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

NHS Derby and Derbyshire Integrated Care Board

Risk Reference	Year	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating: Probability	Initial Risk Rating: Impact	Initial Risk Rating: Rating	Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating: Probability	Previous Rating: Impact	Previous Rating: Rating	Residual/ Current Risk: Probability	Residual/ Current Risk: Impact	Residual/ Current Risk: Rating	Target Risk: Probability	Target Risk: Impact	Target Risk: Rating	Target Date	Link to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
01	24/25	The Acute providers may not meet the new target in respect of 78% of patients being seen, treated, admitted or discharged from the Emergency Department within 4 hours by March 2024, resulting in the failure to meet the ICB constitutional standards and quality statutory duties, taking into account the clinical impact on patients and the clinical mitigations in place where long waits result.	System Quality Group	Constitutional Standards/ Quality	3	4	12	- The ICB are active members of the Derbyshire Urgent and Emergency Critical Care Board (UECC) which has oversight and ownership of the operational standards. The performance dashboard is reviewed at each board meeting focusing on key standards such as the ED performance, C2 Performance, Ambulance Handovers, VW Utilisation etc. The report is a being further developed to allow the group to focus on trends and areas of improvement. This will provide greater scrutiny of performance areas of concern to be highlighted and acted upon accordingly - The System Operational Coordination centre (OCC) was established on 1st December 2022, operation 7/7 8am-6pm with on-call cover to support out of hours. The updated Minimal Viable product for the OCC was released by NHSE on 18/07/2023 and is currently being reviewed and actioned by the UEC team. The OCC have established daily system calls to check in with the system every morning at 9.30 this includes getting an operational update from each provider and raise any concerns and/or issues. When the system and/or a provider is in a state of escalation an update is shared with UEC leads, execs and on-call directors. - Providers update the OPEL reporting website daily by 11am and can escalate concerns and requests for support via the ICB urgent care team in hours, or the on-call director out of hours. - Shrewd has been deployed across the system and offers realtime oversight of the UEC system using real time data. Data quality is still being worked through but the aim is for Shrewd to offer a real time view of system pressures, enable the OCC to identify trends and support system reporting. - All providers across the Derbyshire Health and Social Care System participate in the System Tactical Group (silver command/tactical) and System Strategic Calls (gold command/strategic). These meetings are stood up by exception only. The purpose of this silver command level group is to co-ordinate and deliver the actions necessary to respond to significant issues which are affecting, or likely to affect, the functioning of an effective operation at a intra and inter sector level across the Health and Social Care System. This group reports into the System Escalation Group (SEC) which represents Gold Command. - ECIST have visited both UHDB sites, the team are working through the recommendations - NHSE have commissioned KPMG to review the midland systems to understand where the driving factors are, this review will help direct focus toward the improvements required in our system - NHSE colleagues visited CRH in November to conduct a peer review on their processes and pathways. Awaiting the report from NHSE - Non Elective Improvement Group reinstated at RDH, this forum reviews the performance and trajectories internally and also focuses on alternative pathways to improve the ED position. - Ambulance Handover Improvement Group (UHDB/EMAS/ICB) is in place weekly to review handover data trends, review pathways/processes and alternative pathways to ED such as direct to UTC/SDEC. This will support reducing the demand on our emergency departments. The direct to UTC pathway has been signed off and went live on 19/02/2024. CRH: 1. Discussions are ongoing with system partners with regards to increasing the discharge flow for patients who no longer have the right to reside, with a specific focus on P1 delays 2. The Executive Team (Medical Director, Chief Nurse & Chief Operating Officer) are having further discussions with the ED Senior Team to support Ambulatory Flow, with agreed key actions 3. Focused work continues to maximise capacity within SDEC, Frailty and co-located UTC, this is expected to reduce presentations to ED and increase flow within the department by fast tracking patients to these locations. UHDB: 1. Dailly data Breach validation process - currently saving c. 18 breaches / day. 2. Development and consistent operation and staffing of co-lo UTC on the QHB site launch 3/3. 3. Senior Decision maker / GP streamer in ED. Avoid ED disposition and see and treat wherever possible - current saving c. 5-15 breaches / day	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 OCC 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 new Opel framework reporting is now in place, both acutes are working on data accuracy of the metrics with the support of the UEC and OCC team (on track). - Daily regional 10am calls continue as Operational Coordination Centre (OOC) and Regional Control Centre (RCC) calls. - As a result of the SORG refresh work, the weekly SORG meetings have been stood down and will be stood up when required going forward (process for escalation has been agreed and shared). A new specification for the OCC has been released by NHSE and is being worked through currently. Part of this will be improving reporting by implementing a smart system which is currently be explored by the UEC and OCC team. The OCC have re-established the daily check in calls with system partners to support managing the day to day operations, improve system working and relationships. A highlight report is being developed alongside BI and performance colleagues as an output of this meeting. - 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. - The CNH is reducing between 900 and 1200 ambulances and ED attends per month being approx. 14,000 ambulances and ED attends per year with capacity to do more. 83.9% of patients through the CNH have found appropriate alternative pathways to ED. Including ongoing increases in Hear, Treat and Discharge to over 13%, 10% received care through community services including UCR, 9% seen by primary care and 58% booked into or referred to UTCs. The CNH continues to contribute to Improvement to CAT 2 response times by reducing CAT 3 and 4 conveyances and contributing to meeting 78% 4-hour target by reducing the number of ED attends as well as maximising community services capacity for example Falls Recovery Services. - The ambulance handover group has planned a walk through of the ambulance handover process with EMAS, UHDB and ICB colleagues at RDH to identify improvements/efficiencies within the pathway.	May 2024 performance CRH reported 75.0% (YTD 74.4%) and UHDB reported 75.2% (YTD 75.7%). CRH: The Type 1 attendances and Type 3 streamed attendances remain high, with an average of 249 Type 1 and 55 streamed attendances per day. UHDB: The volume of attendances remains high, with Derby seeing an average of 222 Type 1 adult attendances per day, 126 children's Type 1s and 156 co-located UTC. At Burton there was an average of 228 Type 1 attendances per day and 5 per day through Primary Care Streaming. The acuity of the attendances was high, with Derby seeing an average of 11 Resuscitation patients & 211 Major patients per day and Burton seeing 69 Major/Resus patients per day.	5	4	20	5	4	20	3	3	9	On going	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Jun-24	Jul-24	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Amy Ward Senior Operational Resilience Manager Dan Merrison Senior Performance & Assurance Manager Jasbir Dosanjh
03	24/25	There is a risk to the sustainability of individual GP practices (due to key areas detailed) across Derby and Derbyshire resulting in failure of individual GP Practices to deliver quality Primary Medical Care services resulting in negative impact on patient care.	Population Health & Strategic Commissioning Committee	Primary Care	5	4	20	Governance processes to enable identification of potential practices requiring support. Development of Primary Care sub-group to fulfil the ICB delegation requirements in relation to Primary Medical care services. CQC and ICB summit/routine meetings to review and provide assurance re: individual practices who are due to or have had a CQC inspection resulting in a rating of requires improvement or special measures. Quality Assurance programme including development of data dashboard, triangulation of information, practice highlight report and Quality Assurance / system level framework development. Clinical Governance Leads network for sharing best practice. Primary Care Networks The Primary Care Networks will provide a way that practices can support each other in smaller groups and deliver services at scale. Over time this will provide a safe forum for practices to seek help from peers and another route for help for struggling practices. Primary Care Assurance and Delivery Board Establishment of Primary Care Assurance and Delivery Board to oversee the delivery of the Primary Care Transformation programme inclusive of estates, IT, workforce - additional roles, access. General Practice Provider Board Establishment of General Practice Provider Board to support a single, unified, appropriate representative and learned Derbyshire GP voice into the Integrated Care System.	Workforce: Increasing numbers of GP's choosing salaried or locum roles rather partnership due to the additional workload and responsibilities expected. Changing population health needs: Growing population generally, as well as increasing number living over 65 with multiple complex medical conditions combined with changing public expectations around immediacy of service provision. Access: the ICB is supporting the General Practice Improvement Programme and Modernising General Practice Programmes. GPIP has an intermediate and intensive programme supported by the System Level Framework (internal quality assurance plan) ICB representative on the Midlands Region Primary Care (Access) Board. Patient expectations and the impact of modernising general practice may have a negative impact on practice stability. Estates: Development of a System Estates forum. Inadequate estates (esp. PCN), The expansion of ARRs roles is causing significant pressure on general practice estate with many practices / PCNs unable to house the number of staff employed. Information Technology: Transition funding is available to support the move to Modern General Practice Access Model (MGPAM). As per the National delivery plan for recovering access to primary care MGPAM has 3 components: Better digital telephony, Simpler online requests, Faster navigation, assessment and response Cloud Based Telephony Systems - 33 practices within DDICB have been identified as having analogue telephony systems in place ,NHSE/I funding to move to CBT to support patient access (15 practices agreed to upgrade to Cloud Based Telephony, 4 practices declined to upgrade, 11 practices had already upgraded to Cloud Based Telephony and 3 practices missed deadline) Integration in general practice and system partners to use data consistently and constructively to help practices and the system understand patient need/behaviours and system response. Winter Resilience: ICB are implementing a process where PCN's are able to challenge their achievements which is in line with the commitment from the ICB to ensure that PCN income is maintained as a result of the support provided to the system during the challenging winter period, the ICB will aim to jointly understand and agree the position with the PCN. Practices ability to support winter system pressures. Cloud Based Telephony Systems – 15 practices within DDICB were included in phase 1 for CBT funding due to analogue telephony systems being in place. All 15 practices have signed new contracts with suppliers approved on the Better Purchasing Framework and are in the process of installing their new CBT systems. NHSE have asked that all installations for Phase 1 practices be completed by 25th March 2024. 29 practices were included in Phase 2 Cohort B for CBT funding. All 29 practices have now signed new contracts with suppliers approved on the Better Purchasing Framework.	August/September: Primary Care Resilience meeting took place end of July 23 and a meeting is planned for September 23, this is to develop a system plan with a focus on primary care intelligence, core offer and support for practices in crisis. Further work is taking place prior to the September meeting to develop a more advanced quality dashboard to support the early identification of practices who would benefit from additional support. October/November: Resilience meetings in place both looking at supporting individual and system resilience across general practice, Early warning score development progressing and will be discussed within upcoming resilience meeting. General Practice Improvement programme take up improving with a mixture of individual practice and PCN involvement of which completion of the Support Level framework is integral. Winter plan developed using scenario of funding/ no funding and options for both for consideration. December/January: OPEL Scoring and winter resilience meetings in place, representation including ICB, GP Provider Board, Derbyshire Local Medical Committee and links with the GP Task Force (Hub+). Local communication plan in place - Toolkit of national & local resources e.g., graphics, key messages, guides for staff and patients & Media launch led by ICB communications team. Winter funding allocated to operationalise PCN-run Acute Respiratory Infection hubs December 2023 – March 2024. February/March 2024. Continuing winter resilience meetings and support to general practice. Non recurrent funding identified to support 111 cover for Practice QUEST from April 2025. QOF template developed to support practice discussions for 23/24 achievement. Paper to PCSG in March 2024. FFP3 training offer for PCNs agreed and to be communicated to practices during March 2024 with training to commence April 2024. Change in provider of Clinical Waste for all practices in place to commence March 2024 and ensure no gap in provision. Practice resilience forum established with LMC and GPPB to scope approach for 24-25. There is no change to the risk score due to the pressures in general practice, uncertainty around the GP contract and financial pressures as a result of increases in staff costs that are not covered through the national contract uplifts. April 2024: OPEL reporting reduced to once weekly with resilience meetings and support to general practice continuing. QOF template approved at PCSG in March 2024. There is no change to the risk score due to the ongoing pressures in general practice, imposition of national GP contract for 24/25 and financial pressures in staff costs due to increases in the national living wage that are not fully covered through the national contract uplift. A separate risk is being considered to be added relating to the threat of industrial action by GP's during 24/25 due to the imposition of the national GP contract. Risk recommended to be closed at June PHSCC and replaced/incorporated as part of four proposed new risks. Approval for closure given at PHSCC.	4	4	16	4	4	16	4	3	12	On going	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Jun-24	Jul-24	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Hannah Belcher, Assistant Director of GP Commissioning and Development: Primary Care Judy Derricott Assistant Director of Nursing and Quality: Primary Care
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.	June Update: Risk score increased to 25 following discussions at 28th May SFEDC, in view of the £50m deficit. The System submitted a revised deficit plan of £50.0m for 24/25 (excluding technical adjustments) on 12th June 2024. All System partners have worked together on the final plan, demonstrating ownership by all partners of the System position. The plan included a CIP target of £169.7m. As at 31st May, the JUCD position is a £23.4m deficit against a planned £23.0m deficit, this being as per the plan submission at 2nd May. Future reporting will be against the re-submitted plan of 12 June The main reason for the £0.4m variance to plan is under-delivery of efficiency in month two. Organisations remain committed to delivering the planned position for the financial year. Estates strategy is to be presented at PCLB. The outputs of the planning triangulation tool is being reviewed to understand the key areas of improvement. Work continues to develop an internal productivity tool that can be run more frequent. Liquidity remains a concern. A number of funding requests were received during 23/24, and a further application has been made for Q1 24/25, which has been successful. Reviews will continue, with the expectation that support will be required for Q2 24/25.	5	4	20	4	5	20	2	3	6	Ongoing	Jun-24	Jun-24	Jul-24	Jason Burn, Operational Director of Finance Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative	Jason Burn, Operational Director of Finance Derby and Derbyshire ICB
NEW RISK 06B		New risk: 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.	June Update: The System submitted a revised deficit plan of £50.0m for 24/25 (excluding technical adjustments) on 12th June 2024. All System partners have worked together on the final plan, demonstrating ownership by all partners of the System position. The plan included a CIP target of £169.7m. As at 31st May, the JUCD position is a £23.4m deficit against a planned £23.0m deficit, this being as per the plan submission at 2nd May. Future reporting will be against the re-submitted plan of 12 June The main reason for the £0.4m variance to plan is under-delivery of efficiency in month two. Organisations remain committed to delivering the planned position for the financial year. Estates strategy is to be presented at PCLB. The outputs of the planning triangulation tool is being reviewed to understand the key areas of improvement. Work continues to develop an internal productivity tool that can be run more frequent. Liquidity remains a concern. A number of funding requests were received during 23/24, and a further application has been made for Q1 24/25, which has been successful. Reviews will continue, with the expectation that support will be required for Q2 24/25.				4	5	20	2	6	6	Ongoing	Jun-24	Jun-24	Jul-24	Jason Burn, Operational Director of Finance Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative	Jason Burn, Operational Director of Finance Derby and Derbyshire ICB
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.	2	3	6	2	3	6	1	2	2	Jul-24	SR8	Jun-24	Jul-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	October update: It should be noted there is significant 'lag' in the submission of information to the ICB in advance of the report submission; on occasion a delay of 2 Quarters. The Providers advise that these delays are due to their internal governance processes. Assurances have been received from all Providers that they have established processes to regularly reassess clinical pathways in alignment with local and national guidelines. DCHS currently holds an Amber rating for this KPI due to the ongoing refinements of their SOPs. Nevertheless, there is an overarching SOP in place for the Trust, and all planned care and specialist services have formulated their draft clinical harm SOP. The development of service specific SOPs is underway, starting with key services, and the plan is to gradually implement them across other services. No moderate or severe harms were reported in Q1 and Q2 across the Derbyshire System. November: The lag continues due to internal governance processes. This will be highlighted in a report to System Quality and Performance Committee in December for additional support. 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.	4	4	16	4	4	16	3	2	6	TBC	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Jun-24	Jul-24	Prof Dean Howells Chief Nursing Officer	Letitia Harris Assistant Director of Clinical Quality Lisa Falconer Head of Clinical Quality (Acute)
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	June: 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	Jun-24	Jul-24	Helen Dillistone - Chief of Staff	Suzanne Pickering Head of Governance

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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.	•Wrike planning tool in training phase (31.5.22); implementation during July/August 2022 •Agreement (8.6.22) on positioning of PPI assessment and EIA tools within e-PMO gateway processes, for implementation July 2022. Access to system granted to engagement team; training on system and assessment of activity to start August 2022. •Distributed leadership agreement among system communications group; paper to System Leadership Team (8.7.22) to confirm arrangements and flag risks deferred to future meeting. PPI Guide agreed at Engagement Committee, Senior Leadership Team and presented at Team Talk - will be developed into training programme with the aim of standardising the approach to engagement progression and equipping project teams to progress their own schemes with technical expertise provided from the engagement team. Revision and refresh of Communications and Engagement Team portfolios and priorities undertaken July 2022. July/August 23: Ongoing assessment of priorities, in line with newly emerging 5-year plan and IC strategy. Ongoing anticipation of ICB structure outcomes to seek to stabilise team and confirm roles. Temporary appointments within the engagement team risk adding to the capacity challenge, with ongoing instability due to delays with the ICB structures development. There is a risk of loss of staff in the autumn/winter 2023 period which will compound the capacity risk. Similarly, vacancies arising within the Communications Team cannot be advertised whilst the ICB structure discussions continue, further compounding capacity risk. The combination may result in the need to increase the score of this risk. May: New Head of Communications now in post and understanding portfolio. Priorities mapping taking place across the ICB via the Delivery Group, to help inform work programme for the team. Engagement Team formal restructure now complete; one remaining residual post being appointed to. As a result, risk score was reduced from 9 to 6 at PPC meeting on 30/4/24. June: Ongoing work to map priorities through ICB Delivery Group. Further movement of staff resulting in vacancies. Two formal public consultations being planned for launch in summer/autumn 2024, which will draw on team capacity through remainder of 2024.	2	3	6	2	3	6	2	2	4	Jul-24	SR3 SR4 SR5 SR7 SR8 SR9	Jun-24	Jul-24	Helen Dillistone - Chief of Staff	Sean Thornton - Director of Communications and Engagement
15	24/25	The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI	Audit and Governance Committee	Corporate	4	4	16	The 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.	February - The delegated functions to be transferred from 1 April 24 are 57 of the Specialised Commissioning services. For the first year, the operational team working in this area will continue to be hosted and managed by NHSE, with staff transferring from 1 April 2025. Current work is focussed on the formal documentation required prior to 1 April 2024, namely the Delegation Agreement, the Collaboration Agreement and the Standard Operating Framework, all of which are going through final drafts prior to being issued to ICBs at the end of February for sign off. Governance will be via a Joint Committee. As much of the detail as to how this will work operationally and it is not yet clear what the individual responsibilities of ICBs will be, the score is appropriate at a 9. March/April: The ICB Board was requested at its March meeting to approve formal signature of the delegation documentation; the Board were advised that this was with the caveat that further work was required between NHSE and ICBs to be clear on the operating model and quality and finance risk management. The risk score cannot be decreased until this work is complete and impacts on ICB resources are clarified. 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	3	3	9	3	2	6	2	2	4	Jul-24	SR4 SR5 SR7 SR9	Jun-24	Jul-24	Helen Dillistone - Chief of Staff	Chrissy Tucker - Director of Corporate Delivery
16	24/25	With the review of ICB structures there is risk of increased anxiety amongst staff due to the uncertainty and the impact on well-being.	Audit and Governance Committee	Corporate	4	3	12	Regular communication with staff. Sharing information with staff as soon as this became available. Continuation of regular 1 to 1 wellbeing checks. Compliance with Organisation Change & Redundancy Policy.	No significant change in sickness absence.	January: The formal collective consultation period ended on 7th January 2024. A significant amount of feedback has been received by ICB colleagues and this has been considered by Executive Team when making their final decisions, which will be presented to the Remuneration Committee on 26th January 2024. An all staff briefing has been arranged for 8th February 2024 with any individual 'heads up' meeting taking place beforehand. ICB colleagues receive regular updates via Team Talk and the weekly staff bulletin. HR team continue to promote wellbeing offers, activity timetable, mental health first aiders and access to our employee assistance provider. Sickness absence levels increased in December to 3.4% (last year for December = 3.6%). February: All staff close of consultation briefing held on 8th February 2024, Following this structures and job descriptions published and individual letters confirming position sent . ICB to commence filling posts in the new structure with priority status for colleagues 'at risk' of redundancy. HR team to support individual 'at risk' to find suitable alternative employment within the ICB and wider NHS. HR team continue to promote wellbeing offers, activity timetable, mental health first aiders and access to our employee assistance provider. Sickness absence levels reduced slightly in January to 3.3% (last year for January = 3.32%). April: The appeals have now largely been completed and we are supporting the staff who are 'at risk' of redundancy or have selection or other processes the risk has largely been mitigated. As such, the recommendation is that the risk score is decreased from probability 4 x impact 3 to probability 2 x impact 3 with a view to closing the risk in a further 1 or 2 months if the staffing position remains stable. May: Notice of redundancy has been issued to 4 staff and a further 5 colleagues are potentially 'at risk' of redundancy. The ICB is supporting individuals to seek suitable alternative roles either within the ICB or wider NHS. Sickness absence levels were 2.04% in April (last year April = 1.71%) June: Four employees are on formal notice of redundancy and 3 'at risk' of redundancy. The ICB is seeking suitable alternative employment either within the ICB or wider NHS. Sickness absence levels were 3.58% in May (last year May = 2.8%). As the restructure has been completed, vacancies are being recruited to and the vast majority of staff (98.5%) have secured a role in the new ICB structure, it is recommended that this risk is now closed. The support for the relatively small number of individuals 'at risk' will continue to be provided by the HR team as part of their normal day to day work.	2	3	6	2	3	6	3	2	6	Jul-24	SR4 SR5	Jun-24	Jul-24	Linda Garnett Interim ICB Chief People Officer	James Lunn, Assistant Director of Human Resources and Organisational Development
17	24/25	Due to the pace of change, building and sustaining communication and engagement momentum and pace with stakeholders during a significant change programme may be compromised.	Public Partnerships Committee	Corporate	4	3	12	The system has an agreed Communications & Engagement Strategy which continues to be implemented. This includes actions supporting broadening our communications reach across stakeholders, understanding current and future desired relationships and ensuring we are reaching deeper into the ICB and components parts to understand priorities and opportunities for involvement. The Public Partnership Committee is now established and is identifying its role in assurance of softer community and stakeholder engagement. Communications and Engagement Team leaders are linked with the emerging system strategic approach, including the development of place alliances, seeking to understand the relationships and deliver an improved narrative of progress. April: Engagement approach in IC Strategy underway with sessions during May. JFP engagement and stakeholder management approach now in development. August: JFP engagement approach remains in development.	*- Continued and accelerated implementation of the Communications and Engagement Strategy actions plan priorities across stakeholder management, digital, media, internal communications and public involvement. *- Continued formation of the remit of the Public Partnership Committee *- Key role for C&E Team to play in ICB OD programme *- Continued links with IC Strategy development programme *- Continued links with Place Alliances to understand and communicate priorities	March: Linked to 24/25 planning and priority setting processes. JFP refresh deadline extended to 30.6.24. Risk rating remains the same as we await progress with ICB and team programmes. April: Ongoing connection to 24/25 planning processes, including Board. Public information and engagement programme being developed to set out 23/24 closing and 24/25 opening positions to broaden awareness and involvement in current programme requirements. For agreement by NHS Executive Team in May 2024. May: Public information programme in development across all system NHS partners. General Election and pre-election rules will prevent launching of this programme until July 2024, but planning can continue. Further update on planning to NHS ET on 7/6/24. Programme to take into account final outcome of 24/25 operational planning. June: Planning continues for public information programme, linked to 24/25 operational planning and submission of revised JFP on 30 June.	4	3	12	4	3	12	3	2	6	Jul-24	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Jun-24	Jul-24	Helen Dillistone - Chief of Staff	Sean Thornton - Director of Communications and Engagement
19	24/25	Failure to deliver a timely response to patients due to excessive handover delays and transfer of patients to the appropriate care setting from Acute Hospitals. Risk of leading to significant response times for patients whilst waiting in the community for an ambulance response, resulting in potential significant levels of harm. New Risk Description: 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	Discharge 1. ASCDF funded home care through CHS till end oct 23, plan to continue at current level till Feb 24 for discharge and flow support 2. DCHS led CRT providing reablement care for P1, increased investment through ASCDF to increase provision 2. P1 Strategy to be finalised Oct 23 3. Transport : Clinical Nav ensuring transport to community bedded care is booked to reduce incomplete discharges out and lost bed days in community beds, started CRH to be rolled out across all wards and to UHDB 4. Community Health Therapists working closely with County Adult Care and Community Response Teams to ensure P1 clients have clear goals and a planned date of discharge. This will help reduce the intensity and duration of care packages thus freeing up capacity 5. ASCDF funding VCSE 'home and settle from hospital' scheme to transport and support P0 discharges home plus county schemes coming on line in Oct / Nov : will reduce delays for P0/P1 patients awaiting discharge and reduce readmission rates as patients supported once discharged. 6. County ASC transformation to provide increased and improved P1 capacity. Launch date Jan 24 7. ASCDF funding staff to improve discharges out of CRH and UHDB, focus on weekend discharges 8. Care transfer hub process improvement work 9. OPTICA to provide IT solution for discharge planning identifying delays and supporting with prioritisation of tasks (aim to reduce duplication and better decision making) 10. integration in City of health and social care delivery to one reablement model of care 11. ASCD to mental health to improve flow through MH beds to enable increased capacity 12. CRH and UHDB focused work on ward processes to improve flow. Roll out of UHDB strength based approach to discharge (started ward 311) 13. Jan 24 work launched to deliver a care transfer Hub in Derbyshire, this work will start from Feb 24 to define the vision and approach as well as identify staffing and outcomes 14 Project of work to deliver a true 'trusted assessor' way of working. Requires changes to training and ways of working with agreed framework from health and social care UEC interventions 1. SEC and SORG interventions. 2. Overview of HHO delays and robust scrutiny of progress to delivery improvement trajectories. 3. Performance management of workforce and abstraction rates to ensure necessary resources are in place to respond to demand 4. Implementation of EMAS Hospital Handover Harm Prevention Tool at Acute Trusts. 5. 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. 6. Regular monitoring of Actions and risk by CQRG. 7. Local system governance structures to manage difficult decisions: Derbyshire System pressures quality review panel. Decisions and discussions held at SORG. 8. HALO - recruited to support both Acutes and crews with handover delays, directing appropriate patients to SDEC, supporting pinning off etc	Discharge 1. accept discharge to assess is a joint responsibility of health AND social care to deliver 2. Accept discharge out of P2 beds will have parity of impact with acutes as will create flow (25% P2b beds have patients in delay) 3. Reduce the number of handoffs within our pathways and improve faster access to pathways through joint improvement work 4. Accept OPTICA will lead to improved transparency of system delays and enable prioritisation of patient needs for discharge. All system partners to support embedding of tool 5. accept largest gain is in providing more pathway 1 access to support discharge flow, avoid use of temporary beds to place patients into who are in delay and acknowledge this leads to poor outcomes for patients and higher costs for the system 6. Accept there is limited care home capacity to accept needs of patients who have complex needs, where these are sought for discharge there will likely be delays to source 7. Reduce the delays caused by patients awaiting discharge letters / meds for discharge, 8. reduce the number of patients being discharged after midday and increase early morning discharges, this is achieved through improved discharge planning and decision making and access to transport 9. Accept decisions regarding discharge need to be made as a system with no one provider making unilateral changes to delivery without consulting with others through governance route of SDG 9. accept that process work around care transfer hubs requires transformation support of the system to enable true change to occur 10. transfer the learning from ward 311 strength based approach to UHDB so learnings can be used by the wider hospital 11. Provide assurance that ASCDF is delivering additional discharge capacity to the system through monitoring of impact and outcomes 12 accept there is a large decrease in weekend discharges due to reduced weekend staffing on wards and some providers. Unless there is significant investment in workforce across wards and community this will continue 13 accept there is a large opportunity to focus on P0 discharges which are 90+% of all flow which will likely not be supported by the care transfer hubs. UEC System actions to reduce hospital handover delays. System urgent care improvement action plans. ECIST - will be visiting the RDH site and providing recommendations and supporting the trust to improve their Type 1 performance, handover delays and reduce their bed occupancy levels Work ongoing to develop a memorandum of understanding (MOU) which sets out the commitment between ICB, Acute Providers, NHSE and Ambulance Trusts to support ambulance crews ending their shift on time, when in attendance at busy emergency departments with ambulance handover delays. Recruited 1 x HALO, start date to be agreed.	Sept 23 : Identification of P1 gap of approx. 49 discharges per week if CHS care ends in Nov, paper to execs to approve extension of CHS until ASC transformation is embedded (Feb 24), POG development support and agreement of system flow meeting, twice weekly, with all system partners to unblock flow from all providers. TOR agreed and to be shared with SDG. Require system support to facilitate this shift in meetings to outcomes, challenge and delegated decision making. Care transfer hub work to commence Oct 23 at CRH, request transformation support into these meetings Oct/Nov 23 : extension of home care provision to support discharge out of RDH and UHDB, contract negotiations due to start Nov. Connex VCSE launched supporting 10 discharges per week into high peak Dec: There is no update at this time due to managing system pressures. Jan : P1 transformation in county commenced, this will deliver more capacity and strength based reviews for pathway 1. Daily flow meetings in place with CHS /CRT/county LA to look at demand and capacity. PDSA review held at UHDB to review discharge process and capture learning and improvement. More sessions planned in January. Workshop on Care transfer hubs held Jan 24 with system stakeholders to describe the shift in delivery and scope out next steps. Workshop on 'trusted assessor' held Jan 16 to outline process to move to truely trusted model of delivery. Recruitment to CRT (DCHS led team delivering P1 capacity) successful and onboarding of new staff starting from Jan to deliver more P1 capacity and enable flow. Oct 23 ASCDF funded additional patient transport vehicles to support with discharge and patient flow. February: Following a recent discussion at the Strategic Discharge Group in relation to the Corporate Risk Register and this risk, a small Working Group has been established to develop the wording, mitigations, risks score, etc. to reflect the current issues/risks. Work is currently being carried out to finalise the wording for this risk and at the next Strategic Discharge Group planned for 8th March, the revised wording will be discussed. March/April: The risk description for this risk will be revised following agreement on a new, proposed discharge risk. This is being discussed at the Strategic Discharge Group planned for 26.04.24. Risk 19 currently relates to excessive handover delays and the transfer of patients to the appropriate care setting from Acute Hospitals. With the risk of significant response times for patients whilst waiting in the community. A number of mitigations include work being undertaken by the Strategic Discharge Group to improve the flow out of hospitals. Due to the recognised pressures and delays of hospital discharges through several factors, there has been a request to separate and develop a new risk from Risk 19 to ensure that ongoing discharge work is captured as its own risk with ownership from system partners. May - Risk description revised and to be presented at Quality & Safety Forum. June - The revised risk description was approved at Quality & Safety Forum, Urgent Emergency Care Team to provide risk updates.	5	4	20	5	4	20	2	5	10	TBC	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Jun-24	Jul-24	Dr Chris Weiner Chief Medical Officer	Jo Warburton Dan Webster
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.	4	4	16	4	4	16	3	3	9	July 2024	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Jun-24	Jul-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 : 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	Jun-24	Jul-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.	Feb/March: Individual organisations were now able to apply for payments. It is uncertain whether the applications, if successful, would cover all the nuances in the shortfall in the pay awards, but it would cover some of them. System Finance, Estates and Digital Committee agreed to decrease the score of this risk to 4 x 4 on the matrix. We have now received some requests for information from the national team as several organisations who provide services to the System have appealed for this funding. April: Recommendation to roll this risk over into 2024/25. May: There remains a live issue around the eligibility relating to pay award funding. Recommend decrease in risk score to 12 due to although there is still a live issue around the eligibility for funding, this is now against a reduced number of providers resulting in lower financial risk. June: Removal of the word necessarily from the risk description from the opening sentence of the risk description.	3	4	12	3	4	12				Ongoing	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Jun-24	Jul-24	Keith Griffiths, Chief Finance Officer	Keith Griffiths Chief Finance Officer Jason Burn Interim Director of Finance - Operations & Delivery / Deputy CFO

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 Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
					Probability	Impact	Rating				Probability	Impact	Rating	Probability	Impact	Rating	Probability	Impact	Rating						
23	24/25	There is an ongoing risk to performance against 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. Revised Risk Description: 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	December - Turnaround lead in place at UHDB to deliver recovery programme (managed through ICB chaired Elective and Cancer Recovery Group) January - Turnaround lead in place at UHDB to deliver recovery programme (managed through ICB chaired Elective and Cancer Recovery Group). Work ongoing supported through JUCD Elective and Cancer Recovery weekly calls. No change expected in referrals from Staffordshire. Current focus is how we develop existing services to meet sustained demand on UHDB capacity and work to develop primary care pathways across DDICB and SSICB. February; The risk is currently being reviewed and the risk description will be revised for March reporting. There is a challenge in re-wording the risk description to ensure all aspects are captured that impact the risk and also the specific challenges and cancer recovery plan. March - Turnaround lead continuing to develop and plan productivity actions to support productivity, improved performance and access/outcomes for patients. 2425 planning underway to confirm actions that will support delivery of performance and improved patient outcomes. April - Risk description revised to reflect the wider challenges in terms of capacity to meet the cancer standards, impacts the whole of the County, not only Staffordshire. 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.	4	4	16	4	4	16	2	4	8	September 2024	SR1 SR2 SR3 SR4 SR5 SR7 SR8 SR9	Jun-24	Jul-24	Prof Dean Howells Chief Nursing Officer	Monica McAlindon Head of Cancer
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.	3	3	9	3	3	9	2	3	6	September 2024	SR3	Jun-24	Jul-24	Prof Dean Howells Chief Nursing Officer	Michelina Racioppi Assistant Director for Safeguarding Children/ Lead Designated Nurse for Safeguarding Children
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 May- Final case for change document is being reviewed by the engagement team prior to being published and shared with NHSE in June. The pathway redesign is still in the planning stage and the risk will not be reduced until implementation commences. June- Including Glossop service provision in scope of the service review leading to a delay in the case for change approval. Public Engagement Plan completed and on track to commence in August 24. The pathway redesign is still in the planning stage and the risk will not be reduced until implementation commences.	4	4	16	4	4	16	2	4	8	July 2024	SR1 SR2 SR4 SR7 SR9	Jun-24	Jul-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 Partnerships Committee	Clinical	3	4	12	•PPI Assessment Form included in ePMO gateway process. •Establishment of ICB Procurement Group, with C&E Team membership. •C&E staff directly connected to procurement process. •Portfolio/BP relationships with directorates and teams to understand workload.	•Establish and strengthen role within ICB Procurement Group to understand business timetable and contracts register. Understand opportunities for horizon scanning and compliance. •Raise awareness of PPI Governance Guide with ICB Procurement Group membership and other key figures to build capacity to spot, challenge and raise risks. •Continue links with ePMO team, including new lead, to maintain PPI assessment process.	May- Seeking assurance on inclusion of PPI assessment process and Equality Impact Assessment process in ePMO governance and ICB Procurement Group. Expected that this risk can be closed quickly once assurances received. 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.	3	4	12	3	4	12	2	3	6	March 2025	SR1 SR2 SR3 SR4 SR5 SR6 SR7 SR8 SR9	Jun-24	Jul-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 28	24/25	There is a risk that the ICB does not systematically review historically agreed resource utilisation within contracts and care pathways resulting in the lost opportunity to redeploy wasteful and inefficiently used resources to better improve health outcomes for the residents of Derby City & Derbyshire.	Population Health & Strategic Commissioning Committee	Clinical				Potential Measurement: Resource released New pathway developments Confirmed proportion of contracts and pathways maintained without change.		Proposed new risk to be discussed at June PHSCC meeting.										TBC		Jun-24	Jul-24	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	TBC
NEW RISK 29	24/25	There is a risk that the ICB does not deliver the strategic ambitions and priorities within the 5 year forward view.	Population Health & Strategic Commissioning Committee	Clinical				Potential Measurement: Proposed resource allocated to the strategic priorities through PHSCC Improvement in outcomes for the strategic priorities within the 5 year forward view.		Proposed new risk to be discussed at June PHSCC meeting.										TBC		Jun-24	Jul-24	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	TBC
NEW RISK 30	24/25	There is a risk that the local health and care economy is unsustainable because of a failure to reduce 'failure demand' by effectively reducing health inequalities and delivering primary and secondary prevention.	Population Health & Strategic Commissioning Committee	Clinical				Potential Measurement: Shift in resources from treatment pathways to primary and secondary prevention Resources targeted at the most deprived three deciles Uptake of services within three most deprived deciles Improvement in key population health outcome data.		Proposed new risk to be discussed at June PHSCC meeting.										TBC		Jun-24	Jul-24	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	TBC
NEW RISK 31	24/25	There is a risk that key healthcare services cannot be maintained due to fragility caused by availability of staff, insufficient capital investment or inadequate outcomes for Derby City and Derbyshire community.	Population Health & Strategic Commissioning Committee	Clinical				Potential Measurement: Number of services on fragility register Number of services that are moved off the fragility register Number of services that are closed due to fragility.		Proposed new risk to be discussed at June PHSCC meeting.										TBC		Jun-24	Jul-24	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	TBC
NEW RISK 32	24/25	Finance Capital risk						TBC												TBC		Jun-24	Jul-24		
NEW RISK 33	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 0, 1, 2 and 3 (leading to medically fit patients with no right to reside, remaining in hospital for more than 7 days).	Acute Liaison Group	Clinical	3	4	12	TBC	TBC	TBC				3	4	12	2	4	8	TBC		Jun-24	Jul-24	Dr Chris Weiner Chief Medical Officer	Jo Warburton Kirsty McMillan