

Appendix 1 - Derby and Derbyshire ICB Risk Register - as at April 2025

Risk Reference	Year	Risk Description	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))	Process Update	Previous Rating		Residual Current Risk		Target Risk		Last Date of Review	Date Reviewed	Review Due Date	Executive Lead	Action Owner				
						Severity	Probability	Severity	Probability	Severity	Probability									
01	2026	The Acute providers may not meet the new target in respect of 70% 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 standards, taking into account the clinical impact on patients and the financial implications in place where long wait result.	<ul style="list-style-type: none"> Improving ambulance handover times through increased senior ownership within EDs and applying Respecting Time To Care principles in EMAS. Derbyshire went live with the 45 minute handover initiative on 29th January 2025. Daily data monitoring is in place includes performance against trajectory. Reporting demonstrates a step improvement on the DOCS handover position since go-live. Improvement to C2 position also noted. Taking a system-wide approach to Same Day Emergency Care working to increase same-day discharges to improve patient flow. Same day emergency care (SDEC) and Royal Derby Hospital (RDH) Co-located Urgent Treatment Centre (UTC) pathways have been developed and continue to increase for EMAS to access. In order to reduce the number of patients directed to ED. Deviations have started through Team Up on SDEC flow to community services to avoid inappropriate admissions through. The smart system (Smart) that streamlines providing an overview of our system (UTC pathways) is in place. The new OPEL framework for acute trusts, mental health, community and NHS111 is now live. The SCC continues to work with system partners on data quality and alignment with other operational reporting. The data quality improvement work is expected to continue until the end of March 2025. Daily regional calls continue as System Coordination Centre (OCC) and Regional Control Centre (RCC) calls. The SCC have the daily check in calls with system partners to support managing the day to day operations. Improve system working and relationships. NHS UTC Standards have been published. KPIs for all UTCs have been agreed, and work is ongoing to support the data collection which will monitor UTC performance against these standards and will be included in reports for 2026. Joint face to face working in place at EMAS Specialist Practitioners Hub in Ripley with CHN/SPMA MDT approach. Right Care First Time for patients, maintain community services and prevent inappropriate conveying and attendance at ED. Continuously exploring opportunities to separate number of patients going into the CHN/SPMA. Doing Hubs Once high level milestone plan in development. 	<ul style="list-style-type: none"> CRH Performance - March 2025 EMAS Cat 3&4 Activity - March activity was 1105. Deflection was 63.1%, representing 697 ambulance dispatches avoided in March. Performance for March decreased slightly to 93.1% from the 94.9% in February. 111 Online Cat 3&4 Activity - Activity in March saw 469 patients, a slight increase on February's 434. 97.7% of patients avoided an ambulance (458), up from February's 94.7%. Most patients referred to UTC/PCCC (38%) or ED walk in (26.3%). In-Hours Primary Care Validation - Telephony - March activity was 1986, slightly higher than Feb. An average of 32.1% of patients were referred to their own GP in March, which is a slight decrease on February's data. In-Hours Primary Care Validation - NHS111 Online - March saw 130 referrals, slight increase on February's activity. 35.4% of patients were referred to a UTC or PCCC. This is a decrease on February due to UTC discharges. 25.4% of patients were referred to their own GP post-practice following validation. Mean performance was 28 minutes (1 hour dispositions) and 56 minutes (2 hour dispositions) improvements in both areas. March saw a combined total of 218 patients in In-Hours Primary Care Validation. ICP Referrals - Falls - 31 referrals were made for clinical review and onward referral of March. This is an increase on February's 23. Of the 31 patients referred only 9 received an ambulance response in March. ICP Referrals - Non-Falls- Non-Falls: HCP referrals to CRH reduced significantly during March from 43 to 25. We are engaging with EMAS to understand and improve the position. Following CRH intervention only 9 patients attended hospital as ambulance/doctor/paramedic the way to ED, resulting in 17 (41%) patients avoiding hospital. ICR Damages - These are collected from 999 Cat 3 & 4 & 11 Online Cat 3 & 4 Primary Care Validations, SPMA Line including Medpage. Home Visiting Service - 117 Therapy & Nursing - 19 Social Care - 0 (challenging to present at Social Care referrals as there are currently no DoS Profiles which help capture this data. These cases are normally referred via telephony). EMAS DoS Referrals to CRH - Excluding ED validation profiles, in March EMAS referred 233 patients via these profiles, which is an average of 7.5 patients per day. This is an increase on 202 cases referred in February. EMAS ED Validation DoS referrals to CRH - On the 26th February 2025 CHJ enabled EMAS to access DoS profiles for ED disposition validation. In March EMAS referred 94 patients using the ED profiles, which is an average of 3 patients per day. 40% of patients were deflected away from the hospital from door (DOV/Referrals). 	<ul style="list-style-type: none"> March 2025 performance CRH reported 75.5% (YTD 77.3%) and UHDB reported 75.4% (YTD 74.3%). CRH: The Type 1 attendances and Type 3 treated attendances remain high, with an average of 240 Type 1 and 223 treated attendances per day. UHDB: The volume of attendances remains high, with Derby seeing an average of 215 Type 1 adult attendances per day, 87 children's Type 1s and 148 co-located UTC. At Burton there was an average of 176 Type 1 attendances per day and 52 per day through Primary Care Streaming. The acuity of the attendances was high, with Derby seeing an average of 10 Resuscitation patients & 204 Major patients per day and Burton seeing 64 Major/Resus patients per day. *The system is not meeting the target in respect of 78% of patients being seen, treated, admitted, or discharged from the Emergency Department within 4 hours across all sites, with the national overall target of 95%. *The likelihood of not meeting the target for the system remains very high, reflected in the score of 20. 	4	4	4	4	4	4	4	4	Apr-25	May-25	Michelle Anwarah Chief Strategy and Delivery Officer, and Deputy Chief Executive	Amy Grant Senior Operational Resilience Manager Dan Merton Senior Performance & Assurance Manager Officer, and Deputy Chief Executive Jasbir Dosanjh			
06A	2026	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	Risk being reviewed, to be confirmed.	Risk being reviewed, to be confirmed.	As at April 2025, the 2024/25 corporate risks and underpinning risk log owned by the former Finance, Estates and Digital Committee are currently being reviewed where new, equivalent risks will be identified for 2025/26 as appropriate which will be the responsibility of the Finance and Performance Committee, or the 2024/25 risk be closed. These risks will be presented for discussion and approval at the next Finance and Performance Committee taking place on 27th May 2025.	3	3	3	3	3	3	3	3	3	3	3	Bill Shields Chief Finance Officer	David Hughes Director of Finance Derby and Derbyshire ICB Tarin Hooton, Programme Director, Provider Collaborator		
06B	2026	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	Risk being reviewed, to be confirmed.	Risk being reviewed, to be confirmed.	As at April 2025, the 2024/25 corporate risks and underpinning risk log owned by the former Finance, Estates and Digital Committee are currently being reviewed where new, equivalent risks will be identified for 2025/26 as appropriate which will be the responsibility of the Finance and Performance Committee, or the 2024/25 risk be closed. These risks will be presented for discussion and approval at the next Finance and Performance Committee taking place on 27th May 2025.	4	5	4	5	4	5	4	5	4	5	4	Bill Shields Chief Finance Officer	David Hughes Director of Finance Derby and Derbyshire ICB Tarin Hooton, Programme Director, Provider Collaborator		
09	2026	There is a risk to patients on Provider waiting lists due to the continuing delays in treatment resulting in increased clinical harm.	<ul style="list-style-type: none"> 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 covered, ophthalmology, reviews of the waiting lists with primary care Providers are providing clinical reviews and risk stratification for long waits and prioritising treatment accordingly. 	<ul style="list-style-type: none"> An assurance group is in place to monitor actions being undertaken to support these patients which reports to PCDB and SOP 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 to be considered by PCDB Work to control the addition of patients to the waiting lists is ongoing. 	March/April 2025 Waiting lists remain significant therefore risk remains and score will be unchanged despite mitigations in place. Provider organisations continue to review waiting lists and prioritise as per SOPs. Harm review process remains in place according to the individual pathway with regular reviews and updates to CQGR for assurance.	4	4	4	4	4	4	4	4	4	4	4	Prof Dean Hewitt Chief Nursing Officer	Letitia Harris Assistant Director of Clinical Quality		
11	2026	There is a risk that failure to meet the NHS Net Zero targets will put further pressure on the NHS ability to meet the health and care needs of our patients in two ways: Contributing to a warming climate and subsequent increase in extreme weather events impacting on business continuity The production of harmful emissions impacting upon air quality which is in turn damaging to the health of our population.	<ul style="list-style-type: none"> System Net Zero SRO is Helen Dillstone, each Provider Trust has a Net Zero SRO in place. Trusts and systems have Green Plans in place for 2022-2025 which detail the actions to be taken to reach net zero. NHS Green Plans currently being refreshed in line with statutory guidance for Board approval and then publication in July 2025. Quality system meetings in place to monitor delivery of Trust and system Net Zero Green Plans. Regular meetings with NHS Regional Leads and other systems through quarterly Midlands SRO Meeting. Data capture from all Trusts and ICB to the national Greener NHS dashboard to monitor progress towards Net Zero. Derbyshire specific dashboard developed. Dedicated staff resource in the ICB to support and monitor delivery of the system Green Plan and provide support to Provider Trusts. Strategic partnerships formed with Local Authorities and EMCA. 	<ul style="list-style-type: none"> Strong system leadership to support delivery - Helen Dillstone, Net Zero Executive Lead for Derbyshire ICS. Robust governance and oversight in place: Net Zero Midlands Greener Board established and in place. Derbyshire ICS Green Delivery Group established and in place. NHS Midlands regional priorities identified for each year. Derbyshire ICS Green Plan 2022-2025 approved by Trust Boards and OCC Governing Body on 7th April 2023. Refresh of ICS System plan required - due July 2025. Derbyshire System assessed as 'maturing' by NHS in 2023, and actions identified to become 'thriving' will be embedded within Green Plan refresh. Strong relationships in place with NHS Regional Team and Provider Trusts facilitates collaborative working across the system and with regulators. 	April 2025: Work is underway to develop the Derbyshire system Green Plan refresh working with key stakeholders across the system. Key challenges in common across Trusts remain the availability of capital to support the asset decarbonisation required by the national target and continuing to secure sustainability is provided given the current challenges with organisations and across the wider system. Given the current level of operational performance for the plan refresh we feel to be achievable within the next three years and the risk score remains appropriate and realistic.	4	3	4	3	4	3	4	3	4	3	4	Helen Dillstone Head of Corporate Programmes	Katy Dunne Head of Corporate Programmes		
15	2026	The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSI	<ul style="list-style-type: none"> The current function in the process of delegation is Specialised Commissioning. Commissioning responsibility for 59 Acute Specialist Services were delegated to ICBs in April 2024. The transfer of support staff to the host ICB does not take place until July 2025. Responsibility for delivery sits with the East Midlands Joint Committee. A delegation agreement is in place for phase 1 which will be updated for phase 2. Six workstreams have been established to work through the necessary actions for safe and timely delegation, with an Executive Leadership Group established to provide strategic direction. The ICB has an established Programme Board to manage this programme of work for Derbyshire. The Programme Board is now also overseeing the process of delegation for Vaccinations, Immunisations and Screening and over the next few months will be working through potential impacts on the ICB and the Derbyshire system. Vaccinations, Immunisation and Screening: Critical path established for delegation from Jan 25 to Oct 25. Operating model to be signed off at ICB CEO time on session on 8th April 2025, led by NHSI. Pre-delegation assessment framework will be underway in May 2025 with final sign off to ICB Board in September 2025. Capacity to deliver both programmes is a risk. Established ICB system wide for over two years Vaccinations and Immunisations Delivery Board in place. Screening Delivery Board stood up in January 2025. Finance and Contracting Workstream established under Operating Model Group. 	<ul style="list-style-type: none"> Pre-delegation assurance framework process completed and in place. Delegation framework for phase 1 - in place. Delegation framework for phase 2 expected. ICB Programme Board to work through next steps. Collaboration and Delegation Agreements for Specialised Commissioning delegation to be submitted to Board and signed off in March. Vaccinations, Immunisation and Screening: Critical path established for delegation from Jan 25 to Oct 25. Operating model to be signed off at ICB CEO time on session on 8th April 2025, led by NHSI. Pre-delegation assessment framework will be underway in May 2025 with final sign off to ICB Board in September 2025. Capacity to deliver both programmes is a risk. Established ICB system wide for over two years Vaccinations and Immunisations Delivery Board in place. Screening Delivery Board stood up in January 2025. Finance and Contracting Workstream established under Operating Model Group. 	April: Delegation is still taking place, however the operating model cannot be agreed until ICB functions have been agreed also. No further information has been received at this stage.	3	4	3	4	3	4	3	4	3	4	3	Christy Tucker - Director of Corporate Governance and Assurance	Helen Dillstone - Chief of Staff		
17	2026	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.	<ul style="list-style-type: none"> 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 our community and stakeholder engagement. Communications and Engagement Team: leaders are linked with the emerging system strategic approach, including the development of place alliances, seeking to understand the relationships and deliver an improved narrative of progress. JFP engagement approach remains in development. 	<ul style="list-style-type: none"> Continued 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 CAE Team to play in ICB OD programme Continued links with IC Strategy development programme Continued links with Place Alliances to understand and communicate priorities 	April: Awaiting guidance on Model ICB and cost reductions which will inform revised communications and engagement strategies. Developing communications approach to support 25/26 operational plan, connected across NHS system partners, for issue in May 2025 after local authority elections are completed.	4	3	4	3	4	3	4	3	4	3	4	Helen Dillstone Chief of Staff	Sean Thomson - Director of Communications and Engagement		
18A	2026	Failure to deliver a timely response to patients whilst waiting in the community for an ambulance response, resulting in potential levels of harm.	<ul style="list-style-type: none"> UECC mitigations. System leaders and clinicians in charge are aware of the risk across the acute pathway, including patients and routes 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 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 by 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, 24/7 care line time. 	<ul style="list-style-type: none"> 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 structure (SIC, incident strategy) to manage critical decisions. Derbyshire System processes quality review panels. Decisions and discussion held at a Tactical and Strategic level. Streamlined System based roles out - which will provide key data across the UEC pathway. Data quality currently being worked through. Overview of HMD delays and robust scrutiny of progress to delivery improvement trajectories. Performance management of incidents and deviation rates to ensure necessary resources are in place to respond to demand. Regular monitoring of Actions and risk by CQGR. Formally acknowledge the local and regional impact of handover upon C2 near both Acute sites have been supporting this target by focusing on their internal flow and turnaround times in the following ways: Both acute aim to turnaround within 15 minutes. There has been a reduction in ambulance handover delays at both sites. EMAS duty managers offer support to 3D departments with turnaround during busy 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 attendances with the linkage to CHN Redirection of CAT 3 and CAT 4 patients to alternative appropriate pathways through the CHN Sps. Call before Convey to CHN SPUA for over 75-year-olds to start in September for 3-month. 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 substitute patients, thereby reducing the number of patients who can be safely treated in their own homes. 	April: The score was reduced in March 2025 and remains at that reduced score. This is based on reporting that shows a notable improvement in the DOCS handover position since go-live, along with positive movement in the C2 position. However, while the C2 average response time has improved to 47 minutes and 40 seconds, it remains above the 33-minute target. Additionally, handover times-particularly at UHDB (Derby site)-continue to be challenged during periods of high demand, with Mondays and evenings emerging as the most difficult times. Given these factors, the risk score is recommended to remain very high but at the reduced score of 16.	4	4	4	4	4	4	4	4	4	4	4	4	Dr Chris Wenton Chief Medical Officer	Andrew Siddelatham Associate Director, Urgent and Emergency Care Amy Grant Katie Evers	
19B	2026	The risk of delayed or inadequate patient discharge is heightened by factors including: availability of community and home care services, and delays in providing necessary and equipment. Poor coordination among health providers, insufficient rehabilitation and long-term care options, rigid discharge pathways that limit alternative care options, and data management is further exacerbated by seasonal increases in patient volumes and inadequate transport services. The result is that the system struggled to effectively manage and support patient transitions from hospital to home or long-term care, leading to potential harm and unmet patient needs.	<ul style="list-style-type: none"> Pathways Operations Group established to monitor pathway numbers and provide a forum to escalate concerns with system partners. An escalation framework developed and now in use Jan 25 outlining process for partners to step up calls to support with system escalations. Writer System Coordination Lead commenced Dec 24 to proactively support escalations, seek earlier additional support and ensure all provider actions are undertaken. Discharge Planning and Improvement Group monitoring workstream progress for key discharge priorities as outlined in the Discharge Improvement Strategy for Joined Up Care Derbyshire. System flow hub: Phase 1 (For out of area hospitals) launched to improve coordination of discharges out of acute hospitals. 	<ul style="list-style-type: none"> Developed a discharge escalation framework to maintain flow to reduce harm associated with delays - Completed Nov 2024 Implementing the involvement of people who are being discharged in shaping discharge outcomes and pathway developments. Create a single data and intelligence approach to help us manage transfers of care between settings and reduce unnecessary delays. Enhancing the offer for people returning home with no formalised care or support needs, including improving transport and 'settling in' support. Adult Social Care Discharge Fund panel approved additional ringfenced ambulances for discharge from 1st Oct anticipated 500 journey/month. ICB supporting work to look at Easter 2025 period when EMAS contract ends. Delivering our agreed operating model or home based rehabilitation and rehabilitation to more people can go home and stay at home after a stay in an acute hospital. Response coordination with community health services to ensure availability of support personnel and resources - integration of health and social care - Consultation Section 75 with Derbyshire County Council and DCHG to launch Dec 24. Create a multi-disciplinary team for rehabilitation and rehabilitation in a bed-based setting so more people can return home, and to ensure less people going into permanent care straight from hospital (Pathway 3). Developing a multi-disciplinary team for Derby and Derbyshire to be responsible for individuals needing discharge from hospital to better support 'Why not today?' - Phased approach to CHJ development to be launched, commencing with out of area discharges. Embed a culture and practice of 'Trusted' information sharing so we complete assessments outside of hospital and make sure these are 'strengths based'. System Quality Group approved piloting of Trusted Intermediate Care Referral (ICR). Older peoples mental health services to support private providers and engage with new providers to create suitable placements for patient's with organic diagnosis. Adult mental health services to reduce discharge delays, support Early Discharge where appropriate and support with re-entry to the community. Providing the support needed to sustain the progress achieved during in-patient care. 	Jan/April 25: Trusted Intermediate Care Referral development launched within Derbyshire Shared Care record to make discharge information more visible to all partners. NHSI bed audit identified 168 people currently placed in private care home beds with avg 68 days for County residents.	3	4	3	4	3	4	3	4	3	4	3	4	3	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD
19C	2026	Lack of digital interoperability across information platforms leads to inadequate visibility of discharge information and communication between providers. There are a lack of effective performance indicators to monitor and manage discharge processes. Inadequate data collection and analysis to identify bottlenecks in discharge pathways. Lack of system data intelligence to inform decision making to manage risks when in system escalation.	<ul style="list-style-type: none"> Weekly Discharge to Assess (DOA) summary data pack developed and circulated amongst partners. Pathway Data Group provides a joint forum to escalate data concerns and aim to find solutions - Discharge Planning and Improvement Group developed a Logic Model for Discharge data and new requested support for this from the Pathway Data Group. Doing Hubs Once and Care Transfer Hub working groups established to identify the gaps and create a joined up approach to managing them. OPTICA system rolled out at CRH and UHDB to provide increased visibility. CRH utilising OPTICA in daily escalations - increased understanding of delay reasons and where to focus efforts. UHDB developing an implementation plan to complete roll out by Jan 2025. 	<ul style="list-style-type: none"> Use data analysis to track and analyse discharge trends, identifying and addressing bottlenecks. Development and implementation of an interoperable API and system-level data warehouse will enable information flows between existing systems. Implement performance reduction (PRN) to monitor system processes and identify areas for improvement. Pathway data group to support the development of a data dashboard as outlined in the Logic Model. Plan Transfer Hub to be developed to monitor and use system data. Visual digital specification/audit. Interim digital solutions needed ready to support a pilot. 	Feb/March/April: OPTICA rolled out at Chatsfield Royal. Roll out has commenced at UHDB and ongoing work required to embed it in use. Phase 1 Care Transfer Hub capturing referral numbers for out of area hospitals.	5	3	5	3	5	3	5	3	5	3	5	3	5	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD

21	2526	Finance and Performance Committee	Finance	4	11	Risk being reviewed, to be confirmed.	Risk being reviewed, to be confirmed.	As at April 2025, the 2024/25 corporate risks and underpinning risk log owned by the former Finance, Estates and Digital Committee are currently being reviewed where new, equivalent risks will be identified for 2025/26 as appropriate which will be the responsibility of the Finance and Performance Committee, or the 2024/25 risk be closed. These risks will be presented for discussion and approval at the next Finance and Performance Committee taking place on 27th May 2025.	3	4	12	3	4	12	2	3	6	Open	SRI SRI2 SRI3 SRI4 SRI5 SRI6 SRI7 SRI8	Apr-25	May-25	Michelle Aronson Chief Strategy and Delivery Officer, and Deputy Chief Executive	Craig Cook Director of Acute Commissioning, Performance and Contracting & Clive Newman Director of Primary Care		
23	2526	System Quality Group	System Quality Group	4	14	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/delivered across west Midlands and increased use of Tamworth/Letchfield all of which influence patient/GP choice of providers. LHDB in tier 1 for cancer performance plans being managed through national oversight to develop recovery action plans. LHDB remain in Tier 2 for elective recovery so long water assurance through fortnightly regional calls in addition to JUCD elective oversight.	•Recruitment to range of posts funded through EMCA to support recovery. •Prioritisation of Best Practice lined pathways across key tumour sites – LGI, Urology, Skin and Gynae •Development of LHDB tumour site recovery action plans (with support from NHSE IT team) due – Oct-23 •Development of referral triage functions: Gynae, LGI and Urology •Work underway to understand drivers for variance in Histology T&F 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	April: The System Improvement Plan is expected to be signed off in May-25. Plans include an ambition to reduce the elective waiting list by 6% in year.	4	4	16	4	4	16	2	4	8	8	Open	SRI SRI2 SRI3 SRI4 SRI5 SRI6 SRI7 SRI8	Apr-25	May-25	Prof Dean Howells Chief Nursing Officer	Monica McAlinden Associate Director of Planned Care	
25	2526	System Quality Group	System Quality Group	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 employed/delivered across the county to manage staffing shortfalls. •Advice clinic has been established to allow non-specialist 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 region best practice. The Integrated Stroke Delivery Network have identified recommendations for improvement that relate to commissioning, access, service gaps, low staffing levels, psychology provision and life after stroke. Implemented Public Engagement.	April: The T&F group are to submit a paper this month to the Medical Directorate SMT to request funding from the NHSE LTC/Prevention allocation. Funding to enhance skill mix, establish provision in the High Peak and extend early supported discharge offer that will provide additional support to moderate patients leading to reduced demand on community services. Should the funding be agreed this will be included within the business case options and will have a direct impact on the risk score. The T&F group expect the business case to be completed by May/June for approval.	4	4	16	4	4	16	2	4	4	8	8	Open	SRI SRI2 SRI3 SRI4 SRI5 SRI6 SRI7 SRI8	Apr-25	May-25	Dr Chris Weston Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance
32	2526	Finance and Performance Committee	Finance	4	11	Risk being reviewed, to be confirmed.	Risk being reviewed, to be confirmed.	As at April 2025, the 2024/25 corporate risks and underpinning risk log owned by the former Finance, Estates and Digital Committee are currently being reviewed where new, equivalent risks will be identified for 2025/26 as appropriate which will be the responsibility of the Finance and Performance Committee, or the 2024/25 risk be closed. These risks will be presented for discussion and approval at the next Finance and Performance Committee taking place on 27th May 2025.	2	4	8	2	4	8	2	3	6	Open	SRI SRI2 SRI3 SRI4 SRI5 SRI6 SRI7 SRI8	Apr-25	May-25	Bill Booth Chief Finance Officer	Jennifer Leah Director of Finance		
33	2526	System Quality Group	System Quality Group	4	14	As a result of the dispute MLCSU has implemented a vacancy freeze for the Derbyshire Contract which they hold with the ICB. The vacancy freeze is impacting on the number of reviews undertaken, this impacts on CHD spend and the national statutory key performance indicators (KPI). Discussions are currently underway between ICB Chief Finance Officer (CFO) and the Finance Director at MLCSU to try and resolve the contractual dispute. If resolved this will help to mitigate the issues. 3 meetings have been held with MLCSU to discuss delivery of their Quality and Performance KPIs. When the dispute is resolved financially there will be an agreed improvement plan against delivery of these KPIs. January Update: Letter with offer of financial settlement and expectations re delivery against KPIs sent from CFO - to date no response.	Monthly Operational and Contract Management meetings in place. Monthly monitoring of KPI delivery both locally and with NHSE Midlands. CFO to CFO discussion to resolve dispute. Meetings with MLCSU to identify KPI improvement plans.	April update - Plan agreed suggest score reduced to 2x4-8 which is the target score - risk can be closed.	3	4	12	3	4	12	2	4	8	8	Open	SRI SRI2 SRI3 SRI4 SRI5 SRI6 SRI7 SRI8	Apr-25	May-25	Dean Howells Chief Nurse	Jo Hunter Deputy Chief Nurse	
NEW RISK 34	2526	Joint Governance Committee	Joint Governance Committee	4	20	•Include and platform for discussion provided at weekly Team Talk meetings, staff encouraged to ask questions. •FAQ area available on the Intranet showing questions asked and answers where they are available. •Weekly Staff Bulletin email from Dr Chris Clayton providing any further updates as they become available. •Reminders to staff on wellbeing support available and contact details for Mental Health First Aiders. •Line managers reminded to ensure regular 1-1s are taking place and team meetings held to share news and staff concerns. •RISD and DR in place to provide further support to staff and feedback to the ICB.	Continue with all mitigating actions. Develop communications plan with staff and stakeholders when more detail is known. Develop change process and review policies as necessary.	NA - new risk	New risk	6	4	10	1	3	3	3	3	Open	SRI SRI2 SRI3 SRI4 SRI5 SRI6 SRI7 SRI8	Apr-25	May-25	Helen Osborne Chief of Staff	James Lunn, Assistant Director of HR and Organisational Development Sean Thornton, Director of Communications and Engagement		
NEW RISK 35	2526	Joint Governance Committee	Joint Governance Committee	4	20	Regular communication with staff. Continue to share information with staff as soon as possible. Use management support to focus on existing priorities.	Undertake a review of what the ICB priorities will be once it is known what the likely operating model and duties are.	NA - new risk	New risk	6	4	10	3	2	4	8	Open	SRI SRI2 SRI3 SRI4 SRI5 SRI6 SRI7 SRI8	Apr-25	May-25	Helen Osborne Chief of Staff	Christy Tucker, Director of Corporate Governance & Assurance			
NEW RISK 36	2526	Strategic Commissioning and Integration Committee	Strategic Commissioning and Integration Committee	4	14	Strategic Commissioning and Integration Committee (SCIC) to receive a prioritization framework to help direct the order of which services/commissions are reviewed in a forward plan. SCIC to receive all recommendations relating to commissioning of services and ensure sufficient detail/specialisation to ensure we have the most effective, efficient care delivered within the commission. Enhance the capability of ICB teams to deliver key commissioning activities. Create a tactical and strategic commissioning plan and approach to support the ICBs Joint Forward Plan and medium term Financial Strategy.	SCIC Executive Team are re-grouping to take further actions relating to the Joint Forward Plan. Roadmap to be developed to identify the Systems work required for the 5 year plan. Linking the ICB and NHS Partnerships and Provider organisations to work to the JFP and delivery of this.	March/April update: 25/26 Operational planning process surfacing some commissioning issues and giving opportunity to address these. Contracts are being reviewed where these and in the next 12 months. Forward Plan for procurements under constant review.	New risk	4	3	12	3	3	3	3	3	3	Open	SRI SRI2 SRI3 SRI4 SRI5 SRI6 SRI7 SRI8	Apr-25	May-25	Michelle Aronson Chief Strategy and Delivery Officer, and Deputy Chief Executive	Michelle Aronson Chief Strategy and Delivery Officer, and Deputy Chief Executive Craig Cook, Director of Strategy & Planning	
NEW RISK 37	2526	Strategic Commissioning and Integration Committee	Strategic Commissioning and Integration Committee	4	3	System response to winter and recovery planning. Senior Leadership of ICB Executive Team providing assurance to the ICB Board. System Oversight and Assurance Group providing assurance on system performance and delivery. SCIC reviews and reviews decisions and actions to assure members these are aligned to strategic objectives. These should evidence consistency with delivery plans. SCIC decisions are evidenced to align with strategic aims of the system. Maturity of ICB - Internal controls and governance. Rt, analytics and reporting in place population health to be developed through population health management programmes	ICB Executive Team are re-grouping to take further actions relating to the Joint Forward Plan. Roadmap to be developed to identify the Systems work required for the 5 year plan. Linking the ICB and NHS Partnerships and Provider organisations to work to the JFP and delivery of this.	March/April update: 25/26 Operational Plan development includes strategic shifts from hospital to community and illness to prevention, including development of our neighbourhood health offering. This all links to the Joint Forward Plan.	New risk	3	2	4	2	2	2	2	4	Open	SRI SRI2 SRI3 SRI4 SRI5 SRI6 SRI7 SRI8	Apr-25	May-25	Michelle Aronson Chief Strategy and Delivery Officer, and Deputy Chief Executive	Erma Ince Director of Delivery		
NEW RISK 38	2526	Strategic Commissioning and Integration Committee	Strategic Commissioning and Integration Committee	4	12	Established a Fragile Services Oversight Group. Membership includes JUCD Chief Medical Officers and Chief Operating Officers. Agreed working definition of fragility where there is a risk to the sustainability of clinical services within JUCD. Developed a comprehensive list of fragile services identified by providers, which is reviewed regularly by the group. The list includes an assessment of the level of risk in each service, using NHS England's three categories of 'Watched, watchful and assured'. Developed an approach to deciding the right organisations/region/ geography for addressing the risk and finding solutions to strengthen and maintain service sustainability, which has been developed in the light of Regional guidance and is consistent with EMAP's processes.	Developing a fragile services reporting template to be submitted bi-monthly by providers for each service identified as fragile. Ongoing Actions: 1. Identify mitigations to manage or reduce service risk. 2. Escalate issues where progress is not being made due to external factors. 3. Continuous live monitoring of all services by providers to monitor fragility status.	April: Fragile services reporting guidance and template developed to be completed by relevant SRO in advance of meetings. High risk service updates and mitigations provided for CAMHS, Hyper Acute Stroke, Oncology, Ophthalmology, Paeds, Pharmacy (aseptic) and Huntington's Disease.	New risk	3	4	12	2	4	2	4	4	8	Open	SRI SRI2 SRI3 SRI4 SRI5 SRI6 SRI7 SRI8	Apr-25	May-25	Dr Chris Weston Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance	