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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.	Strategic Commissioning and Integration 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. June: Communication to staff/managers encouraging teams to meet and discuss the model ICB blueprint and feedback to their Director. ICB submitted financial template to NHSE. Team Talk meetings take place each week at which staff can raise questions, along with an intranet page containing information received and FAQs. ICB cost reductions updates discussed with the Organisational Effectiveness and Improvement Group and the Diversity & Inclusion Network. Chief People Officer arranging a meeting with CPOs/Trade Unions/ Professional Representative Bodies in the proposed cluster to commence engagement and discussions on how best we can support their members (our staff). July: Regular updates at Team Talk on the cost reductions/ DLN cluster. Initial meetings with the Trade Unions/ Professional Representative Bodies to discuss engagement, working together and support for ICB colleagues.	5	4	20	5	4	20	3	2	6	Operational	SR13	Jul-25	Aug-25	Helen Dillistone Chief of Staff	Chrisley 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	Chief	4	4	16	Strategic Commissioning and Integration Committee (SCIC) to receive a prioritisation framework to help direct the order of which services/commissioners 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. 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	Create the capacity within the ICB to deliver key commissioning activities. Enhance the capability of ICB teams to deliver key commissioning activities. Create a tactical and strategic commissioning plan and approach to support the ICBs Joint Forward Plan and medium term Financial Strategy.	March/April update: 25/26 Operational planning process surfacing some commissioning issues and giving opportunity to address these. Contracts are being reviewed where these end in the next 12 months. Forward Plan for procurements under constant review. May/June: Contract negotiations are currently taking place. Formal, robust contract management meetings are being re-introduced with each Provider. Sufficient resources have been identified to enable this process. July - Contracts in the process of being finalised. Executive Contract Management Boards have been put in place for our main NHS providers, due to take place July. Proposed structure for routine contract management picking up and resolving issues relating to quality performance, finance workforce etc. Risk remains at 12 due to ongoing capacity constraints within the contracts function and needing to embed the contract management process.	4	3	12	4	3	12	3	3	9	Strategic	SR2, SR7	Jul-25	Aug-25	Michelle Aromson Chief Strategy and Delivery Officer, and Deputy Chief Executive Craig Cook, Director of Strategy & Planning	Michelle Aromson 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	Chief	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 population 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 fitness to prevention, including development of our neighbourhood health offering. This all links to the Joint Forward Plan. May/June: Programme Delivery Boards inform the strategic direction of the programme of work. The 2025/26 Operational Plan includes projects and progress which will deliver the system strategic ambitions. The detailed commitments made in the 2025/26 Operational Plan are used to inform the Delivery Board Plan and Integrated Plan Executive. July: Delivery Board Plans for urgent care, planned care, Mental Health and LDA and CYP are all in place and reporting is being finalised which will show how the projects support the delivery of the operational plan for 2025/26 which in turn reflects the system strategic ambitions.	3	3	9	3	3	9	2	3	4	Strategic	SR2, SR7	Jul-25	Aug-25	Michelle Aromson 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	Chief	3	4	12	Established a Fragile Services Oversight Group: Membership includes JICD Chief Medical Officers and Chief Operating Officers. Agreed working definition of fragility, where there is a risk to the sustainability of clinical services within JICD. 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, Paediatric Pharmacy (depression) and Huntington's Disease. May/June/July: No update. Fragile Services Oversight Group have not met this month. Next meeting 28th July.	3	4	12	3	4	12	2	4	8	Strategic	SR2, SR7	Jul-25	Aug-25	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Programme Management, Design Quality & Assurance
39	25/26	The ICB does not achieve a breakeven/balanced financial position in 2025/26.	Finance and Performance Committee	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. June/July Update: Month 3 financial position on plan for both efficiencies and overall position. Weekly ICB CIP Group established. The group provides fortnightly updates to the ICB's Executive Team. Highlights to be shared with the Finance and Performance Committee. On-going management of ICB risk and mitigations.	3	4	12	3	4	12	2	3	6	Corporate/Financial	SR4	Jul-25	Aug-25	Bill Shields, CFO	David Hughes, Director of Finance - ICB
40	25/26	Risk that we are unable to deliver the system financial plan resulting in a deficit and/or financial penalty. This may be as a result of: * Operational pressures above planned levels * Inability to deliver the required level of system efficiency * Other unplanned for financial events/planned financial events not	Finance and Performance Committee	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. Efficiency Delivery: The system has committed to delivering a £181m CIP target in 2025/26. All schemes monitored by JICD 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 HRD 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, PSB, Execs, System Execs and / or F&P to react	Operational Performance: Review the reporting into Delivery Boards to demonstrate system financial plan and actual position on a monthly basis is in progress. This left yet available at a service line level (expected at a programme board level for F&P by M3) however to inform decision making on operational performance this needs extending to services which should be available later in 2025/26	June/July update: Efficiency Delivery To strengthen oversight of efficiency delivery risks, the Financial Sustainability Board has been refreshed, with updated terms of reference scheduled for approval at the upcoming June meeting. The Board is now receiving enhanced reporting on assurance metrics and the variance from the risk-adjusted position (which continues the NHSE weekly submissions format). Of the £181m system plans, there is a difference of £35m to the weighted risk-adjusted position.	4	4	16	4	4	16	3	3	9	Corporate/Financial	SR4	Jul-25	Aug-25	Bill Shields, CFO	Jim Leah Director of Finance - Strategy and Planning
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 (underpend of capital resources)	Finance and Performance Committee	Corporate/Financial	3	3	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.	June/July update: Multiyear plans are scheduled to undergo internal organisational governance processes prior to system-wide collation during the week commencing 29th July. At this early stage of in-year delivery, the primary concern is the delay in receiving Memoranda of Understanding (MOUs) associated with the national process for constitutional standards.	3	4	12	3	4	12	3	3	9	Corporate/Financial	SR4	Jul-25	Aug-25	Bill Shields, CFO	Jim Leah Director of Finance - Strategy and Planning
42	25/26	There is a risk that providers do not have sufficient cash to pay staff and creditors	Finance and Performance Committee	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 cashflows 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	June/July update: The on-going management of this risk will form part of the ICB's wider financial performance management. In particular, financial performance in respect of efficiency delivery and organisational balance will help ensure that the ICB secures its (cash backed) deficit funding and is therefore less likely to need any additional cash support. This on-going ICB financial management takes place at a variety of fora, including the Financial Sustainability Board, System CFO's and System Deputy CFO's.	4	4	16	4	4	16	3	3	9	Corporate/Financial	SR4	Jul-25	Aug-25	Bill Shields, CFO	Jim Leah Director of Finance - Strategy and Planning