

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	

BOARD

30 SEPTEMBER 2026

Report Title: Quarterly Integrated Delivery Report September 2026

Purpose of report

To provide the Board with assurance on the revised Integrated Delivery Report (IDR), including the first quarterly reporting cycle, the current exception position and the issues escalated following review by the commissioning subcommittees and Leadership Committee.

Key points

This is the first quarterly report under the revised IDR assurance process, following detailed review by the commissioning subcommittees and consideration by Leadership Committee before submission to the Board.

The report is based on data published on 9 July 2026 and reviewed through the relevant governance forums during August and September 2026.

The IDR is being developed as a consistent assurance product to provide system performance oversight, strengthen the link between operational delivery, commissioning oversight and governance assurance, and support focused discussion by exception.

The metric set will continue to develop as further National Oversight Framework indicators become available and will be refined alongside the refreshed ICB Strategy to maintain strategic alignment.

Detailed scrutiny is undertaken by the relevant subcommittee, with material issues escalated through Leadership Committee to the Board by exception.

As part of the exception reporting process five metrics were initially flagged through statistical review for escalation to the sub-committees. These were:

- A&E 4 Hour Performance
- No. of Patients on Waiting List (RTT incomplete)
- Staff Absence Rate across all ICB Providers
- % of Open Autism referrals waiting over 13 weeks with no care contact recorded
- Average number of days between discharge ready date and actual discharge date

The following metrics were also flagged for further consideration during the Mental Health and Complex Care Subcommittee's review of the IDR metrics.

- Talking Therapies Metrics – added by MHCC sub-committee

Following the IDR review process across the three commissioning subcommittees and the Leadership Committee the following two exception reports were agreed for escalation to the Board. The remaining exception reports are included for information.

- A&E 4 Hour Performance
- No. of Patients on Waiting List (RTT incomplete)

Future development will continue to refine metric ownership, committee mapping, narrative expectations, escalation criteria and reporting on health inequalities, provider/place variation and wider system context.

Risks and issues

- There is a risk that metrics are viewed only through statistical risk rating, without sufficient local intelligence on delivery, inequalities, provider/place variation, quality or wider system context.
- There is a risk of incomplete assurance if metric ownership, future indicator mapping, narrative responsibility or escalation routes remain unclear while the revised process is embedded.
- There is a risk that the extended timeline for the IDR process delays assurance to leadership committee and board as the process extends to include narrative development and clarification, and Subcommittee discussion between data release and Leadership Committee submission and Board reporting.
- There is a risk for some metrics included in the IDR that ownership falls between subcommittees, and work is required to ensure appropriate ownership and assurance routes exist alongside reporting intelligence for some metrics before future exception reporting and action planning can be fully mature.

Assurances and supporting documentation

The paper is supported by the IDR Summary Overview, the agreed process flowchart and the exception reports endorsed through the relevant governance route.

The revised approach uses exception reporting, with metrics being flagged due to being statistical outliers or through sub-committee discussion for possible escalation.

Relevant operational leads with ownership of specific metrics provide short narrative reports where required, covering current position, causes, actions, risks, mitigations, ownership and any leadership/Board ask.

Subcommittee review provides the first level of assurance, ensuring issues are owned at the most appropriate level of the organisation and should confirm whether any issue requires escalation to Leadership Committee and/or Board.

Supporting documentation:

- Appendix 1 – IDR Exception reports – Escalated
- Appendix 2 – IDR Exception reports – not escalated
- Appendix 3 – IDR Report July 2026

Recommendation/action required

The Board is asked to:

- Note the first quarterly report under the revised IDR assurance-by-exception process and the continuing development of the metric set.
- Receive assurance on the review undertaken by the Acute, Neighbourhood Health, Integrated Mental Health and Complex Care Subcommittees and Leadership Committee.
- Note the escalated position for A&E four-hour performance and elective waiting times, together with the actions and mitigations set out in the exception reports.

Acronyms and abbreviations explained

IDR - Integrated Delivery Report
LC - Leadership Committee
ASC - Acute Subcommittee
NHSC - Neighbourhood Health Subcommittee
MHCCSC - Mental Health and Complex Care Subcommittee
NOF - National Oversight Framework
UEC - Urgent and Emergency Care
SPC - Statistical Process Control
BAF - Board Assurance Framework
BI - Business Intelligence

Leadership Committee review	9 September 2026					
Sponsor/Approving Executive Director	Dr Neil O'Brien, Chief Medical Officer					
Date approved by Executive Director	16 September 2026					
Report author	Amanda Pyle, Commissioning Manager, Medical Team / ICB Insights Team					
Link to ICP strategy priorities						
Longer and Healthier Lives	✓					
Fairer Outcomes for All	✓					
Better Health and Care Services	✓					
Giving Children and Young People the Best Start in Life	✓					
Relevant legal/statutory issues						
NHS Oversight Framework / National Oversight Framework metrics and ICB governance arrangements. No immediate legal or statutory issue has been identified for this assurance paper.						
Any potential/actual conflicts of interest associated with the paper?	Yes		No	✓	N/A	
No actual or potential conflicts of interest have been identified in preparation of this assurance paper. Any conflicts arising during discussion of individual metrics should be declared and managed at the meeting.						
Equality analysis completed	Yes		No		N/A	✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken?	Yes		No		N/A	✓
Essential considerations						
Financial implications and considerations	Not applicable - no direct financial implications arising from this assurance paper.					
Contracting and Procurement	No contracting or procurement decision is requested.					
Commissioning Team	Relevant commissioning teams, Subcommittees and metric leads will provide assurance on their respective metrics as required.					
Digital implications	Insights / BI involvement through the IDR Summary Overview, metric appendices and reporting process development.					
Clinical involvement	Clinical involvement to be confirmed through relevant metric leads where metrics relate to clinical pathways, quality, outcomes or patient experience.					
Health inequalities	Health inequalities will be considered through the proposed development of an inequity gap / variation column and review of place/provider variation where suitable.					
Patient and public involvement	No patient and public involvement has been undertaken specifically for this assurance cover sheet. Any engagement relevant to underlying improvement actions should be referenced by metric leads.					
Partner and/or other stakeholder engagement	Stakeholder engagement will be through relevant Directors, Operational Leads, commissioning teams, Subcommittees and governance leads as part of metric ownership, narrative development and escalation decisions.					
Other resources	No additional resources are required to submit this assurance paper. Resource implications arising from specific metric actions will be identified by the relevant metric leads and governance route.					