Programme Plan. Members were assured that the Programme Plan is largely on track, albeit delays in national guidance/publications and delayed confirmations of the Chair designate and Chief Executive designate appointments have impacted progress in some areas. To date the Joint Committee has focused much of its time on the development of the management of change process and ICB Cluster Operating Model. These areas are now progressing well, and the Joint Committee is turning its attention to the developing governance arrangements for ICB clustering. In discussions, members stressed the importance of supporting staff wellbeing and noted that constructive engagement with Trade Unions had commenced, with staff communications plans in place to ensure timely and transparent updates. Members also noted the importance of preserving corporate memory during the transition period.
Transition Risk Log	The Transition Risk Log has been reviewed by the Joint Committee at every meeting. The highest scoring risks relate to the design of the new operating model, affordability of redundancies, staff perceptions of change, and delivery of in-year priorities. The mitigations for many of the risks relate to the finalisation of the management of change process and the design of the ICB cluster operating model. New risks have emerged during the period around commissioning support unit (CSU) service continuity, and the in-year implementation of new financial ledgers. See Appendix 7.

Item 060 - Appendix 7: Joint Transition Risk Log

Transition Risk	Programme Risk Score	Risk Owner	Mitigating Actions
1. If the new operating model is not effectively designed, then the ICB cluster may not deliver its revised functions and responsibilities within the available management cost allocations, resulting in a failure to meet strategic objectives and statutory obligations.	15 (5x3) **High** ⟷	Exec Lead: Victoria McGregor-Riley	• Development of ICB 'clustering' plans **(complete)**. • Establishment of Operating Model and East Midlands at Scale workstreams and agreement of associated Programme Plans **(complete)**. • Agreement of scale of delivery for ICB functions **(ongoing)**. • Calculation of financial baselines and application of agreed funding methodology **(ongoing)**. • Review of non-pay commitments **(ongoing)**. • Confirmation of new Executive Team for ICB cluster. • Agreement of staffing structures.
2. If partners are unwilling or insufficiently prepared to accept the transfer of functions identified in the Model ICB Blueprint, there is a risk that the transition will not be delivered as intended, which may result in a failure to comply with national policy direction.	12 (4x3) **Medium** ⟷	Exec Lead: Victoria McGregor-Riley	• Development and delivery of stakeholder communication and engagement plans **(ongoing)**. • Development of Phase Two Programme Plan. • Gateway process for transferring functions (national guidance awaited).
3. If the move toward scalable functions as part of the ICB transition introduces unnecessary complexity and reduces commissioning at Place and neighbourhood level, there is a risk of diminished understanding of local context and relationships may deteriorate.	12 (4x3) **Medium** ⟷	Exec Lead: Victoria McGregor-Riley SRO: Tom Diamond	• Establishment of Operating Model and East Midlands at Scale workstreams and agreement of associated Programme Plans **(complete)**. • Agreement of scale of delivery for ICB functions **(ongoing)**. • Calculation of financial baselines and application of agreed funding methodology **(ongoing)**. • Agreement of staffing structures.

Transition Risk	Programme Risk Score	Risk Owner	Mitigating Actions
4. If the ICBs are unable to afford the cost of required redundancies due to the lack of additional national funding, there is a risk that this could negatively impact on the ICBs' financial positions.	16 (4x4) **High** ⟷	Exec Lead: Sandra Williamson SRO: Marcus Pratt	• All recruitment activity paused to minimise future redundancies **(complete)**. • Establishment of Finance workstream and agreement of associated Programme Plan **(complete)**. • Financial modelling activities **(ongoing)**. • Agreement and implementation of Voluntary Redundancy Scheme.
5. If the exit and workforce change process is not effectively designed and implemented, there is a risk that core skills, knowledge, and experience may be lost or insufficiently developed, potentially affecting the success of the new operating model.	12 (4x3) **Medium** ⟷	Exec Lead: Helen Dillistone SRO: Anne Lloyd	• Establishment of Management of Change workstream and agreement of associated Programme Plan **(complete)**. • Talent management arrangements, including retention and development of required skills, knowledge and experience.
6. If the exit and workforce change process is not perceived as fair or transparent, this may lead to reduced staff trust, co-operation and engagement, which may lead to a decline in staff morale, increased absenteeism, and a detrimental impact on the ICBs' overall performance.	16 (4x4) **High** ⟷	Exec Lead: Helen Dillistone SRO: Anne Lloyd	• Establishment of Management of Change workstream and agreement of associated Programme Plan **(complete)**. • Exit and workforce change process designed and implemented with strict adherence to national guidance and local policy requirements **(ongoing)**. • Engagement with Trade unions **(ongoing)**. • Staff communication and engagement plans.

Transition Risk	Programme Risk Score	Risk Owner	Mitigating Actions
7. If effective governance oversight is not sustained throughout the ICB transition process, there is a risk of unclear decision-making and lack of progress, which may result in unmanaged risks and failure to deliver against national requirements.	8 (4x2) **Medium** ⟷	Exec Lead: Helen Dillistone SRO: Lucy Branson	• Establishment of Joint ICB Transition Committee to assure progress **(complete)**. • Establishment of Transition Programme Group and supporting workstreams to ensure delivery **(complete)**. • Establishment of Governance workstream and agreement of associated Programme Plan **(complete)**. • Establishment of Transition Programme risk management arrangements **(complete)**. • Agreement of revised committee structure for ICB cluster and development of terms of reference **(ongoing)**. • Review and alignment of ICB Standing Financial Instructions, Schemes of Reservation and Delegation, and key policy documents **(ongoing)**.
8. If the transition process does not fully adhere to statutory and regulatory requirements, there is a risk of non-compliance, which could result in legal challenges, reputational damage, or regulatory intervention.	8 (4x2) **Medium** ⟷	Exec Lead: Helen Dillistone SROs: Lucy Branson/ Anne Lloyd	• Establishment of Joint ICB Transition Committee to assure compliance **(complete)**. • Establishment of Transition Programme Group to ensure development of compliant plans **(complete)**. • Development and implementation of legally compliant exit and workforce change process **(ongoing)**. • Development and implementation of Board assurance and ICB cluster decision-making arrangements.

Transition Risk	Programme Risk Score	Risk Owner	Mitigating Actions
9. If clear, consistent and timely communication is not maintained with staff throughout the ICB transition process, there is a risk of misinformation, reduced trust, and disengagement, which may negatively impact staff morale, engagements and cooperation during the transition period.	9 (3x3) **Medium** ⟷	Exec Lead: Helen Dillistone SRO: Sean Thornton	• Establishment of Communications and Engagement workstream and agreement of associated Programme Plan **(complete)**. • Staff communication mechanisms, including regular staff briefings and staff feedback mechanisms **(ongoing)**.
10. If external partners are not effectively engaged or informed about the ICB transition and its intended outcomes, there is a risk that they may not fully understand or support the changes, which could reduce collaboration and hinder the successful delivery of joint priorities.	12 (4x3) **Medium** ⟷	Exec Lead: Helen Dillistone SRO: Sean Thornton	• Establishment of Communications and Engagement workstream and agreement of associated Programme Plan **(complete)**. • Stakeholder communications activities **(ongoing)**.
11. If staff become distracted or staffing resources are diverted to support the ICB transition process, there is a risk of reduced capacity and focus on business-as-usual activities, which may have a detrimental impact on the delivery of 2025/26 priorities.	16 (4x4) **High** ⟷	Exec Lead: CEOs/ Executive Transition Leads	• Assignment of staffing resources to support the ICB Transition Programme **(complete)**. • Establishment of Operating Model, Management of Change, and Communications and Engagement workstreams and agreement of associated Programme Plans **(complete)**. • Design of effective operating model, enabling delivery of economies at scale through ICB clustering and 'at scale' working **(ongoing)**. • Design and delivery of workforce change process **(ongoing)**. • Staff communication plans **(ongoing)**.

Transition Risk	Programme Risk Score	Risk Owner	Mitigating Actions
14. If the ICBs were subject to a cyber-attack during the period of transition, there is a risk of increased vulnerability due to complexities introduced by the changing working environment.	12 (4x3) **Medium** ⟷	Exec Lead: Helen Dillistone SRO: Lucy Branson	• Ongoing review of cyber security measures in line with CAF-aligned DSPT requirements, as part of ICB BAU arrangements **(ongoing)**. • Focused/targeted staff communications and awareness activities **(ongoing)**.
15. If staff exit the ICBs in an unmanaged way, there is a risk that corporate records may not be appropriately preserved, which may impact on the ICB cluster's corporate memory and ability to meet legal and regulatory requirements.	9 (3x3) **Medium** ⟷	Exec Lead: Helen Dillistone SRO: Lucy Branson	• Establishment of Governance workstream and agreement of associated Programme Plan **(complete)**. • Establish arrangements for maintenance of corporate records and preservation of corporate memory **(ongoing)**. • Establish Data Sharing Agreement for ICB cluster **(ongoing)**.
16. If services currently delivered by Commissioning Support Units (CSUs) cease or reduce ahead of the new ICB cluster operating model being implemented, due to recent announcements regarding abolition of CSUs, there is a risk to the effective delivery of ICB functions, which may have financial implications and an impact on compliance with statutory requirements.	12 (4x3) **Medium** ⟷	Exec Lead: Victoria McGregor-Riley SRO: Neil Moore	• Establishment of Operating Model and East Midlands at Scale workstreams and agreement of associated Programme Plans **(complete)**. • Agreement of scale of delivery for ICB functions **(ongoing)**. • Maintenance of relationships with CSUs to enable early identification of issues **(ongoing)**. • Completion of risk assessments for all CSU service lines **(ongoing)**. *NOTE: Mitigating actions to be further developed on receipt of anticipated national guidance.*

Transition Risk	Programme Risk Score	Risk Owner	Mitigating Actions
17. If national plans for new financial ledgers progress either as currently scheduled (01/10/2025) or potentially deferred (01/04/2026), there is a risk that insufficient staff will be available to ensure a smooth implementation and that approval hierarchies become quickly outdated, which may impact on the payment of providers and ICB financial reporting arrangements.	12 (4x3) **Medium** ⟷	Exec Lead: Sandra Williamson SRO: Marcus Pratt	• NHSE have communicated they fully expect to go-live on 1 October 2025. NHSE have stated they are confident in the new system, its testing, the programme plan, and other work completed to ensure go-live. • Because of the delays in the cost reduction programme, it is unlikely any finance staff will leave before 1 October 2025 (other than normal/BAU staff turnover). • There is a project plan in place at national and local level with named/allocated responsibilities. • There will be a constant review of all issues in and around the go-live date, including the approval hierarchies to ensure they are updated/correct. • We have been assured by NHSE that robust national testing, process awareness sessions and training programmes are in place re IFSE2. • Where appropriate, contingency arrangements will be in place. This includes advanced payments may be made in September as a contingency for any potential issues on 1 October. However, national cash restrictions and operational controls may limit this mitigation. • DDICB's implementation team is working with LICB and NNICB on the implementation of IFSE2. This should improve overall cluster robustness and enable some cross cover if needed.

Transition Risk	Programme Risk Score	Risk Owner	Mitigating Actions
18. The absence of a VR scheme and due to the nature of the change, absence slotting opportunities for Waves 1 and 2 and fewer available posts presents a risk for securing suitable alternative employment. If a support programme for staff is not implemented there is a risk that displaced staff could be limited in opportunity to secure suitable alternative employment.	**12 (4x3) Medium** ⟷	Exec Lead: Helen Dillistone SRO: Anne Lloyd	• Potential for staff to participate in next Wave down if individuals agree to. • Health and Wellbeing support offers already in place. Midlands Regional Support offer launched on 1 August (includes outplacement support, CV writing, coaching, leadership development and change management – number of tools and sessions available). • Sourcing, assessment and delivery of an appropriate support programme including coaching support – quotes awaited and will be mapped against DLN and Regional offer. • Maintaining awareness of other MARS/VR/CR schemes and being proactive in comms with staff. • Review MoUs for redeployment and progressing with exploring opportunities for local partners to also share employment opportunities with staff.

Interim approach to transition risk scoring:

NHS Derby and Derbyshire ICB	NHS Lincolnshire ICB	NHS Nottingham and Nottinghamshire ICB	(Interim) ICB Cluster Proposal
Low (1-3)	Very Low (1-3)	Very Low (1-5)	**Low (1-6)**
Moderate (4-6)	Low (4-6)	Low (4-10)	
High (8-12)	Moderate (8-12)	Medium (8-15)	**Medium (8-12)**
Very High (15-25)	High (15-25)	High (15-20)	**High (15-25)**
-	-	Extreme (25)	

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

18th September

Item: 061

Report Title	ICB Annual Assessment Outcome Letter 2024/25						
Author	Suzanne Pickering, Head of Governance						
Sponsor	Helen Dillistone, Chief of Staff						
Presenter	Helen Dillistone, Chief of Staff						
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information ☒
Appendices (reports attached)	Appendix 1 – NHSE ICB Annual Assessment Outcome letter						

Recommendations

The Board are recommended to **NOTE** the Annual Assessment Outcome of Derby and Derbyshire ICB's performance in 2024/25.

Report Summary

NHS England has a statutory duty to undertake an annual assessment of each Integrated Care Board following the end of each reporting year.

The 2024/25 assessment is similar to the approach of 2023/24 with the core structure being the ICB's role in support of the four purposes of ICS, alongside its system leadership role. The assessment also addresses the 8 statutory duties of ICBs which NHS England is required in legislation to consider in its assessment.

The annual assessment is structured into the following five sections and considers the overall leadership function of the ICB and its contribution to the four core purposes of an ICS:

- System leadership
- Improving population health and healthcare
- Tackling unequal outcomes, access and experience
- Enhancing productivity and value for money
- Helping the NHS support broader social and economic development.

Building on the approach taken for 2023/24, NHS England regional teams use the ICB's Annual Report as one of its key sources of evidence for the 2024/25 assessment, further information and evidence was also provided to NHS England for each domain element as above for the annual assessment.

As in 2023/24, feedback was also requested from the Health and Wellbeing Boards and Integrated Care Partnerships, to inform the assessment.

Appendix 1 provides the outcome letter from NHS England which sets out Derby and Derbyshire ICB's performance against the specific set by NHS England and the Secretary of State for Health and Social Care, our statutory duties as defied in the act and our wider role within the Integrated Care System across the 2024/25 financial year.

The letter is published on the ICB's website https://joinedupcarederbyshire.co.uk/publications/annual-reports/

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☒	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☒	**SR10**	Digital transformation	☒
SR11	Cyber-attack and disruption	☒			

Conflicts of Interest	

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

NHS England Midlands

Sent via email
Kathy McLean – ICB Chair
Derby & Derbyshire Integrated Care Board

Julie Grant
Director of System Co-ordination and Oversight, East Midlands
23 St Stephenson Street
Birmingham
B2 4JB

E: J.grant10@nhs.net
W: www.england.nhs.uk

Dear Kathy

30 July 2025

Annual assessment of Derby and Derbyshire Integrated Care Board's performance in 2024/25.

We are writing to you pursuant to Section 14Z59 of the NHS Act 2006 (Hereafter referred to as "The Act"), as amended by the Health and Care Act 2022. Under the Act NHS England is required to conduct a performance assessment of each Integrated Care Board (ICB) with respect to each financial year. In making our assessment we have considered evidence from your annual report and accounts; available data; feedback from stakeholders and the discussions that we have had with you and your colleagues throughout the year.

This letter sets out our assessment of your organisation's performance against those specific objectives set for it by NHS England and the Secretary of State for Health and Social Care, its statutory duties as defined in the Act and its wider role within your Integrated Care System across the 2024/25 financial year.

We have structured our assessment to consider your role in providing leadership and good governance within your Integrated Care System (ICS) as well as how you have contributed to each of the four fundamental purposes of an ICS. In each section of our assessment, we have summarised areas in which we believe your ICB is displaying good or outstanding practice and could act as a peer or an exemplar to others. We have also included any areas in which we feel further progress and performance improvement is required, detailing any support or assistance being supplied by NHS England to facilitate improvement.

In making our assessment we have also sought to take into account how you have delivered against your local strategic ambitions as detailed in your Joint Forward Plan. A key element of the success of Integrated Care Systems is the ability to balance national and local priorities together and we have aimed to highlight where we feel you have achieved this and where further specific work is required.

Thank you and your team for all of your work over this financial year, and we look forward to continuing to work with you in the year ahead.

Yours Sincerely,

Julie Grant
Director of System Co-ordination and Oversight – East Midlands

Cc Dale Bywater – Regional Director, NHS England – Midlands
Chris Clayton - Chief Executive Officer, Derby & Derbyshire Integrated Care Board

Section 1: System leadership and management

The ICB has demonstrated strong system leadership by fostering collaborative partnerships and establishing inclusive governance structures across Derby and Derbyshire, working closely with a range of partners, including Local Authorities and the Voluntary, Community, Social Enterprise and Faith (VCSFE) sector, with Social Care and Public Health representatives holding voting seats on the ICB.

Through its role in Joined Up Care Derbyshire Integrated Care System (ICS), the Integrated Care Partnership (ICP), the ICB connects diverse stakeholders to drive integrated health and care transformation. Local Place Alliances further support this by engaging communities directly to identify needs and co-develop responsive initiatives. These arrangements promote mutual accountability and shared ownership of system-wide goals, even amid resource constraints.

The ICB's Corporate Governance Framework sets out that in addition to the NHS executive who oversee delivery and performance of the system; there is also an ICS Executive (NHS and Local Authority Executives) to oversee broader system development. The framework anchors the board assurance process, system wide delivery groups and statutory and non-statutory committees – all feed into the integrated care board enabling strategic planning and effective management of risk.

In 2024/25 the ICB conducted a comprehensive governance review which prompted a change in the committee structure, the names and responsibilities of committees and an adjustment of membership/attendance. The revised structure was implemented from 1st April 2025.

The ICB commissioned a Board development programme in 2024/25 to enhance leadership skills and knowledge to lead effectively whilst strengthening working relationships between executives and non-executive directors; a full outcome report is due to be published in 2025/26. The system has previously implemented the fit and proper person test framework and continues to use this framework for Board development – this includes effective appraisals and values-based appointments.

The ICB published a refreshed Joint Forward Plan (JFP) in June 2024. The refresh focused on specific improvement objectives, particularly around prevention. The process involved active engagement with the public and partners, including Health and Wellbeing Boards (HWB); public workshops were held in early 2025 to gather feedback for the NHS 10-year plan and this will contribute to the ongoing development of the JFP. The ICB is increasingly aligning its strategies and plans to target resources where they can most effectively improve outcomes and reduce health inequalities. Feedback from the HWB and ICP is fairly positive, however, more engagement is requested for the refresh of the JFP.

The ICB pursues the NHS 'Triple Aim' by enhancing population health through initiatives like "Team Up Derbyshire," which keeps residents healthier, improves care quality through personalised delivery, and streamlines access to integrated care pathways. The ICB embeds Triple Aim principles into all schemes, with quality and equity underpinning every decision, supported by Equality Impact Assessments and active public participation in contract reviews and strategy development. Financial sustainability is central to its approach, achieved through rigorous budget monitoring, disciplined cost controls, and proactive contract negotiations. As a result, the system has made measurable progress by increasing GP appointments, reducing surgical waits, bolstering emergency and cancer care, and expanding inpatient facilities for severe mental illness, while

preventative measures such as hypertension detection, women's health hubs, and enhanced end-of-life care to further support community wellbeing.

Whilst clinical leadership is formally embedded within the ICB's governance structures, the overall impact and consistency of its influence across the system remains an area for continued focus. The Clinical and Professional Leadership Group (CPLG) provides a platform for strategic input, with representation on the Board and regular engagement activities. Tools such as pathway development frameworks and decision-making flowcharts have been introduced, but their effectiveness in driving system-wide change is yet to be fully demonstrated.

A People and Culture Committee has been set up to oversee the development, delivery, and implementation of the ICS People Strategy, and the ICB has embedded health and wellbeing metrics into system performance reporting which has contributed to an improvement in absenteeism, retention and attrition rates.

NHS England delegated direct commissioning functions for pharmaceutical, general ophthalmic services and dentistry (POD) to ICBs in April 2023. The ICB is a member of a formal Joint Commissioning Committee with four ICBs in the East Midlands to jointly exercise its delegated commissioning functions, which included some specialised commissioning services from April 2024.

In August 2024, NHS England completed a primary care assurance framework which assessed the ICB as 'substantial', meaning that the ICB was discharging the delegated function safely, effectively and in line with legal requirements but one or two processes were not running effectively, exposing possible risk and issues in discharging the function. The ICB has continued to work towards 'full' assurance throughout the year.

Section 2: Improving population health and healthcare.

The ICS faced a challenging year in meeting its 2024/25 Operational Plan. The ICB worked closely with NHS regional teams to oversee provider performance, holding regular system review meetings and provider oversight meetings.

It was disappointing that the system did not achieve its ambition to eliminate 65-week waits. Despite improvement in the second half of the year, supported by initiatives such as insourcing and outsourcing, the system still had 142 patients waiting over 65-weeks at year-end. The system encountered challenges in adhering to the provider accreditation scheme and should focus on engagement across key improvement programmes in 2025/26 with the introduction of clear, system level oversight to assure delivery. University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) received Tier 2 support for elective during the year and continues to do so in 2025/26.

The ICB did not meet the Operating Plan requirement to reduce community waiting lists and the number of 'Over 52 Week Waits'. We were concerned to see that the number of community patients waiting over 52 weeks reached 2,941 at year-end. Whilst we note a small reduction in the CYP waiting list, overall progress in this area remains limited and we expect to see greater reductions in 2025/26.

Cancer performance improved year-on-year. It was pleasing to see that the system achieved the 62-day target, reporting 72.7% against a target of 70% and the Faster Diagnosis Standard was marginally missed, with performance at 76.1% compared to the ambition of 77%. UHDB was stepped down from NHS England's Tier 2 cancer support during 2024/25 and now benefits from a robust cancer governance framework, with pathway transformation remaining a strategic priority. The ICB has a clear plan to meet the target in 2025/26 and should ensure that it is delivered.

The system fell short of its urgent and emergency care performance targets. The 4-hour A&E (all types) performance was 76.4% in March against a national target of 78%. The 12-hour in-department breach rate stood at 6.4%, exceeding the 5% target. Notable challenges included overnight delays and mental health-related Emergency Department pressures, although improvements were seen in managing mental health presentations by year-end. Good practices include progress with the Single Point of Access (SPoA), effective weekend planning, a robust bariatric discharge pathway, and implementation of the 45-minute ambulance handover protocol. Strong governance and a compliant 2025/26 plan provide a foundation for recovery.

The ICB continues to support UHDB with significant maternity challenges and has jointly led, with NHS England, the oversight and assurance processes to ensure quality improvement. UHDB continues to be in the Maternity Safety Support Programme (MSSP) and receives dedicated quality improvement offers from the regional perinatal team; both will extend into 2025/26. Not all trusts in the system demonstrated they achieved the Maternity Incentive Scheme or were fully compliant with Saving Babies' Lives Care Bundle.

Primary care performance across Derby and Derbyshire in 2024/25 showed positive momentum, with general practice appointments exceeding the annual target (5.3 million vs. 5.1 million). The number of face-to-face consultations and patients seen on the same day both improved. Governance structures are in place, supported by an action plan and oversight from the Primary Care Sub-Group. Despite these gains, challenges remain, including appointment demand exceeding capacity and underperformance in dental access; only 85.4% of dental activity targets were met against a 96% national benchmark.

There were governance improvements in Mental Health and Learning Disabilities and Autism, with strategic oversight led by a System Delivery Board. The ICB generally performed well across all performance targets Challenges remain, including high levels of out-of-area placements and this is a key priority in 2025/26 alongside reducing length of stay, expanding children and young people's (CYP) mental health access, and implementing Mental Health Support Teams in line with national standards.

The ICB has established strong leadership and governance for CYP, delivering a wide range of services across mental health, neurodevelopment, and safeguarding. While progress is evident, further work is needed to strengthen assurance and reduce waiting times.

The ICB is contributing to a structured improvement programme for SEND following significant failings identified in Derbyshire. The system remains in early recovery and must accelerate progress in 2025/26, particularly in neurodevelopmental services where demand exceeds capacity. Derby City's performance is untested ahead of inspection.

The ICB has demonstrated compliance with statutory safeguarding responsibilities through its executive leadership and through use of national Standard Operating Procedures. In 2024/25, it

delivered nationally recognised work, including the “Keeping Babies Safe” strategy and contributions to the Safeguarding Adult Review, “William.”

The ICB is working to move care into communities through integrated place-based approaches. The ‘Team Up Derbyshire’ programme exemplifies this transformation, bringing together health, care, and voluntary sector partners to deliver coordinated support at neighbourhood level, particularly for people with complex needs. Supported by ICB investment, the initiative is helping prevent 1000 unnecessary hospital visits and 700 unplanned admissions each year.

The ICB has engaged in specific initiatives to develop personalised care, focussed on empowering individuals, integrating services, and using technology to provide more tailored support; for example, acute home-visiting pilots were established in Erewash, Derby, and Chesterfield where a range of professionals, including nurses, therapists, paramedics, and social care practitioners, deliver tailored home visits, aimed at preventing hospital admissions.

The ICB has launched two Women’s Health Hubs (WHH), with delivery of the eight core services, ensuring tailored support and timely interventions for women in the community. Additionally, the system confirmed that WHH provision will continue at both hubs throughout 2025/26.

The ICB has embedded public involvement into its governance and planning, using tools like Derbyshire Dialogue, participatory research, and community-led initiatives to shape services. Through partnerships with the VCSFE sector, regular engagement forums, and targeted programmes such as WHH and Barrow Hill health hub programme, the ICB ensures local voices influence decision-making. This approach supports strategic planning, service change, and the development of the Joint Forward Plan.

Section 3: Tackling unequal outcomes, access, and experience.

The ICB has a Health Inequalities (HI) strategy focused on starting well, staying well, and ageing well, targeting early childhood development, major preventable diseases, and healthy ageing. HI and prevention continue to be key priorities in the operational plans, supported by Quality / Equality Impact Assessments to ensure inclusive, equitable service delivery.

The system has developed a health inequalities dashboard aligned with NHS England’s five priority areas and the Core20PLUS5 framework and has established a Prevention and Health Equalities Board. Initiatives include training Core-Plus Ambassadors and integrating Health Inequalities (HI) considerations into strategic decision-making. The ICB has published its response to NHS England’s Statement on information on health inequalities in its 2024/25 Annual Report. Other challenges include funding for Primary Care Network (PCN), HI leads and the need to strengthen communication between system boards and frontline providers.

The ICB has shown a strong commitment to developing its approach to population health through technological developments, while it did not meet the criteria for the Population Health Management (PHM) pilot, the ICB remains engaged in advancing this work. The system has integrated local health and social care data through the Derbyshire Shared Care Record (DSCR), breaking down traditional barriers and enabling a comprehensive view of patient information. The system is expanding DSCR to include hospices, care homes, community pharmacies, and additional healthcare providers. Additionally, the ICB has adopted the Federated Data Platform,

which supports data-driven decision making to identify at risk populations and strategically plan and commission services.

The ICB has taken several steps to restore priority services in an inclusive way, with a focus on reducing HI and improving data quality. Derbyshire Community Health Services NHS Foundation Trust has completed initial waiting list disaggregation work and implemented a High Intensity User programme. Some improvements in ethnicity data recording are noted, particularly in Primary Care, but further progress is required across all services.

The ICB has made progress in accelerating preventative programmes for those at increased risk of poor health outcomes, particularly through improved identification and management of physical health comorbidities in adults with mental health conditions. The rollout of a transformed service model and increased uptake of all six key health checks in primary care reflect this focus. The 'community hypertension outreach programme' in Derby is another good example of prevention work taking place.

The ICB made progress in delivering its prevention programmes in last year, however, Derbyshire remains a national outlier for low Digital Weight Management referrals and GP engagement. Tobacco dependency service referrals are being tracked but performance against targets is unclear. The lack of detail in the five-year CVD prevention plan highlights a gap in reporting and measurable outcomes. An area of note is that the Alcohol Care Team (ACT) collaborates closely with mental health services.

Section 4: Enhancing productivity and value for money.

The ICB faced significant financial pressures in 2024/25, partly driven by rising demand in mental health and urgent care, and primary care contracting arrangements. These were partially offset by underspends in other services, efficiency gains, and reduced administrative costs. The ICB reported a £1.4m surplus, which was £22.4m below plan, due to the planned use of a system risk pool to manage in-year pressures. The system overall delivered a breakeven position, in line with plan.

The system delivered total efficiency savings of £166.2m against a planned target of £169.6m. The ICB met its in-year efficiency target of £47m; however, it underachieved against its recurrent Cost Improvement Plan (CIP) by £2.9m highlighting the continuing need to deliver sustainable, long-term efficiencies.

In 2024/25, the system's agency spend was £33.6m, £8.1m below the national cap of £41.7m but £5.9m above the planned spend of £27.7m. Despite this variance, agency costs represented 1.9% of total staff spend, remaining below the system, regional, and national thresholds. Additionally, bank spend reached £86.9 million, significantly exceeding the planned £55.9 million. For 2025/26 the system has been set an agency cap of £23.77m and a bank target of £64.26m and further work is required to ensure providers develop medium-term financial plans alongside the delivery of financial commitments in the short term. This approach will need to be scaled up and accelerated to return the system to balance.

The ICB has made steady progress on its digital transformation agenda during 2024/25, with advancements across both primary and acute care. Key developments include the rollout of digital tools in general practice, early-stage implementation of a unified electronic patient record across

acute trusts, and in diagnostics the system is hosting and developing the Pathology Integration Engine. Digital transformation progressed in Primary Care, with 15 practices transitioning to cloud-based telephony and a 40% year-on-year increase in video/online consultations (28,500). These efforts demonstrate a system-wide commitment to modernising care delivery and tangible progress during the 2025/26 period.

There is a Federated Data Platform Oversight Group, which supports the strategic use of data platforms. Looking ahead to 2025/26, priorities include further development of PHM tools, advancing the 360-cancer solution pilot, expanding adoption of the Optica platform, and addressing ongoing challenges with primary care data.

In 2024/25, the ICB appointed an Executive Lead for Research and ratified the ICS Health and Care Research Strategy 2024–2029. The Derbyshire Research Forum, chaired by the Chief Medical Officer, co-ordinates activity across NHS providers, local authorities, universities, and public contributors. Inclusive engagement has been promoted through initiatives like the REBALANCE network and 'Valued Voices' charter but the integration of research into system-wide planning remains limited. Partnership working and collaboration has developed through initiatives such as the National Institute for Health and Care Research (NIHR) Applied Research Collaboration (East Midlands). However, collaboration with research partners needs to be strengthened and the ICB should ensure that research is embedded into healthcare planning and decision-making to maximise its impact.

Section 5: Helping the NHS support broader social and economic development

The ICB has supported the wider strategic priorities of the system by contributing to initiatives aimed at improving life expectancy and addressing health inequalities. There is a shared commitment to a whole-system approach, but significant disparities in health outcomes persist. The ICB's role in fostering collaboration and aligning services with these broader goals is evident, though the scale and complexity of the challenge means that measurable progress remains 'work in progress'.

The ICB has established itself as an anchor organisation by working with partners beyond healthcare to address the wider determinants of health, such as social, economic, and environmental factors. A system anchor charter has been agreed, with strategic focus on workforce and procurement initiatives including a project supporting economic opportunities for ethnic minority communities. As part of its work with Health and Well Being Boards, the Work, Health and Skills Integration Programme was launched to help reduce health-related economic inactivity. A baseline report has produced, key stakeholder engagement is underway, and a strategic overview has been developed to guide next steps.

The ICB is also a strategic partner of the University of Derby, supporting regional wellbeing and development. In 2024/25, it developed a social value procurement strategy to leverage collective purchasing power and promote sustainability. The System Anchor Partnership's work is being embedded into the ICP Strategy, aligning with key enablers and the Start Well, Stay Well, and Age/Die Well priorities.

The ICB has embedded equality, diversity, and inclusion (EDI) into its strategic and operational frameworks, aligning with national standards and statutory duties. The system uses frameworks such as Equality Impact Assessments, inclusive procurement practices, and equality analysis in

decision-making. The ICB also ensures that healthcare providers demonstrate awareness of and are responsive to the needs of diverse populations. It utilises the Workforce Race Equality Standard (WRES) and Workforce Disability Equality Standard (WDES) which have indicated an improved representation in both areas but further improvement in staff experience is required.

The ICB continues to demonstrate strategic leadership on sustainability, contributing to regional green initiatives and progressing its Green Plan. Whilst there has been positive movement in areas such as low-emission transport and provider engagement, overall system performance remains mixed. Several environmental targets have not yet been met, and inconsistencies in procurement compliance, decarbonisation planning, and funding uptake highlight the need for more coordinated and sustained action across the system moving into 2025/26.

Conclusion

In making our assessment of your performance we have sought to fairly balance our evaluation of how successfully you have delivered against the complex operating landscape in which we are working. We are keen to continue to see progress towards a maturing system of integrated care structured around placing health and care decisions as close as possible to those people impacted by them. We will continue to work alongside you in the year ahead and we look forward to working with you to support improvement and performance throughout your system.

We ask that you share our assessment with your leadership team and consider publishing this alongside your annual report at a public meeting. NHS England will also publish a summary of the outcomes of all ICB performance assessments in line with our statutory obligations.

Item 063 2025/26 Board Forward Planner – Public

Derby and Derbyshire Integrated Care Board

"To support people in Derby and Derbyshire to live their healthiest lives, creating a sustainable, joined-up health and social care system for now and the future".

Our aims: to **improve outcomes** in population health and healthcare; **tackle inequalities** in outcomes, experiences and access; enhance **productivity and value for money**; and support broader **social and economic development**.

Please note that, for the purposes of this draft, regular items such as Chair, CEO and committee assurance reports have been omitted as they are business as usual.

To note: the forward planner is subject to change from November 2025 onwards, in light of the ongoing transition process.

Agenda item	22 May	17 Jul	18 Sep	20 Nov	22 Jan	17 Mar	Link to BAF
Leadership and operating context							
Annual Report and Accounts (AGM to follow Sept Board)			✓				
ICB Annual Assessment outcome letter			✓				
Cluster Board and Executive Team arrangements			✓				
Strategy							
Joint Capital Resource Use Strategy and Plan	✓					✓	
ICB Plan for refreshing the Joint Forward Plan in line with 10 year plan	✓						
Joint Forward Plan				✓			
10 Year Health Plan for England		✓					
2025/26 Operational and Financial Strategy and Plans	✓					✓	
Financial Recovery Plan and Stocktake							
Winter Plan/ Urgent Emergency Care			✓	✓			
Infrastructure/ Estates Strategy				✓			
Working with People and Communities				✓			
Research and Innovation Update					✓		

2025/26 Board Forward Planner – Public

Agenda item	22 May	17 Jul	18 Sep	20 Nov	22 Jan	17 Mar	Link to BAF
NHS England Delegations / Specialised Commissioning			✓				
NHS England Delegations / Vaccinations and Screening			✓				
Integrated Care Partnership				✓			
Provider Collaborative at Scale				✓			
Neighbourhood Health Update	✓		✓				
Shift progress – Sickness to Prevention Update				✓			
Shift progress – Analogue to Digital					✓		
Health Inequalities Statement							
Digital, Data, and Technology Strategy Update					✓		
Cyber Security Strategy							
Primary Care GP Strategy Update						✓	
Dementia Strategy				✓			
Community Pharmacy Update			✓				
Delivery and performance							
Integrated Performance Status Report • Quality • Performance • Finance • Workforce	✓	✓	✓	✓	✓	✓	
Finance Report	✓	✓	✓	✓	✓	✓	
H1 and H2 Progress against plan				✓			
One Workforce People Plan		✓					
ICB Staff Survey				✓			
ICS Green Plan			✓				

Item 063 2025/26 Board Forward Planner – Public

Derby and Derbyshire Integrated Care Board

Agenda item	22 May	17 Jul	18 Sep	20 Nov	22 Jan	17 Mar	Link to BAF
ICB Internal governance and assurance							
Governance							
Board Assurance Framework	✓	✓		✓	✓		
ICB Corporate Risk Register Report	✓	✓	✓	✓	✓	✓	
Committee Terms of Reference/ ICB Governance Handbook	✓		✓				
Remuneration Committee Assurance report			✓				
Workforce analytics (for example, vacancies, turnover)	✓			✓			
People and culture (for example, staff sickness stats, FTSU)	✓			✓			