NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC AGENDA

20th March 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/2425/123	09:15	Welcome, introductions and apologies	Dr Kathy McLean	–	Verbal
ICBP/2425/124	-	Confirmation of quoracy	Dr Kathy McLean	–	Verbal
ICBP/2425/125	-	Board Member Register of Interests	Dr Kathy McLean	Information	✓
Minutes & Matters Arising					
ICBP/2425/126	09:20	Minutes from the meeting held on 16th January 2025	Dr Kathy McLean	Decision	✓
ICBP/2425/127	-	Action Log – January 2024	Dr Kathy McLean	Discussion	✓
Leadership					
ICBP/2425/128	09:25	Citizen Story – Perinatal Service	Helen Dillistone, Shelley McBride, Emma Roberts	Discussion	✓
ICBP/2425/129	09:40	Chair's Report	Dr Kathy McLean	Information	✓
ICBP/2425/130	09:45	Chief Executive Officer's Report	Dr Chris Clayton	Information	✓
Strategy					
ICBP/2425/131	09:50	Operational Planning approach to 2025/26	Dr Chris Clayton, Executive Directors	Assurance	✓
ICBP/2425/132	10:20	Delegated Specialised Commissioning Services from NHS England – Final Delegation Documents	Dr Chris Clayton	Decision	✓
Delivery & Performance					
ICBP/2425/133	10:40	Integrated Performance Report	Executive Directors, Committee Chairs	Assurance	✓

Ref	Time	Item	Presenter	Type	Enc.
Governance & Risk					
ICBP/2425/134	11:00	ICB Constitution	Helen Dillistone	Decision	✓
ICBP/2425/135	-	Board Assurance Framework Quarter 3 2024/25	Helen Dillistone	Assurance	✓
ICBP/2425/136	-	ICB Risk Register – February 2025	Helen Dillistone	Decision	✓
ICBP/2425/137	-	Committee Assurance Reports • Audit & Governance Committee • Finance, Estates & Digital Committee • People & Culture Committee • Population Health & Strategic Commissioning Committee • Public Partnership Committee • Quality & Performance Committee • Remuneration Committee	Committee Chairs	Assurance	✓
Closing Items					
ICBP/2425/138	11:10	Risks identified during the course of the meeting	Dr Kathy McLean	Discussion	Verbal
ICBP/2425/139	-	Forward Planner	Dr Kathy McLean	Information	✓
ICBP/2425/140	-	Questions received from the public relating to items on the agenda	Dr Kathy McLean	–	Verbal
ICBP/2425/141	11:15	Any Other Business	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

Item 125

*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	
Allen*	Tracy	Participant to the Board for Place	Primary & Community Care Delivery Board Chair of Digital and Data Delivery Board Integrated Place Executive	CEO of Derbyshire Community Health Services NHS Foundation Trust	✓				01/07/22	15/09/24	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Partner is a Director (not Board Member) for NHS Derby and Derbyshire ICB				✓	01/07/22	15/09/24	
				Sister-in-law is Business Development Director of Race Cottam Associates (who bid for, and undertake projects for the Derbyshire system estates teams)				✓	01/07/22	15/09/24	
Arrowsmith	Michelle	Chief Strategy and Delivery Officer/ Deputy Chief Executive Officer	Finance & Estates Committee Population Health & Strategic Commissioning Committee Quality & Performance 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 Population Health & Strategic Commissioning 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 - Finance, Estates & Digital	Audit & Governance Committee Finance, Estates & Digital Committee People & Culture 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 Public Partnership Committee Greener Delivery Board	Nil							No action required
Finn	Claire	Interim Chief Finance Officer	Finance, Estates & Digital Committee Population Health & Strategic Commissioning 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	Audit & Governance Committee People and Culture Committee Population Health & Strategic Commissioning 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

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					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. Sheffield based - unlikely to bid in work in Derbyshire
				Director and Trustee of SOAR Community			✓		01/09/22	Ongoing	
Howells	Dean	Chief Nurse Officer	Quality & Performance Committee System Quality Group Population Health & Strategic Commissioning 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	Non Executive Director Barking Havering and Redbridge NHS Trust		✓			20/06/23	30/06/2024	Declare interests when relevant and withdraw from all discussion and voting if organisations are potential provider unless otherwise agreed by the meeting chair
				Kathy McLean Limited - a private limited company offering health related advice	✓				05/08/19	Ongoing	
				Non Executive Director at Barts Health NHS Trust	✓				01/12/19	30/06/2024	
				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	
				Interim 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	
				I am the 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	Population Health & Strategic Commissioning Committee Quality & Performance 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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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
				Board Trustee of the Intensive Care Society		✓			10/12/19	30/09/24	
				Executive Well-Led Reviewer for the Care Quality Commission		✓			01/06/18	30/09/24	
				Chief Executive Member of the National Organ Utilisation Group		✓			02/07/21	30/09/24	
				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	
Powell	Mark	Chief Executive Officer, DHcFT (NHS Trust & FT Partner Member)	People & Culture Committee	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	People & Culture Committee Population Health & Strategic Commissioning Committee Finance, Estates & Digital 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
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, Estates & Digital 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	
Sunderland	Sue	Non-Executive Member - Audit & Governance	Audit and Governance Committee Finance, Estates & Digital Committee Public Partnership 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	Population Health & Strategic Commissioning Committee Quality & Performance 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

Held on Thursday, 16th January 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
Andrew Fearn	AF	Joint Chief Digital Officer, DDICB and NNICB
Claire Finn	CF	Interim Chief Finance Officer
Margaret Gildea	MG	ICB Non-Executive Member / Senior Non-Executive Member
Ellie Houlston	EH	Director of Public Health – Derbyshire County Council (Local Authority Partner 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)
Lee Radford	LR	ICB Chief People Officer
Paul Simpson	PS	Chief Executive, Derby City Council (Local Authority Partner Member)
Nigel Smith	NS	ICB Non-Executive Member
Sue Sunderland	SS	ICB Non-Executive Member
Dr Chris Weiner	CW	ICB Chief Medical Officer
In Attendance:		
Kathryn Durrant	KD	ICB Executive Board Secretary
Dr Allie Hill	AH	GP / Derbyshire Trailblazer Fellow, West Park Surgery
Christina Jones	CJ	ICB Head of Communications
Suzanne Pickering	SP	ICB Head of Governance
Sara Bains	SB	Wellness and Inequalities Lead for Erewash PCN
Dawn Atkinson	DA	ICB Programme Director, ICS Digital Programme
3 members of the public		
Apologies:		
Mark Powell	MP	Chief Executive DHcFT (NHS Trust and FT Partner Member)

Item No.	Item	Action
ICBP/2425/099	**Welcome, introductions and apologies:** Dr Kathy McLean (KM) welcomed all Board Members and attendees to the Board Meeting in Public. Introductions were made as below:	

	• Nigel Smith was introduced and welcomed to his first Board meeting as Non-Executive Member; • Andrew Fearn was introduced and welcomed to his first Board meeting as Joint Chief Digital Officer for the ICB and Nottingham and Nottinghamshire ICB. Dawn Atkinson was welcomed in a supporting role to Andrew; • Dr Allie Hill and Sara Bains, presenting the Citizen Story item, were introduced and welcomed; and • the observing members of public were welcomed and it was noted that one question to the Board was received from a member of the public who was in attendance. Apologies for absence were received as noted above.	
ICBP/2425/ 100	**Confirmation of quoracy** It was confirmed that the meeting was quorate.	
ICBP/2425/ 101	**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/ With regards to Item 108 it was noted that Dr Andrew Mott is the Medical Director of the Derby & Derbyshire GP Provider Board; it was confirmed that this interest does not constitute a conflict.	
ICBP/2425/ 102	**Minutes of the meeting held on 21st November 2024** **The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held.**	
ICBP/2425/ 103	**Action Log – November 2024** **The Board NOTED the action log, which will be updated accordingly.**	
ICBP/2425/ 104	**Citizen's Story: Can community-based projects begin to reduce health inequalities?** Dr Andrew Mott, Dr Allie Hill and Sara Bains presented a summary of several projects to address inequalities in Erewash by reaching out to and providing health checks in the community to cohorts that can be challenging to reach. The projects comprised: • a health check day at Travis Perkins Builders' Merchant, with a focus on engaging with men who might otherwise not engage with healthcare services or receive a health check; and • working with a breakfast club / food bank and a mental health self-help group to engage with and provide health checks for users of these services. The projects link into the ICB's priorities around integrated working with Public Health colleagues and prevention, particularly of cardiovascular disease, and provide a strong example of local leadership in the ICB's role as an anchor institution. The results of the projects were very positive, with a considerable number of health checks carried out on people who would likely not otherwise have received them. Of the checks carried out, the majority required a follow up	

	check or further care; without the projects' work it is possible that these unchecked conditions would have worsened, eventually requiring the patient to present to Primary or Urgent Care for more intensive treatment. Another benefit to the projects has been spending time in the community, building relationships and trust with service users and colleagues in other sectors and enabling codesign of services with those who will implement and use them, ensuring the services are fit for purpose and that the target group will engage with them. The Board thanked the presenters and made the following comments: • the work is extremely innovative and rolling it out across Derbyshire would be highly beneficial. It is important to recognise where the population live, work and spend time, and projects such as these succeed by going out to them in their communities rather than requiring individuals to make the effort to engage with and attend healthcare services; • there is a cost element to taking services out to the community as this work takes considerable time and effort in addition to material resources. However, the economic and moral argument is in favour of this approach as it can pick up significant numbers of healthcare issues earlier, preventing future need for more expensive care; • there are similar schemes taking place across Derbyshire and surrounding areas including projects working with groups that might struggle to prioritise healthcare, for example taxi drivers and refuse collectors. These projects are building community networks which could be used to further this work among other cohorts. Once conversations start, further opportunities are created; • the link between deprivation and health inequalities was stressed. Patients from deprived areas wait longer for outpatient appointments, are more likely to be readmitted to hospital and less likely to access follow up aftercare; and • the Board are keen to regularly see the data that supports this work, in particular with a view to monitoring progress in the most deprived areas. The Joint Strategic Needs Assessment (JSNA) is a key data source for this work and will be brought to a future Board session. **ACTION: 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.** **The Board NOTED the Citizen's Story.**	**JA, CW, AF**
ICBP/2425/105	**Chair's Report** The Chair highlighted the following: • thanks were given to staff for their hard work through a winter period that has been challenging for the ICB, the NHS, Local Authorities and the Voluntary Sector due to the high levels of viruses in circulation and continual pressure on all parts of the system. The Chair noted that there is still time to receive seasonal vaccinations and encouraged all to do so if possible; • the end of the financial year is approaching and the system is under increased pressure in the final quarter to achieve and deliver on all objectives. The Chair stressed the importance of the system keeping its promises and thanked staff for all their hard work in planning for next year and beyond;	

	• the most recent Board seminar session in December, on the subject of Mental Health, was very useful and will inform the system's thinking moving forward; • the Chair has been visiting programmes in Derbyshire to observe care being delivered on the frontline and noted that a recent visit to Jericho House was inspirational; • nationally the government's focus is on reducing waiting times for planned care. The Derbyshire system is contributing to the 10 Year Plan which is currently being developed; and • the Chair noted that the English Devolution White Paper will have an impact on the Derbyshire system. The Chair and Dr Chris Clayton (CC) have been meeting with the East Midlands Combined County Authority Mayor to discuss future plans and working together. The challenge faced by the system of finding a strategic space to maximise the benefits of devolution, while also maintaining focus on current priorities, was stressed. **The Board NOTED the Chair's report.**	
ICBP/2425/ 106	**Chief Executive's Report** Dr Chris Clayton (CC) highlighted the following: • the Chair's comments around the locally and nationally challenging winter were echoed, with urgent and emergency services and general practice especially under pressure; the big markers in terms of patient safety and quality are stretched. The focus has been on reducing ambulance queues and live information indicates that that there has been improvement in performance since Christmas and New Year. CC stressed the importance of recognising that targets represent real patients and of managing risk to patients waiting in the community; • the system's mission remains to stabilise and reduce waiting lists and maintain the improved position on cancer; • the government's planned changes to the landscape of local authorities will bring changes for the system; there may be additional financial challenges arising from this for local authorities and the system will support where possible; and • engagement work is currently taking place across the East Midlands around fertility in order to align this important policy across the whole region. The following comments were made on the Chief Executive's report: • it was clarified that public transport in the combined local authority is different to other areas; there are 4 local authorities each with responsibility for public transport rather than this being a separate transport organisation as is the case elsewhere; and • there was further discussion on the White Paper, and the government's intent to ensure all of England is covered by a unitary council. Derbyshire local authorities will receive a letter later this month to set out the plans and leaders have been given the authority to work with other local authorities to look at the proposals. It was stressed that this is the biggest change to local government in 50 years; the Board recognised and acknowledged the significance of the policy and will work together to minimise disruption. It was suggested that it would be useful to have space in a Board seminar session to explore the implications of this issue. **The Board NOTED the Chief Executive's report.**	
ICBP/2324/	**One Workforce System Strategy, Approach and Ethos**	

107	Lee Radford (LR) gave an update on the strategy, an overview of which was presented to the Board last year, to attract, develop and retain workforce in Derbyshire. Key points highlighted included: • the importance of ensuring that an inclusive culture is created; • the 'Step into work' programme has been very successful but a more joined-up approach is needed, with scaled up system-wide recruitment campaigns; • the system has an ageing workforce and a largely untapped workforce in the voluntary sector; • a significant engagement exercise has been taking place across all sectors, including steering groups, and the workforce have responded enthusiastically. The People and Culture Committee have been exploring the data resulting from the exercise in order to understand the current and future workforce. For example, there are a significant number of current Derby University students who are neurodiverse and the system will need to foster an inclusive workplace to encourage recruitment among young people like these; and • opportunities are being identified for use of digital innovations to strengthen the workplace culture. Innovations will be retested with partners to ensure that they will meet future needs. The importance of transformation and commitment under the remit of the system's role as anchor organisation was stressed. The Board noted and discussed the strategy, with the following comments: • LR was praised on the strategy, which is a positive development. There are many arising points to take into account and when the 10 Year Plan is released there may be additional impact from the digital sphere. The system will need to be innovative, while remaining within the financial envelope; • It was noted that many of the staff who will be working in the system in five years' time are already here, therefore it will be necessary to refocus the workforce's skills; • it was suggested to develop in the workforce a sense of contributing to the whole patient journey, regardless of their role; this could be taken further to support communities as well as patients. • sustainability is positive for employers, employees and finance and a supportive workplace results in reduced sickness absence. The strategy can be made more explicit as to how it will support the three shift system; and • the project is ambitious and will require support from all partners to ensure that it is not overburdened. Shared solutions to shared problems need to be developed; it is crucial that the workforce share and believe in the vision and understand how it will make a tangible difference to patients. The strategy will come back to Board in November 2025 and clear updates along the way will be brought to Board. Board input will be helpful throughout the process to cocreate the project. **The ICB Board NOTED the updates on the development of the One Workforce System Strategy, approach and ethos contained within this paper.**	
ICBP/2425/ 108	**Empowering General Practice Programme** Michelle Arrowsmith (MA) and Dr Andrew Mott (AM) gave an overview of the programme, which was brought to Board for information. The following points were highlighted:	

- the programme is a continuation of the GP strategy that was brought to Board in 2024 and it links to Place and Community Transformation work which the GP Provider Board are leading;
- engagement is currently the main driver of the work, with teams of five colleagues going out to PCNs, Team Up and other enabling structures to test out the programme and develop as required. It was noted that patient-facing teams need to drive the programme as they have direct, first-hand knowledge of the patients that they serve. There has been a very positive response from PCNs and considerable buy-in to the work, with learning gained as different parts of programme are tackled; and
- there is a national conversation around population data stratification. This issue needs to be addressed systematically and not in isolation, but absence of access to complete data is hindering development of services in some cohorts.

The Board discussed the programme, with the following comments:

- simplification of the papers would help the Board receive assurance as to the programme's current status and progress towards the proposed future status;
- it was noted that this programme, if correctly implemented, will be able to develop services and protect them from the impact of the White Paper reorganisation. However, there are some issues with population health risk stratification which constitute a key block; identifying local cohorts is a fundamental driver and until these issues are resolved the programme cannot be properly implemented;
- a consistent, joint approach across both Derbyshire and Nottinghamshire would be ideal;
- there needs to be a robust governance process and structure that supports this work, with clarity as to what needs to come to Board, which aspects can be delegated appropriately for approval and who will be responsible for making decisions at appropriate levels. It was clarified that this work has previously been to the Population Health and Strategic Commissioning Committee and the governance feeds into the Integrated Place Executive. There are also queries relating to the level of provider governance over GPs and PCNs which are important to define and balance; and
- the value of bringing together Derbyshire's 114 GP practices into a single view of PCN neighbourhood delivery was emphasised; the Primary Care team were praised for their hard work and success in this difficult task.

The ICB Board NOTED the progress made on the Empowering General Practice Programme (EGPP) Update (formerly the GP Strategy) since being agreed by the ICB Board in November 2023 and the last update to the Board in May 2024.

The Board SUPPORTED:

- **the need to expedite the work on population stratification, which is central to this strategy;**
- **the PCN/LPA accelerator programme and the ICB and IPE commitment to supporting the PCN/LPAs involved; and**
- **the commitment to ensuring that this plan continues to align with local and national plans to further develop integrated neighbourhood and place working.**

ICBP/2425/109	**Digital Strategy – Progress and Priorities for 2025/26** Andrew Fearn (AF) gave an overview of the paper, including an update on the current strategy for Joined Up Care Derbyshire. Highlighted points included: • a Strategic Digital Collaborative has been set up to steer the digital agenda with a focus on the effect on the systems' population, staff and patients. It was noted that the digital strategy must have a positive impact on the population; • the creation of the Collaborative will prepare the system for imminent changes. There is a national expectation that digital will improve the NHS, with three shifts; to digital, to community and to prevention. Shared care records (SCRs) will be vital for this approach to be effective and must be seen as the norm across the system. It was noted that the Respect Form is now available on the system's digital platform, although few staff are currently accessing it. Therefore there is more work that will need to be done to change the workplace culture to increase staff awareness and use of the technology; and • there is a considerable amount in the national news around the government's ambitions for England to be a global Artificial Intelligence (AI) leader, which will result in exciting opportunities to explore in future. AI has been used for some time to spot cancer cell patterns, however it is not embedded in practices yet. The drive and ambition is to increase staff and cultural acceptance of AI and use of the technology. The paper was discussed, with the following comments made: • local authorities are also increasing use of AI and it will be helpful to understand how local authorities will fit into the Collaborative, the governance and structure of which is currently focused on the NHS. There will be opportunities for sharing and learning about AI between local authorities and NHS partners, with technology potentially being able to remove some of the need for the person-centric care of health monitoring, leading to reduced costs and patients living more independent lives; • it was noted that social care staff in Derbyshire are not currently able to access SCRs, whereas they are in Nottinghamshire; it will be highly beneficial for local authorities, the NHS and patients to bring datasets together to efficiently establish the best course of action for patients in the community rather than in hospitals; • this strategy links into the culture item above, encouraging openness to trying and embedding new approaches, both among colleagues and in the community; • the importance of digital inclusion was stressed and it was noted that there are challenges in how care is delivered; not all of the population are willing or able to engage with technology for delivery of healthcare. The system must plan for how to include these patients and ensure that the products and services in place are accessible to all; • there is a challenge around stratifying patients and accessing the data currently held in GP systems. Data sharing agreements are not currently strong enough to allow the data to be accessed regularly. It was noted that other areas of the country, such as Nottinghamshire, have been sharing data collaboratively for some time and their success in doing so will provide assurance to Derbyshire. Progress with the data sharing issue will be an important marker with considerable learning to be had, however the work must be	

	accelerated and data sharing must also incorporate local authorities to fully support the local population; • from the provider perspective, data is being shared for day-to-day purposes, however for deeper, commissioning-focused uses the data sharing agreements, governance and processes will need to be strengthened; and • engagement is taking place with staff to provide reassurance that the currently available digital technology is being used appropriately. **ACTION: CC agreed to ensure that Digital and AI are discussed at the Integrated Care Partnership.** **The ICB Board DISCUSSED and NOTED the update on the Digital and Data Programme.**	**CC**
ICBP/2425/110	**2025/26 Operating Plan – Improvement objectives** Michelle Arrowsmith (MA) gave an overview of the Plan, with the following points highlighted: • planning for 2025/26 is imminent in terms of the NHS operating plan; national guidance is not yet published and there is more that will be done before the next Board meeting in March 2025. However the needs of the Derbyshire system and what will be in the guidance can be determined ahead of publication. A considerable amount of planning will be required for urgent and emergency care; • the financial envelope is tight. The system must manage within budget; • the one-year operating plan is set within the Integrated Care Partnership strategy and the Joint Forward Plan; all of these plans need to be aligned with clear, tangible actions and outcomes; • the objectives in the paper must be aligned to meeting the needs of the population, with tangible results and data arising from the outcomes to inform as to the success of the plan; and • work will continue on the plan and when it is brought to the Board again it will be for final approval. The paper was discussed, with the following comments made: • in terms of improvement in key areas, finance is extremely stretched. It was suggested that it would be helpful to carry out some engagement work across the system to consider if the current priorities are appropriately matched to the needs of the population; also it may be helpful to consider services that are currently provided, if they are required or could be provided differently. It was confirmed that objectives are being tested with partners, with a view to agreeing which objectives will have the greatest impact within the financial envelope. This will also establish which objectives will require additional effort in terms of transformation and which may need to be scaled back. **ACTION: A Partnership planning session will take place in Spring 2025 to ensure all partners are content with the approach being taken;** • the objectives, ambitions and dialogue with the population must align, and the system must not raise expectation above what it is capable of delivering; • the system will have a key part to play in supporting Derby City Council with the Special Educational Needs and Disabilities (SEND) inspection that will take place in Autumn, as the inspection will have a reputational impact on all partners in the system. It is crucial that collaborative work has a demonstrably positive outcome and is well perceived by the public; and • it was suggested that the plan may need to focus more strongly on inequalities; when the national planning guidance is published then this	**CC**

	must be followed. But the system may wish to be more innovative or reduce the number of priorities overall in order to focus on the most important ones. **The ICB Board DISCUSSED and NOTED the report.**	
ICBP/2425/111	**Integrated Performance Report (including level of assurance from the relevant Committee)** **Quality** The report was taken as read, with comments as below: • the CQC are satisfied with the system's progress as of before Christmas; the Board extended thanks and appreciation for the hard work of Mental Health colleagues in achieving this. An update will be brought to the next Board meeting in public; • UHDB are still awaiting a draft report on maternity services and the Quality and Performance Committee will continue to monitor progress in this area; and • there are some concerns around Infection Prevention and Control (IPC), however systems are in place to address this. The Chair of the Quality and Performance Committee gave adequate assurance from the committee. **Performance** The report was taken as read, with comments as below: • the usual metrics are being worked on across all partners. There are a lot of individual targets that have not been met, and there is a considerable amount of work going on to address these; and • the Board were invited to consider what is realistic to achieve in terms of improvements to the metrics and what can be done differently as a partnership to meet the targets. The Chair of the Quality and Performance Committee gave adequate assurance from the committee. **Finance** The report was taken as read, with comments as below: • the national position is very challenging, however the system's position as of Month 9 is as expected. The ICB is working with provider partners to ensure the forecast financial position is achieved; • some further information has been received as to the Elective Recovery Fund (ERF) allocation for the system, which will provide some finalisation in terms of what will be expected for year end; • the Board extended thanks and appreciation to Finance colleagues for their hard work to balance the financial envelope. It was noted that if the Derbyshire system can achieve the forecast position then this will be a very positive step and will enhance the system's reputation at the national level. Next year the system will move towards transformation and change; and • the system is currently on course to deliver the £24m deficit position based on the latest forecast. The Chair of the System Finance, Estates and Digital Committee gave adequate assurance from the committee. **Workforce** The report was taken as read, with comments as below: • it was noted that there is a discrepancy that spend is higher than budget, for the reasons set out in the report; some of this discrepancy	

	is self-rectifying due to the schedule as to when funding is received; and • the importance of transformation was stressed. The Chair of the People & Culture Committee gave adequate assurance from the committee. **The ICB Board NOTED the Performance Report and Committee Assurance Reports.**	
ICBP/2425/112	**Remuneration Committee Assurance Report – December 2024** The report was taken as read with no questions or comments. **The ICB Board NOTED the Remuneration Committee Assurance Report.**	
ICBP/2425/113	**ICB Risk Register – December 2024** Helen Dillistone gave an overview of the proposed changes to the ICB's Risk Register, which comprised adding one new risk relating to ongoing discussions around Commissioning Support Units (CSUs) and closure of two risks. It was noted that some of the risks are static and this may mean that the risks or mitigations are incorrect. Committees will be challenged to inspect all risks moving forwards to ensure that they are correct. **The Board RECEIVED and NOTED:** • **Appendix 1, the risk register report;** • **Appendix 2, which details the full ICB Corporate Risk Register (see link to website here); and** • **Appendix 3, which summarises the movement of all risks in December 2024;** • **New Risk 33 relating to the current contractual dispute with Midlands and Lancashire CSU.** **The Board APPROVED CLOSURE of:** • **Risk 20 relating to asylum seekers and an increase in demand and pressure placed upon Primary Care Services and Looked After Children Services; and** • **Risk 22 relating to national funding for pay awards.**	
ICBP/2425/114	**Audit and Governance Committee Assurance Report – December 2024** The report was taken as read. KM noted that the ICB are working towards providing assurance on individual items from April 2025. **The Board RECEIVED and NOTED the report for assurance purposes.**	
ICBP/2425/115	**Finance Estates and Digital Committee Assurance Report – November and December 2024** The reports were taken as read with no questions or comments. **The Board RECEIVED and NOTED the report for assurance purposes.**	
ICBP/2425/116	**Population Health Commissioning Committee Assurance Report – November 2024** The report was taken as read with no questions or comments. **The Board RECEIVED and NOTED the report for assurance purposes.**	
ICBP/2425/117	**Public Partnership Committee Assurance Report – November 2024** The report was taken as read with no questions or comments.	

	The Board RECEIVED and NOTED the report for assurance purposes.	
ICBP/2425/118	**Quality and Performance Committee Assurance Report – 31st November 2024** The report was taken as read with no questions or comments. **The Board RECEIVED and NOTED the report for assurance purposes.**	
ICBP/2425/119	**For information - Mental Health, Learning Disability and Autism specialised services host ICB commissioner and contract model** The report was taken as read with no questions or comments. **The ICB Board NOTED the appended briefing paper.**	
ICBP/2425/120	**Forward Planner** The forward planner was taken as read. It was noted that the forward planners will be refreshed for 2025/26. **The Board NOTED the forward planner for information.**	
ICBP/2425/121	**Any Other Business** No other business was raised.	
ICBP/2425/122	**Questions received from members of the public** One question was received from a member of the public. The Chair read out the question; the importance of Artificial Intelligence (AI) was stressed and work is currently taking place to look at how best to incorporate this technology into the system. **Public Question:** As the adoption of AI continues to shape the delivery of healthcare, what is the ICB's approach to leveraging these tools to enhance outcomes, improve efficiency, and ensure equitable access to services? Additionally, if you are a third-party that is able to support the ICB's strategy and priorities, who would be the best person to contact regarding this matter in the first instance? **The ICB's Response:** Derby & Derbyshire ICB are keen to explore the opportunities presented through the exploitation of Artificial Intelligence and, along with our colleagues across the NHS, look forward to understanding the specific plans at a national level so we might build on those plans locally to deliver best benefit. As will have been seen in the national press, the government is keen for the UK to be seen as a leader in Artificial Intelligence and although our organisations have dipped their toes in the water with Robotic Process Automation (RPA) and with some imaging AI, the potential for a structured national investment with benefits at scale is definitely something we would explore. It's important to appreciate however, our focus is on delivering our clinical priorities to support our population; so any investment in AI would need to ensure we deliver those goals for the people we serve. Andrew Fearn is Chief Digital Officer for both D&D ICB and N&N ICB; as well as co-incidentally the Accountable Officer for EMRAD - the East Midlands Imaging Network who have done significant work on the use of AI in Clinical Imaging. He'd be happy to meet with you at another date and discuss with you what opportunities you may be able to bring to our community.	
Date and Time of Next Meeting		
Date: Thursday, 20th March 2025 **Time**: 9:15am to 11:15am **Venue:** The Joseph Wright Room, Council House, Derby		

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ICB BOARD MEETING IN PUBLIC

ACTION LOG – JANUARY 2025

Item No.	Item Title	Lead	Action Required	Action Implemented	Due Date
ICBP/2324/050 20.7.2023	NHS Long Term Workforce Plan	Lee Radford	It was agreed that the Plan would return to a future Board for further discussion.	Workforce plan refresh is in progress by the People and Culture Committee.	**April 2025**
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 process.	**April 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	Action updated by Jim Austin on 05/02/2025.	**September 2025**
ICBP/2425/109 16.01.2025	Digital Strategy – Progress and Priorities for 2025/26	Dr Chris Clayton	CC to ensure that Digital and AI are discussed at the Integrated Care Partnership.	CC confirmed on 05/02/2025 that this will be brought to the ICP at the right moment. This action can be closed.	**Closed**
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.	Helen is leading the work with Kathy on pulling together this session; it will be on 30th April, the action is ongoing.	**April 2025**

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Derby and Derbyshire
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NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th March 2025

Item: 128

Report Title	Citizen's Story – Perinatal Services							
Author	Christina Jones, Head of Communications							
Sponsor	Helen Dillistone, Chief of Staff							
Presenters	Helen Dillistone, Chief of Staff Shelley McBride, Connected Programme Director Emma Roberts, Perinatal Support Manager & Service Director							
Paper purpose	Decision	☐	Discussion	☒	Assurance	☐	Information	☒
Appendices	Not applicable.							

Recommendations
The ICB Board are recommended to **NOTE** and **DISCUSS** the Citizen's Story for Perinatal Services.
Report Summary
Connected Perinatal Support is a community based, not for profit organisation commissioned by Derbyshire Healthcare NHS Foundation Trust and Family Hubs Derby. Dr Kathy McLean (ICB Chair) recently visited the group to find out more about their work. Connected carefully recruit and train volunteers to provide evidence-based, non-judgemental peer support to new and expectant families. This can be provided on a one-to-one basis during pregnancy, at labour and birth if required. Just as reassurance, volunteers receive 26 weeks of training from a range of health and social care professionals, attend ongoing training, including yearly safeguarding training, are DBS checked and receive monthly supervision with a senior member of staff. They are a well-established and trusted service receiving the majority of their referrals from Maternity services and the Perinatal Mental Health team. Find out more: www.connectedperinatalsupport.org.
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 ☒

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NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th March 2025

Item: 129

Report Title	Chair's Report							
Author	Sean Thornton, Director of Communications and Engagement							
Sponsor	Dr Kathy McLean, ICB Chair							
Presenter	Dr Kathy McLean, ICB Chair							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices (reports attached)	Not applicable.							

Recommendations

The ICB Board are recommended to **NOTE** the Chair's Report.

Report Summary

It has been a month of role announcements at our national and regional bodies. The CEO refers to the departure of NHS England Chief Executive Amanda Pritchard in his report. The Department of Health and Social Care has also confirmed its preferred candidate to be the new Chair of NHS England. Dr Penny Dash, the current chair of North West London Integrated Care Board, is set to take over from Richard Meddings, who steps down in March. Penny recently led the investigation into the Care Quality Commission which has resulted in a broad range of recommendations. Dr Dash has previously been a vice chair of the King's Fund, a non-executive director of foundation trust regulator Monitor, and director of strategy at the Department of Health and Social Care from 2000-2001. Penny will be subject to a pre-appointment hearing with the Commons health and social care committee.

Amy Harhoff has been announced as the first permanent Chief Executive of the East Midlands Combined County Authority (EMCCA). Amy will support the Mayor of the East Midlands, Claire Ward, to improve regional transport, housing, skills and job opportunities, inclusive growth, and climate resilience. These are key priorities which the ICB are continuing to seek to connect with given their implications for the wider determinants of health and can make a real difference in our region. It is noteworthy that the EMCCA is the only Mayoral Combined Authority in the country with two women in its top leadership roles.

I am grateful to everyone who has played a part in developing our system's response to the NHS Planning Guidelines for 2025-2026. The Board received a briefing on the detail prior to submission at the end of February and will continue to connect with the process to seek assurance on the details of our transformation programme. The system is committed to submitting a realistic and deliverable position, and we are on the right track to do that.

Local Updates

Visits

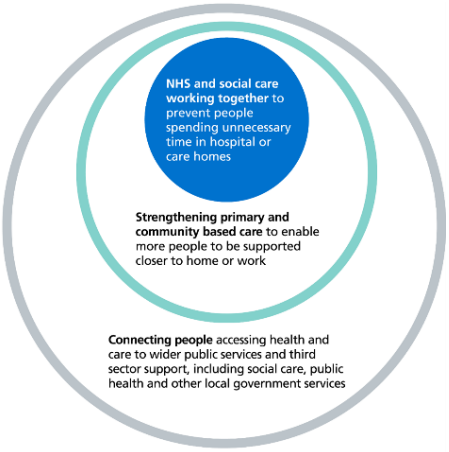
It is almost a year now since I took up post as ICB Chair. Something I have greatly enjoyed has been getting to know colleagues and visiting the people and places providing crucial services to our population. I've been given an insight into a wide range of projects, teams and organisations including:

- perinatal support for mums
- a unique model for men's addiction services
- a day in the life at a general practice
- an insight into the wonderful contribution of the voluntary sector
- and detailed conversations with place-based partnership teams.

I've also had a chance to discuss in depth the opportunities and challenges of working for the NHS and its partners. One of the areas that really struck me, was how much time and resource organisations and individuals spend trying to support people with the building blocks (or wider determinants) of health. Housing, lifestyle, diet, education, debt and addiction for example and the place where we live all have a profound impact on our health. Thank you to everyone who came forward to offer and host me on a visit. I know there are many great examples of joined up care, or integrated care, across our county, so I'm going to carry on and try to see some more.

NHS 10-Year Plan Public Engagement
We've been discussing with staff and public the priorities for the Government's 10-Year Plan and have submitted a wide range of insight into the national process. There has been great interest in the plan at all of the sessions, and a formal insight report is in preparation to capture the thoughts, not least so we can also feed these into our local planning. Bringing this and other forms of insight into our planning and decision-making is vital if we are to have the voice of local people at the centre. Developing services alongside those people who need them will ensure we develop the most responsive care to meet our aims of understanding need and improving health.

National Updates



Neighbourhood Health Guidelines
NHS England released its guidelines on the development of neighbourhood health. Building on our existing and progressive work through Local Place Alliances, the concept of neighbourhood health sees us further deliver more care at home or closer to home, improve people's access, experience and outcomes, and ensure the sustainability of health and social care delivery. More people are living with multiple and more complex problems, and as highlighted by Lord Darzi, the absolute and relative proportion of our lives spent in ill-health has increased. NHS England point the focus in the coming months on creating the national and local conditions for different ways of working, and in many areas we can help to support that sharing of good practice, particularly through the lens of our integrated community teams – or Team Up – approach. The guidance includes this diagram, which is helpful to conceptualise the components of neighbourhood health.

The connections we are making between this, and our urgent and emergency care programme and Better Care Fund review is the right course, ensuring we understand more about the drivers for urgent and emergency care and the work we can do in neighbourhoods to better support people to stay well and stay home. This must all be done wherever possible through an integrated approach in both strategy and delivery, and we have good foundations in this regard.

NHS Confederation
The HSJ published my comment on the recent planning guidance, in my role as Chair of the NHS Confederation ICS Network. I noted that ICB leaders share the government and NHSE's ambition and determination, as set out in the planning guidance, to improve access to care and deliver more efficient services. The guidance details some welcome changes which the Confederation has been calling for on behalf of its members. These include reducing the overall number of targets, devolving more funding and decision making to systems, and increasing flexibility in payment systems to trial new financial incentives.

As set out in the Chief Executive's update on planning, our activities to deliver the future vision revolve around reform, and we know we can't continue to cut services, right-size our budgets and cut our waiting lists. System sustainability and ensuring care that works better for our communities must be at the heart of our planning conversation through March and beyond. In the face of the challenges facing systems, the balance of focus between recovery and reform must not become overly distorted and it is here that the 10-year Health Plan will be critical. It will provide the longer-term narrative and set the trajectory and momentum for delivering the government's three shifts, enabling us to build on the local work we are already progressing.

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 ICB BOARD

MEETING IN PUBLIC

20th March 2025

Item: 130

Report Title	Chief Executive Officer's Report							
Author	Sean Thornton, Director of Communications and Engagement							
Sponsor	Dr Chris Clayton, Chief Executive Officer							
Presenter	Dr Chris Clayton, Chief Executive Officer							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices (reports attached)	Not applicable.							

Recommendations

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

Report Summary

NHS Planning Guidance for 2025/26 was issued on 28th January. The guidance sets a clear signal for a focus on:

- A move towards local control, which comes with greater accountability
- A reduced number of national priorities and targets
- A drive on productivity, which will require some difficult decisions to be made
- A financial reset for the NHS, where we must live within our means
- Productivity, with benchmarking reports provided for each NHS partner outlining the local position against best-in-field providers, equating to an apparent £172.3m of opportunities for Derby and Derbyshire.

There are also some further fixed policy positions which we must seek to achieve:

- A non-negotiable deficit position of -£45m. This compares to an agreed deficit position on -£50m for 2024/25.
- A 30% reduction in agency spend (equating to £23.8m for our NHS system compared to 2023/24) and 10% reduction in bank spending (£64.3m reduction compared to 2023/24).

We have been working through the guidance and have identified 6 themes to be addressed through our planning work, with necessary inter-dependencies in some areas. Of note is the connection we are making between our Urgent and Emergency Care activity with our place/neighbourhood developments and the work allocated to the Better Care Fund. Understanding our neighbourhood and place interventions in the context of supporting a sustainable urgent care system is key to reducing UEC activity and keeping our population safe and healthy.

The six themes are:

1. Neighbourhood Health, UEC and BCF.
2. Planned Care.
3. Mental Health and Learning Disabilities.
4. Maternity and Neonatal Delivery Plan.
5. Finance, with a comprehensive efficiency savings schedule and delivery plan.
6. Workforce.

Colleagues across the ICB and our NHS partners have been working collectively to understand each of these areas, and to prepare a first draft performance, workforce and activity position,

which was submitted to NHS England on Wednesday 26th February, ahead of the final submission required on 27th March. Following detailed attention by a wide range of ICB and partner colleagues, we have made strong progress in assessing our forecast positions against the performance measures, the inter-dependencies between them, and the implications of target achievement on our workforce and financial position. The requirement for our 27th March submission will be greater detail on the actions we will take, the opportunities we will set out and achieve, and the outcomes we expect from them to bridge from today's performance level to that required in the guidance.

Our colleagues at Derbyshire County Council have now made decisions following public consultations on their residential and respite care provision and their position as an existing provider in those markets. The NHS continues to work closely with the council to understand these positions, connected to our emerging community transformation programme and our formal review of the Better Care Fund process. Derbyshire Community Health Services NHS Foundation Trust and the County Council have also agreed following consultation to move to a Section 75 agreement of pooled budgets and staff, in support of maximising opportunities for joined up community care.

The ICB continues with its programme of organisational development, and we were delighted to announce the first winner in our new Staff Recognition Scheme in February. Our Leadership Forum and reconvened Senior Leadership Forum will be important settings to embed our people actions, and imminent publication of results from the Staff Survey and our Quarterly Pulse Checks will help to continue to refine our approach.

At a national level, Amanda Pritchard, NHS Chief Executive has announced that she will leave her role at the end of March 2025. Sir Jim Mackey, who has held a range of national, regional and system roles, will take up the position of interim Chief Executive. The Secretary of State for Health and Care has praised Amanda for her leadership through the Covid-19 pandemic and in the recovery process since then.

I am pleased to announce that Bill Shields will be joining the ICB as Chief Finance Officer, in a joint role with NHS Nottingham and Nottinghamshire. Bill has 28 years of board level experience and is currently interim Chief Executive at Torbay and South Devon NHS Foundation Trust, appointed from his substantive post as Deputy Chief Executive and Chief Finance Officer at NHS Devon ICB. Bill has previously held a range of Chief Executive and Chief Finance Officer roles in the NHS, and overseas, is a previous chair of the audit committee at the Chartered Institute of Public Finance and Accountancy and President of the Healthcare Financial Management Association, where he currently chairs its Financial Recovery Group.

I am delighted to have been able to secure the services of a candidate with Bill's experience and calibre. The joint arrangements further cement the partnership working across the East Midlands, connected to the opportunities available through the creation of the East Midlands Combined County Authority. Bill will work 50:50 across each ICB and be jointly accountable to me and Amanda Sullivan, the Chief Executive at NNICB. I also wish to place on record my thanks to Claire Finn, our Interim CFO, who has ably-led the ICB and system finance approach during the current planning round.

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

Local Developments

Derby and Derbyshire ICB news

Team Up Home Visiting Service frees up GP capacity

The Derby and Derbyshire Team Up Home Visiting Service frees up GP capacity, according to 86% of people working in primary care who completed a recent survey.

NHS Derby and Derbyshire partners with Heartburn Cancer UK to fight oesophageal cancer

Derby has a high prevalence of upper gastrointestinal cancer and is one of only two areas in the country chosen to work with Heartburn Cancer UK due to its high prevalence of upper gastrointestinal cancer.

Team work sees dementia diagnosis rates rise above target and national average

More people are being diagnosed with dementia and therefore getting the help and support they need, thanks to a successful programme in Derby and Derbyshire.

New set of patient case studies shows impact of Team Up

A new set of case studies showing the positive impact of NHS Derby and Derbyshire's flagship Team Up transformation programme for patients is now available.

ICB Chair Dr Kathy McLean tours Barrow Hill Memorial Hall Hub and meets Place Alliance team

ICB Chair Dr Kathy McLean was treated to a tour of the renovations at Barrow Hill Memorial Hall Hub with colleagues from the Chesterfield Place Alliance during her latest visit to see integrated care in action.

Erewash prevention scheme presented at NHS Confederation best practice webinar

The roll out of the NHS Health Check in deprived communities in Erewash has been presented on a national best practice webinar for the NHS Confederation, alongside NHS England Director Dr Bola Olowabi.

Vita Health Group named as preferred bidder of NHS Talking Therapies service in Derby and Derbyshire

Vita Health Group has been selected as the preferred bidder to provide NHS Talking Therapies services in Derby and Derbyshire, from 1 July 2025.

Pharmacy First helps tens of thousands of people get better in Derbyshire

Pharmacy First – the service that offers treatment for seven common conditions – has been used by tens of thousands of people in Derbyshire since it was launched a year ago.

Primary Care teams in Erewash welcome Dr Kathy McLean, ICB Chair, for visit

GPs, receptionists, social prescribers and care navigators were just some of the staff from primary care in Erewash who welcomed ICB Chair Dr Kathy McLean for a visit.

Partners news

Derby City Council

Joint statement on Local Government Reorganisation proposals - 19 February - Derby City Council

Derbyshire County Council

Improvement plan for children and young people with special needs and disabilities published by Derbyshire Education and Health Partnership

The partnership responsible for planning, delivering and commissioning services for children and young people with special educational needs and disabilities (SEND) in Derbyshire has published a Priority Impact Plan following a government notice to improve.

Chesterfield Royal Hospital

We are looking for an exceptional person to appoint as a new Non-Executive Director

Chesterfield Royal Hospital is looking for an exceptional person to appoint as a new Non-Executive Director – someone who is passionate and committed to developing and leading our unique organisation.

Welcoming NHS England to Our Trust

The Trust had the honour of hosting colleagues from NHS England: Dr Navina Evans CBE, Chief Workforce, Training and Education Officer, and Thomas Simons, Chief Human Resources and Organisational Development Officer.

New Management for Royal Primary Care

Chesterfield Royal Hospital NHS Foundation Trust have announced two new recruits into senior roles at the Trust's primary care division – Royal Primary Care.

United Hospitals Derby and Burton

NHS Confederation CEO visits 'inspiring' and 'innovative' teams across UHDB

University Hospitals of Derby and Burton NHS Foundation Trust (UHDB) hosted a visit by Matthew Taylor, Chief Executive of NHS Confederation, who met nationally recognised teams and praised the innovation on display during his time at Royal Derby Hospital (RDH).

Tamworth MP 'delighted' about investment in new Community Diagnostic Centre which sees thousands of patients every month

Sarah Edwards, MP for Tamworth, visited the new Community Diagnostic Centre (CDC) at Sir Robert Peel Community Hospital, to see the cutting-edge facility supporting local residents to get access to diagnostic tests quicker and closer to their home and community.

UHDB part of national maternity research study to test babies for 200+ genetic conditions and improve genetic healthcare for future generations

University Hospitals of Derby and Burton (UHDB) is part of an innovative national long-term research called the Generation study looking at newborn babies' genomes to help improve testing, diagnosis and treatment for genetic conditions.

Your feedback made a difference at UHDB #YouSaidWeDid

The Patient Experience, Advice, and Support Services team at United Hospitals Derby and Burton have been actively listening to feedback from people to understand what matters to them.

Voluntary Community and Social Enterprise Sector

Funding Opportunity: Men's Health Grant

Community Action Derby in partnership with Derby City Council is commissioning a small grants fund to support conversations with local communities, with the aim of gaining a better understanding into the specific health needs of men.

Publications that may be of interest:

January - Joined Up Derbyshire Newsletter

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

20th March 2025

Item: 131

Report Title	2025/26 Plan						
Author	Craig Cook, Director of Strategy and Planning						
Sponsor	Michelle Arrowsmith, Chief Strategy and Delivery Officer						
Presenter	Michelle Arrowsmith, Chief Strategy and Delivery Officer, Claire Finn, Interim Chief Finance Officer, Lee Radford, Chief People Officer						
Paper purpose	Decision	☐	Discussion	☒	Assurance	☒	Information ☐
Appendices (reports attached)	2025/26 Operational Plan - update						

Recommendations

The ICB Board are recommended to **DISCUSS** the report on the status of the 2025/26 Plan.

Report Summary

NHS England's priorities and operational planning guidance was published on 30 January 2025. The number of national priorities has reduced from last year's guidance instead focusing on a small set of headline ambitions and key enablers:

1. Reducing elective care wait times
2. Improving A&E and ambulance response times
3. Enhancing access to general practice and urgent dental care
4. Improving mental health and learning disability services
5. Living within the budget allocated, reducing waste and improving productivity
6. Maintaining collective focus on the overall quality and safety of services
7. Addressing inequalities and shift towards prevention.

In response, Derby and Derbyshire ICB, working with its partners, submitted a headline position on a range of these ambitions to NHS England, for review on 27th February 2025. This submission signalled the ICB's intent going into 2025/26 and provided an opportunity to take stock on progress.

With the final submission due on 27th March 2025, work continues to build an understanding of "the how", with focus on 3 key issues that will contribute to closing the performance gap and addressing the financial challenge in 2025/26:

1. **Enhancing the efficiency and effectiveness of planned care clinical pathways:**

   - **'**Intra-Acute Trust' action on service productivity- outpatients, diagnostics and theatres.
   - 'Inter-sector' action – advice and guidance, removing duplicative triaging/referral assessment activities.

2. **Enhance the efficient an effective use of general and acute bed capacity for unscheduled care:**

   - 'Intra Acute Trust' action on internal flow - alternatives to an admission (virtual ward, same day emergency care); consistent delivery of internal professional standards; discharge planning and workforce planning and deployment.

3. **Enhancing the co-ordination, consistency and scale of the "neighbourhood health" offering:**

- Frailty - intermediate care and integrated MDT – impacting on over 65 non-elective admission and readmission rates and reducing delays.
- Children and young people – mental health.
- Access to General Practice and Cardiovascular prevention.

Upon receiving final plans, each Board will be required to confirm their level of assurance on governance, plan content and delivery – captured in a Board Assurance Framework, which will be submitted to NHS England with all other mandatory planning returns.

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 ☒

"*The what*" - 7 areas of improvement for the NHS to deliver in 2025/26 …

National priorities and success measures for 2025/26*	
Priority	**Success Measures**
Reduce the time people wait for elective care	Improve the percentage of patients waiting no longer than 18 weeks for treatment to 65% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement[1]
	Improve the percentage of patients waiting no longer than 18 weeks for a first appointment to 72% nationally by March 2026, with every trust expected to deliver a minimum 5% point improvement[1]
	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 28-day cancer Faster Diagnosis Standard to 80% by March 2026
	Improve performance against the headline 62-day cancer standard to 75% by March 2026
Improve A&E waiting times and ambulance response times	Improve A&E waiting times, with a minimum of 78% of patients admitted, discharged and transferred from ED within 4 hours in March 2026 and a higher proportion of patients admitted, discharged and transferred from ED within 12 hours across 2025/26 compared to 2024/25
	Improve Category 2 ambulance response times to an average of 30 minutes across 2025/26
Improve access to general practice and urgent dental care	Improve patient experience of access to general practice as measured by the ONS Health Insights Survey
	Increase the number of urgent dental appointments in line with the national ambition to provide 700,000 more
Improve mental health and learning disability care	Reduce average length of stay in adult acute mental health beds
	Increase the number of CYP accessing services to achieve the national ambition for 345,000 additional CYP aged 0–25 compared to 2019
	Reduce reliance on mental health inpatient care for people with a learning disability and autistic people, delivering a minimum 10% reduction
Live within the budget allocated, reducing waste and improving productivity	Deliver a balanced net system financial position for 2025/26
	Reduce agency expenditure as far as possible, with a minimum 30% reduction on current spending across all systems
	Close the activity/ WTE gap against pre-Covid levels (adjusted for case mix)
Maintain our collective focus on the overall quality and safety of our services	Improve safety in maternity and neonatal services, delivering the key actions of the of the 'Three year delivery plan'
Address inequalities and shift towards prevention	Reduce inequalities in line with the Core20PLUS5 approach for adults and children and young people
	Increase the % of patients with hypertension treated according to NICE guidance, and the % of patients with GP recorded CVD, who have their cholesterol levels managed to NICE guidance

Our headline plan submission set out our intent to achieve the targets that we have been set…

Finance	Planned Care	Mental health, learning disabilities and autism	Urgent Care
• (£45m) plan. • £180.3m efficiency savings required. • Agency spend limit of £23.8m.	• Incomplete RTT waiting list within 18weeks – 5% improvement. • Cancer – 80% of cancers diagnosed/ruled out within 2 weeks. • Cancer – 75% of treatment delivered with 62 days.	• 10% reduction in average length of stay for a mental health admission. • 10% reduction in the utilisation of inpatient care for people with a learning disability or autism. • Compliant with the Children and Young Person's access target.	• 80% delivery of 4hr standard across all commissioned providers – although both acutes non-compliant with the 78% target. • Lower number of 12+ hr waits – both in absolute and proportional terms – compared to 2024/25.

'*The how*' - work continues to address 3 key issues that will contribute to closing the performance gap and addressing the financial challenge in 2025/26…

1. Enhancing the efficiency and effectiveness of *planned care* clinical pathways:

- 'intra acute Trust' action - outpatients, diagnostics and theatres.
- 'inter sector' action – advice and guidance, removing duplicative triaging/referral assessment activities.

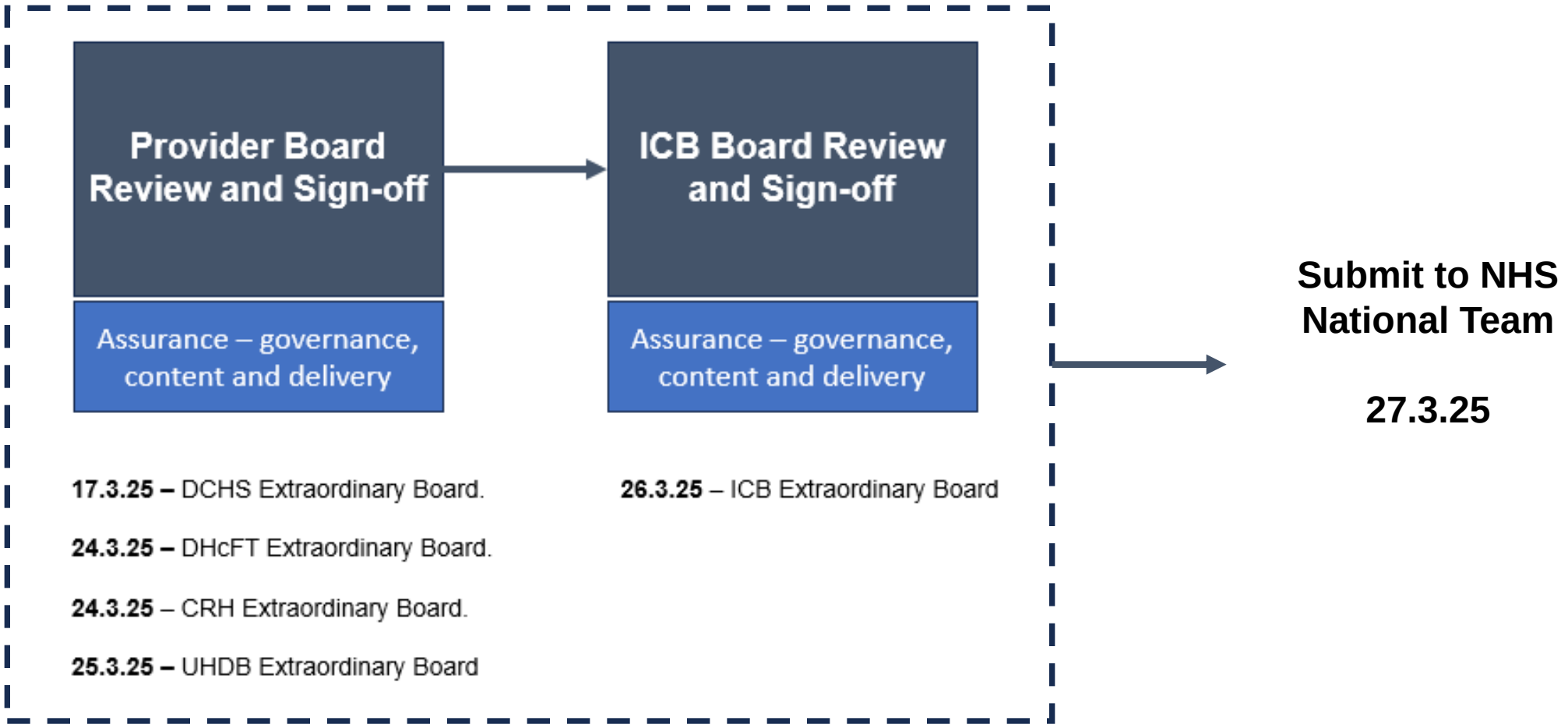
2. Enhance the efficient an effective use of general and acute bed capacity for unscheduled care:

- 'intra Acute Trust' action - alternatives to an admission (virtual ward, SDEC); consistent delivery of internal professional standards; discharge planning and workforce planning and deployment.

3. Enhancing the co-ordination, consistency and scale of the "neighbourhood health" offering:

- Frailty - intermediate care and integrated MDT – impacting on over 65 non-elective admission and readmission rates and reducing delays.
- Children and young people – mental health.
- Access to General Practice and Cardiovascular prevention

Next steps - governance



Board Assurance

Governance
The Board has systematically reviewed and assured the operational, workforce and financial plans for 2025/26 that form the basis of the organisation's submissions to NHS England.
The Board has reviewed its quality and finance governance arrangements and put in place a clinically led process to support prioritisation decisions.
Prioritisation decisions were reviewed by the Board, including explicit consideration of the principles set out in planning guidance.
A robust quality and equality impact assessment (QEIA) informed development of the organisation's plan and has been reviewed by the Board.
The organisation's plan was developed with appropriate input from and engagement with system partners.

Content and Delivery
The Board has systematically reviewed and is assured that it has plans in place address the key opportunities to meet the national priorities for the NHS in 2025/26. This includes the actions against the national delivery plan checklists and the use of benchmarking to identify unwarranted variation / improvement opportunities.
The Board is assured that all possible realistic in-year productivity and efficiency opportunities have been considered and are reflected across the organisation's operational, workforce and financial plans.
The Board is assured that any key risks to quality linked to the organisation's plan have been identified and appropriate mitigations are in place.
The Board is assured of the deliverability of the organisation's operational, workforce and financial plans. This includes appropriate profiling and triangulation of plan delivery, and mitigations against key delivery challenges and risks.

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th March 2025

Item: 132

Report Title	Delegated Specialised Commissioning Services from NHS England – Final Delegation Documents							
Author	Chrissy Tucker, Director of Corporate Governance and Assurance							
Sponsor	Helen Dillistone, Chief of Staff							
Presenter	Dr Chris Clayton, Chief Executive Officer							
Paper purpose	Decision	☒	Discussion	☐	Assurance	☐	Information	☐
Appendices (reports attached)	**Please note that the appendices are sent in separate PDF 132** Appendix 1 – Final Delegation Agreement for Specialised Services Appendix 2 – Final Collaboration Agreement for Specialised Services Appendix 3 – Final Data Protection Impact Assessment (DPIA)							

Recommendations

The ICB Board are recommended to **NOTE** the contents of the report and **AGREE** the sign-off of the attached documentation, noting that the ICB's Data Protection Officer has reviewed the DPIA and is happy to approve it. These documents have been developed between NHSE and their legal advisors, together with Midlands ICB representatives.

Report Summary

At its meeting on 21st March 2024, the Board received and approved the following to support the preparation for full delegation of Specialised Services from NHSE:

- Delegation Agreement
- Memorandum of Understanding and Collaboration Agreement
- Commissioning Standard Operating Framework

The ICB is a partner in a number of sub-groups that have worked through financial, contracting and quality implications of the transfer and no risks have been identified as part of that work. Further work is, however, being undertaken to shape the operating model between the host ICB (Birmingham and Solihull) and partner ICBs. This programme of work is governed through an internal Delegated Functions Programme Board and overseen by a Joint Committee of the ICBs.

The Board is asked to agree to the sign-off of the final version documentation attached.

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

20th March 2025

Item: 133

Report Title	Integrated Performance Report							
Authors	Phil Sugden, Assistant Director of Quality Sam 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 **DCHS Urgent Treatment Centres (UTCs):** services have restored overall capacity to levels that are above the expected average demand profile, based on historical activity. **UHDB:** As part of a regional benchmarking exercise of Level 2 NHS Neuro Rehabilitation Units, NHS Specialised Commissioners visited Kings Lodge Unit (ward 3). **Lincolnshire & Nottinghamshire Air Ambulance:** unable to store or issue controlled drugs due to an expired Home Office license. **Performance** Urgent and Emergency Care **AE 4-hour performance**: Both Acute Providers are behind trajectory in delivering the 4-hour target. **Category 2 ambulance response times:** During quarter 3, mean performance of 1hr for a category 2 call for Derby and Derbyshire patients was recorded. This represented a deterioration on quarter 1 and 2 actuals. **Planned Care, Cancer, and Diagnostics** **Referral to treatment waiting times:** We have seen a sustained reduction in the number of patients waiting 65 weeks. Both Acute Trusts had a plan to reduce the list to zero by September 2024 which was revised to December 2024. However, at the end of quarter 3, there were 238 patients waiting more than 65 weeks for DDICB. **Diagnostic waiting times:** Both Acute Trusts are currently non-compliant with the 6-week performance trajectory but have plans in place to address the underlying causes. Current performance stands at 60.3% vs a planned target of 89.9% for CRH and 77.4% vs a planned target of 87%. With regards to the overall waiting list, UHDB is currently meeting their total waiting list target. However, CRH has continued to miss the planned target and by a significant margin, with Audiology/DEXA and Echo the most affected. **Cancer waiting times:** Both Acute Trusts have been consistently achieving their plan for 62-day treatments. However, both Trusts are not achieving their individual planned target for the 28-day faster diagnosis standard, though not by a wide margin. YTD (to December 24) CRH have achieved 73.2% against an overall planned target of 76% and UHDB 73.5% against a target of 76.6% for this time of the year for the 28-day faster diagnosis standard. **Mental Health, Autism and Learning Disabilities:** There are challenges in achieving the SMI health check target. In quarter 3 the target was missed for inpatient care and the learning disabilities health check. With regards to Talking Therapies, JUCD has consistently been surpassing the national target (48%) though this is below our own target (which was higher than the national target).

For the out of area placements, a change in the way national data is reported has resulted in a lower number of placements being reported although locally, DHCFT are reporting an increase in the number of out of area placements and have agreed and implemented a revised OAP Recovery Action Plan.

Primary and Community Care

GP Appointments: Our 2024/25 plan assumed that General Practice would deliver the same level of appointments as in the previous year. The activity is 4% above plan for the year to date, including an October spike due to vaccinations.

Adult Community Service Waiting Times: At the end of November 2024, the number of 52 weeks waits is 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. However, Community Paediatrics are also tracking much higher than plan, the plan was a consistent 923 through the year but by November the actual waiting list has reached 1,434. The team is currently revisiting the work plans although this area is recognised to be a significant challenge nationally.

Workforce

- Total workforce across all areas (substantive, bank and agency) was 44.32 WTE below the 2024/25 workforce plan (as submitted on 2 May 2024).
- Whilst the net position is below plan, there are some areas that are slightly above plan; CRH (Substantive, 82.31 WTEs), DCHS (Substantive, 85.67 WTEs), UHDB (Bank, 127.68 WTEs), and UHDB (Agency, 41.35 WTEs).
- Compared to M9, there was an increase in substantive positions (18.95 WTE) and Bank (86.22 WTE) and a decrease in Agency usage (19.59 WTE).
- For Primary Care, the M9 total workforce was 163 WTE below Q3's plan.
- JUCD agency cost amounted to 1.8% total pay costs, 1.4% under national target of 3.2%. YTD 2.0%
- Workforce pay costs were £4.8m adverse to plan, however, non WTE pay costs such as waiting list initiative payments and consultant overtime are skewing the overall workforce pay position. Work is currently underway to separate these costs out to provide a more accurate pay cost position.
- Workforce sickness rates increased slightly in December 2024 due to increased flu and covid levels.

Finance

At Month 10 the system reported a year-to-date adverse variance of £4.0m against a plan of £14.5m. Key drivers of the YTD position include Urgent & Emergency Care Demand and Non-Elective Pressures. This variance has been partly offset by mitigations in other areas. The annual forecast is to deliver the updated planned breakeven position by the end of the financial year.

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

Performance Report

March 2025

Dr Chris Clayton ICB Chief Executive Officer
Prof Dean Howells, Chief Nurse Officer
Michelle Arrowsmith, Chief Strategy and Delivery Officer
Claire Finn, Interim Chief Finance Officer
Lee Radford, Chief People Officer

Quality

Prof Dean Howells, Chief Nurse Officer
Dr Deji Okubadejo, Clinical Lead Member

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

Derby and Derbyshire Integrated Care Board

Key Messages

	Concern/Issue New or Ongoing and Escalation Level	Programme/Specialty	Organisation/Place/ System Wide	Concern/Issue identified, Description/Impact	Proposed mitigation/Action being taken/Key Learning Points
1	Ongoing Enhanced Surveillance	Safer Maternity Care	Maternity Service		**UHDB** • CQC revisited UHDB December 16th and 17th 2024. 5 actions were responded to by December 30th and the report is awaited following further submission of evidence. • MSSP review and reset meeting on January 28th. Agreed review in 6 months with an aim to leave the programme in 12 months. • Perinatal mortality rates remain below the national average • NHSE and NHS Midlands support continues for the QI work. Work is progressing well with UHDB taking a lead as the offer moves into phase 4. CNST Maternity Incentive Scheme year 6 compliance is expected to see an improvement to 7/0 safety actions. An application for discretionary funds to meet the remaining 3 will be made to NHSR. **CRH** • NHS Midlands perinatal team are supporting CRH with a 30/60/90-day support package to be agreed for QI. • Sherwood Forest Hospitals Trust and Nottinghamshire LMNS led a peer review in February for 11 stillbirths from August 2023 to September 2024 to provide external assurance. Initial review found no safety concerns or themes. • Perinatal mortality rates have stabilised with no stillbirths or neonatal deaths reported for 3 months up to November 2024.

LEARNING AND SHARING - best practices, outcomes

DCHS Urgent Treatment Centres (UTCs): services have restored overall capacity to levels that are above the expected average demand profile, based on historical activity. Ilkeston UTC continues to offer an appointment-only service whilst the reliance on temporary staffing continues. The walk-in service will be restored as soon as the substantive staffing position allows. All other units continue to offer a normal service.
DCHS have conducted an internal service review of their UTCs and developed an improvement plan based upon the findings. This will be monitored through their Quality Committee. During February 2025, DDICB conducted a number of quality visits to the DCHS Urgent Treatment Centres. Outcomes from the visits will be reported through the DCHS CQRG.
UHDB: As part of a regional benchmarking exercise of Level 2 NHS Neuro Rehabilitation Units, NHS Specialised Commissioners visited Kings Lodge Unit (ward 3) which is based at University Hospital of Derby and Burtons NHS Trust's, Florence Nightingale site. Commissioners reported that in comparison to other midland units Kings lodge was seen as a good service overall. The Rehabilitation process is working well and the focus on research was considered exemplary which is not widely replicated across the region. There were some issues identified in relation to discharges which will be picked up with the relevant commissioners.
Lincolnshire & Nottinghamshire Air Ambulance: EMAS informed Tues 28th January, LNAA were unable to store or issue controlled drugs due to an expired Home Office license. EMAS Pharmacy support & expertise provided to LNAA regarding CD destruction/storage & subsequent license implications. Interim position developed re back up by crews with CD medications & consideration of alternative anaesthetic methods. EMICS with several Level 8 Doctors within Lincolnshire and Specialist Practitioners have provided to support enhanced and critical care. On the 11th February, following the successful renewal of LNAA CD licence, and EMAS seeing this evidence the suspension to the contract was lifted with restoration of the full air ambulance service with immediate effect.

Performance

Michelle Arrowsmith, Chief Strategy and Delivery Officer
Margaret Gildea, Non-Executive Member

Planning Compliance with Operational Plan – Cancer and Planned Acute Care

NHS Derby and Derbyshire Integrated Care Board

Area	Objective	Level	Actual	Plan	Actual	Plan	Actual	Plan	actual	plan	actual	plan	actual	plan
			Qtr 1 24/25		Qtr 2 24/25		Qtr 3 24/25		Oct-24		Nov-24		Dec-24	
Planned Acute Care and Cancer	No person waiting longer than 65 weeks on an RTT pathway at the end September 2024.	CRH	259	177	146	0	93	0	119	0	97	0	93	0
		UHDB	924	436	345	0	162	0	236	0	153	0	162	0
		DDICB	1,050	571	480	0	238	0	381	0	272	0	238	0
	Total RTT incomplete waiting list	CRH	29,173	29,390	28,956	28,701	28,731	28,012	28,546	28,489	28,939	28,277	28,731	28,012
		UHDB	107,470	113,440	107,539	113,055	108,605	108,730	107,171	111,578	108,777	110,274	108,605	108,730
		DDICB	125,944	132,189	124,763	131,204	123,827	127,911	123,025	130,102	124,634	129,102	123,827	127,911
	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%	63.5%	87.5%	63.8%	89.4%	60.3%	89.9%
		UHDB	75%	81%	76%	83%	79%	86%	79.4%	84.5%	79.1%	85.6%	77.4%	87.0%
	Total diagnostic waiting list	CRH	7,178	6,121	7,926	6,499	8,106	5,879	7,918	6,419	8,444	6,529	8,106	5,879
		UHDB	22,862	20,306	20,162	21,997	18,094	19,637	20,481	21,207	18,841	20,842	18,094	19,637
		DDICB	27,413	24,693	26,237	26,042	25,944	23,746	27,403	25,445	27,032	25,257	25,944	23,746
	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%	74.6%	76.5%	74.9%	76.5%	73.2%	74.7%
		UHDB	74%	75%	76%	75%	74%	76%	75.0%	75.8%	73.5%	76.4%	73.5%	76.6%
	Improve performance against the headline 62-day standard to 70% by March 2025	CRH	79%	71%	73%	73%	73%	72%	74.1%	73.6%	71.6%	71.5%	71.5%	69.5%
		UHDB	65%	59%	70%	62%	71%	66%	69.9%	64.9%	71.6%	66.2%	72.1%	67.8%

Referral to treatment waiting times

Both Trusts face risks related to the 65-week target with breaches expected into January due to high demand and workforce shortages. Efforts are focused on reducing waiting lists and improving efficiency

Diagnostic waiting times

The overall waiting list is higher than plan at CRH and within plan at UHDB.
Both trusts are non-compliant with the 6-week performance trajectory, but have plans in place to mitigate risks

Cancer waiting times

Both Trusts are achieving their plan for 62-day treatment
For the 28-day faster diagnosis target, both trusts fell short of achieving the planned performance in October and November.
Both Trusts are focusing on delivering improvement plans and utilising EMCA funding to develop the operational delivery of full best practice timed pathways and sustainable solutions.

Cancer, Diagnostics and Planned Acute Care

NHS
Derby and Derbyshire
Integrated Care Board

Issues
➢ High demand and workforce shortages are leading to longer waiting times for elective treatments. Efforts are focused on reducing waiting lists and improving efficiency. ➢ While there have been improvements in early diagnosis and treatment, challenges remain in meeting the 28-day Faster Diagnosis Standard and reducing 62-day wait times. There is a national focus on enhancing cancer standards and addressing inequalities in access to treatment. ➢ Diagnostic capacity is strained due to workforce issues and outdated equipment.

Performance Requirements	Actions Being Taken, Risks & Mitigations
No person waiting longer than 65 weeks on an RTT pathway by Mar 25	➢ We are prioritising efforts to reduce the waiting list by optimising resources and improving efficiency across the system. ➢ We forecast 3 breaches at 78 weeks and 96 breaches at 65 weeks by the end of the financial year. Each patient is actively managed with weekly system oversight. The longest waiters are impacted by equipment shortages, such as hand rods and PFJ kits. ➢ We expect to end 2024/25 with 120 CYP 52-week breaches (UHDB activity). ➢ Actions: Planning will include actions around waiting list management approach and move towards RTT compliance.
Diagnostics	➢ Diagnostics within 6 weeks: Derby and Derbyshire at 31%. ➢ Challenges include: ➢ Audiology: Vacancies, estate challenges, increased demand. ➢ Echo: Recruitment issues. ➢ DEXA: Old equipment, limited staff, outsourced reporting. ➢ Actions: Recruitment, workforce developments, and maximised use of insourcing and additional clinics will provide support. Paediatric audiology remains a fragile service, with support actions including mutual aid led by a system approach chaired by the ICB Deputy CMO. We will be working to maximise opportunities around diagnostic capacity and Community Diagnostic Centres (CDC) to support system productivity.
Cancer Waiting Times	➢ Both Trusts are meeting their 62-day treatment plans. January FDS performance was impacted by Lower GI and Urology, with 45.2% of breaches. - Lower GI: Affected by patient choice delays, outpatient capacity, and healthcare delays to diagnosis. - Urology: Mainly affected by outpatient capacity, delays to imaging reporting, and biopsy. ➢ Focus is now on all cancer waiting time standards. ➢ Overall 31-day performance was impacted by linac capacity delays, which are now resolved. We expect to recover activity by year-end. ➢ 62-day target : Impacted by elective surgery capacity, outpatient capacity, and patient choice delays. ➢ We are focusing on delivering improvement plans and utilising EMCA funding to develop the operational delivery of full best practice timed pathways and sustainable solutions.

Planning Compliance with Operational Plan – Urgent and Emergency Care

NHS
Derby and Derbyshire
Integrated Care Board

Area	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		Oct-24		Nov-24		Dec-24		Jan-25	
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	CRH	65%	70%	62%	72%	58%	74%	57%	73%	58%	74%	58%	75%	57%	75%
		UHDB	66%	70%	65%	72%	62%	71%	63%	72%	62%	70%	60%	70%	61%	71%
		One Medical	100%	100%	100%	100%	100%	100%	100.00%	100%	100%	100%	100%	99%	100%	99%
		DCHS	99%	100%	99%	100%	99%	100%	99%	100%	100%	100%	99%	100%	99%	100%
		DDICB	75%	78%	74%	80%	71%	80%	71%	80%	71%	79%	71%	80%	71%	80%
	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		00:57:28		00:53:55		01:01:54			
		EMAS	00:35:34	00:30:34	00:36:01	00:24:15	01:00:18	00:37:03	00:58:01	00:35:00	00:56:22	00:33:00	01:06:15	00:42:00	00:47:40	00:33:00
	Increase virtual ward capacity.	ICB	168	181	170	181	170	181	170	181	165	181	175	181	145	181
	Increase virtual ward utilisation.	ICB	50%	41%	57%	59%	57%	80%	75%	80%	66%	81%	31%	81%	88%	81%
	Average general and acute bed occupancy rate (adult & paeds)	CRH	96%	95%	95.8%	95.6%	95%	96%	95.6%	96.5%	96%	98%	93%	92%	94%	93%
		UHDB	94%	92%	93.4%	91.7%	94%	94%	94.3%	93.7%	95%	94%	92%	93%	94%	96%
	Percentage of beds occupied by patients no longer meeting the critera to reside - adult	CRH	16%	20%	17%	16%	15%	14%	18%	13%	15%	15%	12%	15%	16%	16%
		UHDB	8%	7%	8%	7%	8%	6%	7%	6%	7%	6%	8%	6%	10%	6%

A&E 4-hour performance

Both Acute providers are behind trajectory in delivering the 4-hour target.
Activity is on plan at CRH and slightly below at UHDB

EMAS

For the period Apr – Dec, EMAS has achieved an average performance of 44 mins.

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 period CRH have had average occupancy at 95% and UHDB 94%.

Urgent Care

NHS
Derby and Derbyshire
Integrated Care Board

Key targets	Progress	Key focus for improvement	Projected 2023/24 outturn position	Key challenges/risks
78% 4-hour ED wait	**JUCD** combined The system is short of the A&E 4hr target, deteriorating to 59.9% from 60.9% **CRH** are achieving 57.6% vs. a target of 75% **UHDB** are delivering 60.1% vs. a target of 70.3%	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 45 minute Ambulance Handover process. 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. 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%	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	The overall bed occupancy increased. Dec 2024 **CRH** 93.0% against the plan 93.8% **UHDB** 91.8% below the plan 92.5%	The review of lessons learnt and factors of bed occupancy actuals vs plan per organisation is due to come to the Weekly Winter Monitoring Group	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 Flu patients on site during winter. 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 2023/24 outturn position	Key challenges/risks
33 min CAT 2 response time	The C2 average response time increased in Dec 2024 to 01:06:00 compared to 00:56:22 in Nov 2024 despite actual incident numbers being lower than planned incidents.	Deep dives to further understand how we can improve our overall C2 performance. Both Acute sites have been supporting this target by focusing on their internal flow and turnaround times. Both acutes aim to turnaround within 15 minutes – however the approach to local delivery of the new 45-minute handover underway to support reducing handover delays. A test period took place in December 2024, learning and key issues were shared and implemented. The 45minute handover initiative was restarted January 29th with positive results thus far. 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 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.	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 i.e. QMC & LRI). Further increased sickness absence in Derbyshire.
70% 2-hour UCR response	85% of UCR referrals have been responded to within 2 hours in Dec 2024, 2024.compared to 86% in Nov 2024. UCR response above target consistently since May 23.	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 6,435 visits during Nov 2024.
Virtual Ward	Under review	Virtual Wards is currently under review. December did have some errors in the data within Foundry. In line with agreements capacity has reduced in some areas but occupancy within the Community Virtual Ward saw an increased from 24% in November 2024 to 61% in December 2024.	Under review	Under review

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

NHS Derby and Derbyshire Integrated Care Board

Objective	Level	Actual	Plan	Actual	Plan	Actual	Plan	actual	plan	actual	plan	actual	plan
		Qtr 1 24/25		Qtr 2 24/25		Qtr 3 24/25		Oct-24		Nov-24		Dec-24	
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%	69%	68%	69%	68%	69%	69%
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%	0%	73%		Quarterly Target		Quarterly Target		73%
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%	68.5%	66.1%	68.2%	66.2%	68.6%	65.9%
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%	48.0%	48.6%	47.3%	49.0%	48.8%	47.4%
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	0	8,279	12,935	8,181	13,030	8,230		8,279
Increase the number of women accessing specialist perinatal services in 2024/25 (12 month rolling).	ICB	1,210	1,111	1,240	1,111	0	1,111	1,280	1,111	1,300	1,111		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	14,480	13,700	14,550	13,835	14,520	13,880
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%	6%	Quarterly Target	13%	Quarterly Target	18%	20%
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	30	Quarterly Target	32	Quarterly Target	35	31
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	4	Quarterly Target	4	3

There are challenges in achieving the SMI health check target. In quarter 3 the target was missed for inpatient care and the learning disabilities health check. With regards to Talking Therapies, JUCD has consistently been surpassing the national target (48%) though this is below our own target (which was higher than the national target).For the out of area placements, a change in the way national data is reported has resulted in a lower number of placements being reported. Locally, DHCFT are reporting an increase in the number of out of area placements and have agreed and implemented a revised OAP Recovery Action Plan.

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 is going to Board in March for approval. ➢ 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. ➢ New dementia strategy should be ready by February 2025. ➢ 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. ➢ Agreed CPN Job Plans and introduction of the Specialist Assessor Role within the North Team. ➢ 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.
	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. ➢ A PICU provision in Derbyshire should improved flow, admission capacity in adult acute inpatients, enabling associated community teams to work closely with the inpatient team, creating capacity to repatriate PICU patients when appropriate to do so and further resulting in a potential reduction for the requirement of psychiatric intensive care. ➢ A further review of the Out of Area/Flow Action Plan has taken place which is now multi agency. ➢ Refinements to actions focusing on preventing the need for admission and actions to facilitate earlier discharge have been made more prominent. ➢ The number of patients identified as Clinically Ready for Discharge remains high. Twice weekly mini made has been established to escalate challenges in the discharge pathways.

Learning Disabilities and Autism

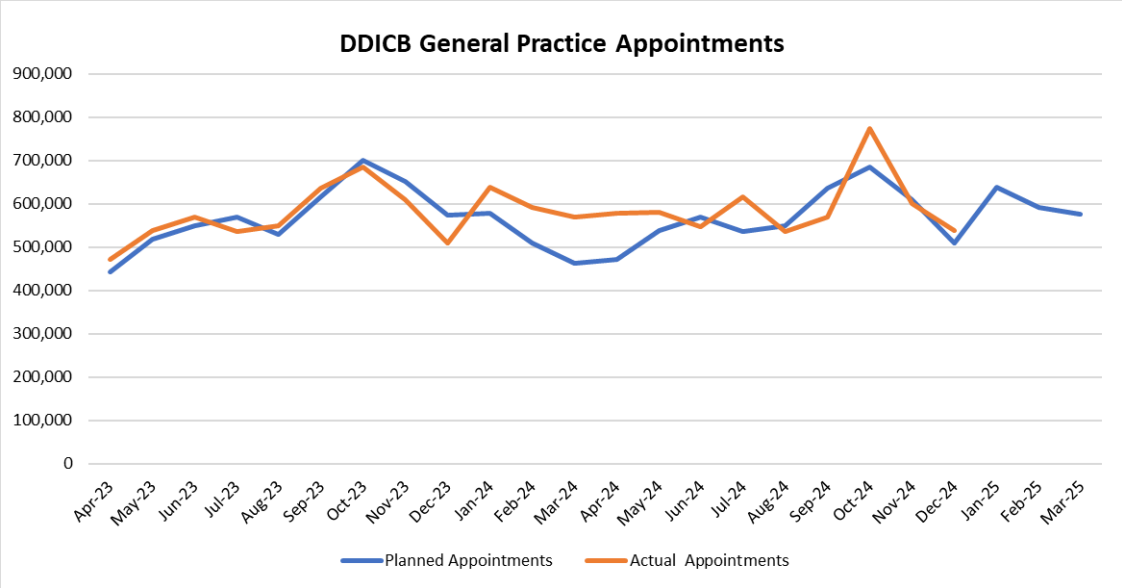
NHS
Derby and Derbyshire
Integrated Care Board

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
	Number of adults in Secure inpatient care	➢ 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.
	Number of CYP In Specialised /secure inpatient care	➢ We continue to be 1 CYP above target. 2 CYP are undertaking Section 17 leave with a view to discharge, one is subject to a DOLs application to support safe discharge. The other two young people are in active treatment.
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.
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.

Planning Compliance with Operational Plan – Primary and Community Care

Derby and Derbyshire Integrated Care Board

Area	Objective	Level	Actual	Plan	Actual	Plan	Actual	Plan	actual	plan	actual	plan	actual	plan
			Qtr 1 24/25		Qtr 2 24/25		Qtr 3 24/25		Oct-24		Nov-24		Dec-24	
Primary and Community Care	Increase General Practice appointment activity	ICB	1,706,118	1,579,396	1,722,370	1,721,539	1,912,298	1,804,240	773,189	684,853	599,908	609,378	539,201	510,009
	% of appointments delivered on same day	ICB	41%		41%		38%		33%	0%	39%	0%	42%	0%
	% of appointments delivered within 2 weeks	ICB	75.5%	75%	75%	75%	71%	75%	66%	75%	74%	75%	76%	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	*743,408*	Quarterly Target	857,831	Quarterly Target	968,569	381,960
	Community Waiting List - Over 52 Weeks	ICB	2,281	2,226	2,885	2,247	2,753	2,277	2,804	Quarterly Target	2,752	Quarterly Target	2,753	2,277
	Community Waiting List - total size	ICB	25,510		25,626		24,538		25,202		26,018		24,538	



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 November YTD, the activity is 4% 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 1% 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 November 2024, the number of 52 weeks waits is 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. However, Community Paediatrics are also tracking much higher than plan, the plan was a consistent 923 through the year but by November the actual waiting list has reached 1,434. The team is currently revisiting the work plans although this area is recognised to be a significant challenge nationally.

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 work is on target. ➢ Due to the significant pressure the Urgent Care system was under during the Christmas and New Year period, DDICB commissioned PCNs to stand up Acute Respiratory hubs for a 2-week period in January 2025, totalling an additional 1,195 appointments in General Practice. ➢ We are combining work on the Primary Care Access Recovery Plan with the new GP clinical model which has been developed by General Practice and agreed by the ICB. Both aim to develop a sustainable model that will improve access for the long term. An accelerator programme has been launched and 13 PCNs have submitted applications for the programme (15 projects in total). The types of projects vary from population stratification, prescribing in care homes, Long Term Conditions co-ordination at scale, minimising hospitalisation of the frail and elderly as well as other areas. ➢ All the projects align to at least two of key aims of the model: • Improved patient experience of care • Improved patient outcomes • Supporting General Practice to Thrive ➢ And the mix of projects enables focus all three patient cohorts: • Low complexity • High / rising • Complex ➢ As of Month 10 there is a forecasted position of 96% spend against the ARRS budget for 24/25.
Primary Care – Dental Commissioning	➢ Dental Commissioning 3-year Plans have been signed off by system Executives. The plan focusses on areas of greatest need, areas where access is particularly poor, and key cohorts of patients who have specific issues accessing services. The next step is to link in with our system partners around the Oral Health Strategy that is being developed for Derby & Derbyshire to map services, identify gaps and develop a shared vision and priorities for the future with an emphasis on “Oral Health” as opposed to purely Dental. ➢ We have implemented the national dental recovery plan for 2024/25, including uplifting UDA rates and New Patient Premiums (NPP). To date 52,787 new patients have accessed NHS dental services under the NPP scheme. ➢ We are awaiting national guidance following the Government’s announcement to provide an additional 700,000 urgent dental appointments, however in the meantime have been going out to our dental workforce with Expressions of Interest in providing additional urgent provision in-year on a non-recurrent basis. ➢ 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. ➢ Work is being planned around special education school dental and eye tests. ➢ Care home pilot is being commissioned in Q4 – pilot will see dental practices align with care homes and provide a dental service to those living in the care home.

Constitutional Standards – Urgent Care

Derby and Derbyshire Integrated Care Board

ICB Dashboard for NHS Constitution Indicators				Direction of Travel	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	NHS Derby & Derbyshire ICB				Chesterfield Royal Hospital FT			University Hospitals of Derby & Burton FT			NHS England		
Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	76%	Jan-25	↓	74.3%	74.9%	9	78.2%	76.8%	0	72.9%	74.2%	9	73.0%	73.8%	112
	A&E 12 Hour Trolley Waits	0	Jan-25					392	1,646	54	1,028	9,720	34	61,529	438,038	54

EMAS Dashboard for Ambulance Performance Indicators				Direction of Travel	Current Month	YTD	consecutive months non-compliance	Current Month	YTD	consecutive months non-compliance	Q1 2024/25	Q2 2024/25	Q3 2024/25	Q4 2024/25	Current Month	YTD	consecutive months non-compliance
Area	Indicator Name	Standard	Latest Period	East Midlands Ambulance Service Performance (NHSD&DICB only - National Performance Measure)				EMAS Performance (Whole Organisation)			EMAS Completed Quarterly Performance 2024/25				NHS England		
Ambulance System Indicators	Ambulance - Category 1 - Average Response Time	00:07:00	Jan-25	→	00:09:37	00:09:18	55	00:09:22	00:09:16	54	00:09:02	00:09:02	00:09:44		00:08:16	00:08:22	45
	Ambulance - Category 1 - 90th Percentile Respose Time	00:15:00	Jan-25	→	00:16:48	00:15:58	16	00:16:29	00:16:19	11	00:15:58	00:15:54	00:17:09		00:14:46	00:14:55	0
	Ambulance - Category 2 - Average Response Time	00:18:00	Jan-25	→	00:45:36	00:43:18	54	00:47:52	00:44:25	55	00:35:42	00:36:09	01:00:32		00:35:40	00:36:14	54
	Ambulance - Category 2 - 90th Percentile Respose Time	00:40:00	Jan-25	→	01:37:44	01:30:42	54	01:40:50	01:33:28	54	01:15:05	01:16:10	01:00:32		01:16:26	01:16:59	46
	Ambulance - Category 3 - 90th Percentile Respose Time	02:00:00	Jan-25	→	06:40:34	06:55:58	54	06:47:22	06:56:06	54	05:20:47	05:23:13	10:02:25		04:29:18	05:10:47	46
	Ambulance - Category 4 - 90th Percentile Respose Time	03:00:00	Jan-25	→	06:46:01	06:57:17	46	08:29:35	07:40:05	46	04:06:36	04:53:55	14:11:13		05:11:06	05:53:11	46

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

ICB Dashboard for NHS Constitution Indicators				Direction of Travel	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
Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Dec-24	↓	57.7%	57.5%	83	55.3%	54.7%	68	52.6%	53.8%	84	58.9%	58.8%	106
	Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Dec-24	↓	3,378	42,045	59	1,174	11,822	57	3,119	35,356	58	200,375	2,392,264	212
	Number of 78 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Dec-24	↑	7	144	45	0	8	0	6	68	45	2,059	27,563	45
	Number of 104 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Dec-24	↔	0	3	0	0	1	0	0	2	0	155	1,452	45
Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Dec-24	↑	30.46%	28.19%	79	39.34%	34.49%	57	23.73%	23.40%	58	22.78%	22.26%	136
28 Day Faster Diagnosis	Diagnosis or Decision to Treat within 28 days of All Referrals	75%	Dec-24	↓	74.2%	74.4%	4	72.1%	73.7%	1	76.1%	74.7%	0	73.5%	76.1%	1
31 Days Cancer Waits	First & Subsequent Treatments Administered Within 31 Days Of Decision To Treat	96%	Dec-24	↑	89.5%	88.4%	30	87.9%	93.7%	6	89.4%	87.8%	30	91.5%	91.1%	30
62 Days Cancer Waits	First Definitive Treatment Administered Within 62 Days Of All Referrals	85%	Dec-24	↑	71.4%	68.7%	30	71.5%	74.8%	30	72.1%	68.7%	30	71.3%	68.1%	30

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 – Mental Health

Derby and Derbyshire Integrated Care Board

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%	Dec-24	↑	72.7%	77.2%	0	72.7%	77.2%	0				62.1%	65.0%	
	Early Intervention In Psychosis - Patients on an Incomplete Pathway waiting less than 2 Weeks from Referral	60.0%	Dec-24	↓	50.0%	73.3%	1	50.0%	70.4%	1				21.1%	25.8%	21
Mental Health	Dementia Diagnosis Rate	67.0%	Dec-24	↓	68.9%	67.6%	0							65.6%	65.3%	57
	Mental Health - Out Of Area Placements		Dec-24	↓	1295	10475										
	Learning Disability Health Checks		Dec-24	↓	5.9%	5.1%										
	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	Nov-24	↓	2.10%	16.80%										
		Actual			2.33%	16.95%	1									
	Talking Therapies - Proportion Completing Treatment That Are Moving To Recovery	50%	Nov-24	↑	52.2%	52.2%	0									
	Talking Therapies Waiting Times - The proportion of people that wait 6 weeks or less from referral to entering a course of treatment	75%	Nov-24	↑	90.5%	89.7%	0									
	Talking Therapies Waiting Times - The proportion of people that wait 18 Weeks or less from referral to entering a course of treatment	95%	Nov-24	↓	99.5%	99.8%	0									

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	↓

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

Claire Finn, Interim Chief Finance Officer
Jill Dentith, Non-Executive Member

Month 10 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 M06 resulting in a revision to the plan and a new breakeven position for the year.

At M10 the system is reporting a year-to-date adverse variance of £4.0m (27.7%) against the YTD planned deficit of £14.5m.

Key driver of the year-to-date financial position is Urgent and Emergency Care Demand pressures with £6.8m of unplanned cost year to date across both acute organisations, with continued reliance on escalated beds. Total UEC costs are significantly higher than this, however these have been mitigated within organisational positions.

All organisations remain committed to supporting the system to deliver the updated overall breakeven plan by the end of the year. This may result in variances across organisations upon outturn to achieve an overall delivery of plan.

Organisation	YTD Plan £'m	YTD Actual £'m	Variance £'m	Variance %	Full Year plan £'m	Forecast Outturn £'m	Forecast Outturn Variance £'m
ICB	15.2	22.0	6.8	44.6%	23.8	23.8	(0.0)
CRH	(4.7)	(9.3)	(4.5)	(96.1%)	(5.0)	(5.0)	(0.0)
DCHS	(0.6)	0.1	0.7	119.2%	(0.0)	0.0	(0.0)
DHcFT	(5.8)	(5.4)	0.4	7.2%	(6.4)	(6.4)	(0.0)
EMAS	1.1	0.8	(0.4)	(32.6%)	0.0	0.0	0.0
UHDB	(19.7)	(26.8)	(7.1)	(35.8%)	(12.4)	(12.4)	0.0
JUCD ICS Surplus/ (Deficit)	**(14.5)**	**(18.5)**	**(4.0)**	**(27.7%)**	**(0.0)**	**0.0**	**(0.0)**

Month 10 System Finance Summary – Efficiencies

Derby and Derbyshire Integrated Care Board

The system is £4.0m behind the planned £131.2m to date. Efficiency plans are weighted towards the end of the financial year.

The annual efficiency plan is to deliver £169.7m. All organisations are forecasting to achieve their full efficiency targets by the end of the year.

The level of recurrent efficiencies is behind plan to date with 44% delivered recurrently against the planned 60%. This puts pressure on future financial years.

Organisation	YTD Plan £'m	YTD Actual £'m	Variance £'m	Full Year plan £'m	Recurrent YTD Actual £'m	Non-Recurrent YTD Actual £'m	Total YTD Actual £'m
ICB	35.5	37.1	1.6	47.0	23.9	13.2	37.1
CRH	14.4	9.3	(5.0)	19.8	4.2	5.2	9.3
DCHS	8.9	9.0	0.1	11.6	3.5	5.4	9.0
DHcFT	10.1	10.1	(0.0)	12.5	5.2	5.0	10.1
EMAS	13.4	12.7	(0.6)	16.1	8.0	4.7	12.7
UHDB	48.9	49.0	0.1	62.7	13.3	35.6	49.0
JUCD Total	**131.2**	**127.2**	**(4.0)**	**169.7**	**58.1**	**69.1**	**127.2**

Month 10 System Finance Summary – Capital

Derby and Derbyshire Integrated Care Board

At month 10 the year to date spend is £48.2m behind plan, resulting from the timing of major construction projects and schemes which have not commenced as planned.

The annual plan assumes expenditure in month 10 which is not part of the final forecast and does not impact on the ability to spend the capital programme as expected.

The capital forecast is reporting a pressure relating to eradication of dormitories which is forecasting a £4m overspend above the confirmed allocation. This discrepancy continues to be flagged to NHSE. meanwhile, the capital group are reviewing mitigations as a system to ensure compliance against allocation by year end.

	Year to Date			Full Year			
	Original Plan £'m	Actual £'m	Variance £'m	Original Annual Plan £'m	Revised Allocations £'m	Forecast £'m	Variance £'m
JUCD System Total	102.6	54.4	48.2	166.6	137.3	141.3	(4.0)

Workforce

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

2024/25 Workforce Plan Position Month 10: Provider Summary

Derby and Derbyshire Integrated Care Board

2024/25		M10 Plan	M10 Actual	Variance from plan
ICB	Workforce (WTE)			
	Total Workforce	30,461.61	30,417.29	-44.32
	Substantive	28,776.83	28,675.91	-100.91
	Bank	1,441.98	1,502.46	60.48
	Agency	242.80	238.91	-3.89
	Cost (£)			
	Pay Cost (£'000) ^	£137,603	£142,450	£4,847
CRH	Workforce (WTE)			
	Total Workforce	4,966.58	5,017.40	50.82
	Substantive	4,568.95	4,651.26	82.31
	Bank	301.86	289.67	-12.19
	Agency	95.77	76.47	-19.30
	Cost (£)			
	Pay Cost (£'000) ^	£21,944	£23,689	£1,745
DCHS	Workforce (WTE)			
	Total Workforce	3,833.32	3,909.71	76.39
	Substantive	3,710.73	3,796.40	85.67
	Bank	95.16	87.55	-7.61
	Agency	27.43	25.76	-1.67
	Cost (£)			
	Pay Cost (£'000) ^	£14,830	£14,947	£117
DHcFT	Workforce (WTE)			
	Total Workforce	3,364.97	3,204.68	-160.29
	Substantive	3,179.12	3,045.93	-133.19
	Bank	164.16	140.33	-23.83
	Agency	21.69	18.42	-3.27
	Cost (£)			
	Pay Cost (£'000) ^	£15,016	£13,928	-£1,087
EMAS	Workforce (WTE)			
	Total Workforce	4,513.66	4,406.05	-107.61
	Substantive	4,440.00	4,376.96	-63.04
	Bank	52.66	29.09	-23.57
	Agency	21.00	0.00	-21.00
	Cost (£)			
	Pay Cost (£'000) ^	£19,635	£19,366	-£269
UHDB	Workforce (WTE)			
	Total Workforce	13,783.08	13,879.45	96.37
	Substantive	12,878.03	12,805.37	-72.66
	Bank	828.14	955.82	127.68
	Agency	76.91	118.26	41.35
	Cost (£)			
	Pay Cost (£'000) ^	£66,178	£70,520	£4,342

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th March 2025

Item: 134

Report Title	ICB Constitution							
Author	Suzanne Pickering, Head of Governance							
Sponsor	Helen Dillistone, Chief of Staff							
Presenters	Helen Dillistone, Chief of Staff							
Paper purpose	Decision	☒	Discussion	☐	Assurance	☒	Information	☐
Appendices	Not applicable.							

Recommendations
The ICB Board are recommended to **APPROVE** the changes to the ICB Constitution.
Report Summary
The ICB is submitting an application to NHS England to make non-material changes to paragraphs 3.9.1(a), 3.10.1(a), 3.11.1(a), 3.13.1(a)(i) and 3.13.3(a)(i) of the ICB's Constitution, which relate to the appointments process for Executive members of the Board (eligibility criteria). The ICB is in the process of appointing a new joint Director of Finance with NHS Nottingham and Nottinghamshire ICB. A pay business case has been submitted to NHS England. Due to the timeframe involved for consideration of pay business cases, the two ICBs have agreed to initially appoint the preferred candidate via a secondment agreement with their current employer (NHS Devon ICB) in order to facilitate a start date of 1 April 2025. The model ICB constitution currently includes within the eligibility criteria for all Executive members of the Board that they "be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act." As ICB organisations are not included within paragraph 19(4)(b) of Schedule 1B to the 2006 Act, the model constitution as currently written prevents the proposed appointment via secondment from another ICB. Discussions with national NHS England colleagues, in conjunction with NHS England's Legal Team, have resulted in the advice to remove the wording from the model constitution from "be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by a body referred to in paragraph 19(4)(b) of Schedule 1B to the 2006 Act" and replace with " be an employee of the ICB or a person seconded to the ICB who is employed in the civil service of the State or by any public authority in the UK" This will be actioned for all ICBs at the time of the next scheduled update of the NHS England Model Constitution; however, ICBs are able to submit requests to change their Constitutions prior to this via individual applications, which is the purpose of this proposal. Rather than limiting this application to the Director of Finance role, the proposed amendment is being requested for all Executive roles for the sake of future-proofing the Constitution. A copy of the Constitution including he tracked changes minor tracked changes is available on request.

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

20th March 2025

Item: 135

Report Title	Board Assurance Framework Quarter 3 2024/25							
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)	**Please note that Appendix 2 is sent as a separate pdf 135** Appendix 1 – ICB Board BAF Strategic Risk Report Appendix 2 – BAF Strategic Risks 1 to 11							

Recommendations

The ICB Board are requested to:

- **RECEIVE** the final Quarter 3 2024/25 BAF strategic risks 1 to 11;
- **NOTE** the new strategic risk 11 relating to cyber-security;
- **NOTE** 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;
- **NOTE** the transfer of committee ownership for strategic risk 3 due to the Public Partnership Committee being stood down.

Report Summary

This report provides the 2024/25 final quarter 3 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. Changes made during quarter 3 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 3 position strategic risks, risk movement, rationale and actions completed during quarter 3.

Strategic Risk changes

Following the Board Seminar session held in October 2024 and the subsequent outcome report from 360 Assurance; Strategic Risk 9, which focuses on health inequalities, has been subsumed into Strategic Risk 2, which focuses on the delivery of safe care and improvement of health outcomes, due to the synergy of the topic areas. The responsibility for this risk has now transferred from Quality and Performance Committee to Population Health and Strategic Commissioning Committee.

New Strategic Risk 11 Cyber security

One new strategic risk, SR11, relating to the risk of cyber-attack/disruption was approved by the Audit and Governance Committee at the meeting held on 13th February 2025. This risk is scored at a very high 20. This risk is the responsibility of the Audit and Governance Committee.

Whilst organisations in the Derbyshire system have their own cyber security arrangements in place, it is recognised that these are not yet joined up at a system level and there may be gaps in the Business Continuity plans which need addressing.

Strategic Risk assurance/tolerance levels

The Board Seminar session focussed on the ICB's strategic risks, risk appetite and the risk tolerance of the ICB. As a result, a Board Assurance Working Group has been established, and three meetings have taken place to date. A revised format of the Board Assurance Framework will be implemented from 1st April 2025.

As part of the February Committee meetings, committees were asked to determine an overall assurance level for their strategic risks from four assurance levels and to review and agree the tolerance level score, having taken into consideration the Board's view from the discussions and output of the Board seminar session.

The Board Assurance Framework will continue in its current format for the remainder of 2024/25 before the revised format for Q1 2025/26 is presented at the May Board meeting.

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

Board Assurance Framework Strategic Risk Report

Quarter 3 – 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 3 2024/25 including the decisions of the relevant committees in relation to any changes in risk scores, risk description and threats.

The ICB has 9 strategic risks in total. 5 strategic risks are scored very high and 4 strategic risks are scored high.

During quarter 3, there has been no movement in risk scores since quarter 2.

Risk No	Description	Q2 2024/25 closing risk score	Q3 2024/25 closing risk score	Risk Movement	Rationale	Additional Comments
SR1 *Quality and Performance 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.	No actions were completed during quarter 3. The target score has been decreased from a high score of 10 to a high score of 8 as agreed at the Quality and Performance Committee meeting held on 27th February 2025. The Committee overall assurance level was agreed as partially assured, based upon a thorough review of all actions against threats 1, 2, 3 and 4.

Risk No	Description	Q2 2024/25 closing risk score	Q3 2024/25 closing risk score	Risk Movement	Rationale	Additional Comments
SR2 *Population Health and Strategic Commissioning Committee*	*New risk description*: 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**	⟺	The risk score remains at a very high 16. This is due to the system financial constraints impacting on the scale of transformation which can be undertaken.	Work has been carried out to subsume strategic risk 9 into strategic risk 2. The risk description has been revised and the risk ownership has transferred from Quality and Performance Committee to Population Health and Strategic Commissioning Committee (PHSCC). At the PHSCC meeting held on 13th February 2025, the level of assurance was agreed as partially assured due to some controls still being in development.
SR3 *Public Partnerships 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.	At the Public Partnership Committee meeting held on 25th February 2025, 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.

Derby and Derbyshire Integrated Care Board

Risk No	Description	Q2 2024/25 closing risk score	Q3 2024/25 closing risk score	Risk Movement	Rationale	Additional Comments
SR4 *Finance, Estates and Digital 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 currently remains at a very high 20. With a planned deficit in 24/25, and expectant deficit in 25/26, the JUCD System continues to be financially challenged both in the short and longer term.	Two actions were completed during quarter 3. The risk tolerance score was discussed and agreed to remain at a high score of 12 at the Finance, Estates and Digital Committee meeting held on 25th February 2025.
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.	At the People and Culture Committee held on 27th February 2025, it was agreed that the risk scores remain the same for quarter 3 with an action for the Chief People Officer to review the strategic risk in full for quarter 4. There is a strong feeling amongst committee members that there is an absence of wider system assurance around the non-NHS workforce with the lack of intelligence on the local authority, voluntary sector and social care workforces and culture to be allow a robust review of the current risk and tolerance scores. The new Terms of Reference was agreed by the Committee that

Risk No	Description	Q2 2024/25 closing risk score	Q3 2024/25 closing risk score	Risk Movement	Rationale	Additional Comments
						are aligned to the 10 ICS Mandated People Functions will help to build wider system intelligence to better inform future risk discussions.
SR7 *Population Health and Strategic Commissioning 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, this is due to the system financial constraints impacting on the scale of transformation which can be undertaken.	At the PHSCC meeting held on 13th February 2025, the level of assurance was agreed as partially assured due to some controls still being in development.
SR8 *Population Health and Strategic Commissioning 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 Federated Data Platform is currently being tested to support the periscope solution.	At the PHSCC meeting held on 13th February 2025, the level of assurance was agreed as partially assured due to some controls still being in development.
SR10 *Finance, Estates and Digital 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 because of the continued uncertainty of national funding/resources to support digital enablement.	No actions were completed during quarter 3. The risk tolerance score was agreed to remain at a high score of 12 at the Finance, Estates and Digital Committee meeting held on 25th February 2025.

Risk No	Description	Q2 2024/25 closing risk score	Q3 2024/25 closing risk score	Risk Movement	Rationale	Additional Comments
NEW RISK SR11 *Audit and Governance 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**	**NEW RISK**	This risk has been initially scored at a very high 20.	This is a new strategic risk no actions have currently been completed. Further work continues which will develop this risk further during quarter 4 2024/25. The strategic risk was approved by the Audit and Governance Committee at the meeting held on 13th February 2025.

Each responsible Executive and the Committee reviewed their final Quarter 3 2024/25 strategic risks at the Committee meetings held during February 2025.

Derby and Derbyshire Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th March 2025

Item: 136

Report Title	ICB Risk Register – February 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 – see link to website below Appendix 3 – Movement in risk summary – February 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; and
- Appendix 3, which summarises the movement of all risks in February 2025

APPROVE 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.

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 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 8 very high risks, 7 high and 2 moderate scoring risks on the corporate risk register.

RISK MOVEMENT

Decreased risks

No risks were decreased in score during January 2025.

Two risks were decreased in score during February 2025:

1. Risk 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 the 24/25 financial plan.*

   This risk was decreased in score from a very high score of 20 (probability 4 x impact 5) to a high score of 9 (probability 3 x impact 3).

   The reason for the decrease in risk score is that significant work has been on-going between system partners to improve the financial position and reduce the risk by year-end. Whilst the route to system financial balance is not fully mitigated, progress is good.

   This decrease was approved by the Finance, Estates and Digital Committee at the meeting held on 25th February 2025.

2. Risk 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.*

   This risk was decreased in score from a very high score of 16 (probability 4 x impact 4) to a high score of 12 (probability 3 x impact 4).

   The reason for the decrease in risk score is that a letter has been received by MLCSU, further negotiation has taken place and a final ICB offer has been made and accepted. A Recovery Plan is being developed and agreed, the risk score is now decreased accordingly.

   This decrease was approved by the System Quality Group at the meeting held on 3rd March 2025.

Increased risks

No risks were increased in score during January and February 2025.

CLOSED RISKS

Two risks are proposed for closure:

1. Risk 13: *(Public Partnership Committee) Existing human resource in the Communications and Engagement Team may be insufficient. This may impact on the team's ability to provide the necessary advice and oversight required to support the system's ambitions and duties on citizen engagement. This could result in non-delivery of the agreed ICS Engagement Strategy, lower levels of engagement in system transformation and non-compliance with statutory duties.*

   The reason for the proposed closure of this risk is that future capacity management will be in line with 'business as usual' developments and decisions, this risk can be closed on that basis. The risk was approved for closure at the Public Partnership Committee held on 25th February 2025.

2. Risk 27: *(Public Partnership Committee) 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.*

   The reason for the proposed closure is that work on the commissioning cycle continues, alongside the establishment of Commissioning and Procurement Group. The risk has not materialised and is mitigated to the extent that this risk may now be closed. The risk was approved for closure at the Public Partnership Committee held on 25th February 2025.

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

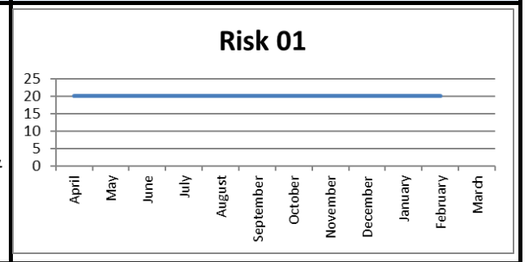
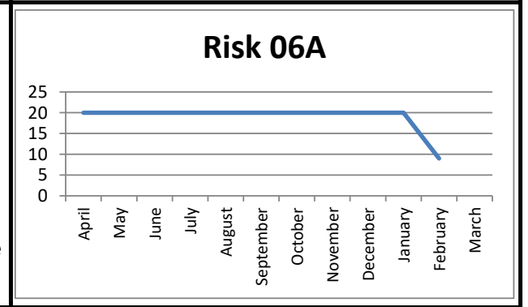
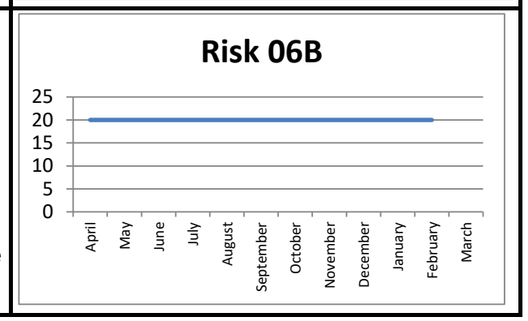
Population Health and Strategic Commissioning Committee (PHSCC)

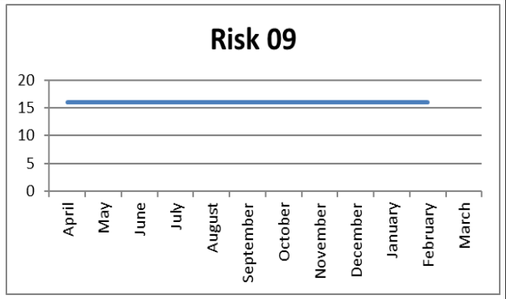
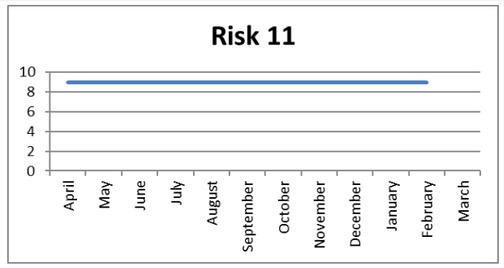
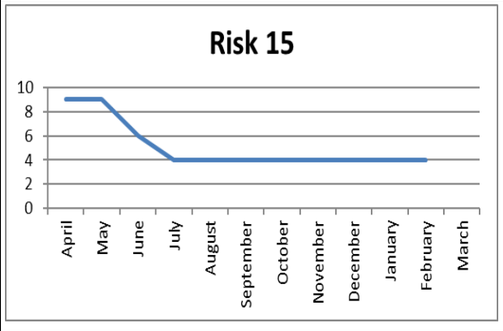
Work is continuing to populate proposed new risks including the initial, current and target risk scores, actions and mitigations along with assigning a risk owner for each of the new risks.

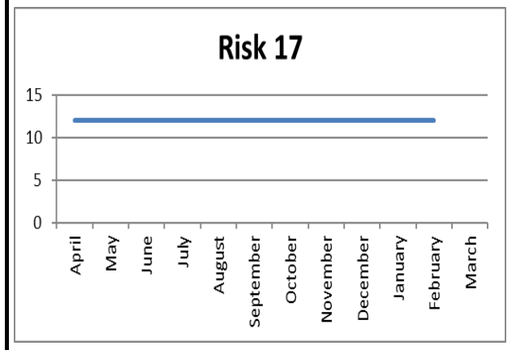
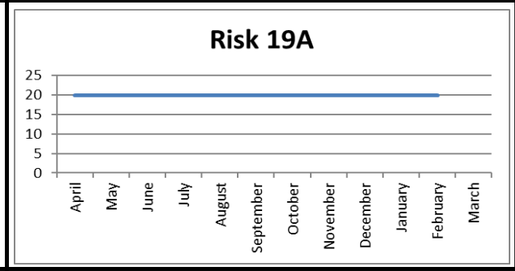
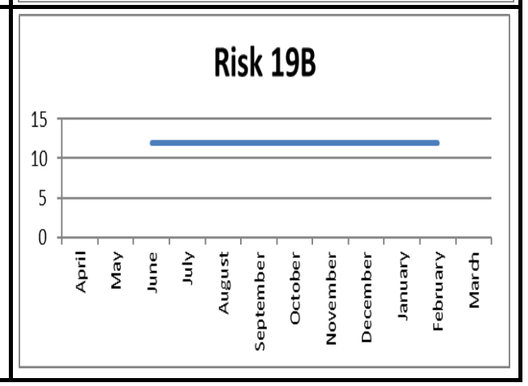
Item 136 - Appendix 3

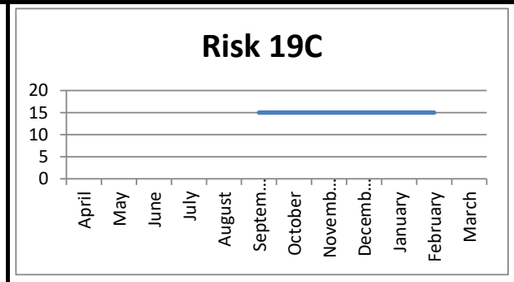
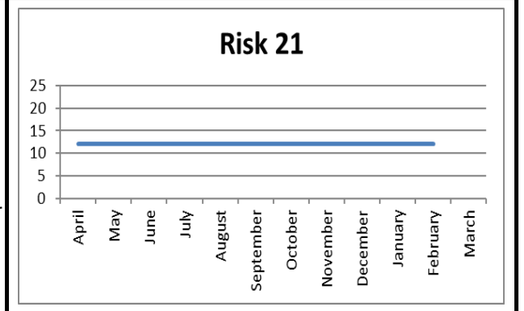
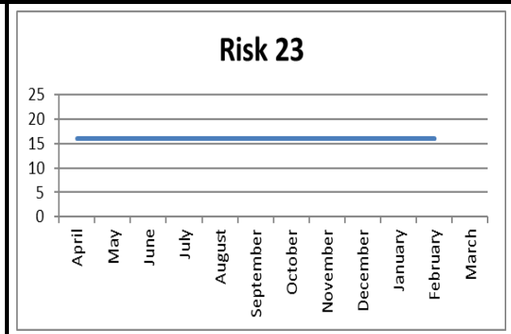
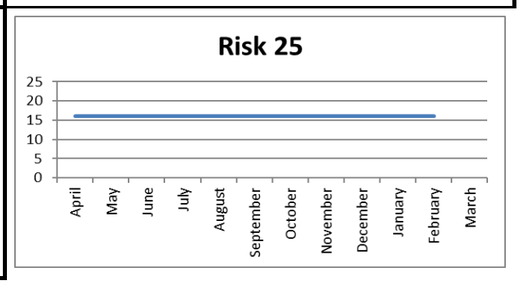
NHS
Derby and Derbyshire
Integrated Care Board

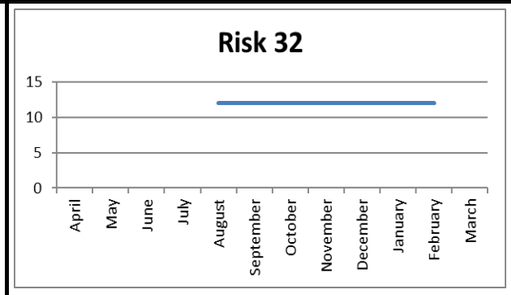
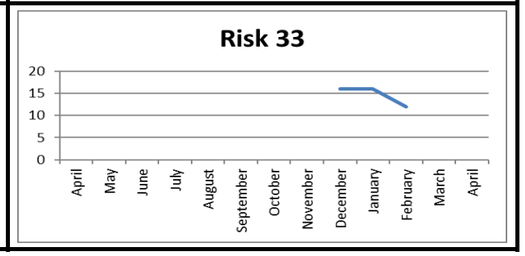
ICB Risk Register - Movement - February 2025

Risk Reference	Risk Description	Previous Rating (Jan)			Residual/ Current Risk Rating (Feb)			Movement - February	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	⟺	Whilst it is acknowledged CRH have met the target the likelihood of not meeting the target for the system remains very high, reflected in the score of 20.	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**	4	5	20	3	3	9	↓	Significant work has been on-going between system partners to improve the financial position and reduce the risk by year-end.	Claire Finn, Interim Chief Financial Officer	David Hughes Director of Finance Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative	
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	⟺	Risk is to remain scored at 20 until the conclusion of the planning round	Claire Finn, Interim Chief Financial Officer	David Hughes Director of Finance Derby and Derbyshire ICB Tamsin Hooton, Programme Director, Provider Collaborative	

Risk Reference	Risk Description	Previous Rating (Jan)			Residual/ Current Risk Rating (Feb)			Movement - February	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
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**	⇔	Although the ICB is beginning to receive more information from providers the process is neither fully embedded nor providing full assurance, hence the risk score remaining the same.	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	3	3	**9**	3	3	**9**	⇔	Refresh of ICS System plan required - due July 2025.	Helen Dillistone Chief of Staff	Katy Dunne Head of Corporate Programmes	
13	Existing human resource in the Communications and Engagement Team may be insufficient. This may impact on the team's ability to provide the necessary advice and oversight required to support the system's ambitions and duties on citizen engagement. This could result in non-delivery of the agreed ICS Engagement Strategy, lower levels of engagement in system transformation and non-compliance with statutory duties.	2	3	**6**	2	3	**6**	**RISK RECOMMENDED FOR CLOSURE**	NHS 10-Year Plan public engagement programme being developed, drawing additional capacity across the team.	Helen Dillistone Chief of Staff	Sean Thornton - Director of Communications and Engagement	**RISK RECOMMENDED FOR CLOSURE**
15	The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI	2	2	**4**	2	2	**4**	⇔	The risk score remains the same as the ICB's Delegated Functions Programme Board has not identified any additional draw on resource ahead of transfer.	Helen Dillistone Chief of Staff	Chrissy Tucker - Director of Corporate Governance and Assurance	

Risk Reference	Risk Description	Previous Rating (Jan)			Residual/ Current Risk Rating (Feb)			Movement - February	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
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**	⇔	Communications work seeking to clarify organisational and system priorities will support programme of staff, public and stakeholder communications on ICB activity and delivery.	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.	5	4	**20**	5	4	**20**	⇔	Derby had high delays during January, relative to the previous year. Chesterfield had significantly more delays during January than for the previous year.	Dr Chris Weiner Chief Medical Officer	Andrew Longbotham	
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**	⇔	Work ongoing and operational pressures and demand across the system for discharge remain high.	Strategic Discharge Group	Jodi Thomas Discharge Improvement Lead JUCD	

Risk Reference	Risk Description	Previous Rating (Jan)			Residual/ Current Risk Rating (Feb)			Movement - February	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
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**	⇔	Uplifts have been applied to relevant/qualifying contracts. The risk score remains at 12 as the uplifts need to be agreed to these sectors as part of the 25/26 planning round.	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	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**	⇔	Cancer referrals remain a significant challenge for providers. As part of our 2025-2026 planning, strategies are being developed to manage the quality of referral flows into acute trusts.	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**	⇔	Forecast of option appraisal to be submitted Q1 2526, and implementation of new model through Q2-4 2526. It is expected that the risk rating should start to reduce from Q2 onwards.	Dr Chris Weiner Chief Medical Officer	Scott Webster Head of Programme Management, Design, Quality & Assurance	

Risk Reference	Risk Description	Previous Rating (Jan)			Residual/ Current Risk Rating (Feb)			Movement - February	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
27	As a result of the introduction of the new provider selection regime, existing processes to connect PPI governance into change programmes may weaken. This may result in services not meeting needs of patients, reduced PPI compliance, risk of legal challenge and damage to NHS and ICB reputation.	3	3	**9**	3	3	**9**	**RISK RECOMMENDED FOR CLOSURE**	Risk hasn't materialised and is mitigated to the extent that this risk may now be closed.	Helen Dillistone - Chief of Staff	Sean Thornton - Director of Communications and Engagement	**RISK RECOMMENDED FOR CLOSURE**
32	Risk of the Derbyshire health system being unable to deliver it's capital programme requirements due to capacity and funding availability.	3	4	**12**	3	4	**12**	⇔	Capital is at risk over overspending to the value of £4m	Claire Finn, Interim Chief Financial Officer	Jennifer Leah Director of Finance	
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.	4	4	**16**	3	4	**12**	↓	Further negotiation has taken place and final ICB offer made and accepted. Recovery plan is being developed and agreed, risk score decreased accordingly.	Dean Howells Chief Nurse	Jo Hunter Deputy Chief Nurse	

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th March 2025

Item: 137

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, Estates & Digital Committee Assurance Report Appendix 3 – People & Culture Committee Assurance Report Appendix 4 – Population Health & Strategic Commissioning Committee Assurance Report Appendix 5 – Public Partnership Committee Assurance Report Appendix 6 – Quality & Performance Committee Assurance Report Appendix 7 – Remuneration 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 January. 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 ☐

NHS
Derby and Derbyshire
Integrated Care Board

Audit & Governance Committee Assurance Report

Meeting Date(s):	13th February 2025
Committee Chair:	Sue Sunderland

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Internal Audit Progress Report	Took reasonable assurance from Internal Audit's Progress report which summarised the current position including the completion of 3 audits since the last committee: • Quality Governance Framework – limited assurance ○ Recommendations include the need for an ICB quality strategy with clear timelines for delivery as well as changes to the governance structure. Actions have been agreed to address. • Pay expenditure – significant assurance • Budget setting – significant assurance Regarding the implementation of IA recommendations, the first follow up rate has improved from 64% to 74% but there remains a high risk recommendation and four medium risk recommendations that are overdue. Whilst a number of reviews remain outstanding we were assured that sufficient work will have been completed to enable a Head of Internal Audit Opinion to be drafted in accordance with the timetable. The draft outline plan for 2025/26 was considered.	Not applicable due to first report	**Partial**
Procurement Highlight Report	Took reasonable assurance from the procurement highlight report that due process is being followed in all procurement projects that are compliant under the regulations and meet the required dates. The procurement highlight report and associated discussion highlighted a key issue that needs escalation and further work of ensuring timely contract sign off processes/delegation arrangements for multi-partner contracts.	Not applicable due to first report	**Partial**
Board Assurance Framework	Took reasonable assurance from the ICB Board Assurance Framework noting that all committees are in the process of reviewing the underlying threats and associated actions.	Not applicable due to first report	**Partial**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
	Noted the new cyber risk which has been categorised as high risk and the responsibility of this committee. This risk needs to be fully assessed and brought back to the next Committee for further consideration.		
Risk Register Report	The Audit and Governance Committee received Risk 11 and Risk 15 which were the responsibility of the Committee. The committee approved both scores remaining unchanged.	Not applicable due to first report	**Adequate**
Confidential Risk Register Report	A confidential meeting was arranged to receive the first iteration of two IG/Cyber related risks which require further work to clarify timelines for action.	Not applicable due to first report	**Partial**
Risk management deep dive – Quality and Performance risks	This deep dive did not provide the usual level of assurance that we expect from a deep dive and raised questions regarding the lack of progress suggested by extended and in some cases past deadlines for completion against some of the actions. The Committee requested that this was revisited as part of the Quality Committee's review of the risks and should include a wider review of both the strategic and operational risks.	Not applicable due to first report	**Partial**
Conflicts of interest	Took reasonable assurance from the regular report on conflicts of interest that the ICB's policy is being appropriately applied and that conflicts of interest are being managed.	Not applicable due to first report	**Adequate**
Digital & Cyber security report	Took reasonable assurance that the Primary Care and Corporate ICB digital and cyber services are being managed appropriately and effective.	Not applicable due to first report	**Adequate**
Information Governance Assurance report	Took reasonable assurance that appropriate arrangements are in place through the operational activities of the IG team, to enable submission of the Cyber Assessment Framework (CAF)-aligned Data Security and Protection Toolkit in June.	Not applicable due to first report	**Adequate**
Annual Accounts planning	Took reasonable assurance that the ICB has appropriate arrangements in place to prepare the 2024/25 annual accounts for audit.	Not applicable due to first report	**Adequate**
Month 9 Financial Position	Took reasonable assurance on the Month 9 financial position review which was in line with the position agreed by the system. We note the challenges to delivery that underpin this year's position as well as the knock-on impact into 2025/26.	Not applicable due to first report	**Adequate**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Regular reports on key control areas	Took reasonable assurance on the ICB's controls through the regular reports on: • freedom of information; and • complaints.	Not applicable due to first report	**Adequate**

Other considerations:

Decisions made:
Approved the following policies: • Risk Management Policy – minor changes • Information Governance Framework Policy – changes to reflect new national framework • Data Security & Protection Toolkit Policy – as above • IAO & IAA Management Policy – as above • Performance Management Policy – new • Flexible Working Policy – minor changes • Menopause Policy & Procedure – minor changes

Information items and matters of interest:
• Received an update on the developing performance management framework which goes beyond the scope of the original Internal Audit recommendations and links to the wider review of roles and responsibilities of ICB and ICS committees and boards as well as the data quality elements all of which are due to complete to enable implementation for 1 April. • Received a briefing from Internal Audit on the impact of the new Global Internal Audit Standards for the UK Public Sector. • Received the draft Annual Report including the AGS – the Committee were pleased to note the high standard of the document given the early stage in the process and recognised the hard work that has already gone into this key document.

Matters of concern or key areas to escalate:
The procurement highlight report highlighted that an increasing number of multi-partner contracts remain unsigned due to delays in getting all party sign off, including the regionwide 111 contract which remains unsigned despite being let over a year ago. With the move to an increased number of multi-partner contracts better arrangements need to be made to ensure timely sign off. Even though the risk is perceived to be low due to the organisations involved this is not good practice and can make it harder to enforce if delivery or other contractual issues arise.

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Finance, Estates & Digital Committee Assurance Report

Meeting Dates:	28th January 2025 and 25th February 2025
Committee Chair:	Jill Dentith

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
System Financial Position 2024/25	The Committee took reasonable assurance from the update but noted the limited time to mitigate residual risk. The system is reporting a (Month 10) year-to-date deficit of £18.5m. This represents a £4m adverse variance to plan (£14.5m deficit) and is a £0.7m improvement when compared to last month. The Derbyshire system has a revised plan to breakeven (following the receipt of £50m non-recurrent deficit funding) and is forecasting to meet this. All system partners are committed to achieving this plan, however there is some residual risk to delivery - circa £10m. Work continues to enact mitigations which will mitigate the remaining risk. System Efficiency – At M10 there was a year-to-date shortfall of £4m. The system continues to progress delivery of schemes and is forecasting to deliver in full. Capital Board Assurance – At M10 the total YTD capital spend is £48.2m behind plan (£13.4m behind plan at M09). The main underspend relates to a known national strategic scheme. The system capital is forecast on plan.	Not applicable due to first report	**Adequate**
System Financial Plan 2025/26	The committee received an update on 2025/26 financial planning. The committee noted the level of work undertaken jointly by all system finance teams. There were several key themes emerging from the position with further actions being taken to mitigate. The committee discussed the scale of the financial challenge including consideration of the efficiency and transformation required to achieve financial balance. Due to the timing of the meeting detailed financial information from partners within the system had not been worked through. This resulted in partial assurance at this stage.	Not applicable due to first report	**Partial**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Transformation Update	The Committee received an update on the system transformation programmes and a summary of the efficiency plan achievement as at M10.	Not applicable due to first report	**Adequate**
Risk Register	The Committee reviewed the risks. The risk associated with the 2024/25 financial position was reduced. However, risk associated with 2025/26 financial plans remain high.	Not applicable due to first report	**Adequate**
BAF	The Committee reviewed SR4 and SR10. The risk scores remain consistent with previous months. The tolerance scores for the Committee's BAF risks were reviewed and recommended to Board for approval at 12 for both SR4 and SR10.	Not applicable due to first report	**Adequate**
Digital	The Committee took reasonable assurance from the update received (in January's meeting) in respect of the key digital areas, including: • Cyber security; • Contract, licence and solution convergence; • Organisational changes, e.g. helpdesk arrangements, etc; • Artificial intelligence and robotic process automation; and • Closer working arrangements with the Nottinghamshire system.	Not applicable due to first report	**Adequate**

Other considerations:

Decisions made:
Key decisions included: • **Financial Planning** – on-going updates required. • **Investigation and Intervention (I&I)** – Following an update in respect of the I&I regime, the Committee asked for a further update at the March 2025 Committee meeting. • **Risk Register and BAF** – The Committee asked for a review of risks relating to the financial position in 2024/25. The Committee reviewed the BAF tolerances and proposed a score of 12 for SR4 and SR10. All the Committee's risks will be refreshed following the conclusion of the planning round.

Information items and matters of interest:
Financial Position 2024/25 – The System Finance, Estates and Digital Committee noted the progress in achieving the revised breakeven plan and the associated reduction in risk. **Financial Planning** - The System Finance, Estates and Digital Committee noted the JUCD 2025/26 financial plan update and actions being taken to ensure the plan was understood, realistic, deliverable and in line with our obligation to achieve medium term financial balance. However, the risk score in respect of medium-term financial sustainability (06B) remains high. **Overview** - There continues to be good representation from System partners at the meeting. The Committee noted the work required and being progressed within the system to achieve the revised 2024-25 plan. The Committee took assurance in respect of the planning for 2025/26. Albeit the Committee noted the challenges ahead. Committee members contributed to the confirm and challenge discussion.

Matters of concern or key areas to escalate:
Financial position 2024/5 (Month 10) – Delivery of the M10 position remains on track. Some residual risk remains circa £10m. The Committee will continue to monitor this issue carefully for the remainder of the year. **Financial Planning 2025/26** - The Committee discussed the scale of the challenge including consideration as to level of efficiency and transformation required. On-going updates will be received each month.

Derby and Derbyshire Integrated Care Board

People & Culture Committee Assurance Report

Meeting Date(s):	27th February 2025
Committee Chair:	Margaret Gildea

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Assurance and Forward Planner Framework	The Committee received and approved a new assurance and forward planner framework aligned to the 10 ICS Mandated People Functions covering NHS, Social Care, VCFSE and local authority sectors that will provide the Committee with significantly wider workforce and cultural intelligence reports.	Not applicable due to first report	**Adequate**
Implementation Plan on One Workforce Strategy	The Committee received and approved the implementation plan for the development of the ICB's One Workforce Strategy and Approach.	Not applicable due to first report	**Adequate**
Month 9 Workforce Reports	The Committee took reasonable assurance from the Month 9 workforce report which demonstrated the System remained on track to deliver its planned workforce WTE's at the year end. The Committee also noted increased workforce pay costs being recorded but the majority of these were attributed to non WTE pay costs associated with additional income backed funding such as waiting list initiative payments.	Not applicable due to first report	**Adequate**
BAF Q3 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 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 new Terms of Reference agreed by the Committee that are aligned to the Ten ICS Mandated People Functions will help to build wider system intelligence to better inform future risk discussions.	Not applicable due to first report	**Partial**

Other considerations:

Decisions made:
The Committee approved updated Terms of Reference which are aligned to the Ten ICS Mandated People Functions, One Workforce Strategy and ICB Anchor ambitions.

Information items and matters of interest:
The Committee received an informative presentation from the Chair of the Derbyshire Academy which brings all NHS provider's multi professional training, education and widening participation faculties together to enable better system working and sharing of best practice.

Matters of concern or key areas to escalate:
No matters to escalate.

Derby and Derbyshire Integrated Care Board

Population Health & Strategic Commissioning Committee Assurance Report

Meeting Dates:	9th January 2025 and 13th February 2025
Committee Chair:	Margaret Gildea (Interim)

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Contracts Awarded via the Provider Selection Regime	The committee received a report on Contracts Awarded via the Provider Selection Regime. All public bodies including the ICB have to work to the new procurement regulations. The ICB will need to publish a report in 25/26, as part of the annual report, relating to the activity undertaken for contracts within the scope of PSR. The paper presented to the committee gives an overview of current activity, specifically where DDICB is the Lead Commissioner and covers the options available to the ICB when procuring services. The majority of the contracts issued fall into Direct Award Process A or Process B. There are procurements that have not yet closed - where contracts have not yet been awarded- but are being conducted under PSR. The committee took reasonable assurance from the report that due process is being followed in all procurement projects that are compliant under the regulations.	Not applicable due to first report	**Adequate**
Women's Health Hubs Initiative	The committee received an update presentation on the Women's Health Hub initiative reminding the Committee of the strategic goals of the project, detailing progress and achievements to date and focus for the coming months. The presentation was circulated to the Committee with the papers prior to the meeting.	Not applicable due to first report	**Adequate**
CVD Prevention Plan	The committee received an update on the 5 year approach to tacking health inequalities with Cardiovascular Disease.	Not applicable due to first report	**Partial**
GP Strategy update/ Update on Pharmacy, Optometry and Dental services in Derby and Derbyshire	The committee received an update on the GP Strategy work and an update on Community Pharmacy, Optometry and Dental Services (PODS).	Not applicable due to first report	**Partial**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Update from Health Protection Board	The committee received a confidential report from the Health Protection Board.	Not applicable due to first report	**Adequate**
25/26 planning	The committee received a presentation on 25/26 planning following the publication of the planning guidance documents, giving a summary of the ask and looking at some key components and details of preparation for the headline submission which is due on 27th February. Final submission is 27th March.	Not applicable due to first report	**Adequate**
Update from Health Protection Board	The committee received a confidential report from the Health Protection Board.	Not applicable due to first report	**Adequate**

Other considerations:

Decisions made:
Commissioning decisions: The committee received and approved a confidential contract award, and received a confidential item on the implementation of Tirzepatide – NICE TA. **Board Assurance Framework:** The Committee approved the amalgamation of Strategic Risk 9 into Strategic Risk 2 and the transfer of ownership of this risk from the Quality & Performance Committee. Strategic Risks 2, 7 and 8 for the final quarter 3 2024/25 position were discussed and the tolerable level of risk score for Strategic Risks 2, 7 and 8 to be 12 was agreed. The Committee reviewed the overall level of assurance for Strategic Risks 2, 7 and 8 and agreed that the assurance level would be partial. **Risk Register:** The Committee noted progress on the formation of new corporate risks which will be the responsibility of the Committee.

Information items and matters of interest:
• CPAG updates • Derbyshire Prescribing Group report/minutes • JAPC Bulletin • CPLG minutes **Contract risks:** The Committee asked for a review on the risk to contracts across the all of commissioning work as a result of the National Insurance increase and the living wage. This will be brought back to committee in May. **Development session:** The Committee asked for a development session that could cover learning from prior procurements, PSR, current position with contracts, risks with going concerns, the 10 year plan, 25/26 operational plan, engagement with the VCSE sector and the new NHS operating model for ICBs. This will be planned for May.
Matters of concern or key areas to escalate:
Nil for escalation

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Public Partnership Committee Assurance Report

Meeting Date(s):	26th February 2025
Committee Chair:	Sue Sunderland

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Committee Closedown Report	The Committee received a closedown report ahead of the transfer of duties to the new Strategic Commissioning and Integration Committee. The report included the transfer of legal duties and risks. Committee members discussed the approach to ensuring the ICB continues to prioritise hearing the voices of local people in the planning and decision making process, and raised significant concerns that this may be weakened by the removal of Public Partnership Committee. Lay members requested that a formal risk be raised on this matter, for review and management by the new committee. The Committee also reviewed the BAF Q3 update report and existing corporate risks.	Not applicable due to first report	**Limited**
PPI Assessment Log	The Committee received a routine report on assessments made against the ICB's legal duties on engagement. Of note were assessments made in support of the review of Unscheduled (Urgent) Dental Care and a revised pathway for Sickle Cell Advice and Guidance following blood spots tests in new babies.	Not applicable due to first report	**Adequate**
Learning Disability Short Breaks	The Committee reviewed the outcome of the recent pre consultation engagement on Learning Disability Short Breaks and took assurance from the depth of the engagement conducted and the strong desire to have involved clients and families in the review to date.	Not applicable due to first report	**Full**

Other considerations:

Decisions made:
• Corporate Risks: PPC agreed to close corporate risks on Communications and Engagement Team capacity – which had now resolved following the ICB restructure and the settlement of staff - and relating to a potential reduction in opportunities for public engagement in the light of the new Provider Selection Regime, which was a risk that hadn't materialised. • PPC agreed that a new risk should be established around the potential loss of the public voice with the transfer of responsibilities to the Strategic Commissioning & Integration Committee with an initial high risk score.

Decisions made:
• Learning Disability Short Breaks: PPC noted the outcomes of the pre-consultation activity and the excellent practice in the approach, ahead of further steps to develop options ahead of likely consultation.

Information items and matters of interest:
Tobacco Insight – PPC received an update on work to connect with communities to understand their experiences of stopping smoking and stop smoking services, which is a product of the system's sprint work on Tobacco Control. A research post had been recruited to, hosted by Healthwatch Derbyshire, to undertake the research programme. **Fertility Policy** – An update was provided on the progress with public engagement to support the development of a refreshed East Midlands Fertility Policy. Pre-engagement had concluded, a full report was in progress which would inform an option appraisal of the commissioning position, ahead of potential future consultation should significant adjustments be made to the policy position. PPC heard that NHS Derby and Derbyshire ICB has coordinated this engagement programme on behalf of all East Midlands ICBs. **Making Room For Dignity** – PPC received an update on this programme, which forms part of the dormitory eradication programme being implemented by Derbyshire Healthcare. PPC had previously governed the consultation that led to the new builds and other capital works in Chesterfield and Derby, and this latest presentation was a closure of the loop to highlight the results of that process.

Matters of concern or key areas to escalate:
As above – the closedown of PPC and duties transferring to SCIC was of significant concern to the lay members of the committee. It was agreed that a new corporate risk should be lodged to highlight the perceived reduction in the ICB's commitment to involving lay people in planning and decision making.

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Quality & Performance Committee Assurance Report

Meeting Date(s):	30th January 2025 and 27th February 2025
Committee Chair:	Adedeji Okubadejo

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
National Patient Safety Strategy and Learning – Derbyshire Position December 2024	The Committee took adequate levels of assurance from the report. The discussion focused on the progress of Derby and Derbyshire around the National Patient Safety Strategy and learning. There has been significant investment in the patient safety specialist role within JUCD and the ICB. This role has been crucial in improving patient and service user involvement within organisations. The approach to handling safety alerts is now well-embedded and there has been a substantial push on training within Joined Up Care Derbyshire, and over 800 practitioners have been trained from a patient safety perspective.	Not applicable due to first report	**Adequate**
Safeguarding Adults and Childrens Quarterly Update including Serious Violence Update	The Committee took partial levels of assurance from the report. The new Strategy for Tackling Serious Violence has been updated and disseminated. The new Child Exploitation strategy for 2025-2027 is based on the four Ps: Pursue, Prevent, Protect, and Prepare. Domestic abuse, neglect, and online harm are now the three priorities of the Safeguarding Children Partnership. Adult Safeguarding – it was reported that there had been an increase of referrals into Prevent relating to right-wing ideologies, particularly in Derbyshire.	Not applicable due to first report	**Partial**
hour breach/long-wait harm review	The Committee took partial levels of assurance. The papers provided an update on the formal harm reviews for ambulance handover delays and long waits in A&E which have been running since November 2024. The reviews are part of a broader effort to improve patient safety and service quality. The UEC Delivery Board and this committee will receive regular updates on the data and learning from these reviews. There have been no reported eight-hour breaches since early January 2025, following a system reset to support EMAS during a critical incident.	Not applicable due to first report	**Partial**
Integrated Performance Report	The Committee took partial assurance from the Integrated Report.	Not applicable due to first report	**Partial**
SQG Assurance Report	The Committee took adequate assurance from the report. The System Quality Group (SQG) ensures that the ICB effectively delivers the statutory functions of the ICB in respect of Quality and Safety. The report provides the Committee with a brief summary of the items transacted at the meeting of the System Quality Group on the 7th February 2025.	Not applicable due to first report	**Adequate**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Board Assurance Framework Q3	The Committee was asked to agree the level of assurance against the management of BAF SR01. The Committee agreed the assurance level as partial, given that the tolerable and target scores have not been met.	Not applicable due to first report	**Partial**
Infection Prevention and Control - Compliance with NHSE HCAI Objectives for 2024/25 at both acute trust and System level	The Committee took Partial Assurance from the report. The discussion focused on the current levels of MRSA & CDI rates within Derbyshire and compliance with NHSE HCAI thresholds which will remain a risk at both Trust (UHDB & CRH) and DDICB level as some infections have already breached full year thresholds. Members discussed actions taken and areas of potential further work. This included the shift towards Community support, with the Strategy around the broader strategic intent over the next year and cultural development of staff.	Not applicable as first report in this format	**Partial**
Quality, Safety & Improvement Committee - Overview of the new meeting	In April 2025 the System Quality & Performance Committee will change with Performance integrating with the Peoples functions to form one committee. This will see the Quality element develop into the Quality, Safety and Improvement Committee. The Committee discussed the proposed Four Pillars of Quality (Clinical Safety/Patient Experience/Clinical Effectiveness & Quality Improvement) and the areas within each Pillar for agreement and additional areas for inclusion.	Not applicable	Not applicable
Patient Safety and 8-hour harm reviews	The Committee took Limited Assurance. The papers provided an update on the ongoing rollout and embedding of PSIRF and learning across the Derbyshire system. An update was provided in relation to the formal harm reviews for ambulance handover delays and long waits in A&E which have been running since November 2024. The reviews are part of a broader effort to improve patient safety and service quality. The UEC Delivery Board and this committee will receive regular updates on the data and learning from these reviews. The committee took limited assurance as it was not possible to assess the full spectrum of possible harm.	**Partial**	**Limited**
Quarterly LMNS Update	The Committee took Partial Assurance from the update of the Derbyshire Local Maternity and Neonatal System (LMNS) against national and local maternity and neonatal service priorities for oversight, assurance and transformation. The membership noted the improvements within the incentive schemes for both CRH & UHDB which are linked to the Saving Babies Lives.	Not applicable as first report in this format	**Partial**
Personalised Care Update	The Committee took Limited Assurance from the update due to the leads current role coming to an end and uncertainty how the work will continue to be rolled out and embedded. This included the newly launched e-learning module and how organisations	Not applicable as first report in this format	**Limited**

Item	Summary	Previous Level of Assurance	Current Level of Assurance
	can give assurance when reviewing papers at board and committee level, that they have considered personalised care has been considered.		
System Quality Group Assurance Report	The Committee took Adequate Assurance from the report. The System Quality Group (SQG) ensures that the ICB effectively delivers the statutory functions of the ICB in respect of Quality and Safety. The report provides the Committee with a brief summary of the items transacted at the meeting of the System Quality Group on the 7th of February 2025. There were no items for escalation.	**Adequate**	**Adequate**
Integrated Performance Report	The Committee took Partial Assurance from the Integrated Report.	**Partial**	**Partial**

Other considerations:

Decisions made:
30th January 2025 **Board Assurance Framework Q3:** The Committee approved the amalgamation of Strategic Risk 9 into Strategic Risk 2 and the transfer of ownership of this risk to the Population Health and Strategic Commissioning Committee. The Committee was asked to agree the tolerable level of risk score for Strategic Risk 1, it was agreed to ask the BAF Working Group to return to February Quality & Performance Committee with a detailed review of SR01 and recommendations for the Committee to endorse. **27th February 2025** **Board Assurance Framework:** To include the recommendations re SRO1. Following the recommendations from the BAF Working Group the Committee agreed that the Consequence of the Risk score remains at a four and the Tolerable Risk Score remains at 12 due to the current pressures within the system and a Target Score of 8. The membership agreed that the level of assurance of assurance was Partial Assurance. **Quality Strategy:** First draft of the DDICB Quality Strategy was discussed and it was noted that the final version would come to the May meeting for final approval.

Information items and matters of interest:
• **Mental Health, Learning Disability and Autism Stocktake:** The focus of the presentation was the existing long-term plan priorities for mental health, learning disabilities, and autism. • **Ratified Minutes:** Derbyshire Prescribing Group 07/11/24 and 05/12/24, System Quality Group 05/11/25 and 07/01/25

Matters of concern or key areas to escalate:
Nil to note.

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Remuneration Committee Assurance Report

Meeting Date:	28th January 2025 and 6th March 2025
Committee Chair:	Margaret Gildea, ICB Board Non Exec Member

Assurances Received:

Item	Summary	Previous Level of Assurance	Current Level of Assurance
Very Senior Manager (VSM) Recruitment Update	The Committee noted the update on the VSM recruitment process for the Joint Chief Finance Officer (CFO) role.	**Not applicable as first report**	**Adequate**
VSM Pay Banding Review	The Committee considered the request for a pay review submitted by a VSM.	**Not applicable as first report**	**Adequate**
Agenda for Change Band 9 Policy Review	The Remuneration Committee NOTED the updates on the Agenda for Change Band 9 Policy review.	**Not applicable as first report**	**Adequate**
Remuneration Committee Terms of Reference	The Remuneration Committee REVIEWED the Remuneration Committee Terms of Reference.	**Not applicable as first report**	**Adequate**

Other considerations:

Decisions made:
With regards to the updated Committee Terms of Reference, the Committee: • Did not agree the updated Terms of Reference in their current form. An action plan was devised to further review and agree the Terms of Reference for signoff by the ICB Board in May 2025.

Information items and matters of interest:
The Committee were advised of a Health Services Journal article which stated that there were zero redundancies in the ICB in 2023/24. The article was on the subject of general NHS staffing levels.

Matters of concern or key areas to escalate:
None.

2025/26 Board Forward Planner – Public

NHS 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	✓					✓		
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 / Vaccination 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	✓							
Digital, Data, and Technology Strategy Update					✓			

2025/26 Board Forward Planner – Public

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Agenda item	22 May	17 Jul	18 Sep	20 Nov	22 Jan	17 Mar	Link to BAF	Notes
Cyber Security Strategy		✓						
Primary Care GP Strategy Update						✓		
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)	✓			✓				