NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC AGENDA

Thursday 19th September 2024 at 9.15am to 11:15am

The Enterprise Centre, Bridge Street, Derby DE1 3LD

Questions from members of the public should be emailed to ddicb.enquiries@nhs.net and a response will be provided within twenty working days

Time	Reference	Item	Presenter	Delivery
09:15	**Introductory Items**			
	ICBP/2425/051	Welcome, introductions and apologies: Perveez Sadiq, Dr Chris Weiner	Dr Kathy McLean	Verbal
	ICBP/2425/052	Confirmation of quoracy	Dr Kathy McLean	Verbal
	ICBP/2425/053	Declarations of Interest • Register of Interests • Summary register for recording interests during the meeting	Dr Kathy McLean	Paper
09:20	**Minutes and Matters Arising**			
	ICBP/2425/054	Minutes from the meeting held on 18th July 2024	Dr Kathy McLean	Paper
	ICBP/2425/055	Action Log – July 2024	Dr Kathy McLean	Paper
09.25	**Leadership**			
	ICBP/2425/056	Citizen's Story – Hartington Falls Prevention Service	Helen Dillistone Dr Ash Dawson Sarah Smith Kay Baggley	Paper
	ICBP/2425/057	Chairs Report • ICB Annual Assessment Letter	Dr Kathy McLean	Paper
	ICBP/2425/058	Chief Executive Officer's Report	Dr Chris Clayton	Paper
09.55	**Strategy, Commissioning and Partnerships**			
	ICBP/2425/059	Strategic Update from Place	Michelle Arrowsmith Dr Penny Backwell	Paper

Time	Reference	Item	Presenter	Delivery
	ICBP/2425/060	Opportunities for Delegated Services: Focus on Dental Services	Michelle Arrowsmith	Paper
	ICBP/2425/061	Infrastructure Strategy – High Level Scoping and Delivery Plan	Keith Griffiths	Paper
	ICBP/2425/062	Seasonal Plan	Michelle Arrowsmith	Verbal
10.35	**Delivery and Performance**			
	ICBP/2425/063	Performance Report (including relevant Committee Assurance Reports) • Quality – including Quality and Performance Committee Report • Performance – including Population Health and Strategic Commissioning Committee Report • Finance – including Finance, Estates and Digital Committee Report • Workforce Performance	Deji Okubadejo, Prof Dean Howells Richard Wright, Michelle Arrowsmith Jill Dentith, Keith Griffiths Lee Radford	Paper
10:55	**Governance and Risk**			
	ICBP/2425/064	ICB Constitution	Helen Dillistone	Paper
	ICBP/2425/065	Audit and Governance Committee Assurance Report – August 2024	Sue Sunderland	Paper
	ICBP/2425/066	Public Partnership Committee Assurance Report – July 2024	Richard Wright	Paper
	ICBP/2425/067	ICB Risk Register Report – August 2024	Helen Dillistone	Paper
11:05	**For information**			
	The following items are for information and will not be individually presented			
	ICBP/2425/068	Forward Planner	Dr Kathy McLean	To note
	ICBP/2425/069	Glossary	Dr Kathy McLean	To note
11.10	**Closing Items**			
	ICBP/2425/070	Any Other Business	Dr Kathy McLean	Verbal
	ICBP/2425/071	Any risks identified during the course of the meeting	Dr Kathy McLean	Verbal

Time	Reference	Item	Presenter	Delivery
	ICBP/2425/072	Questions received from members of the public	Dr Kathy McLean	Verbal
Date and time of next meeting in public: **Date:** Thursday, 21st November 2024 **Time:** 9.15am to 11.15am **Venue:** Joseph Wright Room, Council House, Derby			Dr Kathy McLean	Verbal

NHS DERBY AND DERBYSHIRE ICB BOARD REGISTER OF INTERESTS 2023/24

*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	
Allen*	Tracy	Participant to the Board for Place	Primary & Community Care Delivery Board Chair of Digital and Data Delivery Board Integrated Place Executive	CEO of Derbyshire Community Health Services NHS Foundation Trust	✓				01/07/22	15/09/24	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Partner is a Director (not Board Member) for NHS Derby and Derbyshire ICB				✓	01/07/22	15/09/24	
				Sister-in-law is Business Development Director of Race Cottam Associates (who bid for, and undertake projects for the Derbyshire system estates teams)				✓	01/07/22	15/09/24	
Arrowsmith	Michelle	Chief Strategy and Delivery Officer/ Deputy Chief Executive Officer	Finance, Estates & Digital Committee Population Health & Strategic Commissioning Committee Quality & Performance Committee	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 Integrated Place Executive	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
				Employed jointly between NHS Derby and Derbyshire Integrated Care Board and Derbyshire Community Health Services NHS Foundation Trust	✓				01/11/22	15/09/24	
				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 Population Health & Strategic Commissioning Committee	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	
				Work as Training Programme Director for Health Education England		✓			01/04/24	Ongoing	
				Spouse works for Nottingham University Hospitals				✓	01/07/22	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 - Finance, Estates & Digital	Audit & Governance Committee Finance, Estates & Digital Committee People & Culture 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	
				Providing part-time management consultancy services to Conexus Healthcare Community Interest Company	✓				01/06/23	30/06/24	
Dillistone	Helen	Chief of Staff	Audit & Governance Committee Public Partnership Committee	Nil							No action required
Garnett*	Linda	Interim Chief People Officer	People & Culture Committee Population Health & Strategic Commissioning Committee Finance, Estates & Digital Committee ICS Executive Team Meeting Clinical & Professional Leadership Group	My husband is an independent consultant and is currently working in the ICS via a commission with Amber valley CVS				✓	01/07/22	31/07/24	None required currently
Gildea	Margaret	Non-Executive Member / Senior Independent Director	Audit & Governance Committee People and Culture Committee Population Health & Strategic Commissioning 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	
Griffiths	Keith	Chief Finance Officer	Finance, Estates & Digital Committee Population Health & Strategic Commissioning Committee Integrated Place Executive ICS Executive Team Meeting Midlands 111 Board	Nil							No action required
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	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.
				Director and Trustee of SOAR Community			✓		01/09/22	Ongoing	Sheffield based - unlikely to bid in work in Derbyshire

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	
Howells	Dean	Chief Nurse Officer	Quality & Performance Committee System Quality Group Population Health & Strategic Commissioning Committee Local Maternity and Neonatal System Board Clinical and Professional Leadership Group Information Governance Assurance Forum ICS Executive Team Meeting Midlands 111 Board	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.
McLean	Kathy	ICB Chair	Remuneration Committee	Non Executive Director Barking Havering and Redbridge NHS Trust		✓			20/06/23	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Kathy McLean Limited - a private limited company offering health related advice	✓				05/08/19	Ongoing	
				Non Executive Director at Barts Health NHS Trust	✓				01/12/19	Ongoing	
				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	
				Senior Clinical Advisor for Public Sector Consultancy	✓				Ongoing	Ongoing	
				Chair of ICS Network, NHS Confederation		✓			01/04/24	Ongoing	
				Chair of East Midlands Specialised & Joint Committees		✓			01/04/24	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 Urgent Treatment Centres Delivery Group Amber Valley Place Alliance Group Virtual Wards Delivery Group GP Leadership Group Women's Health Hub Steering Group	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	
				I am the 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	Population Health & Strategic Commissioning Committee Quality & Performance 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	
Posey	Stephen	Chief Executive Officer, UHDBFT (NHS Trust & FT Partner Member)	UEC Delivery Board (Chair) 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
				Board Trustee of the Intensive Care Society		✓			10/12/19	Ongoing	
				Executive Well-Led Reviewer for the Care Quality Commission		✓			01/06/18	Ongoing	
				Chief Executive Member of the National Organ Utilisation Group		✓			02/07/21	Ongoing	
				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	

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	
Powell	Mark	Chief Executive Officer, DHcFT (NHS Trust & FT Partner Member)	People & Culture Committee	CEO of Derbyshire Healthcare NHS Foundation Trust Treasurer of Derby Athletic Club	✓		 ✓		01/04/23 01/03/22	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
Radford	Lee	Chief People Officer	People & Culture Committee Population Health & Strategic Commissioning Committee Finance, Estates & Digital Committee ICS Executive Team Meeting Clinical & Professional Leadership Group	Nil							No action required
Sadiq	Perveez	Service Director - Adult Social Care, Derby City Council		Nil							No action required
Smith*	Andy	Strategic Director of People Services - Derbyshire County Council (Local Authority Partner Member)	Clinical and Professional Leadership Group	Director of Adult Social Care and Director of Children's Services, Derby City Council Member of Regional ADASS and ADCS Groups	✓	 ✓			01/07/22 01/07/22	31/03/24 31/03/24	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Sunderland	Sue	Non-Executive Member - Audit & Governance	Audit and Governance Committee Finance, Estates & Digital Committee Public Partnership 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	Population Health & Strategic Commissioning Committee Quality & Performance Committee System Quality Group EMAS 999 Clinical Quality Review Group Local Maternity & Neonatal System Board Clinical and Professional Leadership Group ICS Executive Team Meeting	Nil							No action required
Wright	Richard	Non-Executive Member	Population Health & Strategic Commissioning Committee Public Partnerships Committee IFR Panel	Nil							No action required

Derby and Derbyshire
Integrated Care Board

SUMMARY REGISTER FOR RECORDING ANY INTERESTS DURING MEETINGS

A conflict of interest is defined as “a set of circumstances by which a reasonable person would consider that an Individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold” (NHS England, 2017).

Meeting	Date of Meeting	Chair (name)	Director of Corporate Delivery/ICB Meeting Lead	Name of person declaring interest	Agenda item	Details of interest declared	Action taken

NHS
Derby and Derbyshire
Integrated Care Board

MINUTES OF NHS DERBY AND DERBYSHIRE ICB BOARD MEETING IN PUBLIC

Held on Thursday, 18th July 2024

Joseph Wright Room, Council House, Derby

Unconfirmed Minutes

Present:		
Dr Kathy McLean	KM	ICB Chair (Meeting Chair)
Michelle Arrowsmith	MA	ICB Chief Strategy and Delivery Officer / Deputy CEO
Jim Austin	JA	ICB Chief Digital and Information Officer
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
Linda Garnett	LG	ICB Interim Chief People Officer
Margaret Gildea	MG	ICB Non-Executive Member / Senior Independent Director
Keith Griffiths	KG	ICB Chief Finance Officer
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
Stephen Posey	SPo	Chief Executive UHDBFT / Chair of the Provider Collaborative Leadership Board (NHS Trust and FT Partner Member)
Mark Powell	MP	Chief Executive DHcFT (NHS Trust and FT Partner Member)
Lee Radford	LR	ICB Chief People Officer
Perveez Sadiq	PS	Service Director, People Services, Adult Social Care Services – Derby City Council (Local Authority Partner Member)
Sue Sunderland	SS	ICB Non-Executive Member
In Attendance:		
Steve Hulme	SH	ICB Chief Pharmacy Officer
Beth Fletcher	BF	ICB Engagement Manager
Jas Kaur	JK	ICB Head of Medicines Management – Medicines Outcomes and Contracts
Ejaz Sarwar	ES	Deputy CEO of Community Action Derby and member of Derby Health Inequalities Partnership
Kathryn Durrant	KD	ICB Board Secretary
Fran Palmer	FP	ICB Corporate Governance Manager
One member of the public		
Apologies:		
Tracy Allen	TA	Chief Executive DCHSFT / Participant to the Board for Place
Ellie Houlston	EH	Director of Public Health – Derbyshire County Council (Local Authority Partner Member)
Dr Deji Okubadejo	DO	ICB Board Clinical Other Member
Dr Chris Weiner	CW	ICB Chief Medical Officer
Richard Wright	RW	ICB Non-Executive Member
Sean Thornton	ST	ICB Director of Communications and Engagement

Item No.	Item	Action
ICBP/2425/	**Welcome, introductions and apologies:**	

027	Dr Kathy McLean (KM) welcomed all Board Members and attendees to the first in-person Board Meeting in Public. Lee Radford, the ICB's new Chief People Officer, was formally welcomed to his first Board meeting. It was noted that this would be the last Board Meeting for Linda Garnett (LG) and Jim Austin (JA). KM and Dr Chris Clayton (CC) extended thanks and best wishes on behalf of the Board to LG and JA for their hard work. Apologies for absence were received as noted above.	
ICBP/2425/028	**Confirmation of quoracy** It was confirmed that the meeting was quorate.	
ICBP/2425/029	**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/ No declarations of interest were made with regards to this agenda.	
ICBP/2425/030	**Minutes of the meeting held on 16th May 2024** **The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held.**	
ICBP/2425/031	**Action Log – May 2024** ICBP/2324/124: Professor Dean Howells (DH) confirmed that this risk can be closed as discussions were held at Quality & Performance Committee. **The Board NOTED the action log, which will be updated accordingly.**	
ICBP/2425/032	**Citizen's Story** Steve Hulme (SH) and colleagues introduced the Citizen's Story, presenting to the Board an overview of an NHS-funded, collaborative initiative across agencies to trial targeted Blood Pressure checks in Derby City, targeting areas of inequality and those with a high index of multiple deprivation. The methods trialled were all successful in increasing the number of Blood Pressure checks undertaken, and comprised a joined up approach with a considerable amount of engagement with communities, healthcare providers, Community Action Derby (CAD) and Derby Health Inequalities Partnership (DHIP). The initiative has been a positive	

	showcase of the ICB's values in terms of commitment to working across agencies and empowering communities to influence the healthcare system in a way that is most appropriate and helpful for them. The model is now being recreated across the Derbyshire system, in particular looking towards deprived areas outside Derby City. The Board commented on the Citizen's Story: • it was observed that this is a fine example of joined up working across all areas and that the story was an excellent presentation of the initiative; • there are opportunities to put the considerable feedback and learning from this initiative to good use in improving engagement with patients about other long-term conditions in other health care settings; Derby GPs have already started doing so and colleagues in other areas have been asking to share in the learning; • the next priority in terms of working with community contacts will be a bespoke, co-ordinated and tailored approach which will be established alongside the communities, taking into account the highest risk groups in each area; • the Board were reminded that addressing Cardiovascular Disease (CVD) remains the ICB's primary priority, followed by tobacco. The hypertension scheme, and how it is funded, is being brought into the ICB's general plans and this initiative shines as a positive example of targeting and working with communities; • the initiative will help the ICB deliver against the NHS England (NHSE) expectation of Blood Pressure screening activity. The Board will be updated on progress against this expectation and it will be very useful to know the effect that this initiative has had on overall activity; • there are some funding streams that may be available to ensure the sustainability of the model, such as Core20PLUS5; and • this initiative appears unique to Derby and it would likely be beneficial to share success, such as with neighbouring systems. KM expressed thanks to the team for their hard work and their presentation to the Board. **The Board NOTED the Citizen's Story.**	
ICBP/2425/033	**Chair's Report – June 2024** KM presented the Chair's report, which was taken as read and the following points of note made: • since the General Election on the 4th July 2024, national guidance has started to appear for the direction the new government will wish to take. The interpretation is that there will be a focus on tackling major issues in the 'here and now', such as waiting lists, dental care and GP appointments. There are enabling factors such as technology and care in the community which will be able to help address these issues; • mental health was focused on in the King's speech; the independent Lord Darzi Review of Health and Care will be happening shortly which will frame the direction that national work in this area will take;	

	• the ICB still have a considerable financial challenge ahead and will be focused on this; • the new build at DHCFT will be a valuable addition to the system when complete. It is an important and positive development that some patients who would otherwise have had to go elsewhere for care will be able to stay in Derbyshire; • relationships across the system with partner colleagues feel stronger and will continue to be built on. The system will need to show constant vigilance and care to address all the work that will need to be done and KM has been discussing with other leaders how to go about this; • KM assured the Board that, through her role in the ICS Network, the Derbyshire system are well represented nationally; there will be opportunities for the system to engage with and influence the conversations happening at national level; and **The Board NOTED the Chair's report.**	
ICBP/2425/034	**Chief Executive's Report – June 2024** CC presented his report, which was taken as read and the following points of note made: • all ICBs have received a letter from NHSE following a Channel 4 Dispatches programme which exposed risks in urgent and emergency care. It is important to understand the concept of risk across the whole pathway, including in the community, ambulance response times and risks at discharge. A whole pathway view of risk is being considered and will come to the Board in due course; • following the 4th July General Election, almost all MPs in Derbyshire have changed. CC assured the Board that all new MPs have been contacted to welcome and congratulate them on their new appointments, and that he will be offering to engage with them directly; • CC welcomed Cllr. Nadine Peatfield as the new leader of Derby City Council, and noted that the ICB will be able to enjoy ongoing regular dialogues with the Council as both organisations are located in the same building. Equal relationships are being established with Derbyshire County Council; • May 2024 saw an increase in GP appointments in Derbyshire. **The Board NOTED the Chief Executive's report.**	
ICBP/2324/035	**Joint Forward Plan (JFP) – Progress Report** Michelle Arrowsmith (MA) gave an update on the JFP. A refresh of the plan was requested for the end of June and this has been sent to NHSE. It was noted that 2024/25 is year two of the five-year plan, and there are challenges inherent in planning for five years hence when considerable focus is on the 'here and now'. There have been successes so far and the ICB is moving in the right direction, but more will need to be focussed on, particularly large scale changes and programmes from a system strategic view. The ICB are looking to refresh the plan again in the next few months in light of the General Election and the direction the new government are taking. It will be helpful to set out the current position and where more work needs to	

	be done for years three, four and five; this work will be managed through Population Health & Strategic Commissioning Committee (PHSCC). The following comments were made: • the governance architecture and accountability of the ICB are changing and it was suggested to have a Board Development Seminar Session to clarify the new arrangements for Board members; • governance must be smooth and logical and support the work of the ICB, rather than staff working to adhere to governance stipulations. All committees have received a questionnaire requesting feedback as to changes that can be made to ensure committees add the most value and do not duplicate work; • it will be challenging to address the interdependencies of providers coming together and the strategic role of meeting the needs of the population, while ensuring all facets can fit together. This is where large scale strategic change will need to happen, which will bring the breadth of the role of the ICB to the forefront; • an outcomes framework will be developed to map any changes and outcomes. This is to be taken through PHSCC and will be brought to Board in November/December alongside the JFP refresh; and **The Board DISCUSSED the Derby and Derbyshire NHS' Joint Forward Plan - Progress Report.**	
ICBP/2425/036	**Derby and Derbyshire Health and Care Research Strategy** SH gave an overview of the strategy, stressing the importance of research in supporting and sustaining innovation to drive improvements. The strategy has been developed across multiple agencies and emphasises use of evidence-based learning to support decisions. Organisations that are involved in research have better outcomes in terms of healthcare, as well as recruitment and retention. The ICB has a legal duty to support research under the Health and Care Act 2022. Improving diversity and equality in research helps citizens by addressing issues of inequality. Clinical and Professional Leadership Group have already viewed the strategy. The following comments were made: • the Board were very supportive of the strategy, as a useful piece of work and a legal responsibility; • focusing on evidence-based decisions in devolved communities could be helpful in identifying areas for further research; • innovation does not need to be large scale, highly technical work; it can be led from the ground by nurses and patients with smaller trials held in communities, identifying how to drive innovation in specific areas or with specific groups; • research was a statutory function of CCGs which Derbyshire CCGs were able to fulfil, therefore research is not new to the ICB. It will need to be organisationally based, including in GP practices and communities rather than just in larger Trusts, with all working together to get the most value out of the research; • it may be helpful to put together a succinct, clear and eye-catching presentation to demonstrate what will be done and how, in order to bring the strategy to a wider audience. There are many	

	stakeholders who may wish to be engaged and involved in this work, such as Derby and Nottingham Universities; • it is useful to know how Derbyshire compares to other similar systems; currently the level of research in Derbyshire is comparatively low but links with universities will help to raise the level; • the strategy represents a considerable opportunity for GPs and local populations to benefit, although there are boundaries to be broken down around the involvement of GPs in research. The ICB will need to lead the way in championing and enabling this work; and • this topic will be scheduled as a Board seminar discussion later in the year. KM expressed thanks on behalf of the Board to SH and team for all their hard work. **The Board RATIFIED the Derby and Derbyshire Health and Care Research Strategy.**	
ICBP/2425/037	**Final Operational Plan 2024/25** MA updated the Board on the latest version of the Operational Plan. The initial submission deadline was the 2nd May 2024, and ahead of this submission the plan was discussed by the Board in detail. Subsequently there were some further asks from NHSE and the revised Operational Plan was submitted on the 12th June 2024. MA gave an overview of the latest changes: • the system has a £50m deficit; • virtual ward capacity has been revised; and • the trajectory for Ambulance response time has been revised. All other details of the Operational Plan remain the same. **The Board RATIFIED the Final 2024/25 Operational Plan.**	
ICBP/2425/038	**Performance Report (including relevant Committee Assurance Reports)** **<u>Quality, including the Quality and Performance Committee Report</u>** Jill Dentith (JD) and DH gave an overview of the Quality performance report, with the following points noted: Maternity • A follow-up maternity session will be held in early August and a successful event was held last week with stakeholders; • CQC readiness will be discussed in an oversight meeting in August and the system will be in a strong position to show compliance; • Continued assurance is being provided by a deep dive approach, and looking at system learning. Virtual Wards A very useful and productive discussion about virtual wards took place at the Quality & Performance Committee meeting in June. The	

	Committee have requested more information on how virtual wards will unfold and will link in with the JFP. Infection Prevention and Control The ICP have been working on linked working and learning over the summer and autumn, and are planning a system learning event in September ahead of winter. Committee Annual Report & Self-Assessment • The Committee and all partners and stakeholders are consulting on Derby and Derbyshire's Integrated Care framework. The level of engagement is good and there will be more opportunities to finesse the framework. • There are some issues of quoracy when some colleagues are not able to prioritise ICB meetings, which should be considered in terms of the wider system. This will be discussed at forum level and potentially also in Finance, Estates and Digital Committee. This work also will link into the review of committees as mentioned in Item 035 above; Safety in Emergency Pathways The Committee are clear on how the system can be assured of safety in emergency pathways following the Dispatches programme, as mentioned in Item 034 above. This issue fits within the Committee's risk stratification and will be discussed next week, with action plans generated. In order to be certain that the system is in a strong position, the ICB will require assurance from Trusts and from Urgent Care Delivery Board that these risks are being managed. The Board were confident that provider colleagues will be happy to provide these assurances so the system is fully sighted. **Performance – Including Population Health and Strategic Commissioning Committee Report** MA gave an update from the performance perspective with the following highlighted: • The system has been challenged on the 4 hour performance target for the emergency care pathway but there has been real progress. In terms of validated positions and real time data, there are some improvements in bed occupancy in June despite pressures on the system, including improvements in discharge pathways. Performance is broadly in line with the plan, however diagnostic areas are in need of additional attention; • In terms of mental health, learning disabilities and autism (MH/LDA), a number of formal metrics have not been released yet but the real time metrics are starting to show some small changes and improvements. This area is moving in the right direction; • the figures included in the Committee report are those that have been validated and in some cases date from April 2024, a considerable period of time ago. The Board was assured that the new performance structure will enable more timely reporting to sub-committees and to Board. It may be useful to include both validated and unvalidated data, clearly identified, in Committee and Board papers, in order that the best judgements can be made from all available information;	

- it may be helpful to schedule a review of mental health services, with input from NHS colleagues and providers in other sectors. A seminar session and later paper on the subject of mental health services across the system would be useful;
- there will be a final CQC report which will clarify the asks of the system; and
- community diagnostic centres are coming online later in the year and their activity will reduce waiting times. NHSE expect no patient to be waiting longer than 13 weeks, however the time and resources needed to interpret test results also need to be factored into timescales. GPs have indicated that they have limited resources to dedicate to interpretation of the results.

- <u>Finance – Including Finance, Estates and Digital Committee Report</u>

Keith Griffiths (KG) gave an update from the Finance, Estates and Digital position with the following points noted:

- at the end of May 2024 the position is positive; there has been a £400k overspend which is mainly attributed to ambulance trusts putting more ambulances out onto the road;
- financial support for leases is required as EMAS lease many vehicles rather than purchasing them outright. Work is being done alongside the national team to close the lease gap, which is a significant issue for providers;
- recently the Committee have been notified of NHSE's intervention and investigation regime. The Derbyshire system is not currently in this regime and will do everything possible to remain outside of it;
- the system is eligible to receive a £50m revenue support loan from the Treasury which will support the cash positions of providers and will put the system into a break-even position from month 4;
- there remains a £7.5million capital risk in relation to the mental health dormitories scheme, which is an important aspect of the system's service offer. Further funding has been requested from NHSE to assist with this issue;
- the system is still awaiting confirmation of the outturn figure for 2023/24. As at Month 2 the system have been working to the previous plan, however from Month 3 the new plan will be followed; and
- the Estates / Infrastructure plan, which will be released and will go to Finance, Estates & Digital Committee next week, will feed into the capital conversation, with a submission to NHSE by the end of July. The plan is still in progress and, as the deadline for this submission is very short, NHSE have confirmed that full Board oversight and approval is not required. The plan will be on the agenda of September's Board meeting.

<u>Workforce Performance</u>

LG gave an update from the workforce performance perspective, with the following points noted:

- The plan shows minimal growth over the year, which demonstrates how the system is delivering against the plan and how this aligns with the financial envelope available. Broadly as

	at Month 3, performance is in line with the plan and at the end of the first quarter of 2024/25 the system is in a good position; • there needs to be a continued focus on vacancy control, and the Board were assured that a robust vacancy control process is in place; • improvements in agency reduction are being seen along with alignment with fragile services work; • there is a national focus on retention rates, and the importance of retaining experienced staff in terms of the impact that this has on quality and safety was stressed. The system's retention rate is 6.2% which is positive when compared to the national rate however puts additional pressure on the vacancy control process; and • the system's position in terms of off-framework roles, non-capped agency roles and those roles that are currently paid over £100 per hour was highlighted and discussed. Some of these roles comprise scarce clinical skills and almost all are medical and linked to fragile services or national shortages. The situation is highly complex and detailed and negotiation of changes around these roles is challenging. The roles will be scrutinised and focussed on ahead of the next Quality Safety and Risk Management meeting. NHSE are aware of these roles and Derbyshire are not the only system in this position. **The Board NOTED the Performance Report and Committee Assurance Reports.**	
ICBP/2425/039	**People and Culture Committee Assurance Report – June 2024** MG presented the report, which was taken as read. No comments or questions were raised. **The Board NOTED the People and Culture Committee Assurance Report.**	
ICBP/2425/040	**ICB Staff Survey and Action Plan** HD gave an overview of the Staff Survey and Action Plan, with the following points of note: • this is the first staff survey to cover a full year of the ICB and it was sent to all the ICB's staff of approximately 460. The response rate was 84%. The importance of all staff being able to share their thoughts and feedback was stressed, in particular due to the considerable changes that have taken place around the restructure; • compared to other NHS organisations, the survey results are above average across all teams; • the survey results show improvement on the results for the previous year; some areas are showing a significant improvement over previous years. However the ICB can develop further as an employer; • staff who have a disability report that their experiences are less positive than those staff who do not have a disability, however there has still been improvement in this area; • for BAME staff, there are 27 areas of significant improvement, particularly related to improvements around team relationships, time pressures and feeling that they are making a difference.	

	However experiences in career progression for BAME staff could be improved; • LGBTQ+ staff report differences in experiences from staff who do not identify as LGBTQ+, especially in terms of relationships with line managers. The ICB need to understand why these differences and concerns exist; • monitoring of survey work takes place via the Audit & Governance Committee. Work is taking place with staff networks to understand how to improve work experiences for all staff; • some areas have not improved since 2022, in particular some areas around harassment, bullying and inclusion. Further conversations are taking place with networks to understand staff experiences; last year was very transitional and as the organisation is steadier and more stable now it is hoped that the ICB is better placed to understand issues and how to address them. The freedom to speak up (FTSU) guardian will provide assistance with this and has reported that staff are engaging via this route; • it was noted that regular 'pulse checks' of staff throughout the year may be useful, rather than focusing on one survey per year; and • the importance of leadership training for staff managing others was noted. **The ICB Board NOTED the results of the 2023 Staff Survey for NHS Derby and Derbyshire ICB and NOTED the Action Plan**	
ICBP/2425/041	**Audit and Governance Committee Assurance Report – June 2024** SS presented the report which was taken as read, highlighting that positive feedback has been received from the external auditors for the ICB's annual report and accounts. The Board recognised and expressed their thanks to all who were involved in the development of these documents. **The Board RECEIVED and NOTED the report for assurance purposes.**	
ICBP/2425/042	**Public Partnership Committee Assurance Report – June 2024** These reports were taken as read. It was noted that the report is positive, with substantial work taking place around frameworks and models for engagement resulting in positive outcomes. **The Board RECEIVED and NOTED the report for assurance purposes.**	
ICBP/2425/043	**Corporate Committees' Annual Reports 2023/24** This report was taken as read. No comments or questions were raised. **The Board RECEIVED and NOTED the reports for assurance purposes.**	

ICBP/2425/044	**ICB Board Assurance Framework (BAF) – Quarter 1 2024/25** The item was taken as read with the following of note: • the Board are aware of the work that took place during quarter 4 of 2023/24. There has been considerable change to the BAF however the opening position of 2024/25 is not especially different to the previous quarter; • the Joint Forward Plan may help further inform strategic objectives and therefore will inform risks, which in turn inform BAF. Therefore more changes may be evident in Quarters 2 and 3; • a risk appetite development session is scheduled for the Board with 360 assurance; and • the BAF should be used to drive Board agendas and to identify large risks that should be focused on. **The Board:** • **RECEIVED the final Quarter 1 24/25 BAF strategic risks 1 to 10;** • **NOTED the revised risk description for Strategic Risks 3 and 5; and** • **NOTED the revised threats 3 and 4 in respect of Strategic Risk 3.**	
ICBP/2425/045	**ICB Risk Register Report – April 2024** This report was taken as read. The Board were content to approve the closure of two risks; it was noted that it may be useful to address these risks in a Board development or seminar session for governance processes. **The Board RECEIVED and NOTED:** • **Appendix 1, the risk register report;** • **Appendix 2, which summarises the movement of all risks in June 2024.** **and APPROVED closure of:** • **Risk 03 relating to the sustainability of individual GP practices.** • **Risk 16 relating to the ICB staff re-structure.**	
ICBP/2425/046	**Forward Planner** The forward planner was taken as read and will be reviewed and updated. **The Board NOTED the forward planner for information.**	
ICBP/2425/047	**Glossary** The glossary was taken as read and will be reviewed and updated. **The Board NOTED the glossary for information.**	
ICBP/2425/048	**Any Other Business** HD advised the Board that the next Board meeting in September will comprise an extended session, including the Annual General Meeting.	

ICBP/2425/049	**Risks Identified during the course of the meeting** No risks were identified during the course of the meeting.	
ICBP/2425/050	**Questions received from members of the public** No questions were received from members of the public.	

Date and Time of Next Meetings
Date: Thursday, 19th September 2024 **Time**: 9:15am to 11:15am **Venue:** The Enterprise Centre, Bridge Street, Derby DE1 3LD

Derby and Derbyshire Integrated Care Board

ITEM 055

ICB BOARD MEETING IN PUBLIC

ACTION LOG – JULY 2024

Item No.	Item Title	Lead	Action Required	Action Implemented	Due Date
ICBP/2324/050 20.7.2023	NHS Long Term Workforce Plan	Lee Radford	It was agreed that the Plan would return to a future Board for further discussion.	Workforce plan refresh is in progress by the People and Culture Committee.	**March 2025**

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

19th September 2024

Item: 056

Report Title	Citizen's Story – Hartington Falls Prevention Service							
Author	Michael Howard, Media and Communications Manager							
Sponsor (Executive Director)	Helen Dillistone, Chief of Staff							
Presenter	Helen Dillistone, Chief of Staff Dr Ash Dawson, GP at Hartington Surgery Kay Baggley, Hartington Community Group Sarah Smith, Age UK Falls Prevention Service Advisor							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices	Appendix 1 – Slide Pack							
Assurance Report Signed off by Chair	Not applicable							
Which committee has the subject matter been through?	Derby and Derbyshire Integrated Care Partnership Integrated Place Executive							

Recommendations
The ICB Board are recommended to **NOTE** for information the presentation on the Hartington Falls Prevention Service.
Purpose
The presentation will outline the success of a community-led programme of falls prevention in the village of Hartington, with community endeavours resulting in the continuation of the programme once funding ends.
Report Summary
People who are at risk of falling are benefiting from a long-term programme of exercise classes, thanks to a pioneering collaboration. People in Hartington, in the Derbyshire Dales, have worked together with Age UK and a local yoga instructor to maintain the classes even after time-limited funding has run out. The presentation will outline the partnership, and benefits of having community insight shaping the local service offer, and the empowerment of communities to identify local need.
Identification of Key Risks

SR1	The increasing need for healthcare intervention is not met in most appropriate and timely way, and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to deliver	☐	**SR2**	Short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	☐

	consistently safe services with appropriate levels of care.				
SR3	There is a risk that the population is not sufficiently engaged and able to influence the design and development of services, leading to inequitable access to care and poorer health outcomes.	☐	**SR4**	The NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.4bn available funding.	☐
SR5	There is a risk that the system is not able to maintain a sustainable workforce and positive staff experience in line with the people promise due to the impact of the financial challenge.	☐	**SR6**	*Risk merged with SR5*	
SR7	Decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	☐	**SR8**	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	☐
SR9	There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.	☒	**SR10**	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	☐

No further risks identified.

Financial impact on the ICB or wider Integrated Care System

Yes ☐	No☐	N/A☒
Details/Findings Not applicable to this report.		**Has this been signed off by a finance team member?** Not applicable to this report.

Have any conflicts of interest been identified throughout the decision making process?

Not applicable to this report.

Project Dependencies

Completion of Impact Assessments

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable

Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable

Yes ☒	No☐	N/A☐	**Summary:** The programme has been driven by insight and empowerment of the local community to identify need and play a key role in establishing solutions.

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:

Better health outcomes	☒	Improved patient access and experience	☐
A representative and supported workforce	☐	Inclusive leadership	☐

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?					
Not applicable to this report.					
When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Details/Findings Not applicable to this report.					

Hartington falls prevention service

- Speakers:
  - Dr Ash Dawson, GP at Hartington Surgery
  - Kay Baggley, volunteer with Hartington Community Group
  - Sarah Smith, Age UK Falls Prevention Service Advisor – Derbyshire Dales, High Peak and Glossop

Background

- Hartington Community Group has been working with the ICB to gather community insight, with a view to helping to shape health and care services around citizen need
- The group has been working collaboratively with Hartington Surgery and others
- The group identified a need for falls prevention classes to be held in the community, without the need for travel to Buxton
- Working with Age UK, falls prevention classes were established in the village hall.
- A sustainable, paid-for, programme of falls prevention classes will follow the completion of the time limited programme

Further reading

- The work of the Hartington Community Group is showcased in the Joined Up Care Newsletter September edition
- Kay Baggley, one of the speakers, wrote a blog about the work. This includes a video of the work that will be shown to the board.

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

19th September 2024

Item: 057

Report Title	Chair's Report							
Author	Sean Thornton, Director of Communications and Engagement							
Sponsor (Executive Director)	Helen Dillistone, Chief of Staff							
Presenter	Dr Kathy McLean, ICB Chair							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices	Appendix 1 – Annual Assessment Letter							
Assurance Report Signed off by Chair	Not applicable							
Which committee has the subject matter been through?	Not applicable							

Recommendations
The ICB Board are recommended to **NOTE** the ICB Chair's Report.
Purpose
The report provides an update on key messages and developments relating to work across the ICB and ICS.
Report Summary
We will all have been shocked by the recent riots across the UK following the tragic killings of three young people in Southport. In Derby and Derbyshire, we saw communities gathering peacefully to show resilience and defiance to the intimidation shown being far-right agitators and thugs. As we know, the NHS is made up of staff from most of the countries from across the world; the NHS belongs to us all and is sustained and enhanced by the wide range of nationalities and ethnicities of those who work in it. I would also like to say thank you to colleagues across the public sector, in particular the police and local authorities who have worked hard to keep us all safe and protected during recent weeks. It is important that the Board affirms once again that we have zero tolerance for racism towards our colleagues and patients. We will wholeheartedly support any colleague who experiences prejudice of any kind, and we have well established routes to raise these concerns. We will also support any colleague across our system who feels unable to provide care for someone due to behaviour that shows discrimination or harassment towards staff.

Local Landscape

We are about to enter the second half of the financial year, with much to do through the autumn and towards Christmas. The health system has been challenged during the summer months, to the extent we might expect to see during the winter, so we are working hard to establish our plans to cope with pressures. This will not be easy, not least because our staff in the ICB, in our provider organisations and especially those working on the frontline of healthcare are working under extreme pressure already, and we remain very grateful and extend our thanks for their continued efforts in providing the best quality care to our patients. We have an update on the winter plan at our meeting today, with further detail to follow in a more substantive update in November.

Part of our response to the changing healthcare landscape, where we have seen an increase in demand for urgent and emergency care and the need to support people at home in a more coordinated fashion, has been our work on developing Team Up. These teams include nurses, doctors, physiotherapists, paramedics, social workers, social prescribers, mental health practitioners and support workers. They are employed by different NHS organisations, by councils and by charities. In the past it has been challenging for these different groups to all to work together, with different IT systems, different ways of working, different priorities. However, and with great credit to these staff, there's been a seamless reform and this has occurred through a change in the culture and there is now a group of staff providing a service based on person centred care and support. Through both the urgent community response service and the home visiting services, the feedback from patients is that there is now "no wrong door" and that anyone will take on caring for people, regardless of whether the particular issue would previously have been their job. We are also seeing some of this approach being borne out in out performance information, with the growth of numbers of people in the cohort of older people being seen in Accident and Emergency Departments growing more slowly than other groups. I will be visiting some of our PCN teams to discuss these in greater detail, starting in November.

Not only is Team Up a great example of joined up care, and clearly demonstrating the benefits for our patients, it is at the heart of our for aims as an integrated care system, transforming care improving outcomes, tackling inequalities, reducing duplication and keeping people in their communities rather than always needing to go to hospital. As leaders, we need to ensure we focus on these four aims constantly and deliver for the population. This is more difficult given our huge financial challenge, but all the more important that transformation and we are as productive as possible to ensure people get their treatments in a timely way.

The ICB received its Annual Assessment Letter from NHS England in August (see Appendix 1). Helpfully, the letter sought to recognise the challenging year the NHS has faced in many respects, and in making the assessment of ICB performance, NHSE have sought to fairly balance their evaluation of how successfully we have delivered against the complex operating landscape in which we are working. Recognising also that 2023/24 was the first full year in which ICBs have been operating, the letter provides a positive commentary on the wide range of activities which are underway as we seek to push forward on many fronts. It's pleasing to see work on cancer, mental health and UEC highlighted in the letter, but I do encourage everyone to read the letter in full to get a sense of how NHS rates our progress and where we are being asked to push further in some areas.

National Landscape

There will be a range of important national announcements, visits and reviews taking place during the next month or two. The new ministerial team from the Department of Health and Social Care have undertaken a programme of visits across the NHS regions and we expect them to arrive in the Midlands during September. These visits are an important opportunity for systems to showcase the great work we are doing and the improvements we are making in key areas, at the same time as stressing to the Government where we believe they can further support our efforts. We have also now received Lord Ara Darzi's report into the state of the NHS.

This full and independent review was order by Rt Hon Wes Streeting, Secretary of State for Health and Care, soon after the General Election. Mr Streeting had asked for a full and independent investigation into the state of the NHS, to uncover the extent of the issues facing the service. Chris Clayton and I provided a submission to Lord Darzi's request for evidence during July. We will need to review the report in full and link with national, regional and local leaders to fully understand how this will shape emerging policy.

Earlier in September we saw the start of what is known as module 3 of the Covid-19 Public Enquiry. This module, which follows previous modules on resilience & preparedness and political decision-making, will look at the Impact of Covid-19 Pandemic on Healthcare Systems in the 4 Nations of the UK. The scope of this stage of the review will include cover 12 topics, including:

- The impact of Covid-19 on people's experience of healthcare.
- Core decision-making and leadership within healthcare systems during the pandemic.
- Staffing levels and critical care capacity, the establishment and use of Nightingale hospitals and the use of private hospitals.
- 111, 999 and ambulance services, GP surgeries and hospitals and cross sectional co-operation between services.
- Healthcare provision and treatment for patients with Covid-19, the allocation of staff and resources, the impact on those requiring care for reasons other than Covid-19 and the quality of treatment for Covid-19 and non-Covid-19 patients, delays in treatment, waiting lists and people not seeking or receiving treatment, palliative care and the discharge of patients from hospital.
- The impact of the pandemic on doctors, nurses and other healthcare staff
- Preventing the spread of Covid-19 within healthcare settings, including infection control, the adequacy of PPE and rules about visiting those in hospital.
- Deaths caused by the Covid-19 pandemic, in terms of the numbers, classification and recording of deaths, including the impact on specific groups of healthcare workers, for example by reference to ethnic background and geographical location.

We have also on 10th September seen the start of the Thirwell Enquiry, which has been established to examine events at the Countess of Chester Hospital and their implications following the trial, and subsequent convictions, of former neonatal nurse Lucy Letby of murder and attempted murder of babies at the hospital. The Lampard Enquiry, an independent statutory inquiry investigating the deaths of mental health inpatients in Essex received its opening statements on the 9th September. Dr Penny Dash will report on her review of the Care Quality Commission during the autumn. All of these reviews will ultimately provide a range of recommendations for the NHS, which we will review and take necessary action. The Party Conference season and Comprehensive Spending Review will also take place during the autumn, with policy announcements which will also no doubt impact on NHS policy and provision.

NHS Confederation Activities

The HSJ published an editorial piece I had provided on ICS oversight and regulation. In a healthcare space where the operational demands of today need to be balanced against our future plans, I discussed the need also for balanced regulation and oversight, and for clarity on the roles of NHS England and ICBs in this space. To be successful, we must seek to avoid ICBs becoming only performance managers of providers. Given its importance in improving patient safety and quality, getting system oversight and regulation right will be crucial to enabling the government in achieving its ambitions to devolve, shift to prevention and move care closer to home.

Aligned to this was the publication of a report from NHS Providers on regulation, following a survey of trust leaders. The survey was clearly conducted against a backdrop of continuing

challenges to performance, finances and care quality, ongoing industrial action and significant changes to regulation and provider oversight by the CQC, NHSE and ICBs. Leaders noted that they have experienced an increased regulatory burden this year, particularly noting a lack of coordination between regulators. Some also questioned whether reporting requirements are realistic or proportionate. Similarly, concerns were raised around whether regulatory activity sufficiently considers the reality of the operating environment. Leaders were much more supportive of the role ICBs played as system partners and conveners than as performance managers. Hopefully these views will be factored into the clarity we seek on the regulatory space.

Identification of Key Risks

SR1	The increasing need for healthcare intervention is not met in most appropriate and timely way, and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to deliver consistently safe services with appropriate levels of care.	☐	**SR2**	Short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	☐
SR3	There is a risk that the population is not sufficiently engaged and able to influence the design and development of services, leading to inequitable access to care and poorer health outcomes.	☐	**SR4**	The NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.4bn available funding.	☐
SR5	There is a risk that the system is not able to maintain a sustainable workforce and positive staff experience in line with the people promise due to the impact of the financial challenge.	☐	**SR6**	*Risk merged with SR5*	
SR7	Decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	☐	**SR8**	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	☐
SR9	There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.	☐	**SR10**	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	☐

Not applicable to this report.

Financial impact on the ICB or wider Integrated Care System

[To be completed by Finance Team ONLY]

Yes ☐	No☐	N/A☒

Details/Findings	**Has this been signed off by a finance team member?**
Not applicable.	Not applicable.

Have any conflicts of interest been identified throughout the decision making process?

Not applicable to this report.

Project Dependencies

Completion of Impact Assessments

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Summary:**	

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☐
A representative and supported workforce	☐	Inclusive leadership	☐

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?					
Not applicable to this report					
When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Not applicable to this report.					

Appendix 1

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

T: 07876 354253
E: J.grant10@nhs.net
W: www.england.nhs.uk

31 July 2024

Dear Kathy,

Annual assessment of Derby and Derbyshire Integrated Care Board's performance in 2023/24

I am 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 our Executive and their teams 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 2023/24 financial year.

We have structured our assessment to consider your role in providing leadership and good governance within your Integrated Care System as well as how you have contributed to each of the four fundamental purposes of an ICS. For each section of our assessment, we have summarised those 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 is required and 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 (JFP) which you have reviewed and rebaselined. A key element of the success of Integrated Care Systems will be the ability to balance national and local priorities together and we have aimed to highlight where we feel you have achieved this.

Thank you to you and your team for all your work over this financial year in what remain challenging times for the health and care sector, 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 collaborated effectively with partners and has continued over 2023/24 to develop its joint working, both within the Board and across the ICS supported by several development sessions.

There is substantial evidence of partner engagement in the development of strategies and plans. The JFP was co-produced with all Integrated Care Partners and the ICB led operational planning with input from all providers. Progress in implementing the plan and its ambitions has been reviewed by the Board throughout the year. The ICB should reflect on its operational and strategic planning and consider how recent experience can inform and improve future processes, aiming to embed planning as a continuous cycle throughout the year.

The ICB has engaged with partners to support the development of the Health and Wellbeing Strategy, and partnership working is still developing and evolving. Several Health and Wellbeing Board priorities have been reflected in the ICB's strategy and the Joint Forward Plan, and the ICB has actively engaged with partners in several areas.

The ICB processes and relationships for provider oversight and escalation continue to mature. There are opportunities to further strengthen these processes and develop stronger collaborative working to mitigate risks and achieve critical targets. The ICB has established committees within a clear governance structure that support its statutory duties. Achievement of the ICB's duties for the Triple Aim is addressed through these committees, however it is not always clear how the impact of decisions on quality, outcomes and finance are weighted together and decided.

The ICB has a comprehensive public engagement strategy, underpinned by a number of frameworks, and has provided several examples of how this feedback is used to inform service planning and delivery. Engagement with young people and partners on the delivery of mental health services has resulted in changes in how information is shared with young people, and community engagement has informed local projects to increase screening for hypertension.

System-wide improvement and transformation is delivered through the Transformation Coordinating Group which brings programme and provider transformation leads together, coordinating the approach and managing interdependencies. The Joined-Up Improvement Network ensures that learning and good practice is shared across the system. Horizon scanning, spread of innovation and development of evaluation is supported by the Innovation Network. With funding through the Network, the ICB has been able to expand its improvement capability providing Quality Service Improvement and Redesign training for system leads.

Clinical leadership is embedded in the ICB's governance and decision-making processes. The development of systems to enable clinical leadership and expert advice within the ICB was developed through a series of engagement sessions and supported by ongoing monthly Clinical and Professional Leadership meetings.

Section 2: Improving population health and healthcare.

The ICB made significant progress in 2023/24 to meet the operating planning trajectories and priorities. The challenges in delivering the operating plan were clearly articulated and addressed through multiple interactions over the year. There has been staff turnover at

executive leadership level, but the ICB is now fully established and working within the broader system architecture.

The ICB implemented plans and mitigations throughout the year to address the impact of Industrial Action on service delivery. Despite challenges with quality, safety issues, and maintaining services, the whole system worked hard to deliver for patients.

For cancer, the ICB delivered against its trajectories to address the 62-day backlog and in line with national expectations. Elective recovery targets were challenging for the ICB, and it did not meet its ambition of no patients waiting over 78-week waits by the year end. Going forward there are opportunities for greater collaborative working with providers in the ICB to deliver the required reductions in long waits for elective care.

The system has worked well together to deliver improvements in Urgent and Emergency Care, improving patient flow and this is reflected in their performance. The ICB did not meet the 30-minute Category 2 calls ambulance response times target but there are opportunities to share the positive work within the ICB to support the East Midlands Ambulance Service improve delivery across the East Midlands.

Good progress was made in the delivery of mental health services, on access to community and perinatal mental health services, and improvements to the dementia diagnosis rate. Out of Area Placements remain an area of challenged delivery. The ICB has made good progress in reducing the number of adults with a Learning Disability and Autism in inpatient beds by 23%.

Primary care delivery is supported with a strategy for sustainability and the GP Provider Board. 2023/24 saw an increase in GP activity and appointments with improvements overall in accessibility of services. The ICB assumed delegated responsibility for pharmacy, optometry, and dental services in 2023/24 and we look forward to seeing how the ICB has supported improvements in these areas.

During 2023/24, the ICB has focused on collaboration with health and social care providers, voluntary and independent partners, including hospices, to strengthen integrated community services in Derbyshire. Efforts have targeted projects aimed at optimising the health and social care system under challenging conditions.

The ICB has implemented the National Quality Board (NQB) Guidance for Integrated Care Systems and quality is embedded in the ICB strategies. The ICB has supported University Hospitals of Derby and Burton (UHDB) in addressing major maternity challenges and must continue in enhancing assurance processes to promote quality improvement. For 2024/25 the ICB should seek to embed the NQB guidance with all providers to strengthen the ICB's oversight and assurance, and support the improvement work already taking place. For Safeguarding there is effective leadership and robust processes in place to deliver the ICB's statutory duties within a clear governance framework.

Improvements have been made to services across a range of services including end of life care, and discharge processes. There is a benefits realisation framework in place for Children and Young People (C&YP) services to measure improvements, assessing value, impact, and effectiveness. For C&YP, the Long-Term-Plan transformation and broader programme goals are identified and are being actively pursued. Excellent work is being done to incorporate the voices and participation of C&YP in the system, and transformation efforts are well-coordinated.

For the coming year, the ICB should develop increased provider collaboration and system working to deliver these targets, and to support decisions that balance financial sustainability with the delivery, quality, and safety of services.

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

The delivery of the ICB's ambitions to reduce health inequalities has been formalised through the recent formation of the Prevention and Health Inequalities Board, chaired by the Chief Medical Officer, and supported by public health teams in both local authorities. The Board has clear areas of focus including population health management, prevention, and health inequalities. The leadership of these priorities is shared amongst the key partners.

Within the ICB itself, there is a strategic approach to health inequalities and population health management (PHM), particularly for cohorts of people with multiple disadvantages. To support and inform its work, the ICB is working with partners to develop a PMH system, a central repository of data underpinned by data sharing arrangements.

These PHM systems, and improvements required to capturing ethnicity with the Trust's data systems, will enable the ICB to provide evidence that the ongoing restoration of services following the pandemic is being delivered inclusively, and with regard to inequalities. The ICB has used the Derby and Derbyshire Joint Strategic Needs Assessments inform its priority areas and population health outcomes, supported by a number of "Turning the Curve" key indicators.

A Cardio-vascular plan is in development to target population health management and health inequalities across the system, taking a Place based approach. The ICB has already undertaken notable work on hypertension particularly in reaching the South Asian and Black African Caribbean population. The community project raised awareness and rolled out blood pressure checks at multiple locations across the area including by trained local volunteers to reach diverse communities. This project - Hypertension Going Faster, Further - won the NHS Communicate Award for its successful engagement and partnership working.

The patient experience work will support the ICB's aims to reduce inequalities and engaging some of their higher risk populations through increasing choice and greater involvement in care decisions.

Through the mental health system delivery group, the ICB has worked with the system on a programme of work to reduce suicides, raising awareness of suicide prevention within its services and has provided funding to the wider partnership programme.

As part of the Healthy Lives priority, the ICB is the lead for tobacco dependency treatment, an area where higher prevalence is linked to deprivation and a significant contributor to ill-health and inequalities around premature morality. The ICB's ambitions are described in its Integrated Care Strategy and will be reflected in the Health and Wellbeing Board refreshed strategic priorities.

To fully evidence the ICB's compliance with its legal duties to reduce health inequalities, the ICB must develop its systems to provide the required data report and Annual Statement within its annual report. NHS England regional teams will support the ICB to develop this to ensure it can demonstrate delivery over the coming year.

Section 4: Enhancing productivity and value for money

In the financial year 2023/24 the system's reported financial performance was £59.8m deficit against an initial plan of break-even. Within the reported value, the ICB financial position was £1.0m surplus.

Total system efficiencies delivered were £134.7m; 5.4% of system allocation. Of this total £59.0m (43.8%) was recurrent increasing the recurrent efficiency requirement in future years.

The system has faced significant financial challenges throughout the year and has worked collectively to identify and mitigate risks. Consideration should be given as to how the ICB can further strengthen its leadership and governance processes to ensure early identification and collective ownership of risks in the coming year. The ICB should continue to develop a granular understanding of drivers of the deficit to support delivery of its 2024/25 plan. 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.

Regarding workforce, system leadership and collaborative working have improved over the year. This has resulted in greater engagement with partners, and a more strategic and unified approach. The ICB has made notable progress in its approach to new delivery models, for example, the Derbyshire Academy. These improvements provide the ICB with a sound foundation to build on and develop over the year.

In 2023/24, pay was overspent by £49.4m and there is an opportunity in 2024/25 to strengthen workforce controls across the system. In 2023/24 the workforce grew by 1,783 WTE (6.2%) compared to the 2022/23, month 12 position. The month 12 Derbyshire provider workforce totalled 30,463 WTE and was 1,353 WTE above the original plan position. The original 2023/24 plan had been to increase the workforce by just 430 WTE (1.5%). The levels of actual workforce growth above plan are not sustainable and further grip and control is required to deliver the 2024/25 plan. NHS England will work with the ICB with a suite of tools to support its system workforce transformation ensuring workforce planning and productivity are aligned.

In the 2023 staff survey the ICB performed well, scoring above the regional average across all domains.

The ICB's approach to promoting and using research innovation and technology is well developed. The ICB has a Digital and Data Strategy; a research strategy is in progress lead by the CMO who is the ICB's executive lead. There are many examples of research projects in progress and completed, supporting improved vaccination uptake through mobile clinics and the Men at Work study to look at health and wellbeing amongst working men, amongst others.

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

The ICB has performed well in 2023/24 in fulfilling its role as an Anchor Institution, for the benefit of its communities, with good partnership working through the System Anchor Partnership. This Partnership has enabled and facilitated the ambition of resilient, inclusive local economies within Derby and Derbyshire, with more local spend and fair employment. There is an Anchor Charter, approved by the Board, and there are two clearly described

priorities in 2023/24 - workforce and social value in procurement. These priorities and the charter principles are embedded within the organisational strategies and plans.

An example of the achievements against one of the priorities – workforce - is seen in the 'Step into Work and Careers project' in 2023/24. The ICB worked closely with Derbyshire BME forum, Links CVS, Derbyshire County Council, DWP and East Midlands Chamber to develop support that more closely addresses the needs of individuals within BME communities and with the aim of improving engagement from these communities in employment opportunities within health and social care. Linked to this project was the successful launch of the BME Respite Sitting Service.

The Joined-Up Care Derbyshire Health and Social Care Employment Charter is now in place, which pledges to improve collective wellbeing and creating a strong, resilient, and inclusive community economy.

The ICB is an active member of both local Health and Wellbeing Boards (HWBs), and it has worked closely with these in the development of its first Joint Forward Plan in 2023/24. There is consistency between the ICB plans and strategies and those of system partners, reflected in the Joint Forward Plan and as noted previously, the ICB has used the Joint Needs Assessments to inform its work and priorities. Moving forward, the ICB should focus on building and strengthening the relationships with the Health and Wellbeing Boards to deliver these shared priorities.

'Delivering a Net Zero NHS' is a key priority for the system and the ICB has taken a strong leadership role to embed its ambitions through delivery plans and robust programme management. There is an appointed lead for Net Zero and the ICB is an active member of the Midlands Green Board. Amongst the successes in 2023/24, the ICB has worked with system partners to eliminate Desflurane, they have made a 33% reduction in emissions from inhalers, and it is meeting its targets to achieve low, ultra-low and zero vehicle emissions.
The ICB should ensure that its Net Zero work and future ambitions are described within their Joint Forward Plan supported by clear targets and priorities.

Within the system the ICB has worked to develop a shared quality and equality impact assessment to ensure that services meet the needs of its population and the ICB engagement strategy has a focus on ensuring equality of access across its communities.

As an organisation, the ICB has developed corporate objectives for equality, diversity and inclusion and described the actions taken to meet these.

Conclusions

This has been challenging year in many respects and 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. This is the first full year in which you have been operating as well as the first year of your Joint Forward Plan and 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 look forward to working with you to support improvement throughout your system.

Please can 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.

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

19th September 2024

Item: 058

Report Title	Chief Executive Officer's Report							
Author	Dr Chris Clayton, Chief Executive Officer							
Sponsor (Executive Director)	Dr Chris Clayton, Chief Executive Officer							
Presenter	Dr Chris Clayton, Chief Executive Officer							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices	None							
Assurance Report Signed off by Chair	Not applicable							
Which committee has the subject matter been through?	Not applicable							

Recommendations
The ICB Board are recommended to **NOTE** the ICB Chief Executive Officer's Report.
Purpose
The report provides an update on key messages and developments relating to work across the ICB and ICS.
Report Summary
The August Bank Holiday signals a time of moving into another crucial planning phase for the NHS, with September this year due to be an especially busy time. Colleagues have started our planning processes for this coming winter, and we have strong system arrangements to devise the approach for the next few months. Of course, seasonal pressures now occur throughout the year, but with a difficult flu season planned, predictions of very cold weather and with services already stretched, it's important to have a strong set of plans to tackle increased activity through the next few months. In the last year our system has been able to stabilise the areas where we have our biggest challenges in the past, particularly our discharge and flow processes and capacity, and the positive impact that has had on ambulance handovers times. Our Urgent and Emergency Care Delivery Board is overseeing the preparations for winter. Our NHS system has recently made changes to the leadership of our Delivery Boards, with ICB Executives assuming the chair role from NHS Trust Chief Executives. The new chair arrangements are: • Urgent and Emergency Care Board – Chris Weiner, Chief Medical Officer

- Mental Health, Learning Disability and Autism Board – Professor Dean Howells, Chief Nursing Officer
- Planned Care Board - Michelle Arrowsmith, Chief Strategy and Delivery Officer

GP members of the British Medical Association (BMA) voted in favour of "collective action" following a recent ballot, with immediate implementation. The BMA GP Committee England (GPCE) has issued a list of ten suggested actions that general practice could take over time, but has asked practices to not breach contracts. Practices remain open to see patients and NHS organisations in Derby and Derbyshire are coordinating a response to manage the anticipated impacts, which are likely to be a 'rising tide' event in nature. The specific actions that individual GP practices choose to implement will vary and each practice has the autonomy to decide which measures to adopt.

As such, the exact impact on patient care and the wider health and care system in Derbyshire remains uncertain and as yet we are not seeing significant impacts on activity in local services, but continue to monitor developments, including potential impacts on our winter planning. Patients are being advised to contact their GP practice as they normally would, and to attend any appointments unless told otherwise. Call handlers will continue to triage calls and direct patients to the appropriate services, ensuring that care is provided as needed. Patients are also being advised to use services appropriately. In related matters, the BMA has accepted the Government's 22% pay offer to Junior Doctors and has recommended this to members, to be confirmed through a ballot.

There are some changes in ICB Board membership to report. Tracy Allen, Chief Executive of Derbyshire Community Health Services, retired from her role in September. Tracy has been a participant member of the ICB Board since its inception, through her role as Executive Lead for Place development and has been a significant member of the Derbyshire NHS leadership community for more than 15 years. We wish Tracy well in her retirement. Jim Austin, who has performed a dual role as Chief Information and Transformation Officer for DCHS and the ICB, will become Interim Chief Executive at DCHS and therefore changes his role on the ICB Board from Executive Director of the ICB to Participant Member.

Two appointments are planned for the ICB's Executive Team which reflect our collaborative working with Nottingham and Nottinghamshire ICB. We have established a new strategic digital collaborative partnership, with the creation of an Interim Joint Chief Digital Officer. Andrew Fearn, previously Chief Digital Officer for Nottingham and Nottinghamshire ICB, took up the joint role on 1 August 2024. This covers the role vacated by Jim Austin referenced above.

The two ICBs are also recruiting a joint Chief Finance Officer, an opportunity which has arisen following the recent retirement of Stuart Poynor, Nottingham and Nottinghamshire CFO, and the recently-announced retirement of Keith Griffiths at Derby and Derbyshire, who will leave the NHS in November. The approach enables the recruitment of a more strategic role to develop a strategy for financial sustainability across two systems, maximising connections and benefits across the systems, aligned with the new East Midlands Combined Council Authority and ICS aims. The time will be split 50:50 across each ICB. This joint role does not signal any plans to merge the Finance functions of the ICBs, and the successful candidate will be jointly accountable to Amanda Sullivan, CEO of Nottingham and Nottinghamshire ICB and myself.

Finally, the Chair's Report contains information relating to the announcement of the retirement of our Vice Chair, Richard Wright MBE, in November.

I continue to attend a range of local, regional and national meetings on behalf of the ICB Board and the wider Joined Up Care Derbyshire system. Our local performance conversations, along

with regional and national assurance meetings have continued to be prominent since the last ICB Board meeting.

Chris Clayton
Chief Executive Officer

National developments

NHS 111 offering crisis mental health support for the first time
Millions of patients experiencing a mental health crisis can now benefit from **support through 111**, the NHS has announced. The change means the NHS in England is one of the first countries in the world to offer access to a 24/7 full package of mental health crisis support through one single phone line.

NHS England statement on Alzheimer's treatment lecanemab: Thursday 22 August 2024
In response to the MHRA and NICE decisions on lecanemab, Professor Sir Stephen Powis, NHS National Medical Director, said: "The NHS now awaits a final decision from the National Institute for Health and Care Excellence that will look at the clinical benefits and cost-effectiveness of lecanemab and determine if it should be routinely offered by the NHS in England.

NHS England and Medical Schools Council to join forces to manage the Specialised Foundation Programme recruitment process for 2025
NHS England and the Medical Schools Council have launched a new partnership that will give students the opportunity to apply directly to medical schools for certain Specialised Foundation Programmes in England.

Millions to get protected ahead of winter in NHS vaccine rollout
Millions of children and adults across England will be offered their flu, COVID-19 and respiratory syncytial virus (RSV) vaccinations as the NHS sets out plans for protection ahead of winter.

A&E staff experiencing busiest ever summer
NHS staff working in A&E departments are in the middle of their busiest summer ever with a total of 4.6 million attendances over the last 2 months – higher than any other June and July, new figures show.

NHS urges public to come forward for care during GP collective action
The NHS is asking the public to still come forward as usual for care during collective action by GP services which starts today (Thursday 1 August).

NHS partners with Asda to put crucial mouth cancer symptoms on toothpaste and mouthwash
The NHS and Asda are teaming up to provide vital advice on millions of toothpaste tubes and mouthwash bottles encouraging people to contact their GP or dentist if they notice any potential symptoms of mouth cancer.

GPs now delivering a fifth more appointments than pre-pandemic
GP teams delivered more than 28.7 million appointments in June 2024 – up one fifth on the same period pre-pandemic, new figures published show (July 25th).

Dementia diagnoses in England at record high
Record numbers of people are being diagnosed with dementia in England, NHS figures show. Latest data shows a record 487,432 people in England in June had a diagnosis.

Record A&E demand for June amid hot weather and strikes
NHS staff managed a record number of A&E attendances for any June and more than half a million emergency admissions, new figures show. Hospitals reported that they dealt with more than 2.29 million attendances to their A&E departments and over half a million emergency admissions (536,884) – more than any other June.

NHS publishes data following junior doctors strike
Data on the recent industrial action by junior doctors can be found on the NHS England website. Since strikes began, the cumulative total of acute inpatient and outpatient appointments rescheduled is now nearly 1.5 million (1,486,258).

Local developments

Column: Access to safe and effective mental health support is vital
Access to safe and effective mental health support is vital. This column by mental health champion Vicky Waring in the Derbyshire Times includes signposting to various support services.

Crisis Mental Health Support Available For The First Time Through 111
Millions of patients experiencing a mental health crisis will find it easier to reach regional mental health support teams through the 111 system, the NHS has announced today.

Measles vaccination figures start to improve across Midlands
Figures released this month show that activity to encourage parents of young children to have first and second vaccinations of MMR has started to show success.

Plans to increase city's school places for children with SEND
A programme of work is underway to increase provision for children and young people with special educational needs and disabilities (SEND) in Derby. Derby City Council plans to create more than 200 additional specialist places in the city's schools over the next two years.

Derby city Council outlines ongoing commitment to Adult Social Care
Adult Social Care Services at Derby City Council have been rated as 'Requires Improvement' following an inspection carried out by the Care Quality Commission (CQC) in a report published today.

Support is here to help lift cost of living pressures
The cost of living is still affecting us all. If you, your family, or someone you know is struggling, there is still plenty of help available. Whether you need financial support, help with positive mental wellbeing or support with buying school uniforms, there are organisations and schemes in Derby to help you.

Derby reduces its budget overspend - but pressures continue
At the end of the most challenging financial year yet, Derby City Council managed to bring down its in-year overspend for the year ending March 2024 while keeping strict spending controls in place.

Girl power! Leader announces new majority-female Cabinet
Last night, Leader of the Council, Cllr Nadine Peatfield, announced her Cabinet for Derby City Council.

Improvements to Adult Social Care Community Services
Derby City Council is making further improvements to Adult Social Care Community Services, including a review of how they are provided, to ensure the right care and support for our citizens.

Derbyshire selected to take part in multi-million-pound workplace health pilot
They are one of 48 authorities sharing in £6.6 million of funding to run free health checks in workplaces.

Lighting up to highlight suicide prevention across the county
World Suicide Prevention Day is held on 10 September each year and plays a vital role in highlighting the part that we can all play in helping improve the nation's mental health.
Derbyshire County Council are supporting World Suicide Prevention Day by lighting up their headquarters along with other partners, including Derby City Council.

Consultations into two Derbyshire services
Derbyshire County Council has launched consultations into the future options for Disabled Facilities Grants and the Derbyshire Healthy Homes Project.

Derbyshire adult social care rated good by CQC
Derbyshire County Council adult social care services have been rated as Good by the Care Quality Commission.

Make your views known on plans to change learning disability support
Derbyshire County Council is encouraging people to have their say on proposals to change the way we support people with learning disabilities and/or autism.

Mental health small grants funding – up to £5,000
On behalf of Erewash CVS, and Joined Up Care Derbyshire, Derbyshire Voluntary Action are now accepting applications for a new Mental Health Small Grants Fund.

Community Mental Health Map Derbyshire is now available and highlights the many pathways and support options.

Publications that may be of interest:

Joined Up Care Derbyshire – September 2024 Newsletter

Identification of Key Risks

SR1	The increasing need for healthcare intervention is not met in most appropriate and timely way, and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to deliver consistently safe services with appropriate levels of care.	☐	**SR2**	Short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	☒
SR3	There is a risk that the population is not sufficiently engaged and able to influence the design and development of services, leading to inequitable access to care and poorer health outcomes.	☐	**SR4**	The NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.4bn available funding.	☒
SR5	There is a risk that the system is not able to maintain a sustainable workforce and positive staff experience in line with the people promise due to the impact of the financial challenge.	☐	**SR6**	*Risk merged with SR5*	
SR7	Decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	☒	**SR8**	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	☒
SR9	There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.	☒	**SR10**	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	☐

No further risks identified.

Financial impact on the ICB or wider Integrated Care System		
Yes ☐	No☐	N/A☒
Details/Findings Not applicable to this report.		**Has this been signed off by a finance team member?** Not applicable to this report.
Have any conflicts of interest been identified throughout the decision making process?		
Not applicable to this report.		
Project Dependencies		
Completion of Impact Assessments		

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☐
A representative and supported workforce	☐	Inclusive leadership	☐

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
Not applicable to this report.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Details/Findings Not applicable to this report.					

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

19th September 2024

Item: 059

Report Title	Strategic Update from Place							
Author	Dr Penny Blackwell, Chair of Integrated Place Executive							
Sponsor (Executive Director)	Michelle Arrowsmith, Chief Strategy and Delivery Officer/Deputy CEO							
Presenter	Michelle Arrowsmith, Chief Strategy and Delivery Officer, Dr Penny Blackwell, Chair of Integrated Place Executive							
Paper purpose	Decision	☐	Discussion	☒	Assurance	☐	Information	☒
Appendices	Appendix 1 – ICB Place Slide Deck							
Assurance Report Signed off by Chair	Not Applicable							
Which committee has the subject matter been through?	The Integrated Place Executive oversees the work programmes referred to in the presentation.							

Recommendations
The ICB Board is asked to **NOTE** the update on Place, to **CONSIDER** the challenges and opportunities set out in the accompanying slides and connect any opportunities in relation to effectively addressing them.
Purpose
To provide a strategic update on Place including: 1. Key Areas of Work 2. Progress to Date 3. Next Steps
Background
Derby and Derbyshire has eight Places with supporting partnership structures that report through the Place Partnership Boards & Integrated Place Executive into the Integrated Care Partnership (ICP). There are a set of agreed Place Principles and Behaviours that support and enable transformation programmes underway. The Integrated Place Executive has been working to increase visibility of priorities, progress and impact at a strategic level. Place is a key enabler to wider system transformation and requires resourced infrastructure within the system to be successful. This infrastructure is provided through integrated system working, which is still evolving.

Report Summary

The ICB Board will receive a presentation providing an update on Place, including Key Areas of Work, Progress and Next Steps. Some key highlights are set out below.

1. Key Areas of Work

Working alongside the Place Partnerships, the Integrated Place Executive has established five key areas of Transformation: Team Up/Ageing Well; Discharge and Flow; End of Life Care; Community Transformation Programme; GP Strategy Implementation. These are supported by enabling workstreams.

2. Progress to Date

- Through the board presentation we will highlight a number of areas of progress. The following are of particular note:
- **Cessation of the CHS contract for home care. Impact**: £2.85m **cost** pressure removed
- **Avoiding previous need for winter community beds**. **Impact**: £1m **cost** pressure removed
- **OPTICA roll out**. **Impact**: Real time intelligence on Delayed Transfers of Care across the ICS
- **Healthwatch post created**. **Impact**: Increased **public** voice and improved co-design.
- **Over 7000 monthly Team Up home visits (Frailty)**. **Impact**: current evaluation demonstrates less growth in severe frailty A&E attendances than the rest of the >65 population (Jul-23 to Jul-24); Reducing ED attendances over latest 12 months by nearly 900 for those with severe frailty.
- **Survey completed for patient experience of integrated care**. **Impact**: obtaining a baseline of people **living** with complex needs.

This positive progress has not been without its challenges. For example, access to enabling business intelligence and a need to develop enabling strategies, e.g. finance. Getting this right will optimise the system impact that we are able to achieve at place.

3. Next Steps

Each of the Place Transformation programmes has a forward plan and key next steps set out. These include:

- **Community Transformation:** continued development of the Team Up; Pathway 2 (Rehab/Reablement Beds) transformation plan.
- **Community Navigation Programme:** moving to an integrated coordination and planning approach for people with complex needs.
- **GP Strategy:** Implementation Plan across the tiers of delivery
- **Stay Well:** CVD and obesity prevention programme.
- **Enabling Workstreams:** we need a stronger and robust approach to ensuring that the enabling workstreams are in place and functioning to confidently realise the full benefits of this work for our population and system.
- **Relationships and Reporting:** strengthening our approach to reporting and integrated working to improve visibility of place working and impact.

Identification of Key Risks					
SR1	The increasing need for healthcare intervention is not met in most appropriate and timely way, and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to deliver consistently safe services with appropriate levels of care.	☐	**SR2**	Short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	☒
SR3	There is a risk that the population is not sufficiently engaged and able to influence the design and development of services, leading to inequitable access to care and poorer health outcomes.	☐	**SR4**	The NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.4bn available funding.	☒
SR5	There is a risk that the system is not able to maintain a sustainable workforce and positive staff experience in line with the people promise due to the impact of the financial challenge.	☐	**SR6**	*Risk merged with SR5*	
SR7	Decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	☒	**SR8**	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	☒
SR9	There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.	☒	**SR10**	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	☐

No further risks identified.

Financial impact on the ICB or wider Integrated Care System

[To be completed by Finance Team ONLY]

Yes ☐	No☐	N/A☒

Details/Findings	**Has this been signed off by a finance team member?**
Not applicable.	Not applicable.

Have any conflicts of interest been identified throughout the decision-making process?

None identified.

Project Dependencies

Completion of Impact Assessments

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable

Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable

Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☒	Inclusive leadership	☒
Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?			
Not applicable to this report.			
When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?			
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Details/Findings Not applicable to this report.			

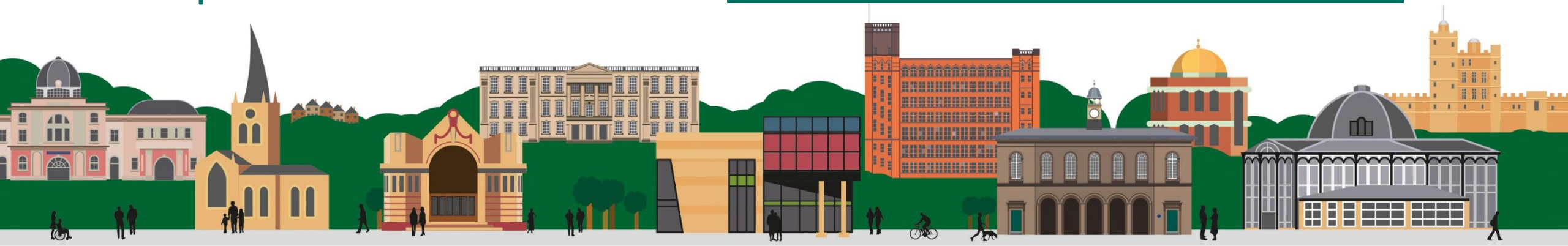
Joined Up Care Derbyshire

Place Based Partnership Working

Update to ICB Meeting September 2024

We Plan To Cover:

- Areas of Work
- Progress and Achievements
- Next steps



NHS | The Derbyshire VCSE sector Alliance | Derby City Council | Derbyshire County Council

Areas of Work

Informed by Health and Wellbeing Strategies, JUCD Integrated Care Strategy and NHS Derby and Derbyshire Five Year Forward Plan

Derby City Place Partnership

Planning and delivering local services to ensure people have access to the right support at the right time so that every person in Derby is empowered to live their full and healthy lives.

Co chaired by PH Consultant and Fire and Rescue Officer

Objectives	Start Well	Stay Well	Age and Die Well
	Reduce infant mortality Improve child health Increase movement in children Every child has breakfast Youth crime	Improve access to smoking cessation/alcohol and weight management services Improve crisis response for those with SMI Improve access/knowledge of Living Well (MH) Improve outcomes for CVD/respiratory	Deliver Home Visiting Services Delivery Falls Response and Prevention Identify moderate frailty Complete and transform Community First integration (DCHS/DCC) Deliver and develop Local Navigation Hub

Working closely with HWBB and Derby Health Inequality Partnership to ensure alignment and avoid duplication

Integrated Place Executive

Overseeing key place based service integration/transformation programmes on behalf of Place Partnerships

Team Up/Ageing Well
Discharge and Flow
End of Life Care
Community Transformation Programme
GP Strategy Implementation

Developing the enablers of Place based integration

- VCSE Alliance and MoU
- Insights Framework & citizen experience
- Workforce planning and development
- BI to support integrated care delivery and development

Derbyshire Place Partnership

Co-chaired by DPH and CEO Derbyshire MIND

County Place Partnership Board Focus
Connecting across system
Working effectively
Sharing Learning/ideas
Supporting Places
Tackling Health Inequalities

Partnership collaboration doesn't happen through leaving your organisation at the door but through bringing the realities of your organisation to the table.

Working closely with HWBB, supporting Local Places to share and learn, unblocking local place issues

Service integration driven through **Local Place Alliances**

Chesterfield	NE Derbyshire & Bolsover	Amber Valley	High Peak	Derbyshire Dales	South Derbyshire	Erewash

Progress and Achievements

Discharge and Flow Impact

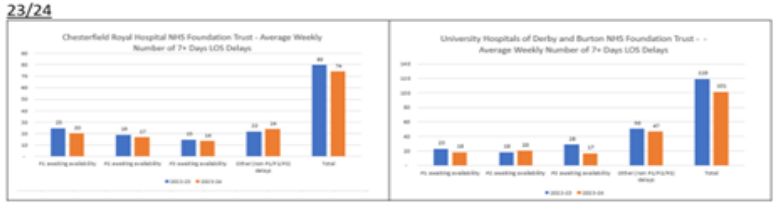
- CHS contract for Care Home stopped (-£2.85m cost pressure)
- No block interim community beds opened winter 23/24 (-£1m cost pressure)
- OPTIMA: real time intelligence on delays
- Healthwatch Patient Voice
- Transport Solutions (dementia, palliative care)

Demand for D2A pathways influenced by increased activity: -
Flow through acute hospitals has increased, generating more demand intermediate care pathways:

	May 22	May 24	Change
Avg weekly number of people discharged from UHDB and CRH (12 wk avg)	1475	1911	+436 **30% Increase**
Number of patients discharged into an intermediate care pathway (12 wk avg)	148 10%	210 11%	+62 **40% increase**

Number of people in delay with 7+ day LOS have decreased year on year

Graphs to show number of patients in delays with 7 day LOS or more by pathway 22/23 compared to 23/24



Team Up/Ageing Well

- 900 ED Attendances severe frailty
- 7000+ monthly Team Up visits

"You were brilliant. Your approach was just what was needed and much appreciated by mum, who worried Dad might be forced to go to hospital"

Type 1: Over 75 years, ED Attendances per 100,000 pop.

Source: NHS Benchmarking Network
Date: Apr 22- Mar 23

National Pilot for Patient Experience of Integrated Care

- First survey round completed and being analysed
- Will provide baseline experience of people living with complex needs

Local Place Impact/Achievements

- Tackling health inequalities in Chesterfield
- Collaborating across housing, health and the VCSE in Derby City
- Best practice recommendations for support to carers in High Peak
- Community activators in Erewash

Challenges

- Support from key enabling functions
- Capacity to achieve scale of benefits
- Planning and Reporting Structures: visibility and escalation
- Traditional financing doesn't work

Next steps and Future Focus

Accelerating Community Transformation programme

- ICS procurement of external support: mobilisation Q4
- Team Up to realise and expand its full potential; and Discharge & Flow
- Major transformation of pathway 2 reablement/rehab beds in planning

Community Navigation Programme:

- Integrated navigation, coordination and planning to help people with complex needs in a complex system

Implementing Primary Care Strategy:

- Local Places asked to identify work priorities, supported by a QI programme

Focus on Stay well priorities:

- **T**ackling health inequalities of smoking cessation/ obesity and CVD prevention

Developing key enabling functions

- BI to support integrated
- OD support for multi organisational/multi professional system leadership

Strengthening relationships and streamlining focus and effort

- Working with ICP to strengthen Place Partnerships visibility/ influence into the ICP
- Place Partnerships and Health and Well Being Boards

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

19th September 2024

Item: 060

Report Title	Opportunities for Delegated Services: Focus on Dental Services							
Authors	Lisa Wain, Senior Commissioning Manager- Primary Care Dental & Optometry Hannah Belcher, Assistant Director Primary Care Clive Newman, Director of Primary Care							
Sponsor (Executive Director)	Michelle Arrowsmith, Chief Strategy & Delivery Officer/ Deputy CEO							
Presenter	Michelle Arrowsmith, Chief Strategy & Delivery Officer/ Deputy CEO							
Paper purpose	Decision	☒	Discussion	☐	Assurance	☐	Information	☐
Appendices	Appendix A: The current challenge and opportunities; Appendix B: Emerging ideas for 3 year plan; and Appendix C: Summary Needs Assessment.							
Assurance Report Signed off by Chair	Not applicable							
Which committee has the subject matter been through?	Population Health & Strategic Commissioning Committee Tier 2 Pharmacy, Optometry and Dental Commissioning Group (East Midlands)							

Recommendations
The ICB Board are asked to **AGREE** the: • plan for dental services for 2024/25 • three year plan (2025/6 to 2028/9) in principle and NOTE the intention to use all funding and not underspend
Purpose
The ICB have delegated responsibility for pharmacy, optometry and dental (POD) services. This paper focuses on the challenges we have with dental services, the opportunities to improve and our immediate and longer term plans. It also discusses the financial implications of these plans.
Background
This paper follows on from the development session in June 2024 where the ICB Board discussed POD services. Responsibility for commissioning these three areas was delegated to Derby and Derbyshire ICB in April 2023. The Board discussed the significant challenges in all three areas as well as the opportunities for improving and integrating services using our delegated authority. The Board asked for plans in all three areas. This paper begins that with dental services. Similar papers on pharmacy and optometry will be brought to future ICB Boards.

Report Summary
The appendices provide an overview of: • an overview of the current challenge and the Oral Health Needs Assessment • opportunities to improve healthcare and dental services • turning opportunities into plans • delivering on the opportunities • the plan to use all available funding from 2025/26 onwards • emerging ideas for the DDICB Dental Plan 2025/26 – 2028/29

Identification of Key Risks					
SR1	The increasing need for healthcare intervention is not met in most appropriate and timely way, and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to deliver consistently safe services with appropriate levels of care.	☒	**SR2**	Short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	☐
SR3	There is a risk that the population is not sufficiently engaged and able to influence the design and development of services, leading to inequitable access to care and poorer health outcomes.	☐	**SR4**	The NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.4bn available funding.	☐
SR5	There is a risk that the system is not able to maintain a sustainable workforce and positive staff experience in line with the people promise due to the impact of the financial challenge.	☐	**SR6**	*Risk merged with SR5*	
SR7	Decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	☐	**SR8**	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	☐
SR9	There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.	☐	**SR10**	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	☐
No further risks identified.					

Financial impact on the ICB or wider Integrated Care System		
[To be completed by Finance Team ONLY]		
Yes ☒	No☐	N/A☐
Details/Findings The three year plan is currently being developed and costed. The aim will be to utilise all available recurrent and non-recurrent funding to increase access.		**Has this been signed off by a finance team member?** Georgina Mills, Assistant Director of Finance

Have any conflicts of interest been identified throughout the decision-making process?
None identified.

Project Dependencies

Completion of Impact Assessments				
Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☒	N/A☐	**Summary:** We will engage with the public on the draft 3 year plan once it is drafted

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☐	Inclusive leadership	☐

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
Not applicable to this report.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐

Details/Findings
Not applicable to this report.

Opportunities for Delegated Services: Focus on Dental Services

Appendix A: The Current Challenge and opportunities

The Oral Health Needs Assessment has just been completed (September 2024). It will be available shortly on the ICB's website. A summary is appended with key points pertinent to this paper (Appendix C), including:

- Oral health is linked to deprivation. The worst areas for oral health are to be found in Derby, pockets of Chesterfield, Bolsover and North East Derbyshire.

- Over 17% of children in Derby and Derbyshire have evidence of decay. Bolsover has almost a quarter of children with decay compared to 8.8% in Derbyshire Dales (DDICB's lowest area of prevalence). Children with decay have 2-4 decayed teeth each on average

- Across Derbyshire about one third of all Lower Super Output Areas are in the bottom 20% for dental access

- In 2023/24, NHS 111 took 40,000 calls from people seeking care for dental problems. This has a significant impact on our urgent care system.

Opportunities to improve oral health care and NHS dental services

Such a challenging position gives the ICB plenty of opportunity to improve.

There are well publicised issues with the national dental contract. However there is a national dental recovery plan which we are implementing locally which goes some way to address some of those issues.

We also have new 'flexible commissioning' which allows certain adaptations to be made within the current national contractual framework to provide services to meet an ICB's population needs or to support dental practices. Examples of which include increasing existing mandatory services (e.g. sedation, orthodontic, domiciliary care), changes to the rate of units of dental activity (UDAs) to help retain dental practices, or commissioning additional capacity for dental public health services and/or further services.

Turning opportunities into plans

The ICB Primary Care Team has been working with the Local Dental Committee and the East Midlands POD commissioning team to develop plans, for this year and the next three years. The 24/5 plans are in place and being implemented, the three year plan is being developed.

A summary of the plans for next year and the following three years is set out below (green for schemes already implemented, orange for schemes in train). We have also appended a summary of additional proposals for our emerging three year plan (Appendix B).

Opportunity	Plan	24/25	25/28
To encourage dentists to undertake NHS work	National plan to lift unit of dental activity (UDA) price to £28. **Already implemented in DDICB; recurrent funding circa £475k**	X	X
To encourage dentists to see new NHS patients	National plan to give dentists an additional payment 'new patient premium' to see new patients on the NHS. **Already implemented in DDICB; £3.1m to end March 2025**	X	
Golden Hello scheme – to attract dentists to an area with workforce challenges	National scheme to incentivise performers to work in the NHS in areas with workforce challenges – up to 4 in this area, at a cost of **£80k over 3 years, anticipated commencement Sep/Oct 2024**	X	X
Fund up to 110% activity in existing dental practices to increase access (over performance not usually funded)	Identified providers with performance over 90% plus to deliver additional activity up to 110%. Would equate to c£2.4m and 74,351 UDAs (benefiting approximately 21,243 patients) Target priority areas identified within OHNAs **October 2024 to Sept 2025 est £2.4m**	X	X
Improve dental care for people with urgent need in and out of hours to reduce demand on the urgent and emergency care system, particularly over winter	Commission additional sessions from existing urgent dental care providers to offer additional urgent care capacity through winter 24/5 and beyond Target priority groups - children oral health prevention; vulnerable groups, looked after children align to priority areas in OHNAs **November 2024 – September 2025, circa £2m**	X	X
Reduce dental decay in children in areas where it is worst (e.g. Derby and North East Derbyshire)	Additional funding during 2024/25 as an interim to be made available to CDS Support Practices pilot with 2 additional providers from September 24 – March 25, which provide dedicated access to children referred which reduces waiting times and improves oral health **October 2024 – September 2025 circa £71k**	X	X
Ensure people in care homes can access basic dental care to reduce admissions and dental pain and improve their ability to communicate and eat	Residential Oral Care Service trial with a number of dental practices in DDICB will provide access and requisite evidence to determine future commissioning needs/inform plans **Approx £80k, November 2024 to October 2025**	X	X

Organising to deliver on the opportunities

The pharmacy, optometry and dental (POD) commissioning is governed at an East Midlands level through the Tier 1 POD Commissioning Group (attended by DDICB Chief Executive). The work is transacted by a pooled East Midlands team who work to the ICB's Primary Care Team.

The plan for 24/5 has been agreed. The plan for the next three years (2025-2028) is being developed and will be signed off at the Tier 1 meeting in November 2024. It should be noted however that the capacity of the East Midlands Primary Care Team particularly supporting Derby and Derbyshire ICB and Nottingham and Nottinghamshire ICBs is a risk to the timely delivery of the schemes. DDICB Primary Care Team are working with them to understand and mitigate this risk.

Funding: plan to use all available funding from 25/26 onwards

The dental budget has significantly underspent in the last several years. This is due to the lack of dentists taking an NHS contract, under performance or contract handbacks/ terminations. In 2023/24 the ICB underspent by £13.1m against a £71.2m budget. This underspend was utilised to offset overspends in other areas of the ICB.

The Government's 2024 recovery plan for NHS dentistry said a "firmer" ringfence would be applied to dentistry budgets for 2024/25. It also said that to ensure compliance, NHS England will collect monthly returns from ICBs to establish current and planned spend against the allocations.https://www.gov.uk/government/publications/our-plan-to-recover-and-reform-nhs-dentistry/faster-simpler-and-fairer-our-plan-to-recover-and-reform-nhs-dentistry .

The ICB has worked to this directive as described above. However, we are still currently forecasting a £6.9m underspend for 24/25. As an ICB we see dental care as a priority and plan to use all available funding. However if we are not able to use it effectively for dental care any underspend in 24/25 will be used to help the ICB achieve financial balance.

The three year plan (described above) is currently being developed and costed. The aim will be to utilise all available recurrent and non-recurrent funding to increase access to NHS dentistry, improve oral health and reduce avoidable and inappropriate demand on other providers of urgent care. This is in line with the need of our population and the national directive to ringfence this funding to improve NHS dental services. However it will mean that the ICB will not have a dental underspend to offset overspend in other areas.

The ICB Board are asked to support the dental plans described above and note that if successfully implemented it will result in full utilisation of the dental budget and elimination of the dental underspend.

Appendix B: Emerging ideas for the DDICB 3-year Dental Plan 2025/26 – 2028/29

Opportunity	Plan	24/25	25/28
Improve general access, focussing initially on places where people have greatest need and worst access.	Approach existing dental practices, focussing on identified areas that are currently or on track to achieve or over perform and offer additional funding as UDAs or sessional activity. Positive impacts from New Patient Initiative, however soft intelligence suggests the "new patients" are likely to be from the lengthy waiting lists already held dental practices. Whilst these are "new patients" there is still demand and evidence (via MPs/PALS/Complaints) that the population of DDICB are struggling to gain access to NHS Dental Services. Potential scheme to offer one-off access for patients in need, accessible via NHS 111 or ICB to a number of services across the patch under flexible commissioning to see a small number of patients per week that fall within this criteria. Example – a cancer patient having treatment halted due to oral health needs requiring remedy. Unable to find a dentist to accept them. ICB or NHS 111 would have access to certain practices/services that patients could be signposted to.	X	X
Increase/improve the number of dental practices actively accepting (or visible) as accepting NHS patients	NHS Find a Dentist Website displays the acceptance of NHS patients and often states "accepts NHS patients when availability allows". More often than not, when telephoned, the practices are not accepting patients (and are unlikely to do so for some time – one had a year long waiting list). Patient survey as to access wants and needs (i..e regular dentist for health checks/treatment when		X

	required or just to call upon when they are in pain/in need of treatment?)		
Derbyshire's own Centre for Development	A lack of a specialist dental centre in DDICB means patients have to be referred out of area, incur long waits, restrictions on acceptance and additional travel. With our own centre, we could train staff, provide more specialised services or offer urgent access for patients who need more specialist care Would be in conjunction with a University (Derby are interested), and would need investment, estates and staff identifying.		X

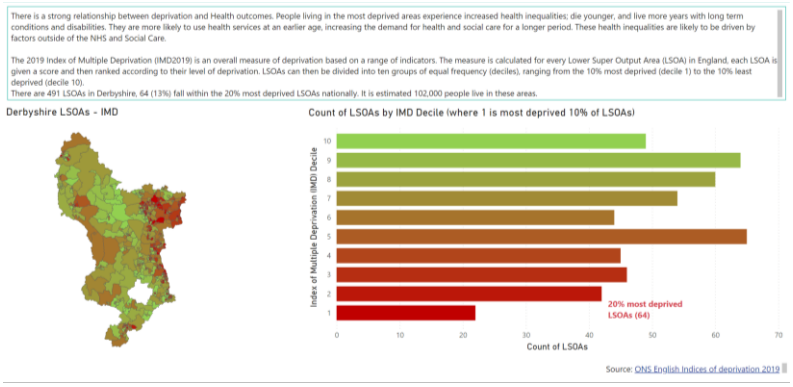
Appendix C: Summary Needs Assessment

The Oral Health Needs Assessment has just been completed (September 2024). It will be available shortly on the ICB's website.

Key points pertinent to the Board paper are as follows:

Deprivation: The most deprived areas are to be found in Derby, pockets of Chesterfield, Bolsover and North East Derbyshire. The least deprived areas are found in pockets of every local authority, including Derby, except for Bolsover (figure 1).

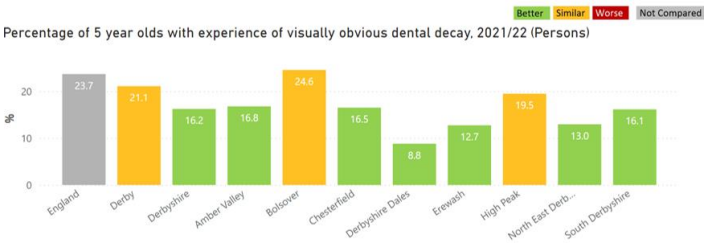
Figure 1



Children: The most recent data* for 5-year-old children showed that at a regional level 27.4% of children in East Midlands had experience of enamel or dental tooth decay, compared with 29.3% for England. (**National Dental Epidemiology Survey 2022)

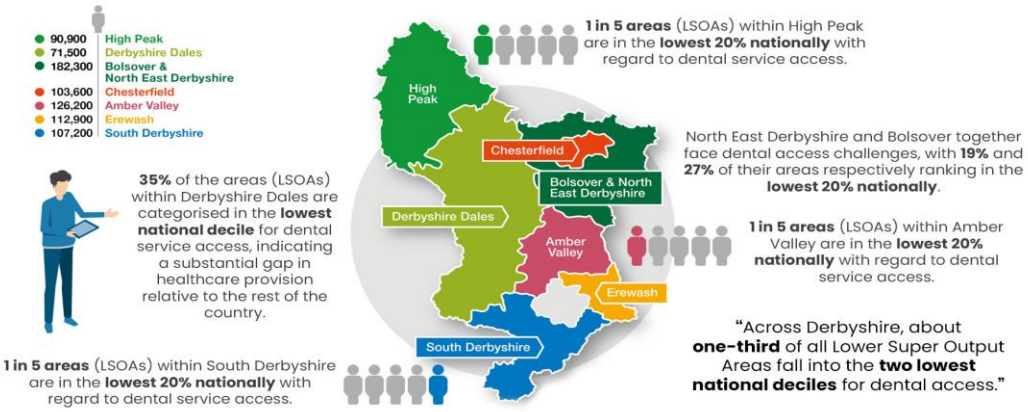
The overall position in DDICB is 17.4% of children with evidence of decay, which is lower than the East Midlands region, however variance should be noticed in the prevalence of decay experienced and of the number of teeth affected in those with decay. As indicated in figure 2 below, Bolsover has with almost a quarter of children with decay compared to 8.8% in Derbyshire Dales (DDICB's lowest area of prevalence). Children with decay have 2-4 decayed teeth each on average.

Figure 2



Access to NHS Dental Services

Nationally access is a challenge and DDICB is no different. Figure 3 below indicates access per area. In 2023/24, NHS 111 took 40,000 calls from people seeking care for dental problems. This has a significant impact on our urgent care system.



Joined Up Care Derbyshire

NHS Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

19th September 2024

Item: 061

Report Title	Infrastructure Strategy - High Level Scoping and Delivery Plan							
Author	Cath Benfield, Strategic Finance Lead, JUCD Provider Collaborative							
Sponsor (Executive Director)	Simon Crowther, Executive Director of Finance, UHDBFT							
Presenter	Keith Griffiths, Chief Finance Officer							
Paper purpose	Decision	☐	Discussion	☒	Assurance	☐	Information	☒
Appendices	Appendix 1, Infrastructure Strategy - High Level Scoping and Delivery Plan (slide pack)							
Which committee has the subject matter been through?	Not applicable							

Recommendations

The ICB Board are recommended to **NOTE** and **DISCUSS** the attached slide deck which provides a high-level plan to deliver the objectives and priorities as set out in the system's Infrastructure Strategy.

Purpose

Following the submission of the system's Infrastructure Strategy, work has been undertaken to scope out the work required to deliver on the ambitions and priorities as set out in the document and to prepare a high-level delivery plan. This plan set out the key deliverables and some initial views on timelines for delivery. It also sets out how the work plan will be resourced, although it is important to flag that there is a requirement to identify some additional capacity with regards to the estate efficiency and optimisation workstream if we are to take this work forward at the scale and pace required in the context of the level of the system's financial challenge.

Background

JUCD submitted its Infrastructure Strategy to NHSE on the 31st July 2024, in line with the national deadline. At the time of writing this report the system is awaiting a formal letter in response to our submission detailing next steps. However, we understand that by October 2024 systems will receive individual feedback and details on proposed next steps. Nationally, some work will be undertaken to pull out some key themes / priorities from the strategies submitted by the 42 ICSs across England and an ICS Estate lead network is to be established.

Report Summary

The system's Infrastructure strategy sets out a high-level delivery plan for estates.
This paper builds on this to set out the key deliverables and the proposed groups that will be charged with taking the work forward, building on the structures already in place.

Whilst some deliverables are time limited and will be quicker to implement, there are others which will be ongoing.

We need to ensure that place level priorities are represented, and this will be facilitated by a dedicated estates lead identified for each place.

On the back of the strategy, a review of existing governance arrangements will be undertaken via a formal review of TORs of existing groups ensuring there is clarity of the different roles and responsibilities between the ICB and the Provider Collaborative.

The Strategic Estates Group will be charged with the oversight of the implementation plan for the strategy and the leads from each workstream should attend to provide updates / assurance on progress.

Additional resource/capacity is required to progress key elements of the workplan, specifically utilisation and efficiencies plan, for the system to drive this forward at the required scale and pace.

Identification of Key Risks

SR1	The increasing need for healthcare intervention is not met in most appropriate and timely way, and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to deliver consistently safe services with appropriate levels of care.	☒	**SR2**	Short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	☒
SR3	There is a risk that the population is not sufficiently engaged and able to influence the design and development of services, leading to inequitable access to care and poorer health outcomes.	☐	**SR4**	The NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.4bn available funding.	☒
SR5	There is a risk that the system is not able to maintain a sustainable workforce and positive staff experience in line with the people promise due to the impact of the financial challenge.	☐	**SR6**	*Risk merged with SR5*	
SR7	Decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	☒	**SR8**	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	☐
SR9	There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.	☐	**SR10**	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	☐

Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the ICB to move to a sustainable financial position.

Financial impact on the ICB or wider Integrated Care System

Yes ☐	No☒	N/A☐

Details/Findings	**Has this been signed off by a finance team member?**
The papers are provided for information and assurance only and therefore have no direct financial impact at this point, however there is a need for a system wide discussion on how additional capacity to drive the work forward at the scale and pace required will be funded.	Cath Benfield, Strategic Finance Lead JUCD Provider Collaborative.

Have any conflicts of interest been identified throughout the decision making process?

None identified.

Project Dependencies

Completion of Impact Assessments

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☐
A representative and supported workforce	☐	Inclusive leadership	☐

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
None identified

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☒	Air Pollution	☐	Waste	☐

Details/Findings
Not applicable to this report.

Joined Up Care Derbyshire

Joined Up Care Derbyshire – Infrastructure Strategy High Level Scoping and Delivery Plan

NHS

The Derbyshire VCSE sector Alliance

Derby City Council

DERBYSHIRE County Council

Executive Summary

- The system's Infrastructure strategy sets out a high-level delivery plan for estates

- This paper builds on this to set out the key deliverables and the proposed groups that will be charged with taking the work forward, building on the structures already in place

- Whilst some deliverables are time limited and will be quicker to implement there are others which will be ongoing

- Ensuring place level priorities are represented will be facilitated by a dedicated estates lead in each place

- A review of existing governance arrangements is needed via formal review of TORs of existing groups and agreement with the ICB on governance and leadership responsibilities.

- We need a clear delineation of roles - ICB v Provider Collaborative (Oversight and connection v delivery) with minimal duplication of reporting and discussion (see next slide)

- The Strategic Estates Group will be charged with the oversight of the implementation plan for the strategy and the leads from each workstream should attend to provide updates / assurance on progress

Additional resource/capacity is required to progress key elements of the workplan – specifically utilisation and efficiencies plan.

Governance and Reporting

ICB Role

- Maintain oversight and ensuring connectivity of the estates work programme into the wider ICS Strategy and Planning structures including delivery of the JFP

- Provide confirm and challenge on progress against the delivery objectives

- Oversight of the capital prioritisation process , ensuring the allocation of capital resources are aligned with the ICS's strategic intent and ambition. This can be overseen through system Directors of Finance meeting, with provider leads working on a task and finish basis

Provider Collaborative Role

- Delivery of the work programme as detailed here in line with the timescales agreed

- PCLB to retain oversight on delivery and provide route for escalation and direction, linking to individual providers estates requirements, financial planning and clinical strategies/operating models

- Reporting for assurance and co-ordination purposes into SFEDC

See slide 11 for overall governance diagram

JUCD Infrastructure Strategy – Key Deliverables

ESTATE INTEGRATION

- Develop and agree an estate sharing protocol
- Improve utilisation of NHS LIFT and NHSPS sites
- Greater flexibility on S106 agreements

UTILISATION

- System wide estates database
- Better understanding of void spaces
- Estates efficiency workstream / comms plan

DIGITAL and DATA

- Establish an estates digital workstream
- Alignment of digital policies
- Prioritisation of Primary Care projects

FIT and AFFORDABLE

- Core, Flex, Tail categorisation and plan for tail and BLM
- Back-office rationalisation
- ADEPT – clinically led view of future estate requirements
- Progress towards Net Zero carbon objectives
- Dynamic, medium term prioritised capital plan

TIME and RESOURCE

- Dedicated resource to support system work
- Review of SEG & LEF TORs
- Estates Representation in PLACE
- EFM workforce plan / strategy

COLLABORATION

- One Public Estate report to SEG
- Clarity on Governance and Decision Making

Workstream: System Estates work	**SRO: Simon Crowther/**James Sabin	**Programme/Management lead:** Cath Benfield/Matt Scarborough

Governance (working groups and reporting arrangements
Strategic Estates Group (SEG) oversees workplan, reporting into PCLB for direction and delivery, and to ICB SFEDC for assurance and co-ordination into wider system strategic planning/JFP delivery. Relevant sub-groups support SEG.
Note need to clarify and agree governance, responsibilities and leadership roles with ICB/system.

Objectives/Aims: To understand the condition and the cost of our current estate footprint and create a baseline to inform our strategic estates planning and to support the prioritisation of limited capital resources. Drive better utilisation and deliver on rationalisation and consolidation opportunities which are clinically informed and aligned to system strategy. Ensure progress is made towards our agreed net zero carbon objectives. Develop a system plan to support, retain and develop our facilities management and estates workforce

Deliverables	**Metrics**	**Milestones/Timelines:**
Significant cost reductions from better utilisation, consolidation and configuration of our estate through a clinically led review of future requirements and alignment to wider ICS Strategy	Reduce cost of estate / BLM Red'n in void space / no of sites	Baseline established Q2 24/25 Work up initial list of opportunities into detailed proposals Q3 24/25 System wide workshops to explore opportunities Q3 24/25
System wide property charter / sharing agreement	Agreement approved and in use	Q3 2024/25
Progress towards net zero carbon objectives	Red'n in directly controlled CO2 emissions	80% red'n on 1990 baseline by 2032
Disposal pipeline – generating capital receipts for reinvestment on freehold disposals	Inc in capital receipts / red'n in no of sites	Ongoing – initial leasehold opps scoping Q2 24/25
Dynamic risk based medium term prioritised capital plan	Plan in place , robust process to review	Initial plan Q2 24/25
Strategy for system wide FM and Estates workforce	Workforce plan in place- key deliverables TBC[71]	TBC by workstream lead

Workstream: Estates Efficiency & Optimisation	**SRO: Cath Benfield/Matt Scarborough**	**Programme/Management lead:** **requires resource**

Governance (working groups and reporting arrangements): Work plan overseen by the Estates Optimisation & Efficiency Group reporting into the Strategic Estates Group via Escalation and Highlight Report

Objectives/Aims: To consider all NHS estates & make best use of these assets as a Joined Up Care Derbyshire (JUCD) system whilst also engaging with partners on the One Public Estate initiative. To prioritise & maximise the use of the best quality estate which is modern and fit for purpose to support patient care. Identification of opportunities for rationalisation and consolidation of the system's estate footprint.

Deliverables	**Metrics**	**Milestones/Timelines:**
Significant cost reductions from better utilisation, consolidation and configuration of our estate through a clinically led review of future requirements and alignment to wider ICS Strategy	System wide estates database Reduce cost of estate, BLM, void space, sites	Q2 2024/25 Baseline established Q2 24/25 System wide workshops to explore opportunities – Q3 24/25 Detailed proposals for identified opportunities Q4 24/25
Agreement on System Property Charter and supporting governance policies and cross charging principles	System wide sign up to agreement	Q2 2024/25

Workstream: Estates Efficiency & Optimisation continued	**SRO:** Cath Benfield/Matt Scarborough	**Programme/Management lead:**
Governance (working groups and reporting arrangements): Work plan overseen by the Estates Optimisation & Efficiency Group reporting into the Strategic Estates Group		
Objectives/Aims: To consider all NHS estates & make best use of these assets as a Joined Up Care Derbyshire (JUCD) system whilst also engaging with partners on the One Public Estate initiative. To prioritise & maximise the use of the best quality estate which is modern and fit for purpose to support patient care. Identification of opportunities for rationalisation and consolidation of the system's estate footprint.		

Deliverables	**Metrics**	**Milestones/Timelines:**
Communications plan around the cost and utilisation of the estate	Comms plan in place with regular messaging	Q3 2024/25
Ensure broader agreements with LPA's on S106 to allow it to be used on wider projects	Agreed strategy on maximising S106 agreements	Q4 2024/25

Workstream: Capital Planning	**SRO: Claire Finn**	**Programme/Management lead:** relevant provider leads as part of task and finish group
Governance (working groups and reporting arrangements): Work undertaken by the Capital Planning and Prioritisation Group (task and finish) reporting into the Strategic Estates Group via Escalation and Highlight Report. Work will need to be informed by individual provider strategies as well as the Joint Forward Plan		
Objectives/Aims: Understand the medium-term capital investment requirements for the system and the associated revenue consequences. Develop and implement a system wide approach to prioritisation linked to system strategic planning and the JFP. Manage the system's overall capital funding envelope and develop a disposals pipeline and approach to reinvestment of capital receipts.		
Deliverables	**Metrics**	**Milestones/Timelines:**
Agreed annual capital plan which is deliverable within allocated resources	In year capital plan reconciled to CDEL	Ongoing
Dynamic medium term prioritised capital plan	Medium term plan owned by the system	Ongoing – first iteration Q2 2024/25
Agreed methodology for prioritisation of capital investments	Framework in place and being used effectively	Q3 2024/25
Develop disposals pipeline informed by the optimisation workstream and manage associated capital receipts	Pipeline of potential disposals / capital receipts	Ongoing

Workstream: Carbon Reduction	**SRO: Andy Donoghue**	**Programme/Management lead:**
Governance (working groups and reporting arrangements): Work overseen by the Carbon Reduction Group reporting into the Strategic Estates Group via an Escalation and Highlight Report		
Objectives/Aims: Deliver a sustainable greener estates, with reductions in CO2 emissions and ensuring environmental sustainability is a key consideration of system wide decision making on capital resources		

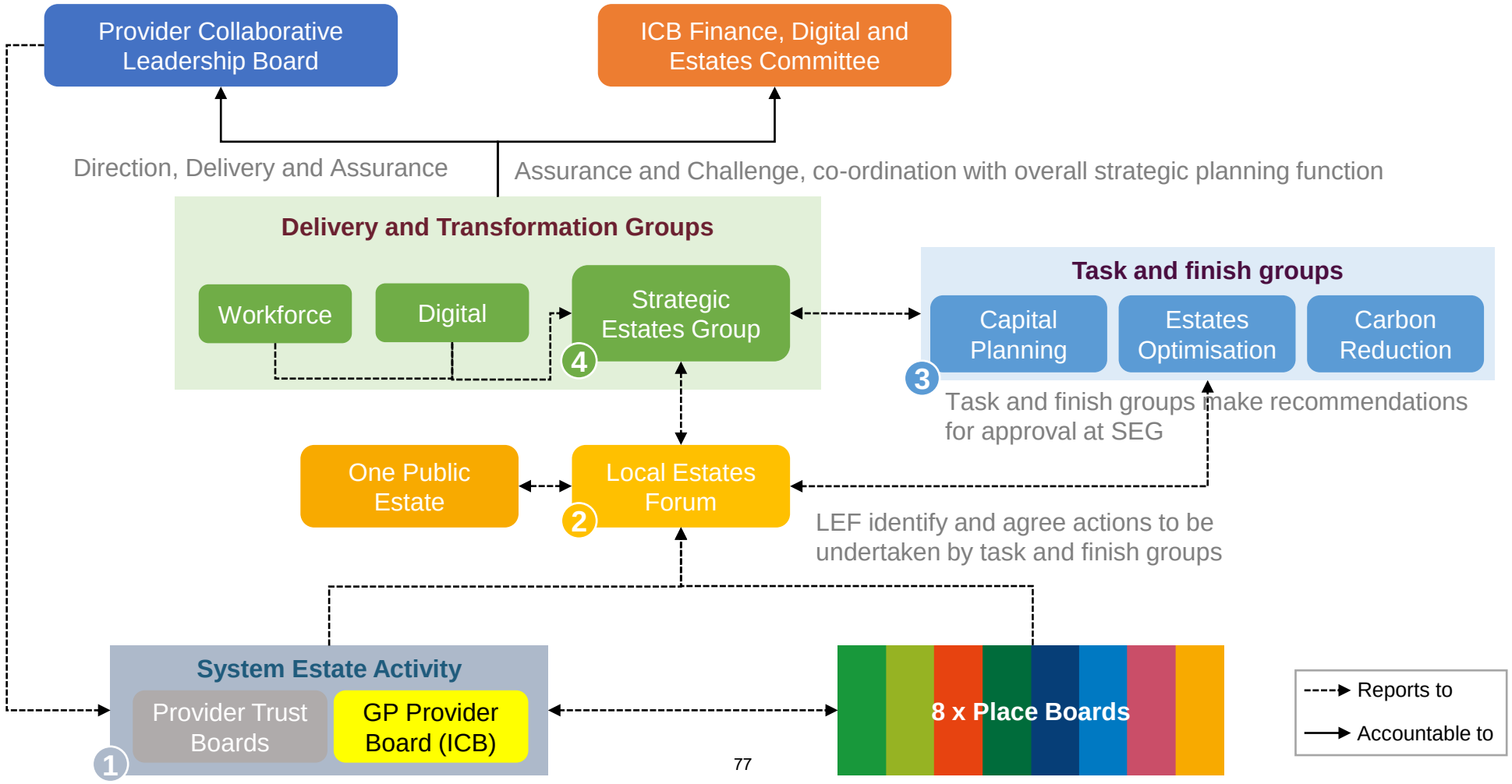
Deliverables	**Metrics**	**Milestones/Timelines:**
Sustained progress towards net zero carbon ambitions	Red'n in CO2 emissions Increase in sustainable procurement	TBC TBC

Workstream: Digital and data	**SRO:** Jim Austin	**Programme/Management lead:** Dawn Atkinson
Governance (working groups and reporting arrangements):		
Objectives/Aims:		

Deliverables	**Metrics**	**Milestones/Timelines:**
Establish a digital estates workstream	Joined up approach to Wi-fi connectivity	TBC
Alignment of digital policies		TBC
Prioritisation of Primary Care projects	Methodology for prioritisation of requirements in Primary Care	TBC

Our ICS Infrastructure Governance Structure (taken from strategy)

Our governance structure for the purposes of implementing our Infrastructure Strategy puts the Strategic Estates Group at the centre but ensures we have the appropriate engagement of OPE, Digital, Place and Workforce partners



NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

19th September 2024

Item: 063

Report Title	Performance Report							
Authors	Phil Sugden, Assistant Director of Quality - Community Sam Kabiswa, Assistant Director, Planning and Performance Kemi Oluwole, Associate Director of Finance (System Reporting) Sukhi Mahil, Associate Director – Workforce Strategy, Planning and Transformation and CPLG Management Lead							
Sponsor (Executive Director)	Dr Chris Clayton, Chief Executive Officer							
Presenters	• Quality – Prof Dean Howells, Chief Nurse Officer and Deji Okubadejo, Clinical Lead Member • Performance – Michelle Arrowsmith, Chief Strategy and Delivery Officer and Richard Wright, Non-Executive Member • Finance – Keith Griffiths, Chief Finance Officer and Jill Dentith, Non-Executive Member • Workforce – Lee Radford, Chief People Officer and Margaret Gildea, Non-Executive Member							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☐
Appendices	Appendix 1 – Performance Report (including relevant Committee Assurance Reports)							
Assurance Report Signed off by Chair	• Quality & Performance Committee – Deji Okubadejo, Clinical Lead Member • Population Health & Strategic Commissioning Committee – Richard Wright, Non-Executive Member • Finance, Estates & Digital Committee – Jill Dentith, Non-Executive Member							
Which committee has the subject matter been through?	Quality & Performance Committee Population Health & Strategic Commissioning Committee Finance, Estates & Digital Committee ICB People and Culture Committee							

Recommendations
The ICB Board are recommended to **NOTE** the Performance Report and Committee Assurance Reports.
Purpose
To update the ICB Board on the Month 4 performance against: • quality standards in areas like planned, cancer, urgent and emergency and mental health care; • the 2024/25 operational plan objectives/commitments; • the position against the 2024/25 financial plan including income and expenditure, efficiencies, capital and cash; and • workforce.

Background

Quality and Performance

The 2024/25 Operational Plan set clear measurable objectives which are fundamental to the NHS' contribution to improving health outcomes. The Plan was submitted to NHSE on the 2nd May.

In summary, our plan:

- commits the NHS in Derby and Derbyshire to delivering operational performance that is compliant with the national ask, in most cases;
- from a workforce perspective, the combined effect of CIP across the 4 JUCD Foundation Trusts generates a reduction in WTEs of 3.6% (927 WTEs) when comparing March 25 to March 24. However, when accounting for the effect of funded initiatives (e.g. Dormitory Eradication, Community Diagnostic Centres and transfer of staff from Local Authority (DCHS specific) the overall workforce is planned to be 0.02% higher in March 25 relative to March 24;
- from a financial perspective, JUCD has submitted a 2024/25 financial plan to deliver a £50.0m deficit in line with the system Revenue Financial Plan Limit set by NHSE, which was agreed through system CEOs. This is underpinned by a 5% CIP across all organisations.

The report attached represents M03 assessment of progress against our 24/25 planning objectives. It is based on published data which is still limited at this stage due to data publishing time lags.

Finance

On the 12th June 2024 JUCD submitted a financial plan to deliver a planned deficit of £50.0m, in line with the Revenue Financial Plan Limit set for the ICS.

Guidance indicates systems who have submitted a plan in line with their Revenue Financial Plan Limit will receive a non-recurrent deficit support revenue allocation in 2024/25, effectively taking them to an in-year breakeven position.

Workforce

Whilst the system needs to monitor the position against the workforce plan submitted to NHSE earlier this year, a more rounded understanding of the position, through alignment of the Whole Time Equivalent (WTE) numbers and the finance pay bill is necessary. This report, is therefore summarised in two parts:

- M4 position against plan and FOT Trend. The FOT aims to demonstrate the predicted WTE position at year end, based on YTD data and identify areas where the position is causing concerns.
- Actual workforce position/ pay-bill compared to establishment. This aims to provide the most reasonable overview based on the current mechanisms that are in place.

In addition, given the increasing level of scrutiny on agency spend and usage the report includes a breakdown against the four main KPIs (Total Agency Spend, Agency spend as a % of total staff spend, % of Off Framework shifts, % non-price cap compliant shifts).

Report Summary

Quality

Nottinghamshire Healthcare Foundation Trust CQC Publication: CQC have published the Rapid Review (Part 2) in relation to Patient Care within the Trust. There are a number of recommendations for the Provider, Commissioners and NHSE. DDICB N&Q completed initial scoping of recommendations against care within Derbyshire with outcomes to be reported to DDICB System Quality & Performance Committee.

Primary Care: General Practice: Potential 'collective action' by general practice from 1 August 2024. ICB completed NHSE pre-action self-assessment – submitting plans set against the 10 actions of possible action.

Independent LD&A Hospital: Cygnet Acer received a CQC visit following the recent death of a non-Derbyshire patient via non-suspended ligature. CQC feedback was positive with no identified concerns.

Performance & Activity

At the end of month 3, the key messages arising from the Derby and Derbyshire NHS' delivery against key operational performance targets and associated planning metrics in 2024/25, is as follows:

Urgent and Emergency Care

- Our plan for improving 4hr performance and reducing the time lost to ambulance delays was not delivered in July. Early sight of data suggests that this is the situation for August too.
- We are dealing with more demand that planned – specifically across our EDs and two of the five community based Urgent Treatment Centres (Derby Urgent Treatment Centre and Whitworth).
- Low acuity and paediatric demand are driving activity more than plan at UHDB. The CRH are experiencing a similar demand profile, however, the Trust is experiencing a growth in elderly care demand.
- Both Acute Trusts have used more G&A bed capacity than planned in the first four months of this year – equivalent to an additional 53 beds across UHDB and 57 at the CRH.
- There are fewer "long stay" patients and fewer patients meeting the "no criteria to reside" across both Trusts compared to plan.

Planned Acute Care, Cancer and Diagnostics

- **Referral to Treatment**
  - At the end of July 24, there 1,202 patients waiting over 65 weeks which is 797 more than where we had planned to be (222 more than plan at CRH and 575 more than plan at UHDB).
  - At the end of August 24, the number of patients waiting over 65 weeks has reduced to 1,006 but is still 895 more than where we had planned to be (217 more than plan at CRH and 678 at UHDB).

- **Cancer 28-day faster diagnosis**
  - UHDB delivered its planned trajectory in July 24, with 76.9% of suspected cancer diagnosed/ruled out within 28 days compared to plan of 74.8%. However, there is significant variation in performance across tumour sites – with specific concerns about urological, upper, and lower GI and gynaecology which are all well below target.
  - CRH 28-day faster diagnosis performance is deteriorating with plan not achieved in June, July or August (indicative) – driven by capacity constraints in outpatient and diagnostics for lower GI, skin, urology and gynaecology.

- **Cancer 62-day treatment**

  Both Trusts delivered the planned trajectory in July and early indication of unvalidated August data suggests that this has been maintained.

- **Diagnostics waits**

  We have not delivered the 6-week diagnostic waiting target in any month so far, this financial year. As at the end of June 2024:

- 79% of patients had received a diagnostic test within 6 weeks at CRH which is below a plan of 79%. The drivers of this under-performance relate to capacity deficits in echocardiography, DEXA and Audiology.
- 77% of patients had received a diagnostic test within 6 weeks at UHDB which is below a plan of 83%. The drivers of this under-performance relate to capacity deficits in MRI, non-obstetric ultrasound and gastroscopy.

- **Mental Health, Autism and Learning Disabilities**

  Of the 11 items specified in the 2024/25 Operational Planning Guidance, we are delivering to plan on all of them apart from:
  - Providing a health check for people with a learning disability and/or autism. We planned to provide a health check to 12% of the population by the end of quarter one and we out-turned at 10% - so 2pp behind plan.
  - Reliable recovery rate associated with NHS Talking Therapies. We are just short of delivering our local target with 49.5% delivered in June against a plan of 50.6% but are exceeding the national target of 48%.

Finance

As at 31st July 2024 the system has a year to date adverse variance to plan of £2.8m (7.7%). The annual forecast is for the position to be in line with the total planned deficit by the end of the financial year.

Key drivers of the financial position to date include industrial action costs of £1.4m. NHSE has indicated funding will be available but the value and timing of this have not yet been confirmed. Urgent and Emergency Care Demand pressures have also contributed £1.1m to the variance. All organisations remain committed to delivering the planned position for the financial year.

Workforce

2024/25 Workforce Plan Position: Month 4

The total workforce across all areas (substantive, bank and agency) was 422.05 below the 2024/25 the workforce plan at M4. Whilst the net position is below plan, there are some areas that are slightly above plan; DCHS (0.58 WTEs, Agency), DHcFT (Bank, 18.09 WTEs) and UHDB (Bank, 136.57 WTEs and Agency, 7.66 WTEs). However, this position does not correspond with the pay-bill position which is described further below.

Compared to M3, there was a decrease in substantive positions (-50.74WTE) but there was an increase in bank (+165.98WTE) and agency usage (+17.38WTE). The majority of the decrease in substantive positions was observed in Registered nursing, midwifery and health visiting staff (-28.01WTE), and Allied Health Professionals (-23.62WTE) while there was an increase in NHS Infrastructure Support (+11.42WTE). This position suggests that the vacancy and agency control processes which have been put in place are leading increased bank staff usage instead; this is being investigated further.

By applying the M1-4 actuals to predict the year-end position, the total workforce is projected to be 49WTEs above plan (this does not factor in any in-year changes such as anticipated TUPE transfers). The main drivers are currently being observed through the bank and agency positions which would be 305 WTE and 124 WTE above plan, respectively. Whilst the substantive below plan FOT would offset the total WTE position, the temporary staffing usage is more costly and therefore flagged as a concern.

At M3, the total primary care workforce was 183WTE below the Q1 plan. The gap was observed mainly from Direct Patient Care roles (ARRS funded) (-66WTE) and Other – admin and non-clinical staff (-45WTE). Discussions have commenced GPPB colleagues to identify improvements to the primary care data in order to provide a better understanding of primary care workforce.

Workforce establishment: M4 actuals (WTE) comparison to pay-bill (£)

At M4 2023/24 the system was over-plan against the pay bill by £4.6m but also had a corresponding workforce over-plan position of 522WTEs. This year, at M4, the pay-bill overspend is £1.95m (YTD £1.72m) which is less than the previous year, but the corresponding workforce plan is also 422WTEs below plan. This trend is also being observed regionally and nationally and NHSE have confirmed that further investigations are taking place to better understand this situation. The M4 position is driven by overspends in CRH (-£1m), EMAS (-£357k) and UHDB (-£1m). The positions are being investigated with finance colleagues to understand the variances described below:

- CRH is below plan on the total workforce by 36.25 WTEs, yet this does not correlate with the pay-bill overspend that has been observed in M3 and M4 (YTD overspend of -£2.5m). The M4 WTE position corresponds the M12 out-tun position, on initial view the pay-bill overspend therefore appears to be because of a change to the funded establishment and adjustments made to the planned pay budget to factor in CIP schemes which are not yet delivering.
- EMAS had a M4 WTE plan of 4,464.79 WTEs and an actual 4,284.98 WTEs (total workforce) and is therefore below plan by 179.81 WTEs. From the figures provided by finance the establishment at M4 is also 4,465 WTEs. The establishment therefore corresponds with the planned total workforce and the Trust showing as being under-established, however the pay-bill position is showing a -£357k overspend at M4 (-£1.1m YTD) which is currently unexplainable. A possible reason for this may be that overtime that was previously reported has been excluded in the WTE position and has not been accounted for.
- UHDB is below plan on the total workforce by 80.64 WTEs, but is over plan against the M4 pay-bill by -£1m. Whilst the YTD position is £0.1m underspent, the overspend on bank staffing in M4 (-£2m) is raising concerns as if this position continues there will be an impact in subsequent months. The increase in bank usage has been mainly driven a significant increase in activity requiring surge and super surge capacity having to be opened.

Agency Usage

We continue to monitor the position on the agency KPIs. The M4 position is summarised below:

Agency KPI	M2 Position
Total Agency Spend	• JUCD planned to spend £2.4m on agency staff in M4. The actual spend was £3.2m This is an overspend against plan of £800k. YTD JUCD have a current overspend of £1.8m on agency staff.
Agency spend as a % of total staff spend	• In M4 JUCD agency cost amounted to 2.4% of total pay costs, 0.8% under the national target of 3.2%. (YTD 2.2%)
% of Off Framework shifts	• Off framework usage was 2.7% of total agency shifts. • The areas where off Framework usage was observed are, Nursing, Midwifery, Support to Clinical, Healthcare Assistants, Registered/ Qualified Scientific, Therapeutic and Technical & Medical and Dental. Specifically: • CRH: Still using 4 off framework staff, the band 6 MH practitioner will be moving to on framework by 27/08/24 the other 3 will be on framework by the end of September. • EMAS: Have recruited to the role with a confirmed start date of 1 September. • UHDB: Still using 1 off framework staff, who will be on framework until 25/11/24 as the agency have made them honour the 21 week notice period. However, support is being offer by the national team to try to bring this down.
% Non-price cap compliant shifts	• There were 2,233 non price cap compliant shifts, 44.8% of the total agency shifts.

In addition to the areas above, the agency reduction steering group continues to target particular staffing groups (infrastructure support and HCAs) to identify exit strategies where possible.

Actions

- We are working with NHSE regional workforce colleagues to support the work described above. Locally, the overall pay-overspend position is being investigated further through further work to breakdown all pay elements including sickness, maternity, study leave, overtime etc. This is important, particularly due to the under-plan position on the WTEs as there is a need to understand other potential drivers that could be inflating the pay-bill position. Finance colleagues have now confirmed that this is an area that will be taken forward.
- Mechanisms to review the outcomes of the Trust vacancy control panels are being put in place at a system level, to monitor where further actions may be necessary and/or identify areas where alternative workforce solutions may be considered.
- Through the Joint Workforce and Finance Improvement (JWFI) session, it was agreed to develop a more aligned FOT position based on work already taking place in the Trusts. This would enable a base case to be developed; factoring in things like TUPE transfers, growth (income backed), fragile services/problem areas, pay awards, changes in turnover, vacancies, and CIP assumptions made against WTEs, along with the phasing of those, to develop a more sophisticated view of the predicted year end position. This exercise will aim to identify any risks and mitigations.
- Developing a more rounded view of workforce by exploring some of the qualitative and staff satisfaction measures alongside the WTE plan to see if there are ways to identify cause and effect and impacts on productivity.

Risks

- Whilst the Junior Doctors pay dispute has reached an agreement it is not known what the impact of the GP action will be on hospital services and whether this will add pressures resulting in increased temporary staffing usage which would incur greater costs.
- Continued level of demand resulting in additional workforce pressures resulting in increasing temporary staffing usage.

Ongoing re-banding issues (Bands 2 to 3 and potentially other bands) resulting in significant increases in the pay bill.

Identification of Key Risks

SR1	The increasing need for healthcare intervention is not met in most appropriate and timely way, and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to deliver consistently safe services with appropriate levels of care.	☒	**SR2**	Short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	☒
SR3	There is a risk that the population is not sufficiently engaged and able to influence the design and development of services, leading to inequitable access to care and poorer health outcomes.	☒	**SR4**	The NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.4bn available funding.	☒
SR5	There is a risk that the system is not able to maintain a sustainable workforce and positive staff experience in line with the people promise due to the impact of the financial challenge.	☒	**SR6**	*Risk merged with SR5*	
SR7	Decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	☒	**SR8**	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	☒
SR9	There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.	☒	**SR10**	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	☒

Any other risks are detailed within the report.

Financial impact on the ICB or wider Integrated Care System		
[To be completed by Finance Team ONLY]		
Yes ☐	No☐	N/A☒
Details/Findings Not applicable to this report.		**Has this been signed off by a finance team member?** Not applicable.
Have any conflicts of interest been identified throughout the decision-making process?		
Not applicable to this report.		
Project Dependencies		
Completion of Impact Assessments		

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☒	Inclusive leadership	☒

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
Not applicable to this report.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Details/Findings Not applicable to this report.					

Derby and Derbyshire Integrated Care Board

Performance Report

September 2024

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

Quality

Prof Dean Howells, Chief Nurse Officer
Dr Deji Okubadejo, Clinical Lead Member

How are we doing?

Derby and Derbyshire Integrated Care Board

The following are noted as headlines

1	Nottinghamshire Healthcare Foundation Trust CQC Publication: CQC have published the Rapid Review (Part 2) in relation to Patient Care within the Trust. There are a number of recommendations for the Provider, Commissioners and NHSE. DDICB N&Q completed initial scoping of recommendations against care within Derbyshire with outcomes to be reported to DDICB System Quality & Performance Committee.
2	Primary Care – General Practice: Potential 'collective action' by general practice from 1 August 2024. ICB completed NHSE pre-action self-assessment – submitting plans set against the 10 actions of possible action.
3	Independent LD&A Hospital: Cygnet Acer received a CQC visit following the recent death of a non-Derbyshire patient via non-suspended ligature. CQC feedback was positive with no identified concerns.

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

Derby and Derbyshire Integrated Care Board

Key Messages					
	Concern/Issue New or Ongoing and Escalation Level	Programme/Specialty	Organisation/Place/ System Wide	Concern/Issue identified, Description/Impact	Proposed mitigation/Action being taken/Key Learning Points
1	New	Independent LD&A Hospital	Cygnet Acer	Cygnet Acer received a CQC visit following the recent death of a non-Derbyshire patient via non-suspended ligature. CQC feedback was positive with no identified concerns.	**CQC feedback as follows:** • No significant concerns raised. • Robust morning meeting which demonstrates our risk assessment processes. • Good interactions noted amongst staff and patients. • Clean and tidy environment, with compliments given to the domestic staff. • Very detailed ligature anchor point and blind spot risk assessment – cited an example of detailing the number of screws on doors. • Standard and up to date fire log and general maintenance record. • Evidence of good clinical governance record.
2	Ongoing Enhanced Surveillance	Safer Maternity Care	Maternity Service	UHDB had a CQC rating of Inadequate and a section 29a at RDH and QHB and 31 at RDH issued in August 2023. Concerns with CRH 3rd and 4th degree tears and rising stillbirth rate	• Monthly tier 3 meetings continue led by NHS England and DDICB. Progress against the recommendations in progress. • Progress has been made with fetal monitoring and PPH management • Positive downward trajectory of perinatal mortality over 2 quarters; no incidents reported due to fetal monitoring in labour. • NHSE MIA's continue to work with the trust to assist in progression of improvement areas. NHS Midlands working with the trust on QI for postpartum haemorrhage, fetal monitoring, triage, Each Baby Counts escalation pathway. • Significant gaps in Medical Obstetric staffing has required the trust to put mitigations in place to ensure high risk clinical areas are maintained re quality and safety.. NHSE and NHS Midlands supporting with mitigations. • Perinatal Quality and Safety Group continues to oversee quality and safety assurance. • NHS Midlands providing support from August to CRH to review Obstetric Anal Sphincter Injury management and Perinatal Pelvic Health Service pathway implementation. Action plan to be shared at PQSG. • An extended perinatal thematic review in progress for those stillbirths occurring in 23/24.. Improvement plan to be shared with LMNS Board once the data is available.

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

Derby and Derbyshire Integrated Care Board

Key Messages					
	Concern/Issue New or Ongoing and Escalation Level	Programme/Specialty	Organisation/Place / System Wide	Concern/Issue identified, Description/Impact	Proposed mitigation/Action being taken/Key Learning Points
3	Ongoing Enhanced Surveillance	IPC	System	Thresholds for 24/25 not released yet by NHSE. Not expected to be significantly different to previous year. As a Derbyshire System at 12/8/24 NB data not finalised for month-end*: • CDI cases YTD* for DDICB system are 148. CRH have had 15 cases and UHDB 66. • MRSA blood stream infections – 10 cases* reported against a zero tolerance • Number of Gram-negative infections continue to present a stabilising picture with the exception of increased rates for Klebsiella at both CRH and UHDB. Benchmarking (via model health system) at end of Q1 shows that the Derbyshire system is in the third quartile for performance against all systems nationally for all infections except Klebsiella which is in quartile 2.	Acute trusts continue to implement PSIRF methodology for IPC. Recovery plans remain in place. CRH and UHDB remain on enhanced monitoring and support as per the NHSE Midlands IPC escalation matrix. CRH has identified that whilst there is a small improvement in CDI case numbers, the severity of the disease and number of all-cause mortality deaths has increased, with 2 cases reported during Q1 being with the Coroner for further review. Although it is noted that this is against a small sample size, CRH are committed to understanding this and the IPC team are supporting the Trust's 'Learning through deaths' mechanisms which will report back through Trust Infection Prevention Control Committee (TIPCC) and CQRG. Assurances obtained relating to the implementation Trust focused recovery action plans are obtained at each Trust's internal IPC Committees, and IPC System Assurance Group.

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

Primary Care – General Practice: Potential 'collective action' by general practice from 1 August 2024. ICB completed NHSE pre-action self-assessment – submitting plans set against the 10 actions of possible action.

Nottinghamshire Healthcare Foundation Trust CQC Publication: CQC have published the Rapid Review (Part 2) in relation to Patient Care within the Trust. There are a number of recommendations for the Provider, Commissioners and NHSE. DDICB N&Q completed intial scoping of recommendations against care within Derbyshire with outcomes reporting to System Quality & Performance Committee.

Quality & Performance Committee Assurance Report – 29th August 2024

NHS Derby and Derbyshire

Matters of concern or key risks to escalate	Decisions made
• The committee were assured regarding the intentions within the Inpatient Strategic Action Plan for Mental Health but requested further assurance regarding patient experience, detailed action plan with key milestones and how the plan will be delivered. • The increasing number of Safeguarding referrals and the potential impact of this on the Safeguarding Team. • Further assurance required in relation to the special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust, from a Derbyshire perspective. Follow up report to come back to SQ&P Committee in four months. • Maternity Services: Third- and Fourth-degree tear rates reported by CRH have fluctuated above national average. Deep Dives have been undertaken and NHS Midlands providing support from September to review data/practice and develop action plan. CRH Stillbirth rates currently higher than the national average. Trust Perinatal Review undertaken, and no themes identified. Further Perinatal review to be undertaken by MNSI. Action plan to be reviewed by September LMNS Board. UHDB Maternity Services regulation notice actions, 20 actions completed and a further 2 on track.	The following papers were discussed and will be circulated to members for feedback/decision: • **Deep Dive Schedule for 24/25** – a schedule of deep dives was proposed. Due to the cancellation of the September SQ&P meeting and the November meeting now a development session there will be two deep dives a meeting. Changes can be made through the year if required. • **Board Assurance Framework** – the Quality and Performance Committee were asked to note the increase in risk score for strategic risk 1 from a high score of 12 to a very high score of 16, with effect from July and the risk score for strategic risk 2 remaining at a very high score of 16. • **Derby & Derbyshire Integrated Care Board Quality Framework 2024/25** – the Framework has been through SQG twice and the previous SQ&P with no further amendments requested.
Major actions commissioned or work underway	**Positive assurances received**

Deep Dive - Inpatient Strategic Action Plan for Mental Health – presentation of the strategic plan aimed to build on the work undertaken within the Derbyshire health and care system over the past three years to transform the Mental Health community and urgent care offers by focussing on the improvement required within inpatient services to provide safe, high quality, therapeutic care.
 	
Special review of mental health services at Nottinghamshire Healthcare NHS Foundation Trust, considered from a Derbyshire perspective – Overview of Initial actions underway to seek assurance across Derbyshire providers (Mental Health, Learning Disability and Autism) and implement ICB actions. This is with respect to the CQC publications titled, "Special Review of Mental Health Services at Nottinghamshire Healthcare NHS Foundation Trust." (Part 1 and 2).
	The following papers were presented for assurance:
	• **Safeguarding Quarterly Update – Childrens & Adults -** key areas of pressures / challenges or developments.
	• **Patient Safety and Quality of Care In Pressurised Services**
	• **Derby and Derbyshire LMNS Quality and Safety Update Q1, 24/25**
	  ○ CRH - determined limited assurance in rising stillbirth rates. CRH have undertaken a perinatal review on all stillbirths, with no themes identified. A further review will take place once the NHSE extended perinatal review tool has been updated and piloted. CRH have proactively engaged with Maternity and Neonatal Safety Investigation who will be undertaking a fresh eyes review on stillbirths at CRH. Any themes identified will be shared with the LMNS and oversight and assurance of maternity and neonatal service will be maintained through collaborative working with providers and NHS Midlands.
	  ○ UHDB - have made significant improvements on their improvement journey, both in CQC actions and within some of the NHS Midlands quality improvement projects .
	• **Integrated Performance report** – the membership noted the improved cancer times but current difficulties with UEC and tier 3 weight management services.
	• **System Quality Group Assurance Report**

Comments on the effectiveness of the meeting	
Those present agreed that the meeting had been effective, with sufficient opportunity for discussion and that the papers presented were appropriate. However, the meeting was not quorate.	

Performance

Michelle Arrowsmith, Chief Strategy and Delivery Office
Richard Wright, Non-Executive Member

Planning Compliance with Operational Plan – Cancer and Planned Acute Care

Derby and Derbyshire Integrated Care Board

Objective	Level	Actual	Plan	Actual	Plan	Actual	Plan
		Apr-24		May-24		Jun-24	
No person waiting longer than 65 weeks on an RTT pathway at the end September 2024.	CRH	239	359	251	290	259	177
	UHDB	868	795	1,015	563	924	436
	DDICB	1,057	1,054	1,126	802	1,050	571
Total RTT incomplete waiting list	CRH	28,450	29,680	28,707	29,655	29,173	29,390
	UHDB	107,129	109,019	106,758	111,511	107,470	113,440
	DDICB	125,086	129,941	124,396	131,346	125,944	132,189
Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	CRH	69.9%	76.5%	70.3%	77.3%	68.6%	78.9%
	UHDB	74.5%	79.5%	74.4%	81.4%	76.7%	82.6%
Total diagnostic waiting list	CRH	7,240	6,616	7,336	6,250	7,178	6,121
	UHDB	22,426	21,505	22,744	20,744	22,862	20,306
	DDICB	27,226	26,020	27,717	25,131	27,413	24,693
Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026	CRH	77.2%	75.3%	77.3%	76.7%	72.1%	77.5%
	UHDB	71.2%	74.2%	75.6%	75.0%	76.1%	75.3%
Improve performance against the headline 62-day standard to 70% by March 2025	CRH	76.9%	71.2%	79.2%	70.2%	80.6%	72.8%
	UHDB	60.2%	57.3%	64.8%	59.2%	68.2%	59.5%

Cancer and Planned Acute Care

Derby and Derbyshire Integrated Care Board

Performance Requirements	Actions Being Taken, Risks & Mitigations
No person waiting longer than 65 weeks on an RTT pathway by Oct-24	Both providers have developed speciality level route to zero trajectories which are being monitored through internal, and Exec led system performance routes. **CRH:** ➢ Now above trajectory, with 82 more than expected with actual of 259 against target 177. ➢ 52% of patients within the 65-week cohort for non-admitted still do not have dates. **UHDB:** ➢ Numbers have reduced since May's peak but remain above trajectory, with 498 more than expected with actual of 924 against target 426. ➢ UHDB remain on track to achieve the likely/best case scenarios, and the % of patients dated continues to increase. ➢ The 1st outpatients backlog is concentrated in ENT, Dermatology, Bariatrics- all have significant insourced capacity. ➢ The overall September cohort is reducing as planned. ➢ The overall September cohort is reducing as planned, albeit higher than this week's 'likely' forecast. The latest week's position is, however, subject to validation. ➢ The majority of the cohort now sits with admitted pathways; this is due to efforts made by services with booking first appointments for non-admitted pathways. 97% of non-admitted pathways have now either been seen or have an appointment booked. ➢ The remaining non-admitted pathways are in a diagnostic phase or have had a TCI and are waiting for their care event to be closed down (i.e. not a true outpatient). ➢ The percentage of patients within the non-admitted cohort that have either had their first appointment or have one booked has been increasing week on week. As at the end of June, 96% of the cohort had been seen or had an appointment. ➢ Insourcing is being scoped for General Paediatrics and Paediatric ENT.
Cancer Improvement	➢ Improvement teams across UHDB and CRH have been focussed on developing the diagnostic and treatment pathways to expedite implementation of the national Best Practice Timed Pathways (BPTP) across key tumour sites which support achieving diagnosis of cancer within 28 days of referral or excluded cancer as soon as possible. ➢ 28day FDS Delays are being caused by insufficient outpatient capacity for certain specialties, diagnostic delays, and patient choice. ➢ 62day Treatment Delays are being caused by elective surgery capacity, diagnostic delays, and patient choice. ➢ Teams are currently focussing on improvement plans in gynae, skin and urology (non-prostate) pathways. ➢ Increased endoscopy capacity through insourcing and in-house pre-operative reviews.

Planning Compliance with Operational Plan – Urgent and Emergency Care

Derby and Derbyshire Integrated Care Board

Objective	Level	Actual	Plan	Actual	Plan	Actual	Plan	actual	plan
		Apr-24		**May-24**		**Jun-24**		**Jul-24**	
Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025	CRH	62.13%	69%	65%	70%	68%	70%	65%	71%
	UHDB	67.72%	69%	66.44%	71%	64.93%	71%	65%	72%
	One Medical	99.7%	99%	99.8%	99%	99.37%	99%	99.98%	99%
	DCHS	99.6%	100%	98.3%	100%	98.17%	100%	98.42%	100%
Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25	ICB	00:33:54		00:36:22		00:40:23		00:34:14	
	EMAS	00:33:49	00:34:00	00:34:51	00:34:00	00:38:04	00:23:00	00:36:08	00:20:00
Increase virtual ward capacity.	ICB	165	181	170	181	170	181	170	181
Increase virtual ward utilisation.	ICB	33%	37%	45%	40%	74%	45%	61%	49%
Average general and acute bed occupancy rate	CRH	96.80%	93%	96.0%	94%	95%	98%	96%	97%
	UHDB	94.60%	92%	93.3%	91%	93%	94%	93%	91%
Percentage of beds occupied by patients no longer meeting the critera to reside - adult	CRH	16%	20%	16%	21%	16%	20%	18%	18%
	UHDB	8%	7%	8%	7%	8%	7%	7%	7%

Urgent Care

NHS
Derby and Derbyshire
Integrated Care Board

Performance Requirements	Actions Being Taken, Risks & Mitigations
	Overall we have not seen the expected drop in demand that would have expected at this time of year and demand is currently running ahead of plan though below what it was at the same time last year. Key actions to mitigate the demand/performance include
UHDB 78% 4 Hour	➢ Improving PTS workflow requests to avoid delayed/aborted journeys. ➢ Regular internal P78 and Tier 3 meetings Chaired by COO/DDM including with regional and ICB team to review and agree remedial actions. This includes: ▪ reviewing the detailed project plan developed to address performance gap ▪ increased focus on 4hr breaches – admitted/non admitted using BI data and tools RDH/QHB. ▪ Improvements identified for streaming to assessment areas and in reach pathways – RDH ▪ Planning increased SDEC capacity RDH/QHB ▪ Aligned to NEC PG/OPG for governance, oversight and escalation
CRH 78% Hour	➢ **SDEC pathways** –Work underway to increase the activity pushed through to MSDEC from ED and UTC daily, Reviewing the benefit of moving SDEC to the front door. ➢ **Ambulatory Redesign** - Increased beds waits and resus activity has adversely impacted on maintaining a flow enhancing staffing profile within Ambulatory. Plans in place to trial an extra HCA in Triage area to speed up triage of patients. ➢ **UTC Capacity** – continued embedment of System One to support increased throughput of activity and performance. Daily focus to maximise GPOOHs diversions once UTC closes at 23:00. Discussions taken place with DHU re: maximising all service capacity. ➢ **Escalation beds** – Reprovision of these beds to temporarily accommodate patients for IP wards (Beds identified as being available later) and later discharges from EMU and Medicine Short Stay. ➢ **Overnight breaches** – focussed work continues ensuring the department is on top of the waits in the afternoon and that all patient's requiring admission has plans. Thresholds for breaches for evening and overnight now set and communicated. Higher resus and majors' acuity last week has exacerbated the overnight breach position. Paediatric pressures overnight also impacted on breaches due to high attendances and admissions. ➢ **Other** – Stand up of a weekly Exec Led Taskforce to understand short, medium and longer terms work plan for UEC improvement;
System 78% Hour	➢ Decrease in performance due to patients seen OOA ➢ Continuation of Clinical call validation through our clinical navigation hub (CNH) ➢ Continued integration with Place/UCR and enhanced frailty/falls ➢ Supporting prevention, population health and HIU schemes ➢ Improving P1 and D2A capacity ➢ Improving Acute internal pathways ➢ Implementation of SHREWD and improved escalation ➢ Continue to support UTC improvement ➢ A project is underway to analyse the causes of the rise in demand.
NHS 111/DHU	➢ 999: In July the Category 2 response times reduced to 36 minutes 8 seconds, but this remains above the 20 minute target. ➢ 111: In June there were 33,473 Derby & Derbyshire calls received, with 3.5% of these abandoned. 67% of calls were closed with no further action needed.

Planning Compliance with Operational Plan – Mental Health, Autism and Learning Disabilities

NHS Derby and Derbyshire Integrated Care Board

Objective	Level	Actual	Plan	Actual	Plan	Actual	Plan
		Apr-24		May-24		Jun-24	
Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025	ICB	68%	68%	68%	68%	68%	68%
Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025	ICB						68%
Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement	ICB	70.0%	69.6%	69.6%	67.8%	71.0%	68.1%
Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 48% achieving reliable recovery	ICB	50.0%	51.9%	48.0%	50.5%	49.5%	50.6%
Increase the number of people accessing transformed models of adult community mental health in 2024/25 (Quarterly Target).	ICB		7,885		7,934		7,984
Increase the number of women accessing specialist perinatal services in 2024/25 (12 month rolling).	ICB		1,111		1,111		1,111
Increase the number of children and young people accessing a mental health service in 2024/25 (12 month rolling).	ICB		13,825		13,925		13,600
Ensure that 75% of individuals listed on GP registers as having a learning disability will receive annual health check (Quarterly Target).	ICB	3%		6.6%		9.9%	12%
Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults for every 1 million population	DHCFT	33		31		*31*	34
Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 12–15 under 18s for every 1 million population	DHCFT	3		3		*3*	3
Reduce out of area placements	ICB	*24*	30	*18*	28	*14*	26

Mental Health Services data is delayed while it is transitioning to MHSDS V6 (data expected Sept).
This is impacting the number of people accessing transformed models of adult community mental health; Women accessing Perinatal services; Children and young people accessing mental health services; SMI health check; and Out of Area Placements (actual values included are based on local data for DHcFT only)

Mental Health

NHS
Derby and Derbyshire
Integrated Care Board

Area	Performance Requirements	Actions Being Taken, Risks & Mitigations
Adult MH Community Services	Talking Therapies Increase in access	➢ Reliable improvement has been reported for 71% of patients for June, against a local plan of 68.1% and a national ambition of 67%. ➢ Reliable recovery has been reported for 49.5% of patients for June, against a local plan of 50.6% and a national ambition of 48%. ➢ Excessive timelags between 1st and 2nd treatments (over 90 days) accounts for 21% of patients against target of 10%. Plans have been agreed with providers to improve the position.
	Recover dementia diagnosis rate to 66.7%	➢ Continue to exceed national standard for diagnosis rate, by achieving 68% for June. ➢ The recently held Brain Health event has produced some great, useable feedback again to aid risk reduction work going forward. ➢ Work continues with partners to improve diagnosis of dementia, including with acute care colleagues in Derby and the DiADem project to ensure people who missed an early diagnosis have opportunity for assessment.
	Improve Access to Perinatal Services	➢ Exceeded plan in relation to number of women accessing perinatal services ➢ A further stakeholder event is planned, to ensure referrers are up to date with care pathways and referral processes. ➢ Service to continue strategic direction to address health inequalities and potential barriers to access.
	Community MH Services increase in access	➢ Continuing to achieve stretching target. ➢ All sites have now mobilised Phase One of the Living Well CMHF Transformation. ➢ A divisional Productivity action plan addresses data quality issues, increased flow through the service and capacity creation.
	SMI Annual Health Checks increase in access	➢ Health Positive Pilot has begun to see patients which further interaction with Primary Care colleagues taking place to access more surgeries in target areas. Positive feedback is already being received from patients. ➢ SMI Strategic Delivery Group – round up meeting being held this month to look at key activity and objectives. ➢ SMI Applied Informatics Project –Digital & IG Leads looking to system sign off for IG processes to begin solution design. Meetings currently paused while this work is completed. There is currently a block in getting the sign off for this project to continue. Awaiting update from DDICB Digital Lead on progress.
Adult MH Urgent Care Services	Reduction in use of Out of Area Placements	➢ Meeting plan for numbers of OOA bed placements, with numbers reducing every month. ➢ A Transformational Delivery Board is in place to oversee the workstreams making changes to impact patient flow. These cover a range of issues both within the community and inpatient areas. Some of these are longer standing whereas others are informed by the recent MADE event. The action plan is available separately. ➢ Operationally on a day to day basis the work remains ongoing to enact discharge plans on admission – with a discharge tracking tool being recently implemented, reduce the clinically ready for discharge – to include system escalation meetings and a purposeful admission and gatekeeping process to ensure all admissions are appropriate. ➢ Quality Improvement methodology is also being used to underpin and enhance the development for all programmes of work, to include an offer for all staff being trained in QI.
Children & Young Peoples Services	CYP Increase in Access	➢ The plans for rectifying CRHFT have been successful. ➢ The NHSE Data Liaison team have confirmed that data is not been attributed from Kooth to DDICB due to a data error they control. The national infrastructure team are still looking into this matter as it impacts multiple regions/ICBs and we await an update on a revised timescale for realistic completion.

Learning Disabilities and Autism

NHS
Derby and Derbyshire
Integrated Care Board

Area	Performance Requirements	Actions being taken, Risks & Mitigations
Inpatient services	Number of adults in ICB commissioned beds Number of adults in Secure inpatient care Number of CYP In Specialised /secure inpatient care	Main achievements ➢ Reduction in monthly admissions from high of 11 people in May 23 to 2 people in March 24 (in line with RAP aim) ➢ Reduction in admissions for people with ASC from high of 14 admissions in Q2 to 4 admissions in Q4. ➢ Minimised admissions into adult secure care = 1 person admitted within 23/24 ➢ Maintained low level of admissions for CYP Areas of continued challenge ➢ Discharges from secure care ➢ 51% of cohort have been in hospital for over 5 years ➢ 9 individuals are currently receiving long term high dependency rehabilitation care System will continue with recovery action plan approach to performance management and assurance for 24/25
Reduction in health inequalities	Number of annual health checks	➢ End year performance below trajectory – 9.9% by June against a plan of 12%, with a year-end ambition of 75%. ➢ Following review and discussion at the MHLDA board this measure will now be updated differently so that it is congruent with where the activity is. This is now being implemented for future. ➢ GP AHC quality project findings have been distributed to key stakeholders, the findings of this will inform part of the AHC action plan for 24/25, details of this action plan are being finalised and a System AHC steering group is being considered. Partners across the system are working to understand and resolve any potential coding errors. ➢ New questions around AHC have been embedded in the SEND policy and documentation. Further work is ongoing to build a process in with childrens nursing to send reminders at 14years around eligibility for AHC. ➢ DHcFT and DCHS continue to support primary care with training and development of new ways of working around AHC.
LeDeR Program	Achievement of LeDeR timescales & standards	➢ 35% of reviews to be completed as focused reviews (NHSE target) Latest performance as per NHSE for Derbyshire is 14% (end of April). ➢ 100% of reviews to be completed in 6 months (NHSE target) is decreasing due to limited number of reviewers. Currently at 66% (this is taken from NHSE figures – latest data available at 30/4/24) – although a steady decline since May 23 there has been a slight improvement over the last couple of months ➢ These have been escalated to LeDeR Steering Group/Governance Panel AND Mental Health Delivery Board.

Planning Compliance with Operational Plan – Primary and Community Care

Derby and Derbyshire Integrated Care Board

Objective	Level	Actual	Plan	Actual	Plan	Actual	Plan	actual	plan
		Apr-24		May-24		Jun-24		Jul-24	
Increase General Practice appointment activity	ICB	578,772	471,753	580,127	538,841	547,219	568,802	615,537	536,175
% of appointments delivered on same day	ICB	41%	0%	41%	0%	40%	0%	41%	0%
% of appointments delivered within 2 weeks	ICB	75%	75%	76%	75%	75%	75%	76%	75%
Increase dental activity - improving units of dental activity (UDAs) towards pre-pandemic levels	ICB			*174,893*		*274,827*	381,960	*402,720*	Quarterly Target
Community Waiting List - Over 52 Weeks	ICB	2,020		2,159		2,281	2,226		Quarterly Target
Community Waiting List - total size	ICB	25,821		25,447		25,510			

Primary Care/Dental Recovery Plan Update

Derby and Derbyshire Integrated Care Board

Performance Requirements/Theme	Actions Being Taken, Risks & Mitigations:
Primary Care Access Recovery Plan 24/25	➢ Met with our PCNs to assess their year-end position against the Capacity & Access plans throughout June. Practices and PCNs have made significant progress against the against recovery plan and are now continuing that progress into 24/25 Agree 24/25 Capacity & Access Plans with the PCNs. ➢ Work with the GPPB to implement the new clinical model for General Practice to ensure the two plans complement each other. ➢ Work with PCNs that have an ARRS underspend to maximise their allocation and recruitment in 24/25. ➢ Establish a baseline of permanent ARRS staff vs temporary, additional overtime etc. and look to increase the permanent WTE. ➢ We will apply greater flexibility to the ARRS scheme and support PCNs to recruit other direct patient care, non-nurse and non-GP MDT roles to increase capacity
Primary Care – Dental Commissioning	➢ Derbyshire Oral Health Needs Assessment has been developed and seeking feedback from stakeholders in July and formal governance approval in September ➢ East Midlands Dental Commissioning Principles have been developed and agreed by the East Midlands Joint Commissioning Group ➢ Draft Dental Commissioning Plans have been developed and work is continuing to finalised for formal governance approval in October/November 2024 by East Midlands Joint Commissioning Committee ➢ Commissioning Decision Tree and Quality Framework being developed to underpin dental commissioning arrangements ➢ Non-recurrent investments are being developed for governance approval in July/August to improve access over the next 1-2 years whilst longer term plans are finalised and implemented e.g. 110% over performance, UDAs and flexible commissioning schemes. PHSCC updated on proposed draft plan July24

CRHFT Operational Plan Activity Measures

Derby and Derbyshire Integrated Care Board

CRH

Data Extracted from NHS Futures - Operational Planning Tool - Activity and Performance

Subject	Measure Name		Apr-24	May-24	Jun-24	Jul-24
Elective	Elective day case spells - E.M.10a	2024/25 Actuals	2,929	2,918	2,567	
		2024/25 Plans	2,553	2,553	2,431	2,796
	Elective ordinary spells - E.M.10b	2024/25 Actuals	291	289	301	
		2024/25 Plans	337	337	320	368
Outpatients	Total outpatient attendances (all TFC; consultant and non consultant led) - E.M.32	2024/25 Actuals	25,886	26,686	24,268	
		2024/25 Plans	26,468	26,468	25,207	28,989
	Consultant-led first outpatient attendances (Spec acute) - E.M.8	2024/25 Actuals	6,518	6,871	6,053	
		2024/25 Plans	6,332	6,332	6,030	6,935
	Consultant-led follow-up outpatient attendances (Spec acute) - E.M.9	2024/25 Actuals	15,804	16,250	15,135	
		2024/25 Plans	17,279	17,279	16,456	18,925
A&E	A&E - Type 1 - E.M.13a	2024/25 Actuals	7,083	7,726	7,241	7,649
		2024/25 Plans	6,756	6,862	6,788	6,366
	A&E - Other - E.M.13b	2024/25 Actuals	1,559	1,703	1,595	1,590
		2024/25 Plans	2,100	2,170	2,100	2,170
	A&E - Total - E.M.13	2024/25 Actuals	8,642	9,429	8,836	9,239
		2024/25 Plans	8,856	9,032	8,888	8,536
Non Elective and Emergency Care	Same Day emergency care - E.M.15 and Non-elective spells with a length of stay of zero days - E.M.11a	2024/25 Actuals	1,698	1,695	1,688	
		2024/25 Plans	1,827	1,947	1,956	1,981
	Same day emergency care - E.M.15	2024/25 Actuals	0	0	0	0
		2024/25 Plans	1,318	1,422	1,407	1,393
	Non-elective spells with a length of stay of zero days - E.M.11a	2024/25 Actuals	1,698	1,695	1,688	
		2024/25 Plans	509	525	549	588
	Non-elective spells with a length of stay of 1 or more days - E.M.11b	2024/25 Actuals	2,189	2,302	2,183	
		2024/25 Plans	2,011	2,071	2,073	2,105

UHDBFT Operational Plan Activity Measures

Derby and Derbyshire Integrated Care Board

UHDB

Data Extracted from NHS Futures - Operational Planning Tool - Activity and Performance

Subject	Measure Name		Apr-24	May-24	Jun-24	Jul-24
Elective	Elective day case spells - E.M.10a	2024/25 Actuals	10,186	10,641	9,614	
		2024/25 Plans	8,970	10,746	9,877	10,573
	Elective ordinary spells - E.M.10b	2024/25 Actuals	1,231	1,320	1,312	
		2024/25 Plans	1,019	1,440	1,441	1,403
Outpatients	Total outpatient attendances (all TFC; consultant and non consultant led) - E.M.32	2024/25 Actuals	106,928	107,121	101,474	
		2024/25 Plans	87,626	107,799	100,074	108,190
	Consultant-led first outpatient attendances (Spec acute) - E.M.8	2024/25 Actuals	26,710	27,195	27,013	
		2024/25 Plans	21,220	26,884	25,550	27,048
	Consultant-led follow-up outpatient attendances (Spec acute) - E.M.9	2024/25 Actuals	56,432	56,588	53,699	
		2024/25 Plans	46,311	56,945	51,683	56,717
A&E	A&E - Type 1 - E.M.13a	2024/25 Actuals	21,161	22,674	21,863	21,752
		2024/25 Plans	18,771	20,620	20,696	20,400
	A&E - Other - E.M.13b	2024/25 Actuals	5,043	5,274	5,021	4,953
		2024/25 Plans	5,202	5,966	6,146	6,033
	A&E - Total - E.M.13	2024/25 Actuals	26,204	27,948	26,884	26,705
		2024/25 Plans	23,973	26,586	26,842	26,433
Non Elective and Emergency Care	Same Day emergency care - E.M.15 and Non-elective spells with a length of stay of zero days - E.M.11a	2024/25 Actuals	5,419	5,819	5,409	
		2024/25 Plans	5,133	5,269	5,179	5,355
	Same day emergency care - E.M.15	2024/25 Actuals	2,485	2,570	2,312	
		2024/25 Plans	3,044	3,044	3,044	3,044
	Non-elective spells with a length of stay of zero days - E.M.11a	2024/25 Actuals	2,934	3,249	3,097	
		2024/25 Plans	2,089	2,225	2,135	2,311
	Non-elective spells with a length of stay of 1 or more days - E.M.11b	2024/25 Actuals	5,183	5,604	5,215	
		2024/25 Plans	5,039	5,538	5,345	5,432

ICB Independent Section Provider Operational Plan Activity Measures

Derby and Derbyshire Integrated Care Board

Subject	Measure Name	Type	Apr-24	May-24	Jun-24	Jul-24
Elective	Elective day case spells	2024/25 Actuals	1,300	1,226	1,248	
		2024/25 Plans	1,202	1,202	1,145	1,316
	Elective ordinary spells	2024/25 Actuals	183	281	288	
		2024/25 Plans	194	194	185	212
Outpatient	Consultant-led first outpatient attendances (Spec acute) - E.M.8	2024/25 Actuals	2,286	2,410	2,248	
		2024/25 Plans	1,726	1,726	1,644	1,890
	Consultant-led follow-up outpatient attendances (Spec acute) - E.M.9	2024/25 Actuals	4,265	4,556	3,932	
		2024/25 Plans	3,226	3,226	3,072	3,533

Constitutional Standards – Urgent Care

Derby and Derbyshire Integrated Care Board

ICB Dashboard for NHS Constitution Indicators				Direction of Travel	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance
Area	**Indicator Name**	**Standard**	**Latest Period**	**NHS Derby & Derbyshire ICB**				**Chesterfield Royal Hospital FT**			**University Hospitals of Derby & Burton FT**			**NHS England**		
Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	76%	Jul-24	↓	74.1%	74.8%	3	74.8%	75.0%	1	73.9%	74.7%	3	74.7%	74.0%	106
	A&E 12 Hour Trolley Waits	0	Jul-24					112	458	48	993	3,539	28	36,806	159,545	48

EMAS Dashboard for Ambulance Performance Indicators				Direction of Travel	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Current Month	YTD	consecutive months non-compliance
Area	**Indicator Name**	**Standard**	**Latest Period**	**East Midlands Ambulance Service Performance (NHSD&DICB only - National Performance Measure)**				**EMAS Performance (Whole Organisation)**			**EMAS Completed Quarterly Performance 2024/25**				**NHS England**		
Ambulance System Indicators	Ambulance - Category 1 - Average Response Time	00:07:00	Jul-24	→	00:09:02	00:09:04	49	00:08:54	00:08:59	48	00:09:02				00:08:15	00:08:15	39
	Ambulance - Category 1 - 90th Percentile Respose Time	00:15:00	Jul-24	↓	00:15:42	00:15:37	10	00:15:35	00:15:50	5	00:15:58				00:14:39	00:14:41	0
	Ambulance - Category 2 - Average Response Time	00:18:00	Jul-24	→	00:34:14	00:36:13	48	00:36:14	00:35:48	49	00:35:42				00:33:25	00:32:47	48
	Ambulance - Category 2 - 90th Percentile Respose Time	00:40:00	Jul-24	→	01:10:00	01:15:15	48	01:15:24	01:15:02	48	01:15:05				01:10:24	01:09:13	40
	Ambulance - Category 3 - 90th Percentile Respose Time	02:00:00	Jul-24	→	06:01:04	05:52:24	48	05:39:25	05:26:52	48	05:20:47				04:44:56	04:34:22	40
	Ambulance - Category 4 - 90th Percentile Respose Time	03:00:00	Jul-24	→	04:38:05	04:51:27	40	04:57:28	04:21:57	40	04:06:36				05:30:43	05:15:02	40

Key:			
	Performance Meeting Target	Performance Improved From Previous Period	↑
	Performance Not Meeting Target	Performance Maintained From Previous Period	→
	Indicator not applicable to organisation	Performance Deteriorated From Previous Period	↓

Constitutional Standards – Planned Care & Cancer

Derby and Derbyshire Integrated Care Board

Key:			
	Performance Meeting Target	Performance Improved From Previous Period	↑
	Performance Not Meeting Target	Performance Maintained From Previous Period	→
	Indicator not applicable to organisation	Performance Deteriorated From Previous Period	↓

ICB Dashboard for NHS Constitution Indicators				Direction of Travel	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance
Area	**Indicator Name**	**Standard**	**Latest Period**	**NHS Derby & Derbyshire ICB**				**Chesterfield Royal Hospital FT**			**University Hospitals of Derby & Burton FT**			**NHS England**		
Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Jun-24	↓	57.3%	56.9%	77	53.6%	53.7%	62	54.2%	53.9%	78	58.9%	58.7%	100
	Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Jun-24	↓	5,353	16,607	53	1,374	3,839	51	4,226	14,210	52	302,693	912,782	206
	Number of 78 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Jun-24	↓	14	64	39	3	8	39	11	68	39	2,621	12,231	39
	Number of 104 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Jun-24	↓	0	3	0	0	1	0	0	2	0	120	654	39
Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Jun-24	↓	26.48%	27.29%	73	31.48%	30.44%	51	22.67%	23.96%	52	22.89%	22.65%	130
28 Day Faster Diagnosis	Diagnosis or Decision to Treat within 28 days of All Referrals	75%	Jun-24	↓	75.5%	74.4%	0	72.1%	75.6%	1	76.1%	74.3%	0	73.5%	75.4%	1
31 Days Cancer Waits	First & Subsequent Treatments Administered Within 31 Days Of Decision To Treat	96%	Jun-24	↓	86.0%	87.2%	24	97.1%	95.2%		84.0%	84.7%	24	90.9%	90.6%	24
62 Days Cancer Waits	First Definitive Treatment Administered Within 62 Days Of All Referrals	85%	Jun-24	↑	69.7%	66.6%	24	80.6%	78.9%	24	68.2%	64.5%	24	67.4%	66.6%	24

Data Source

NHS Derby and Derbyshire Integrated Care Board

Area	Objective	Data Source
Primary and Community Care	Increase General Practice appointment activity	Appointments in General Practice - NHS England Digital
	% of appointments delivered on same day	
	% of appointments delivered within 2 weeks	
	Increase dental activity - improving units of dental activity (UDAs) towards pre-pandemic levels	eDEN Dental data via NHSBSA
	Community Waiting List - Over 52 Weeks	Statistics » Community Health Services Waiting Lists (england.nhs.uk)
	Community Waiting List - total size	
Mental Health, Autism & Learning Disabilities	Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025	https://future.nhs.uk/MHRH/view?objectID=43647696
	Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025	https://www.england.nhs.uk/statistics/statistical-work-areas/serious-mental-illness-smi/
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement	https://digital.nhs.uk/data-and-information/publications/statistical/nhs-talking-therapies-monthly-statistics-including-employment-advisors
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 48% achieving reliable recovery	
	Increase the number of people accessing transformed models of adult community mental health in 2024/25 (Quarterly Target).	https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set
	Increase the number of women accessing specialist perinatal services in 2024/25 (12 month rolling).	https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set
	Increase the number of children and young people accessing a mental health service in 2024/25 (12 month rolling).	https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics
	Ensure that 75% of individuals listed on GP registers as having a learning disability will receive annual health check (Quarterly Target).	https://digital.nhs.uk/data-and-information/publications/statistical/learning-disabilities-health-check-scheme
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults for every 1 million population	Local data used from DHcFT
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 12–15 under 18s for every 1 million population	
	Reduce out of area placements	https://future.nhs.uk/MHRH/view?objectID=26200112
Planned Acute Care and Cancer	No person waiting longer than 65 weeks on an RTT pathway at the end September 2024.	https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/
	Total RTT incomplete waiting list	
	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/
	Total diagnostic waiting list	
	Value Weighted Activity relative to 19/20 base	https://future.nhs.uk/NHSEPaymentsystemsupport/groupHome
	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026	Data from the CWT-Db on a monthly and quarterly basis.
	Improve performance against the headline 62-day standard to 70% by March 2025	
Urgent and Emergency Care	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025	https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fstatistics%2Fstatistical-work-areas%2Fae-waiting-times-and-activity%2F&data=05%7C01%7Cmatt.whitston%40nhs.net%7C77d55a7e84d54e8d9ec008daf21af378%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638088494801862708%7CUnknown%7CTWFp Local Data
	Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25	https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators).
	Increase virtual ward capacity.	Foundry (Virtual Ward Dashboard)
	Increase virtual ward utilisation.	
	Average general and acute bed occupancy rate	Statistics - NHS England - Critical care and General & Acute Beds – Urgent and Emergency Care Daily Situation Reports 2023-24
	Percentage of beds occupied by patients no longer meeting the critera to reside - adult	Statistics » Discharge delays (Acute) (england.nhs.uk)

Population Health & Strategic Commissioning Committee Assurance Report – 8th August 2024

NHS Derby and Derbyshire Integrated Care Board

Matters of concern or key risks to escalate	Decisions made
None to report.	**Commissioning Decisions:** Ratified the decision of the NHS Derby and Derbyshire Executive, to award a Contract to Community Health & Eye Care (CHEC) to provide Cataract Surgery. **Confidential Primary Care Pharmacy, Optometry & Dental:** Noted the update and gave the mandate to the Primary Care team to establish schemes to improve access within the framework and the budget. **Confidential Tier 3 Weight Management:** Discussed the update, including the system risk, and supported the paper's recommendations but with the review to take six months not twelve and to incorporate the Committee's suggested changes. The Committee also approved the following: • Young Adults Service Supporting those Aged 17 To 24 Years in their Emotional and Mental Health' contract to be conditionally awarded to the preferred bidder, Bidder A; • Contract Award for the Living Well VCSE Derby City Service.
Major actions commissioned or work underway	**Positive assurances received**
A review is being undertaken in terms of learning from recent procurements and the ICB have also asked their internal auditors to look at the PSR. Both these reports will be brought back to a future PHSCC meeting. The Joint Forward Plan progress report has been received by Board and they have asked for some further work on the JFP. Alongside that, the Board requested an outcomes framework, which will be reported to the November meeting and will be received at this committee ahead of board for support and challenge. Committee agreed the importance for population data insights in addition to performance data to be presented at each committee meeting. This work will be driven through the programme of work known as operational Periscope led by the ICB CMO. The revisions of the TOR were presented and discussed with good agreement from the committee members. These will be finalised and presented for final agreement at the October meeting. The changes have been to strengthen the forward view and the emphasis on Place. In addition to a clearer focus on the Joint Forward Plan and Operational Plan and health inequalities, population health and prevention.	**Commissioning Decisions:** Commissioning and Procurement Subgroup report provided an overview of three areas of work that the group has been focusing on: • agreeing contracts with out of area providers – looking at getting clarity on what we are paying for, and what we need; • ensuring commissioning of current projects is in line with procurement regulations; and • the change to Choice regulations. The Committee noted the Assurance Report for the decisions made at the Primary Care Sub Group (PCSG) meeting held on 9 July 2024 and received the PCSG minutes from 11 June 2024. **Risk Register** The new risks supported at the last meeting have been discussed and reviewed with the ICB corporate risk team, and work is ongoing to determine the scoring, mitigations and actions for each risk. This work has highlighted the challenge of risk in this committee being both corporate and system. This Committee is very system focused but corporate risks are ICB risks and system risks are BAF risks. The board chair is also undertaking a piece of work regarding system and ICB risks so we will need to align with this work. Work continues to revise the committee corporate risks.
Comments on the effectiveness of the meeting	
Nothing of note in terms of concerns. It was noted to be a productive meeting with good items received and good input and participation from committee members.	

Finance

Keith Griffiths, Chief Finance Officer
Jill Dentith, Non-Executive Member

Month 4 System Finance Summary – Financial Position

Derby and Derbyshire Integrated Care Board

As at month 4 the system is reporting a year to date adverse variance to plan of £2.8m (7.7%), an adverse movement of £1.9m from month 3.

Key drivers of the financial position include industrial action costs of £1.4m (NHSE has indicated funding will be available towards this) as well as Urgent and Emergency Care Demand pressures contributing £1.1m to the variance.

JUCD submitted a financial plan on 12th June 2024 to deliver a planned deficit of £50.0m, in line with the Revenue Financial Plan Limit set for the ICS. The system is expecting a non-recurrent deficit support revenue allocation of £50.0m, effectively taking the position to breakeven.

All organisations remain committed to delivering the agreed plan by the end of the year.

Month 04 Position	YTD Plan £'m	YTD Actual £'m	Var £'m	Var %	Full Year plan £'m	FOT £'m	Forecast Outturn Variance £'m
ICB	**3.0**	**3.1**	**0.2**	**5.2%**	**23.8**	**23.8**	**0.0**
CRH	(8.7)	(9.3)	(0.5)	(6.0%)	(19.6)	(19.6)	0.0
DCHS	(1.2)	(0.7)	0.5	42.5%	0.0	(0.0)	0.0
DHcFT	(3.3)	(3.3)	(0.0)	(1.3%)	(6.4)	(6.4)	(0.0)
EMAS	2.3	2.0	(0.2)	(10.4%)	0.0	0.0	0.0
UHDB	(28.9)	(31.6)	(2.7)	(9.4%)	(47.8)	(47.8)	0.0
JUCD ICS Surplus/ (Deficit)	**(36.9)**	**(39.7)**	**(2.8)**	**(7.7%)**	**(50.0)**	**(50.0)**	**0.0**

Month 4 System Finance Summary – Efficiencies

Derby and Derbyshire Integrated Care Board

The annual efficiency plan is to deliver £169.7m. All organisations are forecasting to achieve their full efficiency targets by the end of the year.

The system is £0.5m ahead of plan to date. It should be noted however that plans are weighted towards the end of the financial year.

The level of recurrent efficiencies is behind plan to date with 52% delivered recurrently against the planned 62%. This puts pressure on future financial years.

Efficiencies by Provider Month 04 Position	YTD Plan £m's	YTD Actual £m's	YTD Variance £m's	Full Year Plan £m's	Full Year Forecast £m's	Forecast Variance £m's
NHS Derby and Derbyshire ICB	9.0	10.1	**1.0**	47.0	47.0	**(0.0)**
Chesterfield Royal Hospital	3.0	2.9	**(0.1)**	19.8	19.8	**(0.0)**
Derbyshire Community Health Services	2.3	2.6	**0.3**	11.6	11.6	**0.0**
Derbyshire Healthcare	2.8	2.6	**(0.3)**	12.5	12.5	**0.0**
EMAS	5.3	5.0	**(0.4)**	16.1	16.1	**0.0**
University Hospital of Derby and Burton	11.5	11.5	**(0.1)**	62.7	62.7	**(0.0)**
JUCD Total	**34.1**	**34.6**	**0.5**	**169.7**	**169.7**	**0.0**

Month 4 System Finance Summary – Capital

Derby and Derbyshire Integrated Care Board

At month 4 the year to date spend is £2.4m behind plan, largely due to underspends at DCHS from timing on major construction projects offset by overspends at UHDB relating to schemes being brought forward.

The forecast overspend for Derbyshire Healthcare relates to the eradication of mental health dormitories.

There is a £1.9m planning risk for IFRS16 Right of Use assets relating to leasing needs in excess of the allocation received. Planning also included an allowable 5% over-commitment on system capital which equates to £1.2m.

Opportunities to bridge the gap for 2024/25 need to be considered including reduction in commitments in 2024/25 and scheme slippage into 2025/26.

Organisation	YTD Plan £'m	YTD Actual £'m	Var £'m	Capital Plan £'m	In-Year Allocations £'m	Capital Allocation £'m	FOT £'m	Allocation - FOT Var £'m
NHS Derby and Derbyshire ICB	0.0	0.0	0.0	1.8		1.8	1.8	0.0
Chesterfield Royal Hospital NHSFT	1.9	1.5	0.4	7.4	4.6	11.9	11.9	0.0
Derbyshire Community Health Services NHSFT	9.7	4.7	5.0	19.0		19.0	19.0	0.0
Derbyshire Healthcare NHSFT	3.5	3.5	0.0	9.2		8.6	9.2	(0.6)
East Midlands Ambulance Service NHS Trust	0.6	1.1	(0.5)	22.0		22.1	22.1	0.0
University Hospitals of Derby and Burton NHSFT	6.9	9.5	(2.6)	107.3		107.3	107.3	0.0
Derby and Derbyshire ICS Total	**22.6**	**20.3**	**2.4**	**166.6**	**4.6**	**170.7**	**171.3**	**(0.6)**

Month 4 System Finance Summary – Cash

Derby and Derbyshire Integrated Care Board

The cash balances at month 4 include £19.1m held for capital commitments and £26.2m held by subsidiaries.

Both CRH and UHDB have submitted cash support requests for quarter two. Further cash support is also expected to be required in quarters three and four to help manage cash balances.

The in-year cash flows for all organisations will be significantly impacted if the expected cash-releasing efficiencies are not delivered.

Organisation	July 2024 Cash Balance (Net of Subsidiaries) £'m
Chesterfield Royal Hospital NHSFT	5.4
Derbyshire Community Health Services NHSFT	32.0
Derbyshire Healthcare NHSFT	21.0
East Midlands Ambulance Service NHS Trust	14.8
University Hospitals of Derby and Burton NHSFT	27.3
Derby and Derbyshire ICS Total	**100.5**

System Finance, Estates & Digital Committee Assurance Report – July 2024

NHS Derby and Derbyshire Integrated Care Board

Matters of concern or key risks to escalate	Decisions made
Financial Position 24/25 - As of 30 June 2024, with a deficit of £31.3m the JUCD position is £0.9m away from its planned position of a £30.4m deficit. This position is reported against the improved 24/25 plan of a £50m agreed in early June. NHSE have agreed to underwrite our £50m deficit non recurrently and thereby allow us to plan for a breakeven position (expected July 24) and will need to be repaid in full from 26/27 onwards. Full details, which apply to all systems across England have yet to emerge. **Financial Planning 25/26** – The committee considered an updated predicted underlying deficit for 25/26 based on emerging national NHSE approach to 23/24 outturn which is yet to be formally clarified. Assuming 24/25 delivers on plan, a shortfall of c£250m exists for 25/26 after application of NHSE funding/penalty regimes assuming a 3% CIP target. **System Efficiency 24/25** - With the 5% CIP target totalling £169.7m for the whole system for the whole year, £21.7m was planned to be delivered by M03, against which £22.6m was delivered. Though overall this looks like a good position, the proportion which is recurrent is behind plan by £0.5M, and there was emerging concern that this shortfall could grow in the coming months if not addressed quickly, UEC and elective care demand, which drive up pay costs and distract leadership time away from efficiency, are the biggest areas of risk. CIP delivery remains the largest underlying risk for the system, given the scale and pace of delivery committed to by all in the plan for 24/25 requires £147.1m to be delivered over next 10 months. **Other 24/25 Risks** –Delivering the £50m deficit as per the 24/25 agreed plan also requires a high degree of collaboration and prioritisation between NHS and LA partners, and these discussions are continuing. **Final 23/24 Outturn** – the committee noted that we are still awaiting a final, written position statement form NHSE Midlands regarding the £42m deficit position we delivered on plan last year. **POD & Primary Care Financing** – the committee received a thorough presentation on historic/current financial flows and allowed the committee to spend time considering the future financial landscape, as reflected in the system's 5YFP.	**Month 3 System Financial Report** – the committee accepted the report as presented. **Risk Register and Board Assurance Framework** – the Committee reviewed both documents to ensure that they still accurately reflected the risks, risk ratings and mitigations assigned to the Committee for 24/25, and reviewed the same in the light of the final 24/25 agreed system plan.
Major actions commissioned or work underway	**Positive assurances received**
System Improvement and Transformation Plan 2024-25 - the Committee maintained its focus on transformation and had continued interest in the work being done by the provider collaborative to deliver real changes across organisational boundaries. Progress however continues to feel slow so conversations will be intensified at the next meeting.	**Financial position 2024/25 of DDICB Regional and National comparisons** – Though unacceptable as it's a deficit position, the commitment demonstrated by all organisations to deliver on plan was not in question, recognising the significant operational and workforce pressures the NHS and LA's are currently under. **System Efficiency 2024/25** – Non-executive directors acknowledged the scale of the 5% CIP ask and despite the work that lies ahead were encouraged by the transparency and energy being put into de-risking our plans in the early part of the year. **Underlying 2025-26 System Position** – The committee welcomed the updated view on next year driven by the application of national financial policy and connections being made to 5YFP.

Comments on the effectiveness of the meeting
There was excellent representation across the System at the meeting. The Committee noted the work required and being done within the system to deliver the revised 2024-25 plan and the triangulation required across committees re finance, operations (including transformation) and workforce. Committee members contributed to the confirm and challenge discussions.

System Finance, Estates & Digital Committee Assurance Report – August 2024

NHS Derby and Derbyshire

Matters of concern or key risks to escalate	Decisions made
Financial position 24/25 - As of 31 July 2024, with a deficit of £39.7m the JUCD position is £2.8m away from its planned position of a £36.9m deficit. This position is reported against the improved 24/25 plan of a £50m agreed in early June. NHSE have yet to underwrite our £50m deficit non recurrently and allow us to plan for a breakeven position (this was expected in July 24 but is now not likely until October) and will need to be repaid in full from 26/27 onwards. There was considerable discussion regarding current run rate driven by ongoing UEC pressure, prescribing, CHC/LA pressures and efficiency delivery. Risks against the required £50m deficit plan for the year were discussed in full, recognising that as well as the operational challenges affecting run rate there remained an £18.8m gap in CIP identified CIP schemes, non-JUCD commissioner income risks and IFRS16. Plans/ mitigations to address these complex issues will be the focus of the September meeting and every organisation was instructed to present formally to the committee their plans to mitigate, as well as referencing the system wide initiatives driven by the provider collaborative which still need to provide greater assurance. Implicit to all this is a clear understanding of relative risk across system partners and a need for some organisations to exceed their annual plan and commit to a surplus position by year end. **System Efficiency 24/25** - With the 5% CIP target totalling £169.7m for the whole system for the whole year, £34.1m was planned to be delivered by M04, against which £34.6m was delivered. Though overall this looks like a good position, an examination of rag rated schemes highlighted the level of risks in future plans and the recurrent/non recurrent proportions are a concern for 25/26. CIP delivery remains the largest underlying risk for the system, given the scale and pace of delivery committed to by all in the plan for 24/25 requires £135.1m to be delivered over the next 10 months. **Other 24/25 Risks** –Delivering the £50m deficit as per the 24/25 agreed plan also requires a high degree of collaboration and prioritisation between NHS and LA partners. The ICB is engaging with NHSE to ensure we receive full funding for the 24/25 pay award. Shortfalls in previous years have left c £12m financial gap within the NHS landscape, on top of which DHU, CSU's etc have not received funding at all. This situation creates a risk for service delivery as well as health and care finances. Finally, the delay in NHSE underwriting system deficits is causing cash issues for acute providers which is becoming of increasing concern. **Final 23/24 Outturn** – the committee noted that we continue to await a final, written position statement from NHSE Midlands regarding the £42m deficit position delivered on plan last year. The intention is now to escalate this formally with immediate effect.	**Month 4 System Financial Report** – the committee accepted the report as presented. **Risk Register and Board Assurance Framework** – the Committee reviewed both documents to ensure that they still accurately reflected the risks, risk ratings and mitigations assigned to the Committee for 24/25, and reviewed the same in the light of the final 24/25 agreed system plan and the current predictions for the remainder of the year. **Other significant items discussed -** There were formal presentations on 24/25 capital, strategic estates / infrastructure, Productivity (case study from UHDB on elective activity) and System wide transformation.
Major actions commissioned or work underway	**Positive assurances received**
Derisking the 24/25 plan - the priority for the September meeting is the deep dive by organisation on forecasts and mitigations, including examining areas where organisations can exceed breakeven plans and deliver a surplus in order to ensure delivery of our collective 24/25 system plan.	**Financial position 24/25 ICB Regional and National comparisons** – commitment demonstrated by all to deliver on plan was not in question, recognising significant operational/workforce pressures the NHS and LA's are currently under. There is a growing level of anxiety across partners given operational and workforce pressure. **System Efficiency 24/25** – Non-executive directors acknowledged the scale of the 5% CIP ask and were encouraged by the transparency and energy being put into de-risking our plans in the early part of the year. This was demonstrated by the collective desire for a deep dive conversation in September. **System Reporting** – the committee welcomed the redesigned format of the system report and the added clarity it gave to risks/links to operational/workforce challenges

Comments on the effectiveness of the meeting
There was excellent representation across the System at the meeting. The Committee noted the work required and being done within the system to deliver the revised 2024-25 plan and the triangulation required across committees re finance, operations (including transformation) and workforce. Committee members contributed to the confirm and challenge discussions.

Workforce

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

2024/25 Workforce Plan Position Month 4 (NHS Foundation Trusts including EMAS)

Derby and Derbyshire Integrated Care Board

ICB Total	Reporting Period: Jul 2024					
	Month M4			Trend		
	Plan	Actual	Variance from plan	Previous month	Changes in actual vs previous month	Trend (Actual) previous 12 months
Workforce						
Total Workforce (WTE)	30,576.65	30,154.60	422.05	30,021.98	↑	
Substantive (WTE)	28,755.00	28,232.88	522.12	28,283.62	↓	
Bank (WTE)	1,538.01	1,665.03	-127.02	1,499.05	↑	
Agency (WTE)	283.64	256.69	26.95	239.31	↑	
Cost						
Pay Cost (£'000)	132,378	134,329	-1,951	134,718	↓	

Note: Plan figures are as submitted in the 24/25 workforce operational plan submission.
^ For the Pay Cost, all trusts are using 'Total employee benefits excluding capitalised costs' for both budget & actual.

- The total workforce across all areas (substantive, bank and agency) was **422.05 below plan at M4.**
- Compared to M3, there was a decrease in substantive positions (-50.74WTE) but there was an increase in bank (+165.98WTE) and agency usage (+17.38WTE) .
- The majority of the decrease in substantive positions was from Registered nursing, midwifery and health visiting staff (-28.01WTE), and Allied Health Professionals (-23.62WTE) while there was an increase from NHS Infrastructure Support (+11.42WTE).
- Whilst the WTE position was below plan, for Pay Cost, there was **an overspend of £1.95m in M4.** This is due to overspends in CRH, EMAS and UHDB. See further details on slides 12-14.

2024/25 Workforce Plan Position M4: Provider Summary

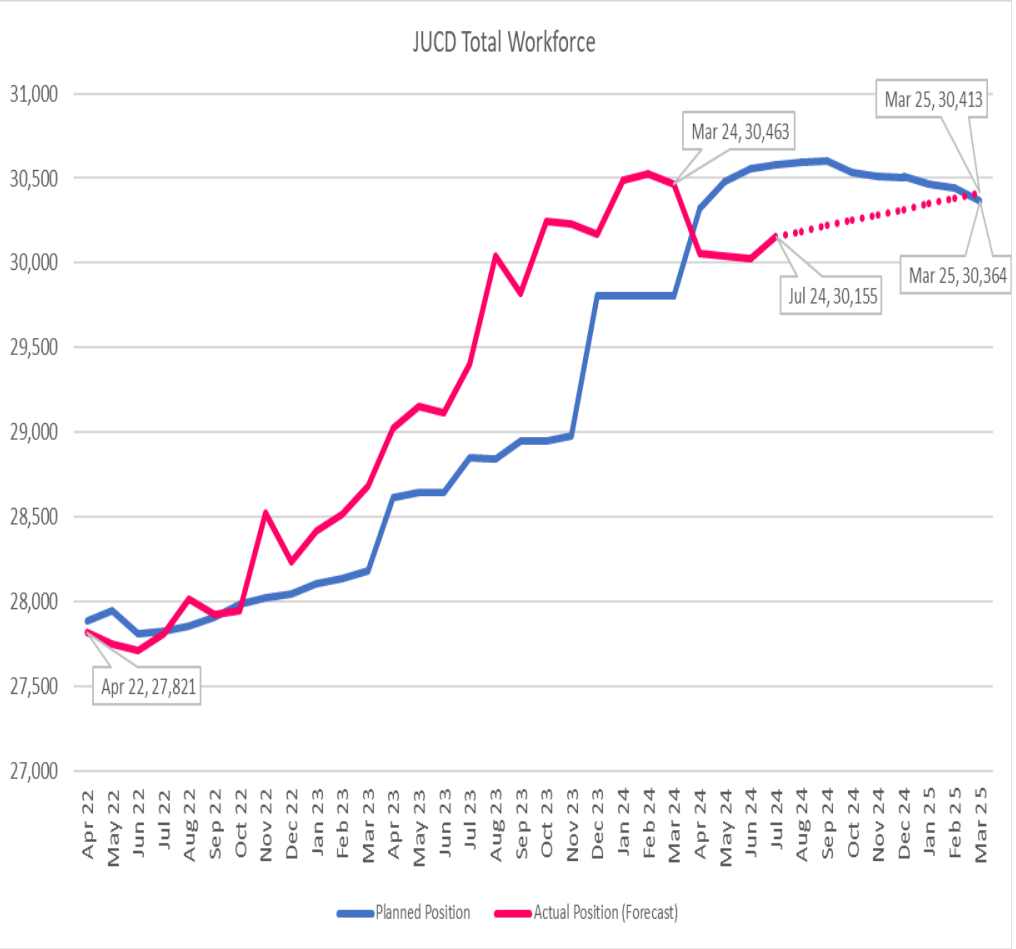
2024/25		M4 Plan	M4 Actual	Variance from plan
CRH	Workforce (WTE)			
	Total Workforce	5,027.20	4,990.95	36.25
	Substantive	4,616.57	4,612.23	4.34
	Bank	306.86	290.95	15.91
	Agency	103.77	87.77	16.00
	Cost (£)			
	Pay Cost (£'000) ^	£21,659	£22,680	-£1,021
DCHS	Workforce (WTE)			
	Total Workforce	3,948.02	3,894.77	53.25
	Substantive	3,825.43	3,781.70	43.73
	Bank	95.16	85.06	10.10
	Agency	27.43	28.01	-0.58
	Cost (£)			
	Pay Cost (£'000) ^	£14,829	£14,385	£444
DHcFT	Workforce (WTE)			
	Total Workforce	3,261.05	3,188.95	72.10
	Substantive	3,045.36	2,973.25	72.11
	Bank	164.16	182.25	-18.09
	Agency	51.53	33.45	18.08
	Cost (£)			
	Pay Cost (£'000) ^	£13,670	£13,657	£13
EMAS	Workforce (WTE)			
	Total Workforce	4,464.79	4,284.98	179.81
	Substantive	4,388.13	4,211.06	177.07
	Bank	52.66	51.03	1.63
	Agency	24.00	22.89	1.11
	Cost (£)			
	Pay Cost (£'000) ^	£17,728	£18,085	-£357
UHDB	Workforce (WTE)			
	Total Workforce	13,875.59	13,794.95	80.64
	Substantive	12,879.51	12,654.64	224.87
	Bank	919.17	1,055.74	-136.57
	Agency	76.91	84.57	-7.66
	Cost (£)			
	Pay Cost (£'000) ^	£64,492	£65,522	-£1,030

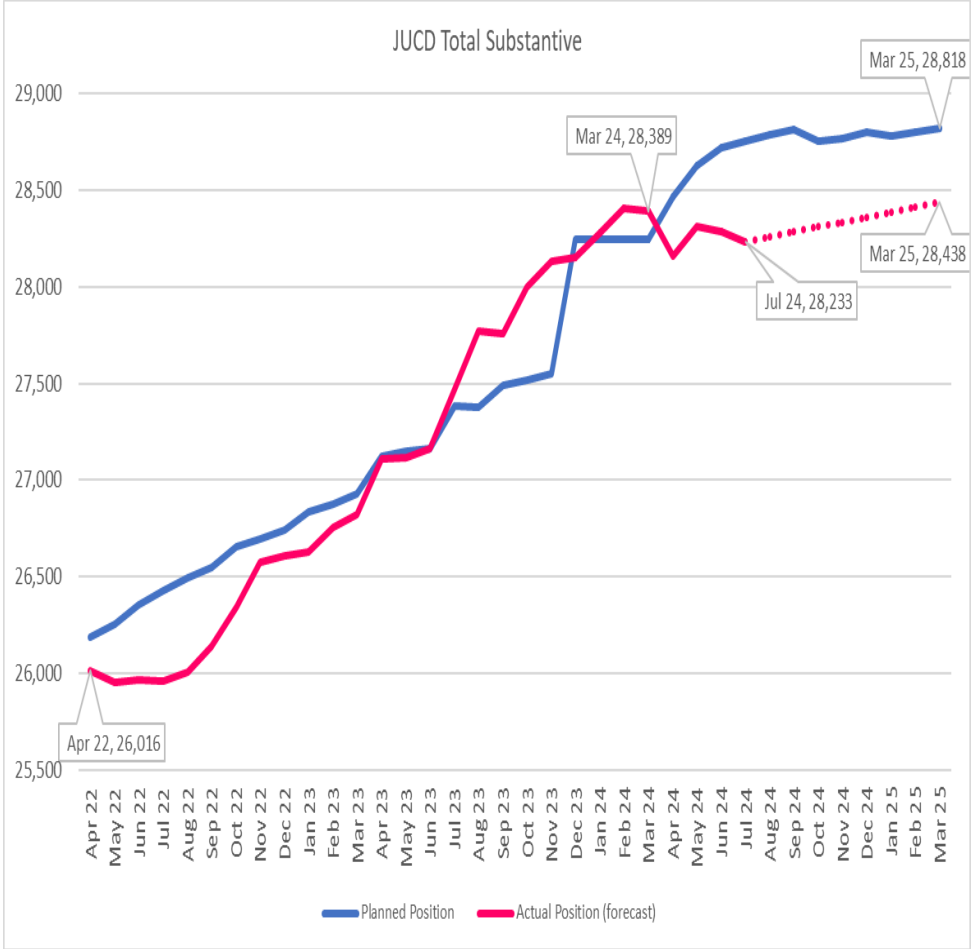
2024/25 Workforce Plan Position M4: Provider Narratives

Derby and Derbyshire Integrated Care Board

	Supporting Provider Narrative
CRH	Overall, 36.25WTE below plan. **Substantive**: Decrease due to tight vacancy controls. **Bank**: Decrease due to implementation of tighter controls in nursing and support to clinical workforce. **Agency**: Static from previous month but 16WTE below plan. Overspends to date in Agency and bank staff due to CIP schemes not yet delivering, fragile services and some posts which are income backed (£700k) not yet offset against spend. Within Royal Primary Care, ambitious assumption at planning stage that no bank/agency staff would be required has not materialised. Overspend in bank and Agency staff escalated to director level for review as to where use of temporary staff can be reduced safely and the risks associated with this.
DCHS	Over plan on agency 28.01WTE against a plan of 27.43WTE, but under plan on both substantive and bank. Our M4 planned pay cost for M4 was £14,829k and actual pay cost was £14,385k. Monthly agency costs are creeping up in from April in line with WTE numbers, a lot of work in progress to continue temporary staffing reduction.
DHcFT	Lower than Substantive plan due to recruitment pause. Above plan position on Bank due to zonal obs - initially assumption was agency but using bank. Agency is lower than plan due to change in approach to using Bank Staff.
EMAS	Even though we have more than 170WTE Substantive vacancies, EMAS is showing a pay overspend. This is because we are using the vacancy funding on overtime and bank to ensure that our frontline resourcing matches 2023/24 Quarter 4 resourcing which is a national requirement contained in the planning guidance. Delays in implementing the 2024/25 CIP and continuing A&E turnaround delays are also contributing to the overspend.
UHDB	The increase in bank in month 4 is caused by shifts being paid in month 4 which were worked in previous months, therefore timing rather than increased bank shifts worked. Overall, in July we are under plan by 80.64WTE.

JUCD Workforce Trends

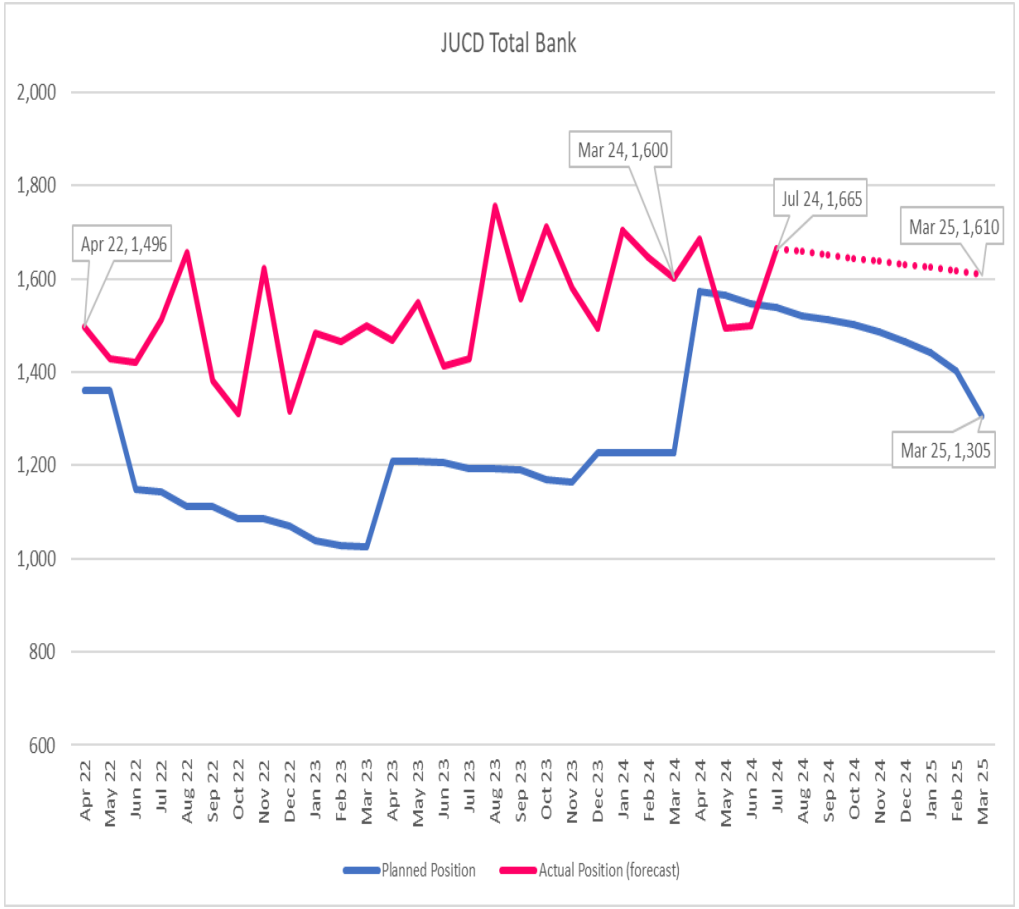


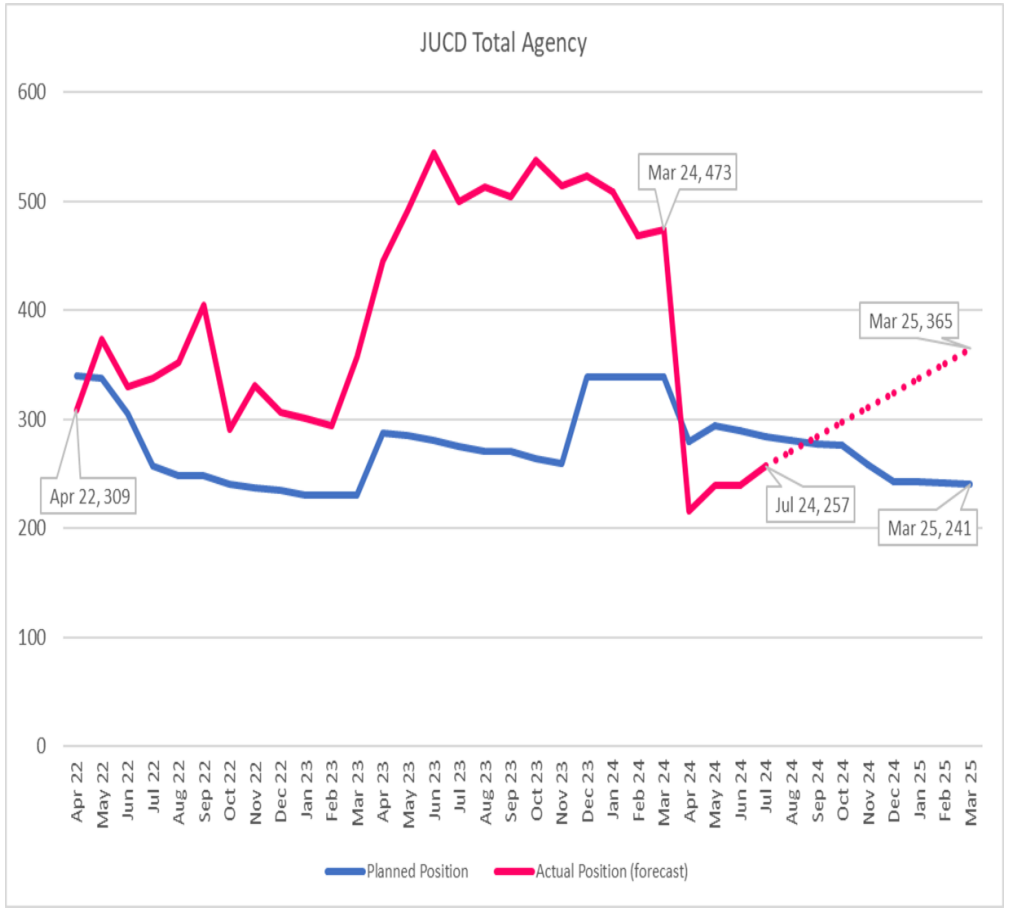


- All Providers are below plan for the total workforce, resulting in the system position at M4 being 1.4% (422WTE) less than plan.
- The current forecast (dotted line) is demonstrating a M12 position of 30,413WTE, which is 49WTE below the year-end plan. However, we know that there are fluctuations in-year and this is the current prediction using the change in position between M1 and M4.

- All Providers are below plan on substantive workforce. The total system position at M4 is 1.8% (522 WTE) below plan.
- Using the change between M1 and M4, we forecast a M12 position of 28,438WTE, which is 380WTE below year-end plan.

JUCD Workforce Trends





- Most of the providers are below plan compared to the Bank workforce plan. However, DHcFT and UHDB are both above plan (18.09 WTE and 136.57 WTEs, respectively). This results in the total system position for the Bank workforce at M4 as 8.3% (127 WTE) above plan. This is an increase since M3 where the position was 46 WTE below plan.
- For UHDB, the increase is caused by shifts being paid in M4 which were worked in M3, therefore it's about the timing rather than increased bank shifts worked.
- Using the change between M1 and M4, we forecast a M12 position of 1,610WTE, which is 305WTE above year-end plan.

- The significant drop in Agency usage since March 2024 relates to a change in EMAS reporting (overtime and 3rd party) which was previously being reported as agency is now removed.
- All Providers continue to make concerted efforts to ensure effective agency controls are in place and there is a minimal over plan position observed for DCHS (0.58 WTEs) and UHDB 7.66 WTES).
- The Agency workforce position for the system at M4 is 9.5% (27WTE) below than plan.
- Using the change between M1 and M4, we forecast a M12 position of 365WTE, which is 124WTE above year-end plan.

2024/25 Primary Care Workforce (M3)

NHS 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	Actual			Plan	Actual			Plan	Actual			Plan
Primary Care	Staff in post outturn	Q1			Q1	Q2			Q2	Q3			Q3	Q4			Q4
Joined Up Care Derbyshire STP	Year End	As at the end of			As at the end of	As at the end of			As at the end of	As at the end of			As at the end of	As at the end of			As at the end of
	(31-Mar-24)	Apr-24	May-24	Jun-24	Jun-24	Jul-24	Aug-24	Sep-24	Sep-24	Oct-24	Nov-24	Dec-24	Dec-24	Jan-25	Feb-25	Mar-25	Mar-25
Workforce (WTE)	Total WTE	Total WTE			Total WTE	Total WTE			Total WTE	Total WTE			Total WTE	Total WTE			Total WTE
Total Workforce	**3,670**	**3,442**	**3,449**	**3,464**	**3,646**				**3,700**				**3,725**				**3,750**
GPs excluding registrars	770	726	**731**	725	759				788				785				785
Nurses	380	343	344	345	369				367				367				367
Direct Patient Care roles **(ARRS funded)**	686	590	581	601	667				674				689				689
Direct Patient Care roles **(not ARRS funded)**	281	271	270	271	286				291				295				295
Other – admin and non-clinical	1,552	1,512	1,523	1,521	1,566				1,580				1,590				1,590

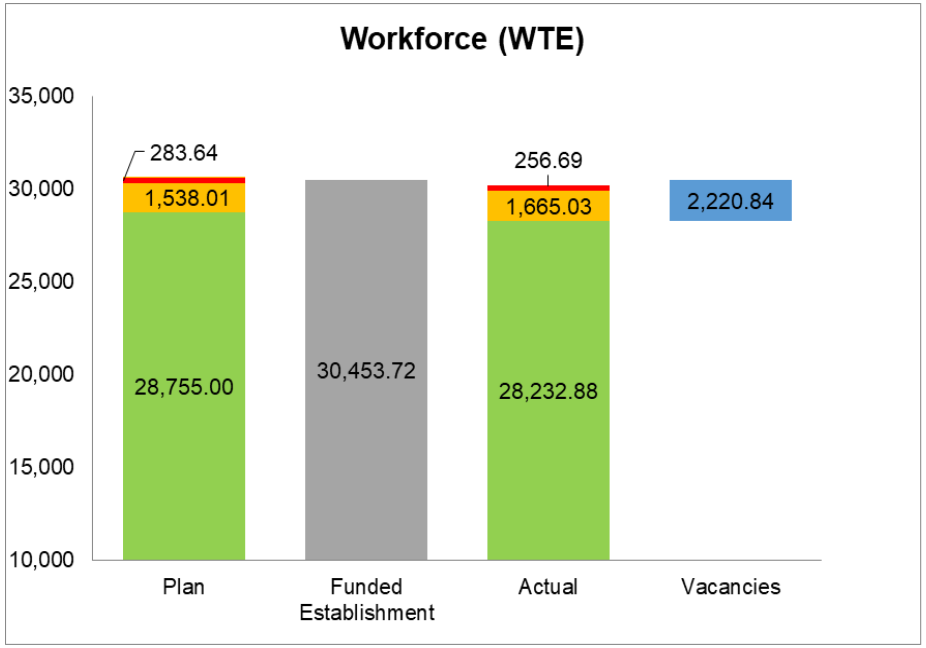
Summary

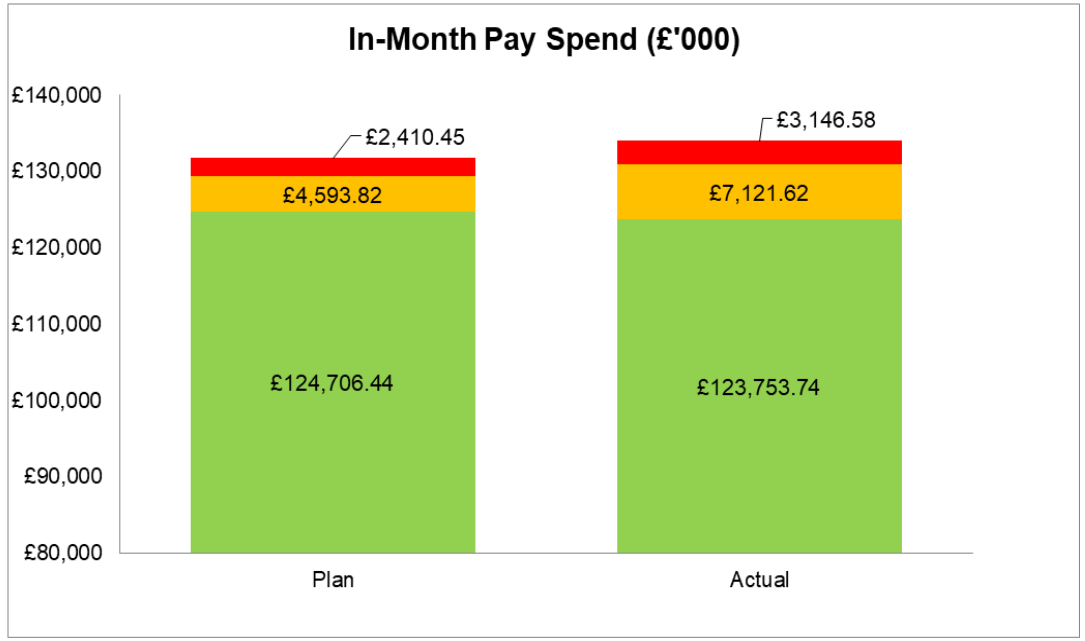
- At M3, the total workforce was 183WTE below Q1's plan. The gap was observed mainly from Direct Patient Care roles (ARRS funded) (-66WTE) and Other – admin and non-clinical staff (-45WTE).

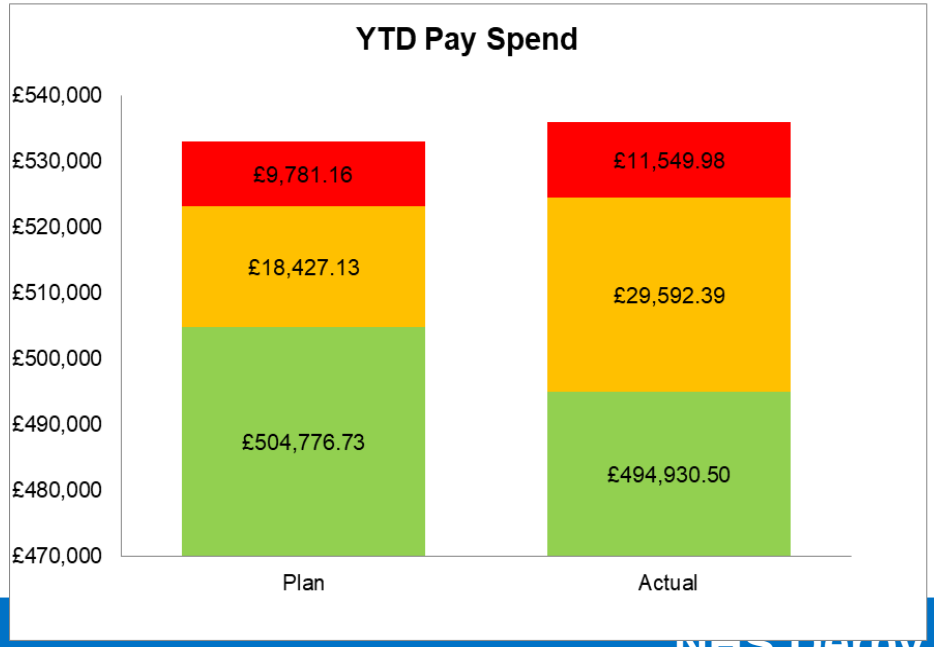
Caveats to the data:

- 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

Workforce and Pay Spend Waterfall







Note: Total pay spend does not equal to the summation of substantive, bank & agency pay cost due to the adjustments made for capitalised costs

In the absence of the national requirement for monthly establishment plans, local arrangements have been put in place, to monitor the workforce plan against the actual staffing levels that we have the budget for (i.e. funded WTE establishment). See following slide for further details.

The M4 position is demonstrating an overspend of £1.95m (YTD £1.72m overspend). This is attributed to overspends in CRH, EMAS and UHDB. The pay-overspend is being investigated further particularly due to the under-plan position on the WTEs; it is thought that overtime and other drivers could be masking the position which links to the ask of the finance colleagues to unpick non-contractual pay elements.

Key:
- Agency
- Bank
- Substantive

Workforce establishment V M4 actuals (WTE) comparison to pay-bill (£)

Derby and Derbyshire Integrated Care Board

Notes:

* The establishment figures do not include the full impact of all the required efficiencies and subsequent impact on workforce consistently across all Trusts

** For the purpose of this comparison exercise the vacancy numbers are based on the difference between establishment and staff in post as a proxy measure. It is recognised that there is a slight variance in the figures compared to those submitted in PWR and this is because of the establishment figures being extracted from the finance ledger whereas the vacancy actuals submitted on PWR are derived from ESR.

Data Sources:

Provider Finance Returns (PFR)
Finance - Deputy DoFs (extracted from Finance Ledgers)
Provider Workforce Returns (PWR extracted from)

	Total Workforce						Funded Establishment *	Vacancy **	Vacancy Rate **	Funded Establishment v Total Workforce Variance
	WTE			Pay Spend (£,000)						
	Plan	Actual	Variance	Plan	Actual	Variance	WTE	WTE	%	WTE
ICB Total	30,576.65	30,154.60	422.05	£132,378.16	£134,329.08	-£1,950.92	30,454	2,221	7.29%	299
CRH	5,027.20	4,990.95	36.25	£21,659.00	£22,680.16	-£1,021.16	4,901	289	5.89%	-90
DCHS	3,948.02	3,894.77	53.25	£14,828.77	£14,384.57	£444.20	4,065	283	6.97%	170
DHcFT	3,261.05	3,188.95	72.10	£13,670.39	£13,657.16	£13.23	3,315	342	10.31%	126
EMAS^	4,464.79	4,284.98	179.81	£17,728.00	£18,085.00	-£357.00	4,465	254	5.68%	180
UHDB	13,875.59	13,794.95	80.64	£64,492.00	£65,522.19	-£1,030.19	13,708	1,053	7.68%	-87

In-month	Substantive						Bank						Agency					
	WTE			Pay Spend (£,000)			WTE			Pay Spend (£,000)			WTE			Pay Spend (£,000)		
	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance	Plan	Actual	Variance
ICB Total	28,755.00	28,232.88	**522.12**	£124,706.44	£123,753.74	£952.70	1,538.01	1,665.03	**-127.02**	£4,593.82	£7,121.62	-£2,527.80	283.64	256.69	**26.95**	£2,410.45	£3,146.58	-£736.13
CRH	4,616.57	4,612.23	**4.34**	£20,198.10	£19,981.03	£217.07	306.86	290.95	**15.91**	£601.00	£1,148.18	-£547.18	103.77	87.77	**16.00**	£491.00	£1,150.66	-£659.66
DCHS	3,825.43	3,781.70	**43.73**	£14,413.85	£13,983.50	£430.35	95.16	85.06	**10.10**	£357.42	£341.40	£16.02	27.43	28.01	**-0.58**	£94.50	£96.46	-£1.96
DHcFT	3,045.36	2,973.25	**72.11**	£12,378.49	£12,247.25	£131.24	164.16	182.25	**-18.09**	£693.40	£721.63	-£28.24	51.53	33.45	**18.08**	£579.95	£676.27	-£96.32
EMAS	4,388.13	4,211.06	**177.07**	£17,365.00	£17,684.00	-£319.00	52.66	51.03	**1.63**	£213.00	£215.00	-£2.00	24.00	22.89	**1.11**	£83.00	£113.00	-£30.00
UHDB	12,879.51	12,654.64	**224.87**	£60,351.00	£59,857.95	£493.05	919.17	1,055.74	**-136.57**	£2,729.00	£4,695.40	-£1,966.40	76.91	84.57	**-7.66**	£1,162.00	£1,110.18	£51.82

From the tables above the total overspend on temporary staffing (Bank and Agency) at M4 is £-3.26m. Yet, even with the substantive and capitalised costs within budget (£952k), the M4 total pay bill is still overspent by £-1.95m.

The funded establishment is based on the substantive staff needed to run the services and typically there will be some flex factored into the planned pay budgets to manage vacancies and staff absences. The total workforce system position is showing as 299WTEs under established (CRH and UHDB are over established by 90WTEs and 87WTEs, respectively). With regards to the vacancies (funded establishment less substantive staff in post) there are 2,221 WTE vacant posts; if the 522 WTE substantive posts were filled this would leave a flex for temporary staffing of 1,699 WTEs. Whilst bank and agency staff will be used to fill some of the vacancies and absences the current bank and agency usage (1,922 WTEs) exceeds this by 223 WTEs.

The need to layer up the pay-costs to develop a deeper understanding, is becoming more crucial and the work that will now be led through finance colleagues will aid in this understanding.

Year To Date Pay Bill Position

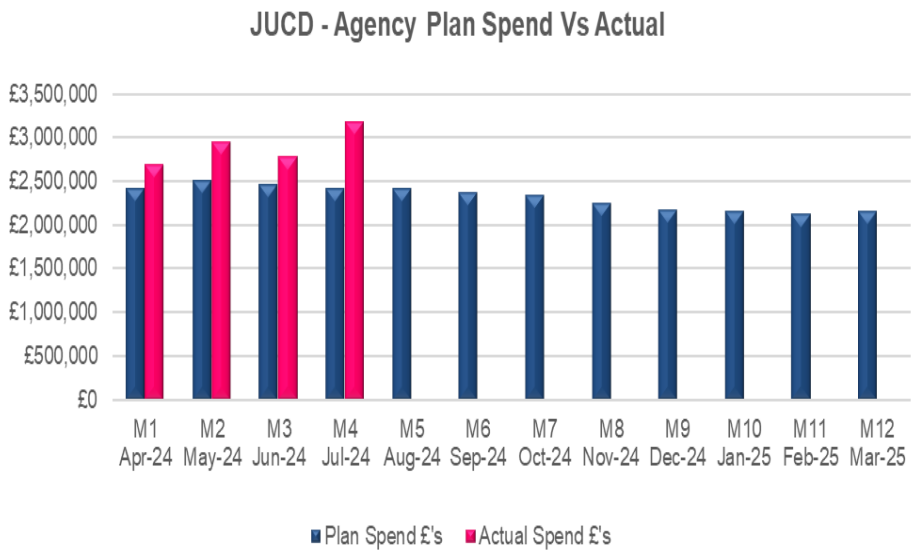
YTD	Total *			Substantive			Bank			Agency		
	YTD Plan	YTD Actual	YTD Variance	YTD Plan	YTD Actual	YTD Variance	YTD Plan	YTD Actual	YTD Variance	YTD Plan	YTD Actual	YTD Variance
	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000	£'000
ICB Total	£535,799.81	£537,520.16	-£1,720.35	£504,776.73	£494,930.50	£9,846.23	£18,427.13	£29,592.39	-£11,165.26	£9,781.16	£11,549.98	-£1,768.82
CRH	£87,450.00	£89,979.94	-£2,529.94	£81,239.40	£79,042.56	£2,196.84	£2,453.00	£5,170.50	-£2,717.50	£2,137.00	£3,969.87	-£1,832.87
DCHS	£58,884.54	£58,019.57	£864.97	£57,194.86	£56,486.50	£708.36	£1,429.68	£1,362.40	£67.28	£408.00	£320.46	£87.54
DHcFT	£56,245.27	£55,248.16	£997.11	£51,138.47	£49,433.25	£1,705.22	£2,780.45	£3,316.63	-£536.19	£2,252.16	£2,458.27	-£206.11
EMAS	£70,681.00	£71,788.00	-£1,107.00	£69,229.00	£70,155.00	-£926.00	£852.00	£980.00	-£128.00	£332.00	£362.00	-£30.00
UHDB	£262,539.00	£262,484.49	£54.51	£245,975.00	£239,813.19	£6,161.81	£10,912.00	£18,762.85	-£7,850.85	£4,652.00	£4,439.38	£212.62

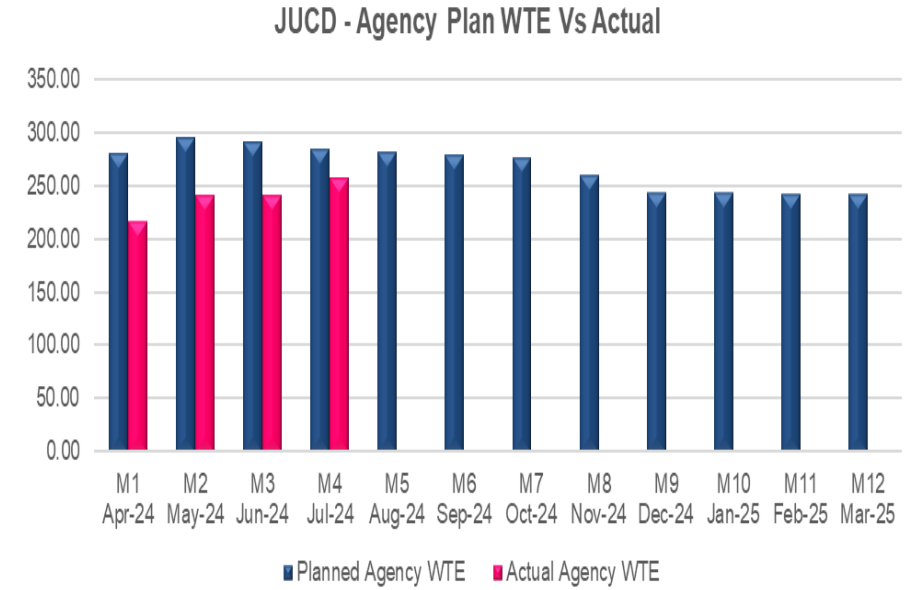
*** Total pay spend does not equal to the summation of substantive, bank & agency pay cost due to the adjustments made for capitalised costs.**

From the table above the YTD total overspend on temporary staffing (Bank and Agency) £13m. The substantive (inc adjustments made for capitalised costs) are within budget (£9.8m), however the overall YTD position is £-1.72m.

The main drivers for this position are CRH and EMAS, yet both are below WTE plan. Further discussions are taking place with finance colleagues as it appears that there is something in the planned pay positions that has is causing this.

2024/25 M4 JUCD Agency Breakdown





KPI Summary:

Total Agency Spend:

- JUCD planned to spend £2.4m on agency staff in M4. The actual spend was £3.2m This is an overspend against plan of £800k
- YTD JUCD have a current overspend of £1.8m on agency staff.
- As of the end of M4, JUCD have reached 41.8% of planned agency spend.

Agency spend as a % of total staff spend:

- In M4 JUCD agency cost amounted to 2.4% of total pay costs, 0.8% under the national target of 3.2%. YTD 2.2%.

% of Off Framework shifts:

- Off framework usage was 137 shifts in M4, 2.7% of total agency shifts.
- The areas where off Framework usage was observed are, Nursing, Midwifery, Support to Clinical , Healthcare Assistants, Registered/ Qualified Scientific, Therapeutic and Technical & Medical and Dental. Specifically:
    - CRH: Still using 4 off framework staff, the band 6 MH practitioner will be moving to on framework by 27/08/24 the other 3 will be on framework by the end of September.
    - EMAS: Have recruited to the role with a confirmed start date of 1 September.
    - UHDB: Still using 1 off framework staff, who will be on framework until 25/11/24 as the agency have made them honour the 21 week notice period. However, support is being offer by the national team to try to bring this down.

% non price cap compliant shifts

- There were 2,233 non price cap compliant shifts, 44.8% of the total agency shifts.

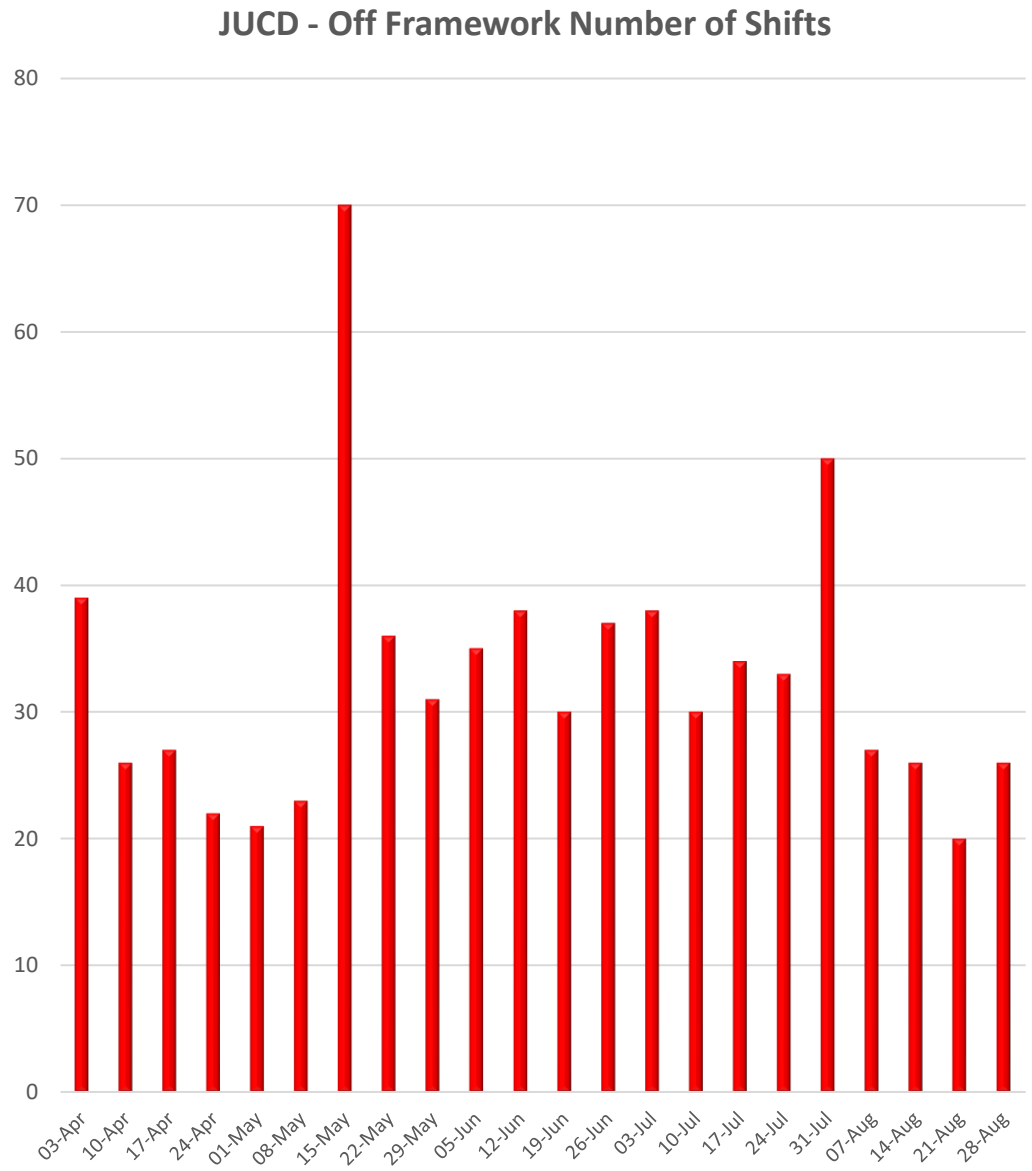
Specific areas of focus:

- Infrastructure Support Staff (Admin and Estates) came to 293 shifts in M4, 5.9% of total agency shifts.

Actions:

- Further details can be found in the M4 Agency Reduction Update
- Fragile Services – discussions taken place with Provider Collaborative leads to map agency use to fragile service currently identified.
- Exploring options to identify alternative solutions for HCS usage by undertaking deep dive with DCHS in first instance
- Non-clinical posts exploring options for use of reservists as alternatives

JUCD: Off Framework Usage

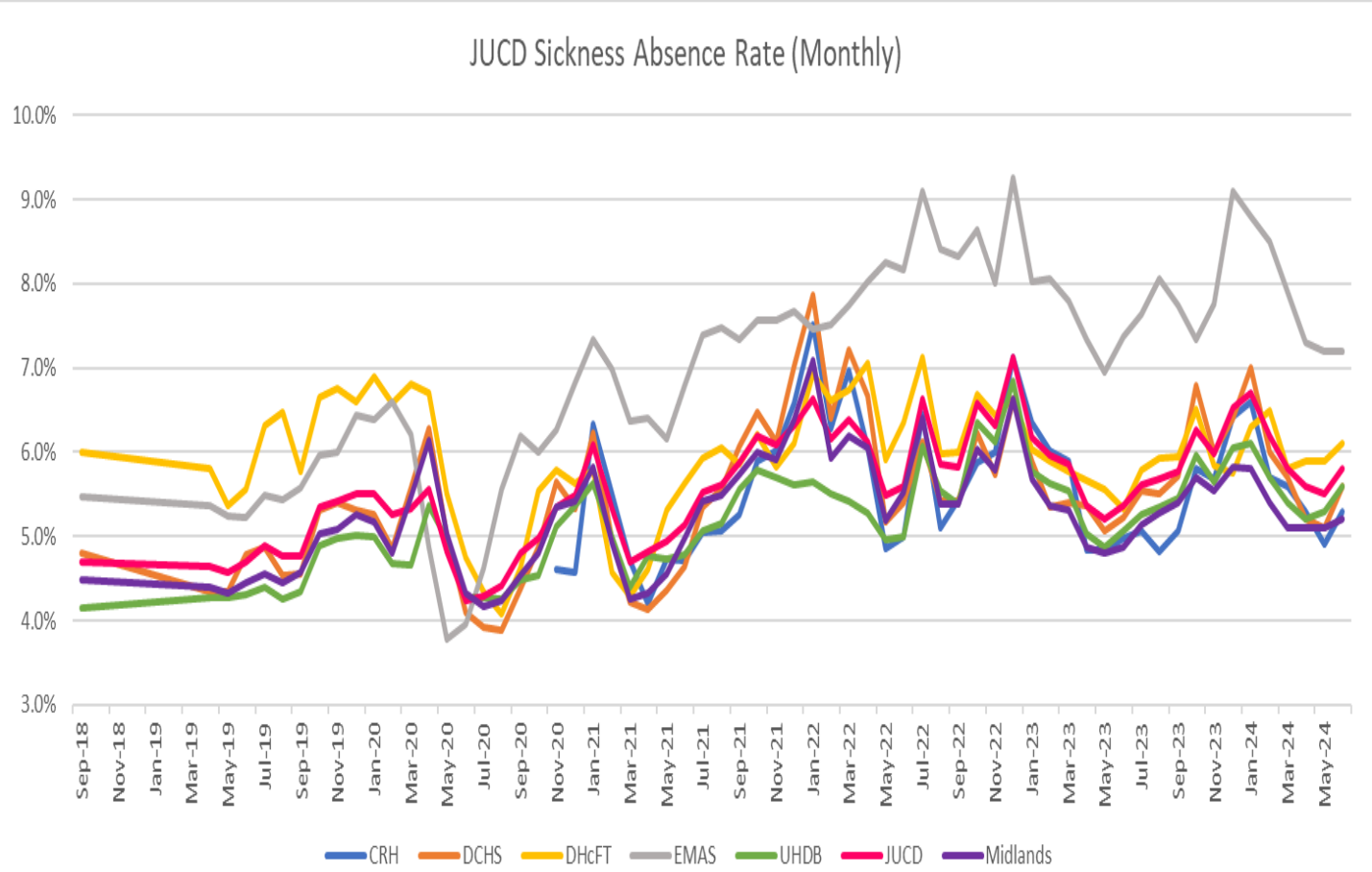


- There was a national requirement to eliminate all off-framework usage by 1st July 2024. JUCD submitted an action plan to NHSE on 24th May, at this stage it is not possible to meet this requirement due to the clinical risks associated with some of the roles where usage is required
- The reason for ongoing utilization is due to national challenges of filling posts such as oncology consultants and CAMHS consultants
- Currently JUCD use on average 22 off framework shifts per week making up 3.0% of the total agency shifts used.
- Providers have engaged in discussions and have created exit strategies to remove all off-framework usage.
- CRH currently use 4 off framework staff which consist of a MH practitioner and CAMHS consultants, the MH practitioner moved to a framework operator on the 27/08/24 the CAMHS consultants will be on framework by the **30/09/24**
- EMAS currently use 1 off framework staff member a Deputy Director of Estates. EMAS have now recruited to the role and start date was 01/09/24.
- UHDB currently use 1 off framework staff member an oncology doctor. UHDB have served notice but have a 26 week notice period. UHDB are currently in discussions with NHSE and the agency to try and reduce the notice period but as it stands the end date is **25/11/24. However working with NHSE to try to reduc this**
- The reason for the heightened usage of off framework for the week ending 31st July was due to a paediatric patient at UHDB that had complex needs. The usage was approved by the Deputy COO. The ED shifts had been sent out to agencies but hadn't been filled, so were then sent to Thornbury by the GM.

Workforce Plan KPIs: Sickness (M3)

Note: HEE ESR Data is only available at present to M3

Derby and Derbyshire Integrated Care Board



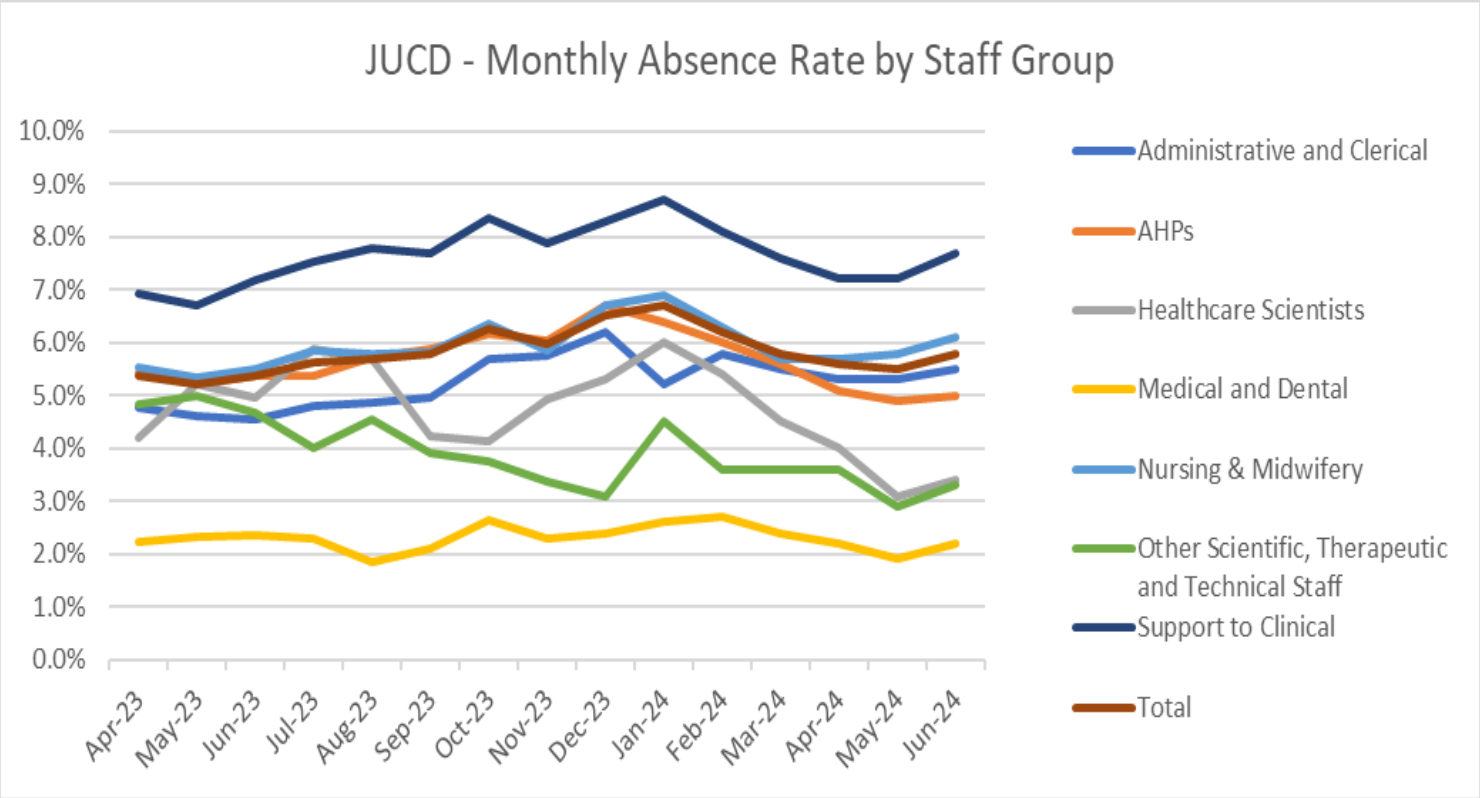
- Source: HEE Portal ESR
- Note CRH only commenced with ESR in November 2020 so data is only from that point
- Since January 2021 the sickness trends are consistent across all Trusts with the exception of EMAS
- The Derbyshire position is slightly higher that the Midlands position, which is mainly due to the DHcFT and EMAS positions. Further understanding of sickness and the actions being taken is required to understand the impact on the temporary staffing usage
- Whilst sickness was showing a downward trend in the early part of this year the position has been showing an upward trend in recent months.

Monthly Absence Rate	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
CRH	4.8%	4.8%	5.0%	5.1%	4.8%	5.1%	5.8%	5.7%	6.4%	6.6%	5.7%	5.6%	5.3%	4.9%	5.3%
DCHS	5.4%	5.1%	5.2%	5.5%	5.5%	5.7%	6.8%	6.0%	6.4%	7.0%	6.0%	5.7%	5.2%	5.1%	5.6%
DHcFT	5.7%	5.6%	5.3%	5.8%	5.9%	5.9%	6.5%	5.8%	5.7%	6.3%	6.5%	5.8%	5.9%	5.9%	6.1%
EMAS	7.3%	7.0%	7.4%	7.6%	8.1%	7.7%	7.3%	7.8%	9.1%	8.8%	8.5%	7.9%	7.3%	7.2%	7.2%
UHDB	5.0%	4.9%	5.1%	5.3%	5.3%	5.5%	6.0%	5.7%	6.1%	6.1%	5.7%	5.4%	5.2%	5.3%	5.6%
JUCD	5.4%	5.2%	5.4%	5.6%	5.7%	5.8%	6.3%	6.0%	6.5%	6.7%	6.2%	5.8%	5.6%	5.5%	5.8%
Midlands	4.9%	4.8%	4.9%	5.1%	5.3%	5.4%	5.7%	5.5%	5.8%	5.8%	5.4%	5.1%	5.1%	5.1%	5.2%

Workforce Plan KPIs: Sickness by Staff Group (M3)

Note: HEE ESR Data is only available at present to M3

Derby and Derbyshire Integrated Care Board



- Source: HEE Portal ESR
- Note CRH only commenced with ESR in November 2020 so data is only from that point
- It's observed Support to Clinical had the highest sickness absence rate among all staff groups, followed by Nursing and Midwifery, whereas Medical and Dental has the lowest
- Further investigation is required into the admin and clerical sickness levels as this appear to be at the higher end

JUCD	Apr-23	May-23	Jun-23	Jul-23	Aug-23	Sep-23	Oct-23	Nov-23	Dec-23	Jan-24	Feb-24	Mar-24	Apr-24	May-24	Jun-24
Administrative and Clerical	4.8%	4.6%	4.5%	4.8%	4.9%	5.0%	5.7%	5.7%	6.2%	5.2%	5.8%	5.5%	5.3%	5.3%	5.5%
AHPs	5.4%	5.2%	5.4%	5.4%	5.7%	5.9%	6.2%	6.0%	6.7%	6.4%	6.0%	5.6%	5.1%	4.9%	5.0%
Healthcare Scientists	4.2%	5.2%	5.0%	5.9%	5.7%	4.2%	4.1%	4.9%	5.3%	6.0%	5.4%	4.5%	4.0%	3.1%	3.4%
Medical and Dental	2.2%	2.3%	2.4%	2.3%	1.9%	2.1%	2.6%	2.3%	2.4%	2.6%	2.7%	2.4%	2.2%	1.9%	2.2%
Nursing & Midwifery	5.5%	5.3%	5.5%	5.9%	5.8%	5.8%	6.3%	5.8%	6.7%	6.9%	6.3%	5.7%	5.7%	5.8%	6.1%
Other Scientific, Therapeutic and Technical Staff	4.8%	5.0%	4.7%	4.0%	4.5%	3.9%	3.8%	3.4%	3.1%	4.5%	3.6%	3.6%	3.6%	2.9%	3.3%
Support to Clinical	6.9%	6.7%	7.2%	7.5%	7.8%	7.7%	8.3%	7.9%	8.3%	8.7%	8.1%	7.6%	7.2%	7.2%	7.7%
Total	5.4%	5.2%	5.4%	5.6%	5.7%	5.8%	6.3%	6.0%	6.5%	6.7%	6.2%	5.8%	5.6%	5.5%	5.8%

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

19th September 2024

Item: 064

Report Title	ICB Constitution							
Author	Suzanne Pickering, Head of Governance							
Sponsor (Executive Director)	Helen Dillistone, Chief of Staff							
Presenter	Helen Dillistone, Chief of Staff							
Paper purpose	Decision	☒	Discussion	☐	Assurance	☐	Information	☐
Appendices	Appendix 1 – ICB Constitution with tracked changes							
Assurance Report Signed off by Chair	Not applicable							
Which committee has the subject matter been through?	ICB Board Meeting in Public							

Recommendations
The ICB Board are recommended to **APPROVE** the required amendments as per the NHSE guidance, prior to submission to NHS England for approval.
Purpose
The purpose of the report is to inform the ICB Board of the required changes as per the revised NHS England Guidance on Integrated Care Board constitutions and governance.
Background
The ICB Constitution was previously amended and approved by NHS England in December 2023. Further changes have been made in line with the recommended revised NHS England Guidance on Integrated Care Board constitutions and governance.
Report Summary
ICBs have been requested by NHSE to make the recommended amendments to their constitution at their next opportunity. The amendments will be approved by NHS England in accordance with the Act. The key changes are as follows and are highlighted in red tracked changes in the Constitution, Appendix 1. • Making one of the Non-Executive Board Members the Deputy Chair of the board, but not the Audit Committee Chair. (This is not intended to be a new appointment but to ensure that if the Chair is unavailable, for a short or sustained period, it is clear who will chair meetings;

but local quoracy rules should allow the board to meet without the Chair). (See 2.2.23 (f) page 13, section 3.4, page 1, and 4.2.2, 4.2.3, page 43.

- In line with the governance requirements of NHS trusts and foundation trusts regarding Senior Independent Directors, ICBs should make one of their Non-Executive board members the Senior Non-Executive Member to support the NHS England Regional Director in the appraisal of the Chair and their compliance with the Fit and Proper Person Test, and to act as a sounding board for the Chair and if necessary to mediate between the Chair and other board members. The Senior Non-Executive Member may, unless they are the Audit Committee chair, be the Deputy Chair. While the notes to the previous version of the model constitution stated that appointing a Senior Non-Executive Member was good practice, it is now expected that all ICBs ensure that one is in place.(See section 3.4.3, page 17). The ICB Senior Non-Executive Member is Margaret Gildea.

- Ensuring that the Chair's period of office is expressed clearly as a maximum rather than a fixed term, recognising that interim Chair appointments (approved by the Secretary of State) may be necessary.(See section 3.3.4, page 17).

- Confirming that a proposal for the Chair or a non-executive to serve on the board for longer than six years will be subject to rigorous review to ensure their ongoing independence, and they will not serve as a board member for longer than nine years in total, consistent with the Code of Governance for NHS provider trusts.(See section 3.3.4, page 17).

- Removing the clauses related to the establishment of ICBs. (See section 3.16, page 27)

- A small number of cross-references to other legislation.

Once approval is confirmed by the ICB Board the Constitution will be submitted to NHS England for approval.

Identification of Key Risks

SR1	The increasing need for healthcare intervention is not met in most appropriate and timely way, and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to deliver consistently safe services with appropriate levels of care.	☒	**SR2**	Short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	☒
SR3	There is a risk that the population is not sufficiently engaged and able to influence the design and development of services, leading to inequitable access to care and poorer health outcomes.	☒	**SR4**	The NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.4bn available funding.	☒
SR5	There is a risk that the system is not able to maintain a sustainable workforce and positive staff experience in line with the people promise due to the impact of the financial challenge.	☒	**SR6**	*Risk merged with SR5*	
SR7	Decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	☒	**SR8**	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	☒
SR9	There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.	☒	**SR10**	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	☒

Please indicate above which strategic risk(s) the paper supports and also make reference here to any risks within the ICB's risk register, which can be found here.

Financial impact on the ICB or wider Integrated Care System

[To be completed by Finance Team ONLY]

Yes ☐	No☐	N/A☒

Details/Findings Not applicable	**Has this been signed off by a finance team member?** Not applicable

Have any conflicts of interest been identified throughout the decision-making process?
None identified

Project Dependencies

Completion of Impact Assessments				
Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☐	Improved patient access and experience	☐
A representative and supported workforce	☐	Inclusive leadership	☒

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
There are no risks that will affect the ICB's obligations.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐

Details/Findings Not applicable for this report.

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

19th September 2024

Item: 065

Report Title	Audit and Governance Committee Assurance Report – August 2024							
Author	Sue Sunderland, Non-Executive Director							
Sponsor (Executive Director)	Helen Dillistone, Chief of Staff							
Presenter	Sue Sunderland, Non-Executive Director							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☐
Appendices	Appendix 1 – Committee Assurance Report							
Assurance Report agreed by:	Sue Sunderland, Non-Executive Director							
Which committee has the subject matter been through?	Audit and Governance Committee – 8 August 2024							

Recommendations
The ICB Board are recommended to **NOTE** the Audit and Governance Assurance Report.
Items to escalate to the ICB Board
The Internal Audit on S117 payments provided only limited assurance and highlighted an issue around engagement during the audit that had limited testing. We unpicked this at the meeting and found that it related to partner engagement and the timescales set for the audit. Learning has been incorporated into the planning for future audits that involve partners.
Purpose
This report provides the Board with a brief summary of the items transacted at the meeting of the Audit & Governance Committee on the 8 August 2024.
Background
The Audit & Governance Committee ensures that the ICB effectively delivers the statutory functions of the ICB.
Report Summary
The Audit & Governance Committee's Assurance Report (Appendix 1) highlights to the ICB Board any: • matters of concern or key risks to escalate; • decisions made; • major actions commissioned or work underway; • positive assurances received; and • comments on the effectiveness of the meeting.

Identification of Key Risks					
SR1	The increasing need for healthcare intervention is not met in most appropriate and timely way, and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to deliver consistently safe services with appropriate levels of care.	☐	**SR2**	Short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	☐
SR3	The population is not sufficiently engaged in designing and developing services leading to inequitable access to care and outcomes.	☐	**SR4**	The NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £2.9bn available funding.	☐
SR5	The system is not able to recruit and retain sufficient workforce to meet the strategic objectives and deliver the operational plans.	☐	**SR6**	The system does not create and enable One Workforce to facilitate integrated care.	☐
SR7	Decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	☐	**SR8**	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	☐
SR9	The gap in health and care widens due to a range of factors (recognising that not all factors may be within the direct control of the system) which limits the ability of the system to reduce health inequalities and improve outcome.	☐	**SR10**	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	☐

As detailed within the report.

Financial impact on the ICB or wider Integrated Care System

[To be completed by Finance Team ONLY]

Yes ☐	No☐	N/A☒
Details/Findings Not applicable.		**Has this been signed off by a finance team member?** Not applicable.

Have any conflicts of interest been identified throughout the decision-making process?

None identified.

Project Dependencies

Completion of Impact Assessments

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable

Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable

Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:

Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☒	Inclusive leadership	☒

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?					
Not applicable to this report.					
When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Details/Findings Not applicable to this report.					

Appendix 1

NHS
Derby and Derbyshire
Integrated Care Board

Board Assurance Report

Audit and Governance Committee on 8 August 2024

Matters of concern or key risks to escalate	Decisions made
The Internal Audit review of S117 payments provided only limited assurance as well as indicating that there had been issues with engagement during the audit that limited the testing possible. We unpicked this during the meeting and found that it was around partner engagement and the timescales set for the audit. Learning has been incorporated into the planning for future audits that involve partners.	Approved the replacement of the Integrated Care Strategy internal audit review with a risk workshop to support the Board in reviewing the BAF and risk appetite in the context of the Joint Forward Plan. Approved the following policies: • Policy management framework – minor changes • Complaints policy – minor changes • Patient & public involvement payments policy – incorporating new individuals participation payment policy Approved the following corporate resilience documents: • Employee safety handbook – updated for new responsibility structure • Health & safety policy – as above • Violence prevention and reduction policy and strategy – no material changes • Communications emergency plan – no material changes • Business continuity management system – minor changes
Major actions commissioned or work underway	**Positive assurances received**
Considering the static status of the majority of BAF risks and the number of partial assurance assessments we would have escalated to each Committee the challenge to set an ambition/timescale to improve the level of assurance and/or reduce the risk scores where possible.	Took positive assurance from the External Auditor's annual report which summarised the findings from the 2023/24 external audit as reported to the last Board. Took reasonable assurance from Internal Audit's Progress report which summarised the work concluded since the last committee noting the moderate assurance on the review of the Data Security and Protection Toolkit as well as the results of the advisory reports on: • Delegated Primary Care Functions self declaration • Risk management developmental review • Health inequalities

Noted compliance with mandatory training is below target in a number of areas and particularly low for the new mandatory training on: • managing conflicts of interest • carbon literacy Action is being taken by managers to encourage staff to complete this training and progress will remain under review.	• Post Payment Verification testing • JUCD system wide discharge arrangements Additionally, the Committee noted that substantial progress had been made in implementing the recommendations from the follow up review of the previous limited assurance report on Transformation and Efficiency, whilst recognising that there remained further work to be done in a few areas. Took positive assurance from the ICB Board Assurance Framework, Corporate Risk Register report and the risks responsible to the Audit and Governance Committee which confirmed that risks are being monitored and managed on an ongoing basis and that all committees are in the process of reviewing the underlying threats and associated actions. Took reasonable assurance from the deep dive into SR10 digital risk and discussed the areas where action can be taken to increase assurance levels and reduce risk particularly against elements within threat 2. Took positive assurance from the procurement highlight report that most contracts were on track and compliant with the regulations. Took reasonable assurance that a lessons learnt exercise had been conducted on the regional procurement of 111 services. Took reasonable assurance from the digital and cyber security report and information governance update. Took reasonable assurance that appropriate learning is being taken from the Complaints annual report and quarter 1 activity report. Took reasonable assurance from the freedom of information Q1 report noting compliance with the time limits despite the significant increase in requests. Took reasonable assurance from the Corporate Resilience Assurance Group update.

	Took reasonable assurance on the Month 3 financial position review which was in line with the position agreed by the system. We note the challenges to delivery that underpin this year's financial plan and will keep this under review. The deep dive on primary care funding and finances was helpful in enabling us to appreciate the complexities and issues around primary care finances and the impact on the wider ICB's financial position. Took positive assurance on the ICB's credit control processes through the report on aged debtors and creditors. Took reasonable assurance on the ICB's controls over single tender waivers through the regular update report.
Comments on the effectiveness of the meeting	
The meeting was well attended and effective contributions were made by all.	

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

19th September 2024

Item: 066

Report Title	Public Partnership Committee Assurance Report – July 2024							
Author	Sean Thornton, Director of Communications and Engagement							
Sponsor (Executive Director)	Helen Dillistone, Chief of Staff							
Presenter	Richard Wright, Non-Executive Member							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☐
Appendices	Appendix 1 – Committee Assurance Report							
Assurance Report agreed by:	Richard Wright, Non-Executive Member							
Which committee has the subject matter been through?	Public Partnership Committee, 30th July 2024							

Recommendations
The ICB Board are recommended to **NOTE** the Public Partnership Committee Assurance Report.
Items to escalate to the ICB Board
No matters of concern or key risks to escalate.
Purpose
This report provides the ICB Board with highlights from the development meeting of the Public Partnership Committee on the 30th July 2024. The committee alternates its monthly meetings between business, through which project and programme schemes are reviewed for assurance, and development, where the committee discusses structural and process issues in greater depth to support committee establishment and role; the April meeting was a business meeting. This report provides a summary of the items transacted for assurance.
Background
The Public Partnership Committee ensures that the ICB effectively delivers the statutory functions of the ICB in relation to patient and public involvement. The committee also seeks, through its terms of reference, to drive citizen engagement in all aspects of the ICB's work to ensure that local people are central to planning and decision-making processes.
Report Summary
The Derbyshire Public Partnership Committee Assurance Report (Appendix 1) highlights to the ICB Board any: • matters of concern or key risks to escalate; • decisions made;

- major actions commissioned or work underway;
- positive assurances received; and
- comments on the effectiveness of the meeting.

Identification of Key Risks

SR1	The increasing need for healthcare intervention is not met in most appropriate and timely way, and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to deliver consistently safe services with appropriate levels of care.	☐	**SR2**	Short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	☐
SR3	The population is not sufficiently engaged in designing and developing services leading to inequitable access to care and outcomes.	☐	**SR4**	The NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £2.9bn available funding.	☐
SR5	The system is not able to recruit and retain sufficient workforce to meet the strategic objectives and deliver the operational plans.	☐	**SR6**	The system does not create and enable One Workforce to facilitate integrated care.	☐
SR7	Decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	☐	**SR8**	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	☐
SR9	The gap in health and care widens due to a range of factors (recognising that not all factors may be within the direct control of the system) which limits the ability of the system to reduce health inequalities and improve outcome.	☐	**SR10**	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	☐

As detailed within the report.

Has this report considered the financial impact on the ICB or wider Integrated Care System?

Yes ☐	No☐	N/A☒

Details/Findings	**Has this been signed off by a finance team member?**
Not applicable.	Not applicable.

Have any conflicts of interest been identified throughout the decision-making process?

No conflicts of interest were raised.

Project Dependencies

Completion of Impact Assessments

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable

Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable

Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:

Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☐	Inclusive leadership	☐

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
None raised as a result of the items reviewed at these meetings.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐

Details/Findings
Not applicable to this report.

Appendix 1

Derby and Derbyshire Integrated Care Board

Board Assurance Report

Public Partnership Committee on 30th July 2024

Matters of concern or key risks to escalate	Decisions made
No matters of concern or key risks to escalate.	<u>Board Assurance Framework (BAF)</u> BAF Strategic Risk 3 had been reviewed in Q4 with some significant changes being made following completion of actions and closure of threats. There was no recommendation to change the scores, but it was brought to the Committee's attention additional wording around threat 3, relating to the complexity of service changes which may be required due to the cost improvement programme and other transformation areas of work. A new threat 4 has been introduced for 24/25, relating to the resources and culture to implement the system's insight framework developments. <u>Corporate Risks</u> The ratings for the Committee's corporate risks relating to communications and engagement team capacity and stakeholder engagement remained the same due to ongoing work. The recently adopted new risk relating to the introduction of the new provider selection regime, ensuring that processes to connect PPI governance into change programmes are retained, had its rating reduced from a 3x4=12 to a 3x3=9 due to the establish of strengthened procurement processes within the ICB.
Major actions commissioned or work underway	**Positive assurances received**

• Board Assurance Framework action plan – ongoing delivery of mitigating actions
• East Midlands Fertility Policy Review
• Recruitment to committee lay member vacancies
• Review of approach to committee/sub-group diversity.
• Establishment of Lay Reference Group.
• Ongoing development of engagement frameworks
  ○ Insight Framework
  ○ Governance Framework
  ○ Evaluation Framework
  ○ Co-production Framework
	<u>Patient and Public Involvement Log</u>
	This log records the outcomes of all assessments of legal duty triggers where service changes are identified. The log is presented to PPC at each meeting, with the open opportunity for members to request deep dives on any schemes listed.
	
	<u>Derby Health Inequalities Partnership Impact Report</u>
	The Committee received a presentation from colleagues at DHIP, relating to the first Impact Report produced. The report set out some of the findings from connections with local communities, including citizens' relationships and level of trust with the NHS. Whilst making for difficult reading in parts, identifying work to be done, it was also noted that connections are being strengthened through the work of DHIP, with the Going Further Faster hypertension work discussed at a

○ Engagement Framework	previous meeting being a strong example. It was acknowledged that more is to be done, including raising the profile of senior NHS decision-makers within communities and to seek to raise awareness or opportunities for citizens to join NHS engagement groups, including the Lay Reference Group. <u>Co-Production Framework</u> A working group had been developed across the system to agree a framework for embedding co-production in service developments. A recent stakeholder event attracted many attendees from which information gathered will go to the working group and assist in the production of a detailed action plan. The next step will be to look at enablers and how to change attitudes. <u>Lay Reference Group</u> The group is being established to broaden inclusion of citizens, communities, and infrastructure organisations in engagement activity. Early stages of development are to develop a shared understanding of and a shared purpose of what we wish this to be and then to develop that into some co leadership. This will not be an additional layer as it will support the committee in progressing operational and process work outside of the committee meetings, at the same time as enabling a greater pool of people from more diverse backgrounds to become more involved. <u>Integrated Care Experience Survey</u> JUCD is taking part in the pilot phase of this national survey, which wil be mandated to all systems in 2025. The survey was open until the end of July and was seeking views from a sample of around 8.5k local patients against a target sample of 4.5k. It was anticipated that Derbyshire's survey results will be representative of the population as a wide range of GP practices were involved in gathering examples. A session is to be organised around the resulting dashboard to show the quantitative data and compare to other data information followed by local launch events. This data will underpin a national integration index which will be like a performance measure for systems.
Comments on the effectiveness of the meeting	
The committee reviewed a series of assurance questions and agreed that the meeting had been effective.	

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

19th September 2024

Item: 067

Report Title	ICB Risk Register Report – August 2024							
Author	Rosalie Whitehead, Risk Management & Legal Assurance Manager							
Sponsor (Executive Director)	Helen Dillistone, Chief of Staff							
Presenter	Helen Dillistone, Chief of Staff							
Paper purpose	Decision	☐	Discussion	☒	Assurance	☒	Information	☐
Appendices	Appendix 1 – Corporate Risk Report Appendix 2 – ICB Corporate Risk Register Appendix 3 – Movement in risk summary – August 2024							
Assurance Report Signed off by Chair	Not applicable.							
Which committee has the subject matter been through?	Finance, Estates and Digital Committee Population Health and Strategic Commissioning Committee System Quality Group Public Partnerships Committee Audit and Governance Committee							

Recommendations

The 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 2024.

Purpose

The purpose of the Risk Register report is to appraise the ICB Board of the Corporate Risk position.

Background

The ICB Risk Register is a live management document which enables the organisation to understand its comprehensive risk profile and brings an awareness of the wider risk environment. All risks in the Risk Register are allocated to a committee who review new and existing risks each month and agree the latest position on the risk, advise on any further mitigating actions that might be required, or approve removal of fully mitigated risks.

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.

Identification of Key Risks					
SR1	The increasing need for healthcare intervention is not met in most appropriate and timely way, and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to deliver consistently safe services with appropriate levels of care.	☒	**SR2**	Short term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	☒
SR3	The population is not sufficiently engaged in designing and developing services leading to inequitable access to care and outcomes.	☒	**SR4**	The NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.4bn available funding.	☒
SR5	The system is not able to recruit and retain sufficient workforce to meet the strategic objectives and deliver the operational plans.	☒	**SR6**	Risk merged with SR5	☐
SR7	Decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	☒	**SR8**	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	☒
SR9	There is a risk that the gap in health and care widens due to a range of factors including resources used to meet immediate priorities which limits the ability of the system to achieve long term strategic objectives including reducing health inequalities and improve outcomes.	☒	**SR10**	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	☒

The report covers each strategic risk.

Financial impact on the ICB or wider Integrated Care System		
Yes ☒	No☐	N/A☐
Details/Findings Strategic risk SR4 describe the system's financial risk. *There is a risk that the NHS in Derby and Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move to a sustainable financial position and achieve best value from the £3.4billion available funding.*		**Has this been signed off by a finance team member?** Keith Griffiths, Chief Finance Officer

Have any conflicts of interest been identified throughout the decision-making process?

No conflicts of interest have been identified.

Project Dependencies

Completion of Impact Assessments

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable

Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable

Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☒	Inclusive leadership	☒

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
There are no implications or risks which affect the ICB's obligations under the Public Sector Equality Duty.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐

Details/Findings
The ICB Corporate Risk register defines the risk to the achievement of Net Zero Targets and the delivery of the Derbyshire ICS Green Plan.

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 eight very high risks, eight high and three moderate scoring risks on the corporate risk register.

RISK MOVEMENT

Decreased risks

Two risks were decreased in score in July 2024:

1. Risk 27: *(Public Partnerships Committee) As a result of the introduction of the new provider selection regime, existing processes to connect PPI governance into change programmes may weaken. This may result in services not meeting needs of patients, reduced PPI compliance, risk of legal challenge and damage to NHS and ICB reputation.*

   This risk was proposed to be decreased in risk score from a high score of 12 (probability 3 x impact 4) to a high score of 9 (probability 3 x impact 3).

   The reason for the proposed decrease in risk score was that there is ongoing strengthening of policy and process through the Commissioning and Procurement Group, with full Communications and Engagement Team involvement.
   There is now a process in place that the Communications and Engagement team are now engaged with.

2. Risk 15: *(Audit and Governance Committee) The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI.*

   This risk was proposed to be decreased in risk score from a moderate score of 6 (probability 3 x impact 2) to a moderate score of 4 (probability 2 x impact 2).

   The probability was proposed to be reduced to a 2, lowering the overall score.

   The reason for this is that there are no actions required of the ICB at this time and, whilst the ICB has overall responsibility for the service, the staff involved do not transfer to the host ICB until Spring 2025 and therefore the risk can be reduced for the current time.

   Work around the transfer will likely commence later this year and the risk can be increased if necessary at that point should any potential impacts be recognised.

Increased risks

No risks were increased in score in July or August 2024.

CLOSED RISKS

No risks were proposed for closure during July or August 2024.

NEW RISKS

One new risk was proposed in August:

1. Risk 32*: (Finance, Estates and Digital Committee) Risk of the Derbyshire health system being unable to deliver its capital programme requirements due to capacity and funding availability.*

   This new risk was proposed to be scored at a high score of 12 (probability 3 x impact 4) and approved at the Finance, Estates and Digital Committee meeting held on 27th August 2024.

   Population Health and Strategic Commissioning Committee (PHSCC)

   Further work is currently being undertaken to populate several proposed new risks including the initial, current and target risk scores, actions and mitigations along with assigning a risk owner for each of the new risks.

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

Derby and Derbyshire Integrated Care Board

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	24/25	The Acute providers may not meet the new target in respect of 78% of patients being seen, treated, admitted or discharged from the Emergency Department within 4 hours by March 2024, resulting in the failure to meet the ICB constitutional standards and quality statutory duties, taking into account the clinical impact on patients and the clinical mitigations in place where long waits result.	System Quality Group	Constitutional Standards/ Quality	3	4	12	- The ICB are active members of the Derbyshire Urgent and Emergency Critical Care Board (UECC) which has oversight and ownership of the operational standards. The performance dashboard is reviewed at each board meeting focusing on key standards such as the ED performance, C2 Performance, Ambulance Handovers, VW Utilisation etc. The report is a being further developed to allow the group to focus on trends and areas of improvement. This will provide greater scrutiny of performance areas of concern to be highlighted and acted upon accordingly - The System Operational Coordination centre (OCC) was established on 1st December 2022, operation 7/7 8am-6pm with on-call cover to support out of hours. The updated Minimal Viable product for the OCC was released by NHSE on 18/07/2023 and is currently being reviewed and actioned by the UEC team. The OCC have established daily system calls to check in with the system every morning at 9.30 this includes getting an operational update from each provider and raise any concerns and/or issues. When the system and/or a provider is in a state of escalation an update is shared with UEC leads, execs and on-call directors. - Providers update the OPEL reporting website daily by 11am and can escalate concerns and requests for support via the ICB urgent care team in hours, or the on-call director out of hours. - Shrewd has been deployed across the system and offers realtime oversight of the UEC system using real time data. Data quality is still being worked through but the aim is for Shrewd to offer a real time view of system pressures, enable the OCC to identify trends and support system reporting. - All providers across the Derbyshire Health and Social Care System participate in the System Tactical Group (silver command/tactical) and System Strategic Calls (gold command/strategic). These meetings are stood up by exception only. The purpose of this silver command level group is to co-ordinate and deliver the actions necessary to respond to significant issues which are affecting, or likely to affect, the functioning of an effective operation at a intra and inter sector level across the Health and Social Care System. This group reports into the System Escalation Group (SEC) which represents Gold Command. - ECIST have visited both UHDB sites, the team are working through the recommendations - NHSE have commissioned KPMG to review the midland systems to understand where the driving factors are, this review will help direct focus toward the improvements required in our system - NHSE colleagues visited CRH in November to conduct a peer review on their processes and pathways. Awaiting the report from NHSE - Non Elective Improvement Group reinstated at RDH, this forum reviews the performance and trajectories internally and also focuses on alternative pathways to improve the ED position. - Ambulance Handover Improvement Group (UHDB/EMAS/ICB) is in place weekly to review handover data trends, review pathways/processes and alternative pathways to ED such as direct to UTC/SDEC. This will support reducing the demand on our emergency departments. The direct to UTC pathway has been signed off and went live on 19/02/2024. CRH: 1. Discussions are ongoing with system partners with regards to increasing the discharge flow for patients who no longer have the right to reside, with a specific focus on P1 delays 2. The Executive Team (Medical Director, Chief Nurse & Chief Operating Officer) are having further discussions with the ED Senior Team to support Ambulatory Flow, with agreed key actions 3. Focused work continues to maximise capacity within SDEC, Frailty and co-located UTC, this is expected to reduce presentations to ED and increase flow within the department by fast tracking patients to these locations. UHDB: 1. Dailly data Breach validation process - currently saving c. 18 breaches / day. 2. Development and consistent operation and staffing of co-lo UTC on the QHB site launch 3/3. 3. Senior Decision maker / GP streamer in ED. Avoid ED disposition and see and treat wherever possible - current saving c. 5-15 breaches / day	Actions taken: - Review of the Directory of Services to ensure all appropriate patients go to UTCs rather than EDs. - Identifying other failed pathway referrals that lead to unnecessary ambulance conveyances, forming a plan to remedy these. Use findings from the Rapid Improvement Fortnight MDT Hub to identify failed pathways and support future development of a Unscheduled Care Coordination Hub (UCCH). Next steps is to re-introduce this for the winter period as a minimum. The Derby & Derbyshire Clinical Navigation Hub (CNH) / Single Point of Access (SPoA) will be live from 20th November following on from the one year pilot which started 1 December 2022. - Improving ambulance handover times through increased senior ownership within EDs and applying Releasing Time To Care principles in EMAS. - The HALO role is no longer in place due to the post holder moving on to a new opportunity. Alternative options are being explored to support ambulance handover times. - Taking a system-wide approach to Same Day Emergency Care working to increase same-day discharges to improve patient flow. - Same day emergency care (SDEC) and urgent treatment centre (UTC) pathways have been developed and continue to increase for EMAS to access, in order to reduce the number of patients directed to ED. Discussions have started through Team Up on SDEC flow to community services to avoid inappropriate admissions through. - The SCC regularly review the OPEL dashboard to support their operational discussion and to give a full picture on their operational resilience, which supports the system to understand where the pressures are, the impact this has and actions required to support. - The smart system Shrewd (live dashboard providing an overview of our system UEC pathways) is currently being rolled out. The SCC is working with system partners on data quality and alignment with other operational reporting. The aim is to complete the work by September 2024. - Daily regional 10am calls continue as Operational Coordination Centre (OOC) and Regional Control Centre (RCC) calls. - The SCC have the daily check in calls with system partners to support managing the day to day operations, improve system working and relationships. - DDCNH+/SPoA went live on 20th November 2023. Wider communications being disseminated across the system. Co-ordinating, monitoring and reporting commenced. - NHS UTC Standards have been published. The ICB is now working with UTC providers to develop a range of KPI's which will monitor UTC performance against these standards. Conversations are ongoing between UEC Team and UTC Providers to ensure that business continuity processes are in place to support the system during times of pressure. - NHS UTC Standards have been published. KPI's for all UTCs have been agreed, and work is ongoing to support the data collection which will monitor UTC performance against these standards. - From 18th March joint face to face working at EMAS Specialist Practitioners Hub in Ripley with CNH+SPoA MDT approach. Right Care First Time for patients, maximise community services and prevent inappropriate conveyancing and attendance at ED. -NHS UTC Standards have been published. KPI's for all UTCs have been agreed, and work is ongoing to support the data collection which will monitor UTC performance against these standards. Conversations are ongoing between UEC Team and UTC Providers to ensure that business continuity processes are in place to support the system during times of pressure. CNH/SPoA:- -EMAS Cat 3/4 - Ambulance avoidance has increased to a consistent 69% average with July total at 73.5%. This represents 695 ambulance dispatches avoided in July. -Online Cat 3/4 - Activity remained high in July at 434 patients. 94.7% of patients avoided an ambulance with most patients referred to UTC/PCC (33%) or ED walk in (25.1%). This represents an increase on ED attends compared to last month (22.8%) but there is no obvious reason for this. -In-Hours Primary Care Validation - Slight decrease in average of 15.1% patients referred to own GP following validation, mostly for follow up and not for same-day appointment, average in June was 15.4%. Most patients referred to UTC with 15.2% managed with self-care advice in July. -Work continues to establish a "Doing Hubs Once" system working group to help support reducing unnecessary ambulance conveyances. -Awaiting decision of future funding of the CNH via the Operational Plan. Escalated to ICB Exec Team. Continuously exploring opportunities to expand number of pathways going into the CNH/SPoA. -Call before Convey initiative is being driven by NHSE. Call before Convery 3 month Pilot being explored to commence in Sept 2024 which will potentially dovetail CNH/SPoA pilot.	July 2024 performance CRH reported 74.8% (YTD 75.0%) and UHDB reported 73.9% (YTD 74.7%). CRH: The Type 1 attendances and Type 3 streamed attendances remain high, with an average of 246 Type 1 and 51 streamed attendances per day. UHDB: The volume of attendances remains high, with Derby seeing an average of 223 Type 1 adult attendances per day, 103 children's Type 1s and 150 co-located UTC. At Burton there was an average of 185 Type 1 attendances per day and 41 per day through Primary Care Streaming. The acuity of the attendances was high, with Derby seeing an average of 10 Resuscitation patients & 213 Major patients per day and Burton seeing 68 Major/Resus patients per day.	5	4	20	5	4	20	3	3	9	On going	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Aug-24	Sep-24	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Amy Grazier Senior Operational Resilience Manager Dan Merrison Senior Performance & Assurance Manager Jasbir Dosanjh
06A	24/25	Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the ICB to move to a sustainable financial position. Delivery of 24/25 Financial Plan	Finance, Estates and Digital Committee	Finance	4	4	16	May Update: The System has committed to delivering a 5% CIP target in its 24/25 plan of £169.7m. Whilst delivering a deficit in 24/25, the recurrent schemes of £102.8m will move the System toward a more sustainable financial position. All schemes to be included within ePMO for monitoring. Actions are continually being taken against the detailed risk log to take smaller actions to mitigate the overriding risk. System strategies surrounding estates and digital plans, sharing risk across the System, and engagement into the ePMO to improve reporting, all play a part. Development of clear governance flows and ownership of transformation programmes have been identified. Assurance of delivery to be reported to PCLB, Place and SFEDC. Multidisciplinary ICS Planning Subgroup ensures full triangulation of plan with clinical input; allowing senior decision making and prioritisation of strategy. The System's liquidity position is considered; this period of financial challenge results in cash risks. A number of mitigating options have been provided including national solutions, enhanced management of working capital and PDC.	April Update: Finance, HR and Operational colleagues to work closer to understand the financial impacts of performance targets on a long-term planning model, alongside a strategy for estates and infrastructure. The need to focus on transformation and improvement going forward, alongside performance management; requiring System data intelligence. The System committed to the use of the ePMO to facilitate the management of ideas, schemes and transformations, which should be reinforced to ensure continued share of ownership. There is an increasing urgency to identify recurrent cost out transformation in order to move closer to financial sustainability. July update: Finance, HR and Operational colleagues to work closer to triangulate information and understand the in-year financial impacts of performance and delivery against plans.	August Update It is proposed this risk score remains at 20. At M04, the ICS is reporting a year-to-date adverse variance of £2.8m. The key drivers of the variance include, industrial action, urgent & emergency care demand pressures and a range of other smaller pressures. All system partners continue to forecast a collective year-end deficit of £50m. This reported position is in line with the 2024/25 financial plan. However, this reported position is not without challenge including, the achievement of planned efficiencies, completion of Elective Recovery Fund activity and management of cost/service demand. National deficit funding is expected to be received in the autumn.	5	4	20	4	5	20	2	3	6	Ongoing	SR4	Aug-24	Sep-24	Keith Griffiths, Chief Financial Officer	David Hughes Director of Finance Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative
06B	24/25	Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the ICB to move to a sustainable financial position. Delivery of 2-year Break Even	Finance, Estates and Digital Committee	Finance	3	5	15	June Update: The System has committed to delivering a 5% CIP target in its 24/25 plan of £169.7m. In order to work towards the 2-year break even position and so financial sustainability the system will need to deliver the financial plan for 24/25 with a focus on the identification and delivery of recurrent schemes, some of which will need to focus on system-wide transformation. All schemes to be included within ePMO for monitoring. The risk log will need to be extended to a longer time frame with consideration of those risks arising in 24/25 that will have an impact on future years e.g. repayment of any national revenue support, in order for actions to be identified to mitigate the overriding risk. As with Risk 6a, System strategies surrounding estates and digital plans, sharing risk across the System, and engagement into the ePMO to improve reporting, all play a part. Revisiting and development of a medium term plan will support the early identification of future risks and issues that will need to be managed in order to deliver the 2-year position. Development of clear governance flows and ownership of transformation programmes have been identified. Assurance of delivery to be reported to PCLB, Place and SFEDC. Multidisciplinary ICS Planning Subgroup ensures full triangulation of plan with clinical input; allowing senior decision making and prioritisation of strategy.	April Update: Finance, HR and Operational colleagues to work closer to understand the financial impacts of performance targets on a long-term planning model, alongside a strategy for estates and infrastructure. The need to focus on transformation and improvement going forward, alongside performance management; requiring System data intelligence. The System committed to the use of the ePMO to facilitate the management of ideas, schemes and transformations, which should be reinforced to ensure continued share of ownership. There is an increasing urgency to identify recurrent cost out transformation in order to move closer to financial sustainability.	August Update It is proposed this risk score remains at 20. Cost control and achievement of efficiencies remain key to managing this risk and ICS financial position. At M04 efficiencies are on-plan. However, a number of issues need consideration, they are:- 1. £69m of £170m of the 2024/25 efficiencies are high risk. 2. Only £64m of schemes are fully developed. 3. Efficiency schemes are weighted towards the second half of the year. Further actions required to assure efficiencies delivery include:- 1. System-wide engagement on development of 'Plan B' alternatives. 2. Review of opportunities to expedite development into operational schemes. 3. Completion of EQIA's for all palatable and unpalatable considerations to deliver the 2024/25 target.	4	5	20	4	5	20	2	3	6	Ongoing	SR4	Aug-24	Sep-24	Keith Griffiths, Chief Financial Officer	David Hughes Director of Finance Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative
07	24/25	Failure to hold accurate staff files securely may result in Information Governance breaches and inaccurate personal details. Following the merger to Derby and Derbyshire CCG this data is not held consistently across the sites.	Audit and Governance Committee	Corporate	4	3	12	• Staff files from Scarsdale site are to be moved to a locked room at the TBH site. This is interim until the new space in Cardinal is available. There are still staff files at Scarsdale and Cardinal Square they are safely secured. Due to Covid-19 the work has been placed on hold as staff are all working from home. • EA's/PA's at Cardinal Square have been contacted and a list is being pulled together of names and files (current or leavers) held ensuring that these are all securely saved in locked filing cabinets. Work is being completed at Cardinal Square by staff who do regularly attend site to compile the list and confirm who may be missing. • Consider an electronic central document management system (DMS) This action remains once we are in a position to move the project forward.	• A project team has been organised to work on the risks, ensuring that a standardised format and tick list is developed of the relevant paperwork to keep in HR files. This piece of work will take a significant amount of time before the ICB can even consider looking at a document management system. • Information Governance are currently working to secure a contract for archiving, this will ensure that staff leavers files are securely archived with the correct paperwork. • Project team are obtaining guidance with other NHS organisations to consider a document management system.	March: Slight delay due to logistical issues. April: Additional support was provided by the Corporate team and the review of staff files to transfer to Scarsdale and leavers for storage has been completed. The current staff files are to be transferred to Scarsdale this week. Leavers files have been boxed and sent for storage. Further scanning work to be carried out. May: The current staff files have been transferred to Scarsdale this week. Leavers files have been boxed and sent for storage. Further scanning work to be carried out. June: Scanning of HR files to be scheduled over the next 12 months. July/August: Scanning of HR files scheduled to commence in September.	2	3	6	2	3	6	1	2	2	Sep-24	SR8	Aug-24	Sep-24	Helen Dillistone - Chief of Staff	James Lunn, Assistant Director of Human Resources and Organisational Development
09	24/25	There is a risk to patients on Provider waiting lists due to the continuing delays in treatment resulting in increased clinical harm.	System Quality Group	Clinical	4	4	16	• Risk stratification of waiting lists as per national guidance • Work is underway to attempt to control the growth of the waiting lists – via MSK pathways, consultant connect, ophthalmology, reviews of the waiting lists with primary care etc. • Providers are providing clinical reviews and risk stratification for long waiters and prioritising treatment accordingly.	• An assurance group is in place to monitor actions being undertaken to support these patients which reports to PCDB and SQP • Providers are capturing and reporting any clinical harm identified as a result of waits as per their quality assurance processes • An assurance framework has been developed and completed by all providers the results of which will be reported to PCDB • A minimum standard in relation to these patients is being considered by PCDB • Work to control the addition of patients to the waiting lists is ongoing	Dec 2023 - Q1 and Q2 report to be shared at Q&P Dec 2023 meeting. There has been significant strides made by our healthcare providers, their adherence to the quality standards and the measures taken to address identified harms and complaints. The report highlights that each provider has been assessed (some previously) and all key performance indicators are either on track or completed, with no indicators as not on track. This demonstrates a commitment to delivering high quality care even during the pressures they face with the increasing numbers of long waits. We are not seeing the amount of harm originally thought and we are assured that the harm processes in place are robust and are being monitored at Provider Board level. To be downgraded to 9 – Probability 3, likelihood 3. *Decrease in risk score approved at System Quality Group on 2nd January 2024, however the decrease in risk score not agreed at ICB Board meeting on 18th January 2024 and risk description needs re-wording.* ICB Board have requested further re-working on the description for this risk. Linking with risk owner to work on this. As February 2024 Quality & Performance Committee is a planned Development Session, at the Quality and Performance Committee to be held on 28th March 2024, there will be further discussions around the risk, description and challenge regarding the risk score. In light of the risk re-wording requirement and ICB Board not approving the decrease in risk score, the risk score will remain at a very high score of 16 until these issues are resolved. April - At the Quality and Performance Committee meeting held on 28th March 2024, the Chair and Committee members asked for a further paper to be to be submitted to the May Quality & Performance Committee meeting outlining further detailed evidence to support the recommendation to decrease the risk score. May/June - The paper has been deferred until June 2024. 22 July 2024 - The Risk Stratification report Quarter 3 and 4 (2023/24) was presented to the System Quality and Performance Committee concerning Standard QS11 of the Quality Schedule: Risk Stratification and Harm in Long Waiters. The paper provided a more in-depth explanation and suggested a reduction in the risk score was contingent on receiving the awaited data from UHDB in August 2024. Therefore, it was agreed that the risk score remain at 16. August 2024 - The Risk Stratification Tool needs redesigning and adapting for Providers and the varying services they provided. Meetings are being arranged to begin the redesign discussions.	4	4	16	4	4	16	3	2	6	Sep-24	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Aug-24	Sep-24	Prof Dean Howells Chief Nursing Officer	Letitia Harris Assistant Director of Clinical Quality
11	24/25	If the ICB does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS's Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change	Audit and Governance Committee	Corporate	4	4	16	Helen Dillistone, Net Zero Executive Lead for Derbyshire ICS NHSE Memorandum of Understanding in place NHSE Midlands Greener Board established and meets monthly Derbyshire ICS Greener Delivery Group established and meets bi monthly NHSE Midlands regional priorities identified Derbyshire Provider Trust Green Plans approved by individual Trust Boards and submitted to NHSE Derbyshire ICS final draft Green Plan has been approved through the Derbyshire Trust Boards during March and May. The CCG Governing Body approved the Green Plan on the 7th April 2022. Approved ICS Green Plan submitted to NHSEI end March 2022 and confirmed CEO and GB sign off 7th April 2022. Derbyshire ICS Green Plan Action Plan in place and priorities identified for 2022/23. Development of Derbyshire ICS Green Plan Dash Board. Monthly Highlight Reporting to NHSE in place. Quarterly review meetings with NHSE Green Director Lead	Helen Dillistone, Net Zero Executive Lead for Derbyshire ICS NHSE Memorandum of Understanding in place NHSE Midlands Greener Board established and in place Derbyshire ICS Greener Delivery Group established and in place NHSE Midlands regional priorities identified Derbyshire Provider Trust Green Plans approved by individual Trust Boards and submitted to NHSE Derbyshire ICS final draft Green Plan will be approved through the Derbyshire Trust Boards during March and approved by the CCG Governing Body on the 7th April 2022. Derbyshire ICS final draft Green Plan has been approved through the Derbyshire Trust Boards during March and May. The CCG Governing Body approved the Green Plan on the 7th April 2022. Approved ICS Green Plan submitted to NHSEI end March 2022 and confirmed CEO and GB sign off 7th April 2022	August: Travel and transport Survey circulated to all staff for completion May 2024 The Derbyshire ICS Green Plan is supported by the Green Action Plan which details the key priorities and actions for 2023- 2025 The ICS is making good progress in the achievement of the zero targets and as part of the NHSE Greener NHS Maturity self assessment, has been assessed as Tier 3, a maturing organisation. Refresh of the Derbyshire ICS Green Plan to be undertaken by end December 2024. ICS to consider the impact of the ICS financial sustainability and the delivery of the Green Net Zero targets across the system. Although we have received this level of assurance, the ICS is still required to deliver a further 50% achievement of 2023/25 priorities. Delivery of this will continue into 2024/25 and beyond. The risk score of a high 9 is currently appropriate and realistic. ICS Green Refresh to be undertaken by December 2024.	3	3	9	3	3	9	3	2	6	Mar-25	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Aug-24	Sep-24	Helen Dillistone - Chief of Staff	Katy Dunne Head of Corporate Programmes
13	24/25	Existing human resource in the Communications and Engagement Team may be insufficient. This may impact on the team's ability to provide the necessary advice and oversight required to support the system's ambitions and duties on citizen engagement. This could result in non-delivery of the agreed ICS Engagement Strategy, lower levels of engagement in system transformation and non-compliance with statutory duties.	Public Partnerships Committee	Corporate	4	4	16	• Detailed work programme for the engagement team • Clearly allocated portfolio leads across team to share programmes * Assessment of transformation programmes in ePMO system underway to quantify engagement workload. January: Ongoing assessment of ePMO programmes nearing conclusion. January: System comms leads have agreed distributed leadership approach to assessing work programmes within delivery boards and other system groups. Mapping to take place January & February, with review session planned for 2 March. September: Team has agreed portfolios and business partner arrangements to help horizon scan and plan for future work.	•Implementation of planning tool to track and monitor required activity, outputs and capacity •Links with e-PMO to embed PPI assessment and EIA processes into programme gateways •Distributed leadership across system communications professionals being implemented to understand delivery board and enabler requirements •Establishment of workstream approach to main programme areas to take place July/August 2022 to ensure prioritisation of projects is clear across system.	July: Further movement of staff on the communications side of the team, including one internal secondment to close temporary vacancy in Engagement Team. Continue to seek to understanding transformation priorities emerging from JFP refresh to support capacity assessment. August: Complete appointment for Internal Communications Manager and begun to understand process for confirmation of arrangements with an ongoing secondment, which will support the settlement of remaining temporary roles in the team. Manager on maternity leave returns in October. Ongoing conversations about JFP development will continue to support capacity assessment.	2	3	6	2	3	6	2	2	4	Oct-24	SR3 SR4 SR5 SR7 SR8 SR9	Aug-24	Sep-24	Helen Dillistone - Chief of Staff	Sean Thornton - Director of Communications and Engagement

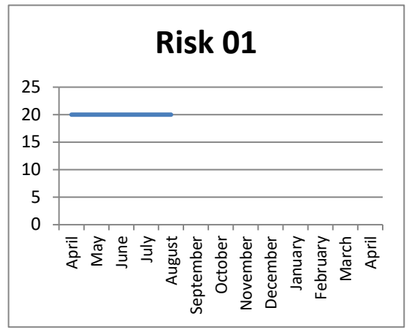
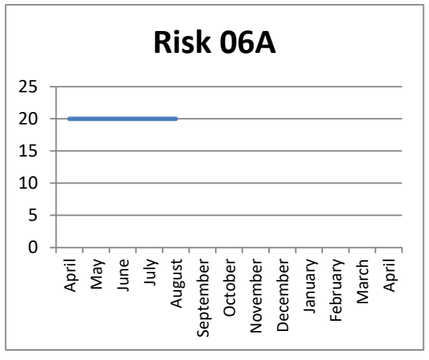
Risk Reference	Year	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating			Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating			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						
15	24/25	The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI	Audit and Governance Committee	Corporate	4	4	16	The former CCG team worked closely with the NHSEI team to understand current and future operating model, the work transferred, the staff required and the governance arrangements. This work enabled understanding of the detail of the transfer and shaped the transfer so that capacity could be ensured or better understand and plan for any gap. If a gap was identified, this would be escalated within the ICB for further discussion. Discussing were taking place around the possibility of the existing team remaining as presently - as a centrally managed team. This would limit the risk that the team fragments and any loss of economy of scale.	Pre-delegation assurance framework process September 2022. It is likely that the NHSEI East/West Midlands team will be retained but risks remain re potential contractual costs and capacity. Derbyshire is not required to take on delegated functions until 2023.	May: A Joint Controllers Agreement and DPIA has been shared which will be discussed at the Information Governance Assurance Forum at the June meeting – this sets out how information governance will be managed within the Specialised Services operating model. June: Impact score proposed to be decreased to a 2 as we are not seeing any impacts to date - risk can be increased again should the situation change. Furthermore, the oversight of these services has been included in the new structures where appropriate July: The probability is proposed to be reduced to a 2, lowering the overall score. There are no actions required of the ICB at this time and, whilst the ICB has overall responsibility for the service, the staff involved do not transfer to the host ICB until Spring 2025 and therefore the risk can be reduced for the time being. Work around the transfer will likely commence later this year and the risk can be increased if necessary at that point should any potential impacts be recognised. August - No changes this month.	2	2	4	2	2	4	2	2	4	Oct-24	SR1 SR5 SR7 SR8	Aug-24	Sep-24	Helen Dillistone - Chief of Staff	Chrissy Tucker - Director of Corporate Delivery
17	24/25	Due to the pace of change, building and sustaining communication and engagement momentum and pace with stakeholders during a significant change programme may be compromised.	Public Partnership Committee	Corporate	4	3	12	The system has an agreed Communications & Engagement Strategy which continues to be implemented. This includes actions supporting broadening our communications reach across stakeholders, understanding current and future desired relationships and ensuring we are reaching deeper into the ICB and components parts to understand priorities and opportunities for involvement. The Public Partnership Committee is now established and is identifying its role in assurance of softer community and stakeholder engagement. Communications and Engagement Team leaders are linked with the emerging system strategic approach, including the development of place alliances, seeking to understand the relationships and deliver an improved narrative of progress. April: Engagement approach in IC Strategy underway with sessions during May. JFP engagement and stakeholder management approach now in development. August: JFP engagement approach remains in development.	*- Continued and accelerated implementation of the Communications and Engagement Strategy actions plan priorities across stakeholder management, digital, media, internal communications and public involvement. *- Continued formation of the remit of the Public Partnership Committee *- Key role for C&E Team to play in ICB CO programme *- Continued links with IC Strategy development programme *- Continued links with Place Alliances to understand and communicate priorities	June: Planning continues for public information programme, linked to 24/25 operational planning and submission of revised JFP on 30 June. July: Planning continues for public information programme, linked to 24/25 operational planning and submission of revised JFP on 30 June, and emerging programme of reform from Government. Communication commenced with cohort of new MPs for Derby and Derbyshire. August: JFP priorities development will support clear narrative with stakeholders. Public communications programme still being considered.	4	3	12	4	3	12	3	2	6	Oct-24	SR1 SR5 SR6 SR7 SR8 SR9	Aug-24	Sep-24	Helen Dillistone - Chief of Staff	Sean Thornton - Director of Communications and Engagement
19A	24/25	Failure to deliver a timely response to patients due to excessive handover delays. Leading to significant response times for patients whilst waiting in the community for an ambulance response, resulting in potential levels of harm.	System Quality Group	Clinical	5	5	25	**UECC mitigations.** 1.System leaders and clinician(s) in charge are aware of the risk across the acute pathway, including patients en 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.** 7.Pathway operational group meet weekly (with the ability to step up to Daily) to expedite discharges to support flow within the acute trusts. 8.Discharge pathway improvement group meet weekly to provide a joined up approach to discharge improvement and to ensure pathways of care are working to an optimised model of delivery by defining the metrics required and monitoring performance and progress against agreed local targets.	**UECC actions to treat risk** •Monthly Ambulance Handover Improvement Group. The purpose of the group is to bring together the EMAS and acute colleagues to co-ordinate and deliver the actions necessary to respond to significant issues which are affecting, or likely to affect ambulance handover times and C2 performance. •Daily System call in place with representation from all system partners at an operational level. •Local system governance structures (SCC, tactical, strategic) to manage difficult decisions: Derbyshire System pressures quality review panel. Decisions and discussions held at a Tactical and Strategic level. •Streed (Smart System) being rolled out - which will provide live data across the UEC pathway. Data quality currently being worked through. •Overview of HHD delays and robust scrutiny of progress to delivery improvement trajectories. •Performance management of workforce and abstraction rates to ensure necessary resources are in place to respond to demand. •Regular monitoring of Actions and risk by CQRG. •Continued support for immediate and rapid handover including minimum care standards during times of POA. •Formally acknowledge the local and regional impact of handover upon C2 mean Both Acute sites have been supporting this target by focusing on their internal flow and turnaround times in the following ways. •Both acutes aim to turnaround within 15minutes - there has been a reduction in ambulance handover delays at both sites. •EMAS duty managers offer support to ED departments with the turnaround during busier periods. •Additional escalation areas identified (and in use when required) at RDH to support with offloading in a timely manner. •Additional pathways explored for EMAS with a direct referral into UTC and SDEC now available for EMAS clinicians to support their turnaround and ability to respond quickly. •Additional prevention work to reduce conveyance and ED attends with the linkage to CNH. Redirection of CAT 3 and CAT 4 patients to alternative appropriate pathways through the CNH SPoA. Call before Convey to CNH SPoA for over 75-year-olds to start in September for 3-months. •Implementation of EMAS Hospital Handover Harm Prevention Tool at Acute Trusts. •Ongoing work in commissioning Same Day Emergency Care and direct access to specialties such as surgery, gynaecology and urology and community providers implementing urgent two-hour community response to suitable patients, thereby increasing the number of patients who can be safely treated in their own homes.	**July 2024 Ambulance Handover UECC Board Update** **UECC Board performance pack** •CRH had less delays during June than for the previous year, with 11 hours lost. •RDH had higher delays during June, relative to the previous year, with 608 hours lost. **EMAS Update UECC Board July 2024 -** Status and achievements in the last month - Ambulance Handover Improvement Clinical handover/ lost hours (attendances): **Ambulance Handover YTD (Q1) -** Derbys 26:19, CRH 16:26, RDH 30:59, BQH 38:45 **Lost Hours (Q1) -** CRH 415:23, RDH 3329:37, BQH 444:09 **Challenges/factors affecting delivery.** Lost hours by week from the 3 acute sites: **Post Handover YTD (Q1) -** Derbys 21:01, BQH 17:41, CRH 22:50, RDH 20:15 **April-** BQH 18:29, CRH 24:22, RDH 21:08 **May -** BQH 17:54, CRH 23:07, RDH 20:55	5	4	20	5	4	20	2	5	10	Ongoing	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Aug-24	Sep-24	Dr Chris Weiner Chief Medical Officer	Jo Warburton Dan Webster
19B	24/25	There is a risk of significant increased length of stay to hospital patients due to the inability to source appropriate support for discharges across Discharge Pathways 1, 2 and 3 (leading to medically fit patients with no right to reside, remaining in hospital for more than 7 days).	System Quality Group	Clinical	3	4	12	TBC	TBC	July/August: The risk is currently being discussed in terms of the mechanism for providing the monthly position updates.				3	4	12	2	4	8	Ongoing	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Aug-24	Sep-24	Dr Chris Weiner Chief Medical Officer	TBC
20	24/25	Under the Immigration and Asylum Act 1999, the Home Office has a statutory obligation to provide those applying for asylum in England with temporary accommodation within Derby City and Derbyshire. Due to the number of contingency Hotels in the city and county there is concern that there will be an increase in demand and pressure placed specifically upon Primary Care Services and Looked After Children Services in supporting Asylum Seekers and unaccompanied asylum seekers with undertaking health assessments.	System Quality Group	Clinical	4	5	20	Local Partners continue to work closely together and meet regularly with the Home Office, SERCO and the East Midlands Councils Strategic Migration Team to discuss any issues, concerns or points to escalate in regard to the Contingency Hotels. Health and Social Care are providing services to meet the needs of the service users placed within our area.	Regular meetings with the Home Office, Serco and East Midland Councils Strategic Migration team to discuss concerns/ issues identified and points to escalate further – meetings have been taking place weekly and now going to be fortnightly DDICB are working closely with Primary Care Networks/ GP practices to commission/ deliver Primary Care Services to asylum seekers placed with our geographical area - all hotels and IAA have GP practice cover Both Health and Social Care services to continue to meet the statutory needs of looked after children - although under significant pressure Looked after children services are being offered All partners working closely together to try and meet the needs of asylum seekers and raise any concerns to the Home Office, SERCO and East Midlands Councils Strategic Migration team - concerns/ issues identified are being raised via meetings. Formal letters of concern have also been written to the Home Office.	18/05/24 a further contingency hotel has closed in Derbyshire - which means that there are now 4 hotels left open - the Home office are aiming to close the hotels across the country but are also mindful that the number of asylum seekers is likely to increase now that the weather is improving. 18/06/24 There are now 4 remaining Contingency hotels in Derby and Derbyshire with the ongoing Home office plan to continue to reduce the number of settings used. Until then the concerns of asylum seekers placed within Hotels for lengthy period of time remains a concern/ risk. 21/7/24 there is no change to this risk - 4 hotels remain open - no date at this point to close the settings. 14/08/24 There are now 4 remaining hotels out of 7 hotels in the Derbyshire footprint. Due to the recent far right protests the Home Office, SERCO and Police across the country have been on increased alert due to the potential risks to the residents in the hotels. No current plans to close the remaining 4 hotels at this point	4	4	16	4	4	16	3	3	9	September 2024	SR1 SR5 SR6 SR7 SR8 SR9	Aug-24	Sep-24	Prof Dean Howells Chief Nursing Officer	Michelina Racioppi Assistant Director for Safeguarding Children/ Lead Designated Nurse for Safeguarding Children
21	24/25	There is a risk that contractors may not be able to fulfil their obligations in the current financial climate. The ICB may then have to find alternative providers, in some cases at short notice, which may have significant financial impact.	Finance, Estates and Digital Committee	Finance	4	4	16	Understand financial pressures facing our providers. Maintain Contract Database Proactive Procurement November: Work with colleagues in the ICB and wider GP community to pick up early warning signs for practices at risk of handing in their contracts and, if it does happen, work rapidly with the same group to intervene and secure cover.	Contractors will at short notice inform the ICB that they can no longer fulfil their contractual obligations. This risk should cover a wide range of contracts from the supply of health care (General Medical practitioners and Individual care packages) to the supply of goods and services. Maintain a close working relationship with key with providers. Use contract database to understand which contracts are due for renewal and plan well ahead. Work closely with colleagues in A&GEM Procurement team to ensure we are aware of latest information available in the various markets the ICB works in	March/April: From a General Practice perspective the ICB expects the risk of practice failure to remain unchanged. The ICB is currently working with a small number of practices on their future plans to ensure their ongoing sustainability. Fortunately we have not experienced any GP practice closures recently; however this has happened in other areas and remains a potential risk in Derbyshire. With the recent publication of the GP contract for 2024/25 the ICB will continue to work with GP practices to ensure their continued stability. From a dental perspective we have experienced dental practices handing back their NHS contracts in the recent past and it remains a real risk in the future. However we are working to implement the new dental recovery plan which we hope will have a positive impact in this area, and we will update the register when plans are complete. May: In the current climate of increasing rates for utilities, staffing, insurances and sundries, providers are facing financial challenges in order to maintain safe and effective services for our population. The outcome is that some providers may close altogether or choose to hand back care packages which are not financially viable to them. The ICB may then have to find alternative providers, which may have significant financial impact, as well as disruption to patient care. June-Aug : The risk level has not changed because GP providers are still reporting financial and workforce challenges to maintain safe and effective services for our population. Currently we do not have any practices wishing to hand back contracts, but this remains a risk and we continue to work on mitigations as described above. GPs are going to ballot on industrial action which is potentially scheduled for August and the ICB and system has begun to work on mitigations to manage any possible industrial action.	3	4	12	3	4	12	2	3	6	Ongoing	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Aug-24	Sep-24	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Craig Cook Director of Acute Commissioning, Performance and Contracting & Clive Newman Director of Primary Care
22	24/25	National funding for pay awards and the application to staff who are not on NHS payrolls. Consequently there is a an increasing risk of legal challenge as well as real, emerging loss of morale for over 4,500 staff across the Derbyshire system which could affect recruitment and retention of critical frontline colleagues.	Finance, Estates and Digital Committee	Finance	5	5	25	The only mitigation rests with Treasury as the funds required to equalise pay across the system have not been made available to the NHS nationally; it is not just a Derbyshire problem but rather a national one.	As the ICB cannot mitigate against this risk it must be accepted. The organisations which are affected are aware of this decision and the further risk to the health and care system is that staff may be demotivated, feel undervalued, feel that they are being treated unfairly and may leave the organisations, therefore increasing the risk of inadequate workforce in Derbyshire to support our patients.	August Update Work is on-going to assess the impact of this issue. This includes understanding if other ICBs should be contributing towards this funding shortfall. The ICB is liaising with the NHSE national team to better understand the methodology/rationale in respect of this allocation distribution.	3	4	12	3	4	12				Ongoing	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Aug-24	Sep-24	Keith Griffiths, Chief Financial Officer	David Hughes Director of Finance
23	24/25	There is an ongoing risk to performance against RTT and the cancer standards due to an increase in referrals into UHDB resulting in significant capacity challenges to meet increased level of demand for diagnostic investigations, diagnosis and treatment.	System Quality Group	Clinical	4	4	16	The change in referral over last 18mth a result of a range of factors - including Staffs practices focusing on early cancer diagnosis, changes in how services are configured/offered across west midlands and increased use of Tamworth/Lichfield all of which influence patient/GP choice of providers. UHDB in tier 1 for cancer performance so plans being managed through national oversight to develop recovery action plans.	•Recruitment to range of posts funded through EMCA to support recovery. •Prioritisation of Best Practice timed pathways across key tumour sites – LGI, Urology, Skin and Gynae •Development of UHDB tumour site recovery action plans (with support from NHSEI IST team) due – Oct-23 •Development of referral triage functions: Gynae, LGI and Urology. •Work underway to understand drivers for variance in Histology TAT at tumour site level. •Work going to enhance access to PET scanning (Longer term ambition to develop PET service within Derbyshire) •Oncology challenges supported through regional alliance support – longer term workforce development	May - Risk description revised to reflect the wider challenges in terms of acute capacity to meet the demand of ALL referrals. Productivity work being led through planned care delivery board/Provider collaborative and referral optimisation work being refreshed June- DA gynae pathway now in place and work developing to fully implement FIT pathway. Referral optimisation will sit in Planned care delivery board going forward and cover planned care, cancer and diagnostics. July - recovery actions to support performance being managed through system recovery plans and PCDB and include acute productivity plans and insourcing to mitigate risks around demand outstripping capacity. August- Ongoing recovery actions to support performance being managed through system recovery plans and PCDB and include acute productivity plans and insourcing to mitigate risks around demand outstripping capacity.	4	4	16	4	4	16	2	4	8	September 2024	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Aug-24	Sep-24	Prof Dean Howells Chief Nursing Officer	Monica McAlindon Associate Director of Planned Care
24	24/25	There is a risk that the ICB is non-compliant with the requirement to commission and have in place a Designated Doctor for looked after children as this is a statutory role.	System Quality Group	Clinical	4	3	12	The Designated Doctor for looked after children for Derby City is a statutory role. DDICB are responsible in ensuring that this role is in place. DDICB fund the post via Derbyshire Healthcare Foundation Trust who we commission to provide the Looked after children service for Derby City. The role equates to 1 pa session a week (4 hours a week) If we are inspected in regard to our looked after children's functions, we would need to declare we have this gap- both OFSTED and CQC inspectors expect that these statutory roles are in place and fulfilling their roles and responsibilities. DHCFT are in the process of going out to advert for a number of community paediatricians. One of these roles will have the role of the Designated Doctor for looked after children – Derby City aligned to the role - 1 PA session a week. The DHCFT Clinical Director and Consultant Community Paediatrician on a short-term basis is addressing any issues that arise with the support of the Designated Nurse for looked after children.	If the ICB or the local authority is inspected around its safeguarding /looked after children provision we would be required to inform the regulators that there is a gap and what are mitigations are to cover this vacancy and its functions until its appointed to. •DHCFT are in the process of preparing for the job advert to go out for Community paediatricians – one of which will include the function of the Designated Dr for looked after children – 1 pa session a week. •DHCFT Clinical Director and Consultant Community Paediatrician to keep the ICB updated on recruitment process via the Designated Nurse for Looked after children. •DHCFT looked after children Named Nurse / Manager to also keep the Designated nurse for looked after children updated with any issues that arise that the ICB need to be made aware of.	•Due to the vacancy in this statutory function – this has been added onto the DDICB risk register. •DHCFT who we commission and hold the funds for this post are in the process of preparing for the job advert to go out for Community paediatricians – one of which will include the function of the Designated Dr for looked after children – 1 pa session a week. •DHCFT Clinical Director and Consultant Community Paediatrician to keep the ICB updated on recruitment process via the Designated Nurse for Looked after children. •DHCFT looked after children Named Nurse / Manager to also keep the Designated nurse for looked after children updated with any issues that arise that the ICB need to be made aware of. 18/05/24 the post remains vacant - but there is a possibility that one of the current paediatricians at DHCFT is interested in undertaking the role - this is being explored further, if the doctor expressing the interest is able to fulfil the role and responsibility then internal HR processes will take place. 18/06/24 Advert for the post is out again - there is some potential that internal interest within the Trust is being expressed - this is being explored. The vacancy continues to be covered as an interim arrangement by the DHCFT Clinical Director/ consultant paediatrician. 21/7/24 post is being advertised - still remains vacant but interim cover arrangements in place 14/08/24 - There is ongoing potential that DHCFT may have a paediatrician in their service who is interested in undertaking the role. This is being explored. at this point post is being covered as an interim arrangement.	3	3	9	3	3	9	2	3	6	September 2024	SR5	Aug-24	Sep-24	Prof Dean Howells Chief Nursing Officer	Michelina Racioppi Assistant Director for Safeguarding Children/ Lead Designated Nurse for Safeguarding Children

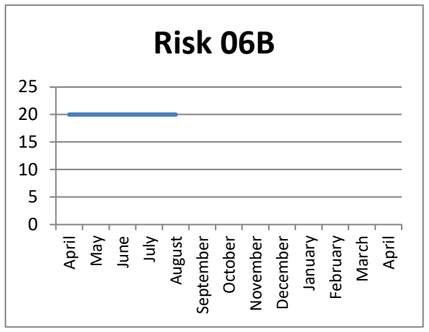
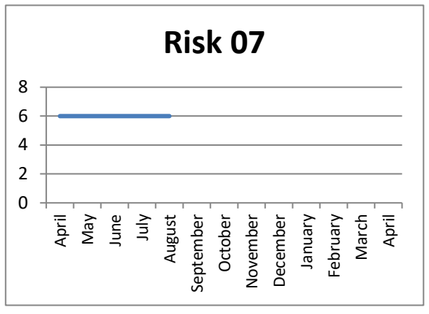
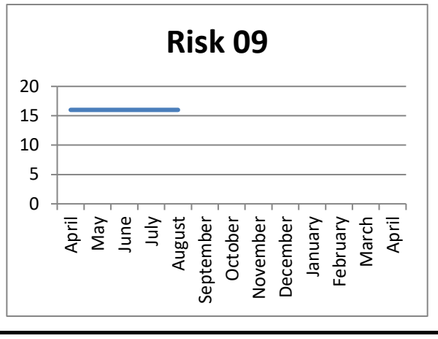
Risk Reference	Year	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating			Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating			Residual/ Current Risk			Target Risk			Target Date	Link to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
					Probability	Impact	Rating				Probability	Impact	Rating	Probability	Impact	Rating	Probability	Impact	Rating						
25	24/25	There is a risk of significant waiting times for moderate to severe stroke patients for community rehabilitation. This means, patients may have discharges from acute delayed, be seen by non-stroke specialist therapists and require more robust social care intervention.	System Quality Group	Clinical	4	5	20	•Risk matrix in community services is used to triage referrals- this addresses risk and clinical need and is used to prioritise waiting lists •Regular waiting list reviews are conducted in community to ensure patient needs/risk continue to be managed. This is done every 12 weeks to ensure patients are in the right place from a triage decision perspective. •When referral is accepted the service, patients receive condition specific resources which includes signposting to services and wider resource packs. Guidance is given on when to contact services, which is based on the risk matrix. •Staffing resource is redeployed/flexed across the county to manage staffing shortfalls. •Advice clinic has been established to allow non-specialists to bring Stroke and Neuro cases for advice from stroke specialists. •Provider Collaboration Leadership Board (Nov 23) and NHSE (Jan 24) have agreed to provide oversight and assurance to the project.	•Undertake a review of current service provision to better understand the patient level impact of the current service •Explore opportunities alongside the Stroke and Neuro Rehabilitation task and finish group partners for rapid service improvement measures •Develop business case for enhanced funding to move the service in line with regions best practice. The Integrated Stroke Delivery Network have identified recommendations for improvement that relate to commissioning, access, service gaps, low staffing levels, psychology provision and life after stroke.	•A plan for a rehabilitation review has been developed •Key system partners have been engaged at Chesterfield Royal hospital, Royal Derbyshire Hospital, Derbyshire Community Health Service, Derbyshire Mental health Foundation Trust and the Stroke Association. •Work is ongoing to extract service level data from the system to describe the current system challenges •Patient experience leads have developed and implemented a plan to engage patients and carers across Derbyshire to understand their experiences of the stroke rehabilitation pathway •Staff engagement sessions are planned to explore opportunities for service development, integrated working and service efficiency •A paper outlining current service provision will be presented to the Stroke Delivery Board on the 15th may with recommendations to develop a business case for enhanced Clinical Psychology input and to review VCSE provision alongside the core rehabilitation review. •Commenced the data extraction and patient engagement activity. The priority is to understand in greater detail the impact of current service provision on patients. •Escalated issue to the Stroke Delivery Board July: Meeting arranged with NHSE 22/07/24 to gain assurance on case for change and engagement plan. Providers are collating workforce baseline data to support future model. The task and finish group aim to present an options paper through ICB governance before the end of the financial year. Following approval of the new model implementation will commence in 25/26 to target the risk identified. • August- Public Engagement to commence in September 24 running for an 8 week period. Both virtual and face to face workshops will be delivered across the county. The ICB is to present at both County (Sept) and City (Oct) HOSC meetings to provide an overview of the service review and engagement plan. Service providers have visited other sites to identify areas of good practice.	4	4	16	4	4	16	2	4	8	March 2025	SR1/SR2/SR4/SR7/SR9	Aug-24	Sep-24	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance
27	24/25	As a result of the introduction of the new provider selection regime, existing processes to connect PPI governance into change programmes may weaken. This may result in services not meeting needs of patients, reduced PPI compliance, risk of legal challenge and damage to NHS and ICB reputation.	Public Partnership Committee	Clinical	3	4	12	•PPI Assessment Form included in ePMO gateway process. •Establishment of ICB Procurement Group, with C&E Team membership. •C&E staff directly connected to procurement process. •Portfolio/BP relationships with directorates and teams to understand workload.	•Establish and strengthen role within ICB Procurement Group to understand business timetable and contracts register. Understand opportunities for horizon scanning and compliance. •Raise awareness of PPI Governance Guide with ICB Procurement Group membership and other key figures to build capacity to spot, challenge and raise risks. •Continue links with ePMO team, including new lead, to maintain PPI assessment process.	June: ICB Commissioning and Procurement Group meeting and identifying opportunities to strengthen processes. Communications and Engagement Team represented on the group and able to play advisory role to embed PPI and equality good practice. Expected that this risk can reduce by end of Q2. July: Ongoing strengthening of policy and process through the Commissioning and Procurement Group, with full Communications and Engagement Team involvement. The risk score is proposed to be decreased to 9 due to having a process in place that the Communications and Engagement team are now engaged with. August: Ongoing strengthening of policy and process through the Commissioning and Procurement Group. Commissioning Cycle training to be explored which will help embed PPI processes.	3	3	9	3	3	9	2	3	6	March 2025	SR1/SR2/SR5/SR6/SR8/SR9/SR10	Aug-24	Sep-24	Helen Dillistone - Chief of Staff Michelle Arrowsmith, Chief Strategy and Delivery Officer, and Deputy Chief Executive	Sean Thornton - Deputy Director Communications and Engagement
NEW RISK 32	24/25	Risk of the Derbyshire health system being unable to deliver it's capital programme requirements due to capacity and funding availability.	Finance, Estates and Digital Committee	Finance	4	4	16	Following the recent recruitment of key Senior Finance posts within the ICB additional resource is now available to support the management and reporting of the capital programme for the system. The System has identified a lead for undertaking capital prioritisation and allocations being the JUCD Provider Collaborative Strategic Finance Lead. Prioritisation of capital programmes is undertaken across providers in order for the system to develop a plan in line with the allocations available.	The System will need to identify a new SRO to take over from the current position holder once they leave the system to take up a new role. A review of the capital prioritisations should include a system-wide view in addition to the traditional individual organisations view, in order to ensure the Derbyshire health system makes best use of the limited resources available to deliver on local & national priorities and maintaining safe and effective patient care within suitable healthcare environments. Further lobbying to NHSE for additional funding in relation to specific requirements, including the eradication of mental health dormitories and IFRS16 lease requirements.	July/August update: Clear responsibilities have been identified in relation to capital reporting, led by the ICB Director of Finance - Strategy & Planning, and for prioritisation/allocations, led by the JUCD Provider Collaborative Strategic Finance Lead. The System submitted a 10-year Capital Plan to NHSE, as part of the infrastructure strategy, on 31st July. This will continue to be subject to further iterations and governance reviews but will provide a system prioritised view of the future capital requirements for Derbyshire. The submission, as part of a national exercise, will be used by NHSE to inform discussions with Treasury over future capital allocations. A meeting has been held with NHSE and representatives for JUCD over the capital shortfall to deliver the full dormitories capital programme, feedback from which in relation to additional funding availability is currently awaited. The system has reviewed funding requirements with respect to IFRS16 capital, which has reduced the risk from c. £8.0m down to c. £1.9m (current overall capital programme risk for 24/25 c. £4.3m). Additional modelling of the requirements for DCHS is to be undertaken, which may reduce this risk further and conversations continue with NHSE over the possibility of additional funding being made available.				3	4	12	2	3	6	Ongoing		Aug-24	Sep-24	Keith Griffiths, Chief Financial Officer Derby and Derbyshire ICB	Jennifer Leah Director of Finance

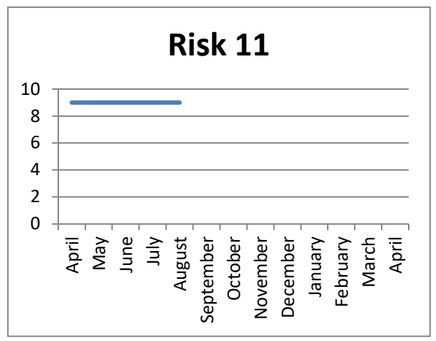
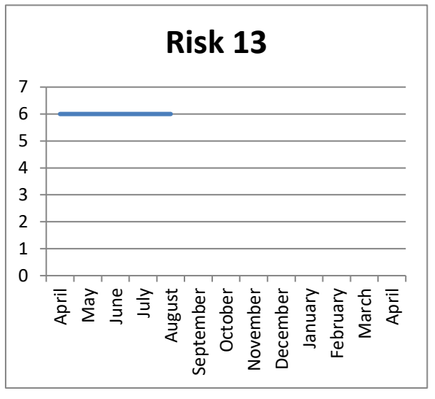
Appendix 3

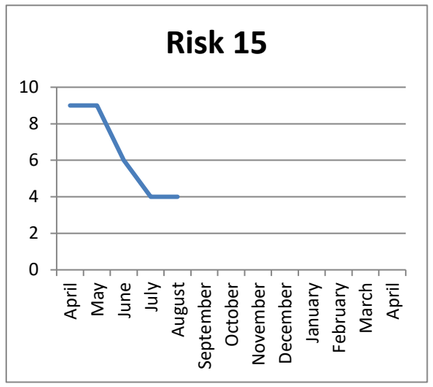
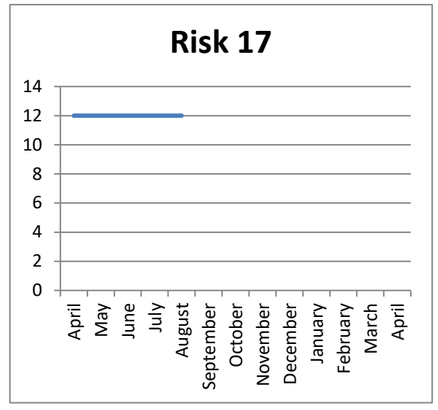
ICB Risk Register - Movement - August 2024

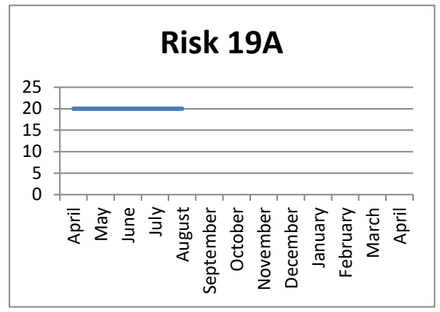
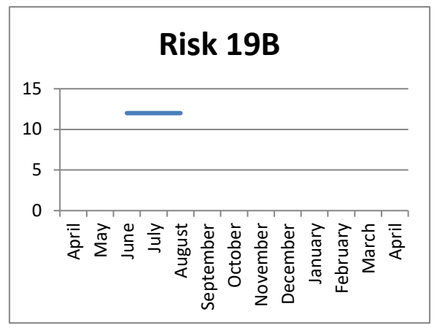
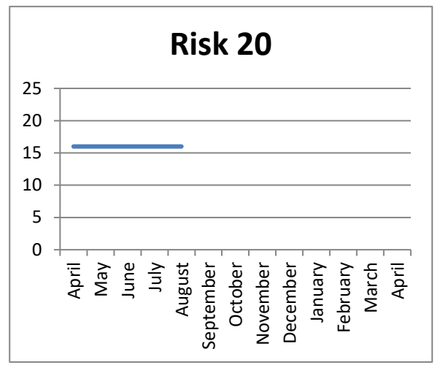
NHS Derby and Derbyshire Integrated Care Board

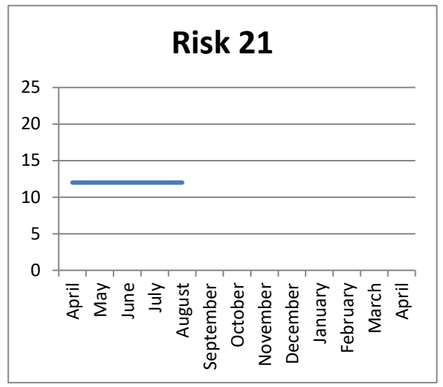
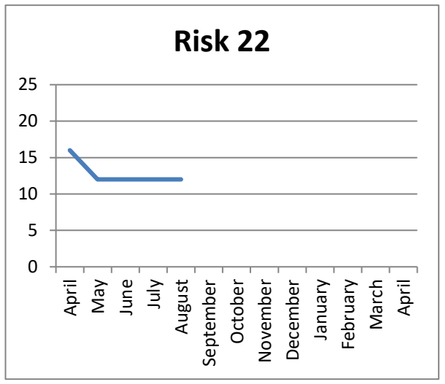
Risk Reference	Risk Description	Previous Rating (July)			Residual / Current Risk Rating (August)			Movement - August	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
01	The Acute providers may not meet the new target in respect of 78% of patients being seen, treated, admitted or discharged from the Emergency Department within 4 hours by March 2025, 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	⇔	The smart system Shrewd (live dashboard providing an overview of our system UEC pathways) is currently being rolled out. The SCC is working with system partners on data quality and alignment with other operational reporting. The aim is to complete the work by September 2024.	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Catherine Bainbridge, Head of Urgent Care Dan Merrison Senior Performance & Assurance Manager	
06A	Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the ICB to move to a sustainable financial position. **Delivery of 24/25 Financial Plan**	5	4	20	4	5	20	⇔	At M04, the ICS is reporting a year-to-date adverse variance of £2.8m. The key drivers of the variance include, industrial action, urgent & emergency care demand pressures and a range of other smaller pressures.	Keith Griffiths, Chief Financial Officer	David Hughes Director of Finance Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative	

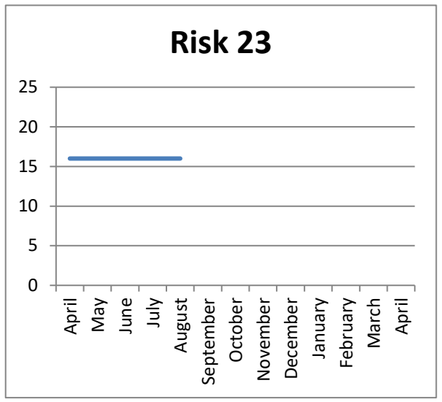
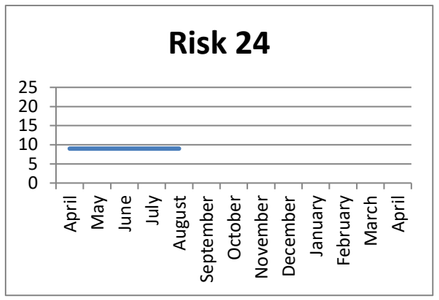
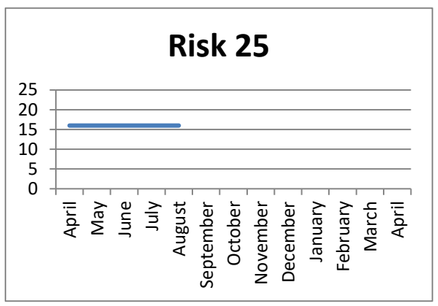
Risk Reference	Risk Description	Previous Rating (July)			Residual / Current Risk Rating (August)			Movement - August	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
06B	Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the ICB to move to a sustainable financial position. **Delivery of 2-year Break Even**	4	5	**20**	4	5	**20**	⇔	It is proposed this risk score remains at 20. Cost control and achievement of efficiencies remain key to managing this risk and ICS financial position.	Keith Griffiths, Chief Financial Officer	David Hughes Director of Finance Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative	
07	Failure to hold accurate staff files securely may result in Information Governance breaches and inaccurate personal details. Following the merger to the former Derby and Derbyshire CCG this data is not held consistently across the sites.	2	3	**6**	2	3	**6**	⇔	Scanning of HR files to be scheduled to commence in September.	Helen Dillistone Chief of Staff	James Lunn, Assistant Director of Human Resources and Organisational Development	
09	There is a risk to patients on waiting lists as a result of their delays to treatment as a direct result of the COVID 19 pandemic. Provider waiting lists have increased in size and it is likely that it will take significant time to fully recover the position against these.	4	4	**16**	4	4	**16**	⇔	The Risk Stratification Tool needs redesigning and adapting for Providers and the varying services they provided. Meetings are being arranged to begin the redesign discussions.	Prof Dean Howells Chief Nursing Officer	Letitia Harris Assistant Director of Clinical Quality	

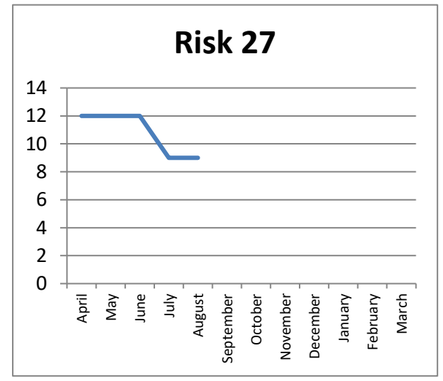
Risk Reference	Risk Description	Previous Rating (July)			Residual / Current Risk Rating (August)			Movement - August	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
11	If the ICB does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS's Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change	3	3	**9**	3	3	**9**	⇔	ICS to consider the impact of the ICS financial sustainability and the delivery of the Green Net Zero targets across the system.	Helen Dillistone Chief of Staff	Katy Dunne Head of Corporate Programmes	
13	Existing human resource in the Communications and Engagement Team may be insufficient. This may impact on the team's ability to provide the necessary advice and oversight required to support the system's ambitions and duties on citizen engagement. This could result in non-delivery of the agreed ICS Engagement Strategy, lower levels of engagement in system transformation and non-compliance with statutory duties.	2	3	**6**	2	3	**6**	⇔	Ongoing conversations about JFP development will continue to support capacity assessment.	Helen Dillistone Chief of Staff	Sean Thornton - Director of Communications and Engagement	

Risk Reference	Risk Description	Previous Rating (July)			Residual / Current Risk Rating (August)			Movement - August	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
15	The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI	2	2	**4**	2	2	**4**	⇔	Risk probability reduced to a 2 in July. Work around the transfer will likely commence later this year and the risk can be increased if necessary at that point should any potential impacts be recognised.	Helen Dillistone Chief of Staff	Chrissy Tucker - Director of Corporate Delivery	
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.	4	3	**12**	4	3	**12**	⇔	JFP priorities development will support clear narrative with stakeholders. Public communications programme still being considered.	Helen Dillistone Chief of Staff	Sean Thornton - Director of Communications and Engagement	

Risk Reference	Risk Description	Previous Rating (July)			Residual / Current Risk Rating (August)			Movement - August	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
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.	5	4	**20**	5	4	**20**	⇔	UECC mitigations and actions along with discharge mitigations headlined and detailed in Appendix 2.	Dr Chris Weiner Chief Medical Officer	Jo Warburton Dan Webster	
19B (formerly risk 33)	There is a risk of significant increased length of stay to hospital patients due to the inability to source appropriate support for discharges across Discharge Pathways 1, 2 and 3 (leading to medically fit patients with no right to reside, remaining in hospital for more than 7 days).	3	4	**12**	3	4	**12**	⇔	The risk is currently being discussed in terms of the mechanism for providing the monthly position updates.	Dr Chris Weiner Chief Medical Officer	TBC	
20	Under the Immigration and Asylum Act 1999, the Home Office has a statutory obligation to provide those applying for asylum in England with temporary accommodation within Derby City and Derbyshire. Due to the number of contingency Hotels in the city and county there is concern that there will be an increase in demand and pressure placed specifically upon Primary Care Services and Looked After Children Services in supporting Asylum Seekers and unaccompanied asylum seekers with undertaking health assessments.	4	4	**16**	4	4	**16**	⇔	Due to the recent far right protests the Home Office, SERCO and Police across the country have been on increased alert due to the potential risks to the residents in the hotels.	Prof Dean Howells Chief Nursing Officer	Michelina Racioppi Assistant Director for Safeguarding Children/ Lead Designated Nurse for Safeguarding Children	

Risk Reference	Risk Description	Previous Rating (July)			Residual / Current Risk Rating (August)			Movement - August	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
21	There is a risk that contractors may not be able to fulfil their obligations in the current financial climate. The ICB may then have to find alternative providers, in some cases at short notice, which may have significant financial impact.	3	4	12	3	4	12	⇔	The risk level has not changed because GP providers are still reporting financial and workforce challenges to maintain safe and effective services for our population.	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Craig Cook Director of Acute Commissioning, Performance and Contracting & Clive Newman Director of Primary Care	
22	National funding for pay awards and the application to staff who are not necessarily on NHS payrolls. Consequently there is a an increasing risk of legal challenge as well as real, emerging loss of morale for over 4,500 staff across the Derbyshire system which could affect recruitment and retention of critical frontline colleagues.	3	4	12	3	4	12	⇔	Work is on-going to assess the impact of this issue. This includes understanding if other ICBs should be contributing towards this funding shortfall. The ICB is liaising with the NHSE national team to better understand the methodology/rationale in respect of this allocation distribution.	Keith Griffiths, Chief Financial Officer	David Hughes Director of Finance	

Risk Reference	Risk Description	Previous Rating (July)			Residual / Current Risk Rating (August)			Movement - August	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
23	There is an ongoing risk to performance against RTT and the cancer standards due to an increase in referrals into UHDB resulting in significant capacity challenges to meet increased level of demand for diagnostic investigations, diagnosis and treatment.	4	4	16	4	4	16	⇔	Ongoing recovery actions to support performance being managed through system recovery plans and PCDB and include acute productivity plans and insourcing to mitigate risks around demand outstripping capacity.	Prof Dean Howells Chief Nursing Officer	Monica McAllindon Associate Director of Planned Care	
24	There is a risk that the ICB is non-compliant with the requirement to commission and have in place a Designated Doctor for looked after children as this is a statutory role.	3	3	9	3	3	9	⇔	There is ongoing potential that DHCFT may have a paediatrician in their service who is interested in undertaking the role. This is being explored. at this point post is being covered as an interim arrangement.	Prof Dean Howells Chief Nursing Officer	Michelina Racioppi Assistant Director for Safeguarding Children/ Lead Designated Nurse for Safeguarding Children	
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	⇔	Public Engagement to commence in September 24 running for an 8 week period. Both virtual and face to face workshops will be delivered across the county.	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Strategic Clinical Conditions and Pathways	

Risk Reference	Risk Description	Previous Rating (July)			Residual / Current Risk Rating (August)			Movement - August	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
27	As a result of the introduction of the new provider selection regime, existing processes to connect PPI governance into change programmes may weaken. This may result in services not meeting needs of patients, reduced PPI compliance, risk of legal challenge and damage to NHS and ICB reputation.	3	3	9	3	3	9	⇔	The risk score was decreased to 9 due In July due to having a process in place that the Communications and Engagement team are now engaged with. Further ongoing strengthening of policy and process through the Commissioning and Procurement Group. Commissioning Cycle training to be explored.	Helen Dillistone - Chief of Staff	Sean Thornton - Director of Communications and Engagement	
NEW RISK 32	Risk of the Derbyshire health system being unable to deliver it's capital programme requirements due to capacity and funding availability.				3	4	12	NEW RISK	NEW RISK	Keith Griffiths, Chief Financial Officer Derby and Derbyshire ICB	Jennifer Leah Director of Finance	NEW RISK

NHS
Derby and Derbyshire
Integrated Care Board

Derby and Derbyshire ICB

Meeting in Public Forward Planner 2024/25 - Summary

Please Note: All reporting timeframes are currently indicative and subject to review and confirmation.

ICB Key Areas	16 May	18 Jul	19 Sept	21 Nov	16 Jan	20 Mar
Leadership						
Chair's Report	X	X	X	X	X	X
Chief Executive Officer's Report	X	X	X	X	X	X
Citizen's Story		X	X	X	X	X
Annual Report and Accounts (AGM to follow Sept Board)			X			
Strategy, Commissioning and Partnerships						
Joint Forward Plan		X		X		
Strategic Update from Place			X			
Strategic Update from Provider Collaborative				X		
Estates Plan/ Infrastructure Strategy			X			
Opportunities for Delegated Services			X			
Research Strategy		X				
Primary Care Strategy	X					
Digital Development Update					X	
Green NHS Strategy and Progress						X
Delivery and Performance						
Performance Report • Quality • Performance • Workforce • Finance		X	X	X	X	X
Primary Care Access Recovery Plan	X					
NHS Impact	X					
Operational Plan and Financials Plans 24/25 and 25/26		X				X

Derby and Derbyshire Integrated Care Board

ICB Key Areas	16 May	18 Jul	19 Sept	21 Nov	16 Jan	20 Mar
Winter Plan			X			
People and Culture						
ICB Staff Survey		X				
NHS Long Term Workforce Plan						X
NHS Workforce Strategy and Plan Update					X	
Governance and Risk						
Board Assurance Framework		X		X		X
ICB Risk Register	X	X	X	X	X	X
Assurance Reports from Committees	X	X	X	X	X	X

Abbreviations & Glossary of Terms

A&E	Accident and Emergency
AfC	Agenda for Change
AGM	Annual General Meeting
AHP	Allied Health Professional
AQP	Any Qualified Provider
Arden & GEM CSU	Arden & Greater East Midlands Commissioning Support Unit
ARP	Ambulance Response Programme
ASD	Autistic Spectrum Disorder
BAF	Board Assurance Framework
BAME	Black Asian and Minority Ethnic
BCCTH	Better Care Closer to Home
BCF	Better Care Fund
BMI	Body Mass Index
bn	Billion
BPPC	Better Payment Practice Code
BSL	British Sign Language
CAMHS	Child and Adolescent Mental Health Services
CATS	Clinical Assessment and Treatment Service
CBT	Cognitive Behaviour Therapy
CCG	Clinical Commissioning Group
CDI	Clostridium Difficile
CEO (s)	Chief Executive Officer (s)

CfV	Commissioning for Value
CHC	Continuing Health Care
CHP	Community Health Partnership
CMHT	Community Mental Health Team
CMP	Capacity Management Plan
CNO	Chief Nursing Officer
COO	Chief Operating Officer (s)
COP	Court of Protection
COPD	Chronic Obstructive Pulmonary Disorder
CPD	Continuing Professional Development
CPN	Contract Performance Notice
CPRG	Clinical & Professional Reference Group
CQC	Care Quality Commission
CQN	Contract Query Notice
CQUIN	Commissioning for Quality and Innovation
CRG	Clinical Reference Group
CRHFT	Chesterfield Royal Hospital NHS Foundation Trust
CSE	Child Sexual Exploitation
CSF	Commissioner Sustainability Funding
CSU	Commissioning Support Unit
CTR	Care and Treatment Reviews

CVD	Chronic Vascular Disorder
CYP	Children and Young People
D2AM	Discharge to Assess and Manage
DAAT	Drug and Alcohol Action Teams
DCC	Derbyshire County Council or Derby City Council
DCHSFT	Derbyshire Community Health Services NHS Foundation Trust
DCO	Designated Clinical Officer
DHcFT	Derbyshire Healthcare NHS Foundation Trust
DHSC	Department of Health and Social Care
DHU	Derbyshire Health United
DNA	Did not attend
DoF(s)	Director(s) of Finance
DoH	Department of Health
DOI	Declaration of Interests
DoLS	Deprivation of Liberty Safeguards
DPH	Director of Public Health
DRRT	Dementia Rapid Response Team
DSN	Diabetic Specialist Nurse
DTOC	Delayed Transfers of Care
ED	Emergency Department
EDS2	Equality Delivery System 2
EDS3	Equality Delivery System 3

EIA	Equality Impact Assessment
EIHR	Equality, Inclusion and Human Rights
EIP	Early Intervention in Psychosis
EMASFT	East Midlands Ambulance Service NHS Foundation Trust
EMAS Red 1	The number of Red 1 Incidents (conditions that may be immediately life threatening and the most time critical) which resulted in an emergency response arriving at the scene of the incident within 8 minutes of the call being presented to the control room telephone switch.
EMAS Red 2	The number of Red 2 Incidents (conditions which may be life threatening but less time critical than Red 1) which resulted in an emergency response arriving at the scene of the incident within 8 minutes from the earliest of; the chief complaint information being obtained; a vehicle being assigned; or 60 seconds after the call is presented to the control room telephone switch.
EMAS A19	The number of Category A incidents (conditions which may be immediately life threatening) which resulted in a fully equipped ambulance vehicle able to transport the patient in a clinically safe manner, arriving at the scene within 19 minutes of the request being made.
EMLA	East Midlands Leadership Academy
EoL	End of Life
ENT	Ear Nose and Throat
EPRR	Emergency Preparedness Resilience and Response
FCP	First Contact Practitioner
FFT	Friends and Family Test
FGM	Female Genital Mutilation
FIRST	Falls Immediate Response Support Team
FRP	Financial Recovery Plan
GDPR	General Data Protection Regulation
GP	General Practitioner
GPFV	General Practice Forward View
GPSI	GP with Specialist Interest
HCAI	Healthcare Associated Infection
HDU	High Dependency Unit
HEE	Health Education England
HI	Health Inequalities
HLE	Healthy Life Expectancy
HNA	Health Needs Assessment
HSJ	Health Service Journal
HWB	Health & Wellbeing Board
H1	First half of the financial year
H2	Second half of the financial year
IAF	Improvement and Assessment Framework
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICM	Institute of Credit Management
ICO	Information Commissioner's Office
ICP	Integrated Care Partnership
ICS	Integrated Care System
ICU	Intensive Care Unit
IG	Information Governance
IGAF	Information Governance Assurance Forum
IGT	Information Governance Toolkit
IP&C	Infection Prevention & Control
IT	Information Technology
IWL	Improving Working Lives
JAPC	Joint Area Prescribing Committee
JSAF	Joint Safeguarding Assurance Framework

JSNA	Joint Strategic Needs Assessment
JUCD	Joined Up Care Derbyshire
k	Thousand
KPI	Key Performance Indicator
LA	Local Authority
LAC	Looked after Children
LCFS	Local Counter Fraud Specialist
LD	Learning Disabilities
LGBT+	Lesbian, Gay, Bisexual and Transgender
LHRP	Local Health Resilience Partnership
LMC	Local Medical Council
LMS	Local Maternity Service
LPF	Lead Provider Framework
LTP	NHS Long Term Plan
LWAB	Local Workforce Action Board
m	Million
MAPPA	Multi Agency Public Protection arrangements
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Act
MDT	Multi-disciplinary Team
MH	Mental Health
MHIS	Mental Health Investment Standard
MIG	Medical Interoperability Gateway
MIUs	Minor Injury Units

MMT	Medicines Management Team
MOL	Medicines Order Line
MoM	Map of Medicine
MoMO	Mind of My Own
MRSA	Methicillin-resistant Staphylococcus aureus
MSK	Musculoskeletal
MTD	Month to Date
NECS	North of England Commissioning Services
NEPTS	Non-emergency Patient Transport Services
NHSE/ I	NHS England and Improvement
NHS e-RS	NHS e-Referral Service
NICE	National Institute for Health and Care Excellence
NUHFT	Nottingham University Hospitals NHS Trust
OOH	Out of Hours
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
PCCC	Primary Care Co-Commissioning Committee
PCD	Patient Confidential Data
PCDG	Primary Care Development Group
PCN	Primary Care Network
PHB's	Personal Health Budgets
PHE	Public Health England

PHM	Population Health Management
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PIR	Post Infection Review
PLCV	Procedures of Limited Clinical Value
POA	Power of Attorney
POD	Project Outline Document
POD	Point of Delivery
PPG	Patient Participation Groups
PSED	Public Sector Equality Duty
PwC	Price, Waterhouse, Cooper
Q1	Quarter One reporting period: April – June
Q2	Quarter Two reporting period: July – September
Q3	Quarter Three reporting period: October – December
Q4	Quarter Four reporting period: January – March
QA	Quality Assurance
QAG	Quality Assurance Group
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Prevention
QUEST	Quality Uninterrupted Education and Study Time
QOF	Quality Outcome Framework
QP	Quality Premium

Q&PC	Quality and Performance Committee
RAP	Recovery Action Plan
RCA	Root Cause Analysis
REMCOM	Remuneration Committee
RTT	Referral to Treatment
RTT	The percentage of patients waiting 18 weeks or less for treatment of the Admitted patients on admitted pathways
RTT Non admitted	The percentage if patients waiting 18 weeks or less for the treatment of patients on non-admitted pathways
RTT Incomplete	The percentage of patients waiting 18 weeks or less of the patients on incomplete pathways at the end of the period
ROI	Register of Interests
SAAF	Safeguarding Adults Assurance Framework
SAR	Service Auditor Reports
SAT	Safeguarding Assurance Tool
SBS	Shared Business Services
SDMP	Sustainable Development Management Plan
SEND	Special Educational Needs and Disabilities
SIRO	Senior Information Risk Owner
SOC	Strategic Outline Case
SPA	Single Point of Access
SQI	Supporting Quality Improvement
SRO	Senior Responsible Officer
SRT	Self-Assessment Review Toolkit
STEIS	Strategic Executive Information System
STHFT	Sheffield Teaching Hospital NHS Foundation Trust
STP	Sustainability and Transformation Partnership
T&O	Trauma and Orthopaedics
TCP	Transforming Care Partnership
UEC	Urgent and Emergency Care
UHDBFT	University Hospitals of Derby and Burton NHS Foundation Trust
UTC	Urgent Treatment Centre
YTD	Year to Date
111	The out of hours service is delivered by Derbyshire Health United: a call centre where patients, their relatives or carers can speak to trained staff, doctors and nurses who will assess their needs and either provide advice over the telephone, or make an appointment to attend one of our local clinics. For patients who are house-bound or so unwell that they are unable to travel, staff will arrange for a doctor or nurse to visit them at home.
52WW	52 week wait