Item 136 - Appendix 2 - Derby and Derbyshire ICB Risk Register - as at February 2025

Risk Reference	Wtw	Risk Description	Type	Responsible Committee	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	Lead Committee Approval	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.	Quality	Quality Governance Committee / Quality Governance Group	5	4	20	- 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, VIM Utilisation etc. The report is a living, 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 (SCC) 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 CCC was released by NHSE on 18/07/2023 and is currently being reviewed and actioned by the UEC team. The CCC have established daily system calls to check in with the system every morning at 9.30 this includes gaining an operational update from each provider and discussing any escalations. The system calls are chaired by the Deputy Director of Urgent Care and are attended by the ICB, Acute Providers, EMAS and Primary Care. - Providers update the DPEL reporting website daily by 12pm and can escalate concerns and requests for support via the ICB urgent care team in hours, or the on-call director out of hours. - 2Breathe 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 2Breathe to offer a real time view of system pressures, flow, capacity and demand across the Derbyshire system. - All providers across the Derbyshire Health and Social Care System participate in the System Improvement Group (where commissioner/acute), 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. - ECCST have visited both UHDB sites, the team are working through the recommendations. - NHSE Midlands have completed a Rapid Improvement Review at RDH, the report is awaited but from working sessions, the working factors are, this review will help direct focus toward the improvements required in our system - NHSE colleagues visited CRHH November to conduct a peer review on their processes and pathways. Awaiting the report from NHSE - Non Elective Improvement Group ninstated at RDH, this forum reviews the performance and trajectories internally and also focuses on alternative pathways to improve the ED position. - Weekly meetings are held between the Acute Providers (UHDB/NHS/CRH) to review 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 10/02/2024.	Review of the Directory of Services to ensure all appropriate patients go to UTCs rather than EDs. - Ongoing work with the Acute providers to implement the recommendations from the NHSE Ending Endlessly Endlessly Timed To Care principles in EMAS. - Derbyshire went live with the 45 minute handover initiative on 20th January 2025. Touch base calls remain in place on Monday and Thursday with the ability to stand them up if required and daily data monitoring is in place. Reporting demonstrates a step improvement in the DDICB handover position since go-live. Improvement to C2 position also noted. A monthly dashboard being developed, includes performance against trajectory. - The UTC 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. - Implementation of the Urgent Care Improvement Programme is underway. Business cases for additional capacity 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 2Breathe dashboard providing an overview of our system UEC pathways is now implemented. 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 30am calls continue as System Coordination Centre (SOCC) and Regional Control Centre (RCC) calls. - Daily UTC Standards have been published. KPIs for all UTCs have been agreed, and work is ongoing to support the data collection which will monitor UTC performance against these standards and will be included in contracts for 25/26. - Weekly UTC Standards have been published. KPIs for all UTCs have been agreed, and work is ongoing to support the data collection which will monitor UTC performance against these standards and will be included in contracts for 25/26. - From 10th March joint face to face working at EMAS Specialist Practitioners Hub in Ripley with CRH+SPA MDT approach. Right Care First Time for patients, Inventive community services and prevent inappropriate conveyancing and attendance at ED. - Awaiting decision of future funding of the Clinical-to-Operational Pilot, Escalation to ICB Exec Team. - Continuously exploring opportunities to expand number of pathways going into the OneSPA. - Call Before Convey to CRH SPA pilot commenced in September. - Call Before Convey to CRH SPA KPI: 75 year-olds & care commenced in September for 2 months. Now completed and working with EMAS to further develop Call Before Convey. Headlines Performance - Jan 2025: EMAS Call Bed Activity: January activity was 1277. January defective was 65.6%, representing 838 ambulance dispatches avoided. The mean response time was 9 minutes, well within the target of 30 minutes. One hour disposition was agreed between CRH (EMAS) and EMAS to support alternative pathways. Seven further automated push codes were agreed and went live on 11 January 2025 to support Clinical-direct referral into community pathways. This resulted in an increase of total automated referrals from 8.8% in December to 11.0% in January. It is expected this will continue to rise. 2023 Online Call Bed Activity: January activity was 1277. Defective: 98.5% of patients avoided an ambulance. 20.4% booked into their own GP the highest since CRH was introduced. The mean response time was well within the target of 30 minutes. In Hours Primary Care Validation - Telephony: January activity was 1171, 1 Mean patients (26.2%) were referred to a UTC or PCC. Referral to patient's own GP increased to 24%. In Hours Primary Care Validation - Online: Derbyshire the first system nationally to clinically validate NHS111 Online In Hours primary care dispositions (1 and 2 hours), were five 08/11/2024. December case 162 referrals, 46.4% of patients were referred to a UTC or PCC. 8.6% of patients were referred to their own GP practice following validation. Mean performance was 56 minutes (1 hour disposition) and 1 hour 10 (2 hour disposition). ACP Referrals - Falls: ACP referrals for clinical review and onward referral of Falls in December, a significant increase on November's 28. Of the 11 patients referred, only 2 received an ambulance response in December. ACP Referrals - Non-Falls: 56 non-falls ACP referrals to CRH were made, 31 of which via the Call Before Convey pilot. This is a 55% increase on November's referrals of 37. Following CRH intervention only 8 patients attended hospital via ambulance/direct admission/made their own way to ED, resulting in 30 patients avoiding hospital. 41.3% of patients were treated at home or given self-care advice enabling them to stay in their own environment. EMAS Dock Referrals to CRH: EMAS able to refer patients to CRH via 4 Dx8 Profiles. EMAS referred 230 patients via these profiles, which is an average of 7.4 patients per day - an increase from 6.1 (153 patients) in November.	January 2025 performance CRH reported 78.2% (YTD 76.8%) and UHDB reported 72.9% (YTD 74.2%). CRH: The Type 1 attendances and Type 3 streamed attendances remain high, with an average of 218 Type 1 and 185 streamed attendances per day. UHDB: The volume of attendances remains high, with Derby seeing an average of 203 Type 1 adult attendances per day, 84 children's Type 1s and 133 co-located UTC. At Burton there was an average of 170 Type 1 attendances per day and 42 per day through Primary Care Streaming. The acuity of the attendances was high, with Derby seeing an average of 10 Resuscitation patients & 193 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%. Whilst it is acknowledged CRH have met the target 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	2	6	Quality Governance Committee	SEC SDC SDH SPA UHB	Feb-25	Mar-25	Michelle Arrowsmith - Chief Strategy and Delivery Officer, and Deputy Chief Executive	Amy Grazier - Senior Operational Resilience Manager Dan Morrison - Senior Performance & Assurance Manager Jastir Dosanjh
06A	24/25	Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the ICB to move to a sustainable financial position. Delivery of 24/25 Financial Plan	Finance	Finance, Estate and Digital Committee	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 POC.	April Update: Finance, HR and Operational colleagues to work closer to understand the financial impacts of performance targets on a long-term planning model, alongside a strategy for estates and infrastructure. The need to focus on transformation and improvement going forward, alongside performance management; requiring System data intelligence. The System committed to the use of the ePMO to facilitate the management of ideas, schemes and transformations, which should be reinforced to ensure continued share of ownership. There is an increasing urgency to identify recurrent cost out transformation in order to move closer to financial sustainability. July update: Finance, HR and Operational colleagues to work closer to triangulate information and understand the in-year financial impacts of performance and delivery against plans.	January Update The M09 system-wide YTD adverse variance is £4.7m. The causes of the variance are similar to previous months. It is recommended that the risk remain a 20. The ICB and system partners continue to work towards the achievement of 2024/25 financial targets. February Update The M10 system YTD variance is £4m. Drivers of the variance remain consistent with previous months. Significant work has been on-going between system partners to improve the financial position and reduce the risk by year-end. Whilst the route to system financial balance is not fully mitigated, progress is good. This good progress potentially justifies the proposed reduction in this risk to a score of 9. The proposed score is broken down as follows:- Probability 3 (possible) x Impact 3 (moderate). This revised probability of the risk is considered 'possible' (3). If the current progress towards system financial balance is maintained, this risk could be reduced further. If the risk's probability can be reduced to a 2 (unlikely), then the overall score can be reduced to a 6. (This further reduction can be discussed in Committee.) Note: the impact is unlikely to reduce below moderate because of the reputational damage to the system and financial factors effecting next year's revenue control total, access to capital, etc. In conclusion, it is proposed this risk be reduced to a score of 9 but reduced further (potentially a 6) if the current progress re system financial balance is maintained.	4	5	20	3	3	9	2	3	6	Quality Governance Committee	3/64	Feb-25	Mar-25	Claire Finn, Interim Chief Financial Officer	David Hughes - Director of Finance - Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative
06B	24/25	Risk of the Derbyshire health system being unable to manage demand, reduce costs and deliver sufficient savings to enable the ICB to move to a sustainable financial position. Delivery of 2-year Break Even	Finance	Finance, Estate and Digital Committee	5	5	25	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.	January Update System partners continue working towards the achievement of 2024/25 financial targets and the development of a sustainable plan for 2025/26 and beyond. The financial plans for 2025/26 are subject to a separate paper to the SFEDC. Limited change to the level of risk. It is recommended that the risk remain a 20. February Update The planning round for 2025/26 continues. Whilst a significant amount of work remains, consideration should be given to reducing this risk. In particular, whilst the impact of the risk is significant, an impact score of 5 (catastrophic) is arguably a little high. Consideration be given to reducing the impact from 5 (catastrophic) to 4 (major). This amendment would reduce the overall score from 20 to 16, should the Committee be agreeable - SFEDC did not agree to the decrease in risk score and the risk is to remain scored at 20 until the conclusion of the planning round	4	5	20	4	5	20	2	3	6	Quality Governance Committee	3/64	Feb-25	Mar-25	Claire Finn, Interim Chief Financial Officer	David Hughes - Director of Finance - Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative
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.	Quality	Quality Governance Committee	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 wailers and prioritising treatment accordingly.	• An assurance group is in place to monitor actions being undertaken to support these patients which reports to PCDB and SOP • Providers are capturing and reporting any clinical harm identified as a result of waits as per their quality assurance processes • An assurance framework has been developed and completed by all providers the results of which will be reported to PCDB • A minimum standard in relation to these patients is being considered by PCDB • Work to control the addition of patients to the waiting lists is ongoing	22 July 2024 - The Risk Stratification report Quarter 3 and 4 (2023/24) was presented to the System Quality and Performance Committee concerning Standard QS11 of the Quality Schedule: Risk Stratification and Harm in Long Wakers. The paper provided a more in-depth explanation and suggested a reduction in the risk score was contingent on receiving the awaited data from UHDB in August 2024. Therefore, it was agreed that the risk score remain at 16. August/September 2024 - The Risk Stratification Tool needs redesigning and adapting for Providers and the varying services they provided. Meetings are being arranged to begin the redesign discussions. October/November: The work is continuing, update expected for December. December: Providers have suggested no changes to the current Risk Stratification tool and this continues to be used to provide quarterly positions by CRH and DCHS. Information has not been provided by DHcFT to date for 2024/25 and this is being escalated through CQRG for action. UHDB have agreed a recovery plan for the back log of harm reviews which will be overseen by the UHDB Harm review group and report to CQRG for assurance. Work with providers to ensure the completeness of information continues. January/February 2025: DHcFT - an identified member of staff at DHcFT has been assigned to review assurance template and return to NBQ. 4 hour ambulance waits - a process for submission has been agreed with providers and SCC will co-ordinate this on behalf of the ICB. Themes will be reviewed and submitted to regional quality forum next month Although the ICB is beginning to receive more information from providers the process is neither fully embedded nor providing full assurance, hence the risk score remaining the same.	4	4	16	4	4	16	3	2	6	Quality Governance Committee	SEC SDC SDH SPA UHB	Feb-25	Mar-25	Prof Dean Howells Chief Nursing Officer	Letitia Harris Assistant Director of Clinical Quality
11	24/25	If the ICB does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHE'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.	Corporate	Audit and Governance Committee	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.	January/February 2025: The ICB now has a Sustainability Programme Manager in post whose role is dedicated to furthering the sustainability and net zero agenda both within the ICB and across the system. Given the current financial and performance pressures being experienced across the system it can be a challenge to ensure that sustainability remains a priority, however work is underway to ensure that sustainability is robustly embedded within all the ICB processes and to ensure that colleagues appreciate the importance of the work of the ICB in relation to net zero. This will be reflected in the next iteration of the system Green Plan, where is will be monitored by the Greater Derbyshire Delivery Group and also NHSE regional colleagues. At present the current risk score remains appropriate and realistic.	3	3	9	3	3	9	3	2	6	Quality Governance Committee	SEC SDC SDH SPA UHB	Feb-25	Mar-25	Helen Dillistone - Chief of Staff	Katy Dunne Head of Corporate Programmes
13	24/25	Existing human resource in the Communications and Engagement Team may be insufficient. This may impact on the team's ability to provide the necessary advice and oversight required to support the system's ambitions and duties on citizen engagement. This could result in non-delivery of the agreed ICS Engagement Strategy, lower levels of engagement in system transformation and non-compliance with statutory duties.	Corporate	Public Engagement Committee	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.	November: Communications Team capacity limited, working across staff event outputs and action plans, winter/pressures communications and significant BAU. Engagement Team continue to service five major change programmes (Fertility, Learning Disability Short Breaks, Community Transformation, Stroke Rehabilitation review, Urgent Treatment Centre review) with an assessment of the potential to require external capacity to support the engagement in Community Transformation. Work on 'ICB Front Door' approach may help streamline processes with other corporate teams. December: NHS 10-Year Plan public engagement programme being developed, drawing additional capacity across the team. Re-invigorated approach to Place communications discussed by Integrated Place Executive, aimed at broadening communications capacity to support this work from across the JUCD partnership. January: System transformation programme being refreshed, to pair-set potential priorities for 25/26. Major engagement programmes on Women's Health, Fertility and LD Short Breaks have completed key milestones. Community transformation programme likely to require additional, externally-procured capacity to ensure delivery can be supported, with discussions underway with project leads. Future capacity management will be in line with BAU developments and decisions, with a proposal that this risk can be closed on that basis.	2	3	6	2	3	6	2	2	4	SFMT	SFI SFH SFM SFP SFS	Feb-25	Mar-25	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	Corporate	Audit and Governance Committee	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.	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.	August/September - No changes this month. October: NHSE have now indicated that the staff transfer will take place in July 2025 rather than April. Changes are expected later in the year when further details and potential impacts are understood. November: No change. December: The mitigations and actions sections have been updated to reflect the Spec Com more specifically. No change to the risk score as we are still awaiting next steps on this January/February: The Collaboration and Delegation Agreements will be shared with the Board at the March meeting. The risk score remains the same as the ICB's Delegated Functions Programme Board has not identified any additional draw on resource ahead of transfer.	2	2	4	2	2	4	2	2	4	SFMT	SFI SFH SFM SFP SFS	Feb-25	Mar-25	Helen Dillistone - Chief of Staff	Chrissy Tucker - Director of Corporate Governance and Assurance
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.	Corporate	Public Engagement Committee	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	October: Review underway of system transformation programmes to assess existing links and capacity requirements. October: Preparations underway for local engagement to support NHS 10 Year Plan, linked with Healthwatch organisations to partner on approach. November: Planning continues for local engagement to support NHS 10 Year Plan, co-produced with Healthwatch organisations. Planning for engagement to take place through January and early February and seeking to tie into other community engagement activities, eg with Derby Health Inequalities Partnership.. December: Local engagement approach launched for NHS 10 Year Plan, seeking to provide feedback on existing insight gleaned, identify work already underway and ask specific questions about 'three shifts' To be used as a launch pad for continuous conversation with the public about ICB and wider NHS progress. January/February: 10-Year Plan engagement commences, with reasonable uptake at public sessions. To also include bespoke engagement sessions for council elected members, alongside presentation to health and wellbeing board and others. Communications work seeking to clarify organisational and system priorities will support programme of staff, public and stakeholder communications on ICB activity and delivery.	4	3	12	4	3	12	3	2	6	SFMT	SFI SFH SFM SFP SFS	Feb-25	Mar-25	Helen Dillistone - Chief of Staff	Sean Thornton - Director of Communications and Engagement
19A	24/25	Failure to deliver a timely response to patients due to excessive handover delays. Leading to significant response times for patients whilst waiting in the community for an ambulance response, resulting in potential levels of harm.	Clinical	Quality Governance Group	5	5	25	**UECC mitigations.** 1.System leaders and clinicians(c) 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 the 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. •Onward (Smart System) being rolled out - which will provide live data across the UEC pathway. Data quality currently being worked through. •Daily/weekly UEC Board meeting to review the system performance against agreed metrics. •Performance management of workforce and attraction 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. •Additional capacity has been put in place to support the discharge pathway and improve flow. •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.	06/01/24 - the risk scored increased to 25 due to EMAS declaring a Critical Incident (At 18:00 on Monday 6th January) due to the risk of patient harm as a result of the number of 999 incidents outstanding and number of vehicles waiting at hospitals to handover, which impacted their ability to respond to patients in the community. On 08.01.2025 an internal Critical Incident call was undertaken to assess the current information picture. It was agreed that EMAS no longer need to stay in a Critical Incident based upon an improved operational picture, with reduced risk to our patients. EMAS confirmed they had confidence it will continue to improve, if normal handover agreements are able to be achieved. The risk score was then reduced to 20. 27/01/24 the risk score remains at a 20 due to on-going operational pressures particularly at RDH, the handover target of 15 minutes is currently not being met by either acute trust (RDH and CRH). RDH currently have an average handover time of 39 minutes and CRH have an average handover time of 17 minutes. The 45 minute handover initiative (as detailed above) has a proposed go live date of 29th January 2025 (subject to exec sign off on 27/01/25) which aims to focus improvements on reducing handover times. 19 February 2025 UECC Board performance pack - Derby had high delays during January, relative to the previous year, with 1,655 hours lost. Numbers of ambulance arrivals were slightly lower than last year. - Chesterfield had significantly more delays during January than for the previous year, with over 41 hours lost. Numbers of ambulance arrivals were higher than last year. Derbyshire went live with the 45 minute handover initiative on 29th January 2025. Touch base calls remain in place on Monday and Thursday with the ability to stand them up if required and daily data monitoring is in place. Reporting demonstrates a step improvement in the DDICB handover position since go-live. Improvement to C2 position also noted. A monthly dashboard being developed – includes performance against trajectory. System Winter Weekly Monitoring Group meeting, well attended by all partners discusses a comprehensive data pack including ambulance handover impact by Acute Trust setting.	5	4	20	5	4	20	2	5	10	CNHPB	SEC SDC SDH SPA UHB	Feb-25	Mar-25	Dr Chris Weiner Chief Medical Officer	Andrew Sidebotham Associate Director, Urgent and Emergency Care Amy Grazier Katie Evans

19B	24/25	The risk of delayed or inadequate patient discharge is heightled by factors including, unsuitable home environments, limited availability of community and home care services, and delays in providing necessary aid equipment. Poor coordination among healthcare providers, insufficient short-term 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 transfers from hospital to home or long-term care, leading to potential harm and unmet patient needs.	Systems 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 BHAS 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.	September: Risk score revised to 8 by the Strategic Discharge Group. October: System Quality Group members agreed in principle to the decrease but asked for further detail around the reasoning for this decrease. This is now provided by the Strategic Discharge Group: The Strategic Discharge Group (SDG) have developed a better structure to record and manage risks, along with a dedicated discharge improvement team with a better defined governance structure. In reviewing the SDG's internal risk register all risks have been rescored which has given the overall average risk score of 8. November/December: At the SQG on 5th November- the membership didn't agree to the risk score decrease, whilst recognising the work being carried out by the Strategic Discharge Group. As the Chair, the Chief Nursing Officer is liaising with the Strategic Discharge Group to discuss the rationale and reasoning behind the decision. Subsequently, the risk score remains at a high 12 currently. September/October: Developing discharge delivery plans against all priorities outlined. Plan to reinstate winter patient transport service to support with discharge flow. Transport and settle' schemes to take patients home and settle in from discharge to be procured, likely start date from Winter 24/25. Workstream progress reported monthly via Discharge Planning and Improvement Group. Discharge Improvement Strategy finalised outlining key priorities, what good looks and how it can be measured. Discharge reporting updated as per 360 Assurance actions Jan 25 - Strategic Discharge Group recommend the risk score remains at 12 due to the recent pressures in the system over Christmas and New Year. Feb 25 - Position same as January - work ongoing and operational pressures and demand across the system for discharge remain high.	3	4	12	3	4	12	3	2	6	Mar-25	SRI1 SRI2 SRI3 SRI4 SRI5 SRI6	Feb-25	Mar-25	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD
19C	24/25	Lack of digital interoperability across information platforms leads to inadequate visibility of discharge information and communication between providers. This results in delays in patient transfers as clinicians struggle 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.	Systems 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.	September-January: Logic model for discharge metrics shared with Pathway Data Group and NECS for support. February - OPTICA rolled out at Chesterfield Royal. Roll out has commenced at UHDB and ongoing work required to embed its use. Phase 1 Care Transfer Hub capturing referral numbers for out of area hospitals.	5	3	15	5	3	15	3	2	6	Mar-25	SRI1 SRI2 SRI3 SRI4 SRI5 SRI6	Feb-25	Mar-25	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD
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 AdGEM Procurement team to ensure we are aware of latest information available in the various markets the ICB works in	Sept-Oct : 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 currently undertaking collective action to work within their contractual obligations. To date the impact of this has been manageable and we are working with other providers to continue to monitor and mitigate the impact. November/December : Other healthcare contracts: NHS E issued guidance on revised cost uplift factor to take into account the pay award changes, the net CUF has increased from 0.8% to 3.8% to be applied to those NHS and non-NHS providers covered by the NHS Payment System. For providers on a local price payment mechanism the uplift is subject to the terms of the contracts (for contracts which span a number of years uplifts may have been already accounted for). Organisations who employ staff on Agenda for Change Terms would also be eligible for the uplift. To note, where a provider is facing risk associated with financial sustainability processes are outlined within the contract conditions which need to be followed in the first instance to determine whether actual financial risk exists i.e. open book review. NHS E Framework: To note that NHS England has a variety of frameworks in place which the ICB can call off to procure goods and services from pre-approved suppliers. These frameworks are designed to streamline the procurement process, ensure value for money, and facilitate rapid mobilisation of services when needed. Atamis (contract database) progress update: Next steps relate to the ICBs contracts being uploaded onto the database. Issue identified in terms of staffing capacity constraints as dedicated time is required to undertake training to become fully conversant with the system along with the system reporting capabilities. Jan update: Uplift funding principles were agreed to by the Executive team during November 2024 which included contracts that have been agreed to on local terms this has enabled the ICB to consider uplift requests from providers e.g. voluntary sector providers. Feb: Uplifts have been applied to relevant/qualifying contracts and we are continuing to monitor the situation as per the controls (ongoing and being managed). The risk score remains at 12 as the uplifts need to be agreed to these sectors as part of the 25/26 planning round.	3	4	12	3	4	12	2	3	6	Ongoing	SRI1 SRI2 SRI3 SRI4 SRI5 SRI6	Feb-25	Mar-25	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
23	24/25	There is an ongoing risk to performance against RTT and the cancer standards due to an increase in referrals into UHDB resulting in significant capacity challenges to meet increased level of demand for diagnostic investigations, diagnosis and treatment.	Systems 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	November/December : Specific work being carried out around managing waiting list growth including waiting list validation. Due to the risk being long term, the risk score remains the same, waiting lists have doubled in the last four years. January : As part of our annual planning, we are developing system solutions to actively address the risk of waiting list growth and develop plan to deliver against ambitious targets to reduce elective long waiters. February : Cancer referrals remain a significant challenge for providers. As part of our 2025-2026 planning, we are developing strategies to manage the quality of referral flows into acute trusts. Expanding Advice & Guidance (A&G) for routine referrals is expected to improve turnaround times for urgent referrals in key specialties. We hope this will lead to a reduction in perceived inappropriate referrals from primary care, although this has not yet been substantiated.	4	4	16	4	4	16	2	4	8	31-Mar	SRI1 SRI2 SRI3 SRI4 SRI5 SRI6	Feb-25	Mar-25	Prof Dean Howells Chief Nursing Officer	Monica McAlindon Associate Director of Planned Care
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.	Systems 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 (Oct 24)	•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. •RWA 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 September: Meeting with the Health Overview and Scrutiny Committee (HOSC) and engagement starts at the end of September. October- Case for Change and Engagement Plan presented to City and County HOSC, and the Public Partnership Committee. Boards support paper and request future options are presented back to the Boards for assurance. The engagement plan has been implemented. This includes launch of engagement platform, public survey and public meetings. Task and Finish Group have commenced development of service opportunities. November- Public engagement to finish 24th November. Presented progress to Quality and Performance Committee. Service options and business case in development. Dec/Jan- Providers continue to develop service options and patient pathway. Engagement feedback being collated to support development of options. There will be no reduction in score until the Stroke Rehab service review is completed and new model is implemented. Feb- Workforce modelling completed for the options appraisal. Forecast of option appraisal to be submitted Q1 2526, and implementation of new model through Q2-4 2526. Target date amended until March 26 taking into account the implementation stage. It is expected that the risk rating should start to reduce from Q2 onwards.	4	4	16	4	4	16	2	4	8	31-Dec-24	SRI1 SRI2 SRI3 SRI4 SRI5 SRI6	Feb-25	Mar-25	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 correct PPI governance into change programmes are inadequate. This may result in projects not meeting statutory duties, reduced PPI compliance, risk of legal challenge and damage to NHS and ICB reputation.	Audit, Risk and Governance Committee	Clinical	3	4	12	•PPI Assessment Form included in ePMO gateway process. •Establishment of ICB Procurement Group, with C&E Team membership. •C&E staff directly connected to procurement process. •Portfolio/BP relationships with directorates and teams to understand workload.	•Establish and strengthen role within ICB Procurement Group to understand business timetable and contracts register. Understand opportunities for horizon scanning and compliance. •Raise awareness of PPI Governance Guide with ICB Procurement Group membership and other key figures to build capacity to spot, challenge and raise risks. •Continue links with ePMO team, including new lead, to maintain PPI assessment process.	June: ICB Commissioning and Procurement Group meeting and identifying opportunities to strengthen processes. Communications and Engagement Team represented on the group and able to play advisory role to embed PPI and equality good practice. Expected that this risk can reduce by end of Q3. July: Ongoing strengthening of policy and process through the Commissioning and Procurement Group, with full Communications and Engagement Team involvement. The risk score is proposed to be decreased to 9 due to having a process in place that the Communications and Engagement team are now engaged with. August: Ongoing strengthening of policy and process through the Commissioning and Procurement Group. Commissioning Cycle training to be explored which will help embed PPI processes. September: ICB Delivery Group to review existing processes in support of commissioning cycle, including PPI and EIA elements. October: Ongoing work to review processes as part of commissioning cycle. November/December: Work on commissioning cycle continues, alongside Commissioning & Procurement Group establishment. Risk hasn't materialised and is mitigated to the extent that this risk may now be closed. PPC agreed this in principle at its meeting on 26/11/24 and will discuss again at the next PPC business meeting. January: No update - risk to be closed at next PPC meeting on 25/2/25.	3	3	9	3	3	9	2	3	6	Mar-25	SRI1 SRI2 SRI3 SRI4 SRI5 SRI6	Feb-25	Mar-25	Helen Dillistone - Chief of Staff Michelle Arrowsmith, Chief Strategy and Delivery Officer, and Deputy Chief Executive	Sean Thornton - Deputy Director Communications and Engagement
32	24/25	Risk of the Derbyshire health system being unable to deliver it's capital programme requirements due to capacity and funding availability.	Finance, Estates and Digital Committee	Finance	4	4	16	Following the recent recruitment of key Senior Finance posts within the ICB additional resource is now available to support the management and reporting of the capital programme for the system. The System has identified a lead for undertaking capital prioritisation and allocations being the JUCD Provider Collaborative Strategic Finance Lead. Prioritisation of capital programmes is undertaken across providers in order for the system to develop a plan in line with the allocations available.	The System will need to identify a new SRO to take over from the current position holder once they leave the system to take up a new role. A review of the capital prioritisations should include a system-wide view in addition to the traditional individual organisations view, in order to ensure the Derbyshire health system makes best use of the limited resources available to deliver on local & national priorities and maintaining safe and effective patient care within suitable healthcare environments. Further lobbying to NHSE for additional funding in relation to specific requirements, including the eradication of mental health dormitories and IFRS16 lease requirements.	October/November: System capital prioritisation meetings under the chair of the JUCD provider collaborative finance lead have now reconvened – having met twice since the last update. Whilst there remains a forecast adverse to plan on system capital, the prioritisation group have stepped up a pierce of work to understand what can be slipped into 2025/26 and are committed to delivery of a capital programme in line with the resource available. December-February: Capital is at risk over overspending to the value of £4m. The drivers of this are £4m Mental Health Dormitories; however a query remains with NHSE re the reporting and funding of national Ambulance replacements of £1.8m. Boards have been asked to give assurance in MB to the deliverability of the capital plans, however the £4m Dorm overspend remains unfunded at the point of submission of the Board assurance. An additional capital bid has been submitted to NHSE which will remove the impact of this from the system position, however we are awaiting confirmation of this funding.	3	4	12	3	4	12	2	3	6	Ongoing	SRI1 SRI2 SRI3 SRI4 SRI5 SRI6	Feb-25	Mar-25	Claire Finn, Interim Chief Financial Officer	Jennifer Leah Director of Finance
33	24/25	There is a risk that the current contractual dispute with Midlands and Lancashire CSU (MLCSU) may result in a failure to deliver against national statutory performance and financial targets leading to a reputational risk for the ICB.	Systems Quality Group	Clinical	4	4	16	As a result of the dispute MLCSU has implemented a vacancy freeze for the Derbyshire Contract which they hold with the ICB. The vacancy freeze is impacting on the number of reviews undertaken, this impacts on CHC spend and the national statutory key performance indicators (KPI). Discussions are currently underway between ICB Chief Finance Officer (CFO) and the Finance Director at MLCSU to try and resolve the contractual dispute. If resolved this will help to mitigate the issues. 3 meetings have been held with MLCSU to discuss delivery of their Quality and Performance KPI's. When the dispute is resolved financially there will be an agreed improvement plan against delivery of these KPI's. January Update- Letter with offer of financial settlement and expectations re delivery against KPI's sent from CFO - to date no response.	Monthly Operational and Contract Management meetings in place. Monthly monitoring of KPI delivery both locally and with NHSE Midlands. CFO to CFO discussion to resolve dispute. Meetings with MLCSU to identify KPI improvement plans.	Series of 3 meetings in place for October and November 2024 to discuss KPI and contract delivery with MLCSU. December: Meetings now concluded. Work underway to agree an improvement plan to implement once dispute is resolved. The risk score remains the same as the discussions CFO to CFO have only just commenced. Once the dispute is resolved then we may be able to refresh the target date but not at present. January update - risk score remains the same until outcome of letter is known. February update - Letter received by MLCSU, further negotiation has taken place and final ICB offer made and accepted. Recovery plan is being developed and agreed, risk score decreased accordingly.	4	4	16	3	4	12	2	4	8	31st March 2025	SRI1 SRI2 SRI3 SRI4 SRI5 SRI6	Feb-25	Mar-25	Dean Howells Chief Nurse	Jo Hunter Deputy Chief Nurse