NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC AGENDA

22nd May 2025 at 9:15am to 11:15am

Joseph Wright Room, Council House, Derby

"To support people in Derby and Derbyshire to live their healthiest lives, creating a sustainable, joined-up health and social care system for now and the future".

Our aims: to **improve outcomes** in population health and healthcare; **tackle inequalities** in outcomes, experiences and access; enhance **productivity and value for money**; and support broader **social and economic development**.

This meeting will be recorded – please notify the Chair if you do not give consent

Ref	Time	Item	Presenter	Type	Enc.
Introductory Items					
ICBP/2526/001	09:15	Welcome, introductions and apologies: Ellie Houlston, Paul Simpson	Dr Kathy McLean	–	Verbal
ICBP/2526/002	-	Confirmation of quoracy	Dr Kathy McLean	–	Verbal
ICBP/2526/003	-	Board Member Register of Interests	Dr Kathy McLean	Information	✓
Minutes & Matters Arising					
ICBP/2526/004	09:20	Minutes from the meeting held on 20th March 2025	Dr Kathy McLean	Decision	✓
ICBP/2526/005	-	Action Log – March 2025	Dr Kathy McLean	Discussion	✓
Leadership					
ICBP/2526/006	09:25	Citizen Story – Derby Health Inequalities Partnership	Helen Dillistone, Amjad Ashraf, Ailya Habib	Discussion	✓
ICBP/2526/007	09:40	Chair's Report	Dr Kathy McLean	Information	✓
ICBP/2526/008	09:45	Chief Executive Officer's Report	Dr Chris Clayton	Information	✓
Strategy					
ICBP/2526/009	09:50	Joint Forward Plan Refresh	Michelle Arrowsmith	Assurance	✓
ICBP/2526/010	10:00	Neighbourhood Health Development	Michelle Arrowsmith, Jim Austin, Nicki Doherty	Assurance	✓
ICBP/2526/011	10:10	Feedback from the engagement on the NHS 10 Year Plan	Helen Dillistone	Assurance	✓

Ref	Time	Item	Presenter	Type	Enc.
ICBP/2526/012	10:20	Joint Capital Resource Plan 2025/26	Bill Shields	Decision	✓
ICBP/2526/013	10:30	Prioritisation Policy and Process	Dr Chris Weiner	Decision	✓
Delivery & Performance					
ICBP/2526/014	10:35	2025/26 Operational Plan – Final Submission	Dr Chris Clayton with relevant Executives	Decision	✓
ICBP/2526/015	10:38	ICB 2025/26 Financial Plan Update	Bill Shields	Information	✓
ICBP/2526/016	10:40	Integrated Performance Report	Executive Directors, Committee Chairs	Assurance	✓
Governance & Risk					
ICBP/2526/017	10:50	Derby and Derbyshire ICB Emergency Planning Resilience and Response (EPRR) Policy	Dr Chris Weiner	Decision	✓
ICBP/2526/018	10:55	New Committee Terms of Reference	Helen Dillistone	Decision	✓
ICBP/2526/019	11:00	ICB Committee Annual Reports 2024/25	Helen Dillistone	Information	✓
ICBP/2526/020	11:05	Board Assurance Framework - Final Quarter 4 2024/25 position and Opening Quarter 1 2025/26 position	Helen Dillistone	Decision	✓
ICBP/2526/021	11:10	Integrated Care Board Risk Register Report – as at 30th April 2025	Helen Dillistone	Decision	✓
ICBP/2526/022	11:15	Committee Assurance Reports • Audit & Governance Committee • Finance & Performance Committee • People & Culture Committee • Strategic Commissioning & Integration Committee • Quality, Safety and Improvement Committee	Committee Chairs	Assurance	✓
Closing Items					
ICBP/2526/023	11:25	Risks identified during the course of the meeting	Dr Kathy McLean	Discussion	Verbal
ICBP/2526/024	-	2025/26 Board Forward Planner - Public	Dr Kathy McLean	Information	✓
ICBP/2526/025	11.27	Questions received from the public relating to items on the agenda	Dr Kathy McLean	–	Verbal
ICBP/2526/026	11:30	Any Other Business and close	Dr Kathy McLean	–	Verbal

Confidential Motion:

The Board will resolve that representatives of the press and other members of the public be excluded from the remainder of this meeting, having regard to the confidential nature of the business to be transacted, publicity on which would be prejudicial to the public interest (Section 1[2] Public Bodies [Admission to Meetings] Act 1960).

2025/26 Schedule of Board Meetings:

Date & Time:	**Venue:**
22nd May 2025, 9.15 am – 11.15am	Council House, Derby, DE1 2FS
17th July 2025, 9.15 am – 11.15am	Council House, Derby, DE1 2FS
18th September 2025, 9.15 am – 11.15am	Council House, Derby, DE1 2FS
20th November 2025, 9.15 am – 11.15am	Council House, Derby, DE1 2FS
22nd January 2026, 9.15 am – 11.15am	Council House, Derby, DE1 2FS
19th March 2026, 9.15 am – 11.15am	Council House, Derby, DE1 2FS

*denotes those who have left, who will be removed from the register six months after their leaving date

Surname	Forename	Job Title	Also a member of	Declared Interest (Including direct/ indirect Interest)	Type of Interest				Date of Interest		Action taken to mitigate risk
					Financial Interest	Non Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	
Arrowsmith	Michelle	Chief Strategy and Delivery Officer/ Deputy Chief Executive Officer	Finance & Performance Committee Strategic Commissioning & Integration Committee ICS Executive Team Meeting Midlands 111 Board Gender Dysphoria Working Group Planned Care Board	Director of husband's company - Woodford Woodworking Tooling Ltd				✓	01/11/14	Ongoing	No action required as not relevant to any ICB business
Austin	Jim	Participant to the Board for Place	Primary & Community Care Delivery Board Chair of Digital and Data Delivery Board Integrated Place Executive ICS Executive Team Meeting Derbyshire County Place Partnership Board	CEO of Derbyshire Community Health Services NHS Foundation Trust	✓				16/09/24	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Spouse is a locum GP and the Local Place Alliance lead for High Peak (8 hours per week)				✓	01/11/22	Ongoing	
Bhatia	Avi	Participant to the Board for the Clinical & Professional Leadership Group	Chair - Clinical and Professional Leadership Group, Derbyshire ICS Strategic Commissioning & Integration Committee Erewash Place Alliance Group	GP partner at Moir Medical Centre	✓				01/07/22	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				GP partner at Erewash Health Partnership	✓				01/07/22	Ongoing	
				Part landlord / owner of premises at College Street Medical Practice, Long Eaton, Nottingham	✓				01/07/22	Ongoing	
				Work as Training Programme Director for Health Education England		✓			01/04/24	29/10/24	
				Spouse works for Nottingham University Hospitals				✓	01/07/22	Ongoing	
				Work as Training Programme Director and as an Associate Postgraduate Dean for the East Midlands GP Deanery, NHSE		✓			29/10/24	Ongoing	
Clayton	Chris	Chief Executive Officer	ICS Executive Team Meeting	Spouse is a partner in PWC				✓	01/07/22	Ongoing	Declare interest when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Dentith	Jill	Non-Executive Member	Audit & Governance Committee Finance & Performance Committee Quality & Performance Committee	Self-employed through own management consultancy business trading as Jill Dentith Consulting	✓				2012	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Director of Jon Carr Structural Design Ltd	✓				06/04/21	Ongoing	
Dillistone	Helen	Chief of Staff	Audit & Governance Committee Greener Delivery Board Strategic Commissioning & Integration Committee	Nil							No action required
Finn*	Claire	Interim Chief Finance Officer	Audit & Governance Committee Finance & Performance Committee Strategic Commissioning & Integration Committee Integrated Place Executive ICS Executive Team Meeting Midlands 111 Board	Trustee of Newfield Charitable Trust			✓		01/10/23	Ongoing	Declare interest when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Gildea	Margaret	Non-Executive Member / Senior Independent Director	People & Culture Committee Strategic Commissioning & Integration Committee Quality, Safety & Improvement Committee Remuneration Committee Derby City Health & Wellbeing Board	Director of Organisation Change Solutions a leadership, management and OD consultancy. I do not work for any organisation in the NHS, but do provide coaching and OD support for First Steps ED, an eating disorder charity	✓				01/07/22	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Chair of Melbourne Assembly Rooms (a voluntary not for profit organisation that runs the former SDDC controlled leisure centre)			✓		01/07/22	Ongoing	
Griffiths*	Keith	Chief Finance Officer	Finance, Estates & Digital Committee Population Health & Strategic Commissioning Committee Integrated Place Executive ICS Executive Team Meeting Midlands 111 Board	Nil							No action required

Surname	Forename	Job Title	Also a member of	Declared Interest (Including direct/ indirect Interest)	Type of Interest				Date of Interest		Action taken to mitigate risk
					Financial Interest	Non Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	
Houlston	Ellie	Director of Public Health – Derbyshire County Council (Local Authority Partner Member)	System Quality Group Integrated Care Partnership Health and Wellbeing Board - Derbyshire County Council Women's Health Hub Steering Group ICS Executive Team Meeting Derbyshire County Place Partnership Board	Director of Public Health, Derbyshire County Council	✓				01/09/22	Ongoing	Declare interest if relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair.
				Director and Trustee of SOAR Community			✓		01/09/22	Ongoing	Sheffield based - unlikely to bid in work in Derbyshire
Howells	Dean	Chief Nurse Officer	People & Culture Committee Quality, Safety & Improvement Committee Local Maternity and Neonatal System Board Clinical and Professional Leadership Group Information Governance Assurance Forum ICS Executive Team Meeting Midlands 111 Board	Honorary Professor, University of Wolverhampton		✓			13/09/23	Ongoing	Declare interest if relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair.
McLean	Kathy	ICB Chair	Remuneration Committee	Kathy McLean Limited - a private limited company offering health related advice	✓				05/08/19	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Occasional adviser for CQC well led inspections	✓				24/06/22	Ongoing	
				Chair of Nottingham and Nottinghamshire Integrated Care Board		✓			01/02/21	Ongoing	
				Chair of Nottingham and Nottinghamshire Integrated Care Partnership		✓			01/02/21	Ongoing	
				Joint Chair of Joint Negotiating Committee Staff and Associate Specialists on behalf of NHS Employers		✓			24/06/22	Ongoing	
				Member of NHS Employers Policy Board		✓			Ongoing	Ongoing	
				Chair The Public Service Consultants	✓				Ongoing	Ongoing	
				Chair of ICS Network, NHS Confederation		✓			01/04/24	Ongoing	
				Chair of East Midlands Specialised & Joint Committees		✓			01/04/24	Ongoing	
				Advisor to Oxehealth	✓				17/02/22	Ongoing	
Mott	Andrew	GP Amber Valley (Primary Medical Services Partner Member)	System Quality Group Joint Area Prescribing Committee Derbyshire Prescribing Group Clinical and Professional Leadership Group End of Life Programme Board Children's Urgent Care Group Community Same Day Urgent Care Delivery Group Amber Valley Place Alliance Group Virtual Wards Delivery Group GP Leadership Group Women's Health Hub Steering Group Primary & Community Care Delivery Group Seasonal Vaccination Sub-Group	GP Partner of Jessop Medical Practice	✓				01/07/22	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Practice is shareholder in Amber Valley Health Ltd (provides services to our PCN)	✓				01/07/22	Ongoing	
				Medical Director, Derbyshire GP Provider Board	✓				01/07/22	Ongoing	
				Managing Partner at Jessop Medical Practice, involved in all aspects of provision of primary medical services to our registered population.		✓			01/07/22	Ongoing	
				Wife is Consultant Paediatrician at UHDBFT				✓	01/07/22	Ongoing	
Okubadejo	Adedeji	Clinical Lead Member	Audit & Governance Committee Strategic Commissioning & Integration Committee Quality, Safety & Improvement Committee Remuneration Committee	Director, Carwis Consulting Ltd. Provision of clinical anaesthetic and pain management services as well as management consulting services to patients and organisations in the independent healthcare sector	✓				01/04/23	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Provision of private clinical anaesthesia services	✓				01/04/23	Ongoing	
				Director and Chairman, OBIC UK. Working to improve educational attainment of children from black and minority ethnic communities in the UK			✓		01/04/23	Ongoing	

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					Financial Interest	Non Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	
Posey	Stephen	Chief Executive Officer, UHDBFT (NHS Trust & FT Partner Member)	Provider Collaborative Leadership Board (Chair)	Chief Executive Officer of UHDBFT	✓				01/08/23	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Partner is Chief Executive Officer of the Royal College of Obstetricians and Gynaecologists				✓	01/08/23	Ongoing	
				Partner is a Non-Executive Director for the Kent, Surrey & Sussex (KSS) AHSN				✓	01/08/23	Ongoing	
				Partner is a Non-Executive Director for Manx Care				✓	17/05/23	Ongoing	
				Chair of Stakeholder Group - East Midlands Research Delivery Network		✓			01/04/25	Ongoing	
Powell	Mark	Chief Executive Officer, DHcFT (NHS Trust & FT Partner Member)	N/A	CEO of Derbyshire Healthcare NHS Foundation Trust	✓				01/04/23	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Treasurer of Derby Athletic Club			✓		01/03/22	Ongoing	
Radford	Lee	Chief People Officer	Finance & Performance Committee People & Culture Committee ICS Executive Team Meeting	Nil							No action required
Sadiq*	Perveez	Service Director - Adult Social Care, Derby City Council	N/A	Nil							No action required
Shields	Bill	Chief Finance Officer	Audit & Governance Committee Finance & Performance Committee Strategic Commissioning & Integration Committee Integrated Place Executive ICS Executive Team Meeting Midlands 111 Board	Chair of HFMA Financial Recovery Group & VIce Chair of HFMA ICB CFO Forum		✓			01/10/24	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				On secondment from NHS Devon ICB as Joint Chief Finance Officer at NHS Derby and Derbyshire ICB and NHS Nottingham and Nottinghamshire ICB		✓			01/04/25	Ongoing	
Simpson	Paul	Local Authority Partner Member	N/A	Chief Executive Officer, Derby City Council	✓				Ongoing	Ongoing	Declare interest if relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair.
Smith	Nigel	Non-Executive Member	Audit & Governance Committee Finance & Performance Committee People & Culture Committee Remuneration Committee	NED at Nottinghamshire Healthcare NHS FT	✓				02/02/22	Ongoing	Declare interets when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Trustee at Derbyshire Districts Citizens Advice Bureau		✓			01/02/19	Ongoing	
				Associate Hospital Manager at Rotherham, Doncaster and South Humber NHS FT	✓				01/01/25	Ongoing	
Sunderland	Sue	Non-Executive Member	Audit and Governance Committee Finance & Performance Committee People & Culture Committee IFR Panels CFI Panels	Audit Chair NED, Nottinghamshire Healthcare Trust	✓				01/07/22	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Independent Audit Chair of Joint Audit, Risk & Assurance Committee for Derbyshire Office of the Police & Crime Commissioner and Chief Constable	✓				01/07/22	Ongoing	
				Husband is an independent person sitting on Derby City Council's Audit Committee				✓	01/07/22	Ongoing	
Weiner	Chris	Chief Medical Officer	Strategic Commissioning & Integration Committee Quality, Safety & Improvement Committee System Quality Group EMAS 999 Clinical Quality Review Group Clinical and Professional Leadership Group ICS Executive Team Meeting Digital & Data Board	Nil							No action required
Wright*	Richard	Non-Executive Member	Population Health & Strategic Commissioning Committee Public Partnerships Committee IFR Panel	Nil							No action required

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD MEETING IN PUBLIC

Thursday, 20th March 2025

Joseph Wright Room, Council House, Derby DE1 2FS

Unconfirmed Minutes

Present:		
Dr Kathy McLean	KM	ICB Chair (Meeting Chair)
Michelle Arrowsmith	MA	ICB Chief Strategy and Delivery Officer / Deputy CEO
Jim Austin	JA	Chief Executive Officer, DCHSFT (Participant Member to the Board for Place)
Dr Avi Bhatia	AB	Participant to the Board for the Clinical & Professional Leadership Group
Dr Chris Clayton	CC	ICB Chief Executive Officer
Jill Dentith	JED	ICB Non-Executive Member
Helen Dillistone	HD	ICB Chief of Staff
Claire Finn	CF	Interim Chief Finance Officer
Margaret Gildea	MG	ICB Non-Executive Member / Senior Non-Executive Member
Prof Dean Howells	DH	ICB Chief Nurse
Dr Andrew Mott	AM	GP Amber Valley (Partner Member for Primary Care Services) / Medical Director of GP Provider Board
Dr Deji Okubadejo	DO	ICB Clinical Lead Member
Stephen Posey	SPo	Chief Executive, UHDBFT / Chair of the Provider Collaborative Leadership Board (NHS Trust and FT Partner Member)
Mark Powell	MP	Chief Executive DHcFT (NHS Trust and FT Partner Member)
Lee Radford	LR	ICB Chief People Officer
Nigel Smith	NS	ICB Non-Executive Member
Sue Sunderland	SS	ICB Non-Executive Member
Dr Tim Taylor	TT	ICB Deputy Chief Medical Officer
In Attendance:		
Emma Roberts	ER	Perinatal Support Manager & Service Director, Connected Perinatal Support CIC
Shelley McBride	SM	Perinatal Support Manager & Programme Director, Connected Perinatal Support CIC
Shannon O'Neill	SO	Volunteer - Connected Perinatal Support CIC
Kathryn Durrant	KD	ICB Executive Board Secretary
Christina Jones	CJ	ICB Head of Communications
Suzanne Pickering	SP	ICB Head of Governance
3 members of the public		
Apologies:		
Ellie Houlston	EH	Director of Public Health – Derbyshire County Council (Local Authority Partner Member)
Paul Simpson	PS	Chief Executive, Derby City Council (Local Authority Partner Member)
Dr Chris Weiner	CW	ICB Chief Medical Officer

Item No.	Item	Action
ICBP/2425/123	**Welcome, introductions and apologies:**	

	The Chair, Dr Kathy McLean (KM) welcomed all Board Members and attendees to the Board Meeting in Public, and the Board introduced themselves. The Chair welcomed the observing members of the public and colleagues attending to present the Citizens' Story. Apologies for absence were received as noted above.	
ICBP/2425/124	**Confirmation of quoracy** It was confirmed that the meeting was quorate.	
ICBP/2425/125	**Declarations of Interest** The Chair reminded Committee Members of their obligation to declare any interests they may have on issues arising at Committee meetings which might conflict with the business of the ICB. Declarations made by members of the Board are listed in the ICB's Register of Interests and included with the meeting papers. The Register is also available either via the ICB Board Secretary or the ICB website, using the following link: https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/ Mark Powell (MP) noted that the Delegated Specialised Commissioning item references services DHCFT may provide, or seek to provide, in the future, however this did not comprise a conflict in this meeting.	
ICBP/2425/126	**Minutes of the meeting held on 16th January 2025** **The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held.**	
ICBP/2425/127	**Action Log – January 2025** **The Board NOTED the action log.**	
ICBP/2425/128	**Citizen Story: Perinatal Service** The Chair introduced the Citizens' Story and expressed how much she enjoyed visiting the Perinatal Service last year. The story presented a reminder to the Board of its primary objective to support patients and the impact that is felt in the community from such initiatives. Shelley McBride, Emma Roberts and Shannon O'Neill gave an overview of the Perinatal Service and a summary of their work. The Service is a not-for-profit community interest project which trains volunteers from the local community to provide perinatal support through labour and birth and for the first two years post birth. Support is provided in a variety of ways with approaches tailored to individual families. There is considerable interest in volunteering and the programme is oversubscribed. The training programme takes two years and welcomes volunteers from all walks of life with a wide variety of backgrounds and qualifications. Tangible benefits for families working with the Service include: • a trained, non-judgemental contact from their own community working with them to ensure they are able to make informed choices; • reduction of stigma related to perinatal mental health and reassurance as to what is 'normal'; • building resilience, signposting to appropriate care and identification of barriers to receiving appropriate support,; • helping the family to identify their own strengths and building a strong support network for family and baby; • 1:1 support with issues such as midwifery, labour and birth, mental health, sexual complexity, social care and health visiting; and • volunteer support on call 24/7 for two weeks before and after due date.	

	Volunteers engage in community events and provide support in neonatal wards and mental health units. The voluntary sector aids statutory interventions while offering a non-judgemental resource for families wary of social care workers or midwives. The University of Derby is conducting a study on peer support services such as the Perinatal Service, to explore their potential in alleviating NHS pressures. The Board expressed their appreciation and admiration for the excellent work of the Perinatal Service, and the following comments were made during discussion: • retention of volunteers is very good, the commitment from those who complete the training is very strong and often when volunteers leave they go on to similar roles in the community; • funding for the Service is secure for the next few years, however the increase in demand is proving challenging within the available finance and additional funding is sought each year from community funds. The ICB can help by demonstrating the strength, experience, value for money and importance of the voluntary sector and ensuring that they are involved in relevant planning and discussions; • the Board recognised the significance of the volunteer role in supporting complex cases to prevent escalation; • the Service is a good example of how an excellent service can be provided from a modest investment; • providers have drawn considerable learning from the Service, including how to manage and engage with maternity voices; and • the Board acknowledged the hard work and success of the Service in addressing and destigmatising perinatal mental health issues, which is best carried out in a non-clinical service aligned to communities. The Chair thanked the presenters and expressed the privilege that she felt to have visited the Service, which represents an excellent example of successful, localised community work and is a reminder of the central purpose of the ICB. The Chair stressed that the Board would support the Service in any way possible. **The Board NOTED the Citizen Story.**	
ICBP/2425/129	**Chair's Report** The Chair highlighted the following national NHS developments which were announced following preparation of the Board meeting pack: • NHS England (NHSE) is to be abolished and merged into Department of Health and Social Care (DHSC) within two years. Sir Jim Mackey and Dr Penny Dash have been announced as Transitional CEO and Chair of NHSE and are developing a Transition Team; • all ICBs have been instructed to reduce their running cost, staffing and programme budget by 50% by Quarter 3 of 2025/26, in addition to the 30% reduction in 2023/24. This will represent a significant challenge and the role of the Board will be to work through this development in a supportive and compassionate way in line with the ICB's values. Further national guidance in relation to this is anticipated in the next few weeks; • the agenda for this meeting is focused on planning and the Board will focus on the work that needs to be done, recognising the uncertainty and anxiety that many colleagues are feeling. There is a commitment to collaborate effectively as healthcare leaders; and • Hospital Trusts have also been instructed to reduce corporate costs by 30%. In summary there are considerable changes to come, and currently it is not clear what the roles and responsibilities of ICBs will be in the future.	

	However the system is committed to fulfilling its current responsibilities and will continue to do so diligently. **The Board NOTED the Chair's report.**	
ICBP/2425/130	**Chief Executive's Report** Dr Chris Clayton (CC) highlighted the following: • the system is awaiting further formal guidance around the changes highlighted by the Chair above, and the Board will be updated when more information is available; • Derby and Derbyshire ICB delivered a total 30% reduction of running costs in 2023/24, as instructed, and a further reduction of 50% will be significant; • the Executive Team are working closely with staff in the ICB and partner organisations who are affected by the news; • important conversations are taking place as to how to support the non-statutory voluntary sector while the statutory sector is experiencing challenges; • Bill Shields, the new joint Chief Finance Officer for Derby and Derbyshire ICB and Nottingham and Nottinghamshire ICB, will be in post from the 1st April 2025. CC thanked Claire Finn (CF) for her diligent and excellent work as Interim Chief Finance Officer; CF will remain in post until May to ensure an effective handover to Bill; and • there is a commitment to maintain partnership working through this challenging time. Local authorities are also undergoing changes through the local government reorganisation piece. Alongside the Chief Constable and the Chief Fire Officer, the ICB has contributed its views to the government with regards to this work. The Chair continues to link with the Mayor and the new Chief Executive at East Midlands Combined Authority. The Board discussed the Chair and CEO Reports with comments as noted below: • it was agreed that CF has been very successful in her interim role and assisting in the transition period, and the Board extended their thanks for her hard work; • clarity was requested around how the pre-election period due to local elections in May will impact further announcements in relation to the changes as above. Pre-election may prevent announcements, however the changes have likely been announced ahead of pre-election in order to enable ICBs to begin necessary preparations during this period; • work is taking place on further joint working arrangements, with partnership events across the NHS and wider stakeholders being planned over the next few months. The ICB will have a crucial role to play in supporting the shift into neighbourhood working; • no planning assumptions have been made for 2025/26 with regards to the announced NHS changes. Further guidance will be required and is being awaited with regards to ICB, NHSE and provider changes; currently it is unclear how the efficiency will be treated, or if it will be taken from the allocation or the source. As the details are not known it has not been possible to incorporate the changes into any planning for 2025/26; • the potential for upheaval in the system was noted, with the ICB, NHSE, providers and partners undergoing difficult challenges. The changes, and the lack of guidance received thus far, will be causing considerable anxiety in staff and reducing their ability to focus on carrying out their roles. Work is taking place to put support into place for teams across the ICB, and the transition process will begin as soon as further	

	guidance is issued; it is vital to gain a strong understanding of the requirements and establish certainty as soon as possible to strengthen morale in the ICB and across the system; • staff are likely feeling that their work is not valued. It must be demonstrated that all roles are valued and recognised; and • a considerable change to system governance will be required and transitional arrangements will have to be made. In order to do this the system will need detailed guidance as to what the ICB will be focused on in future, and which roles will need to be preserved. There will also be issues relating to employment law that must be resolved. **The Board NOTED the Chief Executive's report.**	
ICBP/2324/131	**Operational Planning approach to 2025/26** CC introduced the item and the following key points of the plan were highlighted: • the system is committed to operating within the resource set by NHSE and DHSC. The deficit position is £45m (as planned) and thanks were extended to colleagues for their commitment to achieving the position; • the plan addresses what can be done with the resource available, the deliverable volumes of care and how to shape the workforce; and • the system is in a positive position, having delivered 2024/25 within the financial envelope required and made progress operationally, which will provide a strong foundation for the 2025/26 plan. The Board discussed the plan, with the following comments arising from the discussion: • there are some elements that the Board is not currently sighted on around governance, content and delivery, such as around Quality Equality Impact Assessments (QEIAs), risks and mitigations. In order to sign off the plan the Board will need to be satisfied that everything possible has been done to be fully assured, and it may be necessary to acknowledge any potential outstanding risks; • the 5% Cost Improvement Programme (CIP) target for providers is clear however there is also a 4% internal productivity improvement. The Board will need to make assumptions around growth in referrals and demand, and initiatives across the system will manage this demand. • it is difficult for providers to confidently answer 'yes' to all of the ten questions on the Board Assessment Template in the available time and in the light of the considerable risks. Further evidence to support the ten questions will be needed for Board to be assured on an individual provider basis, but across the system as a whole the Board can be assured on all ten questions. The plan is not likely to be perfect for next week however relatively the position is positive and identification of some substantial items will bring more confidence; • in order to effect the three shifts, some flexibility in the plan will be required across the system. Capital and revenue can be used to make the shifts and establish recurrent, sustainable changes sooner rather than later. • DCHS have responded 'yes' to all questions, with explanatory notes provided around the assumptions employed to achieve the response. It was noted that the planning process this year has been extremely well coordinated, with regular scrutiny of contributions and consideration of how other partners are affected; • a key tenet of the DCHS plan is the community transformation programme; DCHS are currently working through engaging a partner which will likely happen by the end of March. Transformation will also need to take place in the acute environment and elsewhere, or the	

	system will find itself in a difficult place. Conversations have been held with acute Trusts and GP Provider Board with regards to transformation. Changes must be made outside the acute Trusts in terms of prevention and sustaining people in the community; the evidence for the left shift will come from this. A plan is in place to tackle this and a tangible shift should be seen within 6 months to show the direction of travel; • from the general practice perspective, there is a level of assumption around how quickly changes can be made at scale. There are available resources and capacity but a balance must be found. The GP contract is not mentioned in the plan however an equivalent offer has been agreed with the General Practitioners Committee (GPC), with the long-term general practice contract being renegotiated. While the contract is still in development, general practice is being treated more fairly than has been for some years. It was noted that much of improving the neighbourhood offer will fall on the core of general practice and other primary care teams; • from the clinical perspective, there is willingness to embrace transformational change and there is architecture in place to build on. Clear, well-aligned and prioritised objectives are required for the ICB and all providers, with all working together to address the problems that all organisations are facing. The Clinical Professional Leadership Group (CPLG) have indicated that they will be happy to work on this. **ACTION: Dr Avi Bhatia (AB) to work with the Clinical Professional Leadership Group (CPLG) and other relevant colleagues on aligning objectives for transformational change across all organisations.** CC summarised that the task for Board is to review the information currently presented in this meeting in public. Further information and evidence will be provided to Board closer to the submission deadline. The recommendation is to establish where the Board can be assured now, and what more evidence will be required before sign off. The Chair drew the Board's attention to the timeframe and the Extraordinary Confidential Board meeting for final sign off on 26th March 2025 and commented on the importance of overarching governance being well understood; regular discussions are taking place however this is not currently reflected in the governance. Further assurance will be needed that robust governance processes will be in place in the senior management and executive space. The Chair gave an overview of the ten Board Assurance points as detailed in the meeting pack and confirmed that the Board fully understood and felt assured on each of the points. It was noted that it would be helpful if some additional context could be provided as to how each of the points are being addressed. It was agreed that it will be helpful for Board to see explanatory notes as required from all Trust boards for their responses to the questions. The additional insights from Trust boards will be included in the meeting pack for the Extraordinary Confidential Board meeting next week. The Chair thanked all who have worked on the plan and confirmed that the plan will be signed off in an Extraordinary Board meeting next week, ahead of final submission to NHSE on the 27th March 2025. **The ICB Board DISCUSSED the report on the status of the 2025/26 plan.**	**AB**
ICBP/2425/132	**Delegated Specialised Commissioning Services from NHS England – Final Delegation Documents**	

	CC advised that this item comprises the final part of the delegated services that are being transferred to ICBs from NHSE and noted that the Midlands is ahead of other parts of the country in completing this transfer. In the context of the definition of ICBs' responsibilities and the delegations from NHSE, as currently defined, the recommendation is to support readiness and due diligence for delegation. It was noted that this may change as more information and guidance around the implications of the current NHS changes are provided. The Board were assured by the ICB's proven track record of managing this process following previous delegations, the work that is taking place across the midlands to manage the delegation and the work already carried out to understand ownership and shaping. Specialised services are overseen in the Midlands by the East Midlands Joint Committee and the Specialised Services team is hosted at Birmingham and Solihull ICB (BSOL). Given the heightened risk around the current changes, further assurance may be required with regards to the team that will be managing and delivering this delegation. In order to maximise benefit from the devolved services, further conversations would be welcomed with East Midlands Alliance for Mental Health, Learning Disabilities and Autism to establish what actions these providers have been taking and if there are any opportunities for collaboration, improving the quality of commissioned services or improving outcomes. It will be useful to review these metrics next year when the services are embedded and the wider NHS situation has stabilised. **The ICB Board NOTED the contents of the report and AGREED the sign-off of the attached documentation, noting that the ICB's Data Protection Officer has reviewed the DPIA and approved it. These documents have been developed between NHSE and their legal advisors, together with Midlands ICB representatives.**	
ICBP/2425/133	**Integrated Performance Report** Reports were taken as read, with points highlighted as detailed below. **Quality:** • the CQC revisit report for UHDB is still awaited. The UHDB team have responded extremely well and the Committee is very confident in real progress being made; • an unusual incident occurred in relation to EMAS and licencing of controlled drugs for ambulances. Considerable learning has been gained from the incident around resolving home office connection issues and the correct governance procedures being in place; • CRH, with support from Sherwood Forest, have completed a review of perinatal mortality rates. No systematic concerns are identified; • the harm review report provided partial assurance. The reviews are part of a wider effort to improve patient safety and service quality; and • the UHDB maternity team were the only team to win three awards at the Baby Lifeline UK Maternity Unit Marvels (MUM) Awards 2025; providing exceptional care during complications in labour, excellence in neonatal care and providing outstanding care through complications in pregnancy. The Board congratulated the team on this significant achievement. **Performance:**	

	• category 2 ambulance response times are longer than desirable, however teams have successfully implemented the national 45-minute initiative for handovers. CRH routinely meet this target and UHDB are also seeing huge improvements on these metrics, which is making a difference in turnaround times for patients and ambulance crews; • in terms of Referral to Treatment, there is a huge number of patients on the lists but, while a significant number are encountering a long wait, these are reducing in number and the situation is improving; • Cancer services are maintaining their metrics; • LD, MH & Autism services are still encountering some issues with out of area placements, children's long waits and community waits however progress is being made and the situation is improving; • GP appointments are above plan; and • the new Community Diagnostic Centre (CDC) has recently been opened at Florence Nightingale Community Hospital, which is a very positive development and will have a considerable impact on diagnostic waits. It would be useful for a CDC to present to Board in a future meeting to give more insight into the contribution they can make to improving patient care and elective waiting time targets. **Workforce:** • the plan remains on track, with increases in substantive recruitment and a reduction in agency staff to 1.4% below the national average; • levels of sickness rose in December due to Winter viruses, however this has reduced now; • workforce numbers appear to be correct, however in the next year the system will need to focus on the quality of the workforce; and • the potential unintended consequences of commissioning activity were highlighted; the Board were advised to be mindful of the moving parts involved in the plan and how they interact with each other. **Finance** • overall the system is behind in terms of the plan with a year-to-date adverse variance of £4m, but is forecast to achieve the plan; • the system is also slightly behind in terms of efficiency delivery but is forecast to achieve £170m; • capital will be managed in line with allocations; and • the system Finance Estates and Digital Committee (SFEDC) thanked CF and provider finance colleagues for their help and hard work in keeping the Committee informed, updated and assured on the 24/25 position at meetings and in between; and • the importance of investigation and intervention work was stressed and this should be woven into the Board Plan moving forwards. The Chair added that there is a level of vision missing around inequalities and outcomes for different groups, which are crucial elements to our four aims and should be at the forefront of Board focus. It will be useful in the forthcoming year for Board to receive updates with regards to inequalities and outcomes. It was noted that a Board seminar session is planned around outcomes, which will help to inform this. **The ICB Board NOTED the Performance Report and Committee Assurance Reports.**	
ICBP/2425/134	**ICB Constitution** Some minor changes have been made to the ICB's constitution to allow appointments on a secondment basis from another ICB. NHSE recognise that the national ICB model constitution does not allow for this, therefore the model will be changed at the national level in due course. However the	

	change is being implemented locally now to allow for Bill Shields' appointment at Joint Chief Finance Officer for DDICB and Nottingham and Nottinghamshire ICB. The same amendment process has taken place in Nottinghamshire and has been agreed by their Board. **The ICB Board APPROVED the changes to the ICB Constitution.**	
ICBP/2425/135	**Board Assurance Framework Quarter 3 2024/25** HD gave an overview of the item, observing that there is a new risk around cyber security and that additional strategic risks will be required ahead of the next Board meeting around the recently announced NHS changes; the importance of recognising risks was stressed. Work has been taking place within the Committee review to ensure that risks are correct and in the right place, with some risks moving between Committees. The updated Committee arrangements will come to Board for sign off in May. An updated version of the Board Assurance Framework (BAF) for Quarter 1 of 2025/26 will capture the recent NHS changes. The following comments and queries were raised: • there has been little movement in the risks; this is being considered; • certain risks will move across committees, including the new Strategic Commissioning and Integration Committee. The new governance arrangements for committees will come to Board for signoff in May; • it would be useful to set timelines and monitor against them in order to more clearly understand progress against the risks; and • it was noted that, since the Board Development Session, committees have been discussing tolerance levels. The Chair summarised that risk needs to drive the ICB's agenda; if the risks are not changing then the mitigations may be incorrect. Certain risks may take a long time to change. This should be clearly identified where relevant. **The ICB Board:** • **RECEIVED the final Quarter 3 2024/25 BAF strategic risks 1 to 11;** • **NOTED the new strategic risk 11 relating to cyber-security;** • **NOTED the subsummation of strategic risk 9 into strategic risk 2 and the responsibility for this risk subsequently transferring from Quality and Performance Committee to Population Health and Strategic Commissioning Committee; and** • **NOTED the transfer of committee ownership for strategic risk 3 due to the Public Partnership Committee being stood down.**	
ICBP/2425/136	**ICB Risk Register – February 2025** The register was taken as read. One ICB risk has decreased in score but this status may change in light of recently announced NHS changes. Risks 13 and 27 can be closed but will be monitored; no risks have increased at this stage. The Chair noted that it would be helpful for future Boards to note which BAF risks apply to items on the agenda. **The ICB Board RECEIVED and NOTED:** • **Appendix 1, the Risk Register Report;** • **Appendix 2, which details the full ICB Corporate Risk Register; and** • **Appendix 3, which summarises the movement of all risks in February 2025** **The ICB Board APPROVED CLOSURE of:** • **Risk 13 relating to the existing human resource in the Communications and Engagement Team; and**	

	• **Risk 27 relating to building and sustaining communication and engagement momentum and pace with stakeholders during a significant change programme.**	
ICBP/2425/137	**Committee Assurance Reports** The assurance reports were taken as read, with comments noted below. **Audit & Governance Committee** Certain multi-partner contracts have been taking an extended time to be signed off, such as for 111. The risk arising from this is currently low. It may be possible for contracts to be approved and signed off once centrally on behalf of all providers; a centralised process would be considerably simpler and faster and would reduce the associated risk. **Public Partnership Committee** The highlight report covers the final meeting of the Committee, at which significant concerns were raised by lay members that incorporating the Committee's remit into the Strategic Commissioning and Integration Committee will weaken public involvement in the planning process. The Committee has done excellent work in engagement and coproduction and their legacy will be incorporated into future planning. The local voice remains crucial and a new risk has been raised around ensuring public input is still involved in the planning process. The importance of engagement at local, community and place level was stressed. **Remuneration Committee** The Committee is reviewing its Terms of Reference. Future Remuneration Committee highlight reports will be brought to Board on a 6-monthly basis. **The Board RECEIVED and NOTED the reports for assurance purposes.**	
ICBP/2425/138	**Risks identified during the course of the meeting** It was noted that new risks have arisen since the publication of the Board papers due to the recently announced NHS changes, however full details of these risks are not currently known. As above, a new risk has arisen around ensuring that public engagement in the planning process continues following the dissolution of the Public Partnership Committee. **The ICB Board NOTED the verbal update.**	
ICBP/2425/139	**Forward Planner** The forward planner was taken as read. **The Board NOTED the forward planner for information.**	
ICBP/2425/140	**Questions received from members of the public** No questions were received from members of the public.	
ICBP/2425/141	**Any Other Business** MP advised the Board that, following two years of construction, the new Derwent Unit is being opened today on the CHRFT site and is the first of the new builds to open. The Chair offered congratulations and commented that she enjoyed her visit to the similar site in Derby.	
Date and Time of Next Meeting		
Date: Thursday, 22nd May 2025 **Time**: 9:15am to 11:15am **Venue:** The Joseph Wright Room, Council House, Derby DE1 2FS		

NHS
Derby and Derbyshire
Integrated Care Board

ICB BOARD MEETING IN PUBLIC

ACTION LOG – MARCH 2025

Item No.	Item Title	Lead	Action Required	Action Implemented	Due Date
ICBP/2324/050 20.7.2023	NHS Derby and Derbyshire One Workforce Strategy	Lee Radford	It was agreed that the Plan would return to a future Board for further discussion.	• The workforce plan review is in progress by the People and Culture Committee. • An update to Board on One Workforce strategy for DD was given by LR in Jan 2025. This will be brought back to Board for approval in Jan 2026. • Quarterly update reports to be presented to Board on progress and development of the plan.	**Jan 2026**
ICBP/2425/080 19.11.2024	Joint Forward Plan	Michelle Arrowsmith	Monitor and establish measure against system ambition and ensure there is a link to board assurance framework	This action is in progress and will be reflected in the 2025/26 Q1 BAF.	**July 2025**
ICBP/2425/104 16.01.2025	Citizen's Story: Can community-based projects begin to reduce health inequalities?	Jim Austin, Chris Weiner, Andrew Fearn	It is recognised that the use of the data that supports community-based projects sits with the Integrated Place Executive (IPE) oversight and Place Alliances. The ability to collate, share and surface data is one that the ICB is leading on through the data teams. JA, CW and AF to update Board on progress and barriers	This action is in progress.	**September 2025**

Item 005

ICBP/2425/110 16.01.2025	Operating Plan – Improvement Objectives	Dr Chris Clayton	A Partnership planning session will take place in Spring 2025 to ensure all partners are content with the approach being taken.	A system partnership event took place on the 30th April; the focus of the event was shifted to ICB cost reductions.	**Complete**
ICBP/2324/ 131 20.03.2025	Operational Planning approach to 2025/26	Dr Avi Bhatia	ACTION: Dr Avi Bhatia (AB) to work with the Clinical Professional Leadership Group (CPLG) and other relevant colleagues on aligning objectives for transformational change across all organisations.	This action is in progress.	**July 2025**

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 006

Report Title	Citizen's Story – Derbyshire Health Inequalities Partnership (DHIP)							
Author	Christina Jones, Head of Communications							
Sponsor	Helen Dillistone, Chief of Staff							
Presenter	Helen Dillistone, Chief of Staff Amjad Ashraf, from Community One and Community Action Derby Ailya Habib, Programme Support Coordinator, Community Action Derby							
Paper purpose	Decision	☐	Discussion	☒	Assurance	☐	Information	☒
Appendices (reports attached)	None.							

Recommendations
The ICB Board are recommended to **NOTE** the Citizen's Story.
Report Summary

Derbyshire Health Inequalities Partnership (DHIP) is a co-led, joint initiative between Derby City Council and Community Action Derby, working together with community organisations and leaders to help achieve better health outcomes in the city.
 	
Community Action Derby is a charity providing support and guidance for voluntary and community groups.
 	
DHIP exists to:
 	
• facilitate community-led planning and action to improve health outcomes and reduce health inequalities through:
  ○ community consultation and engagement to understand what health issues are most important within our communities;
  ○ an advisory function to health services and providers to improve their offer for our communities and holding to account for actions following that advice; and
  ○ health promotion/education: supporting the development of knowledge, skills and confidence in health issues.
• bring together communities, community organisations, health providers and commissioners to promote effective engagement and co-production of health-related activity; and
• develop and promote a shared understanding of the breadth of lived experience of health and wellbeing in Derby, so that plans, strategies and commissioned services make a difference to people's lives.
 	
Community Connectors, working with Community One, and the Pakistan Community Centre met with Dr Kathy McLean, chair of the Integrated Care Board for Derby and Derbyshire, recently to show the positive impact of the voluntary sector on the health of underserved communities.
 	
Dr McLean first took a walking tour of two of the most deprived areas in the city – Normanton and Arboretum – to see the wide range of challenges faced by local communities. She was accompanied by Amjad Ashraf, who co-chairs the Derby Health Inequalities Partnership (DHIP) and Ejaz Sarwar who works for Community Action Derby.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☐	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☐	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☐
SR5	Affordable and sustainable workforce	☐	**SR7**	Aligned system decision-making	☐
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☐
SR11	Cyber-attack and disruption	☐			☐

Conflicts of Interest	

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 007

Report Title	Chair's Report							
Author	Sean Thornton, Director Communications and Engagement							
Sponsor	Dr Kathy McLean, ICB Chair							
Presenter	Dr Kathy McLean, ICB Chair							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices (reports attached)	None.							

Recommendations
The ICB Board are recommended to **NOTE** the ICB Chair's Report.
Report Summary
Just before and after the last public meeting of the Board, there were a number of announcements regarding a new approach to the leadership of the NHS nationally and locally. This included some material announcements about the role of ICBs and our management costs. On 1 April 2025, NHS England wrote to all ICBs and NHS Providers setting out the expectations for the 2025/26 plan delivery and also management cost reductions across ICBs and health providers. The Chief Executive will outline in his report the approach that the ICB is taking to deliver this mandate, but I want to describe the arrangements I have asked to be put in place at a Board and Non-Executive level. A long-arranged meeting of the two Boards for Nottingham and Nottinghamshire ICB and Derby and Derbyshire ICB took place on 9 April 2025. The timing did naturally afford the opportunity for the two Boards to consider the content of the communication from NHS England. We reviewed the known detail behind these announcements and also discussed the position to date on joint working between the ICBs. This included reflections and learnings on the development of strategic commissioning functions over recent times. Members of the Boards felt that this initial conversation was both informative and helpful and committed to continuing to build upon this discussion over the months to come. A national working group to develop a 'Model ICB' has been convened and I have been able to take part in those conversations as an ICB Chair and as Chair of the NHS Confederation ICB Network. These conversations have resulted in the publication of the Model ICB Blueprint, version 1, on 6th May, which set out the core functions of an ICB and the early indication of where a set of further functions will need to sit in the wider regional NHS footprint. The ICB is considering this guidance in collaboration with colleagues in Nottingham and Nottinghamshire, and also our wider ICB colleagues in the East Midlands and nationally. ICBs are required to submit initial plans to NHS England outlining how we will enact the required cost reductions and seek to set an approach for the transfer of relevant functions. The ICB has established appropriate executive governance of this change, and non-executive oversight has been set up across both ICBs. The Vice Chair from Nottingham and Nottinghamshire will chair this forum supported by non-executive colleagues from both ICB's Boards. As we will see later on in the agenda, I am pleased that our system and the ICB itself delivered on the financial expectations for the year ending March 2025. It is a testament to the hard work of teams throughout the ICB and the wider system that we have achieved this with limited impact on the frontline services provided to citizens. As previously discussed, the requirement to achieve financial balance by the end of March 2026 means that we will need to achieve a very similar level of savings for the year ahead of us. The plans that have already been developed across the system give me a high level of confidence in delivering this, but the potential disruption caused by the management cost reductions described above will need to be carefully mitigated against.

We will discuss our refresh of the NHS Joint Forward Plan during May's Board meeting. The refresh will be necessarily light touch given the pending publication of the Government's Ten Year Health Plan, which we expect to see very soon. Receipt of this will enable us to make any material changes to our approach as required, but we are aware that there will be a significant focus on the three shifts that have been outlined by the Government – from analogue to digital, from treatment to prevention and from hospital to community. I discussed the latter shift in the first of my new series of podcasts, which was published at the end of April, and will continue to discuss others through this forum.

I have continued my visits to meet teams from across the Derby and Derbyshire system. In April, I had a walking tour of Normanton and Arboretum, two of our most deprived wards in the City of Derby. I was accompanied by colleagues from the Derby Health Inequalities Partnership, including some of their community connectors. I am very grateful to everyone who took the time to show me around and explain their work, which was fascinating. Only by seeing firsthand the community and listening to people can we begin to fully understand the serious challenges, inequalities and deprivation these communities are dealing with. It's crucial that we have and can use this local information to influence our decision-making. What also emerged very strongly was the importance of trusted community voices to effect change rather than people remotely making decisions without true engagement.

Finally, in terms of external partnerships, I was delighted to meet with Claire Ward, Mayor of the East Midlands, and her top team last month. Jointly with the Chief Executives of Nottingham and Nottingham and Derby and Derbyshire, we were able to have a very illuminating conversation with Claire about Local Government re-organisation, the role of the ICBs in inclusive growth, in particular the 'health and work' agenda, and also explore the role of the Mayor in our Integrated Care Partnerships.

We know that the Government will set out its plans for spending and key public sector reforms at the Spending Review, which will conclude on 11 June 2025. Around this time the Ten-Year Health Plan is also expected to be published. These are two key moments for us, alongside the ongoing progress of delivering on the mandate from NHS England regarding management cost reductions. Therefore, by the time of our July Board meeting, we will have greater clarity, and I look forward to discussing with Board members then, or before, if circumstances require it.

It is clear that we are now well into a period of significant change. As we navigate through that together, I want to acknowledge the uncertainty it brings and the anxiety it may cause for colleagues within the ICB. Change is never easy, but together I hope that we can face these challenges with resilience and adaptability. I want to place on record my thanks to ICB staff for their dedication – this whole Board recognises that your efforts are invaluable as we move forward with purpose and resolve.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☐	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☐
SR5	Affordable and sustainable workforce	☐	**SR7**	Aligned System decision-making	☐
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☐
SR11	Cyber-attack and disruption	☐			☐

Conflicts of Interest	

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 008

Report Title	Chief Executive Officer's Report							
Author	Dr Chris Clayton, Chief Executive Officer							
Sponsor	Dr Chris Clayton, Chief Executive Officer							
Presenter	Dr Chris Clayton, Chief Executive Officer							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices (reports attached)	None							

Recommendations
The ICB Board are recommended to **NOTE** the ICB Chief Executive Officer's Report.
Report Summary

It has been a significant period of submissions and announcement since the previous ICB Board meeting in March. We submitted our operational plan for the 2025/26 financial year to NHS England within prescribed timetables, and there have been significant announcements from NHS England and Government which impact of the functions and scale of ICBs across England.

2026/26 Operational Planning
As part of the planning process, operational and financial plans for the NHS partners within the Derby and Derbyshire system were submitted to NHS England by the national prescribed deadline of the 27th March 2025, following approval by partner NHS Trust and NHS Foundation Trust Boards, and subsequent approval by the ICB's Board. The submitted plan was an ambitious and credible plan, which aimed to deliver all national priorities and success measures, financial balance, the system's local strategic priorities and the emerging national reform agenda. It confirmed that the ICB would continue to address the underlying financial deficit and the delivery of a £181million NHS system efficiency requirement. Good progress has been made on the development of efficiency plans to meet this requirement, and we are working through the ICB's contribution of £44m towards this savings target. Work will continue to improve delivery confidence of these identified plans. More information is available within the Finance Report later on the agenda for this meeting.

NHS England Publication: Working together in 2025/26 to lay the foundations for reform
On the 1st April 2025, Sir Jim Mackey, Interim Chief Executive of NHS England, wrote to all ICBs and NHS trusts to provide further detail on the Government's reform agenda for the NHS. The letter highlights the significant progress made in planning for 2025/26 and emphasises a move to a medium-term approach to planning, to be shaped by the Ten-Year Health Plan and the outcome of the Spending Review. The letter also states that ICBs will be central to future plans as strategic commissioners, playing a critical role in realising the ambitions of the Ten-Year Health Plan; however, all ICBs will be required to reduce their management costs by 50%. The letter goes on to stress that in delivering the cost reductions, it will be essential to maintain some core staff, and to maintain or invest in strategic commissioning functions, building skills and capabilities in analytics, strategy, market management, and contracting. The need for ICBs to commission and develop neighbourhood health models is also set out.

NHS England have informed ICBs that the indicative management cost per head of the population is £18.76, and ICBs are expected to use the recently-published Model ICB Blueprint to create bottom-up plans that are affordable within the reduced running cost envelope by the

30th May 2025. It is expected that plans are implemented during quarter three of 2025/26. ICBs are encouraged to expedite these changes as any in-year savings can be used on a non-recurrent basis to address in-year transition pressures or risks to delivery in wider system operational plans. Discussions between NHS England and Government colleagues are ongoing in relation to the costs and approvals of any exit arrangements associated with the staffing reductions.

Given the scale of change, it is likely that ICBs will require 'cluster' arrangements with other ICBs to achieve the required level of savings. There is likelihood of formal mergers of ICBs in the future, subject to the necessary legislative change. Given our natural boundary with Nottingham and Nottinghamshire ICB within the East Midlands Combined Council Authority footprint, we are working with colleagues in Nottingham to develop our approaches in a consistent manner. We are also working with ICB colleagues in the wider East Midlands area and in the NHS England regional team to confirm the likely cluster arrangements.

NHS providers have also been requested to reduce their corporate cost growth by 50% by quarter three of 2025/26, with savings reinvested locally to enhance frontline services. The reform programme will also bring together NHS England and the Department of Health and Social Care to create a single aligned centre.

Neighbourhood Care
We have been making excellent progress in understanding how we will establish and deliver our Neighbourhood Care model, building on the strong work that has been happening in our Local Place Alliances and our Primary Care Networks in recent years. National guidance has set the template for this work; it is clear that Neighbourhoods will be a significant mechanism to enable delivery of the 'three shifts' which will be the central policy of the NHS 10-Year Plan when it is published in June and will bring our statutory NHS providers more centrally into the solutions. Our system leaders will be reviewing the early thinking on our delivery model at a key Neighbourhood Summit (14th May), and this will be a seminal moment in getting collective agreement on the next steps for neighbourhoods.

County Council Elections
The recent elections for Derbyshire County Council have seen a change in the council's political administration, with the Reform party taking control of the Council, We look forward to building new relationships with elected members and officers to continue our track record of partnership working across health and care. Our joint commissioning agenda is of importance to support the delivery of our work in neighbourhoods, and more specifically in our community services transformation programme and our urgent and emergency care system performance. At the time of writing, leadership roles in the council are to be confirmed, and we will prioritise meeting with colleagues once announced.

As usual, I continue to attend a range of local, regional and national meetings on behalf of the ICB Board and the wider Joined Up Care Derbyshire system. Our local performance conversations, along with regional and national assurance meetings have continued to be prominent since the last ICB Board meeting.

Chris Clayton
Chief Executive Officer

National updates

ICB functions radically reduced in national 'blueprint' | News | Health Service Journal
The ICB model blueprint publication is reported on including functions marked for transfer, retain and adapt or grow.

NHS England board members stepping down

NHS England has announced changes to its leadership team, with three leading board members taking the decision to stand down at the end of March.

Futuristic 3D heart scans on NHS speed up diagnosis and save millions

Revolutionary AI-driven 3D heart scans cut the need for invasive tests and have already saved millions of pounds, according to new analysis.

NHS rolls out 5-minute 'super-jab' for 15 cancers

Thousands of patients will benefit from a new cancer jab for more than a dozen types of the disease, with the NHS the first in Europe to offer the new injection.

Millions more patients can register with a GP at 'touch of a button'

Millions of patients can now register with a new GP at the touch of a button via the NHS App and online as part of a major health service drive to make care more convenient and free up staff time.

Public twice as likely to check bank balance regularly than for signs of cancer

The NHS's top cancer doctor has urged the public to check for changes in their body and cancer symptoms, as a new survey found people were nearly twice as likely to check the weather forecast or their bank balance regularly than check themselves for potential signs of cancer.

Over three million additional appointments delivered as NHS exceeds faster diagnosis standard for cancer

The NHS has delivered more than 3.1 million additional appointments since July 2024 and hit the ambitious faster diagnosis standard for cancer, new figures show today.

Beds lost to seasonal viruses this winter greater than population of Malta

The number of hospital beds taken up by seasonal viruses this winter was more than the equivalent of the population of Malta, according to new NHS data.

Winter virus levels as NHS heads into spring

Norovirus cases in hospitals are the highest they've ever been at the start of spring, according to new NHS data.

Major NHS App expansion cuts waiting times

Reform of NHS App stops 1.5 million hospital appointments being missed, with 87% of hospitals now offering services through NHS App.

AI doctors' assistant to speed up appointments a 'gamechanger'

Interim trial data shows that the revolutionary technology has dramatically reduced admin.

Frontline NHS staff facing rise in physical violence

1 in 7 NHS staff (14.38%) experienced physical violence from patients, their relatives or other members of the public in 2024, according to the latest annual NHS staff survey.

Local Developments

Derby and Derbyshire ICB news

Derbyshire GP practices awarded £1.9m to upgrade premises

GP practices in Derby and Derbyshire have been awarded £1.9m to provide more clinical rooms and space to see patients. The Department of Health and Social Care announced investment of over £100 million in 1,000 GP surgeries to create additional space to see more patients, boost productivity and improve patient care.

New podcast series with Dr Kathy McLean: Healthy Conversations

We have launched our new podcast series *Healthy Conversations* with ICB Chair Dr Kathy McLean. In this series, Kathy will talk to people working in a range of organisations across Derby and Derbyshire from hospitals to the local authority and voluntary sector.

Community Connectors show ICB Chair Dr Kathy McLean impact of voluntary sector on underserved communities

Community Connectors working with Community One and the Pakistan Community Centre met with Dr Kathy McLean, chair of the Integrated Care Board for Derby and Derbyshire, to show the positive impact of the voluntary sector on the health of underserved communities.

New chair for NHS Confederation's Primary Care Network

Dr Duncan Gooch has been appointed as the new chair of the NHS Confederation's Primary Care Network. Dr Gooch is a GP and clinical director of Erewash Health Partnership, a consortium of practices that provides healthcare services to more than 100,000 people in Derbyshire.

Covid-19 spring vaccine programme now available

The NHS is offering Covid-19 vaccinations this spring, to those most at risk of becoming unwell. Those at increased risk of severe illness can get the vaccine, including those aged 75 or over (on the 17th June 2025), people with a weakened immune system, and people who live in an older adult care home.

New joint chief finance officer for local NHS leaders

NHS Derby and Derbyshire Integrated Care Board and NHS Nottingham and Nottinghamshire Integrated Care Board are pleased to announce that Bill Shields is joining both organisations as their new Chief Finance Officer.

Partners news

First patients move into Derbyshire Healthcare's new 54-bed mental health unit in Chesterfield

Following years of planning and preparations the doors to the Derwent Unit opened on the 20th March 2025, ushering in a new era of care for people in Derbyshire with acute mental health needs.

Thousands of patients see benefits as new digital system launches across six hospitals

Two Midlands trusts see the benefit for thousands of patients following the launch of a new digital health record system. University Hospitals of Derby and Burton (UHDB) and Chesterfield Royal Hospital NHS Foundation Trusts went live with Nervecentre in February following ten months of planning and development.

Derby City Council

Investment in Derby's SEND provision moves into next phase

Derby City Council has set out proposals to improve and expand educational provision in Derby for children and young people with Special Educational Needs and Disabilities (SEND).

Derby Family Hub Services continue with additional funding

Derby City Council is pleased to announce it has secured an additional £1.338 million in funding from the Department for Education to extend our successful Family Hub programme.

New sculpture provides place to reflect on COVID-19 pandemic

A new sculpture has been installed at Nottingham Road Cemetery, offering a place to reflect on the COVID-19 pandemic.

Derbyshire County Council

Tender put out for new bus service for Holymoorside to Chesterfield Royal Hospital

We're looking for a bus operator to run a new service, the 84. This will go from Chesterfield Royal Hospital to Spital, Chesterfield town centre, Chatsworth Road and Holymoorside and return.

Schools invited to bid for £7 million to support and improve inclusion for children with special needs in mainstream education

We've invited schools to submit proposals for a share of £7 million to fund additional special needs school places and support for children with special educational needs and disabilities in mainstream education.

Chesterfield Royal Hospital

Third CDC Tour at Walton Hospital

Today (Thursday 10th April 2025), in the beautiful sunshine, we held our third Community Diagnostic Centre (CDC) tour, where colleagues from both Trusts working in partnership on the build were invited for a preview tour.

Transition of Children's Speech and Language Therapy Services

The Chesterfield and North Derbyshire Children's Speech and Language Therapy service is moving – please be assured, services will remain in place.

From the 1st April 2025, Chesterfield Royal Hospital NHS Foundation Trust will no longer be providing this service as it is being moved to Derbyshire Community Health Service Trust (DCHS). This is to support maintaining and improving the quality of care.

United Hospitals Derby and Burton

UHDB's Aklak Choudhury appointed Clinical Director for Improvement for the Royal College of Physicians (RCP)

Congratulations to UHDB colleague Aklak Choudhury, who has been appointed Clinical Director for Improvement for the Royal College of Physicians (RCP).

Temporary changes to how you access Entrance 9, A&E and the Children's Emergency Department at Royal Derby Hospital

We are conducting some essential construction work at Royal Derby Hospital and have restricted some vehicle access to the road that leads to A&E and the Children's Emergency Department which will be in place until the winter period.

Woodland regeneration at Queen's Hospital Burton transforms Badger's Wood into a thriving green space for patients, staff and local community

An area of woodland at Queen's Hospital Burton (QHB) is now fully accessible to patients, staff and the local community following a regeneration project bringing several health and environmental benefits, funded by the National Forest and the Rural Community Council.

Voluntary Community and Social Enterprise Sector
Derby Health Inequalities Partnership

Highlighting the voluntary sector's impact on the health of underserved communities

We recently welcomed Dr Kathy McLean, Chair of the Derby and Derbyshire Integrated Care Board (ICB), on a visit to Normanton and Arboretum, to demonstrate the positive impact of the voluntary sector on the health of underserved communities.

Derby Diverse Carers - Engagement Workshops Grant

Community Action Derby has been funded by the Accelerating Reform Fund to identify and address the needs of underserved carers in Derby City. The primary goal of this project is to understand the unique needs and challenges faced by carers in these communities who are currently not accessing existing support services.

Publications that may be of interest:
Joined Up Care Derbyshire | Monthly Newsletter March 2025

Joined Up Care Derbyshire | Monthly Newsletter February 2025

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☐	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☐
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☐
SR5	Affordable and sustainable workforce	☐	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☐
SR11	Cyber-attack and disruption	☐			☐

Conflicts of Interest	None identified

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 009

Report Title	Joint Forward Plan Refresh						
Author	Craig Cook, Director of Strategy and Planning						
Sponsor	Michelle Arrowsmith, Chief Strategy and Delivery Officer						
Presenter	Michelle Arrowsmith, Chief Strategy and Delivery Officer						
Paper purpose	Decision	☐	Discussion	☒	Assurance	☒	Information ☐
Appendices (reports attached)	Appendix 1 - Progress Report – year 2 of the Derby and Derbyshire Joint Forward Plan						

Recommendations

The ICB Board are recommended to **RECEIVE** the Joint Forward Plan Refresh.

Report Summary

Two years ago, the NHS in Derby and Derbyshire published its five-year *Joint Forward Plan*, setting out a strategic approach to tackling a range of deep-rooted structural issues within the local NHS system. The overarching aim was to improve the quality of NHS care by addressing these foundational challenges and reshaping the way services are delivered.

While our strategic intent remains valid and aligned to current and expected national priorities, a stocktake of progress is timely and so this refresh serves to review the NHS' contribution to improving the health of children and young people, older adults as well as making progress with enhancing the quality of care for major health conditions. This stocktake will inform our collective understanding ahead of the Government's Publication of the 10-year Health Plan.

Key points:

- Many of the challenges identified were longstanding and systemic. For instance, there was a clear imbalance on the supply side of the workforce, with an over-concentration of highly specialised clinicians in acute care, and slower growth in general practice and community-based care. The prevailing model of care delivery often positioned patients as passive recipients rather than active participants in their health journey. Additionally, the integration of clinical workflows—both within individual providers and across the system—had been underdeveloped. This led to duplication, inefficiencies, and unnecessary delays, negatively affecting both patients and staff.

- These systemic issues were further compounded by a decade-long decline in the population's overall stock of good health, coupled with stark health inequalities across both places. In response, the NHS in Derby and Derbyshire committed to a shift in focus—placing greater emphasis on preventative care, with primary care playing a central role in supporting wider system transformation. This approach emphasised empowerment, autonomy, and distributed leadership across services, alongside the need for the public and patients to have greater control over their healthcare. A core pillar of this reform effort has been the use of intelligence-led approaches to continuous improvement.

- Despite this clear strategic intent, many of the underlying structural challenges persist. Creating the capacity—both clinical and managerial—to simultaneously recover core services and drive meaningful reform has proven exceptionally difficult. Progress has also been hampered by significant external

pressures, including prolonged industrial action and ongoing capacity constraints in non-NHS services, which continue to affect overall system performance. Nonetheless, there has been encouraging progress. There is now broad consensus across the system on the value of integration at a strategic level. However, translating this shared intent into tangible, scalable change at the clinical and operational level remains an area for further development.

- While challenges remain, we have largely kept pace with national expectations around service recovery and access, and our performance compares favourably with peer systems. We have made some progress in laying the groundwork for long term change – for example, through the establishment of local, place-based teams – these developments remain relatively small in scale. The next phase of transformation will require renewed focus and a shift from *foundational planning* to tangible *system wide implementation*.

- Looking ahead, the forthcoming publication of the Governments 10-year plan presents an important opportunity. It has the potential to act as a catalyst for accelerating delivery and provide the clarity and momentum needed to advance our integration ambitions at pace.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☐	**SR4**	Sustainable financial position	☐
SR5	Affordable and sustainable workforce	☐	**SR7**	Aligned System decision-making	☐
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☐
SR11	Cyber-attack and disruption	☐			☐

Conflicts of Interest	None identified

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

Item 009 - Appendix 1

Progress Report – year 2 of the Derby and Derbyshire Joint Forward Plan

Executive Summary

Two years ago, the NHS in Derby and Derbyshire published its five-year *Joint Forward Plan*, setting out a strategic approach to tackling a range of deep-rooted structural issues within the local NHS system. The overarching aim was to improve the quality of NHS care by addressing these foundational challenges and reshaping the way services are delivered.

Many of the challenges identified were longstanding and systemic. For instance, there was a clear imbalance on the supply side of the workforce, with an over-concentration of highly specialised clinicians in acute care, and slower growth in general practice and community-based care. The prevailing model of care delivery often positioned patients as passive recipients rather than active participants in their health journey. Additionally, the integration of clinical workflows—both within individual providers and across the system—had been underdeveloped. This led to duplication, inefficiencies, and unnecessary delays, negatively affecting both patients and staff.

These systemic issues were further compounded by a decade-long decline in the population's overall stock of good health, coupled with stark health inequalities across both places. In response, the NHS in Derby and Derbyshire committed to a shift in focus—placing greater emphasis on preventative care, with primary care playing a central role in supporting wider system transformation. This approach emphasised empowerment, autonomy, and distributed leadership across services, alongside the need for the public and patients to have greater control over their healthcare. A core pillar of this reform effort has been the use of intelligence-led approaches to continuous improvement.

Despite this clear strategic intent, many of the underlying structural challenges persist. Creating the capacity—both clinical and managerial—to simultaneously recover core services and drive meaningful reform has proven exceptionally difficult. Progress has also been hampered by significant external pressures, including prolonged industrial action and ongoing capacity constraints in non-NHS services, which continue to affect overall system performance. Nonetheless, there has been encouraging progress. There is now broad consensus across the system on the value of integration at a strategic level. However, translating this shared intent into tangible, scalable change at the clinical and operational level remains an area for further development.

While challenges remain, we have largely kept pace with national expectations around service recovery and access, and our performance compares favourably with peer systems. We have made some progress in laying the groundwork for long term change – for example, through the establishment of local, place-based teams – these developments remain relatively small in scale. The next phase of transformation will require renewed focus and a shift from *foundational planning* to tangible *system wide implementation*.

Looking ahead, the forthcoming publication of the Governments 10-year plan presents an important opportunity. It has the potential to act as a catalyst for accelerating delivery and provide the clarity and momentum needed to advance our integration ambitions at pace.

Stocktake on progress

This stocktake is focussed on assessing the extent of relative improvement over the last two years, in the quality-of-care provision across three broad areas. First, it examines developments in **children and young people's health**, with a particular focus on service access. Second, it reviews progress in the management and treatment of several major health conditions, including **mental health, cancer and cardiometabolic health**. Finally, it assesses care quality and NHS responsiveness in relation to **older adult health**.

This assessment is intended to provide a balanced view of where improvement has been realised and where further focus is required.

Children's and Young Persons Health

The NHS plays a vital role in supporting the physical, mental and social wellbeing of children and young people across Derby and Derbyshire. These aspects of health were significantly impacted during and following the COVID-19 Pandemic, and the system continues to focus on recovery and addressing the lasting effects on this population.

Since the baseline year of the Joint Forward Plan (March 2023), there are encouraging signs of progress in several key areas:

- Urgent and Emergency Care: Fewer children and young people are attending emergency departments, indicating early signs of reduced reliance on acute services.
- Mental Health: Access to mental health services for children and young people has improved, with outcomes from these contacts ranking among the best in the NHS. The ICB is now positioned in the top 10 nationally.
- Physical Health: Elective care performance has strengthened, with a one-third reduction in the number of people waiting for acute elective procedures and a five-percentage point improvement in those treated within 18 weeks.

Despite this progress, significant challenges remain over the next three years, particularly in integrating physical and mental health services for children and young people. Key areas requiring focused improvement include:

- Neurodevelopmental Disorders: Progress in the assessment and diagnosis of conditions such as ADHD and autism has been insufficient. Expanding mental health support in educational settings is expected to contribute positively in this area.
- Dental Access: Access to dental care remains a concern, especially in the context of stark geographic and socioeconomic variation in the prevalence of dental decay among children under five. Accelerated action is needed to address these inequalities and improve outcomes across all PLACEs.

Older Adults Health

While steps are underway to develop a more proactive, coordinated, and person-centred model of care—focused on prevention, early intervention, and support closer to home—progress must accelerate. This is essential not only to improve outcomes for older people but also to safeguard the long-term sustainability of the health and care system.

- Urgent and Emergency Care: The rate of emergency department (ED) attendances among the over-65 population was slightly lower in 2024/25 compared to 2023/24—a positive sign. However, despite this stability in ED demand, acute bed usage rose significantly over the same period. A substantial proportion of these beds continue to be occupied due to delayed discharges, indicating persistent system pressure and a need for better flow and discharge planning.

- Polypharmacy: The risks associated with polypharmacy—taking multiple medications concurrently—are well documented, particularly for older adults. While there is still progress to be made, the Derby and Derbyshire health system is performing comparatively well at the national level, reflecting a strong foundation on which to build further improvements.

- Dementia: Over the past two years, the health system has made strong progress in improving dementia diagnosis rates, supported by the adoption of innovative approaches. However, there is still significant scope to enhance the quality of ongoing care—particularly in ensuring that all individuals with dementia have a personalised care plan in place and that it is regularly reviewed. Current performance in this area remains below the national average, highlighting a key area for focused improvement.

- Carer Health: The role of carers is crucial, not only to the health and wellbeing of those they support but also to the wider economy. Although still below the level recorded some years ago, the proportion of carers in both Derby and Derbyshire reporting sufficient social contact has increased, aligning with national trends. While further progress is needed, this improvement is encouraging and a positive step forward.

- End of Life: The year-on-year decline in the proportion of older adults dying in hospital, seen prior to the pandemic, has plateaued in recent years. While this mirrors national trends, it highlights the need for renewed focus on improving end-of-life care—ensuring more people are supported to die in their place of choice, with dignity and appropriate care.

Major Health Conditions

Cardiometabolic Health

- Hypertension: Our focus remains on earlier identification of hypertension, and encouraging progress is being made through the expansion of Pharmacy First services and other similar intervention. In terms of clinical management, whilst more needs to be done, performance remains strong – 76% of individuals under 79 now have blood pressure within the 140/90mmHG threshold, representing a three-percentage point improvement on pre-COVID levels.

- Cholesterol: Lowering cholesterol, particularly in individuals with a history of stroke, coronary heart disease or peripheral artery disease, is critical. However, progress in this area is lagging, with only 4 in 10 high risk individuals currently within the target range – well below the pace needed to deliver improved cardiovascular outcomes.

- Diabetes care: Good diabetes care is measured by the completion of all eight care processes and achievement of three key treatment targets. Whilst relative

performance has improved over the last three years, the overall picture remains challenging – only 4 in 10 people with type 2 diabetes currently receive best practice care.

- Consultant led referral to treatment time: Access to timely consultant-led acute cardiology care continues to present significant challenges. Compared to two years ago, the number of patients waiting for care has increased and the length of time they are waiting has also grown. Improvement on this measure is critical over the next three years, and will require sustained effort to expand capacity, optimise referral pathways and improve coordination across primary, community and specialist acute care services.

Cancer

- Diagnosing or ruling out cancer quicker: Over the last two years, we have delivered a 6-percentage point increase in the proportion of cancers ruled out or diagnosed with 28 days of an urgent referral. This marks important progress towards our goal of faster diagnosis across all cancer types. However, performance remains uneven, with suspected gynaecological, urological and lower gastrointestinal cancer requiring targeted improvement to close the gap.

- Treating cancers quicker: Although we remain around 20 percentage points below the national target of 85% of patients receiving first definitive treatment within 62 days, there has been a modest improvement in performance over the last two years. Further progress is needed – particularly for urological, gynaecological and gastrointestinal cancers – to ensure timely access to treatment and better outcomes.

Mental Health

- Maternal Mental Health: Early identification and effective support for maternal mental health is essential for healthy parent-child attachment and are a vital part of overall family and community wellbeing. It remains a priority for the NHS in Derby and Derbyshire, and we continue to make strong progress. Since the start of the Joint Forward Plan period, there has been a six-fold increase in the number of women accessing maternal mental health services, reflecting significant improvement in both reach and engagement.

- Anxiety and depression: A significant proportion of people access talking therapies in Derby and Derbyshire are experiencing meaningful and sustained benefit from treatment with 50% of people experience a reliable recovery rate and 71% of people experiencing a reliable improvement in their symptoms of anxiety and/or depression.

- Mental health inpatient care: Admissions to mental health inpatient facilities have remained broadly stable over the past two years. However, one in three individuals admitted were not previously known to mental health services. In addition, the positive downward trend in average length of stay observed throughout 2023 and the first half of 2024 has reversed, with mean length of stay increasing since the summer of 2024. This indicates that continued focus on early intervention, improved crisis response and more effective discharge planning is required over the remaining JFP period, to ensure timely, appropriate care and reduce avoidable admissions.

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 010

Report Title	Neighbourhood Health Development							
Author	Nicki Doherty, Director of Place and Partnerships							
Sponsor	Michelle Arrowsmith, Deputy Chief Executive							
Presenter	Michelle Arrowsmith, Deputy Chief Executive Nicki Doherty, Director of Place and Partnerships Jim Austin, Participant Member to the Board for Place							
Paper purpose	Decision	☐	Discussion	☒	Assurance	☒	Information	☐
Appendices (reports attached)	Appendix 1 - Neighbourhood Health: Strengthening Integrated Working in Derby and Derbyshire							

Recommendations

The ICB Board are recommended to **NOTE** the Neighbourhood Health paper and our current position in relation to the national guidance.

Furthermore, in anticipation of a future Deep Dive the Board is asked to consider what additional information they would wish to receive or understand.

Report Summary

This paper briefs the Board on our position and progress against the national Neighbourhood Health guidance, and to set out next steps.

Background and Context

NHS England's guidance on Neighbourhood Health sets out a clear expectation that Neighbourhoods – typically populations of 30,000 – 50, 000 – are the critical building blocks of Integrated Care Systems (ICSs).

It is worth reminding ourselves that there has been a clear national direction for health and care integration, with consistent policy support since the 2012 Health and Care Act. This was supported by the NHS Long Term Plan (2019), the Better Care Fund and PCN DES promoting integrated multidisciplinary teams providing holistic care to a local neighbourhood population. Since then, The Fuller Stocktake (2022) Hewitt Review (2023) and Darzi Review (2024) have all highlighted the need to go further and making a series of recommendations to help us do this.

In Derby and Derbyshire, we are in a strong position. Where others have jumped into form and are able to use this to tell a strong macro level story, we have prioritised function developing strong foundations and a sound understanding of what we will need to be successful. The paper sets out where we are against each of the 6 Neighbourhood priorities and reports that we are working with partners to develop our Neighbourhood Model – the form that will allow us to scale up and grow our integrated working.

Next Steps

1. Continue to Implement our Plans in line with the above
2. Delivery the Community Transformation Programme
3. Develop and implement our Neighbourhood Model

4. A system wide summit on May 14th 2025 will bring partners together to consider and agree the Neighbourhood Model as well as the early findings of the Community Transformation Diagnostic Refresh.
5. We have offered to engage in a Board Deep Dive on Neighbourhoods at a future meeting to allow the Board to better understand the Neighbourhood Model.

Board Discussion

The Board is asked what you would like to understand or know more about as part of the future Deep Dive into Neighbourhoods?

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☒	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☐
SR11	Cyber-attack and disruption	☐			☐

Conflicts of Interest	None identified

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

Item 010 - Appendix 1

Neighbourhood Health: Strengthening Integrated Working in Derby and Derbyshire

1. Purpose of the Paper

To brief the Board on our position and progress against the national Neighbourhood Health guidance, and to set out next steps.

2. Context: A National and Local Imperative

NHS England's guidance on Neighbourhood Health sets out a clear expectation that Neighbourhoods – typically populations of 30,000 – 50, 000 – are the critical building blocks of Integrated Care Systems (ICSs). Key Principles include:

1. **Population Health Management:** Utilising linked health and social care data to inform proactive interventions
2. **Modern General Practice:** Delivering continued improvements in access, continuity and experience
3. **Standardising Community Health Services:** Ensuring consistent support for individuals with mental health needs and addressing disparities in community service provision
4. **Neighbourhood MDTs:** Collaborative teams delivering holistic care, particularly for CYP
5. **Integrated Intermediate Care with a 'Home First' Approach:** Providing short-term rehabilitation and recovery services, emphasizing home-based assessments and interventions
6. **Urgent Neighbourhood Services:** aligning community response and virtual ward services to local demand, coordinated through a single point of access

It is worth reminding ourselves that there has been a clear national direction for health and care integration, with consistent policy support since the 2012 Health and Care Act. This was supported by the NHS Long Term Plan (2019) and PCN DES promoting integrated multidisciplinary teams providing holistic care to a local neighbourhood population. Since then The Fuller Stocktake (2022) Hewitt Review (2023) and Darzi Review (2024) have all highlighted the need to go further and making a series of recommendations to help us do this.

In Derby and Derbyshire, we are in a strong position. Where others have jumped into form and are able to use this to tell a strong macro level story, we have prioritised function developing strong foundations and a sound understanding of what we will need to be successful.

3. Our Current Position

1. **Population Health Management:** We are slightly behind on this, however it is worth noting that the understanding of how to do good Population Health Management is

only just emerging which will put is in a good place to secure the right solution for our way of working, supported by the appointment of our Director of Population Health Management.

2. **Modern General Practice:** We have an implementation plan in place and continue to implement it with the support of our GP Provider Board, LMC and Primary and Community Delivery Board.

3. **Standardising Community Health Services:** We will be developing a clear plan for progressing this alongside our community providers.

4. **Neighbourhood MDTs:** We currently have 19 PCNs. All are developing their MDT approaches individually, and some going further through the Empowering General Practice Programme. Furthermore, Team Up has significantly progressed our integrated MDT working at a local neighbourhood level, and is being recognised nationally. We have been able to demonstrate impact from our pilot work and will be looking to scale this up as part of the Community Transformation Programme approach – which will also better help us realise cost releasing benefits.

5. **Integrated Intermediate Care with a 'Home First' Approach:** We have already got some strong work in this area, supported by a Section 75 between DCHS and Derby City Council. We will be undertaking a further reconfiguration of P2 and P3 beds to increase the number of people who are cared for in their own home.

6. **Urgent Neighbourhood Services:** We are currently redesigning our virtual ward model to align with the Team Up way of working. Additionally, we have a Programme of Work called Doing Hubs Once, which providers a coordinated single point of access for admission/alternatives to admission, discharge and local area coordination at a neighbourhood level.

We have also recognised that we now need to be clear on the Neighbourhood Form and have been working in partnership to develop this: our Neighbourhood Model.

4. Next Steps

1. Continue to Implement our Plans in line with the above
2. Delivery the Community Transformation Programme
3. Develop and implement our Neighbourhood Model
4. A system wide summit on May 14th 2025 will bring partners together to consider and agree the Neighbourhood Model as well as the early findings of the Community Transformation Diagnostic Refresh.
5. We have offered to engage in a Board Deep Dive on Neighbourhoods at a future meeting to allow the Board to better understand the Neighbourhood Model.

5. For Board Discussion

To shape the next phase of neighbourhood working, we invite the Board's views on:

- What would you like to understand or know more about as part of the future Deep Dive into Neighbourhoods?

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 011

Report Title	Feedback from the engagement on the NHS 10 Year Plan							
Author	Rupali Patel - Communications and Involvement Officer							
Sponsor	Sean Thornton, Director of Communications and Engagement							
Presenter	Helen Dillistone, Chief of Staff							
Paper purpose	Decision	☐	Discussion	☒	Assurance	☒	Information	☐
Appendices (reports attached)	Appendix 1 – NHS 10-Year Plan Feedback Report 2025							

Recommendations

The ICB Board are recommended to **DISCUSS** and **NOTE** the NHS 10-Year Plan Feedback Report Summary 2025.

Report Summary

The NHS 10-Year Plan Feedback Report 2025 provides a comprehensive overview of public and stakeholder feedback on three key areas outlined by the Department of Health and Social Care. The insights gathered will shape both national and local plans, ensuring that services align with local needs. The Change NHS initiative, launched in 2024, focuses on three "Big Shifts" to modernise healthcare:

- Hospital to Community: Providing care closer to home instead of in hospitals.
- Analogue to Digital: Using technology to improve services.
- Treatment to Prevention: Helping people stay healthy instead of only treating them when sick.

To support this initiative, seven workshops were hosted across Derby & Derbyshire in January and February 2025 to collect public insights.

Methodology of the engagement:

- The engagement approach was co-designed with Healthwatch Derby and Healthwatch Derbyshire and sensed checked with system partners.
- An insight document was created from current insight to record existing knowledge before the workshops, to recognise prior engagement and insight on the three shifts.
- An engagement platform tile was created with all key information and documents around the plan and engagement process.
- An accessible and inclusive approach was taken by tailoring events and information to our local population, arranging for BSL interpreters and working with organisations to provide tailored materials.

Participants:

- 184 participants across seven workshops.
- Organisations who supported in delivering the workshops included: Mental Health Together, The Workshop Derby (which supports adults living with a disability) and Healthwatches.
- Some of the stakeholders and communities that attended the session were: Health Inequalities Partnership (DHIP), Black and Minority Ethnic (BME) Forum, Derbyshire Carers Association, Gypsy, Roma and Traveller communities' representatives, colleagues from NHS Derby and Derbyshire and Local Councillors.

Feedback Reports:

A Full Feedback Report and a Summary Report have been developed and can be found on the Engagement Platform.

Findings & Key Insights:
What will remain the same and what will change if the plan is successful:

- What Stays the Same: Caring NHS staff, free healthcare, core NHS values
- What Changes: Improved access to services, better collaboration between agencies, more community-based care.

Feedback for Shift 1 - Analogue to Digital:

- **Hopes**: Shared records to reduce repetition, AI-assisted diagnosis for faster results, virtual appointments to enhance accessibility, stronger communication between healthcare providers.
- **Concerns**: Digital exclusion for elderly and rural communities, risk of losing the human touch in care, data privacy and cybersecurity concerns, potential over-reliance on technology leading to system failures.

Feedback for Shift 2 - Hospital to Community:

- **Hopes**: Easier healthcare access, improve coordination between services, stronger community support
- **Concerns**: unequal access in rural areas, increased pressure on unpaid cares, strain on an already overwhelmed primary care service.

Feedback for Shift 3 - Treatment to Prevention:

- **Hopes**: Increased focus to keep people healthy, more community-based health initiatives, better education on healthy lifestyles, and early intervention to prevent illnesses.
- **Concerns**: Ensuring equitable access to preventive services, overcoming resistance to lifestyle changes, securing funding for preventive programs, and measuring the long-term impact of preventive initiatives.

Priorities for Prevention:

- Mental Health support, health education, screening and early detection, vaccination programmes, tackling smoking and addiction.

What next:
The insights gathered will inform both national and local planning, helping to ensure that future services are responsive to local needs while aligned with national priorities. This feedback will also contribute to the ongoing development of Derby and Derbyshire's Joint Forward Plan, which will guide healthcare improvements across the region over the next five years.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☐	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☐
SR5	Affordable and sustainable workforce	☐	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☒
SR11	Cyber-attack and disruption	☐			

Conflicts of Interest	N/A

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☒	No ☐	N/A ☐
Patient and Public Involvement	Yes ☒	No ☐	N/A ☐
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

NHS Derby and Derbyshire

NHS Derby and Derbyshire Integrated Care Board

NHS 10-year Plan feedback Report 2025

[Document subtitle]

Executive summary

This report summarises feedback NHS Derby and Derbyshire collected on three key areas provided by the Department of Health and Social Care.

Key Themes and feedback shared by the public and stakeholders:

Integration and Coordination: People raised concerns about the lack of joined-up care and how different services work together. They want better coordination between health and social care, as well as improved use of digital tools.

Technology and Digital Access: Some feel technology could improve healthcare, but others worry about barriers like digital exclusion and data privacy.

Community and Voluntary Services: Many believe that voluntary and community services play a key role in prevention and wellbeing but feel they are undervalued and underfunded.

Workforce and Resources: There are concerns about NHS staff workloads, job accessibility, and making sure all staff are treated equally.

Prevention and Public Health: People want more focus on preventing illness, including better education on healthy lifestyles, diet, and exercise.

Communication and Accessibility: Feedback highlighted the need for clearer communication, especially for those who speak different languages or face barriers in accessing services.

The insights collected will help shape future national and local plans, ensuring services meet local needs while aligning with national priorities. The feedback will contribute to Derby and Derbyshire's Joint Forward Plan, guiding improvements in healthcare within Derby and Derbyshire over the next five years.

Background

In 2024, the Department of Health and Social Care launched an initiative called "Change NHS". Change NHS is a national engagement exercise aimed at gathering ideas to build a health service fit for the future. The exercise focused on three key "big shifts":

- **Analogue to digital**: Using technology to make services better.
- **Hospital to community**: Providing care closer to home instead of in hospitals.
- **Treatment to prevention**: Helping people stay healthy instead of only treating them when they are sick.

To support this national initiative, we (NHS Derby and Derbyshire) held a series of local workshops and online sessions in January and February.

The workshops serve two key purposes:

1. To contribute meaningfully to the national Change NHS initiative.
2. To inform and enhance our local strategies and plans.

All feedback collected during these sessions will help create a new 10-year health plan for England, which is due to be published in spring 2025.

NHS 10-year Plan Workshops in Derby and Derbyshire

Methodology

Insight Mapping Exercise

Before the workshops took place, we recognise that there is significant work already being carried out and a wealth of existing patient insights exploring the three big shifts stated above. To keep track of this information, we created an insight mapping document to record what we know.

We invited our partners to share their findings, focusing on public and patient feedback from Derby city and Derbyshire County with an emphasis on the last two years unless the insights were particularly relevant. Contributions have been used and received from various partners, including The Derby Health Inequalities Partnership (DHIP), Healthwatch Derby and Derbyshire, Team Up, Derbyshire County Council and NHS Derby and Derbyshire Integrated Care Board (DDICB).

The highlights of this document were shared at the public events and will also be used in supporting both national and local plans. The document is available to read on our website.

Further Considerations

Our primary goal is to keep the needs of the public at the centre of our efforts. To engage meaningfully with the community, we developed our engagement approach in collaboration with the local Healthwatch organisations. During the planning of the workshops, we considered several important points:

- **Ensuring all information is useful**: we collaborated with learning disability (LD) organisations to create helpful information and promotional materials.
- **Clarity and accuracy for different audiences:** We checked all public materials with our partner organisations to make sure they were clear and accurate.

- **Engaging communities that are seldom heard:** 2 additional workshops were held targeted towards those with mental health conditions and those with learning disabilities to gather insight from communities that are often under-represented.
- **Making workshops accessible for everyone**: we developed the workshops in partnership with relevant voluntary, community, and social enterprise (VCSE) organisations such as Healthwatch Derby, Mental Health Together and The Workshop to ensure the workshops met the community's needs.
- **Accessibility**: Arranged for a British Sign Language (BSL) interpreter to attend the appropriate sessions.

The workshops

The workshops were carefully developed to provide patients, their families, and the wider public ample opportunity to share their experiences, ideas, and hopes for the NHS.

A total of seven workshops were hosted across Derby and Derbyshire to gather insights around the three big shifts. NHS Derby and Derbyshire hosted a total of six workshops including two bespoke workshops for adults with learning disabilities and adults with mental health conditions. Healthwatch Derby also did engagement with members from the Afro-Caribbean community within Derby City. A summary of key insights from each event can be found in the appendices.

Who took Part?

The workshops were concluded on February 10th, with approximately 184 participants attending. The session saw attendance from a range of stakeholders and communities such as Mental Health Together, Derby Health Inequalities Partnership (DHIP), Black and Minority Ethnic (BME) Forum, Derbyshire Carers Association, Gypsy, Roma and Traveller communities, Healthwatch Derbyshire and Derby and colleagues from across NHS Derby and Derbyshire, NHS Integrated Care Board Members and Local Councillors.

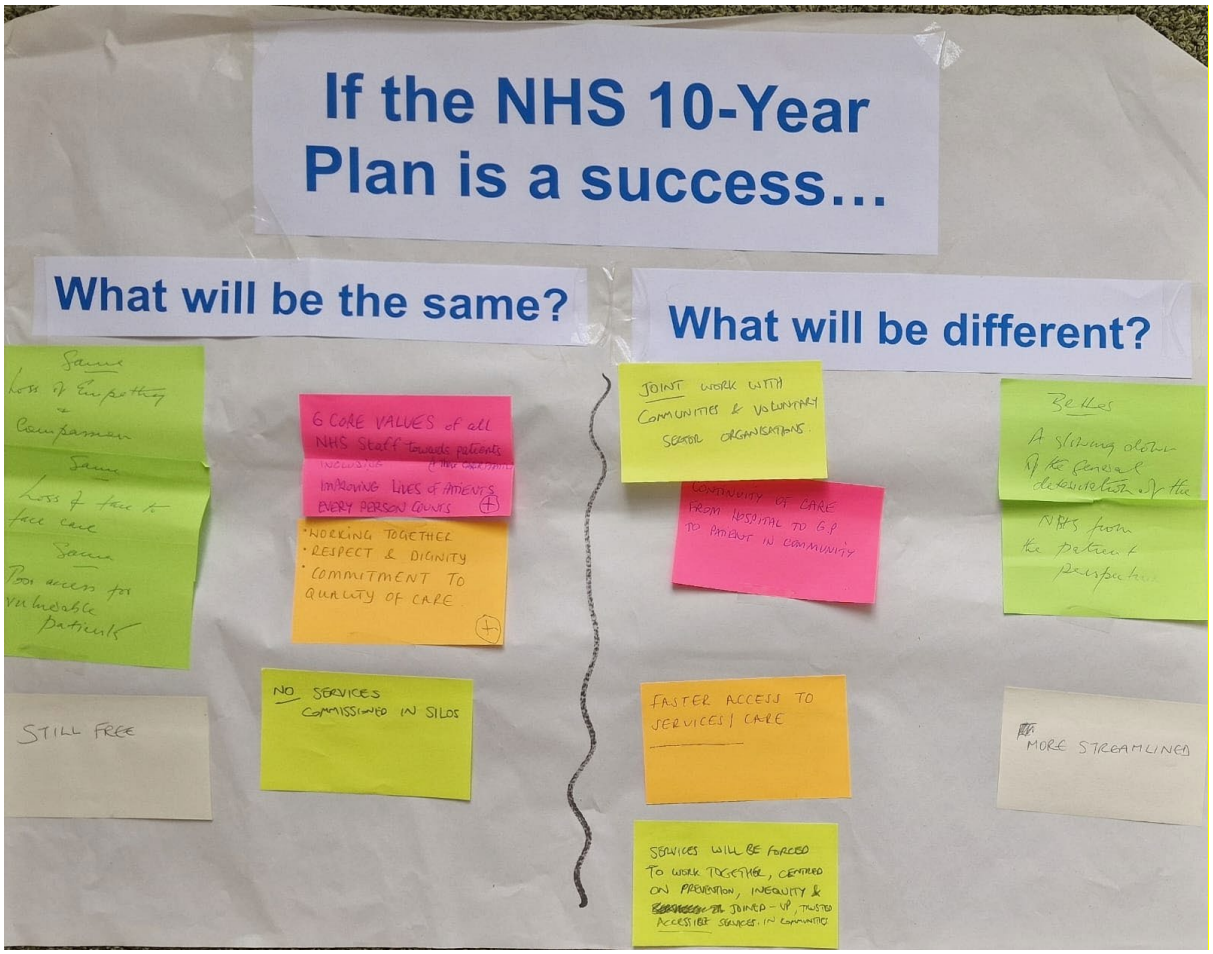
Engagement findings:

During our engagement session, we asked participants to describe how using the NHS would feel in the future if the 10 Year Health Plan is a success. The responses highlighted three key themes:

1. **Accessibility**: Participants frequently mentioned the importance of making the NHS more accessible to everyone. This was the most common theme, reflecting a strong desire for an inclusive and easily navigable healthcare system.
2. **Safety and Reliability**: Ensuring the NHS is safe and reliable was another major concern. Participants want a trustworthy and high-quality healthcare service that they can depend on.
3. **Compassion and Personalisation**: Many participants emphasised the need for compassionate and personalised care, showing a desire for an empathetic and tailored approach to healthcare.

Other important aspects included the need for timely services, better integration and coordination, and a strong community focus. These themes reflect a vision of an NHS that is accessible, safe, compassionate, timely, well-coordinated, and community focused. Other words used can be seen in the graphic below:

Participants also shared their thoughts on what will remain the same and what will be different if the 10 Year Plan is a success:



What Will Stay the Same ✓	What Will Be Different ⇆
• Caring staff • Free access to healthcare • Core values of the NHS However, concerns were raised about ongoing issues like lack of funding, poor contract management, and insufficient resources for social care.	• Improved access to services • Better collaboration between partner organisations • A stronger focus on community care Participants also envisioned happier, better trained, and supported staff, as well as more efficient use of technology.

SHIFT 1 - Making better use of technology.

Peoples Hopes

Participants hope that technology in the NHS will make healthcare more efficient and accessible. Responses from the workshop highlighted the following themes:

- **Shared Records:** Reducing repetition, especially for people with long-term health conditions.
- **Faster Diagnosis:** Using AI and new technology for quicker results and better care.

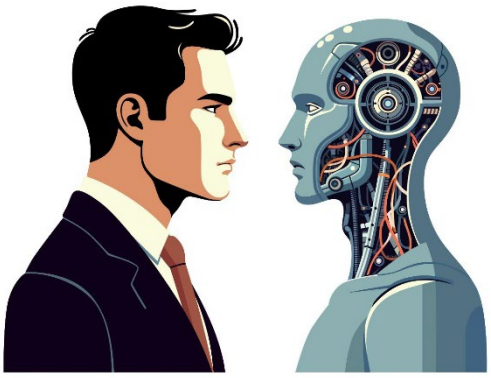
- **Virtual Appointments:** Offering virtual appointments to save time and fit into people's lifestyles.
- **Better Communication:** Improving communication between patients, carers, and healthcare providers. Providing a better platform for organisation to communicate to each other.
- **Accessibility:** Making technology easy to use for everyone, including those with different needs and backgrounds.

Participants also hope for secure data systems, better preventative care, and seamless support across different services. They believe technology should complement, not replace, human interaction and should be easy to use for everyone. Overall, they see great potential for technology to improve patient experience, safety, and outcomes.

People's Fears

Participants expressed several concerns about the use of technology in the NHS, highlighting potential risks that could affect patient care, equity, and system reliability. The following themes emerged from the feedback:

- **Digital Exclusion and Inequality:** There is a fear that certain groups — such as older adults, people with limited digital skills, or those without access to devices or the internet such as those living in rural areas — may be left behind. This could widen existing health inequalities and prevent vulnerable individuals from receiving proper care.
- **Loss of Personal, Human Touch:** Many participants worry that increasing reliance on technology could reduce face-to-face interactions, which are particularly important for emotional support, understanding non-verbal cues, and building trust—especially in areas like mental health care.



- **Technology Failures and System Reliability:** Concerns were raised about potential technical failures, such as system crashes or outages, which could lead to missed appointments, delayed care, or the loss of sensitive patient data. Participants feel that robust backup systems should always be in place.
- **Data Security and Privacy Risks:** Participants are concerned about the safety of personal health data, including fears of unauthorised access, misuse, or breaches. Questions were also raised about who controls the data and how AI-driven systems might handle sensitive information.
- **Over-Reliance on Technology:** Some participants fear that technology could replace essential human decision-making, leading to misdiagnoses or overlooking complex patient needs. There is a strong belief that healthcare professionals must remain central to care decisions.

In addition to these main themes, participants also highlighted other important concerns:

Staff Training and Workload: There is a need for comprehensive staff training to ensure confidence and competence in using new technologies. Some also fear that technology could increase workloads instead of streamlining tasks.

System Compatibility: Challenges around integrating new digital systems with existing NHS infrastructure were raised, with concerns about potential confusion, inefficiencies, and communication breakdowns.

Overall, while participants acknowledge the potential benefits of technology, there is a shared belief that its implementation must be thoughtful, inclusive, and carefully managed to avoid unintended negative impacts on patient care and equity.

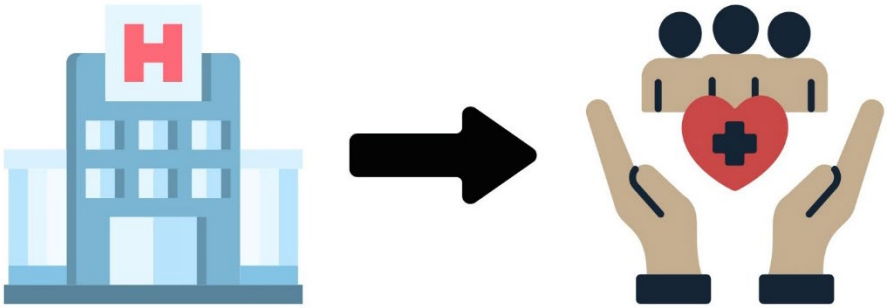
SHIFT 2 - Moving more care from hospitals to communities.

Positive themes:

Participants hope that shifting care from hospitals to communities will make healthcare more accessible, personalised, and efficient. Responses from the workshops highlighted the following themes:

- **Improved Access and Convenience:** Making healthcare easier to access by reducing travel time, cutting down on travel costs, and providing care closer to home, especially for those with mobility issues.
- **Enhanced Comfort and Personalised Care:** Providing care in familiar settings to reduce stress, support faster recovery, and offer more personalised care tailored to individual needs.
- **Better Integration Between Services:** General practices, hospitals, pharmacies, and other health services can work more closely together to give people continuous, well-coordinated care.
- **Saving Time and Money:** Freeing up hospital resources for patients with specialist needs, while ensuring more efficient use of healthcare funding and reducing unnecessary hospital admissions.
- **Empowerment and Community Involvement:** Enabling patients to manage their health with local support networks, increasing the role of community organisations, and providing peer support to strengthen community resilience.

Participants also hope that shifting care to communities will promote equity in access, especially for vulnerable groups like those without a permanent address or those not registered with a GP. They believe that local care should be inclusive, culturally sensitive, and designed around the unique needs of each community. Overall, there is a strong belief that community-based care can improve patient experience, promote independence, and lead to better health outcomes.



Concerns raised:

Participants raised several concerns about moving care from hospitals to communities. While the idea aims to make healthcare more accessible and personal, workshop responses revealed the following key themes:

- **Pressure on Existing Services:** There is worry that community services like GPs and pharmacies are already under strain. Adding more responsibility without extra resources could overwhelm them. Carers—especially unpaid family and friends—may also face greater pressure without enough support.
- **Resource and Funding Challenges:** Shifting care to communities will need more money, staff, and equipment. Without proper funding, community services could struggle to meet demand. There is also concern about relying too much on charities and voluntary groups that are already stretched thin.
- **Risk of Unequal Access:** Concerns were raised about potential access issue especially for people living in rural areas or without access to the internet might find it harder to get the support they need. There is also concern that different regions might offer different levels of care, creating a “postcode lottery.”
- **Quality and Continuity of Care:** Participants raised that spreading care across more services could lead to confusion or gaps in support, especially for people with complex health needs. Community staff might not have the same level of specialist training as hospital staff, which could affect the quality of care.
- **Challenges for vulnerable groups:** Some participants fear that people with mental health issues, the homeless, or those without stable housing could be left behind if proper support is not in place. Without clear pathways or extra help, these vulnerable groups might not get the care they need.

Participants believe that while moving care to communities could bring some benefits, it also carries serious risks. Concerns include underfunded services, staff shortages, and unequal access to care. Vulnerable groups could be left behind if the transition is not carefully planned. To succeed, this shift will need strong funding, proper staff training, and a focus on fairness so everyone can receive high-quality care, no matter where they live.

SHIFT 3 - Preventing sickness, not just treating it.

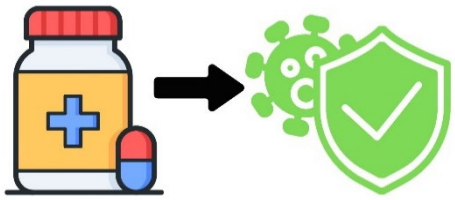
Positive themes:

Participants showed strong support for shifting the NHS focus from treatment to prevention, believing it would lead to healthier lives, reduced strain on services, and better use of resources. Responses from the workshops highlighted the following themes:

- **Better Health and Longer Lives:** People believe that prevention will help them live healthier, happier lives. Early screening, vaccinations, and health education could stop illnesses before they start, leading to fewer hospital visits and longer life expectancy**.**
- **Education and Personal Responsibility:** Feedback stated teaching people about health from a young age is important to them. Topics like healthy eating, exercise, and mental health need to be a focus within education. They believe that when people understand their health, they can take more accountability for their own wellbeing.
- **Less Pressure on the NHS:** Preventing illness could mean fewer people needing hospital treatment, shorter waiting times, and more time for doctors and nurses to focus on those who need urgent care. Participants believe this would save money and help NHS staff work more efficiently.
- **Fair Access for Everyone:** Some people face more health challenges because of poverty, disabilities, or where they live. Participants stressed the need for prevention efforts to reach everyone, especially those who might struggle to access healthcare. They suggested community-led programmes and better government policies could help close these gaps.
- **Better Mental Health Support:** Participants want more mental health education, early support, and easier access to services. Many believe mental and physical health should be treated together, as stress and anxiety can lead to long-term health problems.

Participants hope that prevention will be made a priority and that the NHS will invest in education, screenings, and community support. They believe that for this shift to be successfully applied, a better partnership between the government, NHS, and local communities must be established. Many also pointed out that tackling poverty and improving access to healthy food, housing, and education will be key to making prevention successful.

Concerns raised:



Participants raised several concerns about shifting the NHS focus from treatment to prevention. Responses from the workshops highlighted the following themes:

- **Inequality and Access to Services** – People worry that prevention efforts might not be fair for everyone. Those in rural areas, lower-income communities, or with disabilities may struggle to access the right support. Without careful planning, prevention could make existing health inequalities worse.
- **Trust and Communication** – Many feels unsure about which health advice to trust, especially with so much conflicting information online. There are concerns that too

much health messaging could lead to confusion or be ignored. Some also worry that prevention efforts could feel like the government controlling personal choices.

- **Funding and Resources** – Participants fear that prevention will need long-term investment, but acknowledged that the NHS is already stretched. Some worry that shifting money from treatment to prevention could leave hospitals struggling. Others pointed out that prevention budgets might be the first to be cut when funding is tight.
- **Mental Health and Wider Determinants of Health** – People feel that prevention must include mental health support, not just physical health. Many believe mental health services are underfunded and need more investment. There was also strong agreement that issues like poverty, housing, and education must be tackled alongside health prevention.
- **Personal Choice and Responsibility** – Some feel prevention should support people to make healthier choices rather than pressure them into certain behaviours. Changing habits like smoking or drinking can be difficult, and some worry that individuals might be blamed if prevention efforts do not work for them.

Participants also raised concerns about the risk of services being duplicated across different organisations, leading to inefficiency. Some felt that increased health screenings and appointments could cause anxiety or be misunderstood. Overall, while people see the value in prevention, they believe it must be fair, well-funded, and carefully planned to work for everyone.

Priorities within Prevention

To further explore this shift we asked workshop attendees which three forms of prevention they felt the NHS should prioritise. Participants raised several areas of focus when considering their top priorities Including:

- **Mental Health Support** – Participants stressed the need for more early intervention, better access to services, and community-led support. Schools, workplaces, and healthcare providers should prioritise mental health alongside physical health.

- **Education and Awareness** – Teaching people about healthy living from a young age was a key theme. This includes lessons on nutrition, exercise, and mental health, as well as public health campaigns on smoking, alcohol, and lifestyle choices.

- **Screening and Early Detection** – Many highlighted the importance of accessible health checks and screening for diseases like cancer, diabetes, and heart conditions to prevent serious illness and reduce pressure on NHS services.

- **Vaccinations** – Ensuring people are informed about vaccines and increasing uptake to prevent disease outbreaks. Some were concerned about misinformation and wanted better education on the benefits of vaccines.

- **Healthy Eating and Exercise** – Encouraging better diets and more physical activity to reduce obesity, heart disease, and diabetes.

- **Tackling Smoking and Addiction** – Smoking, alcohol, and drug use were seen as major health risks. Participants wanted more support for quitting smoking and reducing addiction-related harm.

Overall, participants strongly supported prevention, seeing it as a way to improve lives, reduce NHS pressure, and create a healthier society. However, they emphasised that for these priorities to be successfully addressed, more attention is needed on health inequalities, socially isolated groups and community and social support.

Summary of other comments

Finally, we asked attendees of the workshops if they had any further comments. Other comments highlighted concerns such as:

- **NHS structure and organisation**: Participants shared they feel the NHS is confusing and not working well together. They think things need to be better connected and easier to use.

  "The NHS feels messy and disorganised."

  "Processes should be joined up between health and social care."

- **Technology and Digital Improvements**: Comments were made about the NHS still using a lot of paper and old systems. People want better technology to make things faster and easier.

  "The NHS still operates a paper-based, queuing system in many areas; where is the use of technology to support this?"

  "Clinicians and social care staff should make better use of digital solutions and shared data."

- **Getting Medicine and Treatment**: Many people raised the challenges they faced to get the medicine they need. Some have to visit multiple pharmacies to find it.

  "Medication shortages are extremely problematic."

  "I am going to 20 pharmacies for my SMI medication; this is a real-life problem!"

- **Mental Health and Wellbeing**: Mental health should be treated just as importantly as physical health. People want a more complete approach to care.

  "Mental health is real and needs the care and attention of all other aspects of health."

  "A holistic approach should consider emotional, social, and financial wellbeing."

- **Communication and Public Involvement:** Participants feel their voices are not always heard. They want clearer updates and more say in decisions.

  "Communication is important, as long as what's said gets heard."

  "More specific updates are needed for mental health locally."

Other topics mentioned during this time include preventative healthcare and healthy living, NHS staff and working conditions, making healthcare fair for everyone, funding and planning for the future and the NHS making changes that last.

What is next?

The insights collected will help shape important plans for the future of healthcare in Derby and Derbyshire in the following ways:

- They have been fed into the National NHS 10-Year Plan - a detailed strategies for the for the NHS over the next decade. You can keep up to date with the developments of this on the Change NHS website.
- We will be sharing this report via our insight library which is a local platform to share learning and insight from our population.
- This feedback will also help develop areas of focus in the Joint Forward Plan - a five-year strategy for local NHS services within Derby and Derbyshire. The plan will ensure that local healthcare meets national goals and supports the needs of the community.
- The report will be shared with key providers and commissioning teams that have been highlighted in the report for their learning and development.

This is the beginning of regular engagement to feed into our strategies within the NHS. We will be keeping people up to date about how to get involved in further work via our engagement website and newsletter.

If you would like more information about how to get involved within NHS service development, please contact us at ddicb.engagement@nhs.net.

Appendices:

Summary of key findings from each event:

Derby City Event
Participants highlighted the need for better communication and coordination between different healthcare services. They also emphasised the importance of personalised care and the need for more GP appointments.

Chesterfield Event
Attendees discussed the benefits of community-based care, including reduced waiting times and improved patient outcomes. They also raised concerns about the potential exclusion of vulnerable groups and the need for better integration of services.

Online Public Event
Participants expressed their hopes for greater accessibility and efficiency through the use of technology. They also raised concerns about data privacy and the potential for digital exclusion.

Mental Health Together Event
Experts by Experience emphasised the importance of holistic care and the need for better mental health support. They also highlighted the potential benefits of using technology to improve access to care.

Councillors Sessions
Local councillors discussed the need for better coordination between different healthcare services and the importance of community-based care. They also raised concerns about the potential impact of funding cuts on local services.

ICB Board Session
Board members and executives discussed the importance of aligning local services with national priorities. They also emphasised the need for better integration of services and the importance of prevention.

The Workshop Derby Event
Participants highlighted the need for better support for people with learning disabilities and the importance of personalised care. They also discussed the potential benefits of community-based care and the need for better coordination between different services.

Healthwatch Derby Afro-Caribbean Engagement Event
Participants emphasised the need for accessible and welcoming healthcare services, highlighting hopes for easier appointment scheduling and better communication. They expressed concerns about over-reliance on technology and data privacy. The benefits of community-based care, such as saving travel time and improved screening, were noted, alongside potential drawbacks like communication breakdowns. The importance of healthier lifestyles, improved screening services, and better mental health provision was also underscored.

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22 May 2025

Item: 012

Report Title	Joint Capital Resource Plan 2025/26							
Author	Jennifer Leah, Director of Finance – Strategy & Planning							
Sponsor	Bill Shields, Chief Finance Officer							
Presenter	Bill Shields, Chief Finance Officer							
Paper purpose	Decision	☒	Discussion	☐	Assurance	☐	Information	☐
Appendices (reports attached)	Appendix 1: Capital Resource Plan							

Recommendations

The ICB Board are recommended to **APPROVE** the publication of the Joint Capital Resource Plan 2025/26.

Report Summary

The National Health Service Act 2006, as amended by the Health and Care Act 2022 (the amended 2006 Act), requires ICBs and their partner trusts to:

- prepare a plan setting out their planned capital resource use before the start of each financial year (by 1st April); and
- publish the plan and give a copy to their integrated care partnership, health and wellbeing boards and NHS England.

In line with the 2025/26 agreement, publication of the Joint Capital Resource Plans (JCRP) is required by 30th June 2025 and the plan must be published on the ICB public facing website.

Systems have flexibility to determine their JCRP's scope as well as how it is developed and structured. As a minimum the JCRP needs to describe how capital is contributing to ICBs' priorities and delivering benefits to patients and healthcare users.

The published plans aim to provide transparency for local residents, patients, NHS health workers and other NHS stakeholders on the prioritisation and expenditure of capital funding by ICBs to achieve their strategic aims. This aligns with ICBs' financial duty to not overspend their allocated capital and to report annually on their use of resources.

The enclosed plan is fully aligned with the systems 2025/26 operational plan and the final capital plans for 2025/26 which were submitted to NHSE on the 30th of April 2025.

The JCRP 2025/26 outlines the capital expenditure limit for the system, including allocations for provider system operational allocation, PFI charges, GP primary care capital, provider internally generated capital, and additional allocations. The plan also includes details on capital prioritisation, ongoing scheme progression, new business cases, net zero carbon strategy, and risks and contingencies.

How does this paper support the 3 shifts of the NHS 10-Year Plan?

From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☐

Integration with Board Assurance Framework and Key Strategic Risks

SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☐	**SR4**	Sustainable financial position	☒

SR5	Affordable and sustainable workforce	☐	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☒
SR11	Cyber-attack and disruption	☐			☐

Conflicts of Interest			
Have the following been considered and actioned?			
Financial Impact	Yes ☒	No ☐	N/A ☐
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☒	No ☐	N/A ☐

Joined Up Care Derbyshire

Item 012 – Appendix 1

NHS Derby and Derbyshire Integrated Care Board

Joint capital resource use plan 2025/26

Region	Midlands
ICB / System	NHS Derby and Derbyshire Integrated Care Board (ICB)
Date published	xxx
Version	Draft

Introduction

Joined Up Care Derbyshire (JUCD) is responsible for planning and buying NHS services for the 1.06million people living in Derby and Derbyshire. The ambition work collaboratively across the NHS and wider health & care sector in Derbyshire was set out in the joint forward plan. This describes the aim to provide a positive opportunity for Derby and Derbyshire residents to receive joined up care and support to meet their health and care needs. The effective use of Capital Resource is essential to the ability to deliver on that ambition. Joined Up Care Derbyshire include 6 NHS organisations, being:

- Chesterfield Royal Hospital NHS Foundation Trust (CRH);
- Derbyshire Community Health Services NHS Foundation Trust (DCHS);
- Derbyshire HealthCare NHS Foundation Trust (DHcFT);
- East Midlands Ambulance Service NHS Trust (EMAS)*;
- University Hospitals of Derby and Burton NHS Foundation Trust (UHDB);
- Derby & Derbyshire Integrated Care Board (DDICB).

** EMAS are hosted by JUCD care system, however provide services across the East Midlands. The hosting arrangement results in the financial position and capital requirements for all of the East Midlands ambulance needs being inclusive within JUCD financial envelope.*

We serve more than 1 million people, including the populations of Derby city, Chesterfield, Ilkeston and Long Eaton, Amber Valley, the Derbyshire Dales, Bolsover District, High Peak, and Glossop. Our specialised services include treating cardiovascular, respiratory, and musculoskeletal diseases; strokes and cancers; and mental health problems. In addition, we have a core focus on preventative care, and work to ensure that factors contributing to poor health and health inequalities are addressed. We are passionate about our role in the local communities in which we serve and are keen to ensure that our impact on the environment is reduced.

JUCD developed a system-wide Infrastructure Strategy 2024 – 2040 that set out the longer-term vision of the infrastructure and estate requirements aligned to the Joint Forward View. The Infrastructure Strategy provides an overview of our current estate and infrastructure, considers the changing demographics of our population and highlights some of the steps we can take to help meet our strategic aims of prioritising prevention, reducing inequalities, developing personalised care and improving connectivity.

As a system, we will continue to face many challenges which will require increasing levels of integration and partnership working. Some areas are expected to experience significant population and housing growth, and our elderly population will continue to grow at an increasing rate. These changes will place new and increasing demands on our healthcare services and providers, and our ability to transform our estate and infrastructure will be key in meeting our

system aims and ambitions and needs of our population.

All financial information presented in this document is consistent with the ICS Financial & Operational plan submission to NHS England on the 30 April 2025.

2025/26 CDEL & Capital Plan

The Capital Expenditure Limit including primary care capital (CDEL) for the system has been planned as £144.025m. This is inclusive of:

- Provider system operational allocation for 2025/26 of £53.632m
- Provider PFI charges of £7.620m
- GP Primary Care Capital of £2.299m
- Provider internally generated capital of £3.256m
- Additional allocations / PDC of £77.218m*

** Annex A includes details of the additional allocations for 2025/26*

Intgrated care systems are able to plan for up to a maximum of 5% overspend on the provider system allocation. This is to support systems to maximize the CDEL available within the year and allow for slippage. For JUCD this means the ability to plan for additional expenditure of up to £2.682m. The actual expenditure plan for JUCD in 2025/26 is £145.003m which is inclusive of £0.98m of system overplanning (within the 5% maximum allowed).

	DDICB £000	CRH £000	DCHS £000	DHcFT £000	EMAS £000	UHDB £000	Total £000
Strategic Capital							
Making Room for Dignity Programme	0	0	0	13,650	0	0	**13,650**
Belper Health Hub Development	0	0	10,006	0	0	0	**10,006**
Community Diagnostic Centres	0	2,664	6,336	0	0	1,500	**10,500**
Net Zero - Solar	0	6,581	0	0	0	1,898	**8,479**
Acute Front Door	0	0	0	0	0	5,580	**5,580**
Outwoods	0	0	0	0	0	5,246	**5,246**
Site Wide Power	0	0	0	0	0	10,000	**10,000**
Public sector decabonisation	0	0	0	0	0	2,668	**2,668**
Cath Lab	0	0	0	0	0	4,000	**4,000**
Cancer Linear Accelerator	0	0	0	0	0	2,391	**2,391**
Electronic Patient Record System	0	4,483	0	0	3,500	4,298	**12,281**
BAU Capital							
Backlog Maintenance	0	2,079	200	1,900	377	6,297	**10,853**
Routine Maintenance	0	492	0	565	0	1,500	**2,557**
Estates (non-maintenance)	2,937	1,500	0	0	1,330	4,650	**7,480**
Equipment	0	4,836	273	100	0	2,111	**7,320**
Fleet, Vehicles & Transport	0	0	0	100	8,972	0	**9,072**
IT - Software	0	441	0	0	210	3,300	**3,951**
IT - Hardware	1,284	200	1,250	772	0	0	**2,222**
Leases							
Building Lease	0	0	0	600	2,502	0	**3,102**
Vehicle Lease	0	0	0	0	5,222	0	**5,222**
Equipment Lease	0	250	0	0	0	0	**250**
PFI Lifecycle	0	0	0	876	0	6,744	**7,620**
Total Capital Expenditure	**4,221**	**23,526**	**18,065**	**18,563**	**22,113**	**62,183**	**148,671**
Less Grant & Donation Funding	0	0	0	0	0	-3,668	**-3,668**
Planned Capital Limit	**4,221**	**23,526**	**18,065**	**18,563**	**22,113**	**58,515**	**145,003**

All allocations within the plan are aligned to submissions made to NHSE; at the time of writing this document, pre-approval had been received in relation to those bids. As such there are no specific funding risks in the 2025/26 plan as presented other than the £0.98m over commitment on system

capital, which will be operationally managed through system slippage. There remains however funding pressure in relation to the multiyear scheme, details of key risks have been included later in this document.

The capital plan includes £4.221m shown in the table as ICB capital; this budget is set by NHSE and is for the investment in primary care for replacement IT and maintenance of GP practices.

We will work with our primary care partners to ensure that we target investment in the appropriate areas. The NHS Premises Costs Directions 2013 under the Act provide for a range of eligible circumstances where a general practice contractor may seek non-recurrent financial assistance for maintenance works. We will work closely with NHSE to complete its review processes

The buildings and the structures that support primary care health services for our local communities need to be safe, modern and fit for the purpose of caring for patients. Recognising the complex ownership model in primary care, and that the capital budget allocated to primary care nationally is comparatively small and our ability to meet the requirements of commercial developers is currently limited, we are giving focus to what our priorities are and how we can target transformational investment as part of our system-wide estates and infrastructure strategy development.

Return to Constitutional Standards; the capital plan includes £17.2m national funding towards improving constitutional standards of NHS care. Following publication of the planning guidance, it has been confirmed that resource has been made available nationally for 2025/26 to support the delivery of a return to constitutional performance standards. Systems have been provided an indicative allocation across Diagnostics, Electives and UEC programmes. Annex C details the bid submission which has been approved in principle with schemes moving to business case stage.

Capital prioritisation

The system needs to live within a finite budget in which we need to ensure that our services and environments are safe and fit-for-purpose, as such, consideration is given to the prioritisation of capital investment.

The system has aimed to earmark resource to maintain safe and functional estate, vehicles & equipment such as for backlog maintenance and running repairs & replacements. In addition, an agreed element of system capital is set aside for transformative or innovative new spending such as to support the system to deliver care pathways which address the health needs of the population. The following broad approach to the allocation and prioritisation of funds has been agreed within the system for planning:

- Agree prior year precommitments are the first call on the capital envelope. This includes any slippage or unexpected cost increases.
- Prioritisation to address operational priorities using an agreed assessment of need across the provider organisations.
- National funding to be used to support strategic priorities where possible.
- Remaining funding to be used to addressed larger strategic schemes – prioritised at a system level.

Capital prioritisation is on a risk-based approach, based on scoring each bid against eight weighted key criteria;

- Clinical Safety

- Stay in Business
- Statutory Compliance
- Physical condition of the estate
- Operational efficiency / financial sustainability
- Health gain / transformation
- Environmental
- Ease of implementation

In 2025/26, system partners have several pre-commitments that require funding from the operational capital envelope. Much of these pre-commitments arise from lease renewals early in the financial year and inflationary pressure on nationally funded schemes. Due to timing of available funds, inflation or changes in scope, local capital funding has been required to supplement the capital funds provided.

Overview of ongoing scheme progression

£13.6m in 2025/26 is expected to conclude the ongoing Mental Health Dormitory Eradication programme across Derbyshire. Named the "Making Room for Dignity" programme, this major investment into mental health inpatient facilities in Derbyshire forms part of the national eradication of dormitory programme.

£10m system finance has been earmarked in 2025/26 for the Belper Health Hub which is in addition to national STP funding of £5m from 2024/25. Further additional spending is anticipated in future years to complete the programme which addresses key issues of backlog maintenance by replacing 19th century estates with modern fit for purpose facilities which are more cost effective and providing high quality services closer to communities.

£10.5m of national funding has been planned to be used in 2025/26 to support the Community Diagnostic Centre developments in Chesterfield and Derby. The centres will provide a one stop shop of diagnostics for patients, reducing the time to receive a diagnosis and provide a joined-up care pathway.

£5.6m in 2025/26 has been provided form national STP funding to support the redesign of the Acute Front Door services at Derby Royal Hospital. This will facilitate the delivery of comprehensive patient assessment and on-going quality urgent care to the residents of South Derbyshire.

The development on the Outwoods site near Queens Hospital Burton had a total program allocation of £21.88m of STP funding, of which £5.2m is planned for 2025/26. The scheme is to build a nursery, GP surgery and residential accommodation as part of the Healthcare Village plans, Medical Education Centre and newly-built dementia centre. This scheme is an example of collaborative working across the Derbyshire and Staffordshire systems to deliver a new primary care centre for local GPs and to provide additional estate capacity for acute sector use.

The Electronic Patient Record (EPR) system has a planned £12.3m spend in 2025/26. EPR systems are a centralised way of holding detailed information about a person's care and health. The JUCD EPR project is a collaborative approach to procuring an integrated EPR solution across neighbouring Trusts which will bring significant benefits to patients and staff.

New Business Cases within the 2025/26 Capital Plan

Return to Constitutional Standards
The system has an allocation of £17.2m to support the improvement in operational performance as part of constitutional standards. Annex C details the bid submission which has been approved in principle with schemes moving to business case stage. The £17.2m is inclusive within the £145m capital plan.

Net zero carbon strategy

NHS England has made it mandatory for all Trusts and Integrated Care Systems (ICSs) to produce a board-approved Green Plan which establishes a sustainability strategy for the next three years. JUCD has a system-level strategy for sustainability. Firstly, it presents our regional-level carbon footprint data and outlines our commitment to sustainability. Then it summarises our organisation-level Green Plans, including our carbon hotspots and the sustainability strategies employed to address them.

Lastly, we present a total of 11 interventions through which the strategies and priorities of Derby and Derbyshire Integrated Care Partnership (ICP) will be coordinated and integrated. A separate document outlines the ways and timescales by which our organisations will be held to account over reducing carbon emissions and making progress on net-zero.

The system recognises a wider responsibility towards Net Zero Carbon ambitions and to ensure we make the most of digital advancements to provide a more accessible and efficient service. Capital procurements consider environmental impacts when prioritizing how we use our limited resources most effectively. We have ambitious local targets and timelines to reduce carbon emissions, air pollution and waste within our system which will seek to make our system Carbon Zero by 2040.

The NHS estate and its supporting facilities services – including primary care, trust estates and private finance initiatives – comprises 15% of the total carbon emissions profile. There are opportunities for emissions reductions in the secondary and primary care estates respectively, with significant opportunities seen in energy use in buildings, waste and water, and new sources of heating and power generation.

Delivering a net-zero health service will require work to ensure that new hospitals and buildings are net-zero compatible, as well as improvements to the existing estate. Joined Up Care Derbyshire ICS's strategy will support the capital and estates elements of the net-zero agenda in several ways. To ensure that the most disadvantaged communities, staff, and patients can have equal access to the NHS estate, Joined Up Care Derbyshire ICS will promote active travel – through, for example, using salary sacrifice schemes – and next-best low carbon alternatives where possible.

To improve access to a greener estate, Joined Up Care Derbyshire ICS will also ensure that all opportunities to 'green' the estate are maximised, with a focus on those areas within the most deprived communities. Joined Up Care Derbyshire ICS are planning for all major refurbishments and new builds to consider the need to reduce emissions, and that wherever possible maintenance or the replacement of equipment is undertaken in a way that improves energy efficiency and reduces emissions. For example, the Making Room for Dignity

programme is inclusive of aspects of greenery and greenspace at the heart of its estate

Our 2025/26 capital plan includes £2.6m Salix funded schemes for decarbonisation priorities and £8.5m Net Zero – Solar Panel funding along with core capital expectations of reducing emissions such as low or zero emission vehicles, lower power Estates schemes and sustainable supply chain.

Risks and contingencies

Risks in the delivery of capital plans include the risk of inflationary pressure on plan values and the ability to manage the over commitment in the system plan effectively. The system's capital planning and prioritisation group is responsible for overseeing the delivery of the capital programme, effectively identifying and managing in year risks and ensuring that the programme is delivered within the resources available to the system.

However more specific risks to the JUCD plan include:

Belper Health Hub, which received business case approval in 2020, to be funded in part from national allocation and in part from local system capital. The scheme has incurred inflationary pressure of circa £7.5m since the original case approval however national funding has not been increased resulting in the full inflationary impact being a pressure on system capital. This is unaffordable in 2024/25 and as such the system is exploring opportunity for additional national allocation; if this is not possible the programme will require extension into future financial years.

The Making Room for Dignity program has previously received additional national allocation to support financial pressures. The scheme remains a live program with the final unit to be rebuilt through 2025/26. The Trust closely manages this scheme progress and provide assurance through system financial reporting. The success to this program will support a financially sustainable future by bringing out of area patient placement back within the system estate.

Trusts have highlighted critical infrastructure risks and the subsequent impact that this has on addressing ongoing backlog maintenance; this has in part been mitigated in the plan through the inclusion of additional national allocation for Estates Safety. The continued limited availability of system capital means that providers are often faced with challenging decisions about how best to spend their limited capital. It also means that some critical elements of buildings' infrastructure remain very fragile, which may impact on future service delivery

The system will continue to carefully monitor these risks throughout the year taking escalation for action through system CFO meetings and onward through Finance Committee and Boards of partner organisations.

Annex A – JUCD Additional Allocations Planned for 2025/26

Additional Allocations	DDICB £000	CRH £000	DCHS £000	DHcFT £000	EMAS £000	UHDB £000	Total £000
Mental Health Dormitories				11,810			**11,810**
Front Line Digitisation		4,483			3,500	4,298	**12,281**
Cancer LINAC Replacement						2,391	**2,391**
STP Wave 1						5,580	**5,580**
STP Wave 4						5,247	**5,247**
Net Zero (GB Solar Energy)		6,581				1,898	**8,479**
Ambulance Replacement					4,525		**4,525**
Diagnostic Constitutional Standards		2,797	4,836			2,118	**9,751**
UEC Constitutional Standards						3,935	**3,935**
Elective Constitutional Standards		1,500				2,000	**3,500**
2025/26 Estates Safety		1,500				6,297	**7,797**
Primary Care Utilisation Fund	1,922						**1,922**
Planned / Bid for Funding	**1,922**	**16,861**	**4,836**	**11,810**	**8,025**	**33,764**	**77,218**

Annex B – System CDEL template for allocation of capital resource 2025/26

Provider Key Data and Joint Capital Resource Use Plan	ICB £'000	CRH £'000	DCHS £'000	DHcFT £'000	EMAS £'000	UHDB £'000	Total JUCD £'000
Operational Capital - ICB	2,299						2,299
Operational Capital - Provider		6,666	13,229	5,877	14,088	18,008	57,868
Total System Operational Capital	**2,299**	**6,666**	**13,229**	**5,877**	**14,088**	**18,008**	**60,167**
Provider National Programme Spend:							
2025/26 Ambulance Replacement		0	0	0	4,525	0	4,525
2025/26 Cancer LINAC Replacement		0	0	0	0	2,391	2,391
2025/26 Estates Safety		1,500	0	0	0	6,297	7,797
Diagnostics		2,796	4,836	0	0	2,118	9,750
Elective Recovery/Targeted Investment Fund		1,500	0	0	0	2,000	3,500
Mental Health Dormitories		0	0	11,810	0	0	11,810
Net Zero (GB Energy Solar)		6,581	0	0	0	1,898	8,479
STP - Hospital Upgrades		0	0	0	0	10,826	10,826
Technology Schemes		4,483	0	0	3,500	4,298	12,281
UEC Capacity		0	0	0	0	3,935	3,935
Other Adjustments - Provider		0	0	876	0	6,744	7,620
ICB Primary Care Utilisation Fund	1,922						1,922
Total System CDEL	**4,221**	**23,526**	**18,065**	**18,563**	**22,113**	**58,515**	**145,003**
Return to Constitutional Standards: Diagnostics		2,796	4,836	0	0	2,118	9,750
Return to Constitutional Standards: Elective Recovery		1,500	0	0	0	2,000	3,500
Return to Constitutional Standards: UEC		0	0	0	0	3,935	3,935
Return to Constitutional Standards Total		**4,296**	**4,836**	**0**	**0**	**8,053**	**17,185**

Annex C – Return to Constitutional Standards Bid Submissions

Diagnostics

Each system has been provided with an indicative total of additional elective waiting list diagnostic activity it needs to deliver in 2025/26 compared to 2024/25 to meet the government's target of Referral to Treatment (RTT) target at 118% by the national Diagnostics team. This elective waiting list activity total is broken down by diagnostic modality. JUCD capital plan improvements include:

- UHDB; Estates - Expansion of Florence Nightingale Community Hospital Community Diagnostics Centre £1.500m
- DCHS; Estates - Expansion of Walton Community Hospital Community Diagnostics Centre £4.836m
- CRH; Equipment - Walton Community Diagnostics Centre £2.664m
- UHDB; Equipment for Physiological Science £0.618m
- CRH; Equipment for Physiological Science £0.133m

Elective

The government has committed to achieving the NHS Constitutional standard that 92% of patients should wait no longer than 18 weeks from Referral to Treatment (RTT) by the end of this parliament. To deliver the additional activity required to return to the 18-week standard, modelling shows that a combination of additional bed capacity, increased day case rates, and improved planning and utilisation of theatre capacity is needed. This can be supported through investment in elective facilities. JUCD capital plan improvements include:

- CRH; Estates - Additional capacity Eye Centre Day Case Facility / Additional Day Case Capacity £1.500m
- System wide scheme (included within UHDB plan); Consolidation and expansion of patient portal systems £2.000m

UEC

the intent behind the UEC funding is to make a meaningful contribution to returning systems and providers back to constitutional standards for ED 4-hour performance and / or Ambulance Category 2 Response performance.

- UHDB; Estates - Co-located Urgent Treatment Centre at Queens Hospital Burton with the Emergency Department £2.000m
- UHDB; Estates - Discharge assessment unit improvements £0.500m
- UHDB; Estates - Ward 6 Opens as Discharge to Assess Unit £1.000m
- UHDB; Software - eTrauma and Medisight £0.050m
- UHDB; Estates - Stroke (ward 410 improvements) £0.150m
- UHDB; Equipment - 3x Histology Microscopes £0.040m
- UHDB; Equipment - Urine Analyser £0.045m

NHS
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Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 013

Report Title	Prioritisation Policy and Process							
Author	Tim Taylor, Deputy Chief Medical Officer							
Sponsor	Dr Chris Weiner, Chief Medical Officer							
Presenter	Dr Chris Weiner, Chief Medical Officer							
Paper purpose	Decision	☒	Discussion	☐	Assurance	☐	Information	☐
Appendices (reports attached)	***Please note: all appendices are attached in separate PDF 013.*** Appendix 1: Terms of Reference Appendix 2: Test definitions Appendix 3: Prioritisation policy Appendix 4: Assessment tool Appendix 5: Process flowchart							

Recommendations

The ICB Board are recommended to **APPROVE** the adoption of a new/updated prioritisation framework at ICB and System level.

The Board are recommended to **NOTE** the report, as part of ongoing discussions in relation to implementation of a rolling prioritisation framework; and to support the development of the prioritisation process as part of a continuous system quality improvement process over the next financial year.

Report Summary

Prior to the creation of DDICB, several CCGs implemented versions of a QIPP governance framework for decision-making and approval at relevant levels. These frameworks were based on governing bodies within the CCG, making use of the normal cadence of business meetings to establish BAU approval processes without the requirement for additional/ extraordinary activities.

As Joined Up Care Derbyshire was developed, a clinical prioritisation algorithm was developed. This was based on thresholds for cost, return on investment, challenge, and strategic requirement.
The algorithm placed expectations on Delivery Boards, a Clinical Prioritisation Panel /CPRG, and the JUC Board/ CCG. The Commissioning Prioritisation Framework from 2019 is noted.

After this, a Derby and Derbyshire Clinical Prioritisation Framework was in process of development in 2019-2020. This included an element of consideration about Difficult Decisions. At the time this process was owned by the commissioning team with medical directorate support.
A local in-ICB process had been tested and was being developed as a system-wide policy. This work was paused due to the pandemic and was not restarted post-pandemic.

Following 2025/26 NHS England Planning guidance, DDICB considered it appropriate to review existing prioritisation arrangements and to identify any areas for continuous improvement. A short internal review provided:

- Strong assurance that- within individual Directorates- judgements are made in accordance with the statutory principles of the ICB, and in accordance with the ethical framework of the ICB.
- Limited assurance that at a cross-Directorate level below Executive Team level, prioritisation decisions are made in context of consideration of all potential inputs and impacts across Directorates. Variance in governance of in-ICB BAU decisions was noted, as was variance in delegated authority relating to same. Several areas of good practice were noted, for example in pharmacy, where an Area prescribing committee has been in place for several years.
- Strong assurance that- at a Board or Committee level- submitted decisions for review receive appropriate and robust scrutiny and challenge where necessary.
- Discussions with the Chair of the Clinical and Professional Leaders Group indicated limited assurance that the CPLG is being asked to consider prioritisation decisions or 'difficult decisions' as

part of the usual business of the CPLG. This is at variance with the draft JUCD algorithm from 2020 and likely reflects an unclear input pathway.

Moving forward, a modified prioritisation process has been developed which builds on existing arrangements and strengthens system involvement.

Two levels are proposed- in-ICB prioritisation driven at the Director level, and System prioritisation driven at an in-system Panel level.

A comprehensive suite of governance documentation (appendices 1-4) defines

- Clarity of purpose
- Clarity of accountability levels
- Clarity of escalation
- Confirmation of embedded QEIA
- Alignment with the core principles of our system.

The prioritisation process will be further developed through a quality improvement methodology. The model /documents/ flows the ICB has put together will be regularly reviewed and evolve as we encounter learning opportunities. Achieving business as usual is likely to be an iterative process.

An ideal outcome would be for the prioritisation principles (and the flow of cases) to be embedded by Q3 25/26 in order that the process can provide intelligence to inform decision making in the 2026/27 planning round. The process will be initiated and tested from June 2025 to inform the current planning round.

Ownership of the prioritisation process, including regular quality review, oversight and assurance of decision-making processes, will be delivered through an Executive sponsor.

Determination of items which should enter the prioritisation process (either in-ICB, or in-System) will be at an Executive or Board level.

The prioritisation process does not replace or supersede the requirements of contract or service commissioning activity, to ensure management of/ delivery against any contract or commission. These activities are expected to already be business-as-usual in the provider/ ICB/ system management of contracts/commissions.

If the Board approve this approach, several agreements-in-principle between ICB Executive and Director-level colleagues will be put in place to ensure the process implementation flowchart (Appendix 5) can be initiated. These will include clarity around delegated authority, internal scrutiny arrangements, and administrative support.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☐	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☒	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☐
SR11	Cyber-attack and disruption	☐			☐

Conflicts of Interest	None.

Have the following been considered and actioned?			
Financial Impact	Yes ☒	No ☐	N/A ☐
Impact Assessments	Yes ☒	No ☐	N/A ☐
Equality Delivery System	Yes ☒	No ☐	N/A ☐
Health Inequalities	Yes ☒	No ☐	N/A ☐
Patient and Public Involvement	Yes ☒	No ☐	N/A ☐
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

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Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 014

Report Title	2025/26 Operational Plan – Final Submission							
Author	Craig Cook, Director of Strategy and Planning							
Sponsor	Michelle Arrowsmith, Chief Strategy and Delivery Officer							
Presenter	Michelle Arrowsmith, Chief Strategy and Delivery Officer							
Paper purpose	Decision	☒	Discussion	☐	Assurance	☐	Information	☐
Appendices (reports attached)	Appendix 1: Overview of action to meet national priorities in 2025/26							

Recommendations

The ICB Board are recommended to **APPROVE** the 2025/26 Operational Plan.

Report Summary

In response to national and local priorities, this plan set out a course to improve the quality of healthcare, over the next 12 months and deliver this care within the financial parameters set. We describe how access to elective and cancer care will be improved and how we will address the safety concerns arising from long A&E waits. At the same time, we detail our continued focus on enhancing the scale and effectiveness of our community physical and mental based mental health care offering to patients. All this planned improvement will be delivered with a smaller workforce and less expenditure.

Given the financial constraints, productivity is a crucial component of this plan. In a thoughtful and considered way, we have examined all opportunities to improve productivity – both at the clinical front line and back-office. We have identified areas to improve workflow, leverage technology and streamline processes, to ultimately support our planned intent to improve the quality of care we deliver in 2025/26.

This plan is not without risk. Many of the improvement assumptions – both in terms of quality and financial – are currently considered to be "best case" and there are several risks, generalisable to all programmes and organisations, which we continue to understand appraise and mitigate.

What this plan delivers:

Finance	• A break-even plan with £45m deficit support – underpinned by a £181.7m efficiency programme. • £140.8m planned capital expenditure. • A 30% reduction in bank and agency spend.
Workforce	• A workforce which is 1.16% lower in March 26 relative to March 25 (inclusive of EMAS) or 1.93% lower (exclusive of EMAS).

Performance	• 80% 4 hr performance in March 26, at a system level. • A lower proportion of 12 hr waits on average in 25/26 compared to 2024/25. • Both Acute Trusts planning to achieve the cancer and RTT targets. • Maintain current access rates for Children and Young Person's Mental Health Service – achieving the target set. • Reducing average length of stay in adult acute mental health beds by 10%. • Reducing the number of people with Learning Disabilities and/or Autism by at least 20%.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☐	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☒	**SR7**	Aligned System decision-making	☐
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☐
SR11	Cyber-attack and disruption	☐			☐

Conflicts of Interest	None identified.

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

Appendix 1 – Overview of action to meet national priorities in 2025/26

This Appendix provides an overview of planned action that the NHS in Derby and Derbyshire will take to address the priorities set out in NHS England's 2025/26 Operational Planning Guidance.

Reduce the time people wait for elective care

Objective
• Deliver a minimum 5%-point increase in the proportion of patients waiting no longer than 18 weeks for treatment, on the November 2024 position, and ensure that at least 60% of the incomplete waiting list is within 18 weeks by March 2026, • Improve the percentage of patients waiting no longer than 18 weeks for a first appointment, with every trust expected to deliver a minimum 5%-point improvement. • Reduce the proportion of people waiting over 52 weeks for treatment to less than 1% of the total waiting list by March 2026. • Improve performance against the headline 62-day cancer standard to 75% by March 2026. • Improve performance against the 28-day cancer Faster Diagnosis Standard to 80% by March 2026.

Action	
• **Improve outpatient productivity,** by reducing Did Not Attend (DNA) rates; increasing the use of Patient Initiated Follow-ups (PIFU); and increasing clinical utilisation. • **Enhance theatre productivity,** by increasing uncapped touch time utilisation; and increasing the number of cases per list. • **Moderate the growth in new demand**, by increasing the use of pre-referral specialist advice, which is estimated to divert 10-15% of "unnecessary" outpatient first attendances; and adhering to the ICB's clinical policies in relation to evidence-based interventions. • **Undertake validation (clinical, administrative or technical) of the waiting list**, to ensure that Referral to Treatment (RTT) rules are being applied consistent and access policies are being adhered to.	• **Insource medical and surgical services,** to provide care within existing structures to utilise spare, out-of-hours capacity, typically at weekends and evenings. • **Expand diagnostic capacity,** with the additional Community Diagnostic Centres providing faster access. • **Recruit more cancer specialists,** to bolster UHDB's provision. • Focus on more sustainable service offering for **suspected skin cancer pathway**, across both Trusts. • Ensure a comprehensive roll-out and implementation of **Targeted Lung Health Checks**. • **Upgrade key capital assets,** to support single-photon emission computed tomography and medical linear accelerator capacity.

Improve A&E waiting times and ambulance response times

Objective
• Deliver a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026. • Deliver a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25.

Action	
• **Enhance general and acute bed productivity**, by reducing delayed discharges due to a range of "internal" factors. • **Bring online the "winter" capacity, all year round if required at the Royal Derby Hospital** and consider opening ward 6 at the Florence Nightingale Community Hospital to bolster winter provision as a contingency. • **Deliver a new streaming model to maximise the utilisation of the co-located Urgent Treatment Centre** at the Royal Derby Hospital and open a UTC at Queen's Hospital Burton. • **Expand the use of Same Day Emergency Care provision,** to avoid unnecessary admissions and thus help nullify growth. • **Ambulance response** - deal with more ambulance calls via hear and treat and see and treat. • **Implement a new Mental Health Urgent Assessment Centre,** to assess and manage the needs of service users, providing an easy to access service that provides timely assessment for people suffering from a mental health crisis.	• **Deliver more urgent treatment centre capacity,** relative to 2024/25, with a particular focus on consistently delivering the commissioned model of care (appointment and walk-in) at the Ilkeston Urgent Treatment Centre. • **Repurpose the use of virtual ward capacity,** with a greater focus on bolstering admission avoidance (step-up) in the community and thus achieve greater impact. • **Increase the level of community nursing activity** (delivered via productivity and reduced staff absence) and **increase Community Response Team and Care Transfer Hub** capacity. • **Deliver a significant financial ICS investment** to bolster our community-based change management capability and capacity, by sourcing a strategic partner to enhance the co-ordination and effectiveness of primary and community care services. • **Continuing with the plan to improve access of Primary Care,** particularly GP services facilitated by the new GP contract.

Improve mental health and learning disability care

Objective
• Reduce the average length of stay in adult acute mental health beds, by at least 10% (baseline Dec 23- Nov 24) • Reduce by 20%, the number of adults and children with a learning disability and/or autism, who are receiving inpatient care. • Ensure that at least 14,463 children and young people receive one clinically meaningful contact by the end of March 2026.

Action	
Children and Young Person • Continue investment into **mental health support in schools and colleges**, to build on the 13 teams currently in place to support approximately 90,000 young people in an educational setting. • Develop a business case for in-year investment to **enhance core CAMHS capacity** to reduce waiting times. *Reducing reliance on inpatient care for people with a learning disability and/or autism* • Work with partners to create an effective care and accommodation offering in the community for the **17 long stay citizens** that we plan to discharge in 2025/26. • **Source capital from NHS England** to support the discharge of 2 people who are clinically fit for discharge, but accommodation is an issue. • Work closely with the CAMHS T4 Provider Collaborative, to support the delivery of the National framework and **strengthen our local crisis services** with a focus on LD/A needs.	• Progress two major service change programmes – 1) Short Breaks 2) Inpatients. This includes consideration of initiatives which can enhance the local LD care pathway such as Step Up/Down. *Length of stay* • Continue to focus on enhancing the effectiveness of **crisis resolution and home treatment teams,** to prevent unnecessary admissions. • Work with local authority partners to increase access to **supported housing and social care**, to facilitate recovery. • Optimise patient flow – by focussing on consistent delivery of **10 high impact actions**. • Improve the care pathway for adults with **emotionally unstable personal disorder**, to reduce avoidable admissions and support shorter length of stay where admission is necessary. *Psychiatric Intensive Care Unit (PICU)* • We will **bring online the 14-bedded male PICU** on the Kingsway Hospital Site.

Address inequalities and shift towards prevention

Objective
• Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people. • Increase the proportion of patients with hypertension treated according to NICE guidance, and the proportion of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance.
Action
We will continue to improve the **clinical areas within the Core20Plus 5 Framework** for both adults and children. In previous sections of this document, we have covered specific aspects of the Framework: • For children, we detail how we plan to improve access to mental health services and dentistry. • For adults, we detail how we will increase the faster diagnosis of cancer, which is critical to ensure that more cancers are caught earlier. As part of our wider effort to reduce unwarranted variation for a range of quality metrics, we will work with General Practice and other partners to form an action plan, by the end of quarter one 2025/26, to bring about improvements to other areas of the Framework – specifically:

Adults	*Children*
• **Physical Health Checks and Care Planning** – for people with a Severe Mental Illness; and people with Learning Disabilities and/or autism. • **Chronic Respiratory Disease** – working with the 28 practices where the COPD admission rate is above upper quartile performance. • **Hypertension and cholesterol management** – using QoF to incentivise an increase in overall compliance to NICE guidelines.	• **Asthma** – working with the 28 practices where admission rates for asthma are above upper quartile performance.

Improve access to general practice and urgent dental care

Objective	
• Increase the proportion of the adult and child population seen by an NHS dentist by 2% over the next 12 months and within this deliver more urgent appointments to deal with the unmet need. • NHS Operational Planning Guidance sets patient experience of access, as measured by the ONS' Health Insights Survey, as a key measure of success in 2025/26. At the time of writing, no further detail has been received on the level of improvement required, nor detail of the baseline level of performance.	
Action	
Dental • We will **commission an additional 16,298 urgent dental appointments.** • We are also planning ongoing patient engagement to promote the availability of the urgent appointments and monitor demand. • We will work with key stakeholders including Healthwatch to promote the availability of urgent appointments.	General Practice We will continue to support the delivery of modern general practice, with the following action planned: • Pending SDF monies, we will implement a new digital triage system that will provide online consultation, video consultation, patient messaging, sending out individual booking links – for on the day appointments and QOF/vaccines appointment. • We will convene a task and finish group to build on the rollout of the NHS App to ensure that all practices are using all the functionalities available including access to records, booking appointments, ordering repeat prescriptions and patient messaging. We will also work with the comms team to increase the awareness to the public about the benefits of using the NHS App. • We will continue to work with practices and pharmacies to increase the use of pharmacy first and reduce variation.

Maintain our collective focus on the overall quality and safety of our services – with a particular focus on maternity and neonatal care

2025/26 represents the final year of NHS England's three-year delivery plan for maternity and neonatal services. From a Derby and Derbyshire perspective, will continue to focus action on the six areas summarised in the table below:

RISK	CURRENT POSITION	ACTIONS/NEXT STEPS
PERINATAL MORTALITY	UHDB – Stillbirth rates and Neonatal death rates have both improved to below national average in 2024/25. CRH – An external peer review into 11 cases form 2023 has been completed by Nottinghamshire LMNS. No immediate themes or safety concerns were found however the final report is waited for shared learning.	Oversight to be maintained through the LMNS quality and safety meetings. Actions to be developed by CRH in response to the report findings
MATERNAL MORBIDITY	UHDB have worked with NHS Midlands perinatal team to develop a QI project for Postpartum haemorrhage. A reduction in rates still needs to embedded and oversight of practice through audit continues. CRH have developed a QI project to reduce rates of perineal injury and ensure practice changes are embedded.	NHS Midlands perinatal team are providing continued QI support to UHDB and have developed an offer to support CRH. Monthly system meetings have oversight of progress.
CNST MIS YEAR 6	UHDB have declared compliance with 7/10 safety actions which is an improvement from 2/10 in year 5. An application for discretionary funding to meet the remaining 3 will be made by the submission date of March 3rd.2025 CRH have declared compliance with 10/10 safety actions which is an improvement from 7/10 in year 5.	LMNS support will be provided to monitor compliance with year 7 when the technical guidance is made available. UHDB will be supported to implement their action plan to use discretionary funding to meet the remaining actions.
PERINATAL PELVIC HEALTH SERVICE	NHSE funding has been provided for both trusts to implement a PPHS. CRH have recruited to the Physio positions and are developing a referral pathway for the service. UHDB have completed the scoping of the current service but are yet to devise a staffing model and therefore are behind trajectory.	LMNS PMO will support UHDB to identify an appropriate staffing model and gaps in current service to utilise NHSE funding appropriately. Plan for UHDB to recruit a project manager and implement by quarter 3 25/26.
CQC	UHDB received an inadequate CQC rating in November 2023 with 2 section 31 and 1 section 29 notices in August 2023. A reinspection took place in December 2024 with 5 recommendations to be responded to by December 30th, 2024.	Monthly tier 3 meetings provide oversight of progress. A plan to apply for removal of some of the section 31 recommendations has been submitted with a plan to apply for the remaining removals in March. MSSP is also in place to support with maternity improvements.
SAVING BABIES CARE BUNDLE VERSION 3	UHDB are currently not compliant with NICE guidance to offer Intrauterine Artery Doppler scanning for those at high risk of fetal growth restriction as recommended in SBLCBv3 as best practice. A plan is in place to introduce by end of quarter 1 25/26 and will be monitored as part of the maternity and neonatal improvement plan.	NHS Midlands perinatal team have requested a plan update by March 2025. LMNS Board will receive updates for assurance of progress with implementation and quarterly assessments for SBLCBv3 will review audits of offer and outcomes.

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NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 015

Report Title	ICB 2025/26 Financial Plan Update							
Author	Donna Johnson, Associate Director of Finance							
Sponsor	Bill Shields, Chief Finance Officer							
Presenter	Bill Shields, Chief Finance Officer							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices (reports attached)	Appendix 1: ICB Financial Planning 2025/26							

Recommendations
The Board is recommended to **NOTE** the amendments to the ICB financial plan for 2025/26.
Report Summary
The ICB approved the draft financial plan at its March extraordinary meeting. Following the extraordinary board meeting in March, expected amendments were made to finalise the ICS planning round. The amendments included: • an improved system financial position enabled the ICB to reduce its surplus from £28.2m to £26.65m (an improvement of £1.55m); • the system deficit funding of £45m has been confirmed and distributed to JUCD partners; • the revised ICB surplus has been distributed to JUCD partners; and • the ICS's depreciation allocation of £8m has been confirmed by NHSE and distributed to JUCD partners; and • these adjustments will require the ICB to achieve a break-even position (post surplus distribution) for 2025/26.
How does this paper support the 3 shifts of the NHS 10-Year Plan?

From hospital to community	☐	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☐	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☐
SR3	Population engagement	☐	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☐	**SR7**	Aligned System decision-making	☐
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☐
SR11	Cyber-attack and disruption	☐			☐

Conflicts of Interest	None Identified

Have the following been considered and actioned?			
Financial Impact	Yes ☒	No ☐	N/A ☐
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

ICB Financial Planning 2025/26

PURPOSE

- To outline the modifications made in the ICB's final submitted financial plan for 2025/26, following approval at the ICB extraordinary board meeting on 26th March 2025.

UPDATE

- The ICB approved its 2025/26 financial plan at the extraordinary board meeting on 26th March 2025.
    - The financial plan at this stage included, income and expenditure plans of £3 billion, national deficit funding of £45m and a £28.2m surplus.
    - This level of surplus enabled the ICB to adhere to agreed system planning principles including - "*Each organisation should, as a minimum, plan 2025/26 to be no worse than their 2024/25 outturn in real terms".*
- Following the extraordinary board meeting in March, expected amendments were made to finalise the ICS planning round. The amendments included:-
    - An improved system financial position enabled the ICB to reduce its surplus from £28.2m to £26.65m (an improvement of £1.55m).
    - The system deficit funding of £45m has been confirmed and distributed to JUCD partners.
    - The revised ICB surplus has been distributed to JUCD partners.
    - The ICS's depreciation allocation of £8m has been confirmed by NHSE and distributed to JUCD partners.
- These adjustments will require the ICB to achieve a break-even position for 2025/26.

RECOMMENDATION

- The Board is recommended to note the amendments to the ICB financial plan.

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 016

Report Title	Integrated Performance Report							
Authors	Phil Sugden, Assistant Director of Quality Samuel Kabiswa, Associate Director, Contracting, Planning and Performance Jennifer Leah, Director of Finance – Strategy & Planning Sukhi Mahil, Associate Director – Workforce Strategy, Planning and Transformation and CPLG Management Lead							
Sponsors	Dr Chris Clayton, Chief Executive Officer							
Presenters	Executive Directors Committee Chairs							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☐
Appendices (reports attached)	Appendix 1 – Performance Report							

Recommendations
The ICB Board are recommended to **RECEIVE** the Integrated Performance Report for assurance.
Report Summary

Quality

- HbA1C analyser (Menarini manufacturer) Over Reading Update: Following initial identification of an over-reading HbA1C analyser (Menarini manufacturer) in one of the Derbyshire Pathology laboratories and ongoing patient recall there has been a System-led coordinated response over the past few months led by the Executive Team at Chesterfield Royal Hospital (CRH) with good engagement from all clinical and contractual parties in Primary and Secondary Care settings. Prompt assessments of potential patient harms/risks was undertaken with communication across systems to affected patients and GP practices, led by the CRH Comms team with support from the ICB comms team where required. NHS England's Diabetes lead has asked for the system to offer guidance to other areas in terms of System response which was submitted recently.
- Derbyshire Healthcare NHS Foundation Trust (DHcFT)– NOF 3 Exit Criteria: NHSE NOF3 Oversight meeting (7th March) agreed that DHcFT have met the exit criteria in relation to the Section 31 from CQC. The ICB agreed 'business as usual' monitoring arrangements with DHcFT's Clinical Quality Review Group on 25th April and approved at the May System Quality Group. The SQG forward planner ensures regular/annual reports which provides oversight of key workstreams for assurance.

Performance

The report updates the Board on how the ICB has performed against its 2024/25 operational plan objectives and commitments at month 12 for urgent and emergency care, Primary Care and month 11 for planned, cancer and mental health care.

Planned Care

Managing RTT Long Waiters: Both providers have made significant inroads in reducing the number of people waiting 65 weeks or more.

Diagnostic Services: Over the last year, both providers faced challenges in meeting their planned diagnostics targets, with audiology, echo, and urodynamics posing the most challenges. Going forward, the development of a Community Development Centres model is expected to significantly improve performance.

Cancer Treatment and Diagnosis: Both providers have consistently met and exceeded their plan target bar for February, with performance being achieved against a backdrop of a significant increase (28%) in cancer referrals across JUCD over the last 12 months.

Urgent and Emergency Care (UEC)

A&E 4-hour performance: Over the last year, both Acute providers have not met the 4-hour target, with actual performance lagging behind planned trajectory for all reporting periods. Providers reported high acuity of patients and complexity of walk-in presentations as two of the main drivers. In contrast, the UTCs have maintained a good level of performance despite ongoing staffing challenges at one of the sites.

EMAS: As a System we have not, on average, achieved our planned performance trajectory over the past 12 months due to several factors. EMAS reports that sustained high levels of demand from high acuity patients, higher than anticipated levels of demand at both acute trusts coupled with limited flow have all adversely impacted ambulance turnaround times. There is now an ongoing programme of work, under the UEC Programme Board, which it is hoped, will result in sustained improvement, building on the downward trend recorded since January.

General and Acute (G&A) Beds: Both Acute Trusts have supplied more G&A beds than planned (+14 on average across UHDB and +52 on average at the CRH).

Bed Occupancy: During the last 12-month period both acute trusts have had mixed performance when comparing planned against actual performance. CRH met or exceeded their planned performance on 3 out of the 12 months, while UHDB met or exceeded their planned performance on 4 out of the 12 months.

Mental Health, Autism and Learning Disabilities

Most of the performance trajectories in the 2024/25 plan assumed maintenance of our 2023/24 performance levels. Board should however note:

- there has been challenges in achieving the SMI health check target and inpatient care for patients with learning disabilities and/or autism;
- the out of area placement measure was changed during the reporting year resulting in it tracking higher than planned (due to a change in the data source); and
- while the talking therapies reliable recovery is slightly under the planned performance percentage, in activity terms, actual activity is significantly higher than planned.

Primary and Community Care

Primary Care: The 2024/25 plan assumed that General Practice would deliver the same level of appointments as in the previous year. At the end of March, GP appointments were 2.9% above plan. with an increase in home visits, telephone and online appointments while face to face has seen a 0.8% reduction.

Adult Community Service Waiting Times: At the end of February, the number of 52 weeks waits was tracking higher than planned. Our plan anticipated the waiting list to be higher than at the start of the year due to the known issue about tier 3 weight management. However, the rise has been higher due to more than anticipated demand. There is now ongoing work through the obesity sprint led by DCHS to develop a more coordinated response as part of our 2025/26 delivery.

Finance

The report summarises the system financial position for the financial year ending 31st March 2025. It highlights key areas including I&E performance and efficiency achievement across the JUCD system. The planned system financial position for 2024/25 has been achieved.

Workforce

ICB Total	Reporting Period: Mar-25					
	Month 12			Trend		
	Plan	Actual	Variance From Plan	Previous Month	Actual - Direction of Change from Previous Month	Actual - Trend (Previous 12 Months)
Workforce						
Total Workforce (WTE)	30,363.85	30,760.70	396.85	30,611.60	↑	
Substantive (WTE)	28,818.20	28,822.89	4.69	28,766.38	↑	
Bank (WTE)	1,304.85	1,651.01	346.16	1,566.30	↑	
Agency (WTE)	240.80	286.80	46.00	278.91	↑	
Pay Cost						
Pay Cost (£'000)	237,832	242,021	4,188	142,323	↑	

- At the end of the year, the total substantive workforce exceeded the 2024/25 plan by 4.69WTE, 46 WTE agency and 346.16 WTE bank making a total of 396.85 WTE over plan which is equivalent to 0.01% adverse variance to plan.
- This adverse variation is due to newly qualified nursing commencing, backloaded CIP WTE impacts, TUPE transfers (DCHS) and non-WTE pay costs relating to additional externally funded programmes, increase pressure on the in UEC pathway and increased staff sickness.
- It should be noted that although there is a slight negative variance for the 2024/2025 plan, as a result of improved performance management and triangulation of workforce, activity and finance, this is a significant improvement from the M12 2023/2024 position.

	24/25 Plan	Actual	Variance	23/24 Plan	Actual	Variance
Total WTE	30,363.85	30,760.70	396.85	29,110.58	30,463.28	1,352.70
Substantive	28,818.20	28,822.89	4.69	27,695.89	28,389.45	693.57
Bank WTE	1,304.85	1,651.01	346.16	1,167.22	1,600.46	433.24
Agency	240.80	286.80	46	247.47	473.37	225.90

- The workforce pay costs in M12 were £4.2m above plan, however, non WTE pay costs such as waiting list initiative payments and consultant overtime are skewing the overall workforce pay position. Work is underway to separate these costs out to provide a more accurate pay cost position.
- Trusts are continuing and strengthening vacancy and temporary staffing controls into 2025/26.
- In M12 JUCD agency cost amounted to 1.2% of total pay costs, 2.0% under the national target of 3.2%. YTD 1.9%.
- Providers have moved agency staff to on-framework providers, with minimal 2 shifts utilised due to system pressures, which were 'true break glass'. This equates to 0.01% of total agency shifts in M12. The area where off Framework usage was observed was Healthcare Assistants & Other Support Shifts
- There were 2,402 non-price cap compliant shifts, 47.8% of the total agency shifts. Efforts are ongoing to meet price cap compliance, supported by regional and local teams.
- Sickness trends showed an increase in recent months aligning with seasonal illnesses and ongoing operational pressures affecting staff wellbeing. Compared to Q4 in 2024 to Q4 2025, the midlands region has also seen an approximate 1% increase in regional sickness levels which corresponds to local increases in sickness absence resulting in increases in temporary staffing.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☒	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☒	**SR10**	Digital transformation	☒
SR11	Cyber-attack and disruption	☒			

Conflicts of Interest	None identified.

Have the following been considered and actioned?			
Financial Impact	Yes ☒	No ☐	N/A ☐
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

NHS
Derby and Derbyshire
Integrated Care Board

Integrated Performance Report

May 2025

Dr Chris Clayton, Chief Executive Officer
Prof Dean Howells, Chief Nurse Officer
Michelle Arrowsmith, Chief Strategy and Delivery Officer
Bill Shields, Chief Finance Officer
Lee Radford, Chief People Officer

Quality

Prof Dean Howells, Chief Nurse Officer
Dr Deji Okubadejo, Non-Executive Member

Quality of Care, Access and Outcomes – position against plans, key risks and mitigations: Quality and Safety – New Quality Concerns/Issues

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CONCERN OR ISSUE	SPECIALTY/PROGRAMME	DECISION/DISCUSSION OR INFORMATION	ACTIONS/OUTCOMES/RECOMMENDATIONS
3 Year Maternity Delivery Plan - 2025/26 Priorities for Derby and Derbyshire LMNS are based on the themes of the Three-year Delivery Plan and national recommendations requiring investment:	Maternity Services	Information	**Theme 1 Listening to families** Development of Derbyshire Maternity and Neonatal Voices to meet MIS year 7 and improve engagement through recruitment of a Community Engagement Specialist and a Strategic Lead building on the relationships built with VCSE in Derby. **Perinatal Pelvic Health Service** System collaboration to make the service sustainable at CRH and to implement at UHDB. Midwives and Physios will work together to meet the national service specification. LMNS driving a system approach to operationalise at CRH by May 1st and UHDB by September 2025. **Theme 2 –Workforce** CRH scoping a dedicated theatre team to improve quality and safety of service/UHDB Neonatal nursing investment in QiS. Trajectory in place for 2027. Continued investment in workforce to maintain safety and continue to see improvements in retention and cultural safety **Theme 3 A culture of safety, learning and support** CNST MIS year 7- Both trusts to meet the requirements of the 10 safety actions including workforce, training, PMRT to receive financial rewards by November 30th, 2025 UHDB to continue the MSSP until January 2026 with LMNS support to meet the required safety standards through the MNIP. UHDB to be supported by the LMNS to meet the CQC regulations imposed in November 2023 and work towards an improved rating during 2025. Applied for removal of 6/8 section 31 recommendations and progress being made with remaining conditions. **Theme 4 Standards and structures to provide more equitable and personalised care** SBLCBv3 – UHDB reviewing sonography provision to meet element 2 with the introduction of IUAD. RCOG guideline now live for FGR. Robust oversight by the LMNS to aim to meet 100% compliance across all 6 elements at both trusts by November 30th, 2025 Implementation of year 3 of the 5-year local Equity and Equality Plan to meet the needs of the community and workforce to improve outcomes for those from ethnic minorities and disadvantaged backgrounds Trusts trajectories for Enhanced Continuity of Carer to support BME and families living in the lowest deciles to improve outcomes. CRH second team operational in June 2025 and third by December. UHDB have a trajectory to introduce further teams from January 2026.

Quality of Care, Access and Outcomes – position against plans, key risks and mitigations: Quality and Safety – New Quality Concerns/Issues

Derby and Derbyshire Integrated Care Board

CONCERN OR ISSUE	SPECIALTY/PROGRAMME	DECISION/DISCUSSION OR INFORMATION	ACTIONS/OUTCOMES/RECOMMENDATIONS
Joined Up Care Derbyshire System Winter Wash Up event held 2nd April 2025, bringing together all system providers to discuss Winter, System's seasonal plan for 2024/25 and beginning the seasonal plan for 2025/6.	Urgent Care	Information	• Prior to the winter wash up event, organisations were asked, via an online survey, to feedback on what winter 2024/25. • Learning will be taken forwards and form part of the planning work, focussing on patient and staff stories, system views on improvements and good practice from the previous year. • Improvements highlighted the cohesive working between ambulance crews, ED staff and Out of Hours Provision, resulting in more timely patient flow from ambulances into the ED. • **Next Steps** • A planning session is currently being scoped out. The emphasis will be on a shift from winter planning to cyclical seasonal planning that provides for the demand characteristics at various times of the year, and a more integrated approach with the wider UEC planning, transformation, and delivery work. Further information will be shared once the scoping exercise has been completed.

LEARNING AND SHARING - best practices, outcomes

HbA1C analyser (Menarini manufacturer) Over Reading Update: Following initial identification of an over-reading HbA1C analyser (Menarini manufacturer) in one of the Derbyshire Pathology laboratories and ongoing patient recall there has been a system led coordinated response over the past few months led by the Executive Team at Chesterfield Royal Hospital with good engagement from all clinical and contractual parties in Primary and Secondary Care settings. Prompt assessments of potential patient harms/risks was undertaken with communication across systems to affected patients and GP practices, led by the CRH Comms team with support from the ICB comms team where required.
NHS England's Diabetes lead has asked for the system to offer guidance to other areas in terms of system response which was submitted recently.

Reporting and Harm Reviews for 8-Hour Ambulance Handover Delays: Zero breaches reported since January 2025 for both University Hospitals of Derby & Burton sites and Chesterfield Royal Hospital.

Mental Health Service Assessment Tool (MENSAT): The NHSE Mental Health Improvement Support Team provided a focused session on the Mental Health Service Assessment Tool (MENSAT) at the May 2025 Mental Health, Learning Disabilities and Autism System Delivery Board Meeting. Further workshops, summit and site visits planned for May/June 2025.

Performance

Michelle Arrowsmith, Chief Strategy & Delivery Officer
Nigel Smith, Non-Executive Member

Planning Compliance with Operational Plan – Cancer & Planned Acute Care

NHS Derby and Derbyshire Integrated Care Board

Objective	Level	Actual	Plan	Actual	Plan	Actual	Plan	actual	plan	actual	plan
		Qtr 1 24/25		Qtr 2 24/25		Qtr 3 24/25		Jan-25		Feb-25	
No person waiting longer than 65 weeks on an RTT pathway at the end September 2024.	CRH	259	177	146	0	93	0	77	0	44	0
	UHDB	924	436	345	0	162	0	128	0	119	0
	DDICB	1,050	571	480	0	238	0	197	0	180	0
Total RTT incomplete waiting list	CRH	29,173	29,390	28,956	28,701	28,731	28,012	28,923	27,800	28,885	27,588
	UHDB	107,470	113,440	107,539	113,055	108,605	108,730	109,670	107,582	109,167	106,925
	DDICB	125,944	132,189	124,763	131,204	123,827	127,911	124,292	127,002	124,678	126,381
Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	CRH	70%	78%	64%	83%	63%	89%	58.0%	91.6%	61.1%	93.0%
	UHDB	75%	81%	76%	83%	79%	86%	76.0%	90.3%	78.4%	92.5%
Total diagnostic waiting list	CRH	7,178	6,121	7,926	6,499	8,106	5,879	8,351	5,936	8,737	5,893
	UHDB	22,862	20,306	20,162	21,997	18,094	19,637	17,895	17,620	18,808	16,590
	DDICB	27,413	24,693	26,237	26,042	25,944	23,746	26,692	22,391	27,609	21,635
Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026	CRH	76%	77%	71%	75%	74%	76%	72.2%	74.8%	77.4%	76.0%
	UHDB	74%	75%	76%	75%	74%	76%	69.8%	76.1%	77.2%	76.5%
Improve performance against the headline 62-day standard to 70% by March 2025	CRH	79%	71%	73%	73%	73%	72%	74.1%	72.0%	72.8%	74.0%
	UHDB	65%	59%	70%	62%	71%	66%	65.9%	65.1%	63.3%	68.3%

Managing RTT Long Waiters:
Both providers have made significant inroads in reducing the number of people waiting 65 weeks or more despite not being able to meet the target of zero patients waiting by the end of the year.

Diagnostic Services:
Over the past year, both providers have faced challenges in meeting their planned diagnostics targets with audiology, echo, and urodynamics facing the most challenges.
Going forward, the development of Community Diagnostic Centres (CDCs) across the system and implemented towards the end of 2024 is expected drive improvement in performance over coming months.

Cancer Treatment and Diagnosis:
Both providers have consistently met or exceeded their plan target over the from February. This performance has been achieved despite a significant increase (28%) in cancer referrals across JUCD over the last 12 months, particularly at CRH. Further analysis is being undertaken to understand what is driving this trend including s review of the conversion rates and test if changes in practice should be considered, given the marked difference between CRH and UHDB.

Cancer, Diagnostics & Planned Acute Care

NHS
Derby and Derbyshire
Integrated Care Board

Issues
Managing Long Waiters: Despite significant progress, managing RTT long waiters remains challenging due to complex cases, delays in surgical devices, and the need for continuous validation and process improvement. **Diagnostic Capacity Challenges:** National issues in audiology, along with local equipment and maintenance problems, have strained diagnostic capacity and led to longer waiting times. **Cancer Treatment:** Ongoing treatment capacity challenges due to the capital costs associated with replacing linear accelerators (linacs) have continued to impact performance throughout the year.

Performance Requirements	Actions Being Taken, Risks & Mitigations
No person waiting longer than 65 weeks on an RTT pathway by Mar 25	JUCD have seen significant progress in managing RTT long waiters, despite facing numerous challenges. Our efforts have focused on addressing demand and capacity issues, collaborating with the independent sector, and managing patient choice. This aligns with the NHS's broader focus on RTT, incorporating longer waiters while continuing to strive towards the longer-term ambition of reaching the 18-week target. **Reduction in 78-Week Waiters:** We started the year with 44 breaches in the 78-week category, driven by complex cases, delays in surgical devices, and the ever-changing influx of new breaches. By the end of the year, we successfully reduced this number to just 5. **Validation and Process Improvement:** A significant focus was placed on validating the waiting list and reinvigorating processes to add assurance about clock stops. This led to some unexpected surprises, but we learned together and shared insights to build stronger system foundations. **Clearing 65-Week Waiters:** With significant Executive focus and delivery from operational clinical teams the 65-week waiters have almost cleared - leaving 93 at the end of March 2025. Providers worked diligently to manage each long waiter on an individual basis, frequently ensuring adherence to internal assurance and escalation processes and access policies. **CYP Long waiters – 52-Week waiters:** CRH successfully reduced the 52-week wait for CYP, while UHDB faced challenges, particularly in dental services. The likely case for UHDB was reduced to 120 (from 585 in April 2024). **Focus on 52-Week Waiters:** While our primary focus was on the 65 week & 78 week waiters, we also aimed to reduce the total wait list size, which had nearly doubled since 2020. As of 13/10/2024, the 52-week actuals were 1,662 for CRH and 3,742 for UHDB. By the end of March, these numbers were reduced to 1,269 for CRH and 2,508 for UHDB, representing a system-wide decrease of 28%.

Cancer, Diagnostics & Planned Acute Care

Derby and Derbyshire Integrated Care Board

Performance Requirements	Actions Being Taken, Risks & Mitigations
% Diagnostic test within six weeks by March 2025	**Challenges in Delivering Diagnostic Plans for 2024-25** Despite our best efforts, several pressure points have hindered our ability to deliver on diagnostic plans, impacting both existing services and the development of new Community Diagnostic Centres (CDCs). **Pressure Points:** • Increased Demand and Workforce Shortages: Rising demand and workforce shortages have strained our capacity, especially in audiology, leading to longer waiting times. • Equipment and Maintenance Issues: Delays in DEXA scans due to equipment shortages and maintenance problems have affected timely diagnoses. • Specialised Staff Constraints: Echocardiogram services have faced capacity constraints and the need for specialised staff, resulting in longer waiting times for cardiac assessments. **Achievements and Improvements** • High Performance in Cancer Treatment and Diagnosis: We have achieved high performance in cancer treatment and diagnosis, ensuring timely communication of diagnoses and significantly reducing the number of people waiting longer than 62 days for their first definitive treatment. • Significant improvements have been seen at UHDB, thanks to additional capacity coming online at Ilkeston and Florence Nightingale Community Hospital (FNCH) at the end of 2024. These new facilities have helped to alleviate pressure on existing services and contribute towards meeting the six-week diagnostic target.
Cancer Waiting Times	**Cancer Improvement Summary** **28-Day Faster Diagnosis Standard (FDS):** At the start of the year, the system was at 72.4% against the 75% target for the 28-day FDS. This has now dropped slightly to 70.7%. For Derby and Derbyshire patients where cancer was ruled out, the rate was 72.1% patients are advised on this within 28 days. When cancer was diagnosed, the rate is 55% which reflects the need for ongoing focus on deliver of the full best practice timed pathways which the cancer alliance is supporting us to deliver in 2025/26. Focus has been on implementing Best Practice Timed Pathways (BPTP) and using Cancer Alliance (CA) funding to facilitate improvements, particularly in lower gastrointestinal (LGI), gynaecology, and urology. **31-Day Treatment Standard:** Performance against the 31-day treatment standard is now at 85.8%. Issues with the 31-day standard have been due to linear accelerator (linac) availability and general challenges in the oncology workforce. Efforts led by the East Midlands Alliance Programme (EMAP) are ongoing to address these issues. **62-Day Treatment Standard:** The rate for the 62-day treatment standard improved from 57.7% to 66.7%. **Increase in Cancer Referrals:** Regional data shared on 07/04/2025 indicates a significant increase (28%) in cancer referrals across JUCD over the last 12 months, particularly at CRH. Further analysis is underway to confirm this trend and assess the impact of conversion rates. This will help determine if there is a change in practice to consider, as the increase is notably higher at CRH than at UHDB. **UHDB Tier Status:** University Hospitals of Derby and Burton (UHDB) dropped from Tier 1 to Tier 3 in the NHS Oversight Framework, indicating a need for moderate support to address specific issues. Improvement plans are being developed with regional teams to enhance performance in targeted areas

Planning Compliance with Operational Plan – Urgent & Emergency Care

Derby and Derbyshire Integrated Care Board

Objective	Level	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	actual	plan	actual	plan	actual	plan
		Qtr 1 24/25		Qtr 2 24/25		Qtr 3 24/25		Qtr 4 24/25		Jan-25		Feb-25		Mar-25	
Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025	CRH	65%	70%	62%	72%	58%	74%	58%	77%	57%	75%	59%	76%	59%	78%
	UHDB	66%	70%	65%	72%	62%	71%	63%	74%	61%	71%	62%	72%	65%	78%
	One Medical	100%	100%	100%	100%	100%	100%	100%	100%	100%	99%	100%	99%	99.98%	99%
	DCHS	99%	100%	99%	100%	99%	100%	99%	100%	99%	100%	99%	100%	98.66%	100%
	DDICB	75%	78%	74%	80%	71%	80%	72%	82%	71%	80%	72%	81%	73.54%	85%
Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25	ICB	00:36:53		00:34:30		00:57:46		00:41:18		00:45:36		00:36:59			
	EMAS	00:35:34	00:30:34	00:36:01	00:24:15	01:00:18	00:37:03	00:40:02	00:27:12	00:47:40	00:33:00	00:37:34	00:25:00	00:34:28	00:24:00
Increase virtual ward capacity.	ICB	168	181	170	181	170	181	145	181	145	181	145	181	145	181
Increase virtual ward utilisation.	ICB	50%	41%	57%	59%	57%	80%	75%	80%	88%	81%	59%	80%	77%	80%
Average general and acute bed occupancy rate (adult & paeds)	CRH	96%	95%	95.8%	95.6%	95%	96%	95%	95%	94%	93%	95%	99%	95%	94%
	UHDB	94%	92%	93.4%	91.7%	94%	94%	94%	95%	94%	96%	95%	96%	96%	93%
Percentage of beds occupied by patients no longer meeting the critera to reside - adult	CRH	16%	20%	17%	16%	15%	14%	16%	15%	16%	16%	17%	16%	14.3%	14.1%
	UHDB	8%	7%	8%	7%	8%	6%	9%	7%	10%	6%	10%	6%	8.4%	7.0%

AE 4-hour performance

Both Acute providers have found meeting the 4 hour target a challenge over the last year with actual performance lagging behind planned trajectory for all reporting periods due high acuity of patients, complexities of walk-in presentations, ED and organisational operational flow.
The UTCs have however maintained a good level of performance despite ongoing staffing challenges at one of the sites.

EMAS

As a system we have not, on average, achieved our planned level trajectory over the past due to several factors for example the sustained high levels of demand from high acuity patients, sustained higher than anticipated levels of demand at both acute trusts coupled with limited flow which have impacting ambulance turnaround times.
We are however starting to see improvements (Jan – March). Ongoing work through the UEC programme board to lock in and build on the improvements recorded over the final quarter.

General and Acute Beds

Both Acute Trusts have supplied more G&A beds than planned (+14 on average across UHDB and +52 on average at the CRH).
During the last 12-month period both acute trusts had average occupancies of 95%, exceeding the plan in Q3 and again during February 2025.

Urgent Care

NHS
Derby and Derbyshire
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Key targets	Progress	Key focus for improvement	Projected 2024/25 outturn position	Key challenges/risks
78% 4-hour ED wait	Achievement against the 4-hr target remains a challenge. **JUCD** combined system Q4 performance 72% against a plan of 80% **CRH** Q4 58% (plan 77%) **UHDB** Q4 63% (plan 74%) Stand-alone UTC's. One-Medical Q4 100% (plan 100%). DCHS Q4 99% (plan 100%)	Over the last 12 months the system has collectively been working together to improve performance against the 4-hr A&E target, several of the focused areas for improvement are listed below: • Review of project plans developed to address performance gaps including seasonal plan. • Increased focus on 4-hour breaches by admitted/non-admitted using BI data and tools. • Overnight breaches – Plans, process and thresholds for breaches for evening and overnight set and communicated. • Work on data analysis and impact 45-minute Ambulance Handover process underway. • Interceptor/ Senior Clinician at front door of ED to support direction to appropriate pathway. • Improvements identified for streaming to assessment areas and in-reach pathways. • Increase Same Day Emergency Care capacity and at Co-located Urgent Treatment Centres. • Improvements to Patient Transport Service workflow requests to avoid delayed or aborted journeys. • Continuation of Clinical Navigation Hubs to support care coordination to alternative appropriate pathways both Ambulance avoidance, CAT 3/ Cat 4 Clinical validation and Primary Care validation. • Improvements to P1 and D2A capacity to ensure speedier discharges. • Improvements to Acute Trust internal pathways. Including direct SDEC pathways from GP and EMAS • Implementation of SHREWD software for system-wide monitoring of pressures and improved escalation. • Continue to support and communicate Community Same Day Urgent Care offer including Pharmacy First, Urgent Treatment Centres, and Urgent Community Response.	Our Operational plan states we will achieve 78%	Challenges remain as high acuity of patients. Complexities of walk-in presentations a factor. ED and organisational operational flow. Time to initial assessment increasing month on month. Workforce Model issues. The number of overnight breaches. Delayed Discharges impacting on bed days
92% Acute bed occupancy rate	Overall Acute Trust bed occupancy Q4. **CRH** 95% (plan 95%). **UHDB** 94% (plan 95%) Note that Q4 includes in-month fluctuations due to escalation beds	The review of lessons learnt and factors of bed occupancy actuals vs plan per organisation is reviewed at the Weekly Winter Monitoring Group and fed into the Winter Wash Up Event 02/04/2025.	CRH plan 97.8% UHDB plan 93.9%	Significant challenges in the PVI sector. Acuity has also been reported as greater with an increase in Norovirus on site. Increase in acuity has contributed to the reduction in patients who do not meet criteria to reside.

Urgent Care

NHS
Derby and Derbyshire
Integrated Care Board

Key targets	Progress	Key focus for improvement	Projected 2024/25 outturn position	Key challenges/risks
33 min CAT 2 response time	Q4 C2 response average performance 39min, 28sec. This represents a significant improvement from Q3 but is short of recovering to the Q1 performance. Q4 C2 performance has improved month-on-month Jan – March. The impetus is to maintain this trajectory through to Q1 25/26	A focused effort and drive to reduce the ambulance handover delays and improve the response time has been underway: Both Acute sites have been supporting this target by focusing on their internal flow and turnaround times through the 45-minute initiative, the perfect week exercises, reviewing internal processes and escalation policies. The 45 - minute handover initiative went live on 29th January 2025, reporting demonstrates a step improvement in the DDICS handover position since go-live. Improvement to C2 position also noted. Work continues to focus on improving C2 performance and handover times through daily data monitoring, regular reviews and updated actions. Additional pathways have been explored for EMAS with a direct referral into UTC and SDEC now available and supported by the Clinical Navigation Hub (CNH) for EMAS clinicians to support their turnaround and ability to respond quickly. Continued 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 SPoA > 1500 alternative pathways found in January 2025.	Our Operational plan states we will achieve 00:33:00	Sustained high levels of demand of high acuity patients. Sustained high levels of demand at both acute trusts with limited flow - impacting ambulance turnaround times. Ambulance handover delays (including cross-border areas) Sickness absence in Derbyshire.
70% 2-hour UCR response	85% of UCR referrals have been responded to within 2 hours in Dec 2024,Awaiting latest data for Q4. 2024.compared to 86% in Nov 2024. UCR response above target consistently since May 23.	Achieving above target levels consistently, continued efforts to increase referrals and further improve response times: Admission avoidance has been a focus, with a negligible number of patients going on to more advanced urgent care settings and a fifth went on to be managed by community teams. Over two-thirds completed their treatment during the response.	Our Operational plan states we will achieve at least 70% of UCR referrals are responded to within 2 hours.	Demand remains high requiring a 2- hour response. Increased demand for Home Visiting Service. HV Activity has been consistently higher than last year, with a total of 7,716 visits during January.
Virtual Ward	Virtual Wards capacity has reduced to 145 places (plan of 181). Q4 occupancy 75% (plan 80%)	Virtual Wards is currently under review. A paper went to the March 2025 UECC Board and further work on the impact on 7-day service to confirm the position.	Under review	Under review

Planning Compliance with Operational Plan – Mental Health, Autism & Learning Disabilities

Derby and Derbyshire Integrated Care Board

Objective	Level	Actual	Plan	Actual	Plan	Actual	Plan	actual	plan	actual	plan
		Qtr 1 24/25		Qtr 2 24/25		Qtr 3 24/25		Jan-25		Feb-25	
Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025	ICB	68%	68%	68%	68%	69%	68%	68%	68%	69%	68%
Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025	ICB	59%	68%	58%	69%	59%	73%		Quarterly Target		Quarterly Target
Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement	ICB	70%	68%	69%	67%	68%	66%	69.4%	67.4%	70.9%	67.7%
Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 48% achieving reliable recovery	ICB	49%	51%	49%	49%	48.0%	48%	50.4%	49.8%	50.4%	50.8%
Increase the number of people accessing transformed models of adult community mental health in 2024/25 (Quarterly Target).	ICB	12,120	7,984	12,635	8,131	13,310	8,279		8,329		8,378
Increase the number of women accessing specialist perinatal services in 2024/25 (12 month rolling).	ICB	1,210	1,111	1,240	1,111	1,315	1,111	1,320	1,111	1,330	1,111
Increase the number of children and young people accessing a mental health service in 2024/25 (12 month rolling).	ICB	14,435	13,600	14,465	13,565	14,520	13,880	14,590	14,005	14,715	14,200
Ensure that 75% of individuals listed on GP registers as having a learning disability will receive annual health check (Quarterly Target).	ICB	10%	12%	14%	13%	18%	20%	8%	Quarterly Target	18%	Quarterly Target
Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults for every 1 million population	DHCFT	31	34	30	32	35	31	37	Quarterly Target	35	Quarterly Target
Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 12–15 under 18s for every 1 million population	DHCFT	3	3	4	3	4	3	4	Quarterly Target	3	Quarterly Target
Reduce out of area placements - National Data	ICB	10	26	10	26	15	16	15	14	15	12
Reduce out of area placements - Local Data	DHcFT	21	26	19	26	47	16	47	14	27	12

- Most of the performance trajectories in the 24/25 plan had assumed maintenance of 23/24 performance levels.
- There are challenges in achieving the SMI health check target.
- While the talking therapies reliable recovery is slightly under the planned performance percentage, in activity terms, actual activity is significantly higher than planned. The national 48% target for reliable recovery hadn't been achieved in quarters 1 and 2 but was achieved in quarter 3 and January.
- The Out of Area Placement measure has changed in 2024/25, and the data source has also changed, this has led to a reduction nationally in the totals being reported, and data quality issues have been identified.
- In the table above the national data is showing for DDICB (for information only due to its limitations) but local data is being used for the DHcFT position.

Mental Health

NHS
Derby and Derbyshire
Integrated Care Board

Area	Performance Requirements	Actions Being Taken, Risks & Mitigations
Adult MH Community Services	**Talking Therapies Increase in access**	➢ Procurement exercise for a new contract beyond 1 July 2025 has now concluded. Mobilisation plans are commencing to support a new contract going live in July 2025. Weekly meetings are in place at Executive Director level to support and prioritise transfer. ➢ ICB TT oversight group continues to meet weekly to review any risks and next steps required to support system stability and safety. ➢ Focus on quality measures through above structure will include understanding of excessive time lags between 1st and 2nd treatments (over 90 days). Work with providers to understand the issues and risks for patients is ongoing.
	Recover dementia diagnosis rate to 66.7%	➢ New dementia strategy approved at Delivery Board March 2025. ➢ The impact of new Disease Modifying Treatments is being considered in conjunction with National and Local Dementia Groups. ➢ The pathway to dementia diagnosis continues to be expanded. ➢ Considering the impact of the new Disease modifying treatments on the service. ➢ The Dementia Palliative Care service is working to integrate knowledge and skills with community nursing services.
	Improve Access to Perinatal Services	➢ The service has exceeded the National 10% access target and is currently performing at 11.7%. ➢ Outreach workstreams and stakeholder engagements are in place to promote ongoing inclusivity and accessibility into the service. ➢ Additional assessment clinics continue to be offered with inpatient staff supporting.
	Community MH Services increase in access	➢ All sites have now mobilised Phase One of the Living Well CMHF Transformation. The Living well social care workforce has been agreed across 2024/25 and 25/26. The Operational Plan 2025/26 will aim to evaluate and strengthen the keeping people well on the CMHT caseload. ➢ Assertive and Intensive CMHT Review underway. Action plan was agreed by ICB Board in December 2024, Progress to be reported back to ICB Board in Q2 of 2025/26
	SMI Annual Health Checks increase in access	➢ The Health Positive Pilot is operational – to date 1,629 patients have been contracted and 280 APHCs delivered. This has resulted in 185 new conditions being diagnosed and treatment being offered. To date 91 supported vaccination appointments have been carried out. Emerging finings from this pilot are being collated to inform next steps and commissioning decisions. ➢ Risks around Health Positive project funding ending in July have been flagged and are forming part of system conversations to agree next steps. ➢ SMI APHC Strategic Group to consider the actions suggested by NHSE to improve performance measures.
Adult MH Urgent Care Services	**Reduction in use of Out of Area Placements**	➢ Making Room for Dignity programme which is aimed at providing PICU provision in Derbyshire and improving inpatient environments. This will enable patients to be admitted to an appropriate unit of care within the patient's usual local network of services in a location which helps the patient retain contact with carers, family and friends; maintaining familiarity as much possible within their local area. ➢ PICU provision in Derbyshire will open in May 2025, this will start to repatriate PICU patients back in area and will increase admission capacity in adult acute inpatients. Localising the PICU provision will enable CMHTs to work closely with the inpatient team to expedite transfer to acute beds when clinically appropriate, ultimately discharge. ➢ The Flow Executive Oversight Group has been established in December 2024, when the OAP position worsened. The group meets fortnightly and has reviewed current practice against the 10 high impact changes for MH discharges. An action plan has been developed and has been steering best practice across inpatient and community teams. An ICB OAPs Summit was conducted on 17 March 2025 to understand the position and local data better which has further informed the Flow action plan. The MH and LDA Delivery Board has agreed for DHCFT to lead a MH Urgent Care review: 'Men SAT' supported by NHSE MH UEC Leads which will start in May 2025. ➢ The number of OAP has reduced to 27 (as of 7 April 2025) and patients identified as Clinically Ready for Discharge remains static at around 30. Twice weekly MADE events have been established to escalate challenges in the discharge pathways, supported by all agencies.

Learning Disabilities & Autism

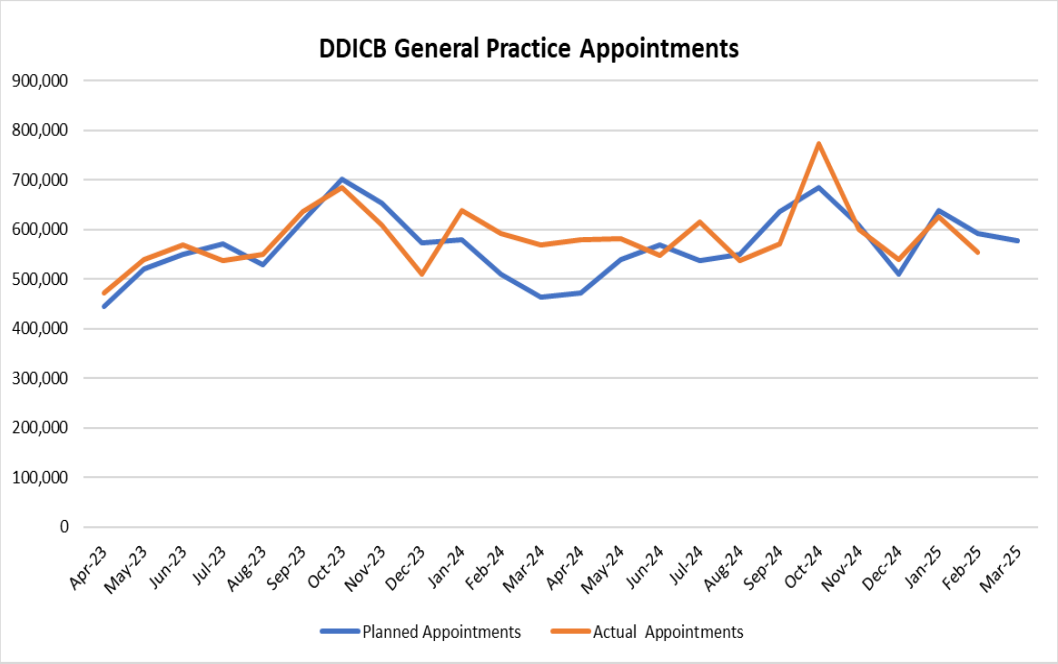
NHS
Derby and Derbyshire
Integrated Care Board

Area	Performance Requirements	Actions being taken, Risks & Mitigations
Children & Young Peoples Services	**CYP Increase in Access**	➢ We continue to meet our target. ➢ 25/26 Planning includes the intention to increase capacity to ensure we maintain our target.
Inpatient services	**Number of adults in ICB commissioned beds**	➢ There has been an admission reported within ICB commissioned beds however plans are in place for discharges to keep to the inpatient trajectory ➢ The Secure inpatient admissions have been increasing, this increase has been seen nationally and regionally. The commissioning team are working with Neuro Diversity Alliance colleagues to manage the future discharges accordingly. Plans are being worked up for 2025/26 in conjunction with the Secure Inpatients Services Alliance MPACT ➢ We have managed to reduce the number of CYP in secure inpatient care to 3 patients, which is within target.
	Number of adults in Secure inpatient care	
	Number of CYP In Specialised /secure inpatient care	
Reduction in health inequalities	**Number of annual health checks**	➢ Primary Care are working with the ICB Digital Lead to resolve ongoing coding challenges with TPP System 1. They're unable to remove incorrect LD codes from GP records if they're added by another organisation that no longer exists or does not respond to request to remove code. This is falsely inflating the LD QOF list and impacting the Investment & Impact funding. An interim solution for cleansing the data has been agreed by the GP clinical lead, signed off at Delivery Board and has had oversight from NHSE. The requirement to have a LD register will no longer be reported Nationally, we have used our local data and compliance figures to set out the plan for 2025/26.
LeDeR Program	**Achievement of LeDeR timescales & standards**	➢ A request was made for volunteer LeDeR Reviewers, but no offers were made. Funding for external reviewers has now been spent. ➢ These have been escalated to LeDeR Steering Group/Governance Panel and Mental Health Delivery Board. ➢ A paper has been prepared for ICB Executive Team Meeting. ➢ Options are being explored to expand the number of LeDeR reviewers

Planning Compliance with Operational Plan – Primary & Community Care

Derby and Derbyshire Integrated Care Board

Objective	Level	Actual	Plan	Actual	Plan	Actual	Plan	Actual	Plan	actual	plan	actual	plan	actual	plan
		Qtr 1 24/25		Qtr 2 24/25		Qtr 3 24/25		Qtr 4 24/25		Jan-25		Feb-25		Mar-25	
Increase General Practice appointment activity	ICB	1,706,118	1,579,396	1,722,370	1,721,539	1,912,298	1,804,240	1,770,396	1,806,919	625,284	638,360	554,315	592,551	590,797	576,008
% of appointments delivered on same day	ICB	41%		41%		38%		40%		41%	0%	40%	0%	39%	0%
% of appointments delivered within 2 weeks	ICB	75.5%	75%	75%	75%	71%	75%	76%	75%	76%	75%	76%	75%	75%	75%
Increase dental activity - improving units of dental activity (UDAs) towards pre-pandemic levels	ICB	274,827	381,960	607,341	763,920	968,569	1,145,880	1,303,172	1,527,839	1,069,111	Quarterly Target	1,180,157	Quarterly Target	1,303,172	381,959
Community Waiting List - Over 52 Weeks	ICB	2,281	2,226	2,885	2,247	2,753	2,277	0	2,463	2,731		2,806			2,463
Community Waiting List - total size	ICB	25,510		25,626		24,538		0		24,443		23,745			



GP Appointments

The 2024/25 plan assumed that General Practice would deliver the same level of appointments as in the previous year. At the end of March, GP appointments were 2.9% above plan.

In a year-on-year comparison this increase is seen in home visits, telephone and online appointments with face to face showing a 0.8% reduction

In October there was a notable increase (approx. 30%) in the volume of appointments recorded (both nationally and for DDICB), it is understood this is a result of the seasonal flu vaccination programme.

Adult Community Service Waiting Times

At the end of February, the number of 52 weeks waits was tracking higher than plan. The 2024/25 plan did assume that the number of 52+ week waits would be higher at the end of the year than the start – due to the known issue about tier 3 weight management.

Primary Care/Dental Recovery Plan Update

NHS
Derby and Derbyshire
Integrated Care Board

Performance Requirements/Theme	Actions Being Taken, Risks & Mitigations:
Primary Care Access Recovery Plan 24/25	➢ **Primary Care Access Recovery Plan** (PCARP) work is on target. A checklist was developed across the three main domains for the 2024/25 PCARP. At 9th April the declarations have been accepted from all Derby and Derbyshire PCNs: ➢ Domain 1 Better Digital Telephony: 18 PCNs (+ Friar Gate) ➢ Domain 2 Simpler Online Requests: 18 PCNs (+ Friar Gate) ➢ Domain 3 Faster Care Navigation: 18 PCNs (+ Friar Gate) ➢ **Empowering General Practice Programme update:** ➢ Stakeholder engagement with MH and CYP teams in the ICB,Amber Valley Leadership, Advancing Practice faculty, Nursing and Midwifery faculty and Derbyshire AHP faculty ➢ Plans in place to attend the DHU, DHcFT, DCHS and UHDB boards to update on the programme ➢ First QI session held ➢ PCN check in sessions being organised to offer specific support and guidance to each project ➢ Introductions made between system Dementia Strategy lead and accelerator projects that align to the strategy – attending May PCCDB ➢ Work started on the “Supporting General Practice” workstream with the Hub+ ➢ Work started to organise a in-person phase 1 “showcase” for October ➢ **ARRS update:** ➢ As of Month 11 there is a forecasted position of 98% spend against the ARRS budget for 2024/25. ➢ Since the introduction of GPs to the ARRS scheme, 25.8 WTE are in post across Derbyshire PCNs. This is on top of the additional 65 WTE GPs that have joined the Derbyshire workforce this year.
Primary Care – Dental Commissioning	➢ Plans to deliver the additional 700,000 urgent dental appointments are progressing at pace. DDICB’s target has been set at 16,298 appointments. Expressions of interest issued, returned and being evaluated. Another phase of expressions of interest is planned, for activity to commencing late summer/autumn 2025. ➢ Practices are being funded to over perform their contracted activity, up to 110% over, also allowing flexible commissioning and providing additional CDS support schemes to increase access for more vulnerable groups. ➢ Care home pilot specification is in final stages - pilot will see dental practices align with care homes and provide a dental service to those living in the care home. ➢ ICB implemented the national dental recovery plan for 2024/25; this included uplifting UDA rates and introducing the national New Patient Premium (NPP), the 110% and flexible commissioning as per above, and a “Golden Hello” scheme to attract dentists to areas known as difficult to recruit to.

Constitutional Standards – Urgent Care

Derby and Derbyshire Integrated Care Board

ICB Dashboard for NHS Constitution Indicators

Area	Indicator Name	Standard	Latest Period	Direction of Travel	NHS Derby & Derbyshire ICB Current Month	NHS Derby & Derbyshire ICB YTD	NHS Derby & Derbyshire ICB consecutive months non-compliance	Chesterfield Royal Hospital FT Current Month	Chesterfield Royal Hospital FT YTD	Chesterfield Royal Hospital FT consecutive months non-compliance	University Hospitals of Derby & Burton FT Current Month	University Hospitals of Derby & Burton FT YTD	University Hospitals of Derby & Burton FT consecutive months non-compliance	NHS England Current Month	NHS England YTD	NHS England consecutive months non-compliance
Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	76%	Mar-25	↓	76.4%	75.1%	11	79.5%	77.3%	0	75.4%	74.3%	11	75.0%	73.9%	114
	A&E 12 Hour Trolley Waits	0	Mar-25					167	1,964	56	704	11,286	36	46,766	532,427	56

EMAS Dashboard for Ambulance Performance Indicators

Area	Indicator Name	Standard	Latest Period	Direction of Travel	East Midlands Ambulance Service Performance (NHSD&DICB only - National Performance Measure) Current Month	East Midlands Ambulance Service Performance (NHSD&DICB only - National Performance Measure) YTD	East Midlands Ambulance Service Performance (NHSD&DICB only - National Performance Measure) consecutive months non-compliance	EMAS Performance (Whole Organisation) Current Month	EMAS Performance (Whole Organisation) YTD	EMAS Performance (Whole Organisation) consecutive months non-compliance	EMAS Completed Quarterly Performance 2024/25 Q1 2024/25	EMAS Completed Quarterly Performance 2024/25 Q2 2024/25	EMAS Completed Quarterly Performance 2024/25 Q3 2024/25	EMAS Completed Quarterly Performance 2024/25 Q4 2024/25	NHS England Current Month	NHS England YTD	NHS England consecutive months non-compliance
Ambulance System Indicators	Ambulance - Category 1 - Average Response Time	00:07:00	Feb-25		00:00:00	00:09:16		00:08:37	00:09:11	56	00:09:02	00:09:02	00:09:44		00:07:52	00:08:18	47
	Ambulance - Category 1 - 90th Percentile Respose Time	00:15:00	Feb-25		00:00:00	00:15:56		00:13:56	00:16:04	0	00:15:58	00:15:54	00:17:09		00:14:57	00:14:52	0
	Ambulance - Category 2 - Average Response Time	00:18:00	Feb-25		00:00:00	00:42:44		00:34:28	00:43:01	57	00:35:42	00:36:09	01:00:32		00:28:34	00:35:12	56
	Ambulance - Category 2 - 90th Percentile Respose Time	00:40:00	Feb-25		00:00:00	01:29:19		00:58:28	01:29:12	56	01:15:05	01:16:10	01:00:32		01:09:25	01:15:23	48
	Ambulance - Category 3 - 90th Percentile Respose Time	02:00:00	Feb-25		00:00:00	06:50:29		05:02:57	06:42:00	56	05:20:47	05:23:13	10:02:25		03:39:17	04:58:36	48
	Ambulance - Category 4 - 90th Percentile Respose Time	03:00:00	Feb-25		00:00:00	06:59:06		05:13:24	07:24:15	48	04:06:36	04:53:55	14:11:13		04:15:23	05:40:43	48

Key:			
	Performance Meeting Target	Performance Improved From Previous Period	↑
	Performance Not Meeting Target	Performance Maintained From Previous Period	→
	Indicator not applicable to organisation	Performance Deteriorated From Previous Period	↓

Constitutional Standards – Planned Care & Cancer

Derby and Derbyshire Integrated Care Board

Key:			
	Performance Meeting Target	Performance Improved From Previous Period	↑
	Performance Not Meeting Target	Performance Maintained From Previous Period	→
	Indicator not applicable to organisation	Performance Deteriorated From Previous Period	↓

ICB Dashboard for NHS Constitution Indicators				Direction of Travel	NHS Derby & Derbyshire ICB			Chesterfield Royal Hospital FT			University Hospitals of Derby & Burton FT			NHS England		
					Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance
Area	**Indicator Name**	**Standard**	**Latest Period**													
Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Feb-25	↓	57.1%	57.5%	85	55.3%	54.8%	70	52.4%	53.5%	86	59.2%	58.8%	108
	Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Feb-25	↓	3,228	48,511	61	1,025	13,927	59	2,986	41,585	60	193,516	2,784,648	214
	Number of 78 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Feb-25		0	154	0	1	8	1	11	68	47	1,691	31,259	47
	Number of 104 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Feb-25	↑	1	4	1	0	1	0	2	2	1	161	1,752	47
Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Feb-25	↓	28.31%	28.49%	81	38.68%	35.58%	59	22.71%	23.54%	60	17.46%	21.82%	138
28 Day Faster Diagnosis	Diagnosis or Decision to Treat within 28 days of All Referrals	75%	Feb-25	↑	78.6%	74.4%	0	72.1%	73.9%	1	76.1%	74.5%	0	73.5%	76.2%	1
31 Days Cancer Waits	First & Subsequent Treatments Administered Within 31 Days Of Decision To Treat	96%	Feb-25	↑	90.7%	88.4%	32	95.2%	93.5%	8	87.3%	87.5%	32	91.8%	90.9%	32
62 Days Cancer Waits	First Definitive Treatment Administered Within 62 Days Of All Referrals	85%	Feb-25	↑	67.7%	68.4%	32	72.8%	74.5%	32	63.3%	68.0%	32	67.0%	67.9%	32

Constitutional Standards – Mental Health

Derby and Derbyshire Integrated Care Board

Key:			
	Performance Meeting Target	Performance Improved From Previous Period	↑
	Performance Not Meeting Target	Performance Maintained From Previous Period	→
	Indicator not applicable to organisation	Performance Deteriorated From Previous Period	↓

ICB Dashboard for NHS Constitution Indicators				Direction of Travel	NHS Derby & Derbyshire ICB			Derbyshire Healthcare FT						NHS England		
					Current Month	YTD	consecutive months of failure	Current Month	YTD	consecutive months of failure	Current Month	YTD	consecutive months of failure	Current Month	YTD	consecutive months of failure
Area	**Indicator Name**	**Standard**	**Latest Period**													
Early Intervention In Psychosis	Early Intervention In Psychosis - Admitted Patients Seen Within 2 Weeks Of Referral	60.0%	Feb-25	↑	71.4%	75.6%	0	64.3%	75.2%	0				57.8%	63.9%	1
	Early Intervention In Psychosis - Patients on an Incomplete Pathway waiting less than 2 Weeks from Referral	60.0%	Feb-25	↓	66.7%	72.5%	0	80.0%	74.3%	0				29.8%	26.7%	23
Mental Health	Dementia Diagnosis Rate	67.0%	Feb-25	↑	68.5%	67.6%	0							65.4%	65.3%	59
	Learning Disability Health Checks		Feb-25	↑	10.0%	5.9%										
	Physical Health Checks for Patients with Severe Mental Illness	25%	2023/24 Q4	↑	71.7%	29.6%	0									
Area	**Indicator Name**	**Standard**	**Latest Period**		NHS Derby & Derbyshire ICB											
NHS Talking Therapies	Talking Therapies - Number Entering Treatment As Proportion Of Estimated Need In The Population	Plan	Feb-25	↓	2.10%	23.10%										
		Actual			1.99%	22.45%	4									
	Talking Therapies - Proportion Completing Treatment That Are Moving To Recovery	50%	Feb-25	↑	54.9%	52.5%	0									
	Talking Therapies Waiting Times - The proportion of people that wait 6 weeks or less from referral to entering a course of treatment	75%	Feb-25	↓	87.2%	89.4%	0									
	Talking Therapies Waiting Times - The proportion of people that wait 18 Weeks or less from referral to entering a course of treatment	95%	Feb-25	↑	100.0%	99.8%	0									

Data Source

NHS
Derby and Derbyshire
Integrated Care Board

Area	Objective	Data Source
Primary and Community Care	Increase General Practice appointment activity	Appointments in General Practice - NHS England Digital
	% of appointments delivered on same day	
	% of appointments delivered within 2 weeks	
	Increase dental activity - improving units of dental activity (UDAs) towards pre-pandemic levels	eDEN Dental data via NHSBSA
	Community Waiting List - Over 52 Weeks	Statistics » Community Health Services Waiting Lists (england.nhs.uk)
	Community Waiting List - total size	
Mental Health, Autism & Learning Disabilities	Improve quality of life, effectiveness of treatment, and care for people with dementia by increasing the dementia diagnosis rate to 66.7% by March 2025	https://future.nhs.uk/MHRH/view?objectID=43647696
	Reduce inequalities by working towards 75% of people with severe mental illness receiving a full annual physical health check, with at least 60% receiving one by March 2025	https://www.england.nhs.uk/statistics/statistical-work-areas/serious-mental-illness-smi/
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 67% achieving reliable improvement	https://digital.nhs.uk/data-and-information/publications/statistical/nhs-talking-therapies-monthly-statistics-including-employment-advisors
	Increase the number of adults and older adults completing a course of treatment for anxiety and depression via NHS Talking Therapies to 700,000, with at least 48% achieving reliable recovery	
	Increase the number of people accessing transformed models of adult community mental health in 2024/25 (Quarterly Target).	https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set
	Increase the number of women accessing specialist perinatal services in 2024/25 (12 month rolling).	https://digital.nhs.uk/data-and-information/data-collections-and-data-sets/data-sets/mental-health-services-data-set
	Increase the number of children and young people accessing a mental health service in 2024/25 (12 month rolling).	https://digital.nhs.uk/data-and-information/publications/statistical/mental-health-services-monthly-statistics
	Ensure that 75% of individuals listed on GP registers as having a learning disability will receive annual health check (Quarterly Target).	https://digital.nhs.uk/data-and-information/publications/statistical/learning-disabilities-health-check-scheme
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 30 adults for every 1 million population	Local data used from DHcFT
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, to the target of no more than 12–15 under 18s for every 1 million population	
	Reduce out of area placements	https://future.nhs.uk/MHRH/view?objectID=26200112
Planned Acute Care and Cancer	No person waiting longer than 65 weeks on an RTT pathway at the end September 2024.	https://www.england.nhs.uk/statistics/statistical-work-areas/rtt-waiting-times/
	Total RTT incomplete waiting list	
	Increase the percentage of patients that receive a diagnostic test within six weeks in line with the March 2025 ambition of 95%	https://www.england.nhs.uk/statistics/statistical-work-areas/diagnostics-waiting-times-and-activity/monthly-diagnostics-waiting-times-and-activity/
	Total diagnostic waiting list	
	Value Weighted Activity relative to 19/20 base	https://future.nhs.uk/NHSEPaymentsystemsupport/groupHome
	Improve performance against the 28 day Faster Diagnosis Standard to 77% by March 2025 towards the 80% ambition by March 2026	Data from the CWT-Db on a monthly and quarterly basis.
	Improve performance against the headline 62-day standard to 70% by March 2025	
Urgent and Emergency Care	Improve A&E waiting times, compared to 2023/24, with a minimum of 78% of patients seen within 4 hours in March 2025	https://gbr01.safelinks.protection.outlook.com/?url=https%3A%2F%2Fwww.england.nhs.uk%2Fstatistics%2Fstatistical-work-areas%2Fae-waiting-times-and-activity%2F&data=05%7C01%7Cmatt.whitston%40nhs.net%7C77d55a7e84d54e8d9ec008daf21af378%7C37c354b285b047f5b22207b48d774ee3%7C0%7C0%7C638088494801862708%7CUnknown%7CTWFp Local Data
	Improve Category 2 ambulance response times to an average of 30 minutes across 2024/25	https://www.england.nhs.uk/statistics/statistical-work-areas/ambulance-quality-indicators).
	Increase virtual ward capacity.	Foundry (Virtual Ward Dashboard)
	Increase virtual ward utilisation.	
	Average general and acute bed occupancy rate	Statistics - NHS England - Critical care and General & Acute Beds – Urgent and Emergency Care Daily Situation Reports 2023-24
	Percentage of beds occupied by patients no longer meeting the critera to reside - adult	Statistics » Discharge delays (Acute) (england.nhs.uk)

Finance

Bill Shields, Chief Finance Officer
Nigel Smith, Non-Executive Member

Month 12 System Finance Summary – Financial Position

Derby and Derbyshire Integrated Care Board

JUCD submitted a financial plan to deliver a deficit of £50m, in line with the Revenue Financial Plan Limit set for the ICS. £50m Non-recurrent Revenue Deficit Support funding was received in month 6 resulting in a revision to the plan and a new breakeven position for the year.

At month 12 the system is reporting a final position in line with the revised 2024/25 breakeven plan.

Key variances within the financial position are Urgent and Emergency Care Demand pressures and other cost pressures including supplies and services. These pressures have been mitigated within organisational positions by pay underspends and other non-recurrent benefits.

Capital expenditure as at month 12 is a total of £70.9m. This is in line with the allocation the system has received in 2024/25 to cover system operational capital and IFRS16 leases.

Organisation	2024/25 Plan £'m	2024/25 Actual £'m	Variance £'m
ICB	**23.8**	**1.4**	**(22.4)**
CRH	(5.0)	(3.2)	1.8
DCHS	(0.0)	3.3	3.3
DHcFT	(6.4)	(0.0)	6.4
EMAS	0.0	0.0	0.0
UHDB	(12.4)	(1.5)	10.9
JUCD ICS Surplus/ (Deficit)	**0.0**	**0.0**	**0.0**

Month 12 System Finance Summary – Efficiencies

NHS
Derby and Derbyshire
Integrated Care Board

At month 12 efficiency delivery is £166.2m, a variance of £3.5m behind the annual efficiency plan of £169.7m.

The level of recurrent efficiencies for 2024/25 is £84.5m, 51% delivered recurrently against the planned 60%. This puts pressure on future financial years.

				Recurrent			Non-Recurrent		
Organisation	2024/25 Plan £'m	2024/25 Actual £'m	Variance £'m	2024/25 Plan £'m	2024/25 Actual £'m	Variance £'m	2024/25 Plan £'m	2024/25 Actual £'m	Variance £'m
ICB	47.0	47.0	0.0	32.2	29.3	(2.9)	14.8	17.7	2.9
CRH	19.8	16.3	(3.5)	12.2	4.7	(7.4)	7.6	11.6	4.0
DCHS	11.6	11.6	0.0	4.6	4.9	0.2	6.9	6.7	(0.2)
DHcFT	12.5	12.5	0.0	8.9	6.4	(2.6)	3.6	6.2	2.6
EMAS	16.1	16.1	0.0	10.1	9.6	(0.5)	5.9	6.4	0.5
UHDB	62.7	62.7	0.0	33.0	29.7	(3.3)	29.7	33.0	3.3
JUCD Total	**169.7**	**166.2**	**(3.5)**	**101.0**	**84.5**	**(16.5)**	**68.6**	**81.7**	**13.0**

Workforce

Lee Radford, Chief People Officer
Margaret Gildea, Non-Executive Member

2024/25 Workforce Plan Position Month 12 - Provider Summary

Derby and Derbyshire Integrated Care Board

2024/25 (M12)		M12 Plan	M12 Actual	Variance from plan
JUCD Total	Workforce (WTE)			
	Total Workforce	30,363.85	30,760.70	396.85
	Substantive	28,818.20	28,822.89	4.69
	Bank	1,304.85	1,651.01	346.16
	Agency	240.80	286.80	46.00
CRH	Workforce (WTE)			
	Total Workforce	4,936.30	5,098.72	162.42
	Substantive	4,541.67	4,696.74	155.07
	Bank	299.86	301.89	2.03
	Agency	94.77	100.09	5.32
DCHS	Workforce (WTE)			
	Total Workforce	3,833.32	3,921.08	87.76
	Substantive	3,710.73	3,797.35	86.62
	Bank	95.16	85.65	-9.51
	Agency	27.43	38.08	10.65
DHcFT	Workforce (WTE)			
	Total Workforce	3,349.33	3,238.11	-111.22
	Substantive	3,164.48	3,070.89	-93.59
	Bank	164.16	146.08	-18.08
	Agency	20.69	21.14	0.45
EMAS	Workforce (WTE)			
	Total Workforce	4,536.66	4,488.41	-48.25
	Substantive	4,463.00	4,407.02	-55.98
	Bank	52.66	59.52	6.86
	Agency	21.00	21.87	0.87
UHDB	Workforce (WTE)			
	Total Workforce	13,708.24	14,014.38	306.14
	Substantive	12,938.32	12,850.89	-87.43
	Bank	693.01	1,057.87	364.86
	Agency	76.91	105.62	28.71

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 017

Report Title	Derby and Derbyshire ICB Emergency Planning Resilience and Response (EPRR) Policy							
Author	Christopher Leach, Assistant Director of EPRR							
Sponsor	Chris Weiner, Accountable Emergency Officer							
Presenter	Chris Weiner, Accountable Emergency Officer							
Paper purpose	Decision	☒	Discussion	☐	Assurance	☐	Information	☐
Appendices (reports attached)	***Please note: The appendix is attached as separate PDF 017.*** Appendix 1: ICB EPRR Policy							

Recommendations
The ICB Board are recommended to **NOTE** and **SUPPORT** the ICB EPRR Policy.
Report Summary
The ICB as a Category 1 responder under the Civil Contingencies Act 2004 is required to have in place sufficient and established Emergency Preparedness, Resilience and Response (EPRR) processes to ensure the organisation and system of Derby and Derbyshire is resilient against potential risks and threats. Derby and Derbyshire ICB have in place an EPRR Policy that is designed to provide the overarching direction and position statement in relation to this EPRR delivery. As part of this process we ask for the backing of the board in relation to commitment to supporting EPRR to ensure compliance of the ICB in relation to its duties as a Category 1 Responder under the Civil Contingencies Act 2004 and the Health and Social Care Act 2022. Further to this we request the support of the board for the ongoing resourcing as per the EPRR Policy in relation to the capability within the ICB.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☐	From sickness to prevention	☐

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☐
SR5	Affordable and sustainable workforce	☐	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☐	**SR10**	Digital transformation	☐
SR11	Cyber-attack and disruption	☒			

Conflicts of Interest	

Have the following been considered and actioned?			
Financial Impact	Yes ☒	No ☐	N/A ☐
Impact Assessments	Yes ☒	No ☐	N/A ☐
Equality Delivery System	Yes ☒	No ☐	N/A ☐
Health Inequalities	Yes ☒	No ☐	N/A ☐
Patient and Public Involvement	Yes ☒	No ☐	N/A ☐
ICS Greener Plan Targets	Yes ☒	No ☐	N/A ☐

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 018

Report Title	New Committee Terms of Reference							
Author	Suzanne Pickering, Head of Governance							
Sponsor	Helen Dillistone, Chief of Staff							
Presenter	Helen Dillistone, Chief of Staff							
Paper purpose	Decision	☒	Discussion	☐	Assurance	☐	Information	☐
Appendices (reports attached)	***Please note: the appendix is attached as separate PDF 018.*** Appendix 1 – Committee Terms of Reference							

Recommendations

The ICB Board are recommended to **APPROVE** the new Committee Terms of Reference.

Report Summary

During the quarter 3 and 4, a governance review of the ICB Board committees has been undertaken. The review concluded that the functions and responsibilities of some committees should change to ensure that the committees operate more effectively, and their role is to provide assurance to the ICB Board. The review included the consideration of committee membership and attendance in a slightly different context. There has also been a change to the committee Chairs for the Finance and Performance Committee and the Strategic Commissioning and Integration Committee.

The implementation of the new committees was effective from the 1st April 2025.

The changes to the committees are as follows:

From	To	Non-Executive Member Chair
Audit and Governance Committee	Audit and Governance Committee	Sue Sunderland
Finance, Digital and Estates Committee	Finance and Performance Committee	Nigel Smith
People and Culture Committee	People and Culture Committee	Margaret Gildea
Quality and Performance Committee	Quality, Safety and Improvement Committee	Adedeji Okubadejo
Remuneration Committee	Remuneration Committee	Margaret Gildea
Population Health and Strategic Commissiong Committee	Strategic Commissioning and Integration Committee	Jill Dentith

The Terms of References (TORs) for the new committees have been produced and the format of the TORs has also changed and are in line with NHS Nottingham and Nottinghamshire ICB.

The TORs have been reviewed by each committee and recommended to the ICB Board for approval on the 22nd May 2025.

Committees will be reviewed as ICBs move into cluster arrangements later in the year and may therefore be required to change to ensure they continue to be fit for purpose to reflect any future cluster arrangements enabling the effective discharge of ICB duties across that footprint.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☒	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☒	**SR10**	Digital transformation	☒
SR11	Cyber-attack and disruption	☒			

Conflicts of Interest	None identified

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

NHS
Derby and Derbyshire
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NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 019

Report Title	ICB Committee Annual Reports 2024/25							
Authors	Fran Palmer, Corporate Governance Manager ICB Committee Chairs							
Sponsor	Helen Dillistone, Chief of Staff							
Presenter	Helen Dillistone, Chief of Staff							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices (reports attached)	***Please note: the appendix is attached as separate PDF 019.*** Appendix 1 – ICB Committee Annual Reports 2024/25							

Recommendations

The ICB Board are recommended to **NOTE** the ICB Committee Annual Reports for 2024/25.

Report Summary

It is an annual requirement for Committees of the ICB to produce an Annual Report, as set out in the Committee's Terms of Reference.

Committee Annual Reports for 2024/25 (see Appendix 1) are provided to the ICB Board for information and include a review of the work that each Committee has completed during the period 1st April 2024 to 31st March 2025. A conclusion has also been provided by each Committee Chair.

How does this paper support the 3 shifts of the NHS 10-Year Plan?

From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks

SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☒	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☒	**SR10**	Digital transformation	☒
SR11	Cyber-attack and disruption	☒			

Conflicts of Interest	None identified.

Have the following been considered and actioned?

Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 020

Report Title	Board Assurance Framework (BAF) Final Quarter 4 2024/25 position and Opening Quarter 1 2025/26 position							
Author	Rosalie Whitehead, Risk Management & Legal Assurance Manager							
Sponsor	Helen Dillistone, Chief of Staff							
Presenter	Helen Dillistone, Chief of Staff							
Paper purpose	Decision	☒	Discussion	☐	Assurance	☒	Information	☐
Appendices (reports attached)	Appendix 1 – ICB Board BAF Strategic Risk Report Appendix 2 – BAF Strategic Risks 1 to 11 (**Separate PDF 020**) Appendix 3 – BAF Summary for opening Quarter 1 2025/26 position							

Recommendations

The ICB Board are requested to:

- **RECEIVE** the final Quarter 4 2024/25 BAF strategic risks 1 to 11;
- **NOTE** the risk score decreases in respect of strategic risk (SR):
  - Strategic Risk 11, owned by Finance and Performance Committee has been decreased from a very high score of 20 to a very high score of 16.
- **RECEIVE** the opening Quarter 1 BAF position.

Report Summary

This report provides the 2024/25 final quarter 4 position of the Board Assurance Framework. The strategic risks have been reviewed, updated and approved by each responsible Committee and the current risk scores considered and rationale provided.

The closing position for quarter 4 2025/26 is also the opening position of quarter 1 2025/26. The Board Assurance Framework will be presented in a new format from quarter 1 2025/26. The strategic risks will be further streamlined and the detail refreshed into a strategic concise level format.

Changes made during quarter 4 are highlighted on the BAF in blue text. Please see Appendix 2, included as a separate PDF document to the agenda and paper pack.

The Board Assurance Framework Strategic Risk Report (Appendix 1) provides the detail of the final quarter 4 position strategic risks, risk movement, rationale and actions completed during quarter 4.

Strategic Risk 11 Cyber security

At the ICB Board meeting held on 20th March 2025, it was agreed that the ownership for strategic risk 11 should transfer from the Audit and Governance Committee to the Finance and Performance Committee from quarter 4 as this Committee holds the responsibility for digital and cyber security. In line with this, the Finance and Performance Committee received ownership of strategic risk 11 at the meeting held on 1st May 2025.

Strategic Risk score changes

During quarter 4, one strategic risk, owned by the Finance and Performance Committee, has decreased in risk score:

Risk 11: *There is a risk that the core patient care and business functions of Derbyshire system partners could be compromised or unavailable if there were a successful cyber-attack/disruption, resulting in threats to patient care and safety, and loss or exploitation of personal patient information, amongst others.*

This strategic risk has decreased from a very high score of 20 to a very high score of 16. This reduction was approved at the Finance and Performance Committee meeting held on 1st May 2025.

All other strategic risk scores have not changed. Committee have reviewed and scrutinised the risk scores and they have agreed for the risk scores to remain the same.

How does this paper support the 3 shifts of the NHS 10-Year Plan?					
From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks					
SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☒	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☒	**SR10**	Digital transformation	☒
SR11	Cyber-attack and disruption	☒			☐

Conflicts of Interest	None identified

Have the following been considered and actioned?			
Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

Derby and Derbyshire Integrated Care Board

Board Assurance Framework Strategic Risk Report
Quarter 4 – 2024/25

This report provides a description of the strategic risks currently facing the Derbyshire system and provides the final position for each at Quarter 4 2024/25 including the decisions of the relevant committees in relation to any changes in risk scores, risk description and threats.

The ICB has nine strategic risks in total. Five strategic risks are scored very high and four strategic risks are scored high.

Risk No	Description	Q3 2024/25 closing risk score	Q4 2024/25 closing risk score	Risk Movement	Rationale	Additional Comments
SR1 *Quality, Safety and Improvement Committee*	There is a risk that increasing need for healthcare intervention is not met in the most appropriate and timely way and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and both upper tier Councils to deliver consistently safe services with appropriate standards of care.	**16**	**16**	⟺	The risk score remains at a very high 16 as a result of the challenging financial constraints across the system and the potential impact this has on the standards of care.	Two actions were completed during quarter 4. Please see appendix 2 for detail.
SR2 *Strategic Commissioning and Integration Committee*	There is a risk that short term operational needs hinder the pace and scale required for the system to achieve the long term strategic objectives to reduce health inequalities, improve health outcomes and life expectancy.	**16**	**16**	⟺	Following discussion by the committee, the risk score remains at a very high 16. The work relating to addressing health inequalities is being led by the Director of Population Health.	One action was completed during quarter 4.
SR3 *Strategic Commissioning and Integration Committee*	There is a risk that the population is not sufficiently engaged and able to influence the design and development of services, leading to inequitable access to care and poorer health outcomes.	**12**	**12**	⟺	The risk score remains at a high 12.	This strategic risk was agreed to be transferred to the Strategic Commissioning and Integration Committee from 2025/26 due to the Public Partnership Committee being stood down

						following the ICB Committee governance review.
SR4 *Finance and Performance Committee*	There is a risk that the NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.4bn available funding.	**20**	**20**	⟷	The risk score was discussed by the committee and remains at a very high 20. The JUCD System continues to be financially challenged both in the short and longer term.	Two actions were completed during quarter 4.
SR5 *People and Culture Committee*	There is a risk that the system is not able to maintain an affordable and sustainable workforce supply pipeline and to retain staff through a positive staff experience.	**16**	**16**	⟷	The score remains at a very high 16. Once the 'One Workforce' Strategy is completed, using the knowledge gained relating to wider workforce statistics, more of a system understanding of the workforce will be gained and the risk score and descriptor will be reviewed accordingly.	Four actions were completed during quarter 4. Threat 2 *Lack of system alignment between activity, people and financial plans* has been removed due to the improved strengthening of NHS system workforce planning linked to financial and operational plans and in year performance management. The target score has been decreased to a high score of 12 from a very high score of 16 in accordance with alignment.
SR7 *Strategic Commissioning and Integration Committee*	There is a risk that decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	**12**	**12**	⟷	The risk score remains at a high 12. Due to the nature of the risk and scale of transformation required, in addition to the announcements of changes to ICBs and providers, following	There were no completed actions during quarter 4.

					careful consideration of the risk score it is not felt to be appropriate to decrease the risk score in the current environment.	
SR8 *Strategic Commissioning and Integration Committee*	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	**12**	**12**	⟷	The risk score remains at a high 12. The ICB Business Intelligence (BI) department is now fully staffed and the team will require time to become established in order deliver the BI required.	One action was completed during quarter 4.
SR10 *Finance and Performance Committee*	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	**12**	**12**	⟷	The risk score remains at a high 12. Given the current financial environment and the uncertainty of future funding streams, no change to the current risk score is proposed.	No actions were completed during quarter 4.
SR11 *Finance and Performance Committee*	There is a risk that the core patient care and business functions of Derbyshire system partners could be compromised or unavailable if there were a successful cyber-attack/disruption, resulting in threats to patient care and safety, and loss or exploitation of personal patient information, amongst others.	**20**	**16**	↓	The risk score has been decreased due to the development of internal Business Continuity arrangements and the increased development of the Cyber Resilience section in the Business Continuity plans. Cyber Resilience Group established giving a higher level of assurance around preparedness.	Four actions were completed during quarter 4. At the ICB Board meeting held on 20th March 2025, it was agreed that the ownership for strategic risk 11 should transfer from the Audit and Governance Committee to the Finance and Performance Committee.

Item 020 – Appendix 3

ICB – Board Assurance Framework (BAF) Opening Position Quarter 1 2025/26

Joined Up Care Derbyshire

The purpose of the Derby and Derbyshire Integrated Care System is to:

1. Improve outcomes in population health and healthcare.
2. Tackle inequalities in outcomes, experience, and access.
3. Enhance productivity and value for money.
4. Help the NHS support broader social and economic development.

The 2025/26 Strategic Aims of Derby and Derbyshire Integrated Care Board are:

1. To improve overall health outcomes including life expectancy and healthy life expectancy rates for people (adults and children) living in Derby and Derbyshire.
2. To improve health and care gaps currently experienced in the population and ensure best value, improve productivity and financial sustainability of health and care services across Derby and Derbyshire.
3. Reduce inequalities in health and be an active partner in addressing the wider determinants of health.

The key elements of the BAF are:

- A description of each Strategic Risk, that forms the basis of the ICB's risk framework
- Risk ratings – initial, current (residual), tolerable and target levels
- Clear identification of strategic threats and opportunities that are considered likely to increase or reduce the Strategic Risk
- Key elements of the risk treatment strategy identified for each threat and opportunity, each assigned to an executive lead and individually rated by the lead committee for the level of assurance they can take that the strategy will be effective in treating the risk (see below for key)
- Sources of assurance incorporate the three lines of defence: (1) **Management** (those responsible for the area reported on); (2) **Risk and compliance** functions (internal but independent of the area reported on); and (3) **Independent assurance** (Internal audit and other external assurance providers)
- Clearly identified gaps in the control framework, with details of planned responses each assigned to a member of the Senior Leadership Team (SLT) with agreed timescales.

Key to lead committee assurance ratings:

Green = Assured: the Committee is satisfied that there is reliable evidence of the appropriateness of the current risk treatment strategy in addressing the threat or opportunity

- no gaps in assurance or control AND current exposure risk rating = target OR
- gaps in control and assurance are being addressed, in a timely way.

Amber = Partially assured: the Committee is not satisfied that there is sufficient evidence to be able to make a judgement as to the appropriateness of the current risk treatment strategy

Red = Not assured: the Committee is not satisfied that there is sufficient reliable evidence that the current risk treatment strategy is appropriate to the nature and/or scale of the threat or opportunity

This approach informs the agenda and regular management information received by the relevant lead committees, to enable them to make informed judgements as to the level of assurance that they can take and which can then be provided to the Board in relation to each Strategic Risk and also to identify any further action required to improve the management of those

Risk scoring = Probability x Impact (P x I)

Impact		Probability				
		1	2	3	4	5
		Rare	Unlikely	Possible	Likely	Almost certain
5	Catastrophic	5	10	15	20	25
4	Major	4	8	12	16	20
3	Moderate	3	6	9	12	15
2	Minor	2	4	6	8	10
1	Negligible	1	2	3	4	5

Reference	Strategic risk	Responsible committee	Executive lead	Last reviewed	Target risk score	Previous risk score	Current risk score	Tolerance score	Movement in risk score	Overall Assurance rating
SR1	There is a risk that increasing need for healthcare intervention is not met in the most appropriate and timely way and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and upper tier Councils to delivery consistently safe services with appropriate levels of care.	Quality, Safety and Improvement Committee	Prof Dean Howells	09.04.2025	8	16	16	12	⟷	Partially Assured
SR2	There is a risk that short term operational needs hinder the pace and scale required for the system to achieve the long term strategic objectives to reduce health inequalities, improve health outcomes and life expectancy.	Strategic Commissioning and Integration Committee	Dr Chris Weiner	07.04.2025	10	16	16	12	⟷	Partially Assured
SR3	There is a risk that the population is not sufficiently engaged and able to influence the design and development of services, leading to inequitable access to care and poorer health outcomes.	Strategic Commissioning and Integration Committee	Helen Dillistone	30.04.2025	9	12	12	12	⟷	Adequate
SR4	There is a risk that the NHS in Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move into a sustainable financial position and achieve best value from the £3.4bn available funding.	Finance and Performance Committee	Bill Shields	16.04.2025	9	20	20	12	⟷	Adequate
SR5	There is a risk that the system is not able to maintain an affordable and sustainable workforce supply pipeline and to retain staff through a positive staff experience.	People and Culture Committee	Lee Radford	15.04.2024	12	16	16	16	⟷	Partially Assured
SR7	There is a risk that decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	Strategic Commissioning and Integration Committee	Michelle Arrowsmith	08.04.2025	9	12	12	12	⟷	Partially Assured
SR8	There is a risk that the system does not establish intelligence and analytical solutions to support effective decision making.	Strategic Commissioning and Integration Committee	Dr Chris Weiner	10.04.2025	8	12	12	12	⟷	Partially Assured
SR10	There is a risk that the system does not identify, prioritise and adequately resource digital transformation in order to improve outcomes and enhance efficiency.	Finance and Performance Committee	Andrew Fearn	17.04.2025	9	12	12	12	⟷	Adequate
SR11	There is a risk that the core patient care and business functions of Derbyshire system partners could be compromised or unavailable if there were a successful cyber-attack/disruption, resulting in threats to patient care and safety, and loss or exploitation of personal patient information, amongst others.	Finance and Performance Committee	Dr Chris Weiner	31.03.2025	9	20	16	15	↓	Partially Assured

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NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 21

Report Title	Integrated Care Board Risk Register Report – as at 30th April 2025
Author	Rosalie Whitehead, Risk Management & Legal Assurance Manager
Sponsor	Helen Dillistone, Chief of Staff
Presenter	Helen Dillistone, Chief of Staff
Paper purpose	Decision ☒ Discussion ☐ Assurance ☒ Information ☐
Appendices (reports attached)	Appendix 1 – Corporate Risk Report Appendix 2 – ICB Corporate Risk Register Appendix 3 – Movement in risk summary – April 2025

Recommendations

The ICB Board are requested to **RECEIVE** and **NOTE:**

- Appendix 1, the Risk Register Report;
- Appendix 2, which details the full ICB Corporate Risk Register;
- Appendix 3, which summarises the movement of all risks in April 2025.

APPROVE CLOSURE of:

- Risk 33 relating to the current contractual dispute with Midlands and Lancashire Commissioning Support Unit.

Report Summary

The report summarises any movement in risk scores, new risks to the organisation and any risks approved for closure by the relevant committee. Click here for the link to the full Corporate Risk Register.

How does this paper support the 3 shifts of the NHS 10-Year Plan?

From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks

SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☒	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☒	**SR10**	Digital transformation	☒
SR11	Cyber-attack and disruption	☒			☐

Conflicts of Interest	None identified

Have the following been considered and actioned?

Financial Impact	Yes ☐	No ☐	N/A ☒
Impact Assessments	Yes ☐	No ☐	N/A ☒
Equality Delivery System	Yes ☐	No ☐	N/A ☒
Health Inequalities	Yes ☐	No ☐	N/A ☒
Patient and Public Involvement	Yes ☐	No ☐	N/A ☒
ICS Greener Plan Targets	Yes ☐	No ☐	N/A ☒

CORPORATE RISK REGISTER REPORT

INTRODUCTION

The purpose of this report is to present the ICB Board with a summary of the current risk position, including any movement in risk scores, new risks to the organisation and any risks approved for closure by the relevant committee owning the risk.

The ICB currently has nine very high risks, ten high scoring risks and one moderately scored risk on the corporate risk register.

RISK MOVEMENT

Decreased risks

Two risks were decreased:

1. Risk 19A: *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.*

   This risk was decreased in score from a very high score of 20 (probability 5 x impact 4) to a very high score of 16 (probability 4 x impact 4).

   The reason for the decrease in risk score is based on reporting that shows a notable improvement in the Derby and Derbyshire Integrated Care System handover position since go-live, along with positive movement in the Category 2 (C2) position. Whilst 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 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 was recommended to remain very high, however reduced to a score of 16.

   This decrease was approved at the System Quality Group meeting held on 1st April 2025.

2. Risk 32: *Risk of the Derbyshire health system being unable to deliver its capital programme requirements due to capacity and funding availability.*

   This risk was proposed to be decreased in risk score from a high score of 12 (probability 3 x impact 4) to a high score of 8 (probability 2 x impact 4).

   The reason for the decrease in risk score was the capital forecast now being in line with the plan and the only residual risk being in relation to possible audit findings on the Electronic Patient Record (EPR) programme which may result in capital being underspent. However, this is being managed with auditors in preparation for

year end. The risk probability was, therefore, proposed to be decreased accordingly.

This decrease was approved at the Finance and Performance Committee held on 1st May 2025, due to the April meeting not being quorate.

Increased risks

Two risks were increased in score:

1. Risk 11: *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.*

This risk was proposed to be increased from a high risk score of 9 (probability 3 x impact 3) to a high score of 12 (probability 4 x impact 3).

The reason for the increase in risk score is that the NHS Green Plan guidance has now been released which guides systems and trusts towards specific areas of focus for actions towards the net zero targets by 2040.

Refreshed system plans must detail the actions that ICB's will take to support primary care with decarbonisation and engagement with practices has commenced across the ICS.

The availability of capital funding to support the estates decarbonisation required is a barrier to progressing at pace, and the system are poised to apply for funding opportunities as they arise. Given the longer-term nature of some of this work the target risk date has been adjusted to March 2028 which is the life span of the forthcoming plan.

The lack of available capital funding and the challenges facing primary care may impact upon the system's ability to achieve the targets, therefore the current risk score has been increased to a high 12.

Approval for the increase in risk score was approved by the Audit and Governance Committee held on 10th April 2025.

2. Risk 15: *The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSE.*

This risk was proposed to be increased from a moderate risk score of 4 (probability 2 x impact 2) to a high score of 12 (probability 3 x impact 4).

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.

This risk was increased in score due to the current uncertainty regarding how Vaccinations, Immunisations and Screening will be managed but also in recognition of recent announcements relating to NHSE and ICB's which introduces further uncertainty in respect of functions which were originally to be retained by NHSE, and

the capability of ICBs to receive delegated functions once the necessary reductions in running costs have been made.

Approval for the increase in risk score was approved by the Audit and Governance Committee held on 10th April 2025.

NEW RISKS

Five new risks were proposed:

1. Risk 34: *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.*

This new risk is scored at a very high 20 (probability 5 x impact 4).

The risk was approved by the Audit and Governance Committee held on 10th April 2025.

2. Risk 35: *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 operating model and structures are awaited.*

This new risk is scored at a very high 20 (probability 5 x impact 4).

The risk was approved by the Audit and Governance Committee held on 10th April 2025.

3. Risk 36: *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.*

   This new risk is scored at a high score of 12 (probability 4 x impact 3).

   The risk was approved by the Strategic Commissioning and Integration Committee held on 8th May 2025.

4. Risk 37: *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.*

   This new risk is scored at a moderate score of 6 (probability 3 x impact 2).

   The risk was approved by the Strategic Commissioning and Integration Committee held on 8th May 2025

5. Risk 38: *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.*

   This new risk is scored at a high score of 12 (probability 3x impact 4).

The risk was approved by the Strategic Commissioning and Integration Committee held on 8th May 2025.

CLOSED RISKS

One risk is proposed for closure:

1. Risk 33: *(System Quality Group) 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.*

   As the recovery plan has now been agreed in respect of this risk, the risk score can be decreased to 8 (probability 2 x impact 4) which is the target score set for this risk, therefore the risk is now recommended to be closed.

   Closure of this risk was approved by System Quality Group at the meeting held on 6th May 2025.

There have been no changes to the remaining risks on the ICB corporate risk register.

Item 021 - Appendix 2

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

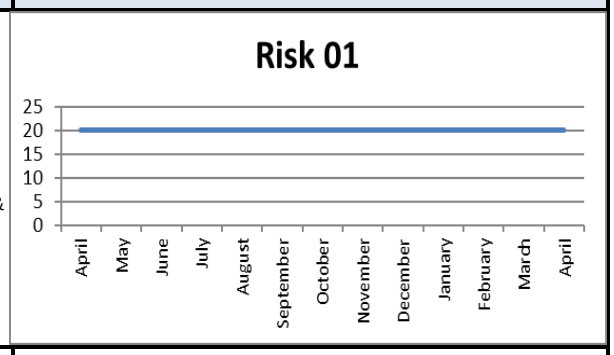
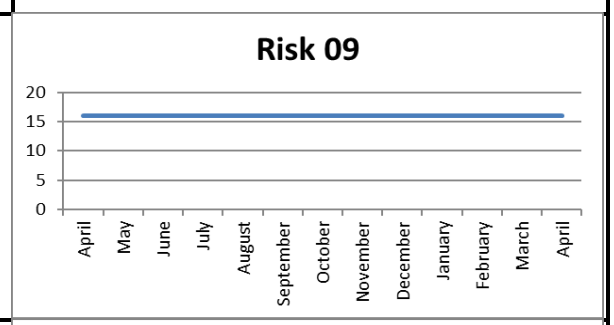
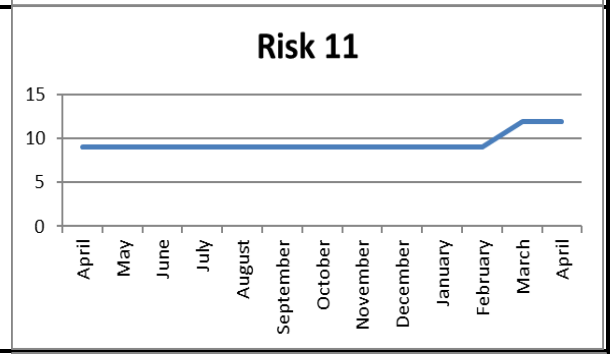
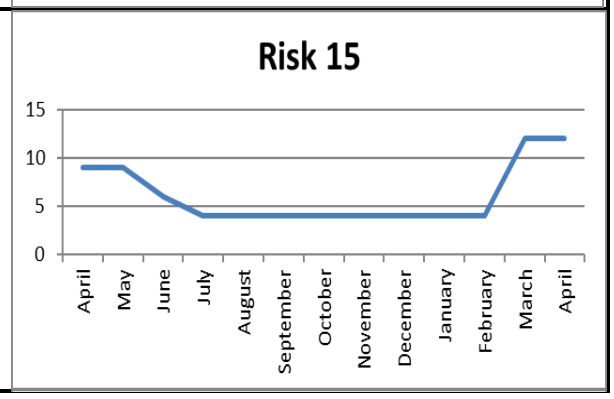
NHS Derby and Derbyshire Integrated Care Board

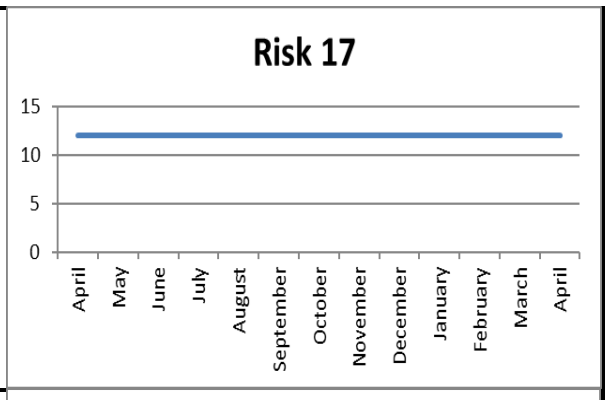
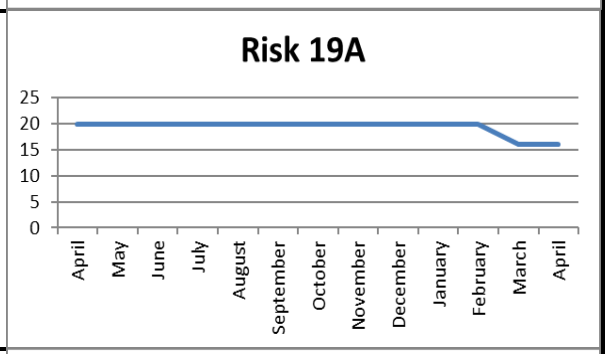
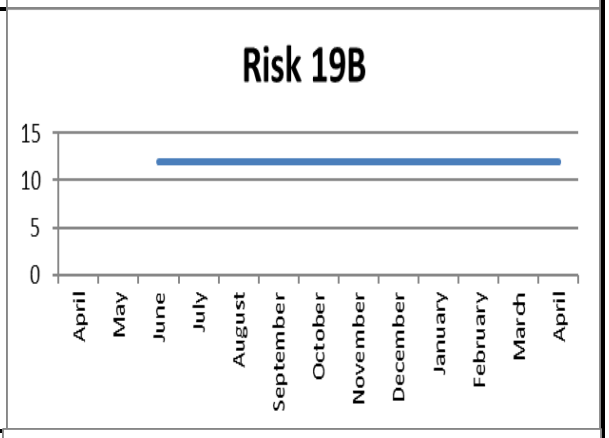
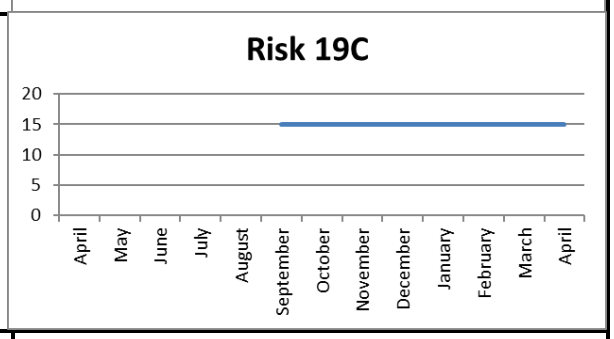
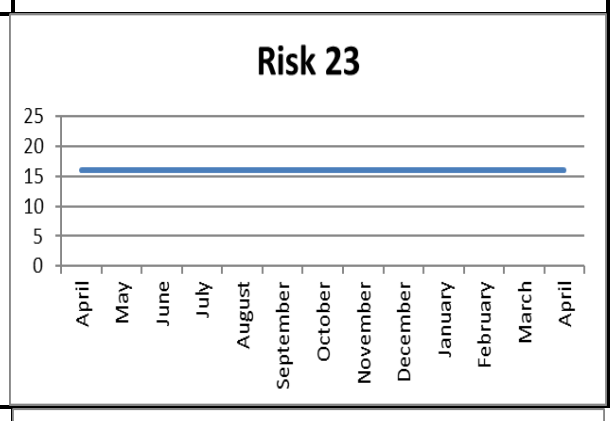
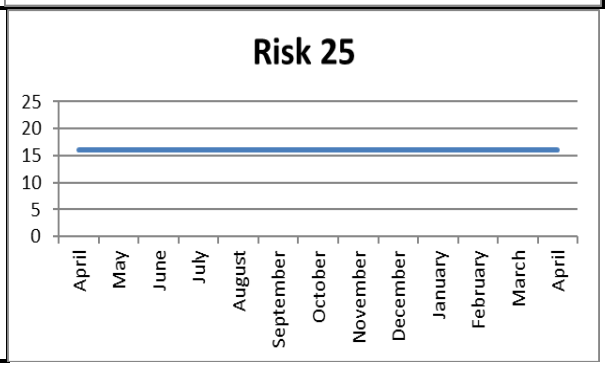
Risk Reference	Year	Risk Description	Responsible Committee	Type of Risk: Quality / Clinical	Initial Risk Rating: Probability	Initial Risk Rating: Impact	Initial Risk Rating: Rating	Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer 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	Links to Board & 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.	**CRH Performance - March 2025** EMAS Cat 3&4 Activity - March activity was 1105. Deflection was 63.1%, representing 697 ambulance dispatches avoided in March. Performance for March decreased slightly to 93.1% from the 94.9% in February. 111 Online Cat 3&4 Activity - Activity in March saw 489 patients, a slight increase on February's 434. 97.7% of patients avoided an ambulance (458), up from February's 94.7%. Most patients referred to UTC/PCC (38%) or ED walk in (20.5%). In Hours Primary Care Validation - Telephony - March activity was 1986, slightly higher than Feb. An average of 22.1% of patients were referred to their own GP in March, which is a slight decrease on February's data. In Hours Primary Care Validation - NHS111 Online - March saw 130 referrals, slight increase on February's activity. 35.4% of patients were referred to a UTC or PCC. This is a decrease on February due to UTC DoS closures. 25.4% of patients were referred to their own GP practice following validation. Mean performance was 28 minutes (1 hour dispositions) and 56 minutes (2 hour dispositions) improvements in both areas. March saw a combined total of 2116 patients re In Hours Primary Care Validation. HCP Referrals - Falls - 31 referrals were made for clinical review and onward referral of March, this is an increase on February's 23. Of the 31 patients referred only 9 received an ambulance response in March. HCP Referrals - Non-Falls- Non-falls HCP referrals to CRH reduced significantly during March (from 43 to 23). We are engaging with EMAS to understand and improve this position. Following CNH intervention only 6 patients attended hospital via ambulance/direct admission/made their own way to ED, resulting in 17 (74%) patients avoiding hospital. UCR Elements - These are collected from 999 Cat 3 & 4 (Push and Automatism), 111 Online Cat 3 & 4, Primary Care Validations, SPoA Line including Medequip. •Falls Service - 71 •Rhona Visiting Service - 117 •Therapy & Nursing - 19 •Social Care - 0 (challenging to present all Social Care referrals as there are currently no DoS Profiles which help capture this data. These cases are normally referred via telephony). EMAS DoS Referrals to CRH - Excluding ED validation profiles, in March EMAS referred 233 patients via these profiles, which is an average of 7.5 patients per day. This is an increase on 202 cases referred in February. EMAS ED Validation DoS referrals to CRH- On the 26th February 2025 DHU enabled EMAS to access DoS profiles for ED disposition validation. In March EMAS referred 94 patients using the ED profiles, which is an average of 3 patients per day. . 48% of patients were deflected away from the hospital front door (EDI/Ambulance).	March 2025 performance CRH reported 79.5% (YTD 77.3%) and UHDB reported 75.4% (YTD 74.3%). CRH: The Type 1 attendances and Type 3 streamed attendances remain high, with an average of 240 Type 1 and 223 streamed attendances per day. UHDB: The volume of attendances remains high, with Derby seeing an average of 215 Type 1 adult attendances per day, 97 children's Type 1s and 148 co-located UTC. At Burton there was an average of 176 Type 1 attendances per day and 52 per day through Primary Care Streaming. The acuity of the attendances was high, with Derby seeing an average of 10 Resuscitation patients & 204 Major patients per day and Burton seeing 64 Major/Resus patients per day. •The system is not meeting the target in respect of 78% of patients being seen, treated, admitted, or discharged from the Emergency Department within 4 hours across all sites, with the national overall target of 95%. •The likelihood of not meeting the target for the system remains very high, reflected in the score of 20.	5	4	20	5	4	20	3	3	9	Oct-25	SR4 SR7 SR8 SR9 SR10 SR11 SR12	Apr-25	May-25	Michelle Ainsworth Chief Strategy and Delivery Officer, and Deputy Chief Executive	Amy Grazier Senior Operational Resilience Manager Dan Merrison Senior Performance & Assurance Manager Jasbir Dosanjh
06A	25/26	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 and Performance Committee	Finance	4	4	16	Risk being reviewed, to be confirmed.	Risk being reviewed, to be confirmed.	As at April 2025, the 2024/25 corporate risks and underpinning risk log owned by the former Finance, Estates and Digital Committee are currently being reviewed where new, equivalent risks will be identified for 2025/26 as appropriate which will be the responsibility of the Finance and Performance Committee, or the 2024/25 risk be closed. These risks will be presented for discussion and approval at the next Finance and Performance Committee taking place on 27th May 2025.	3	3	9	3	3	9	2	3	6	Ongoing	SR4	Apr-25	May-25	Bill Shields Chief Finance Officer	David Hughes Director of Finance Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative
06B	25/26	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 and Performance Committee	Finance	3	5	15	Risk being reviewed, to be confirmed.	Risk being reviewed, to be confirmed.	As at April 2025, the 2024/25 corporate risks and underpinning risk log owned by the former Finance, Estates and Digital Committee are currently being reviewed where new, equivalent risks will be identified for 2025/26 as appropriate which will be the responsibility of the Finance and Performance Committee, or the 2024/25 risk be closed. These risks will be presented for discussion and approval at the next Finance and Performance Committee taking place on 27th May 2025.	4	5	20	4	5	20	2	3	6	Ongoing	SR4	Apr-25	May-25	Bill Shields Chief Finance Officer	David Hughes Director of Finance Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative
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	March/April 2025 Waiting lists remain significant therefore risk remains and score will be unchanged despite mitigations in place. Provider organisations continue to review waiting lists and prioritise as per SOPs. Harm reviews process remains in place according to the individual pathway with regular reviews and updates to CQRG for assurance.	4	4	16	4	4	16	3	2	6	Mar-26	SR1 SR2 SR3 SR4 SR5 SR6 SR7 SR8	Apr-25	May-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.	April 2025: Work is underway to develop the Derbyshire system Green Plan refresh working with key stakeholders across the system. Key challenges in common across Trusts remain the availability of capital to support the estates decarbonisation required by the national target date and continuing to ensure sustainability is prioritised given the current challenges within organisations and across the wider system. Given the current level of uncertainty the developing actions for the plan refresh are felt to be achievable within the next three years and the risk score remains appropriate and realistic.	4	3	12	4	3	12	3	2	6	Mar-26	SR1 SR2 SR3 SR4 SR5 SR6 SR7 SR8	Apr-25	May-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	3	4	12	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 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.	3	4	12	3	4	12	2	2	4	Mar-26	SR4 SR8 SR7	Apr-25	May-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.	4	3	12	4	3	12	3	2	6	Mar-26	SR1 SR2 SR3 SR4 SR5 SR7 SR8	Apr-25	May-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 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. •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.	4	4	16	4	4	16	2	5	10	Ongoing	SR1 SR2 SR3 SR4 SR5 SR6 SR7 SR8	Apr-25	May-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. 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.	Mar/April 25 - Trusted Intermediate Care Referral development launched within Derbyshire Shared Care record to make discharge information more visible to all partners. NHSE bed audit identified 168 people currently placed in private care home beds with avg Los 59 days for County residents.	3	4	12	3	4	12	3	2	6	Mar-26	SR1 SR2 SR3 SR4 SR5 SR6 SR7 SR8	Apr-25	May-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.	February/March/April- 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	Oct-25	SR1 SR3 SR4 SR5 SR8	Apr-25	May-25	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD

21	25/26	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 and Performance Committee	Finance	4	4	16	Risk being reviewed, to be confirmed.	Risk being reviewed, to be confirmed.	As at April 2025, the 2024/25 corporate risks and underpinning risk log owned by the former Finance, Estates and Digital Committee are currently being reviewed where new, equivalent risks will be identified for 2025/26 as appropriate which will be the responsibility of the Finance and Performance Committee, or the 2024/25 risk be closed. These risks will be presented for discussion and approval at the next Finance and Performance Committee taking place on 27th May 2025.	3	4	12	3	4	12	2	3	6	Ongoing	SR1 SR2 SR3 SR4 SR5 SR7 SR8	Apr-25	May-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	25/26	There ia 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.	4	4	16	4	4	16	2	4	8	Jun 25	SR1 SR2 SR3 SR4 SR5 SR7 SR8	Apr-25	May-25	Prof Dean Howells Chief Nursing Officer	Monica McAlindon 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.	4	4	16	4	4	16	2	4	8	March 2026	SR1,SR2,SR4,SR7	Apr-25	May-25	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance
32	25/26	Risk of the Derbyshire health system being unable to deliver it's capital programme requirements due to capacity and funding availability.	Finance and Performance Committee	Finance	4	4	16	Risk being reviewed, to be confirmed.	Risk being reviewed, to be confirmed.	As at April 2025, the 2024/25 corporate risks and underpinning risk log owned by the former Finance, Estates and Digital Committee are currently being reviewed where new, equivalent risks will be identified for 2025/26 as appropriate which will be the responsibility of the Finance and Performance Committee, or the 2024/25 risk be closed. These risks will be presented for discussion and approval at the next Finance and Performance Committee taking place on 27th May 2025.	2	4	8	2	4	8	2	3	6	Ongoing	SR1 SR2 SR3 SR4 SR5 SR7 SR8	Apr-25	May-25	Bill Shields Chief Finance Officer	Jennifer Leah Director of Finance
33	25/26	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.	System 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.	April update - Plan agreed suggest score reduced to 2x4=8 which is the target score , risk can be closed.	3	4	12	3	4	12	2	4	8	October 2025	SR1 SR2 SR3 SR4 SR5 SR7 SR8	Apr-25	May-25	Dean Howells Chief Nurse	Jo Hunter Deputy Chief Nurse
NEW RISK 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.	N/A - new risk	New risk			5	4	20	1	3	3	Ongoing	SR5	Apr-25	May-25	Helen Dillistone, Chief of Staff	James Lunn, Assistant Director of HR and Organisational Development Sean Thornton, Director of Communications and Engagement
NEW RISK 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 operating model and structures are 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.	N/A - new risk	New risk			5	4	20	3	2	6	Ongoing	SR5	Apr-25	May-25	Helen Dillistone, Chief of Staff	Chrissy Tucker, Director of Corporate Governance & Assurance
NEW RISK 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.	New risk			4	3	12	3	3	9	Sep-26	SR2, SR7	Apr-25	May-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
NEW RISK 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.	New risk			3	2	6	2	2	4	TBC	SR2, SR7	Apr-25	May-25	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Emma Ince Director of Delivery
NEW RISK 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.	New risk			3	4	12	2	4	8	Mar-26	SR2, SR7	Apr-25	May-25	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance

NHS
Derby and Derbyshire
Integrated Care Board

ICB Risk Register - Movement - April 2025

Risk Reference	Risk Description	Previous Rating (Mar)			Residual/ Current Risk Rating (Apr)			Movement - April	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
01	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.	5	4	20	5	4	20	⇔	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%.	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	
06A	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**	3	3	9	3	3	9	⇔	As at April 2025, the 2024/25 corporate risks and underpinning risk log owned by the former Finance, Estates and Digital Committee are currently being reviewed where new, equivalent risks will be identified for 2025/26.	Bill Shields Chief Finance Officer	David Hughes Director of Finance Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative	Currently under review for 2025/26
06B	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**	4	5	20	4	5	20	⇔	As at April 2025, the 2024/25 corporate risks and underpinning risk log owned by the former Finance and Performance Committee are currently being reviewed where new, equivalent risks will be identified for 2025/26.	Bill Shields Chief Finance Officer	David Hughes Director of Finance Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative	Currently under review for 2025/26
09	There is a risk to patients on waiting lists as a result of their delays to treatment as a direct result of the COVID 19 pandemic. Provider waiting lists have increased in size and it is likely that it will take significant time to fully recover the position against these.	4	4	16	4	4	16	⇔	Waiting lists remain significant therefore risk remains and score will be unchanged despite mitigations in place.	Prof Dean Howells Chief Nursing Officer	Letitia Harris Assistant Director of Clinical Quality	
11	If the ICB does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS's Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change	4	3	12	4	3	12	⇔	Risk score increased from 9 in March. The lack of available capital funding and the challenges facing primary care may impact upon the system's ability to achieve the targets.	Helen Dillistone Chief of Staff	Katy Dunne Head of Corporate Programmes	
15	The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI	3	4	12	3	4	12	⇔	Risk score increased from 4 in March. Programme Board now also overseeing the process of delegation for Vaccinations, Immunisations and Screening Uncertainty regarding how will be managed.	Helen Dillistone Chief of Staff	Chrissy Tucker - Director of Corporate Governance and Assurance	

17	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.	4	3	**12**	4	3	**12**	⇔	Awaiting guidance on 'Model ICB' and cost reductions which will inform revised communications and engagement strategies	Helen Dillistone Chief of Staff	Sean Thornton - Director of Communications and Engagement	
19A	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.	4	4	**16**	4	4	**16**	⇔	The score was reduced from 20 in March 2025, based on reporting that shows a notable improvement in the DDICS handover position since go-live, along with positive movement in the C2 position.	Dr Chris Weiner Chief Medical Officer	Andrew Sidebotham Associate Director of Urgent Care	
19B	The risk of delayed or inadequate patient discharge is heightened by factors including, unsuitable home environments, limited availability of community and home care services, and delays in providing necessary equipment. Poor coordination among healthcare 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 struggles to effectively manage and support patient transitions from hospital to home or long-term care, leading to potential harm and unmet patient needs.	3	4	**12**	3	4	**12**	⇔	Trusted Intermediate Care Referral development launched within Derbyshire Shared Care record to make discharge information more visible to all partners	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD	
19C	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.	5	3	**15**	5	3	**15**	⇔	OPTICA roll out has commenced and ongoing work required to embed its use.	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD	
21	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.	3	4	**12**	3	4	**12**	⇔	As at April 2025, the 2024/25 corporate risks and underpinning risk log owned by the former Finance and Performance Committee are currently being reviewed where new, equivalent risks will be identified for 2025/26.	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	Currently under review for 2025/26
23	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.	4	4	**16**	4	4	**16**	⇔	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.	Prof Dean Howells Chief Nursing Officer	Monica McAllindon Associate Director of Planned Care	
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.	4	4	**16**	4	4	**16**	⇔	Funding requested from the NHSE LTC/Prevention allocation. Should the funding be agreed this will be included within the business case options and will have a direct impact on the risk score.	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance	

32	Risk of the Derbyshire health system being unable to deliver it's capital programme requirements due to capacity and funding availability.	2	4	**8**	2	4	**8**	⇔	As at April 2025, the 2024/25 corporate risks and underpinning risk log owned by the former Finance and Performance Committee are currently being reviewed where new, equivalent risks will be identified for 2025/26. This risk was decreased in March and approved in April.	Bill Shields Chief Finance Officer	Jennifer Leah Director of Finance	Currently under review for 2025/26
33	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.	3	4	**12**	3	4	**12**	**RISK RECOMMENDED FOR CLOSURE**	Plan agreed. Risk recommended for closure.	Dean Howells Chief Nurse	Jo Hunter Deputy Chief Nurse	Risk recommended for closure
NEW RISK 34	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.				5	4	**20**	**NEW RISK**	**NEW RISK**	Helen Dillistone, Chief of Staff	James Lunn, Assistant Director of HR and Organisational Development Sean Thornton, Director of Communications and Engagement	New risk
NEW RISK 35	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 operating model and structures are awaited.				5	4	**20**	**NEW RISK**	**NEW RISK**	Helen Dillistone, Chief of Staff	Chrissy Tucker, Director of Corporate Governance & Assurance	New risk
NEW RISK 36	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.				4	3	**12**	**NEW RISK**	**NEW RISK**	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	New risk
NEW RISK 37	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.				3	2	**6**	**NEW RISK**	**NEW RISK**	Michelle Arrowsmith Chief Strategy and Delivery Officer, and Deputy Chief Executive	Emma Ince Director of Delivery	New risk
NEW RISK 38	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.				3	4	**12**	**NEW RISK**	**NEW RISK**	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance	New risk

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

22nd May 2025

Item: 022

Report Title	Committee Assurance Reports
Authors	ICB Committee Chairs
Sponsors	ICB Executive Directors
Presenters	ICB Committee Chairs
Paper purpose	Decision ☐ Discussion ☐ Assurance ☒ Information ☐
Appendices (reports attached)	Appendix 1 – Audit & Governance Committee Assurance Report Appendix 2 – Finance & Performance Committee Assurance Report Appendix 3 – People & Culture Committee Assurance Report Appendix 4 – Strategic Commissioning & Integration Committee Assurance Report Appendix 5 – Quality, Safety & Improvement Committee Assurance Report

Recommendations

The ICB Board are recommended to **RECEIVE** the Committee Assurance Reports for assurance.

Report Summary

This report presents an overview of the work of the ICB Board's Committees since the last Board meeting in March. The report aims to provide assurance that the Committees are effectively discharging their delegated duties and to highlight key messages for the Board's attention. The report includes the Committees' assessments of the levels of assurance they have gained from the items received and any actions instigated to address any areas where low levels of assurance have been provided.

How does this paper support the 3 shifts of the NHS 10-Year Plan?

From hospital to community	☒	From analogue to digital	☒	From sickness to prevention	☒

Integration with Board Assurance Framework and Key Strategic Risks

SR1	Safe services with appropriate levels of care	☒	**SR2**	Reducing health inequalities, increase health outcomes and life expectancy	☒
SR3	Population engagement	☒	**SR4**	Sustainable financial position	☒
SR5	Affordable and sustainable workforce	☒	**SR7**	Aligned System decision-making	☒
SR8	Business intelligence and analytical solutions	☒	**SR10**	Digital transformation	☒
SR11	Cyber-attack and disruption	☒			

Conflicts of Interest	Conflicts of interest are managed accordingly at all meetings.

Have the following been considered and actioned?

Financial Impact	Yes ☒	No ☐	N/A ☐
Impact Assessments	Yes ☒	No ☐	N/A ☐
Equality Delivery System	Yes ☒	No ☐	N/A ☐
Health Inequalities	Yes ☒	No ☐	N/A ☐
Patient and Public Involvement	Yes ☒	No ☐	N/A ☐
ICS Greener Plan Targets	Yes ☒	No ☐	N/A ☐

Derby and Derbyshire Integrated Care Board

Audit & Governance Committee Assurance/ Highlight Report

Meeting Date(s):	10th April 2025 & 8th May 2025
Committee Chair:	Sue Sunderland

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
External Audit Value for money risk assessment	Took reasonable assurance from External Audit's value for money risk assessment which provides an initial assessment as to whether any significant risks have been identified against the 3 domains. At this stage in the audit the External Auditors have not identified any significant risks.	Not applicable as first report	**Adequate**
Internal Audit Progress Report including draft plan for 2025/26 and counter fraud progress	Took reasonable assurance from Internal Audit's Progress report which summarised the current position including the completion of 3 audits since the last committee (2 to April, 1 to May Cttee): • Appraisals – moderate assurance which was disappointing • Interim Head of Internal Audit opinion – which did not give an overall assessment in April but which was updated to significant assurance in May. • Accounts receivable – significant assurance 4 audits relating to 2024/25 remain outstanding as at May's Cttee although 1 is in draft. There is scope to improve the timeliness of ICB responses to draft Terms of Reference and in providing information and making staff available within the agreed timescales. The first follow up rate of internal audit recommendations has improved further to 82%, and the overall implementation rate is 90% which is good. The Committee were concerned that in April they were being asked to approve the removal of the audit of Delegated Direct Commissioning from the 2024/25 plan. This was seen as a very late request with limited justification provided.	**Partial**	**Adequate**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
	Regarding the 2025/26 plan some concerns were expressed regarding the timing of some of the audits but it was agreed that given the current uncertainties then the plan would need to be kept flexible. The Counter Fraud annual work plan was approved.		
Procurement Highlight Report	Took reasonable assurance around the ICB procurement arrangements from the report.	**Partial**	**Partial**
Board Assurance Framework	Agreed to the transfer of responsibility for BAF risk 11 (cyber) to the Finance & Performance Committee	**Partial**	**Partial**
Risk Register Report	Reviewed the risks for which the committee is responsible' Approved: • Increase in risk score for risks 11 (climate change) & 15 (delegated functions) • New risks 34 (health and wellbeing of staff linked to cost savings and future role of ICBs) & 35 (loss of skills, knowledge & momentum to deliver ICB priorities linked to cost savings)	**Adequate**	**Adequate**
Risk management deep dive	None presented to this committee	**Partial**	**Partial**
Green plan refresh	Took reasonable assurance from the report on the ICS green plan refresh in particular around the adaption plan arrangements.	Not applicable due to first report	**Adequate**
Corporate resilience	Took reasonable assurance from the Corporate resilience assurance group report that the ICB has appropriate arrangements in place against the core standard requirements. The Committee noted the issue around access to the principles of health command training provided by NHS England that has been escalated nationally.	Not applicable due to first report	**Adequate**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Statutory & mandatory training	Took reasonable assurance from the regular report on training compliance across the ICB	Not applicable due to first report	**Adequate**
Regular reports on key control areas	Took reasonable assurance on the ICB's controls through the regular reports on: • Losses and special payments noting no further instances in the last quarter • Single tender waivers	**Adequate**	**Adequate**
Preparation of annual report and financial statements	Took positive assurance on the ICB's arrangements for the preparation of the annual report and financial statements through: • review of draft accounting policies • review of the draft annual report and accounts • presentation on the key variances within the financial statements.	Not applicable due to first report	**Full**

Other consideration:

Decisions made:
Reluctantly approved the removal of the review of delegated commissioning from the 2024/25 Internal Audit plan Approved the 2025/26 Internal Audit plan subject to clarification of a few timings Approved the 2025/26 Counter Fraud work plan Approved the Audit Committee Terms of Reference subject to clarification of a few areas which may overlap with other committees Approved the following policies: • close personal relationships • family leave • freedom to speak up • pay progression • pay protection • probationary Approved the governance route for the in-housing of All Age Continuing Health Care services from Midlands and Lancashire CSU to the ICB.

Decisions made:
Approved the equality delivery system process for 2024/25 Approved the accounting policies for 2024/25 Approved the draft ICB Annual Report for 2024/25 including the draft financial statements Approved the Audit & Governance Committee's annual report for 2024/25

Information items and matters of interest:
The Audit and Governance Committee's self assessment for 2024/25 was received and assurance was taken from the results that the committee is operating effectively in the discharge of it's responsibilities.

Matters of concern or key areas to escalate:
None

Derby and Derbyshire Integrated Care Board

Finance & Performance Committee Assurance Report

Meeting Dates:	1 May 2025
Committee Chair:	Nigel Smith

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
ToR New finance committee	The committee noted the draft ToR had been previously received by the System Finance, Estates & Digital Committee (SFEDC), however required review in this first meeting of the new Finance and Performance Committee prior to Board ratification. The Chair asked if there were any further comments from any committee members in relation to the draft ToR. The committee were content with the ToR, however noted that matters of consistency across all sub-committees of the Board remained. Those being confirmation of quoracy (where a delegate was present for an Exec) and NED:ED quoracy attendance. The Chair reiterated the requirement for appropriate regular Exec attendance given the change in scope of the meeting. The committee noted the proposed ToR and recommend to Board to adopt with any necessary consistency amends.	**Adequate**	**Adequate**
SFEDC Annual Report & Self Assessment	The Committee were asked to Approve the Annual Report, for presentation to Board for assurance and Discuss the Self-Assessment. The committee approved the Annual Report for presentation to Board. The Committee went on to discuss the self-assessment. The committee noted that only 6 of the members of the Committee provided responses which may be as a result of changes in membership through the year and limited attendance by some members. The Chair reiterated the need for regular appropriate attendance at the committee to ensure that value can be added from the work the committee carries out. The Committee discussed the variability in responses; the assessment contained some positive comments but also areas for improvement. Many responses to questions were split, ranging from	NA – paper not previously presented to the committee	**Adequate**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
	agree to disagree. The committee discussed some of the reasons this maybe the case. The Committee welcomed the change in scope for the new Finance & Performance Committee which may help address some of the areas for improvement which partly centred on ability to influence change through understanding of drivers to financial performance.		
Chief Finance Officers Report	The Committee were asked to note the update from the Chief Finance Officer (CFO) The CFO discussed the ICB financial outturn which delivered an in year surplus and the ICS financial outturn which achieved a break-even position. Both are in line with expected positions and are compliant with NHSE expectation. The CFO talked through updates in planning which included the successful fully compliant resubmission of system plans on 30 April. The Director of Finance – Strategy & Planning confirmed for the Chair that the changes made to financial plans were to improve the robustness of the plans. The CFO went on to discuss work commencing to update the current system top-down medium-term plan into a bottom-up plan. The CFO confirmed that the committee will be updated on the progress of this work. The Committee chair asked for assurance in future meetings on planning including: • phasing within financial plans to ensure that the committee receive appropriate assurance of financial delivery during 2025/26. • Oversight of efficiency plans by provider which show stratification of delivery group and the NHSE weighting of likely efficiency delivery • Construction of the capital plan including narrative on risks such as underfunding of schemes.	**Adequate**	**Adequate**
DDICB Financial Position	The paper was presented to the Committee for Assurance; the Committee were asked to note & discuss the M12 ICB financial position. This was the first time this paper had been to the Committee having previously been overseen by the Audit and Governance Committee. The ICB delivered a £1.4m surplus for the financial year after distribution of planned surplus to providers. The report listed the areas of main variation in the ICB position.	NA – paper not previously presented to the committee	**Adequate**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
	The Chair asked if those areas of financial overspend have been considered in the 2025/26 plans; the Director of Finance for the ICB confirmed they had, however a recent update in the planned opening date for the Mental Health Trusts PICU would see budget transfer to DHcFT in year. The Director of Finance – Strategy & Planning went on to confirm as of this morning, opening dates had been updated for the Female Acute Plus (Audrey House) now due to open on 13 May and the Male PICU on the 17 June following issues with shower flooring delaying their opening. Both of those units would see ICB Out of Area costs reducing.		
System Financial Position	The paper was presented to the Committee for Assurance; the Committee were asked to note & discuss the M12 ICS financial position. The system outturn was a break-even position, however there were variations between organisations to achieve the compliant system position. The drivers behind the system position remained relatively consistent with the challenges described throughout 2024/25 with the exception of an income recognition issue at CRH in relation to contracts with NHSE Specialised Commissioning. Whilst this had been mitigated in 2024/25, it has put ongoing pressure into 2025/26 which is being managed. The chair asked for confirmation that the breakeven outturn was in reality a £50m deficit which was mitigated through non-recurrent Revenue Deficit Support funding of £50m – it was confirmed this is correct. System Efficiency was reported as delivered by all organisations excluding CRH who reported a miss of £3.5m. The recurrent / non-recurrent split of delivery remained a concern and the Committee acknowledged work required to improve the recurrency of efficiency and reduce the reliance on non-recurrent means including balance sheet release to achieve the financial position Capital outturn was in line with allocation with agreed system slippage to support this position having been built into 2025/26 capital plans.	**Adequate**	**Adequate**
Transformation Update	The paper was sent to the committee for information (M12 outturn) and decision (future system for reporting efficiency delivery).	**Adequate**	**Adequate**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
	The report detailed the outturn of system efficiencies for 2024/25 with a marginal miss of £3.5m which was wholly at CRH. All other providers had an efficiency outturn in total in line with plan (although the achievement of recurrent efficiency was £17.3m below plan, putting challenge into future years financial sustainability).The committee had a discussion regarding the level of recurrent delivery required for 2025/26 and governance to support successful delivery. The committee went on to receive the recommendation of the ePMO system being continued use in 2025/26 however for this to be focused solely on efficiency programmes which are transformation / projects of work with business as usual / transactional efficiency not being required to be managed through this system. As with 2024/25, all efficiencies would continue to be recorded in full by the ICB financial reporting and reported to the Finance & Performance Committee as part of that update. The committee asked for additional work and assurances to be carried out outside the meeting. The decision on the use of the system would be deferred to a later meeting.		
Performance Report	The paper was sent to the committee for assurance The committee received the latest operational performance report for the system, which was a combination of M11 and M12 data. The committee were grateful to receive the report which was presented to the committee in line with its new ToR which includes performance reporting and noted this was the first time the report had been to the committee. The committee recognised the complexity of information in the report, which indicated areas of improvement required across the system noted by red indicators. In order to gain an effective impact of the committee's time, the Chair asked for future reports to include a key indicators which focused on core matters to address and for a rotation of future meetings to focus on specific programme areas.	Not previously presented to this committee	**Adequate**
Risk Register & BAF	The Committee reviewed the risks. It was noted that the 2024/25 financial risks were now closed due to delivery and a review was required to assess the financial risks for 2025/26. This review is ongoing and proposed new risks for the risk register would be included in the next meeting.	**Adequate**	**Adequate**

Other considerations:

Decisions made:
Key decisions included: The following decisions were ratified following the meeting on 25 April not being quorate: • **Risk Register** – Risk 21 description update & Risk 32 risk score reduced. The committee approved the annual report of the System Finance, Estates and Digital Committee to be presented to Board for assurance.

Information items and matters of interest:
Financial Position 2024/25 – The committee noted the successful system outturn. **Overview** – This was the first meeting of the new Finance & Performance Committee; whilst there was time given to discussing the scope and function of the new committee throughout the meeting, this was a valuable discussion and the meeting had good participation and discussion.

Matters of concern or key areas to escalate:

NHS
Derby and Derbyshire
Integrated Care Board

People and Culture Committee Assurance/ Highlight Report

Meeting Date(s):	29th April 2025
Committee Chair:	Margaret Gildea

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Oliver McGowan Mandatory Training	The Committee received and approved a System wide approach to the delivery of the national Oliver McGowan Mandatory Training programme for 2025/2026 to all NHS providers in Derbyshire which is funded by NHSE funding. This is a positive approach which demonstrates a commitment to system working and sharing of resources.	Not applicable due to first report	**Adequate**
Overview of HEI Health & Social Care Student Numbers	The Committee received a presentation from the University of Derby on nursing and AHP student numbers that will relate to system workforce trends. This was a baseline report that gave the current and past trends of student applications for Derbyshire. The report showed a 45% decline in nursing student applications which will affect the System's ability to recruit locally to its future nursing workforce. Further linkages to the One Workforce approach will be critical to mitigating these declines. FE student numbers and trends will be presented at a future meeting to provide a complete system picture.	Not applicable due to first report	**Partial**
Month 12 Workforce Reports	The Committee took reasonable assurance from the Month 12 workforce report which demonstrated the System position as being 4.69 WTE substantive workforce and 392.16WT bank and agency over plan. This is a significant improvement on the 23/24 position which was a total of 1,352 WTE over plan. The variation is mainly due to pressures on the UEC pathway, increase in sickness absence, unplanned TUPE transfers and poor rota management in relation to managing planned leave. Compared to Q4 in 2024 to Q4 2025, the midlands region has also seen an increase in regional sickness levels which corresponds to local increases in sickness absence. Hidden workforce costs such as WLI's have also skewed the temporary staffing WTE's usage which relate to in year additional funding.	**Adequate**	**Adequate**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
BAF Q4 Review	The Committee decided to keep the existing risk and tolerance scores at the current levels. There is a strong feeling amongst committee members that there is an absence of wider system assurance on non-NHS workforce levels and challenges due to a lack of intelligence on the local authority, voluntary sector and social care workforces and cultural challenges to allow a robust review of the current risk and tolerance scores. The Committee agreed to keep this scoring in place for the time being and to review the feedback from the One Workforce engagement process to better inform an appropriate risk score. The Committee agreed to reduce the target score from 16 to 12 but this would also be reviewed in Q2 2025 once the wider system workforce information is known through the One Workforce engagement process.	**Partial**	**Partial**
Presentation of NHS System 2024 Staff Surveys	The Committee received an overview of the NHS national 2024 Staff Survey results for all NHS providers which demonstrated that all of the NHS providers in Derbyshire were above the national average for all NHS People Promise domains. Staff morale showed a positive score and above the national average with an ongoing commitment from providers to maintain the focus on staff health and wellbeing.	**Adequate**	**Adequate**

Other consideration:

Decisions made:
The Committee approved the Oliver McGowan Mandatory Training system delivery approach and plan.

Information items and matters of interest:
The Committee received an informative update on the positive development of the One Workforce engagement plan.

Matters of concern or key areas to escalate::
NA.

NHS
Derby and Derbyshire
Integrated Care Board

Strategic Commissioning and Integration Committee Assurance/ Highlight Report

Meeting Date(s):	13th March and 17th April 2025
Committee Chair:	Margaret Gildea (Interim) and Jill Dentith

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
13th March 25 meeting Population Health and Strategic Commissioning Committee			
Strategic Commissioning & Integration Committee Terms of Reference	The Population Health and Strategic Commissioning Committee reviewed and discussed the draft Strategic Commissioning & Integration Committee Terms of Reference and its membership.	Not applicable	Partial
Risk Register Update	The Population Health and Strategic Commissioning Committee reviewed the risks that will be the responsibility of the Population Health and Strategic Commissioning Committee and approved the risks subject to some simplification of the wording.		Partial
17th April 25 meeting Strategic Commissioning and Integration Committee			
Strategic Commissioning & Integration Committee Terms of Reference	The Strategic Commissioning and Integration Committee recommended the board to approve the Strategic Commissioning and Integration Committee Terms of Reference subject to the additions suggested on a clear scheme of financial delegation and the amendment to Appendix 1 regarding clinical policy	Partial	Adequate
Prioritisation	The Strategic Commissioning and Integration Committee noted the report, as part of ongoing discussions in relation to implementation of a rolling prioritisation framework; and supported the development of the prioritisation process as part of a continuous system quality improvement process over the next financial year. The Committee are appreciative of the work undertaken thus far and the flexible approach being undertaken.	Not applicable	Partial

Other consideration:

Decisions made:
13th March meeting Risk Register: The Population Health and Strategic Commissioning Committee noted the progress on the formation of the new corporate risks which will be the responsibility of the Committee.

Information items and matters of interest:
13th March meeting The following items were received for information: • CPAG updates • JAPC Bulletin • CPLG minutes

Matters of concern or key areas to escalate:
Nil for escalation

NHS
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Integrated Care Board

Quality, Safety and Improvement Committee Assurance/ Highlight Report

Meeting Date(s):	24th April 2025
Committee Chair:	Adedji Okubajao

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance	Action	Timescale
Safeguarding Adults and Children Update Q4 2024/25	The Committee took partial assurance from the report and asked that future reports are data driven and take a thematic approach to their presentation. There was recognition of the breadth and depth of the work undertaken across JUCD in relation to Safeguarding.	Partial	Partial	Committee assurance reporting needs to be more data-driven and thematic in its presentation.	By qu4 2025/26
Infection Prevention & Control Update for Q4 and end of year 2024/25	The Committee took partial assurance from the report as the system is challenged and not compliant with the regionally set thresholds. The ICB will continue to monitor infection rates and support improvements across the system via facilitative discussions as allowed within the assurance process and will continue to participate in collaborative improvement pieces of work regionally.	Not applicable as first report in this format	Partial	Consistent delivery of the existing overarching action plans.	By end qu4 2025/26
Quality, Equality, Impact Assessment (QEIA) Q4 Report 2025/26	The Committee took adequate assurance from the report. During Quarter 4, there were 12 new initiatives reviewed with associated QEIAs discussed at the QEIA Review Meeting, which is more than the previous quarter. There were also 3 returned to Group for review and 1 for information. Of those reviewed, no quality risks suitable for theming were identified 2 projects required immediate escalation to the Chief Nurse. Apart from these 2 all others were low risk.	Not applicable as first report in this format	Adequate	The review meeting will continue to meet throughout 2025/26	This work is ongoing throughout the year.

Item	Summary	Previous Level of Assurance	Current Level of Assurance	Action	Timescale
Quality Framework – 2024/25 Year End	The Committee took adequate assurance from what they saw as a positive report against the 2024/25 Quality Framework.	Not applicable as first report in this format	Adequate	Development of the 2025/26 Framework and improvement plans is underway	31/07/25
Right Care Right Person Progress Report	The Committee took full assurance from the report provided. This is now almost business as usual. Committee members noted the real partnership work demonstrated by the report and suggested that consideration is given to submitting this work for a suitable national award.	Not applicable as first report in this format	Full	Reporting will continue until this work is fully embedded as business as usual	End of qu4 2025/26
3 Year Mental Health Inpatient Strategy Update	The Committee took adequate assurance from the report. The Inpatient Strategy builds on the work undertaken within the Derbyshire health and care system over the past three years to transform the mental health community and urgent care offers and by focussing on the improvement required within inpatient services to provide safe, high quality, therapeutic care in a least restrictive environment.	Not applicable as first report in this format	Adequate	Delivery against the agreed action plan will continue through to 2027	Through to July 2027.
360 Assurance Report into the ICB Quality Governance Framework February 2025	The Committee took partial assurance from the 360 Report as per the auditors' findings. The Committee was assured regarding the identified actions for improvement.	Not applicable as first report in this format	Partial	Action Plan in place for delivery of required improvement actions	End of qu2 2025

Other consideration:

Decisions made:
Quality, Safety and Improvement Terms of Reference: The Committee agreed some very minor amendment and agreed to recommend the Terms of Reference to the Board for approval. **Quality & Performance Committee Annual Report and Self-Assessment:** The Committee approved the Annual Report for 2024/25 and discussed and agreed the Committee self-assessment. **Board Assurance Framework (BAF) – Quality, Safety and Improvement Committee Strategic Risk 1 – Quarter 4, 2024/25 – final position:** The Committee agreed that the BAF score should remain at 16 due to the current uncertainty regarding ICB form and function and its system role into 2025/26 and the potential impact on delivery.

Information items and matters of interest:
Winter Washup: The Committee took a verbal update on the Review of Winter 2024/25. Learning was identified and cyclical seasonal planning continues across the system. The impact on staff was particularly noted with regard to the moral injury many describe.

Matters of concern or key areas to escalate:
Nil of Note

Item 024 2025/26 Board Forward Planner – Public

Derby and Derbyshire Integrated Care Board

"To support people in Derby and Derbyshire to live their healthiest lives, creating a sustainable, joined-up health and social care system for now and the future".

Our aims: to **improve outcomes** in population health and healthcare; **tackle inequalities** in outcomes, experiences and access; enhance **productivity and value for money**; and support broader **social and economic development**.

Please note that, for the purposes of this draft, regular items such as Chair, CEO and committee assurance reports have been omitted as they are business as usual.

Agenda item	22 May	17 Jul	18 Sep	20 Nov	22 Jan	17 Mar	Link to BAF	Notes
Leadership and operating context								
Annual Report and Accounts (AGM to follow Sept Board)			✓					
ICB Annual Assessment outcome letter			✓					
Strategy								
Joint Capital Resource Use Strategy and Plan	✓					✓		
ICB Plan for refreshing the Joint Forward Plan in line with 10 year plan	✓							
Joint Forward Plan		✓		✓				
2025/26 Operational and Financial Strategy and Plans	✓					✓		17th March 2026/27 plans
Winter Plan/ Urgent Emergency Care			✓	✓				
Infrastructure/ Estates Strategy				✓				
Working with People and Communities			✓					
Research and Innovation Update					✓			
NHS England Delegations / Specialised Commissioning			✓					
NHS England Delegations / Vaccinations and Screening			✓					
Operating Model Group Pre-Delegation Assessment Framework			✓					Mandy Simpson - 26/2/25
Integrated Care Partnership				✓				
Provider Collaborative at Scale				✓				
Strategic Update from Place			✓					
Health Inequalities Statement		✓						

2025/26 Board Forward Planner – Public

Agenda item	22 May	17 Jul	18 Sep	20 Nov	22 Jan	17 Mar	Link to BAF	Notes
Digital, Data, and Technology Strategy Update					✓			
Cyber Security Strategy		✓						
Primary Care GP Strategy Update						✓		
Blood Enquiry		✓						Chris Weiner lead
Dementia Strategy		✓						Michelle Arrowsmith lead
Community Pharmacy Update		✓	✓					Either July or September
Delivery and performance								
Integrated Performance Status Report • Quality • Performance • Finance • Workforce	✓	✓	✓	✓	✓	✓		
Finance Report	✓	✓	✓	✓	✓	✓		
H1 and H2 Progress against plan				✓				
One Workforce People Plan		✓						
ICB Staff Survey		✓						
ICS Green Plan			✓					
ICB Internal governance and assurance								
Governance								
Board Assurance Framework	✓	✓		✓		✓		
ICB Corporate Risk Register Report	✓	✓	✓	✓	✓	✓		
Committee Terms of Reference/ ICB Governance Handbook	✓	✓						
Workforce analytics (for example, vacancies, turnover)	✓			✓				
People and culture (for example, staff sickness stats, FTSU)	✓			✓				