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

Derby and Derbyshire Integrated Care Board

Risk Reference	Yr/yr	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	Last Reviewed/ Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
01	25/26	The Acute providers may not meet the new target in respect of 78% of patients being seen, treated, admitted or discharged from the Emergency Department within 4 hours by March 2025, resulting in the failure to meet the ICB constitutional standards and quality statutory duties, taking into account the clinical impact on patients and the clinical mitigations in place where long waits result.	System Quality Group	Constitutional Standards/ Quality	3	4	12	- Improving ambulance handover times through increased senior ownership within EDs and applying Releasing 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 in the DDICB 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. Discussions have started through Team Up on SDEC flow to community services to avoid inappropriate admissions through. - The smart system Shrewd (live dashboard providing an overview of our system UEC pathways) is in place. The new OPEL framework for acute trusts, mental health, community and NHS111 is now live. The SCC continue to work with system partners on data quality and alignment with other operational reporting. The data quality improvement work is expected to continue until the end of March 2025 - Daily regional calls continue as System Coordination Centre (OOC) and Regional Control Centre (RCC) calls. - The SCC have the daily check in calls with system partners to support managing the day to day operations, improve system working and relationships. - NHS UTC Standards have been published. KPI's for all UTCs have been agreed, and work is ongoing to support the data collection which will monitor UTC performance against these standards and will be included in contracts for 25/26. - Joint face to face working is in place 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. - Continuously exploring opportunities to expand number of pathways going into the CNH/SPoA - Doing Hubs Once high level milestone plan in development. Proposal being explored to undertake pilot in High Peak area between Central Navigation Hub (CNH), Care Transfer Hub (CTH) and Local Navigation Hub (LNH) as an MDT approach supporting the ethos of Right Care First Time for patients by expediting discharge, maximising community services and preventing inappropriate conveyancing and attendance at ED.	CNH Performance - April 2025: EMAS Cat 3&4 April activity was 1257 with a deflection of 45.2%, representing 820 ambulance dispatches avoided. The mean response time was 18 minutes and 23 seconds, a slight increase from the 11 minutes and 13 seconds in March but still well within the target of 30 minutes. Performance for April decreased from 83.1% seen in March to 83.9% This month saw an increase in activity from 1155 in March to 1257 in April. 111 Online Cat 3&4 Activity in April saw 438 patients, a slight decrease on March's 469. 94.5% of patients avoided an ambulance (414). Most patients referred to UTC/PCC (39.7%) or ED walk in (16%). The mean response time in March was 23 minutes and 59 seconds which is an increase on March but well within the target of 30 minutes. In Hours Primary Care Validation - Telephony Activity fell slightly in April, in line with typical seasonal variation. An average of 20.2% of patients were referred to their own GP in April, a slight reduction on March. DoS closures have reduced access to UTC referral, which has resulted in decreased deflection from general practice. In Hours Primary Care Validation - NHS111 Online April saw 59 referrals, which is a decrease on March's 130. 30.3% of patients were referred to a UTC or PCC. This is a decrease on March and most likely due to ongoing UTC DoS closures. 16.1% of patients were referred to their own GP practice following validation this is a decrease on March's 25%, 30% of patients were See, Treat & Discharge or Self-care. Mean performance was 52 minutes (1 hour dispositions) and 1 hour 47 minutes (2 hour dispositions). PCP Referrals - Falls 30 falls referrals were made for clinical review and onward referral in April, of the 30 patients referred only 6 received an ambulance response in April. PCP Referrals - Non-Falls Referrals to CNH for April were 28, this is an increase on March's 23 but still a decrease compared to some previous months. Following CNH intervention only 2 non-falls patients attended hospital via ambulance/direct admission/made their own way to ED, resulting in 26 (92.85%) patients avoiding hospital. iCR Elements - These are collected from 999 Cat 3 & 4 (Push and Automation), 111 Online Cat 3 & 4, Primary Care Validations, SPoA Line including Medequip. • Falls Service - 27 • Rapid Response Service - 195 • Therapy & Nursing - 14 • Social Care - 2 (It is challenging to present all Social Care referrals as there are currently no DoS Profiles. These cases are normally referred via telephony EMAS DoS Referrals to CNH Excluding ED validation profiles, in April EMAS referred 241 patients via these profiles, which is an average of 8 patients per day. This is a slight increase on 233 cases referred in March. EMAS ED Validation DoS referrals to CNH In April EMAS referred 69 patients using the ED profiles, which is an average of 2.9 patients per day. 57% of patients were deflected away from the hospital front door (ED/Ambulance).	April 2025 performance CRH reported 79.6% (YTD 79.6%) and UHDB reported 75.9% (YTD 75.9%). CRH: The Type 1 attendances and Type 3 streamed attendances remain high, with an average of 232 Type 1 and 218 streamed attendances per day. UHDB: The volume of attendances remains high, with Derby seeing an average of 222 Type 1 adult attendances per day, 101 children's Type 1s and 154 co-located UTC. At Burton there was an average of 182 Type 1 attendances per day and 54 per day through Primary Care Streaming. The acuity of the attendances was high, with Derby seeing an average of 11 Resuscitation patients & 212 Major patients per day and Burton seeing 66 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.	5	4	20	5	4	20	3	3	9	Q1 2026	SR1 SR2 SR3 SR4 SR5 SR7 SR8	May-25	Jun-25	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Amy Grazier Senior Operational Resilience Manager Dan Merrison Senior Performance & Assurance Manager Jasbir Dosanjh
09	25/26	There is a risk to patients on Provider waiting lists due to the continuing delays in treatment resulting in increased clinical harm.	System Quality Group	Clinical	4	4	16	• Risk stratification of waiting lists as per national guidance • Work is underway to attempt to control the growth of the waiting lists – via MSK pathways, consultant connect, ophthalmology, reviews of the waiting lists with primary care etc. • Providers are providing clinical reviews and risk stratification for long waiters and prioritising treatment accordingly.	• An assurance group is in place to monitor actions being undertaken to support these patients which reports to PCDB and SQP • Providers are capturing and reporting any clinical harm identified as a result of waits as per their quality assurance processes • An assurance framework has been developed and completed by all providers the results of which will be reported to PCDB • A minimum standard in relation to these patients is being considered by PCDB • Work to control the addition of patients to the waiting lists is ongoing	May 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 reviews process remains in place according to the individual pathway with regular reviews ICB Quality teams continue to monitor this risk via updates to CQRG for assurance and it remains a rolling agenda item with quarterly updates for oversight. Review date September 2025	4	4	16	4	4	16	3	2	6	Mar-26	SR1 SR2 SR3 SR4 SR5 SR7 SR8	May-25	Jun-25	Prof Dean Howells Chief Nursing Officer	Letitia Harris Assistant Director of Clinical Quality
11	25/26	There is a risk that failure to meet the NHS Net Zero targets will put further pressure on the NHS's ability to meet the health and care needs of our patients in two ways: •Contributing to a warming climate and subsequent increase in extreme weather events impacting on business continuity •The production of harmful emissions impacting upon air quality which is in turn damaging to the health of our population.	Audit and Governance Committee	Corporate	4	4	16	System Net Zero SRO is Helen Dillistone, each Provider Trust has a Net Zero SRO in place. Trusts and systems have Green Plans in place for 2022 - 2025 which detail the actions to be taken to reach net zero. NHS Green Plans currently being refreshed in line with statutory guidance for Board approval and then publication in July 2025. Quarterly system meetings in place to monitor delivery of Trust and system NHS Green Plans. Regular interface with NHSE Regional Leads and other systems through quarterly Midlands SRO Meeting. Data capture from all Trusts and ICB to the national Greener NHS dashboard to monitor progress towards Net Zero Derbyshire specific dashboard developed. Dedicated staff resource in the ICB to support and monitor delivery of the system Green Plan and provide support to Provider Trusts. Strategic partnerships formed with Local Authorities and EMCA	Strong system leadership to support delivery - Helen Dillistone, Net Zero Executive Lead for Derbyshire ICS. Robust governance and oversight in place: NHSE Midlands Greener Board established and in place Derbyshire ICS Greener Delivery Group established and in place NHSE Midlands regional priorities identified for each year. Derbyshire ICS Green Plan 2022 - 2025 approved by Trust Boards and CCG Governing Body on 7th April 2022. Refresh of ICS System plan required - due July 2025. Derbyshire System assessed as 'maturing' by NHSE in 2023, and actions identified to become 'thriving' will be embedded within Green Plan refresh. Strong relationships in place with NHSE Regional Team and Provider Trusts facilitates collaborative working across the system and with regulators.	May 2025: The JUCD Derbyshire Green Plan has a set of draft actions which focus on the system working together, co-ordinated by the ICB, to progress some of shared challenges, and support the cultural shift required to ensure that sustainability becomes embedded as BAU, and that all organisations (including the ICB) are embedding climate related-risk into our governance and decision-making processes through the TCFD requirements. The model ICB blueprint identifies sustainability as an area to 'consider transferring to providers over time' without further specificity at this stage. This may impact how the Green Plan actions are delivered in the future, and the ICB's ability to discharge the statutory duty with regards to climate change. Whilst the current risk scoring of 12 remains appropriate until more it known, it may be that this needs to be revised and increased when more detail on future direction of travel is available.	4	3	12	4	3	12	3	2	6	Mar-26	SR1 SR2 SR3 SR4 SR5 SR7 SR8	May-25	Jun-25	Helen Dillistone - Chief of Staff	Katy Dunne - Head of Corporate Programmes
15	25/26	The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI	Audit and Governance Committee	Corporate	4	4	16	The current function in the process of delegation is Specialised Commissioning. Commissioning responsibility for 59 Acute Specialised Services were delegated to ICBs in April 2024. The transfer of support staff to the host ICB does not take place until July 2025. Responsibility for delivery sits with the East Midlands Joint Committee. A delegation agreement is in place for phase 1 which will be updated for phase 2. Six workstreams have been established to work through the necessary actions for safe and timely delegation, with an Executive Leadership Group established to provide strategic direction. The ICB has an established Programme Board to manage this programme of work for Derbyshire. The Programme Board is now also overseeing the process of delegation for Vaccinations, Immunisations and Screening and over the next few months will be working through potential impacts on the ICB and the Derbyshire system. Vaccinations, Immunisation and Screening: NHSE have stood up an Operating Model Group (OMG) to oversee the delegation for Vaccinations, Immunisations and Screening and over the next few months will be working through potential impacts on the ICB and the Derbyshire system. Delegation is planned from 1st April 2026. The ICB Delegated Services Programme Board will oversee the transition.	Pre-delegation assurance framework process completed and in place. Delegation framework for phase 1 - in place. Delegation framework for phase 2 expected. ICB Programme Board to work through next steps. Collaboration and Delegation Agreements for Specialised Commissioning delegation to be submitted to Board and signed off in March. Vaccinations, Immunisation and Screening: Critical path established for delegation from Jan 25 to Oct 25 Operating model to be signed off at ICB CEO time out session on 8th April 2025, led by NHSE. Pre delegation assessment framework will be underway in May 2025 with final sign off to ICB Board in September 2025. Capacity to deliver both programmes is a risk. Established ICB system wide for over two years Vaccinations and Immunisations Delivery Board in place. Screening Delivery Board stood up in January 2025. Finance and Contracting Workstream established under Operating Model Group	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. May: Delegation has been confirmed, however the operating model cannot be agreed until ICB functions have been agreed also. No further information has been received at this stage and no further meetings regarding delegation with NHSE have taken place to date. Delivery Boards for both Immunisation and Screening are in place and continue to meet monthly. In the background, we have been working closely with our acute providers in UHDB and CRH to understand the screening programmes further, introductory meetings with management and staff regarding the services they provide.	3	4	12	3	4	12	2	2	4	Mar-26	SR4 SR5 SR7	May-25	Jun-25	Helen Dillistone - Chief of Staff	Chrissy Tucker - Director of Corporate Governance and Assurance
17	25/26	Due to the pace of change, building and sustaining communication and engagement momentum and pace with stakeholders during a significant change programme may be compromised.	Strategic Commissioning and Integration Committee	Corporate	4	3	12	The system has an agreed Communications & Engagement Strategy which continues to be implemented. This includes actions supporting broadening our communications reach across stakeholders, understanding current and future desired relationships and ensuring we are reaching deeper into the ICB and components parts to understand priorities and opportunities for involvement. The Public Partnership Committee is now established and is identifying its role in assurance of softer community and stakeholder engagement. Communications and Engagement Team leaders are linked with the emerging system strategic approach, including the development of place alliances, seeking to understand the relationships and deliver an improved narrative of progress. JFP engagement approach remains in development.	*- Continued and accelerated implementation of the Communications and Engagement Strategy actions plan priorities across stakeholder management, digital, media, internal communications and public involvement. *- Continued formation of the remit of the Public Partnership Committee *- Key role for C&E Team to play in ICB OD programme *- Continued links with IC Strategy development programme *- Continued links with Place Alliances to understand and communicate priorities	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. May: Model ICB blueprint received - aligned communications planning with potential cluster ICBs. Risk of reduction of communications and engagement capacity through period of change, and % reduction of team/capacity required as part of organisational approach. User involvement encouragingly at heart of Model ICB. 25/26 operational plan communications remains in progress, including ICB-specific work programme/priorities. JFP update to May ICB Board, requires development of communications approach. Local authority elections complete with new administration. Neighbourhood summit held, with comprehensive communications and stakeholder engagement programme required.	4	3	12	4	3	12	3	2	6	Mar-26	SR1 SR2 SR3 SR4 SR5 SR7 SR8	May-25	Jun-25	Helen Dillistone - Chief of Staff	Sean Thornton - Director of Communications and Engagement
19A	25/26	Failure to deliver a timely response to patients due to excessive handover delays. Leading to significant response times for patients whilst waiting in the community for an ambulance response, resulting in potential levels of harm.	System Quality Group	Clinical	5	5	25	**UECC mitigations.** 1.System leaders and clinician(s) in charge are aware of the risk across the acute pathway, including patients end route to hospital, awaiting an ambulance response as well as those already in the department. 2.Ambulance handover delays and the numbers of patients waiting for an ambulance response are reported at site-wide bed meetings to facilitate a system-wide response. 3.Named senior leads from both the acute and ambulance trust are responsible for overseeing the development and implementation of clinical handover processes which focus on patient safety. 4.Information sharing through the SCC and Daily System Call. 5.Escalation processes in place with SCC including process to stand up a dedicated call if required. 6.UECC Transformational leads to ensure proactive streaming, redirection and care navigation supports professionals directly access alternative appropriate community pathways and in hospital pathways, right care first time. **Discharge mitigations.** 1.Pathway operational group meet weekly (with ability to step up to Daily) to expedite discharges to support flow within the acute trusts. 2.Discharge pathway improvement group meet weekly to provide a joined up approach to discharge improvement and to ensure pathways of care are working to an optimised model of delivery by defining the metrics required and monitoring performance and progress against agreed local targets.	**UECC actions to treat risk** •Monthly Ambulance Handover Improvement Group. The purpose of the group is to bring together the EMAS and acute colleagues to co-ordinate and deliver the actions necessary to respond to significant issues which are affecting, or likely to affect ambulance handover times and C2 performance. •Daily System call in place with representation from all system partners at an operational level. •Local system governance structures (SCC, tactical, strategic) to manage difficult decisions: Derbyshire System pressures quality review panel, Decisions and discussions held at a Tactical and Strategic level. •Shrewd (Smart System) being rolled out - which will provide live data across the UEC pathway. Data quality currently being worked through. •Overview of HHO delays and robust scrutiny of progress to delivery improvement trajectories. •Performance management of workforce and abstraction rates to ensure necessary resources are in place to respond to demand. •Regular monitoring of Actions and risk by CQRG. •Continued support for immediate and rapid handover including minimum care standards during times of POA. •Formally acknowledge the local and regional impact of handover upon C2 mean.Both Acute sites have been supporting this target by focusing on their internal flow and turnaround times in the following ways. •Both acutes aim to turnaround within 15minutes - there has been a reduction in ambulance handover delays at both sites. •EMAS duty managers offer support to ED departments with the turnaround during busier periods. •Additional escalation areas identified (and in use when required) at RDH to support with offloading in a timely manner. •Additional pathways explored for EMAS with a direct referral into UTC and SDEC now available for EMAS clinicians to support their turnaround and ability to respond quickly. •Additional prevention work to reduce conveyance and ED attends with the linkage to CNH. Redirection of CAT 3 and CAT 4 patients to alternative appropriate pathways through the CNH Spa. Call before Convey to CNH SPoA for over 75-year-olds to start in September for 3-months •Implementation of EMAS Hospital Handover Harm Prevention Tool at Acute Trusts. •Ongoing work in commissioning Same Day Emergency Care and direct access to specialties such as surgery, gynaecology and urology and community providers implementing urgent two-hour community response to suitable patients, thereby increasing the number of patients who can be safely treated in their own homes.	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 DDICS 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. May: The trajectory has been missed by just under 2 minutes within April however, improvements have been made within the month for C2 across the system. Actual the performance for April 25 is 31 minutes and 30 seconds against a trajectory of 29 minutes and 21 seconds - monitoring continues to take place.	4	4	16	4	4	16	2	5	10	Q1 2026	SR1 SR2 SR3 SR4 SR5 SR7 SR8	May-25	Jun-25	Dr Chris Weiner Chief Medical Officer	Andrew Sidebotham Associate Director, Urgent and Emergency Care Amy Grazier Katie Evans
19B	25/26	The risk of delayed or inadequate patient discharge is heighted by factors including, unsuitable home environments, limited availability of community and home care services, and delays in providing necessary and equipment. Poor coordination among health providers, insufficient rehabilitation and long-term care options, rigid discharge policies, and ineffective communication and data management is further exacerbated by seasonal increases in patient volumes and inadequate transport services. The result is that the system struggled to effectively manage and support patient transitions from hospital to home or long-term care, leading to potential harm and unmet patient needs.	System Quality Group	Clinical	5	2	10	Pathways Operations Group established to monitor pathway numbers and provide a forum to escalate concerns with system partners. An escalation framework developed and now in use Jan 25 outlining process for partners to step up calls to support with system escalations. Winter System Coordination Lead commenced Mid December 24 to proactively support escalations, seek earlier additional support and ensure all provider actions are undertaken. Discharge Planning and Improvement Group monitoring workstream progress for key discharge priorities as outlined in the Discharge Improvement Strategy for Joined Up Care Derbyshire. System daily flow calls. Jan 25 Care transfer hub : Phase 1 (For out of area hospitals) launched to improve coordination of discharges out of acute hospitals.	Developed a discharge escalation framework to maintain flow to reduce harm associated with delays - Completed Nov 2024 Improving the involvement of people who are being discharged in shaping discharge outcomes and pathway developments. Create a single data and intelligence approach to help us manage transfers of care between settings and reduce unnecessary delays. Enhancing the offer for people returning home with no formalised care or support needs, including improving transport and "settling in" support. - Adult Social Care Discharge Fund panel approved additional ringfenced ambulances for discharge from 1st Oct anticipated 500 journeys/month. ICB supporting work to look at Easter 2025 period when EMAS contract ends. Delivering our agreed operating model or home based reablement and rehabilitation so more people can go home and stay at home after a stay in an acute hospital. Improve coordination with community health services to ensure availability of support personnel and resources : integration of health and social care. - Consultation Section 75 with Derbyshire County Council and DCHS to launch Dec 24. Transforming our operating model for reablement and rehabilitation in a bed-based setting so more people can return home, and to ensure less people going into permanent care straight from hospital (Pathway 3). Create a multi-disciplinary team for Derby and Derbyshire to take responsibility for individuals needing discharge from hospital to deliver our mission of 'Why not home? Why not today?' - Phased approach to CTH development to be launched, commencing with out of area discharges. Embed a culture and practice of "Trusted" information sharing so we complete assessments outside of hospital and make sure these are "strengths based". - System Quality Group approved piloting of Trusted Intermediate Care Referral (TICR). Older peoples mental health services to support private providers and engage with new providers to create suitable placements for patient's with organic diagnosis. Adult mental health services- to reduce discharge delays, support Early Discharge where appropriate and support with re-entry to the community. Providing the support needed to sustain the progress achieved during in-patient care.	May 25 - Community transformation programme expected to launch in April/May to support a number of the discharge priorities to move forwards. Community Support Beds opened at Bennerley Fields - the first phase in the transformation plan to increase beds from 77 to 92. Update provided to 360 Assurance on actions against the plan. Updates not ratified by System Delivery Group as this meeting was stood down in May.	3	4	12	3	4	12	3	2	6	April 2026	SR1 SR2 SR3 SR4 SR5 SR7 SR8	May-25	Jun-25	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD
19C	25/26	Lack of digital interoperability across information platforms leads to inadequate visibility of discharge information and communication between providers. There are a lack of effective performance indicators to monitor and manage discharge processes. Inadequate data collection and analysis to identify bottlenecks in discharge pathways. Lack of system data intelligence to inform decision making to manage risks when in system escalation.	System Quality Group	Clinical	5	3	15	Weekly Discharge to Assess (D2A) summary data pack developed and circulated amongst partners. Pathway Data Group provides a joint forum to escalate data concerns and aim to find solutions - Discharge Planning and Improvement Group developed a Logic Model for discharge data and have requested support for this from the Pathway Data Group. Doing Hubs Once and Care Transfer Hub working groups established to identify the gaps and create a joined up approach to managing them. OPTICA system rolled out at CRH and UHDB to provide increased visibility. CRH utilising OPTICA in daily escalations - increased understanding of delay reasons and where to focus efforts. UHDB developing an implementation plan to complete roll out by Jan 2025.	Use data analytics to track and analyse discharge trends, identifying and addressing bottlenecks. Development and implementation of an interoperability API and system-level data warehouse will enable information flows between existing systems. Implement key performance indicators (KPIs) to monitor discharge processes and identify areas for improvement. Pathway data group to support the development of a data dashboard as outlined in the logic model. Care Transfer Hub to be developed to monitor and own system data. Initial digital specification drafted. Interim digital solutions scoped ready to support a pilot.	May 25 - PVI data now routinely captured in weekly reporting. Review of PDG being undertaken to confirm purpose. OPTICA use workshops being held in late April. Failed discharges being monitored and reported to DPIG in May. Updates not ratified by System Delivery Group as this meeting was stood down in May.	5	3	15	5	3	15	3	2	6	October 2026	SR1 SR2 SR3 SR4 SR5 SR7 SR8	May-25	Jun-25	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD
23	25/26	There in a risk to RTT and cancer performance due to increased demand and insufficient capacity. The total waitlist size has increased by over 90% since 2020. UHDB has also seen an increase in referrals from Staffordshire due to the growth of Tamworth/Lichfield capacity and changes to SSICB pathways, making UHDB pathways more preferable for patient flow.	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. UHDB remain in Tier 2 for elective recovery so long waiter assurance through fortnightly regional calls in addition to JUCD elective oversight.	•Recruitment to range of posts funded through EMCA to support recovery. •Prioritisation of Best Practice timed pathways across key tumour sites – LGI, Urology, Skin and Gynae •Development of UHDB tumour site recovery action plans (with support from NHSEI IST team) due – Oct-23 •Development of referral triage functions: Gynae, LGI and Urology •Work underway to understand drivers for variance in Histology TAT at tumour site level. •Work going to enhance access to PET scanning (Longer term ambition to develop PET service within Derbyshire) •Oncology challenges supported through regional alliance support – longer term workforce development	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. May: UHDB remains in Tier 2, with long-water assurance managed via fortnightly regional calls and JUCD oversight. Trusts must reduce their total waiting list size as part of operational plan submissions, supported by programmes managed through PCDB.	4	4	16	4	4	16	2	4	8	Jan-26	SR1 SR2 SR3 SR4 SR5 SR7 SR8	May-25	Jun-25	Prof Dean Howells Chief Nursing Officer	Monica McAndon Associate Director of Planned Care

25	**25/26**	There is a risk of significant waiting times for moderate to severe stroke patients for community rehabilitation. This means, patients may have discharges from acute delayed, be seen by non-stroke specialist therapists and require more robust social care intervention.	**System Quality Group**	**Clinical**	4	5	**20**	•Risk matrix in community services is used to triage referrals- this addresses risk and clinical need and is used to prioritise waiting lists •Regular waiting list reviews are conducted in community to ensure patient needs/risk continue to be managed. This is done every 12 weeks to ensure patients are in the right place from a triage decision perspective. •When referral is accepted the service, patients receive condition specific resources which includes signposting to services and wider resource packs. Guidance is given on when to contact services, which is based on the risk matrix. •Staffing resource is redeployed/flexed across the county to manage staffing shortfalls. •Advice clinic has been established to allow non-specialists to bring Stroke and Neuro cases for advice from stroke specialists. •Provider Collaboration Leadership Board (Nov 23) and NHSE (Jan 24) have agreed to provide oversight and assurance to the project.	•Undertake a review of current service provision to better understand the patient level impact of the current service •Explore opportunities alongside the Stroke and Neuro Rehabilitation task and finish group partners for rapid service improvement measures •Develop business case for enhanced funding to move the service in line with regions best practice. The Integrated Stroke Delivery Network have identified recommendations for improvement that relate to commissioning, access, service gaps, low staffing levels, psychology provision and life after stroke. Implemented Public Engagement	April: The T&F group are to submit a paper this month to the Medical Directorate SMT to request funding from the NHSE LTC/Prevention allocation. Funding to enhance skill mix, establish provision in the High Peak and extend early supported discharge offer that will provide additional support to moderate patients leading to reduced demand on community services. Should the funding be agreed this will be included within the business case options and will have a direct impact on the risk score. The T&F group expect the business case to be completed by May/June for approval. May: MD SMT support option 2 proposal and release of ringfenced funding (£280k) for a one year period. The T&F group business case continues to be fully worked up for approval and scrutiny.	4	4	**16**	4	4	**16**	2	4	**8**	March 2026	SR1,SR2,SR4,SR7	May-25	Jun-25	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance
34	**25/26**	The health and wellbeing of ICB staff could be negatively affected by the announcement of the required ICB cost savings on 12th March 2025 and the resulting uncertainty as to the future role of ICBs.	**Audit & Governance Committee**	**Corporate**	5	4	**20**	Updates and platform for discussion provided at weekly Team Talk meetings; staff encouraged to ask questions. FAQ area available on the intranet showing questions asked and answers where they are available. Weekly Staff Bulletin email from Dr Chris Clayton providing any further updates as they become available. Reminders to staff on wellbeing support available and contact details for Mental Health First Aiders. Line managers reminded to ensure regular 1:1s are taking place and team meetings held to share news and staff concerns. OEIG and DIN in place to provide further support to staff and feedback to the ICB.	Continue with all mitigating actions. Develop communications plan with staff and stakeholders when more detail is known. Develop change process and review policies as necessary.	May: The HR teams have developed a wellbeing support plan that will be communicated to colleagues and signpost to sources of support. HR have also arranged workshops with an external provider on planning for retirement and financial planning.	5	4	**20**	5	4	**20**	1	3	**3**	Ongoing	SR5	May-25	Jun-25	Helen Dillistone, Chief of Staff	James Lunn, Assistant Director of HR and Organisational Development Sean Thornton, Director of Communications and Engagement
35	**25/26**	There is a risk of a loss of the skills, knowledge and momentum required to deliver the ICB priorities and plans following the announcement of the required ICB cost savings and whilst clarity as to the future responsibilities of ICBs is awaited.	**Audit and Governance Committee**	**Corporate**	5	4	**20**	Regular communication with staff. Continue to share information with staff as soon as possible. Line management support to focus on existing priorities.	Undertake a review of what the ICB priorities will be once it is known what the likely operating model and duties are.	May: The ICB Blueprint letter has now been received and shared with staff. The letter sets out a number of priorities for ICBs although the future of all current functions is not yet clear. Team Talk meetings take place each week at which staff can raise questions, along with an intranet page containing information received and FAQs. HR have shared wellbeing support information across the organisation.	5	4	**20**	5	4	**20**	3	2	**6**	Ongoing	SR5	May-25	Jun-25	Helen Dillistone, Chief of Staff	Chrissy Tucker, Director of Corporate Governance & Assurance
36	**25/26**	There is a risk that the ICB does not prioritise and commission efficiently and effectively to better improve health outcomes for the residents of Derby and Derbyshire. •By not identifying opportunities to utilise existing capacity in the current commission and contracts to meet demand •By not allocating sufficient resources available in the ICB to effectively manage, review and monitor contracts	Strategic Commissioning and Integration Committee	Clinical	4	4	**16**	Strategic Commissioning and Integration Committee (SCIC) to receive a prioritisation framework to help direct the order of which services/commissions are reviewed in a forward plan. SCIC to receive all recommendations relating to commissioning of services and ensure sufficient detail/specification to ensure we have the most effective, efficient care delivered within the commission.	Create the capacity within the ICB to deliver key commissioning activities. Enhance the capability of ICB teams to deliver key commissioning activities. Create a tactical and strategic commissioning plan and approach to support the ICBs Joint Forward Plan and medium term Financial Strategy.	March/April update: 25/26 Operational planning process surfacing some commissioning issues and giving opportunity to address these. Contracts are being reviewed where these end in the next 12 months. Forward Plan for procurements under constant review. May: Contract negotiations are currently taking place. Formal, robust contract management meetings are being re-introduced with each Provider. Sufficient resources have been identified to enable this process.	4	3	**12**	4	3	**12**	3	3	**9**	Sep-26	SR2, SR7	May-25	Jun-25	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive Craig Cook, Director of Strategy & Planning
37	**25/26**	There is a risk that the ICB makes commissioning decisions and/or operational decisions that are not aligned with the strategic aims of the system; which impact on the scale of transformation and change required to deliver the 5 Year Forward View.	Strategic Commissioning and Integration Committee	Clinical	3	3	**9**	System response to winter and recovery planning. Senior Leadership of ICB Executive Team providing assurance to the ICB Board. System Oversight and Assurance Group providing assurance on system performance and delivery. SCIC receives and reviews decisions and actions to assure members these are aligned to strategic objectives. These should evidence consistency with delivery plans. SCIC decisions are evidenced to align with strategic aims of the system. Maturity of ICB – Internal controls and governance. BI, analytics and reporting in place populational health to be developed through population health management programme	ICB Executive Team are re-grouping to take further actions relating to the Joint Forward Plan. Roadmap to be devised to identify the System work required for the 5 year plan. Linking the ICB and NHS Partnerships and Provider organisations to work to the JFP and delivery of this.	March/April: 2025/26 Operational Plan development includes strategic shifts from hospital to community and illness to prevention, including development of our neighbourhood health offering. This all links to the Joint Forward Plan. May: Programme Delivery Boards inform the strategic direction of the programme of work. The 2025/26 Operational Plan includes projects and progress which will deliver the system strategic ambitions. The detailed commitments made in the 2025/26 Operational Plan are used to inform the Delivery Board Plan and Intgrated Place Executive.	3	2	**6**	3	2	**6**	2	2	**4**	TBC	SR2, SR7	May-25	Jun-25	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Emma Ince Director of Delivery
38	**25/26**	There is a risk that patient care is affected by the fragility of service delivery caused by lack of available and adequate resources and service investment.	Strategic Commissioning and Integration Committee	Clinical	3	4	**12**	Established a Fragile Services Oversight Group: -Membership includes JUCD Chief Medical Officers and Chief Operating Officers. - Agreed working definition of fragility, where there is a risk to the sustainability of clinical services within JUCD, - Developed a comprehensive list of fragile services identified by providers, which is reviewed regularly by the group. The list includes an assessment of the level of risk in each service, using NHS England's three categories of 'Worried, watchful and assured'. -Developed an approach to deciding the right organisation/group/geography for addressing the risk and finding solutions to strengthen and maintain service sustainability, which has been developed in the light of Regional guidance and is consistent with EMAP's processes.	Developing a fragile service reporting template to be submitted bi-monthly by providers for each service identified as fragile. Ongoing Actions: - Identify mitigations to manage or reduce service risk. - Escalate issues where progress is not being made due to external factors. - Continuous live monitoring of all services by providers to monitor fragility status.	April: Fragile services reporting guidance and template developed to be completed by relevant SRO in advance of meetings. High risk service updates and mitigations provided for CAMHS, Hyper Acute Stroke, Oncology, Ophthalmology, Paeds, Pharmacy (aseptic) and Huntington's Disease. May: No update. Fragile Services Oversight Group have not met this month. Next meeting 8th July.	3	4	**12**	3	4	**12**	2	4	**8**	Mar-26	SR2, SR7	May-25	Jun-25	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance
NEW RISK 39	**25/26**	The ICB does not achieve a breakeven/balanced financial position in 2025/26.	**Finance and Performance**	Corporate/Financial	4	4	**16**	Formal governance arrangements exist where the risks are reviewed and issues addressed, e.g. Board, Finance and Performance Committee, etc. Robust internal systems and controls (including internal audit arrangements). Strong and compliant policies and procedures, e.g. Scheme of Delegation, etc. Robust ICB financial plan. Reporting of financial position (including efficiencies) to NHSE, executives and committees.	Continued reporting of the ICB's financial position to Executive Team and relevant committees. Ensure operational controls and governance arrangements in respect of the ICB's efficiencies are sufficient. On-going review of risks and mitigations.	May: Reporting and governance arrangements in place. Confirm/establish operational management arrangements re efficiencies. Robust plan for 2025/26. However, risk and mitigations will need on-going management.				3	4	**12**	2	3	**6**	On-going	SR4	May-25	Jun-25	Bill Shields, CFO	David Hughes, Director of Finance - ICB
NEW RISK 40	**25/26**	Risk that we are unable to deliver the system financial plan resulting in a deficit and/or financial penalty. This maybe as a result of: * Operational pressures above planned levels * Inability to deliver the required level of system efficiency * Other unplanned for financial event/planned financial events not occurring.	**Finance and Performance**	Corporate/Financial	4	4	**16**	Operational Performance: System CFO's and / or Deputies meet at least weekly to ensure the delivery of the best possible out-turn position. HR and Operational colleagues involved in oversight of financial impact in various meetings considering performance targets and are setting out what is needed to ensure the best possible outcome. Executives and F&P receive integrated / aligned financial, operational and workforce reporting to support understanding of performance and impact. Efficiency Delivery: The System has committed to delivering a £181m CIP target in 2025/26. All schemes monitored by JUCD system finance team aligned to PFR reporting to NHSE. Financial Sustainability Board meets monthly with the purpose to gain assurance on the ability to deliver on the efficiency plan and recommend remedial action where required. Performance on efficiencies escalated to System NHS Executives and Finance & Performance Committee. Other Items: Good network with Deputy CFO meetings weekly - financial position discussed on working day 6 of each month and financial forecast and risks regular discussion at a system and ICB level. Any items which are raised are escalated appropriately to CFO's, FSB, Execs, System Execs and / or F&P to enact mitigating action.	**Operational Performance:** Service line reporting into Delivery Boards to demonstrate system financial plan and actual position on a monthly basis is in progress. This isn't yet available at a service line level (expected at a programme board level for F&P by M2) however to inform decision making on operational performance this needs extending to services which should be available later in 2025/26					4	4	**16**	3	3	**9**	On-going	SR4	May-25	Jun-25	Bill Shields, CFO	Jen Leah Director of Finance - Strategy and Planning
NEW RISK 41	**25/26**	Risk that the system is unable to deliver the capital programme. This could be due to: * Strategic need exceeding resource available resulting in expenditure exceeding available resource * Programme progress being delayed resulting in capital recognition of spend being stunted and failure to maximise the opportunity from available resource (underspend of capital resource).	**Finance and Performance**	Corporate/Financial	3	4	**12**	System capital oversight group meets monthly and reports to system Deputy CFO's. Any matters for escalation are reported onwardly to CFO's. Capital reporting is regularly presented to F&P Committee. Forecasts are maintained for capital along with 3 year plans. System finance team maintain a good relationship with NHSE capital and cash colleagues.	Development of the capital plan into an integrated medium term plan with revenue financial planning.					3	4	**12**	3	3	**9**	On-going	SR4	May-25	Jun-25	Bill Shields, CFO	Jen Leah Director of Finance - Strategy and Planning
NEW RISK 42	**25/26**	There is a risk that providers do not have sufficient cash to pay staff and creditors	**Finance and Performance**	Corporate/Financial	4	4	**16**	The system is in receipt of Revenue Deficit Support and cash support from NHSE. The ICB plans cash drawdown to support timing of cashflow for providers. Providers maintain rolling daily cashflow's which inform decisions on payment and receipts. Cash and liquidity forms regular updates on the agenda for system Deputies. System finance team maintain good relationship with national capital and cash team.	System policy for cash management and management of cash at a system level. Delivery of cash releasing efficiencies					4	4	**16**	3	3	**9**	On-going	SR4	May-25	Jun-25	Bill Shields, CFO	Jen Leah Director of Finance - Strategy and Planning