NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC AGENDA – ICB BUSINESS

Thursday 20th April 2023 at 9am to 10.45am

Via MST

Questions from members of the public should be emailed to ddicb.enquiries@nhs.net and a response will be provided within 20 working days

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

Time	Reference	Item	Presenter	Delivery
09:00	**Introductory Items**			
	ICBP2324/001	Welcome, introductions and apologies: Julian Corner, Ellie Houlston	John MacDonald	Verbal
	ICBP/2324/002	Confirmation of quoracy	John MacDonald	Verbal
	ICBP/2324/003	Declarations of Interest • Register of Interests • Summary register for recording interests during the meeting • Glossary	John MacDonald	Paper
09:05	**Minutes and Matters Arising**			
	ICBP/2324/004	Minutes from the meeting held on 16.3.2023	John MacDonald	Paper
	ICBP/2324/005	Action Log – March 2023	John MacDonald	Paper
09:10	**Strategy and Leadership**			
	ICBP/2324/006	Chair's Report – March 2023	John MacDonald	Paper
	ICBP/2324/007	Chief Executive Officer's Report – March 2023	Dr Chris Clayton	Paper
09:20	**Strategic Planning & Commissioning**			
	ICBP/2324/008	Joint Forward Plan – ICB 5 Year Plan	Zara Jones	Paper
	ICBP/2324/009	2023/24 Financial Plan Update	Keith Griffiths	Paper
09:50	**Integrated Assurance & Performance**			
	ICBP/2324/010	Integrated Assurance and Performance Report • Quality • Performance • Workforce • Finance	Dr Chris Clayton Margaret Gildea/Brigid Stacey Margaret Gildea/Zara Jones Margaret Gildea/Amanda Rawlings Richard Wright/Keith Griffiths	Paper

Time	Reference	Item	Presenter	Delivery
10:10	**Corporate Assurance**			
	ICBP/2324/011	Delegation of Pharmacy, Optometry and Dental Services Update	Helen Dillistone	Paper
	ICBP/2324/012	ICB Risk Register Report – March 2023	Helen Dillistone	Paper
	ICBP/2324/013	Month 11 System Financial Position	Richard Wright	Verbal
	ICBP/2324/014	Audit and Governance Committee Assurance Report – March 2023	Sue Sunderland	Paper
	ICBP/2324/015	Derbyshire Public Partnership Committee Assurance Report – March 2023	Sue Sunderland	Paper
	ICBP/2324/016	Quality and Performance Committee Assurance Report – March 2023	Margaret Gildea	Paper
	ICBP/2324/017	Serious Violence Duty	Brigid Stacey	Paper
10:35	**Items for information**			
The following items are for information and will not be individually presented				
	ICBP/2324/018	Ratified minutes of ICB Committee Meetings: • Audit & Governance Committee – 9.2.2023 • Quality & Performance Committee – 23.2.2023	John MacDonald	Papers
10:40	**Closing Items**			
	ICBP/2324/019	Forward Planner	John MacDonald	Paper
	ICBP/2324/020	Any Other Business	John MacDonald	Verbal
	ICBP/2324/021	Questions received from members of the public	John MacDonald	Verbal
Date and time of the next ICB System Focus Meeting in Public: **Date:** Thursday, 15th June 2023 **Time:** 9am to 10.45am **Venue:** via MS Teams **Date and time of the next ICB Business Meeting in Public:** **Date:** Thursday, 20th July 2023 **Time:** 9am to 10.45am **Venue:** via MS Teams			John MacDonald	Verbal

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	Partner Member - DCHS	Primary & Community Care Delivery Board Chair of Digital and Data Delivery Board Integrated Place Executive Meeting	CEO of Derbyshire Community Health Services NHS Foundation Trust	✓				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
				Partner is a Director (not Board Member) for NHS Derby and Derbyshire ICB				✓	01/07/22	Ongoing	
				Trustee for NHS Providers Board		✓			01/07/22	Ongoing	
				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	Ongoing	
Austin	Jim	Chief Digital Information Officer	Finance & Estates Committee	Employed jointly between NHS Derby and Derbyshire Integrated Care Board and Derbyshire Community Health Services NHS Foundation Trust	✓				01/11/22	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Spouse is a locum GP and the Local Place Alliance lead for High Peak (8 hours per week)				✓	01/11/22	Ongoing	
Bhatia	Avi	Partner Member - Clinical and Professional Leadership Group	Chair - Clinical and Professional Leadership Group, Derbyshire ICS Population Health & Strategic Commissioning Committee	GP partner at Moir Medical Centre	✓				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
				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	
				Spouse works for Nottingham University Hospitals in Gynaecology				✓	01/07/22	Ongoing	
Clayton	Chris	Chief Executive Officer	N/A	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
Corner	Julian	Non-Executive Member	Public Partnerships Committee Population Health & Strategic Commissioning Committee Remuneration Committee	As the CEO of Lankelly Chase Foundation, I may have an interest in organisations being commissioned by the JUCD if that would support a grant funding relationship that Lankelly Chase has with them.		✓			01/03/22	30/06/25	Not aware of any grant relationships between Lankelly Chase and Derbyshire based organisations, or organisations that might stand to benefit from JUCD commissioning decisions. If that were to happen I would alert the JUCD chair and excuse myself from decisions both at Lankelly Chase and JUCD.
Dhadda*	Bukhtawar	Non-Executive Member (Population Health & Strategic Commissioning)	Audit & Governance Committee People & Culture Committee Quality & Performance Committee Population Health & Strategic Commissioning Committee Remuneration Committee CPAG	GP Partner at Swadlincote Surgery	✓				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
				Private GP work for Medical Solutions Online (Health Hero)	✓				01/07/22	Ongoing	
Dillistone	Helen	Executive Director of Corporate Affairs	Audit & Governance Committee Public Partnerships Committee	Nil							No action required
Gildea	Margaret	Non-Executive Member	People and Culture Committee Population Health & Strategic Commissioning Committee Quality and Performance Committee Remuneration Committee	Director of Organisation Change Solutions Limited	✓				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
				Coaching and organisation development with First Steps Eating Disorders	✓				01/07/22	Ongoing	
				Director, Melbourne Assembly Rooms		✓			01/07/22	Ongoing	
Green*	Carolyn	Interim Chief Executive, DHcFT	People & Culture Committee Population Health & Strategic Commissioning Committee	Board Member - National Mental Health Nurse Directors Forum		✓			06/12/22	31/03/23	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Griffiths	Keith	Executive Director of Finance	Finance & Estates Committee Population Health & Strategic Commissioning Committee	Nil							No action required
Houlston	Ellie	Partner Member - Derbyshire Local Authority	System Quality Group Integrated Care Partnership Health and Wellbeing Board - Derbyshire County Council Derbyshire Place 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			✓		2005	Ongoing	
Jones	Zara	Executive Director of Strategy & Planning	Finance & Estates Committee Population Health & Strategic Commissioning Committee Quality & Performance Committee	Nil							No action required
MacDonald	John	ICB Chair	Derby and Derbyshire Integrated Care Partnership Board	Chair at University Hospitals of Leicester NHS Trust	✓				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

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	
Majid*	Ifti	Partner Member - DHcFT	People & Culture Committee Population Health & Strategic Commissioning Committee	CEO of Derbyshire Healthcare NHS Foundation Trust	✓				01/07/22	05/12/22	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Co-Chair of NHS Confederation BME leaders Network		✓			01/07/22	05/12/22	
				Chair of the NHS Confederation Mental Health Network		✓			01/07/22	05/12/22	
				Trustee of the NHS Confederation		✓			01/07/22	05/12/22	
				Spouse is Managing Director (North) Priory Healthcare				✓	01/07/22	05/12/22	
Mott	Andrew	Partner Member – Primary Medical Services	Joint Area Prescribing Committee System Quality Group	GP Partner of Jessop Medical Practice	✓				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
				Clinical Director, ARCH Primary Care Network	✓				01/07/22	31/03/22	
				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	
				Wife is Consultant Paediatrician at UHDBFT				✓	01/07/22	Ongoing	
Powell	Mark	Partner Member - DHcFT	People & Culture Committee Population Health & Strategic Commissioning Committee	CEO of Derbyshire Healthcare NHS Foundation Trust	✓				01/04/23	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Treasurer of Derby Athletic Club			✓		01/03/22	Ongoing	
Rawlings	Amanda	Chief People Officer	People & Culture Committee Population Health & Strategic Commissioning Committee	Employed jointly between NHS Derby and Derbyshire Integrated Care Board and University Hospitals of Derby and Burton NHS Foundation Trust, as Chief People Officer	✓				01/07/22	30/04/23	This position was agreed by both the ICB and UHDB. Declare interest when relevant and withdraw from all discussion and voting if UHDB is potential provider, unless otherwise agreed by the meeting chair
Smith	Andy	Partner Member - Derby City Local Authority	N/A	Director of Adult Social Care and Director of Children's Services, Derby City Council	✓				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
				Member of Regional ADASS and ADCS Groups		✓			01/07/22	Ongoing	
Stacey	Brigid	Chief Nurse Officer and Deputy Chief Executive Officer	Quality & Performance Committee System Quality Group Population Health & Strategic Commissioning Committee	Nil							No action required
Sunderland	Sue	Non-Executive Member - Audit & Governance	Audit and Governance Committee Finance and Estates Committee Public Partnerships Committee Population Health & Strategic Commissioning Committee IFR Panels CFI Panels	Audit Chair NED, Nottinghamshire Healthcare Trust		✓			01/07/22	Ongoing	The interests should be kept under review and specific actions determined as required - declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Audit Chair of Joint Audit Risk & Assurance Committee for the Office of the Police & Crime Commissioner and Chief Constable of Derbyshire		✓			01/07/22	Ongoing	
				Husband is an independent person sitting on Derby City Audit Committee & Standards Committee				✓	01/07/22	Ongoing	Unlikely for there to be any conflicts to manage
Weiner	Chris	Executive Medical Director	Population Health & Strategic Commissioning Committee Quality & Performance Committee System Quality Group EMAS 999 Clinical Quality Review Group	Nil							No action required
Wright	Richard	Non-Executive Member - Finance & Estates	Audit and Governance Committee Finance and Estates Committee Quality and Performance Committee Population Health & Strategic Commissioning Committee Remuneration Committee	Chair of Sheffield UTC Multi Academy Educational Trust		✓			01/07/22	07/11/22	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Member of National Centre for Sport and Exercise Medicine Sheffield Board		✓			01/07/22	24/11/22	

SUMMARY REGISTER FOR RECORDING ANY INTERESTS DURING MEETINGS

A conflict of interest is defined as “a set of circumstances by which a reasonable person would consider that an Individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold” (NHS England, 2017).

Meeting	Date of Meeting	Chair (name)	Director of Corporate Delivery/ICB Meeting Lead	Name of person declaring interest	Agenda item	Details of interest declared	Action taken

Abbreviations & Glossary of Terms

A&E	Accident and Emergency
AfC	Agenda for Change
AGM	Annual General Meeting
AHP	Allied Health Professional
AQP	Any Qualified Provider
Arden & GEM CSU	Arden & Greater East Midlands Commissioning Support Unit
ARP	Ambulance Response Programme
ASD	Autistic Spectrum Disorder
BAF	Board Assurance Framework
BAME	Black Asian and Minority Ethnic
BCCTH	Better Care Closer to Home
BCF	Better Care Fund
BMI	Body Mass Index
bn	Billion
BPPC	Better Payment Practice Code
BSL	British Sign Language
CAMHS	Child and Adolescent Mental Health Services
CATS	Clinical Assessment and Treatment Service
CBT	Cognitive Behaviour Therapy
CCG	Clinical Commissioning Group
CDI	Clostridium Difficile
CEO (s)	Chief Executive Officer (s)

CfV	Commissioning for Value
CHC	Continuing Health Care
CHP	Community Health Partnership
CMHT	Community Mental Health Team
CMP	Capacity Management Plan
CNO	Chief Nursing Officer
COO	Chief Operating Officer (s)
COP	Court of Protection
COPD	Chronic Obstructive Pulmonary Disorder
CPD	Continuing Professional Development
CPN	Contract Performance Notice
CPRG	Clinical & Professional Reference Group
CQC	Care Quality Commission
CQN	Contract Query Notice
CQUIN	Commissioning for Quality and Innovation
CRG	Clinical Reference Group
CRHFT	Chesterfield Royal Hospital NHS Foundation Trust
CSE	Child Sexual Exploitation
CSF	Commissioner Sustainability Funding
CSU	Commissioning Support Unit
CTR	Care and Treatment Reviews

CVD	Chronic Vascular Disorder
CYP	Children and Young People
D2AM	Discharge to Assess and Manage
DAAT	Drug and Alcohol Action Teams
DCC	Derbyshire County Council or Derby City Council
DCHSFT	Derbyshire Community Health Services NHS Foundation Trust
DCO	Designated Clinical Officer
DHcFT	Derbyshire Healthcare NHS Foundation Trust
DHSC	Department of Health and Social Care
DHU	Derbyshire Health United
DNA	Did not attend
DoF(s)	Director(s) of Finance
DoH	Department of Health
DOI	Declaration of Interests
DoLS	Deprivation of Liberty Safeguards
DPH	Director of Public Health
DRRT	Dementia Rapid Response Team
DSN	Diabetic Specialist Nurse
DTOC	Delayed Transfers of Care
ED	Emergency Department
EDS2	Equality Delivery System 2
EDS3	Equality Delivery System 3

EIA	Equality Impact Assessment
EIHR	Equality, Inclusion and Human Rights
EIP	Early Intervention in Psychosis
EMASFT	East Midlands Ambulance Service NHS Foundation Trust
EMAS Red 1	The number of Red 1 Incidents (conditions that may be immediately life threatening and the most time critical) which resulted in an emergency response arriving at the scene of the incident within 8 minutes of the call being presented to the control room telephone switch.
EMAS Red 2	The number of Red 2 Incidents (conditions which may be life threatening but less time critical than Red 1) which resulted in an emergency response arriving at the scene of the incident within 8 minutes from the earliest of; the chief complaint information being obtained; a vehicle being assigned; or 60 seconds after the call is presented to the control room telephone switch.
EMAS A19	The number of Category A incidents (conditions which may be immediately life threatening) which resulted in a fully equipped ambulance vehicle able to transport the patient in a clinically safe manner, arriving at the scene within 19 minutes of the request being made.
EMLA	East Midlands Leadership Academy
EoL	End of Life
ENT	Ear Nose and Throat
EPRR	Emergency Preparedness Resilience and Response
FCP	First Contact Practitioner
FFT	Friends and Family Test
FGM	Female Genital Mutilation
FIRST	Falls Immediate Response Support Team
FRP	Financial Recovery Plan
GDPR	General Data Protection Regulation
GP	General Practitioner
GPFV	General Practice Forward View
GPSI	GP with Specialist Interest
HCAI	Healthcare Associated Infection
HDU	High Dependency Unit
HEE	Health Education England
HI	Health Inequalities
HLE	Healthy Life Expectancy
HNA	Health Needs Assessment
HSJ	Health Service Journal
HWB	Health & Wellbeing Board
H1	First half of the financial year
H2	Second half of the financial year
IAF	Improvement and Assessment Framework
IAPT	Improving Access to Psychological Therapies
ICB	Integrated Care Board
ICM	Institute of Credit Management
ICO	Information Commissioner's Office
ICP	Integrated Care Partnership
ICS	Integrated Care System
ICU	Intensive Care Unit
IG	Information Governance
IGAF	Information Governance Assurance Forum
IGT	Information Governance Toolkit
IP&C	Infection Prevention & Control
IT	Information Technology
IWL	Improving Working Lives
JAPC	Joint Area Prescribing Committee
JSAF	Joint Safeguarding Assurance Framework

JSNA	Joint Strategic Needs Assessment
JUCD	Joined Up Care Derbyshire
k	Thousand
KPI	Key Performance Indicator
LA	Local Authority
LAC	Looked after Children
LCFS	Local Counter Fraud Specialist
LD	Learning Disabilities
LGBT+	Lesbian, Gay, Bisexual and Transgender
LHRP	Local Health Resilience Partnership
LMC	Local Medical Council
LMS	Local Maternity Service
LPF	Lead Provider Framework
LTP	NHS Long Term Plan
LWAB	Local Workforce Action Board
m	Million
MAPPA	Multi Agency Public Protection arrangements
MASH	Multi Agency Safeguarding Hub
MCA	Mental Capacity Act
MDT	Multi-disciplinary Team
MH	Mental Health
MHIS	Mental Health Investment Standard
MIG	Medical Interoperability Gateway
MIUs	Minor Injury Units

MMT	Medicines Management Team
MOL	Medicines Order Line
MoM	Map of Medicine
MoMO	Mind of My Own
MRSA	Methicillin-resistant Staphylococcus aureus
MSK	Musculoskeletal
MTD	Month to Date
NECS	North of England Commissioning Services
NEPTS	Non-emergency Patient Transport Services
NHSE/ I	NHS England and Improvement
NHS e-RS	NHS e-Referral Service
NICE	National Institute for Health and Care Excellence
NUHFT	Nottingham University Hospitals NHS Trust
OOH	Out of Hours
PALS	Patient Advice and Liaison Service
PAS	Patient Administration System
PCCC	Primary Care Co-Commissioning Committee
PCD	Patient Confidential Data
PCDG	Primary Care Development Group
PCN	Primary Care Network
PHB's	Personal Health Budgets
PHE	Public Health England

PHM	Population Health Management
PICU	Psychiatric Intensive Care Unit
PID	Project Initiation Document
PIR	Post Infection Review
PLCV	Procedures of Limited Clinical Value
POA	Power of Attorney
POD	Project Outline Document
POD	Point of Delivery
PPG	Patient Participation Groups
PSED	Public Sector Equality Duty
PwC	Price, Waterhouse, Cooper
Q1	Quarter One reporting period: April – June
Q2	Quarter Two reporting period: July – September
Q3	Quarter Three reporting period: October – December
Q4	Quarter Four reporting period: January – March
QA	Quality Assurance
QAG	Quality Assurance Group
QIA	Quality Impact Assessment
QIPP	Quality, Innovation, Productivity and Prevention
QUEST	Quality Uninterrupted Education and Study Time
QOF	Quality Outcome Framework
QP	Quality Premium

Q&PC	Quality and Performance Committee
RAP	Recovery Action Plan
RCA	Root Cause Analysis
REMCOM	Remuneration Committee
RTT	Referral to Treatment
RTT	The percentage of patients waiting 18 weeks or less for treatment of the Admitted patients on admitted pathways
RTT Non admitted	The percentage if patients waiting 18 weeks or less for the treatment of patients on non-admitted pathways
RTT Incomplete	The percentage of patients waiting 18 weeks or less of the patients on incomplete pathways at the end of the period
ROI	Register of Interests
SAAF	Safeguarding Adults Assurance Framework
SAR	Service Auditor Reports
SAT	Safeguarding Assurance Tool
SBS	Shared Business Services
SDMP	Sustainable Development Management Plan
SEND	Special Educational Needs and Disabilities
SIRO	Senior Information Risk Owner
SOC	Strategic Outline Case
SPA	Single Point of Access
SQI	Supporting Quality Improvement
SRO	Senior Responsible Officer
SRT	Self-Assessment Review Toolkit
STEIS	Strategic Executive Information System
STHFT	Sheffield Teaching Hospital NHS Foundation Trust
STP	Sustainability and Transformation Partnership
T&O	Trauma and Orthopaedics
TCP	Transforming Care Partnership
UEC	Urgent and Emergency Care
UHDBFT	University Hospitals of Derby and Burton NHS Foundation Trust
UTC	Urgent Treatment Centre
YTD	Year to Date
111	The out of hours service is delivered by Derbyshire Health United: a call centre where patients, their relatives or carers can speak to trained staff, doctors and nurses who will assess their needs and either provide advice over the telephone, or make an appointment to attend one of our local clinics. For patients who are house-bound or so unwell that they are unable to travel, staff will arrange for a doctor or nurse to visit them at home.
52WW	52 week wait

MINUTES OF NHS DERBY AND DERBYSHIRE ICB BOARD MEETING IN PUBLIC

Thursday, 16th March 2023

via Microsoft Teams

Unconfirmed Minutes

Present:		
John MacDonald	JM	ICB Chair (Chair)
Tracy Allen	TA	Chief Executive DCHS & Place Partnerships (NHS Trust & FT Partner Member)
Jim Austin	JA	Chief Digital and Information Officer
Dr Avi Bhatia	AB	Clinical & Professional Leadership Group participant to the Board
Dr Chris Clayton	CC	ICB Chief Executive Officer
Julian Corner	JC	ICB Non-Executive Member
Helen Dillistone	HD	Executive Director of Corporate Affairs
Margaret Gildea	MG	ICB Non-Executive Member
Carolyn Green	CG	Deputy Chief Executive DHcFT (NHS Trust & FT Partner Member)
Keith Griffiths	KG	ICB Executive Director of Finance
Ellie Houlston	EH	Director of Public Health – Derbyshire County Council (Partner Member for Local Authorities)
Zara Jones	ZJ	Executive Director of Strategy & Planning
Dr Andrew Mott	AM	GP Amber Valley (Partner Member for Primary Medical Services)
Amanda Rawlings	AR	Chief People Officer
Brigid Stacey	BS	Chief Nursing Officer & Deputy Chief Executive Officer
Sue Sunderland	SS	ICB Non-Executive Member
Dr Chris Weiner	CW	ICB Chief Medical Officer
Richard Wright	RW	ICB Non-Executive Member
In Attendance:		
Dr Penny Blackwell	PB	GP Place Lead
Helen Blunden	HB	Interpreter
Frazer Holmes	FH	Interpreter
Tamsin Hooton	TH	Programme Director, Provider Collaborative (part meeting)
Dawn Litchfield	DL	ICB Board Secretary
Suzanne Pickering	SP	Head of Governance
Sean Thornton	ST	Deputy Director Communications and Engagement
Apologies:		
Andy Smith	AS	Strategic Director of People Services - Derby City Council (Local Authority Partner Member)

Item No.	Item	Action
	Introductory Items	
ICBP/2223/086	**Welcome and apologies** John MacDonald (JM) welcomed everyone to the meeting. Apologies were noted as above.	

Item No.	Item	Action
ICBP/2223 /087	**Confirmation of quoracy** It was confirmed that the meeting was quorate.	
ICBP/2223 /088	**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 at the following link: https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/ Tracy Allen (TA) declared a conflict of interest in item ICBP/2223/094 - Integrated Place Executive Chair and GP Lead Roles, as TA is the current Executive Lead for Place. Dr Chris Clayton (CC) presented this item. It was not deemed necessary for TA to leave the meeting due to the need for her to inform discussions. Due process was followed accordingly Dr Andy Mott (AM) declared a conflict of interest in item ICBP/2223/095 – General Practice Provider Board, as AM is the Medical Director for this area of work. AM presented the paper and subsequently left the meeting whilst a decision was made. Due process was followed accordingly. No further declarations of interest were noted.	
ICBP/2223 /089	**Minutes of the meeting held on 19th January 2023** **The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held**	
ICBP/2223 /090	**Action Log from the meeting held on 19th January 2023** It was noted that the only outstanding item would be covered by today's agenda. **The Board NOTED the Action Log**	
	Strategy and Leadership	
ICBP/2223 /091	**Chair's Report** JM presented his report, a copy of which was circulated with the meeting papers; the report was taken as read and the following point of note was made: • The junior doctors strike over the last few days was well managed; JM thanked everyone for their support to minimise any disruption during this period and apologised to patients for any inconvenience caused. **The Board NOTED the Chair's report**	

Item No.	Item	Action
ICBP/2223/092	**Chief Executive's Report** Dr Chris Clayton (CC) presented his report, a copy of which was circulated with the meeting papers; the report was taken as read and the following points of note were made: • Areas of system resilience, operational challenges over winter and managing industrial action across the system were recognised; thanks were given to colleagues for their support in working through these areas and the collective planning work undertaken throughout the system partnership. The junior doctors' industrial action concluded this morning; the recovery period will be worked through, with advice and guidance taken should any further industrial action occur. • The broader Urgent and Emergency Care plans build a picture of the work being undertaken locally. The Board agenda today references this, whilst considering the building blocks of tomorrow, demonstrating progress on integrated care, thoughts on strategic integrated commissioning, health inequalities and population health, whilst also collectively taking assurance from the system in a streamlined manner. • Other areas of national business were highlighted in the report. **The Board NOTED the Chief Executive's report**	
ICBP/2223/093	**Delegation of Pharmacy, Optometry and Dental Services and Joint Commissioning Arrangements for Tier 1 and Tier 2** JM considered this to be an important change in the responsibilities of the Board. The proposals have been scrutinised by the Audit and Governance Committee, and key messages provided for assurance. CC advised that the commissioning of pharmacy, optometry and dental services was part of the pre-2012 infrastructure of Primary Care Trusts; following the 2012 Act they were subsequently undertaken by NHSE and managed on a regional basis. Since the 2022 Act, and a change in the operating model of NHSE, thought has been given as to how local systems could take on the commissioning of these services, with a holistic view of providing a whole population approach and overview to the care needs of communities; this is an important direction of travel. There is support for bringing consideration of these services locally as they are integral community services, particularly Places, and there is excitement at having the ability to oversee them. The paper sets out a sensible way of balancing localism with at-scale working, describing the tiers of operating to be worked through with NHSE and joint committees of ICBs. It is recognised that there will be reiterations post-April to allow continued development. These proposals represent a safe, effective, and pragmatic approach to balance the risks. Sue Sunderland (SS), as Chair of the Audit and Governance Committee, added that the documents were reviewed by the Audit and Governance Committee in February, setting out the key governance mechanisms for working at an East Midlands level. National guidance has been issued, providing a robust governance structure; however, there are still some elements to be confirmed by NHSE, which the Executive Directors are	

Item No.	Item	Action
	aware of and are working to resolve. The Committee took assurance on the progress made. Helen Dillistone (HD) added that the documents received covered both the Tier 1 and 2 arrangements. The joint working agreements between NHSE and ICB, and the joint working agreements between ICBs, and the mechanism by which they would be worked through, were provided for information. The Scheme of Reservation / Delegation and the Financial Instructions will be updated once signed in March in preparation for April. Zara Jones (ZJ) reminded the Board that Derby and Derbyshire are the host for the 999/111 contracts for the East Midlands ICBs; further thought is being given to working on a broader Midland's footprint for 111 services. Commissioning these additional services will provide the ICB with learning opportunities in its role as a commissioner. <u>Questions / Comments</u> • Dr Andrew Mott (AM) supported ZJ's comment that there will be huge opportunities for aligning these services at ICB level and welcomed the papers around governance. It is however unclear how this will fit into the system at this point. AM's role on this Board is as the Primary Care Partner Member; he queried what arrangements will be made for Board membership of the additional areas and the significant number of health professionals connected to them, as well as Primary Care more broadly and the work of the Clinical and Professional Leadership Group (CPLG). CC responded that this is an important question on how a joint committee will work whilst maintaining localism. A Broader Primary Care Committee architecture has been established, recognising that this will be strengthened going forward locally; the Board's view will be strengthened via the Population Health and Strategic Commissioning Committee (PHSCC). There will be a need to ensure that the mechanism is working to ensure strategic alignment whilst maintaining localism. The ICB will continue to iterate and be guided by the strategic work through Nottingham and Nottinghamshire ICB, which will host the work on its behalf; there will be Executive Director connectivity for the management work. It will be a period of learning over the next 12-24 months. • Dr Avi Bhatia (AB) considered that, from a pragmatic perspective, it will be good to bring these services under the broader ICB umbrella. The direction of travel will be access; there is a need to move away from the concept of access to a GP towards access to the Primary Care service most appropriate. A lot of good work has been done already between practices and pharmacies which could be built upon; elements of this work could be mirrored in other areas to achieve positive outturns. JM considered that it is important to understand what options are available, and how they will be realised. The Five Year Forward Plan will need to focus on what the opportunities are and how they should be taken forward to realise the benefits. **The Board:**	

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	• **APPROVED the two joint working agreement documents to enable the delivery of the operating model from April 2023** • **TOOK ASSURANCE on the draft national Delegation Agreement and delegated approval and signature to the ICB Chief Executive by 31st March 2023**	
ICBP/2223 /094	**Integrated Place Executive Chair and GP Lead Roles** *TA/PB declared a conflict of interest in this item* CC advised that, to support the direction of travel, and the required leadership arrangements to enact Place, the following recommendations are required: • To support recurrent funding for the role of the Integrated Place Executive Chair, currently being undertaken by Dr Penny Blackwell on an interim basis. This appointment will be made in line with the process followed for the CPLG Chair. It was proposed to support this on a 3-year term, at 4 sessions per week. • To support recurrent funding for the sub-level Place structures across Derby City and Derbyshire County to provide disseminated leadership and reach the heart of communities. GP Place Leaders have been supported through the CCG architecture for many years and there is recurrent benefit and value of continuing this support. It was proposed to support the GP Place Lead roles in the 7 Places, and 2 additional roles in Derby City, at 2 sessions per week. Costs are being incurred in the system through the commitments previously made to fund the interim GP Place Lead roles, however there is an additionality to the cost base for individual Place areas resulting from funding the additional sessions necessary to deliver expectations. Tracy Allen (TA) added there is now clarity of the value that the Integrated Place Executive adds in terms of supporting the 2 Place Partnerships that interface with the Integrated Care Partnership, and the importance of having a Chair with the right skills and background to undertake this role. Regarding local Place Alliance GP Leadership, there is a good case for resourcing GP leaders to play a vital role across the system. There is still a lot of work to do, and GP leaders are well placed to do this work. There is a distinct role for local Place Alliance GP Leads as opposed to PCN Clinical Directors or the General Practice Provider Board in terms of having sufficient time to focus on the relationships with wider Place partners to deliver the Integrated Care and Health and Wellbeing Board Strategies. <u>Questions / Comments</u> Richard Wright (RW) cautioned that committing to more expenditure in one area would have consequences on other areas, particularly as finite resources are available across the system, and some big challenges to be faced over the next few years. JM responded that investing in this area would be part of the solution to meet these challenges.	

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	The Board: • **APPROVED the recurrent role of Integrated Place Executive Chair at 4 sessions per week with a fixed term office holder for a 3-year term** • **APPROVED recurrent General Practice Place Lead roles at 2 sessions per week with fixed term office holders for a 3-year term** • **APPROVED the proposed recruitment process**	
ICBP/2223 /095	**General Practice Provider Board** Dr Andy Mott (AM) provided an update on the work of the Derbyshire General Practice Provider Board (GPPB) in the context of the challenges faced by General Practice and requested recurrent funding to deliver the work programme. <u>Questions / Comments</u> • JM thanked AM for attending a recent Non-Executive Members meeting to provide an update on the challenges of General Practice. There is a need to understand the strategy and address the challenges being faced by GPs, Places and PCNs. Further conversations on this area of need were welcomed. An equal voice for GPs is critically important. AM would welcome such a discussion at a future development session. • AB added that this will not fix all the problems in General Practice, although it will augment the ability to do so; the issues around General Practice recruitment, retention and workforce remain. General Practice, as a corporate body, needs to have a seat on the Board; AB enquired how the GPPB will ensure the system that their opinion is that of wider General Practice. AM considered this to be a pertinent question. There is a plan to ensure effective and active two-way conversations in General Practice as a priority; dedicated communications support will be required to achieve this. There is a sub-structure below the GPPB, including North / South Area Boards, to address the different tasks of each area to ensure localism. GPPB members are visible and have previous experience of system roles. Any disagreements will be managed to present a cohesive position; the role of the GPPB is to be that voice. There may be some challenges that are not directly within its gift to resolve; it is about cohesion and agreeing a clear narrative through collective leadership. AB added that, from a CPLG perspective, the work that AM has been involved in has been brilliant in pulling the General Practice voice together. *AM left the meeting at this point* CC presented a strategic view on the benefits of the GPPB. The following points of note were made: • Unless core General Practice is an integrated part of the ICS it will not be possible to deliver true integrated care. This voice is needed	

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	at Derby and Derbyshire level, Places and PCNs; it is important to support this voice to grow. • AM and colleagues are present on the Gold System Escalation Calls, providing a General Practice view to the system. The progress made in creating this voice was noted. • General Practise is funded at an individual practice level. In addition to the national contract, there is a national Direct Enhanced Service that pays General Practices to work at a PCN level however there is no funding in the contract to support the infrastructure for at-scale working beyond PCN level. Depending on how it is counted, circa £200m is spent per year with Derby and Derbyshire General Practices for core services and PCN operating; today's request for funding represents a 0.25% additionality of spend for at-scale working. Normally this scale of change would be managed through the annual planning and contractual processes. • The progress made to the single voice was recognised, as was the importance of the ask towards the building blocks of integrated care. **The Board:** • **NOTED the background section** • **SUPPORTED the General Practice Provider Board's role in the system going forward** • **NOTED the need to develop a Strategy for General Practice within the wider context of Place and Primary Care Networks** • **APPROVED recurrent funding for 3 years for the core team** *AM returned to the meeting at this point*	
ICBP/2223 /096	**System Development** <u>Integrated Care</u> Dr Penny Blackwell (PB) and Tamsin Hooton (TH) gave an in-depth presentation on Integrated Care: Place and Provider Collaborative Development: 5-year roadmap and next steps, a copy of which was circulated with the meeting papers. <u>Questions / Comments</u> • This is a real change to the way the system currently works. Dedicated development time is required to discuss this in more detail and take a view on where the system needs to be in 5 years' time and beyond and inform the delivery of the Five Year Forward Plan (RW). PB responded that, although some of the detail has been articulated, there is more do. TH welcomed the prospect of having more time to consider the systems needs over the next five year. • The Joint Forward Plan is currently being developed, linked to the ICP Strategy. Direct development time will be required by the PHSCC to enable the asks of the ICB through a commissioning response. It is sometimes difficult to measure impacts; some of the near-term challenges being faced, and public expectations, need to be addressed to empower cultural changes to demonstrate the benefits of the work being undertaken. An action needs to be taken to make the links between what is being measured and integrated care work	

	(ZJ). PB welcomed discussions at the PHSCC meeting once it has been agreed how commissioning will be undertaken. PB is happy to share the statistics available, and what Business Intelligence (BI) could add by better use of data. • Accepting living with the interdependence and complexity of the ICS operating model of Place, Provider Collaboratives and Programme poses challenges to the ICB as to how it works within the operating model. The ICB has a key role facilitating and supporting the ICS structures; the BI structures and financial strategies need to work around Place, Provider Collaboratives and Programme, as does commissioning and estates. There is a huge opportunity for the ICB, as the leader of NHS family, to re-look at the way its functions are organised around the operating model and encourage other partners to do the same. Whilst new ways of working are being developed, the old functional processes remain. There is a direct challenge to the ICB and system partners as to whether they can imagine the core processes and enablers around Place, Provider Collaboratives and Programme (TA). • There is a question around what needs to be done in 2023/24, given that the architecture has not yet fully matured. There is a need to do something for those patients experiencing access difficulties and health inequalities, whilst having agile governance processes to ensure improvements are made quickly. The appetite of risk to develop governance to ensure progress must be gauged (KG). TH responded that Delivery Boards (DBs) should be challenged to articulate how the significant changes required could be achieved this year. The development of community capacity to prevent admission and support discharge, if done effectively, will provide a stronger position for next winter, thus improving elective care; the plan must be translated into reality, ensuring that the governance structures and resources are made available. There is more work to do with DBs to progress the highest impact actions from their existing plans. PB added that one of the Place priorities is to widen the Team Up approach to include falls prevention and recovery and undertake proactive care planning in care homes and the community, focusing on discharge planning. Thought must also be given to prevention and what could be done now and for the next 5 years. Risk is hard to articulate, as confidence in risk is organisational and personal to individuals; this will present a cultural change that will take longer to resolve. Tackling risk and permissions to act is a key factor in discharge flows and planning. • CC considered that the right areas are being addressed, however it is also about scale and pace, and the here and now. The ICB could make further asks on secondary and tertiary care services; conversations will be required with Provider Collaboratives across the East Midlands. In November, JM committed to integrated care as being one of the solutions. A challenging set of questions was set for provider leaders to respond to, to which an excellent response was provided during a significant operational challenge, whilst maintaining strategic business. CC considered that all the asks on the ICB are reasonable and necessary; although there are still details to work through, including assurance and interlinkage between the system and NHSE, the challenge this poses to providers is greater than the challenge to the ICB.	

	• There are two ways to look at this area of work: the impacts on patients and care and the changing way in which the system is working. It was requested that the enabling functions be added to this list ICB enablers (JM). • It was perceived that more than one development session would be required to ensure this conversation continues and informs the Five Year Forward Plan (JM). <u>Integrated Commissioning</u> Julian Corner (JC) provided an overview of the development of an Integrated Commissioning approach within the system, as detailed in the meeting papers provided; work so far as been developmental and exploratory in trying to understand what this means. Commissioning is an enabling function and discipline that sits inside a wider understanding of what can be achieved. How to commission needs to be determined by what to commission; integrated care must be enabled by integrated commissioning as an attempt to step back from commissioning individual services in parts and integrate them as a whole. Commissioning is about how the money is spent; currently a lot is spent on the acute crisis end of system. Integrated commissioning is a discipline of thought to bring the ICB back to purpose through the use of data, collaboration, service design and public engagement. Zara Jones (ZJ) added that the content of the presentation is the output from development discussions at the PHSCC. The purpose, end state, key objectives and priorities of integrated commissioning were outlined. There are key areas to be developed which will form part of the 5-Year Milestone and Plan. There is a clear task to develop integrated commissioning to respond to how the ICB commissioning function is organised at Place, Provider Collaborative and Programme level to prevent duplication; there is alignment and agreement on what is required to be taken forward. The key priority areas were identified, with an emphasis on organising the integrated commissioning function across the Integrated Care Partnership as a whole; to provide consistency, an agreed system approach will be required towards prioritisation. Dr Chris Weiner (CW) referenced CC's comment that 'the challenge to providers will be bigger than the challenge to the ICB'; providers, through integrated commissioning, will be asked to work in a very different way going forward. Integrated commissioning is the big key that could unlock the capacity and ability of Place, Provider Collaboratives and Programmes to move in the direction of providing high quality, safe and effective services that could deliver a sustainable healthcare and wellbeing system. Population health management will be a fundamental part of this process, bringing together the issues on health inequalities, and the delivery of better health outcomes, with a key focus on the primary and secondary prevention agenda. This will influence other strategic aims including Starting Well, Living Well, and Dying and Ageing Well. <u>Questions / Comments</u> • How integrated commissioning is organised is important. Providers will face a huge challenge to shift money and resources into the	

community setting. Development time is required to further consider how commissioning will work, particularly the services being taken on by the ICB from April, to maximise opportunities (JM).

- Important discussions will be held across the East Midlands, Midlands and nationally on what needs to be done. The process being worked through now is one of check and challenge to gain collective confidence. Integrated care, commissioning and assurance are all equally as important; any part that does not move forward will hold things up (CC).
- It was enquired whether the discussions held included the voices of Place, Provider Collaboratives and Programmes to shape views going forward and whether these voices are built into the existing committee structures (JM). ZJ responded that collective voices are being heard across the system, with a pan-system working group established to develop the Joint Forward Plan. There is however a need to focus and work upon the common areas of integrated care, commissioning, and assurance.

<u>Integrated Assurance</u>

Sue Sunderland (SS) provided an overview of the task to consider existing governance and assurance arrangements and how they need to develop with the changes of duty from a system perspective. A meeting with Trust Chairs was helpful to explain what it is hoped can be achieved and provide reassurance on what it was not going to happen. From the outset, it was made clear that any system level assurance will not duplicate existing practice at organisational level. As far as possible existing information will be relied upon to report key information and enable constructive conversations and challenges to take place should any issues of concern materialise. A dialogue will be developed around governance and assurance on the new system duties and what is hoped to be achieved as a system going forward. The ICB's role is system oversight; fulfilling this role needs to be done in a positive way to help drive change and transformation. The Trust Chairs were encouraged by the discussions held and are more relaxed at the aim being to avoid duplication.

It is hopeful that the Hewitt review will influence positive governance. One of the Trust Chairs involved with Hewitt review provided an insight into its content. Information on the need to cut running costs has recently been received; it needs to be ensured that any governance changes reflect the need to reduce the burden and that arrangements are as supportive and streamlined as possible.

Next steps include understanding what the current sources of assurance are and tackling any areas of duplication and gaps; it will then be considered how this is contributing to the assurance required at system level and how it reflects the challenges presented from integrated care. Where there is not good governance things start to go wrong therefore it is critical that it is developed alongside the other two areas to support them.

Helen Dillistone (HD) added that the key thing is to be clear on what needs to be governed across the system and wrap the integrated governance and assurance around them.

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	JM stated that, by moving away from an organisational to a partnership focus, this will have opportunities and risks on how to structure the governance. There is a need hold discussions with NHSE on how to shape governance going forward, as some parts of the current system do not reflect system working; the model of distributed leadership needs clarifying. **The Board NOTED and SUPPORTED the direction of travel for the ICB and its constituent elements, particularly Place, Provider Collaboratives and Programmes**	
	Items for Discussion	
ICBP/2223 /097	**Integrated Care Strategy Update** Tracy Allen (TA) advised that the Draft Integrated Care Strategy was positively supported by Integrated Care Partnership (ICP) members in February. Work is now underway to finalise it before approval and sign off in April. It was presented to the ICB Board to support the direction of travel and commit to supporting the delivery of the Strategy going forward. Voluntary Sector colleagues have been equal partners in the steering group established to oversee the compilation of the Strategy; they have made a commitment to develop the Strategy, influenced by insights from the Derby and Derbyshire communities. The Integrated Place Executive supported the work of the voluntary sector to harness and collate community insights across the partnership; this information has been fed to system leads to ensure that there is a golden thread from community insight to strategic key areas of focus and plans. The Strategy is predicated on a fundamental belief that if resources can be integrated for people, processes and tangible assets significant improvements could be made to health outcomes for the Derbyshire population. Since September, in conjunction with the ICP, four strategic aims have been developed to guide the strategy. The enabling functions and services have been considered and the importance extoled of a shared purpose, values, principles, and behaviours, with the architecture and governance wrapped around them to provide support. Three key areas of focus, one from each life course area, have been agreed to test how the different enablers could make a meaningful difference to outcomes for Start Well, Stay Well, and Ageing Well and Die Well. There is a need for all organisations to work together to develop the delivery plans; the way in which organisations work to develop the Strategy is as important as its content. Meaningful engagement will also be undertaken with members of the public to refine the strategy over the coming years. <u>Questions / Comments</u> • There is a need to reflect on the role of the ICB in these enablers; further discussion is required on this to define the ask of the ICB Board (JM). TA responded that Jim Austin has been involved in driving the Digital work through the System on the ICB's behalf. • It would be useful to map out the key milestones for the next five years (JM). TA stated that although it is early days there is a lot of good work going on; however, by the time the final strategy is presented in April	

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	it is hoped to be able to demonstrate these milestones and delivery plans. • It was enquired whether there is enough engagement from NHS Providers into the ICP, as they have a big role to play (JM). TA informed that the ICP and Integrated Place Executive (IPE) still have work to do with NHS Foundation Trusts to enable them to accept that this will be part of their core business; Provider Collaborative and Place work has helped with this. TA is confident that the right people are involved in the IPE, however there is still work to do to ensure it is connected to Foundation Trusts. • Discussion is required across the System on how and where to reposition the current resources to prevent duplication of parallel functions for this different way of working. TA advised that the Local Authorities have been actively involved in compiling the strategy; dedicated time has been provided to the core group by Derbyshire County Council, as well as external support; however, there may be a need for further funding to progress without external support in future. The ICB is having to look at reducing its running costs by 30%; this could be a catalyst for a wider discussion on system working. **The Board:** • **NOTED the draft strategy and the actions underway to produce a final version** • **AGREED with the direction set out within the strategy** • **NOTED the role of the ICB in supporting delivery of the strategy**	
ICBP/2223 /098	**Operational Plan Submissions** Workforce and Commissioning – Zara Jones (ZJ) advised that a detailed Board discussion of the Plan is scheduled for 29th March, for submission to NHSE on 30th March. The overall message is that progress is being made however, there are still some risks and challenges to be worked through to comply with as many as possible national targets. The approach is grouped into three main themes: prevention, access, and productivity. The guidance acknowledges that prevention and the effective management of long-term conditions are key to improving population health and curbing the ever-increasing demand for healthcare services. Key areas of focus will include activity output, workforce, the financial gap, and performance. Workforce – Amanda Rawlings (AR) advised that there is now a 4.3% growth in workforce included in the Plan, including substantive posts and bank and agency. There is an 8% growth across Primary Care and a 6% growth across nursing; work is underway to understand where these staff will work and the likelihood of being able to recruit them. The next iteration on workforce should be available by 22nd March and a meeting will be held with the Finance and Estates Committee to look at the findings. Previously workforce has been retrofitted into the financial activity; this is not the approach being taken this year when it will be triangulated to provide a more robust plan. The People and Culture Committee will receive and oversee the delivery of the plan once finalised.	

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	Finance – Keith Griffiths (KG) – The uplift for 2023/24 compared to the current financial year is only £15m more, on a £3b allocation, with a 4.3% growth in workforce. As at 10.3.2023, the system financial gap had moved from £149.5m to £144.4m; there is more work to be done to improve this position before final submission. A productive conversation held with NHSE led to a material reduction in expenditure that is currently being validated. Significant operational challenges are being dealt with to improve access, workforce, and cost of living increases, as well as dealing with the underlying financial legacy from 2022/23. Planning for 2023/24 has been undertaken differently with resources being disproportionately allocated to the deficits in a constructive manner. This will result in a compromise by provider originations to support out of hospital provision. Questions / Comments • Concern was raised around the level of workforce increase proposed; if this required increase is necessary, it was enquired whether the resources will be available. It was also asked whether some areas have too much resource which could be moved to help the areas that need it most. This is a huge increase which will be a key driver of the financial gap; if this is to be justified there is a need to understand how the challenges around activity are being addressed and how the gaps will be filled (SS). AR responded that work is now being undertaken to understand the granular detail. It is important to note that some of the growth relates to the EMAS Patient Transport Service contract. Productivity and efficiency should be challenged to utilise people in the right places. Over time the planning process will become more sophisticated. • JM requested that, as the meeting on 29th March is so close to the submission day, a risk analysis be provided to enable difficult decisions to be made should the figures not be acceptable to NHSE. **The Board DISCUSSED and NOTED the update provided on the Operational Plan Submission**	
ICBP/2223 /099	**Report into Maternity Services at University Hospitals of Derby and Burton Foundation Trust (UHDBFT)** Dr Chris Weiner (CW) presented the Healthcare Safety Investigation Branch (HSIB) report into maternity services at UHDBFT, a copy of which was provided with the meeting papers. CW expressed thanks to the families involved in the production of this report, recognising their generosity in difficult circumstances. Through this report the System can move forward to deliver higher quality, safer services for pregnant women in Derby and Derbyshire. It was recognised that this work was initiated by UHDBFT which approached the ICB after identifying a cluster of cases; these cases were investigated internally initially, and questions raised around gaining all possible learning. The ICB commissioned HSIB to undertake a review of the seven serious cases occurring between January 2021 and May 2022. The report has not identified any direct cause or link between issues found within services and the collapses. Ten safety prompts and five	

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	safety recommendations were identified by HSIB as detailed in the report and presented to UHDBFT's Board. The ICB's Quality and Performance Committee (Q&PC) received the report on 23rd February. It is important that the ICB Board is fully sighted on implications of this report and had the opportunity to discuss it in the public arena. Margaret Gildea (MG), as Interim Chair of the Q&PC, added that a presentation was received by the Committee which pointed out that UHDBFT had requested this review and was keen to implement the findings. The positives of the report were noted, as were the clear recommendations for improvement. There was a view that the cultural aspects of concern were being addressed. One issue was raised for consideration; whilst there was no medical causation links between the cases it was asked whether there were any health inequality / second language links, or location issues that might be relevant. Responsibility was delegated to the LMNS Board to receive the response from UHDBFT to prevent duplication and add value where it could make the most difference. The LMNS Board will be asked to seek assurance on a timely and effective response delivery, to be fed back to the Q&PC as appropriate. Amanda Rawlings (AR) confirmed the report has been to UHDBFT's Board and Governance Committee; a robust action plan was produced including development work to support the Obstetrics Consultants Team in terms of behaviour change. The action plans will be monitored as they mature and are learnt from and reported to the Board via the Q&PC Assurance Reports. JM echoed his thanks, and commiseration, to the families for the role they have played over the last few months following the tragic events. The ICB's role is to receive assurance that the actions are being taken forward accordingly. MG considered that it may also be appropriate to present the findings to the People and Culture Committee. CC added that the insight to investigating the health inequalities approach was important. The process described, using the mechanisms in place was supported. It was enquired how this angle would be looked at as this felt different to traditional investigations. CW responded that within the initial setting out of expectations a theme analysis was included on the health inequalities agenda; the report does not comment in detail on the health inequalities issues. In the first instance HSIP will be asked for their observations on this perspective, and UHDBFT will be requested to review the cases with a focus on health inequalities. The report was considered to be open and candid; there needs to be a look at how proactive, automatic psychological and peri-natal support is offered to women who have had traumatic births (CG). CW concurred with this comment, recognising that these families have been through extremely difficult events which will have lifelong impacts. It was noted that UHDBFT has looked to strengthen its governance and family liaison capacity; supporting people through life changing experiences is fundamental. The new Director of Midwifery at UHDBFT has brought in a lot of new learning and strengthening. AR added that the Trust is reaching out to organisations that perform well, as well as those that have	

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	been through difficult times, learning how to reshape their governance and approach. Additional capacity will pick up on the family liaison work, as it is fundamental. **The Board DISCUSSED and NOTED:** • **the Healthcare Safety Investigation Branch report** • **the delegation from the ICB Q&PC to the Local Maternity and Neonatal Services Board of the responsibility for receiving and gaining assurance on UHSBFT's response to the HSIB report** • **the Board THANKED the affected families for their generosity in agreeing to this review, which will help the Derby City and Derbyshire County NHS improve the quality of care for future pregnant women**	
	Corporate Assurance	
ICBP/2223 /100	**Month 10 System Financial Position** Keith Griffiths (KG) provided a verbal update on the financial position as at Month 10. The following points of note were made: • At the start of this financial year there was a £65m deficit. It was agreed in October/November that the aim was to deliver no more than a £19m deficit through transformation work. Signing up to a £19m deficit was seen as a step too far; there was a need to be bold and use the senior leadership judgement, knowledge, and experience available to improve on this figure. • A recent conversation with Region has resulted in an improved predicted deficit of £13m due to the receipt of additional allocations. **The Board NOTED the verbal update provided on the Month 10 System Financial Position**	
ICBP/2223 /101	**Audit and Governance Committee Assurance Report – February 2023** Sue Sunderland (SS) provided an update following the Audit and Governance Committee meeting held on 9th February 2023. The report was taken as read and no further points made. **The Board NOTED the Audit and Governance Committee Assurance Report**	
ICBP/2223 /102	**Derbyshire Public Partnership Committee Assurance Report – January / February 2023** Julian Corner (JC) provided an update following the Derbyshire Public Partnership Committee meetings held on 24th January and 28th February 2023 respectively. The report was taken as read and no further points made. **The Board NOTED the Derbyshire Public Partnership Committee Assurance Report**	

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ICBP/2223 /103	**People and Culture Committee Assurance Report – March 2023** Margaret Gildea (MG) provided an update following the People and Culture Committee meeting held on 8th March 2023. The report was taken as read and no further points made. **The Board NOTED the People and Culture Committee Assurance Report**	
ICBP/2223 /104	**Quality and Performance Committee Assurance Report – January and February 2023** Margaret Gildea (MG) provided an update following the Quality and Performance Committee meetings held on 26th January and 23rd February 2023. The following points of note were made: • The report on maternity services was discussed. • The ICB is not currently compliant with a number of statutory operational targets. The risk included in the Board Assurance Framework relating to this was revised and amendments were made to highlight the position further. **The Board NOTED the Quality and Performance Committee Assurance Report**	
ICBP/2223 /105	**Population Health and Strategic Commissioning Committee Assurance Report – February and March 2023** JC provided an update following the Population Health and Strategic Commissioning Committee meetings held on 9th February and 9th March 2023 respectively. The report was taken as read and no further points made. **The Board NOTED the Population Health and Strategic Commissioning Committee Assurance Report**	
ICBP/2223 /106	**Board Assurance Framework Quarter 4 2022/23** Helen Dillistone (HD) advised that significant developments have been made since the discussions held at the January meeting, through discussions at the corporate committees. It was requested that the Board sign up to the Risk Appetite Statement setting out the ambition on the approach to adopt. **The Board:** • **APROVED the Quarter 4 2022/23 Board Assurance Framework** • **APROVED and signed up to the ICB Board's Risk Appetite Statement contained in the ICB's Risk Management Policy** • **CONSIDERED whether the risk appetite scores are realistic in relation to the ICB being at the beginning of a five-year plan; and that mitigations may be slow to show progress and achievement**	
ICBP/2223 /107	**ICB Corporate Risk Register Report – February 2023** HD presented this paper which was taken as read. No material changes have been made since the previous month	

Item No.	Item	Action
	The Board RECEIVED and NOTED: • **the Risk Register Report** • **Appendix 1, as a reflection of the risks facing the organisation as at 28th February 2023** • **Appendix 2, which summarises the movement of all risks in January and February 2023**	
ICBP/2223 /108	**Child Death Overview Panel Annual Report 2021/22** Brigid Stacey (BS) presented this annual report, which was taken as read. The ICB is in a statutory partnership with both Local Authorities and Police. The report demonstrated the processes and robust arrangements in place. **The Board NOTED the Child Death Overview Panel Annual Report 2021/22 for assurance purposes**	
ICBP/2223 /109	**Ratified minutes of ICB Corporate Committee Meetings** • Audit & Governance Committee – 22.12.2022 • People & Culture Committee – 17.12.2022 • Public Partnership Committee – 29.11.2022 and 26.1.2023 • Quality & Performance Committee – 22.12.2022 and 26.1.2023 **The Board RECEIVED and NOTED the above minutes for information**	
ICBP/2223 /110	**Ratified minutes of the Health and Wellbeing Board Meetings** Derby City Council – 10.11.2022 Derbyshire County Council – 6.10.2022 **The Board RECEIVED and NOTED the above minutes for information**	
	Closing Items	
ICBP/2223 /111	**Forward Planner** **The forward planner was NOTED**	
ICBP/2223 /112	**Any Other Business** No items were raised.	
ICBP/2223 /113	**Questions received from members of the public** No questions were received from members of the public	

Date and Time of Next Meetings

ICB Business Meeting

Date: Thursday, 20th April 2023
Time: 9am to 10.45am
Venue: via MS Teams

ICB System Focus Meeting:

Date: Thursday, 15th June 2023
Time: 9am to 10.45am
Venue: via MS Teams

ICB BOARD MEETING IN PUBLIC

ACTION LOG – MARCH 2023

Item No.	Item Title	Lead	Action Required	Action Implemented	Due Date
ICBP/2223/067	Chief Executive's Report	Dr Chris Clayton	An item on Place will be brought to the Board in March following the Chair's letter to Place leaders asking key questions	Agenda Item	**Complete**
Item No. ICBP/2223/067	Chief Executive's Report	Dr Chris Clayton	System delivery and transformation, and the planning guidance for 2023/24 will be brought back to the Board in due course	Added to the forward planner for the 29th March 2023 Extraordinary meeting	**Complete**
ICBP/2223/068	Clinical and Care Professional Leadership developments: Progress and Forward Plan	Dr Chris Clayton	CC to commence the recruitment process for the Chair position	The recruitment process is underway	**Complete**

NHS
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Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th April 2023

Item: 006

Report Title	Chair's Report – March 2023							
Author	Sean Thornton, Deputy Director Communications and Engagement							
Sponsor (Executive Director)	Helen Dillistone, Executive Director of Corporate Affairs							
Presenter	John MacDonald, ICB Chair							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices	None							
Assurance Report Signed off by Chair	Not Applicable							
Which committee has the subject matter been through?	Not Applicable							

Recommendations
The ICB Board are recommended to **NOTE** the Chair's Report.
Purpose
The report provides an update on key messages and developments relating to work across the ICB and ICS.
Report Summary
Welcome to new ICB Board member, Dr Adedeji Okubadejo I am delighted to welcome Dr Adedeji Okubadejo who has been appointed as a new Clinical Board Member. Dr Okubadejo is an experienced consultant in anaesthesia and pain management who has worked at University Hospitals Birmingham for more than 20 years. Dr Okubadejo will chair the local NHS system's Quality and Performance Committee and bring clinical expertise and understanding to the work of the ICB's Board. **Reflections as we enter 2023/24** At the time of writing, the ICB's first annual report is in development and will give a comprehensive update on the way we have set out to meet local priorities during the first nine months of operation. It has been a period of significant operational pressures, with industrial action and service pressure requiring daily attention and coordinated system planning; it has also been a period of looking to the future as we have developed our first Integrated Care Strategy. Our progress with developing the role of our place alliances and partnerships, as well as our provider collaboratives, has been significant, as outlined during presentations at our Board meeting in March. It is a major achievement to have worked so thoroughly on creating the

conditions for future success at a time when attention has been required so heavily on the challenges facing services today.

Our challenges do not disappear at the start of a new financial year; in fact we retain the need to deal with service pressures, although we do have programmes in place to seek long-term solutions, particularly with our approach to discharge across the system. There are periods of industrial action planned for BMA junior doctor members, with an anticipation of resolution between unions and the Government of the pay dispute for other healthcare sectors, including ambulance workers, nurses and physiotherapists. The system continues to have contingency arrangements in place to manage this industrial action.

We also start the new financial year with a refreshed financial position, and finance reports to board reflect the significant deficit position of the NHS community in Derby and Derbyshire. However, we are hopeful that our transformation programme, coupled with our strategic shift from secondary care treatment to community collaboration and strengths-based prevention can help resolve a significant proportion of this deficit at the same time as improving outcomes for local people, and increasing health equity. We will need to have deep and detailed conversations with local people during the summer and autumn on how this will work in practice.

There is much work to do, but the conditions are correct across the Joined Up Care Derbyshire integrated care system, with partners in agreement on our strategy for integrated health and care, and an understanding of what this begins to feel like for citizens when we are getting it right.

Integrated Care Strategy
The Derby and Derbyshire Integrated Care Strategy was due to be received in final draft at the Integrated Care Partnership meeting on 19 April. Having been reviewed by all Joined Up Care Derbyshire partners through boards and other forums since its initial drafting in February, the strategy now reflects a very comprehensive approach to working through integration of care.

The three key areas of focus remain and much of the approach has been further strengthened as workstreams and enabler groups have been able to begin to gather around the areas of focus and build outline plans. It is very exciting to see this come together, and we are eager to track progress and capture the learning from this initial approach.

We remain clear that integrated care is not a solution in itself; however, it does allow us to develop new ways of working, utilise new technology, maximise the skills of our precious workforce to create new opportunities to collaborate and work together. It will not be easy but there is a shared local commitment to do all we can within the resources available to do our best for Derby and Derbyshire.

To confirm, the Integrated Care Strategy areas of focus are:

- **Start Well** - To improve outcomes and reduce inequalities in health, social, emotional, and physical development of children in the early years (0-5) via school readiness
- **Stay Well** - To improve prevention and early intervention of the three main clinical causes of ill health and early death in the JUCD population - circulatory disease, respiratory disease and cancer
- **Age/Die Well** - To enable older people to live healthy, independent lives at their normal place of residence for as long as possible. Integrated and strength based services will prioritise health and wellbeing, help people in a crisis to remain at home where possible, and maximize a return to independence following escalations

The work is coupled with bespoke engagement approaches to ensure that we are involving our citizens and staff in the conversation so we can benefit from their experience of care.

Operational Plan for 2023/24
The ICB has submitted the NHS Operational Plan for 2023/24. As we have stated previously, we have challenging positions on our elective recovery programme, our cancer 62 day waits and on our financial position. Our plans contain risks, which are mitigated as far as possible at this stage, but the system will continue to do further work to close gaps. On elective care recovery, we were on track to achieve the national target of treating all patients waiting more than 18 months by the 31 March. However, the reduction in theatre capacity during the recent junior doctors strike means we are now expecting to achieve this target by 30 April.

The Derby and Derbyshire position on finance is more challenging; we have submitted an unbalanced plan and we are anticipating additional regulatory scrutiny on delivery. We are now working on the extension of the operating plan into the NHS Joint Forward Plan. This plan will also respond directly to the Integrated Care Strategy and also set us off on our trajectory for longer-term goals for the NHS, in supporting health improvement and the reduction of health inequalities over the five year period of the plan and beyond. This plan is to be submitted to NHS England during June 2023 and will seek to meet the requirements of NHS England's Joint Forward Plan guidance.

Hewitt Review
Former Health Secretary the Rt Hon Patricia Hewitt, currently Chair of NHS Norfolk & Waveney Integrated Care Board, has now completed her review which has considered how oversight and governance of integrated care systems (ICSs) can best enable them to succeed, balancing greater autonomy and robust accountability with a particular focus on real time data shared digitally with the Department of Health and Social Care, and on the availability and use of data across the health and care system for transparency and improvement.

The report was published on Tuesday 4th April, and as a Government - commissioned report it is now with the Department of Health and Social Care for determination on whether the review's recommendations will be adopted. The ICB and ICP will consider the report once further guidance is received.

Delegated Commissioning Responsibility
From 1st April 2023, NHS England has delegated to Integrated Care Boards the commissioning responsibilities for pharmacy, ophthalmology and dentistry services. ICBs already have delegated authority for the commissioning of general practice. Existing NHS England commissioning staff will transfer into ICBs from 1 July 2023; to ensure there is continuity of expertise and a critical mass of this commissioning team able to continue to deliver the work, host ICBs have been identified into which teams will transfer on a 'lift and shift' basis; for the East Midlands, Nottingham and Nottinghamshire ICB will take on the host responsibility, and we are working closely across the region to understand inter-dependencies and accounting arrangements, among other things. We are also expecting further collective arrangements at regional or East Midlands level for some areas of specialised commissioning in due course, likely from April 2024.

Local Authority Devolution
County and City councils in Nottinghamshire and Derbyshire have voted to press ahead with the process to set up a combined county authority for the East Midlands which would allow some decision-making powers to be devolved from government to a local level – bringing in at least £1.14 billion of funding to the region. The four councils have formally backed the plans, and agreed on a final version of the proposal, which means that new local powers and funding to improve the environment, skills training, transport, housing, and the economy could be in place as soon as next year.

For that to happen, new legislation is needed, so that a new form of Combined County Authority can be created. With new legislation in place, proposals for devolution could be sent to the

Government for approval and Royal Assent, meaning that devolution in the East Midlands could be a reality from spring 2024, with the first ever election for a regional mayor, covering Derbyshire, Nottinghamshire, Derby, and Nottingham, taking place in May 2024.

The votes follow a public consultation which took place from November 2022 to January 2023, and the ICB submitted a response. The consultation showed substantial support for the improvements that devolution would make possible. The number of responses was higher than similar consultations on devolution in other areas and the majority of responses backed the proposals:

- 53% agreed with the proposals for transport, compared to 35% disagreeing;
- 52% agreed with the proposals for skills, compared to 32% disagreeing;
- 51% agreed with the proposals for reducing carbon and improving the environment, compared to 33% disagreeing;
- 51% agreed with the proposals for public health, compared to 33% disagreeing; and
- 46% agreed with the proposals for homes, compared to 39% disagreeing.

The only area which was more balanced was in terms of the proposals for governance, with 42% agreeing and 45% disagreeing. Comments tended to centre around the need for a regional mayor. Having a regional mayor is a condition set by the government for a level 3 deal, which offers the most powers and highest funding.

The mayor would lead the new combined authority, which would also include representatives from local councils, with decision making powers and resources moving from London to the East Midlands. Local businesses would also have a voice, as well as other organisations.

The devolution deal would not mean scrapping or merging local councils, which would all continue to exist as they do now and would still be responsible for most public services in the area. The mayor and combined authority would instead focus on wider issues like transport, regeneration, and employment across both cities and counties.

Identification of Key Risks
Not applicable to this report.

Has this report considered the financial impact on the ICB or wider Integrated Care System?		
Yes ☐	No☐	N/A☒
Details/Findings		**Has this been signed off by a finance team member?** Not applicable.

Have any conflicts of interest been identified throughout the decision making process?
Not applicable to this report.

Project Dependencies

Completion of Impact Assessments				
Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☐
A representative and supported workforce	☐	Inclusive leadership	☐

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
Not applicable to this report

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Not applicable to this report.					

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NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th April 2023

Item: 007

Report Title	Chief Executive Officer's Report – March 2023							
Author	Dr Chris Clayton, Chief Executive Officer							
Sponsor (Executive Director)	Dr Chris Clayton, Chief Executive Officer							
Presenter	Dr Chris Clayton, Chief Executive Officer							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices	None							
Assurance Report Signed off by Chair	Not Applicable							
Which committee has the subject matter been through?	Not Applicable.							

Recommendations
The ICB Board are recommended to **NOTE** the Chief Executive Officer's Report.
Purpose
The report provides an update on key messages and developments relating to work across the ICB and ICS.
Report Summary
It has only been a month since the last ICB Board meeting, but there are many ongoing and emerging issues to reflect on since then, all of which can stake an equal claim to be the highest priority on our collective agenda. Dealing with the immediate challenges presented by industrial action among some of our junior doctor community, receiving and interpreting the outcomes of the Hewitt review and progressing our Integrated Care Strategy and Joint Forward Plan through the system are three issues in a detailed list. Patricia Hewitt's highly anticipated independent review of ICSs was published on Tuesday, 4th April and draws on six key principles: collaboration, a limited number of shared priorities, giving local leaders space and time to lead, providing systems with the right support, balancing freedom with accountability and enabling timely, relevant, high-quality and transparent data. As the report reflects, while there will always be a range of views on some issues, fundamentally there is strong and broad agreement among ICS leaders on the overall direction of her recommendations. These include fewer central targets, enabling a shift towards upstream

investment in prevention, multi-year funding, payment mechanism flexibility, and reconsidering cuts to the running cost allowance.

The review was commissioned by the Secretary of State for Health and Care and The Chancellor of the Exchequer, so the recommendations are now for the consideration of the Government and they will decide upon whether they will be adopted. NHS England has not commented in detail on the proposals, and nor will the ICB for the same reason, but we can all read the review and start to form our views. The Executive Team and Board will discuss the recommendations along with our system partners, and of course we will discuss with ICB staff. You can read the report here.

It's been an important month for our system, as we have made submissions on our operating plan and financial position. As we have stated previously, we have challenging positions on our elective recovery programme, our cancer 62 day waits and on our financial position. Our plans contain risks, which are mitigated as far as possible at this stage, but the system will continue to do further work to close gaps. On elective care recovery, we are now on track to achieve a position of no patients waiting more than 18 months by the 30 April; against an original target of 31 March, this position accounts for the reduction in theatre capacity during the recent junior doctors' strikes. The Derby and Derbyshire position on finance is more challenging; we have submitted an unbalanced plan and will continue to work with local partners and NHSE colleagues upon it.

We continue to work through our approach to managing the running cost reductions that have been set out by NHS England. There are ongoing conversations with NHS England and other ICBs about the commissioning functions performed at regional and subregional levels, and existing and potential future transfers of NHS England functions and staff into ICBs as part of the evolution of the role and function of the organisation. We anticipate the requirement to submit proposals regarding the running cost allowance reduction to NHS England during 2023/24 but are awaiting further guidance on the process.

Operationally, further industrial action has taken place since the Easter Bank Holiday, involving the British Medical Association's junior doctor community. We've continued to plan for this as a system and at the time of writing the system has been coping in a managed way. As in other periods of industrial action, we have been conscious of the risks to altered patient presentational behaviour and the levels of postponed operations and diagnostic procedures that will have been necessary to support the planning for and management of the system during this time. Teams will work hard to recover lost activity to ensure we are able to meet our 18-month waiting list targets. It is important to repeat that NHS pay is a matter for the Government and unions, and we will continue to make robust preparations while periods of action continue.

Finally, our first NHS Joint Forward Plan (JFP) is beginning to take shape, with an initial publication milestone in June. An expansion of our operating plan for the year, the JFP will seek to respond to the areas of focus outlined in the Integrated Care Strategy and set out the priorities for NHS transformation for the next five years, working with other statutory partners in local authority and the voluntary sector, among others. We know we need to outline specific approaches to the management of our finances, the need to move our resources to support increased prevention rather than treatment and to insure we are investing to reduce health inequalities. These are challenging and complex topics and we will need to involve local people in the discussions to find the right solutions.

Dr Chris Clayton
Chief Executive Officer

Chief Executive Officer calendar – examples from the regular meetings programme

Meeting and purpose	Attended by	Frequency
JUCD ICB Board meetings	ICB	Monthly
JUCD ICP Board meeting	ICB	Bi-Monthly
System Review Meeting Derbyshire	NHSE/ICB	Monthly
Quarterly System Review Meetings	NHSE/ICB	Quarterly
ICB Executive Team Meetings	ICB Executives	Weekly
Derbyshire Chief Executives	CEOs	Bi Monthly
EMAS Strategic Delivery Board	EMAS/ICB	Bi-Monthly
Joint Health and Wellbeing Board	DCC/ICB/LA	Bi-Monthly
NHS Midlands Leadership Team Meeting	NHSE/ICB	Monthly
Partnership Board	CEOs or nominees	Monthly
East Midlands ICS Commissioning Board	Regional CEOs/NHSE	Monthly
Team Talk	All staff	Weekly
JUCD Finance & Estates Sub Committee	ICB	Monthly
Midlands ICS Executive & NHSEI Timeout	ICB/NHSE	Ad Hoc
2022/23 Financial Planning	NHSE/ICB	Ad Hoc
ICB Development Session with Deloitte	ICB	Ad Hoc
Meeting with Derby and Derbyshire MPs	ICB CEO/Chair	Ad Hoc
ICB Remuneration Committee	ICB	Ad Hoc
Place & Provider Collaborative	ICB	Ad Hoc
Derbyshire Dialogue	ALL	Ad Hoc
System Escalation Calls (SEC)	ICS/LA	Ad Hoc
NHS National Leadership Event - London	NHSE	Ad Hoc
NHS Clinical Leaders Network	NHSE	Ad Hoc
Joint Emergency Services Interoperability Protocol (JESIP) Training	ICB	Ad Hoc

ICS Connected Leadership Programme – Leeds	ICB	Ad Hoc
Derbyshire Distributed Leadership Meeting	NHS Executives	Ad Hoc
East Midlands Joint Committee	East Midlands ICB CEOs	Bi-Monthly
Derbyshire LHRP Meeting	NHSE/LA/ICS	Monthly

National developments, research and reports

The Hewitt Review – published Tuesday 4 April
The Rt Hon Patricia Hewitt was commissioned to lead an independent review of integrated care systems in November 2022. The review set out to consider the oversight and governance of integrated care systems (ICSs). The review covered ICSs in England and the NHS targets and priorities for which ICBs are accountable, including those set out in the government's mandate to NHS England. The government is now considering the recommendations made by the review.

Health Education England and NHS England complete merger
NHS England and Health Education England have legally merged to create a new, single organisation to lead the NHS in England. This follows the merger of NHS Digital and NHS England on the 1 February 2023, and brings the NHS' people, skills, digital, data and technology expertise together into one national organisation to deliver high-quality services for all in England.

NHS launches photograph competition to celebrate 75 years of NHS staff and volunteers
The NHS, in partnership with Fujifilm, have today launched a national photography competition to mark 75 years of the NHS. The competition is an opportunity for NHS staff and volunteers to share, through photos, their unique stories of what the NHS means to them.

NHS slashes longest elective and cancer waits for patients
New figures show that the number of people waiting over 18 months for NHS care has fallen again despite continued demand for services.

NHS virtual wards treat 100,000 patients in a year
More than 100,000 patients have been treated in NHS virtual wards in the last year, with 16,000 patients treated in January alone. Virtual wards allow patients to get hospital-level care at home safely and in familiar surroundings, helping speed up their recovery while freeing up hospital beds for patients that need them most.

Local developments

New Responsibilities for the ICB
The ICB took on delegated commissioning responsibility for pharmacy, dental and optometry services with effect from 1st April 2023. The commissioning of the services will continue to be done by the team based within NHSE, and they will transfer to Nottingham and Nottinghamshire ICB on 1st July, where the commissioning and complaints functions will be hosted.

Local Authority Devolution
County and City councils in Nottinghamshire and Derbyshire have voted to press ahead with the process to set up a combined county authority for the East Midlands which would allow some decision-making powers to be devolved from government to a local level – bringing in at least £1.14 billion of funding to the region. The four councils have formally backed the plans, and agreed on a final version of the proposal, which means that new local powers and funding to

improve the environment, skills training, transport, housing, and the economy could be in place as soon as next year.

Joined Up Care Derbyshire Integrated Care Strategy Online Events
The Joined Up Care Derbyshire Integrated Care Strategy sets out how Local Authority, NHS, Healthwatch, and Voluntary Sector organisations will work together to improve the health of the people of Derby and Derbyshire, and further the change needed to tackle system health and care challenges. Joined Up Care Derbyshire have set up a series of online events to give everyone the opportunity to find out more about the areas of focus outlined in the strategy. The three key areas of focus span prevention, early intervention, and service delivery.

Spring covid vaccination programme begins
The NHS began the next phase of its world-renowned covid vaccination programme on Monday 3rd April with a spring campaign to protect the most vulnerable, starting in care homes.

University of Derby and Derbyshire Voluntary Action (DVA) celebrate being shortlisted for the Business Charity Awards
The University of Derby and Derbyshire Voluntary Action (DVA) is celebrating being shortlisted for the Business Charity Awards for Community Impact. This is a testament to the strong partnership between the University and DVA, which has enabled them to make a real difference in local communities. The winners of this prestigious award will be announced in May at an award ceremony in London.

JUCD Wellbeing initiative shortlisted for PPMA Excellence in People Management Awards
Joined Up Care Derbyshire's Wellbeing team has been shortlisted for a prestigious Public Services People Managers Association (PPMA) Award. Shortlisted for the Best Partnership/Collaboration, JUCD Wellbeing is one of seven finalists in this category commending collaborations of two or more public or private sector bodies who are working together to provide a more seamless, efficient, and integrated service, demonstrating systemic leadership. The team will find out if they have won the award on Thursday 27th April.

Grants awarded to support good adult mental health
In autumn 2022, Joined Up Care Derbyshire approached Erewash Voluntary Action through Derbyshire Mental Health Forum to administer a grant funding pot and disseminate to Voluntary & Community Sector groups across Derbyshire including Derby city. This one-off fund was to be used for one off or ongoing projects, activities, or equipment to support adults to improve or maintain good mental health. Groups who were successful in their funding bids will be feeding back on their projects later in the year.

Engagement continues on pulmonary rehabilitation
Derby and Derbyshire Integrated Care Board is planning the next phase of engagement on accessing pulmonary rehabilitation after a successful first stage. The first stage engagement exercise was conducted between 31st October and 16th December 2022, with feedback collected through a survey hosted on the Joined Up Care Derbyshire (JUCD) online engagement platform, and a virtual focus group.

South Yorkshire and Bassetlaw Cancer Alliance seeking views of cancer patients and their carers in the Chesterfield area
South Yorkshire and Bassetlaw Cancer Alliance is looking to hear from patients, carers, local residents and staff in the Chesterfield area to get their views on appointments for non-surgical cancer patients. What people tell them will help them to provide a model of care that has the needs of patients, carers, staff and the public at its heart.

Identification of Key Risks
Not applicable to this report.

Has this report considered the financial impact on the ICB or wider Integrated Care System?		
Yes ☐	No☐	N/A☒
Details/Findings		**Has this been signed off by a finance team member?** Not applicable.
Have any conflicts of interest been identified throughout the decision making process?		
Not applicable to this report.		
Project Dependencies		
Completion of Impact Assessments		

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☐
A representative and supported workforce	☐	Inclusive leadership	☐

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
Not applicable to this report

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Not applicable to this report.					

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NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th April 2022

Item: 008

Report Title	Joint Forward Plan – ICB 5 Year Plan							
Author	Zara Jones, Executive Director of Strategy and Planning							
Sponsor (Executive Director)	Zara Jones, Executive Director of Strategy and Planning							
Presenter	Zara Jones, Executive Director of Strategy and Planning							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☐
Appendices	Appendix 1 – Joint Forward Plan Guidance Appendix 2 – Summary slides, Joint Forward Plan process and approach							
Assurance Report Signed off by Chair	Not Applicable							
Which committee has the subject matter been through?	The Board and PHSCC have discussed the Joint Forward Plan previously.							

Recommendations
The ICB Board are recommended to **NOTE** the progress on developing our Joint Forward Plan.

Purpose
As set out in the accompanying guidance (Appendix 1), Integrated Care Boards (ICBs) and their partner NHS Trusts and Foundation Trusts (referred to collectively here as partner trusts) are required to develop their first 5-year Joint Forward Plans (JFPs) with system partners. The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts (the ICB's partner NHS Trusts and Foundation Trusts are named in its constitution) to prepare their JFP before the start of each financial year. The ICP is a key partner in this work with links to the Integrated Care Strategy and therefore it is important to engage and seek feedback from our broad range of system partners at relevant stages of the process of developing our JFP. ICBs have been provided with a flexible framework for JFPs to build on existing system and place strategies and plans, in line with the principle of subsidiarity. The guidance also states specific statutory requirements that plans must meet. The JFP is being developed in tandem with the connected NHS Operational Plan which serves as year one of the 5-year JFP.

Background

The plan will set out how we intend to meet the physical and mental needs of their population through the provision of NHS services. This will include setting out how universal NHS commitments will be met and addressing the four core purposes of ICSs:

- improve outcomes in population health and healthcare;
- tackle inequalities in outcomes, experience and access;
- enhance productivity and value for money; and
- help the NHS support broader social and economic development.

ICBs and their partner trusts have a duty to prepare a first JFP before the start of the financial year 2023/24 – i.e. by the 1st April. For this first year, however, NHS England is to specify that the date for publishing and sharing the final plan with NHS England, their integrated care partnerships (ICPs) and Health and Wellbeing Boards (HWBs), is 30th June 2023.

ICBs and their partner trusts must involve relevant HWBs in preparing or revising the JFP. This includes sharing a draft with each relevant HWB and consulting relevant HWB's on whether the JFP takes proper account of each relevant Joint Local Health and Wellbeing Strategy (JLHWS).

ICBs and their partner trusts must consult with those for whom the ICB has core responsibility (people who are registered with a GP practice associated with the ICB, or unregistered patients who usually reside in the ICB's area, as described in the ICB constitution) and anyone else they consider appropriate. This should include the ICP and NHS England (with respect to the commissioning functions that have been and will be delegated to ICBs). A draft JFP should be shared with the relevant ICP and NHS England.

ICBs and their partner trusts should agree processes for finalising and signing off the JFP. The final version must be published, and ICBs and their partner trusts should expect to be held to account for its delivery – including by their population, patients and their carers or representatives – and through the ICP, Healthwatch and the local authorities' health overview and scrutiny committees.

Report Summary

At the end of March we were aiming to be able to demonstrate the following:

1. Tangible progress in the development of the plan including the minimum requirements set out in the guidance and priorities set out in the integrated care strategy.
2. Engagement with partners, including HWBs and trust partners as joint owners of the JFP.
3. A clear plan for finalising the JFP, including further engagement with partners including the HWB.

In respect of these aims, we have developed a first draft on how we deliver our statutory duties as an ICB to best meet the needs of our population, we have attended both Health and Wellbeing Boards to set out our approach and seek input into the overall approach and have a working group established with a clear timeline developed for completing our JFP work (including relevant engagement and governance) by the June deadline. The JFP will also be discussed at the next ICP meeting in April.

With regards to our local priorities which will form the main focus area of the DDICB JFP, we are seeking to build out these local priority areas from the following:

1. Key areas identified in our 23/24 plan – access, prevention and productivity are key themes to support managing our urgent and emergency care risks & recovering our elective care waiting time position.

2. Our productivity challenge opportunities, would be based on benchmarking and evidence-based approaches.
3. The specific actions the ICB will take in response to our ICP Integrated Care Strategy priorities – responding to the ask made of us from the priority workstreams across Starting Well, Living Well and Ageing/Dying Well.
4. Health inequalities – targeted actions from year one.
5. Population health approach: Targeted improvement plan for healthcare improvement in our local population, with a Place lens and Primary Care Network lens.

Our outline approach to engagement will include:

- ICP partner engagement in framework and content;
- formal discussion and review at both HWBs between March and June;
- engagement through our ICB sub-committees, particularly Population Health, Public Partnerships, People & Culture and Finance;
- consideration of public consultation requirements and engagement activities with approach developed accordingly; and
- impact assessments undertaken for relevant content, underpinned by appropriate risk management / documented risks and mitigations.

We have not undertaken any formal consultation at this stage as we are still developing our approach. The attached slides (appendix 2) supplement this report to show some more detail of the work underway.

Identification of Key Risks

- Timescales to complete the work.
- How developed the JFP will be by the end of June vs. the further work required to enable meaningful engagement.
- Clarity of the purpose and scope of the JFP against other strategies and plans (minimising duplication and adding value).

The mitigations form part of the project management approach to the work.

Has this report considered the financial impact on the ICB or wider Integrated Care System?

Yes ☐	No☒	N/A☐
Details/Findings The work is at an early stage with financial impact to be determined. Financial leadership is included in the work.		**Has this been signed off by a finance team member?** Not applicable.

Have any conflicts of interest been identified throughout the decision making process?

None identified.

Project Dependencies

Completion of Impact Assessments

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings** Not at this stage.
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings** Not at this stage.

Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
				Not at this stage.

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☒	No☐	N/A☐	**Summary:** Early stage discussions with HWBs.

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☒	Inclusive leadership	☒

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
There are no risks that affect the ICB's obligations.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐

Details/Findings
Not at this stage.

Appendix 1

Classification: Official

Publication approval reference: PR1940

Guidance on developing the joint forward plan

Version 1.0, 23 December 2022

Contents

1. Introduction

This guidance supports integrated care boards (ICBs) and their partner NHS trusts and foundation trusts (referred to collectively in this guidance as partner trusts) to develop their first 5-year joint forward plans (JFPs) with system partners. The National Health Service Act 2006 (as amended by the Health and Care Act 2022) requires ICBs and their partner trusts[1] to prepare their JFP before the start of each financial year.

This guidance sets out a flexible framework for JFPs to build on existing system and place strategies and plans, in line with the principle of subsidiarity. It also states specific statutory requirements that plans must meet.

It should be read alongside guidance on NHS priorities and operational planning which can be found here. Specific JFP supporting resources will be available here.

1.1 Action required of integrated care boards (ICBs) and their partner trusts

ICBs and their partner trusts have a duty to prepare a first JFP before the start of the financial year 2023/23 – i.e. by 1 April. For this first year, however, NHS England is to specify that the date for publishing and sharing the final plan with NHS England, their integrated care partnerships (ICPs) and Health and Well-being Boards (HWBs), is 30 June 2023. We therefore expect that the process for consulting on a draft (or drafts) of the plan, should be commenced with a view to producing a version by 31 March, but recognise that consultation on further iterations may continue after that date, prior to the plan being finalised in time for publication and sharing by 30 June.

ICBs and their partner trusts must consult with those for whom the ICB has core responsibility[2] and anyone else they consider appropriate. This should include the ICP and NHS England (with respect to the commissioning functions that have been

[1] The ICB's partner NHS trusts and foundation trusts are named in its constitution
[2] People who are registered with a GP practice associated with the ICB, or unregistered patients who usually reside in the ICB's area (as described in the ICB constitution).

and will be delegated to ICBs). A draft JFP should be shared with the relevant ICP and NHS England; see section 4.1.

ICBs and their partner trusts must involve relevant HWBs in preparing or revising the JFP. This includes sharing a draft with each relevant HWB, and consulting relevant HWB's on whether the JFP takes proper account of each relevant joint local health and wellbeing strategy (JLHWS); see section 4.1.

ICBs and their partner trusts should agree processes for finalising and signing off the JFP. The final version must be published, and ICBs and their partner trusts should expect to be held to account for its delivery – including by their population, patients and their carers or representatives – and in particular through the ICP, Healthwatch and the local authorities' health overview and scrutiny committees. JFPs must be reviewed and, where appropriate, updated before the start of each financial year; see section 4.2.

1.2 Purpose of the joint forward plan

Systems have significant flexibility to determine their JFP's scope as well as how it is developed and structured. Legal responsibility for developing the JFP lies with the ICB and its partner trusts. However, we encourage systems to use the JFP to develop a shared delivery plan for the integrated care strategy (developed by the ICP) and the JLHWS (developed by local authorities and their partner ICBs, which may be through HWBs) that is supported by the whole system, including local authorities and voluntary, community and social enterprise partners.

As a minimum, the JFP should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet their population's physical and mental health needs. This should include the delivery of universal NHS commitments[3], address ICSs' four core purposes and meet legal requirements[4].

1.3 Relationship with NHS planning

ICBs and their partner trusts will continue to separately submit specific operational and financial information as part of the nationally co-ordinated NHS planning

[3] For the purposes of this guidance, universal NHS commitments are those described in the annual NHS priorities and operational planning guidance and NHS Long Term Plan.
[4] This includes the National Health Service Act 2006 and the requirements of the Public Sector Equality Duty, section 149 of the Equality Act 2010.

process. We will work with systems to avoid duplication and ensure alignment between NHS planning submissions and the public-facing JFP.

2. Principles

Three principles describing the JFP's nature and function have been co-developed with ICBs, trusts and national organisations representing local authorities and other system partners.

Box 1: JFP principles

Principle 1: Fully aligned with the wider system partnership's ambitions.

Principle 2: Supporting subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments.

Principle 3: Delivery focused, including specific objectives, trajectories and milestones as appropriate.

3. Legislative requirements

Statute describes the purpose of the JFP, the NHS mandate, the integrated care strategy, JLHWSs, joint strategic needs assessments (JSNAs) and system capital plans. For the relationship between the various requirements, see Appendix 1.

Appendix 2, Table 1 describes each statutory requirement the JFP must meet.

4. Developing the joint forward plan

4.1 Consultation

Close engagement with partners will be essential to the development of JFPs[5]. This includes working with:

- the ICP (ensuring this also provides the perspective of social care providers)[6]
- primary care providers[7]
- local authorities and each relevant HWB
- other ICBs in respect of providers whose operating boundary spans multiple ICSs
- NHS collaboratives, networks and alliances
- the voluntary, community and social enterprise sector
- people and communities that will be affected by specific parts of the proposed plan, or who are likely to have a significant interest in any of its objectives, in accordance with the requirement to consult described below.

Where an ICB and its partner trusts are developing their JFP or revising an existing plan in a way they consider to be significant (see section 4.2 for revision of plans), there is a statutory duty to consult:

- people for whom the ICB has core responsibility: i.e. those registered with a GP practice associated with the ICB or unregistered patients who usually reside in the ICB's area (as described in the ICB constitution)

[5] This relates to the general duty of ICBs to involve the public (s14Z45 of the NHS Act 2006), the duty of NHS trusts to involve the public (s242 of the NHS Act 2006) and the ICB duty to consult with the public and other relevant persons when developing the JFP (s14Z54 of the NHS Act 2006).
[6] See guidance on adult social care principles for ICPs; this advises on how ICPs and adult social care providers should work together.
[7] This includes the full breadth of primary care services, including general practice, community pharmacy, optometry and dental services.

- anyone else they consider it appropriate to consult: e.g. specific organisations with an interest in the plan or whose views it would be useful to obtain, and out-of-area patients who receive treatment funded by the ICB.

The approach should be determined by the ICB and its partner trusts but could involve working with people to understand how services can better meet local needs, developing priorities for change and gathering feedback on draft JFPs.

As JFPs will build on and reflect existing JSNAs, JLHWSs and NHS delivery plans, we do not anticipate their development will require full formal public consultation, unless a significant reconfiguration or major service change is proposed.[8]

Previous local patient and public engagement exercises and subsequent action should inform the JFP. The ICB and its partners will need to consider how this is managed to maximise the benefits from engagement and fulfil these statutory duties efficiently.

The JFP must be reviewed and either updated or confirmed annually before the start of each financial year. For consistency and to avoid duplication of effort, we recommend ICBs and their partner trusts develop a standard approach to consulting on the JFP, while recognising this may need to change over time.

In developing the JFP, ICBs and their partner trusts should consider other relevant duties: e.g. seeking the views of underserved groups (such as inclusion health and vulnerable populations) as part of the duty to reduce inequalities. They must also show they have discharged their legal duty under the Public Sector Equality Duty (s.149, Equality Act 2010).

ICBs and their partner trusts must include in their JFP a summary of the views expressed by anyone they have a duty to consult and explain how they have taken them into account.

Further guidance on public engagement and consultation for ICBs is on our website.

[8] See also Cabinet Office guidance on consultation principles and Local authority health scrutiny guidance (which provides guidance on service reconfigurations and scrutiny by health overview and scrutiny committees).

NHS England's role

We will support ICBs and their partner trusts to develop JFPs – please engage early with us. This will be of particular importance, for example, in relation to the services that we will delegate in future to ICBs.

We will review and comment on the draft JFP, and we recommend this is done in parallel with the review by HWBs (see below). This will not be a formal assurance process but an opportunity to support ICBs and their partner trusts to develop their plans.

Separately we will continue to conduct formal assurance of the information submitted in operational planning returns.

Role of health and wellbeing boards

In preparing or revising their JFPs, ICBs and their partner trusts are subject to a general legal duty to involve each HWB whose area coincides with that of the ICB, wholly or in part. The plan itself must describe how the ICB proposes to implement relevant JLHWSs.[9]

ICBs and their partner trusts must send a draft of the JFP to each relevant HWB when initially developing it or undertaking significant revisions or updates. They must consult those HWBs on whether the draft takes proper account of each JLHWS published by the HWB that relates to any part of the period to which the JFP relates. A HWB must respond with its opinion and may also send that opinion to us, telling the ICB and its partner trusts it has done so (unless it informed them in advance that it was planning to do so)[10].

If an ICB and its partner trusts subsequently revises a draft JFP, the updated version should be sent to each relevant HWB, and the consultation process described above repeated.

The JFP must include a statement of the final opinion of each HWB consulted.

[9] A joint local health and wellbeing strategy (JLHWS) is defined as a strategy under section 116A of the Local Government and Public Involvement in Health Act 2007, as amended by the Health and Care Act 2022.

[10] We may discuss this opinion with the ICB and its partner NHS trusts and foundation trusts.

4.2 Revision of joint forward plans

Annual updates

ICBs and their partner trusts should review their JFP before the start of each financial year, by updating or confirming that it is being maintained for the next financial year. They may also revise the JFP in-year if they consider this necessary.

We recognise that 2022/23 is a transition year for ICSs and that it will require time and extensive engagement to fully develop integrated care strategies. The annual refresh of JFPs allows plans to be iterated and provides the opportunity for further engagement and collaboration, as well as the opportunity to continue to reflect the most appropriate delivery mechanisms and partners' actions.

Where an ICB and its partner trusts update the JFP, in a way they consider to be significant, the same requirements regarding engagement and consultation apply.

Available support

Supporting resources providing further content recommendations will be available soon.

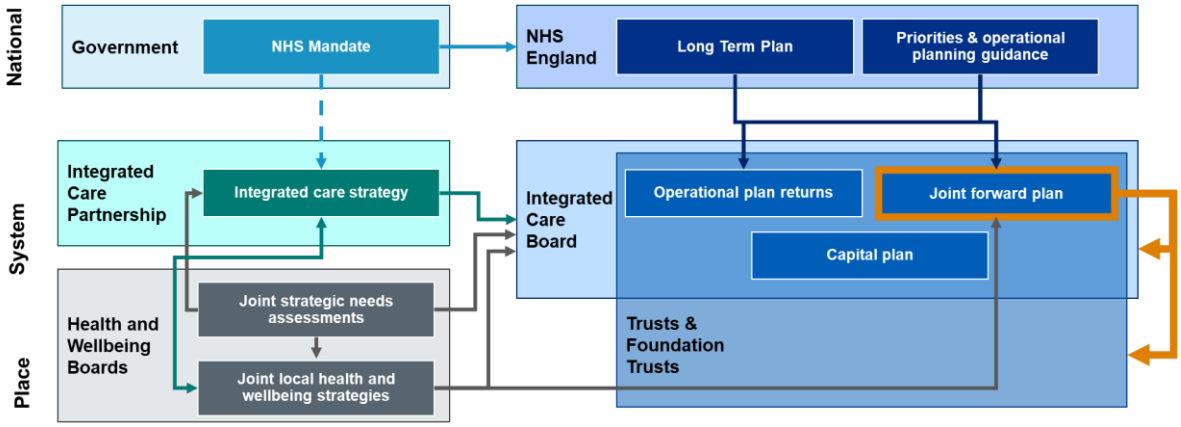
NHS England regional teams can offer support and advice and should be engaged early.

Please direct any technical queries to england.nhs-planning@nhs.net.

Appendix 1: Legislative framework – further detail

Figure 1 shows the statutory framework relating to the JFP. Please note, it does not show interaction with wider system partners.

Figure 1: Relationship of the JFP with other strategies and plans[11]



NHS mandate

The government's mandate to NHS England sets out our objectives, revenue and capital resource limits. This informs both our guidance on priorities and planning requirements and the integrated care strategy.

The JFP will address objectives in the government mandate regarding the ambitions in the NHS Long Term Plan and NHS planning guidance. It will also deliver on the integrated care strategy, which must have regard to the mandate.

Integrated care strategy

The Department of Health and Social Care has issued guidance on the development of integrated care strategies.

[11] In some systems, HWBs' geography is coterminous (or nearly coterminous) with the system footprint and therefore the relationships may be different.

The Local Government and Public Involvement in Health Act 2007, as amended by the Health and Care Act 2022, requires the ICP to produce an integrated care strategy. This should describe how the local population's assessed needs will be met through the exercise of functions by the ICB, local authorities and NHS England. It must address integration of health and social care and should address integration with health-related services.

In addition, the ICP must have regard to the NHS mandate in developing the integrated care strategy. As such, it should reflect both NHS priorities described in the mandate and the local population's assessed needs.

The ICB has a statutory duty to have regard to the relevant integrated care strategy in exercising its functions. The JFP is expected to set out steps for delivering the integrated care strategy.

Capital plan

Before the start of each financial year, ICBs and their partner trusts must set out their planned capital resource use. We will publish separate guidance on preparing capital plans.

The content of the JFP should be consistent with this capital plan.

Joint strategic needs assessments (JSNA)

JSNAs, developed by each responsible local authority and its partner ICBs, assess needs that can be met or be affected by the responsible local authority, its partner ICBs or NHS England. These include the local community's current and future health, care and wellbeing needs, as well as the wider determinants of health which affect those needs, to inform local decision-making and collaboration on development of JLHWSs and the integrated care strategy.

The ICB has a statutory duty to have regard to JSNAs when exercising any relevant functions. The JFP is expected to describe delivery plans to meet the population health needs of people in the ICB's area.

Joint local health and wellbeing strategies

Each responsible local authority and its partner ICBs will have produced a JLHWS. This is a strategy to meet the needs identified in JSNAs and is unique to each local area. The ICP is expected to build on the JLHWS, which may be facilitated by shared membership across HWBs and the ICP.

Each responsible local authority and its partner ICBs are required to consider whether JLHWSs need to be updated in response to any new or updated integrated care strategy.

The ICB has a statutory duty to have regard to JLHWSs in exercising any relevant functions. The steps that the ICB proposes to take to implement any JLHWS must be described in the JFP.

Appendix 2: Legislative requirements – further detail

Table 1: Summary of legislative requirements

Legislative requirement	Description	Implications for the JFP
Describing the health services for which the ICB proposes to make arrangements	The plan must describe the health services for which the ICB proposes to make arrangements in the exercise of its functions.	The plan should set out how the ICB will meet its population's health needs. As a minimum, it should describe how the ICB and its partner trusts intend to arrange and/or provide NHS services to meet the physical and mental health needs of their population.
Duty to promote integration	Each ICB must exercise its functions with a view to ensuring that health services are delivered in an integrated way and that their provision is integrated with that of health-related or social care services, where this would: • improve quality of those services • reduce inequalities in access and outcomes.	Plans should describe how ICBs will integrate health services, social care and health-related services to improve quality and reduce inequalities. This could include organisational integration (e.g. provider collaboratives), functional integration (e.g. non-clinical functions), service or clinical integration (e.g. through shared pathways, multidisciplinary teams, clinical assessment processes).

Legislative requirement	Description	Implications for the JFP
		This must include delivery on the integration ambitions described in the relevant integrated care strategy and joint local health and wellbeing strategies (JLHWSs).
Duty to have regard to wider effect of decisions	In making decisions about the provision of healthcare, an ICB must consider the wider effects of its decisions, also known as the 'triple aim' of (a) health and wellbeing of the people of England (including by reducing inequalities with respect to health and wellbeing), (b) quality of healthcare services for the purposes of the NHS (including by reducing inequalities with respect to the benefits obtained by individuals from those services) and (c) sustainable and efficient use of resources by NHS bodies.	The plan should articulate how the triple aim was considered in its development. It should also describe approaches to ensure the triple aim is embedded in decision-making and evaluation processes.
Financial duties	The plan must explain how the ICB intends to discharge its financial duties	The plan must describe how the financial duties under sections 223GB to 223N of the NHS Act 2006 will be addressed. This includes ensuring that the expenditure of each ICB and its partner trusts in a financial year (taken together) does not exceed the aggregate of any sums received by them in the year,

Legislative requirement	Description	Implications for the JFP
		and complying with NHS England financial objectives, directions and expenditure limits. It should also set out how the efficiency and productivity of NHS services will be improved in line with the core purpose to 'enhance productivity and value for money'. This should include the key actions the ICB will take to ensure that the collective resources of the health system are used effectively and efficiently. This could include specific plans to support the effectiveness of financial governance and controls; address unwarranted variation; strengthen understanding of the cost of whole care pathways; maximise consolidation and collaboration opportunities across corporate services; unlock efficiency through capital investment; and improve use of NHS estate.
Implementing any JLHWS	The plan must set out the steps that the ICB proposes to take to implement any JLHWSs to which it is required to have regard under section 116B(1) of the Local Government and Public Involvement in Health Act 2007.	The plan must set out steps the ICB will take to deliver on ambitions described in any relevant JLHWSs, including identified local target outcomes, approaches and priorities.

Legislative requirement	Description	Implications for the JFP
Duty to improve quality of services	Each ICB must exercise its functions with a view to securing continuous improvement in: • the quality of services provided to individuals for or in connection with the prevention, diagnosis or treatment of illness • outcomes including safety and patient experience.	The plan should contain a set of quality objectives that reflect system intelligence. It should include clearly aligned metrics (on processes and outcomes) to evidence ongoing sustainable and equitable improvement. Quality priorities should go beyond performance metrics and look at outcomes and preventing ill-health, and use the Core20PLUS5 approach to ensure inequalities are considered. Plans should align with the National Quality Board principles.
Duty to reduce inequalities	Each ICB must have regard to the need to (a) reduce inequalities between persons with respect to their ability to access health services and (b) reduce inequalities between patients with respect to the outcomes achieved for them by the provision of health services. There is also a duty to have regard to the wider effects of decisions on inequalities. The duty to promote integration requires consideration of securing integrated provision across health, health-related and social	The plan should set out how the ICB intends to deliver on the national vision to ensure delivery of high-quality healthcare for all, through equitable access, excellent experience and optimal outcomes. ICBs must also be mindful of, and comply with, the requirements of the Public Sector Equality Duty, section 149 of the Equality Act 2010.

Legislative requirement	Description	Implications for the JFP
	services where this would reduce inequalities in access to services or outcomes achieved.	
Duty to promote involvement of each patient	Each ICB must promote the involvement of patients, and their carers and representatives (if any), in decisions that relate to (a) the prevention or diagnosis of illness in the patients or (b) their care or treatment.	The plan should describe actions to implement the Comprehensive model of personalised care, which promotes the involvement of each patient in decisions about prevention, diagnosis and their care or treatment.
Duty to involve the public	ICBs and partner trusts have a duty to involve people and communities in decisions about the planning, development and operation of services commissioned and provided.	The plans should describe how: • the public and communities were engaged in the development of the plan • the ICB and partner trusts will work together to build effective partnerships with people and communities, particularly those who face the greatest health inequalities, working with wider ICS stakeholders to achieve this • activity at neighbourhood and place level informs decisions by the system and how public involvement legal duties are met and assured.

Legislative requirement	Description	Implications for the JFP
Duty to patient choice	Each ICB must act with a view to enabling patients to make choices with respect to aspects of health services provided to them.	The plan should describe how ICBs will ensure that patient choice is considered when developing and implementing commissioning plans and contracting arrangements, and delivering services. The plan should also describe how legal rights are upheld and how choices available to patients are publicised and promoted.
Duty to obtain appropriate advice	Each ICB must obtain appropriate advice to enable it to effectively discharge its functions from persons who (taken together) have a broad range of professional expertise in (a) the prevention, diagnosis or treatment of illness and (b) the protection or improvement of public health.	The plan should outline the ICB's strategy for seeking any expert advice it requires, including from local authority partners and through formal governance arrangements and broader engagement.
Duty to promote innovation	Each ICB must promote innovation in the provision of health services (including in the arrangements made for their provision).	The plan should set out how the ICB will promote local innovation, build capability for the adoption and spread of proven innovation and work with academic health science networks and other local partners to support the identification and adoption of new products and pathways that align with population health needs and address health inequalities.

Legislative requirement	Description	Implications for the JFP
Duty in respect of research	Each ICB must facilitate or otherwise promote (a) research on matters relevant to the health service and (b) the use in the health service of evidence obtained from research.	The plan should set out how the ICB will facilitate and promote research, and systematically use evidence from research when exercising its functions. This could include considering research when commissioning, encouraging existing providers to support and be involved in research delivery, recognising the research workforce in workforce planning, and supporting collaboration across local National Institute for Health and Care Research (NIHR) networks. Plans should address the research needs of the ICB's diverse communities.
Duty to promote education and training	Each ICB must have regard to the need to promote education and training[12] so as to assist the Secretary of State and Health Education England (HEE)[13] in the discharge of the duty under that section.	The plan should describe how the ICB will apply education and training as an essential lever of an integrated workforce plan that supports the delivery of services in the short, medium and long term. The plan should articulate the role of education and training in securing healthcare staff supply and

[12] This duty relates specifically to persons mentioned in section 1F(1) National Health Service Act 2006. They are "persons who are employed, or who are considering becoming employed, in an activity which involves or is connected with the provision of services as part of the health service in England".

[13] Subject to the parliamentary passage of the required Regulations, it is intended that HEE will merge with NHS England in April 2023.

Legislative requirement	Description	Implications for the JFP
		responding to changing service models, as well as the role of trainees in service delivery.
Duty as to climate change, etc	Each ICB must have regard to the need to (a) contribute towards compliance with (i) section 1 of the Climate Change Act 2008 (UK net zero emissions target) and (ii) section 5 of the Environment Act 2021 (environmental targets), and (b) adapt to any current or predicted impacts of climate change identified in the most recent report under section 56 of the Climate Change Act 2008.	The plan should describe how the ICB and its partner trusts will deliver against the targets and actions in Delivering a 'Net Zero' NHS , including through aligning the JFP with existing green plans.
Addressing the particular needs of children and young persons	The plan must set out any steps that the ICB proposes to take to address the particular needs of children and young persons under the age of 25.	This could include using data and gathering insights to ensure the plan identifies and sets steps for delivery of the longer-term priorities and ambitions for the ICB's population of children, young people and families.
Addressing the particular needs of victims of abuse	The plan must set out any steps that the ICB proposes to take to address the particular needs of victims of abuse (including domestic and sexual abuse, whether children or adults). It must have due regard to the	This should include related health inequalities and access to, and outcomes from, services. The plan should also cover the needs of staff who are victims of abuse.

Legislative requirement	Description	Implications for the JFP
	provisions of the Domestic Abuse Act 2021 and accompanying statutory guidance, and relevant safeguarding provisions.	This should include the use of data and lived experience to ensure the plan identifies and sets out steps for the delivery of longer-term priorities and ambitions for supporting victims, tackling perpetrators and the prevention of abuse, including through the commissioning of services.

Other content

Table 2: Other recommended content

Content	Brief description
Workforce	Evidence-based, integrated, inclusive workforce plans that ensure the right workforce with the right skills is in the right place to deliver operational priorities aligned to finance and activity plans.
Performance	Specific performance ambitions with trajectories and milestones that align with NHS operational plan submissions and pay due regard to the ambitions of the NHS Long Term Plan, as appropriate.
Digital/data	Steps to increase digital maturity and ensure a core level of infrastructure, digitisation and skills. These actions should contribute to meeting the ambition of a digitised, interoperable and connected health and care system as a key enabler to deliver more effective, integrated care. This could include reducing digital inequity and inequalities and supporting net zero objectives.
Estates	Steps to create stronger, greener, smarter, better, fairer health and care infrastructure together with efficient use of resources and capital to deliver them. This should align with and be incorporated within forthcoming ICS infrastructure strategies.
Procurement/supply chain	Plans to deliver procurement to maximise efficiency and ensure aggregation of spend, demonstrating delivery of best value. This could include governance and development of supporting technology and data infrastructure to align or ensure interoperability with procurement systems throughout the ICS.

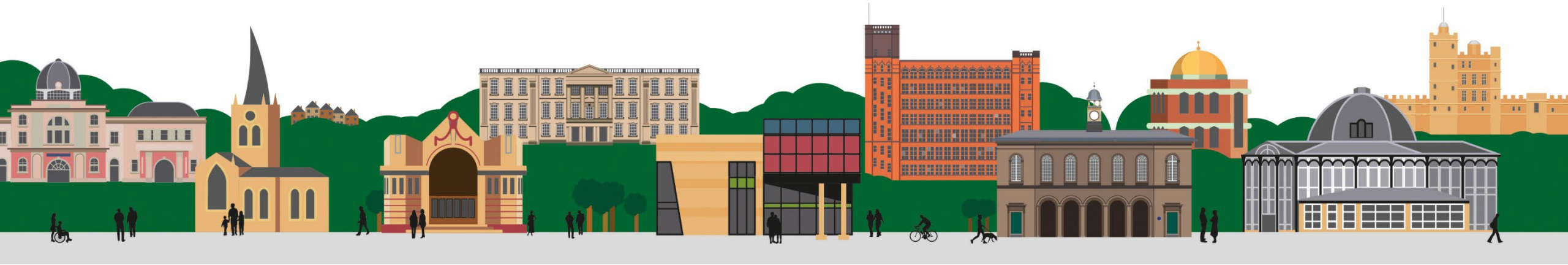
Content	Brief description
Population health management	The approach to supporting implementation of more preventative and personalised care models driven through data and analytical techniques such as population segmentation and financial demand modelling. This could include: developing approaches to better understand and anticipate population needs and outcomes (including health inequalities); using population health management approaches to understand future demand and financial risk; support redesign of integrated service models based on the needs of different groups; and putting in place the underpinning infrastructure and capability to support these approaches.
System development	How the system organises itself and develops to support delivery. This could include: governance; role of place; role of provider collaboratives; clinical and care professional leadership; and leadership and system organisational development.
Supporting wider social and economic development	How the ICB and NHS providers will support the development and delivery of local strategies to influence the social, environmental and economic factors that impact on health and wellbeing. This could include their role as strategic partners to local authorities and others within their system, as well as their direct contribution as planners, commissioners and providers of health services and as ‘anchor institutions’ within their communities.

Appendix 2

Joined Up Care Derbyshire

Joint Forward Plan
Approach and Process Summary

April 2023



NHS

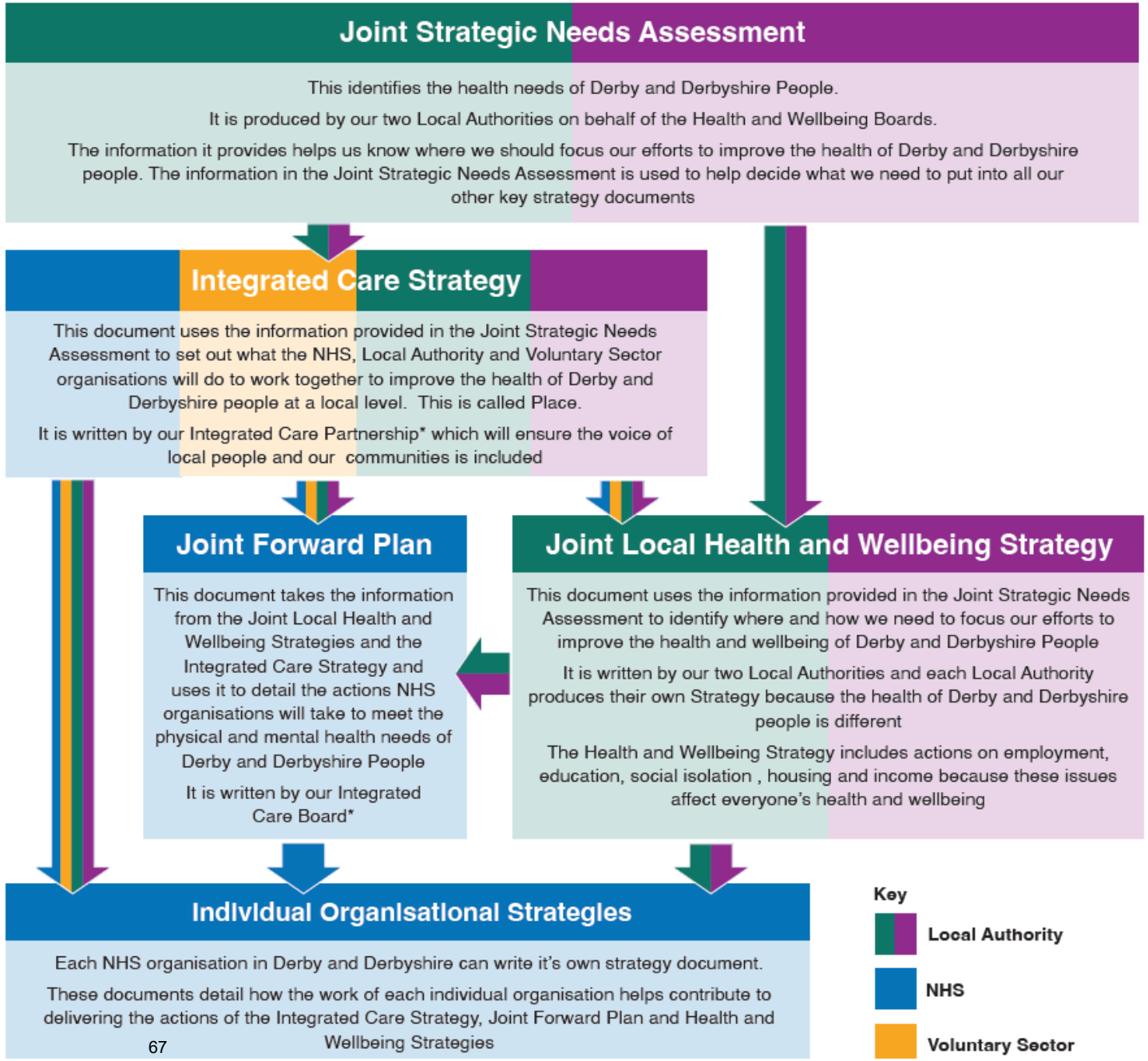
The Derbyshire VCSE sector Alliance

Derby City Council

DERBYSHIRE County Council

Shaping our Health

How our strategies link together



What is the Joint Forward Plan?

- A 5 year plan setting out how we intend to meet the physical and mental needs of their population through the provision of NHS services. This should include setting out how universal NHS commitments will be met and should address the four core purposes of ICSs.
- ICB and Partner Trusts
- Minimum requirements + local priorities and design
- 31st March and 30th June – most ICBs across the Midlands are aiming for 50-75% of the JFP to be drafted by the end of March
- Building on existing plans and strategies
- Consultation with both HWBs and working with ICP partners
- Consultation with the public in a “proportionate” way
- NHSE role – commenting on the draft, no formal assurance process.

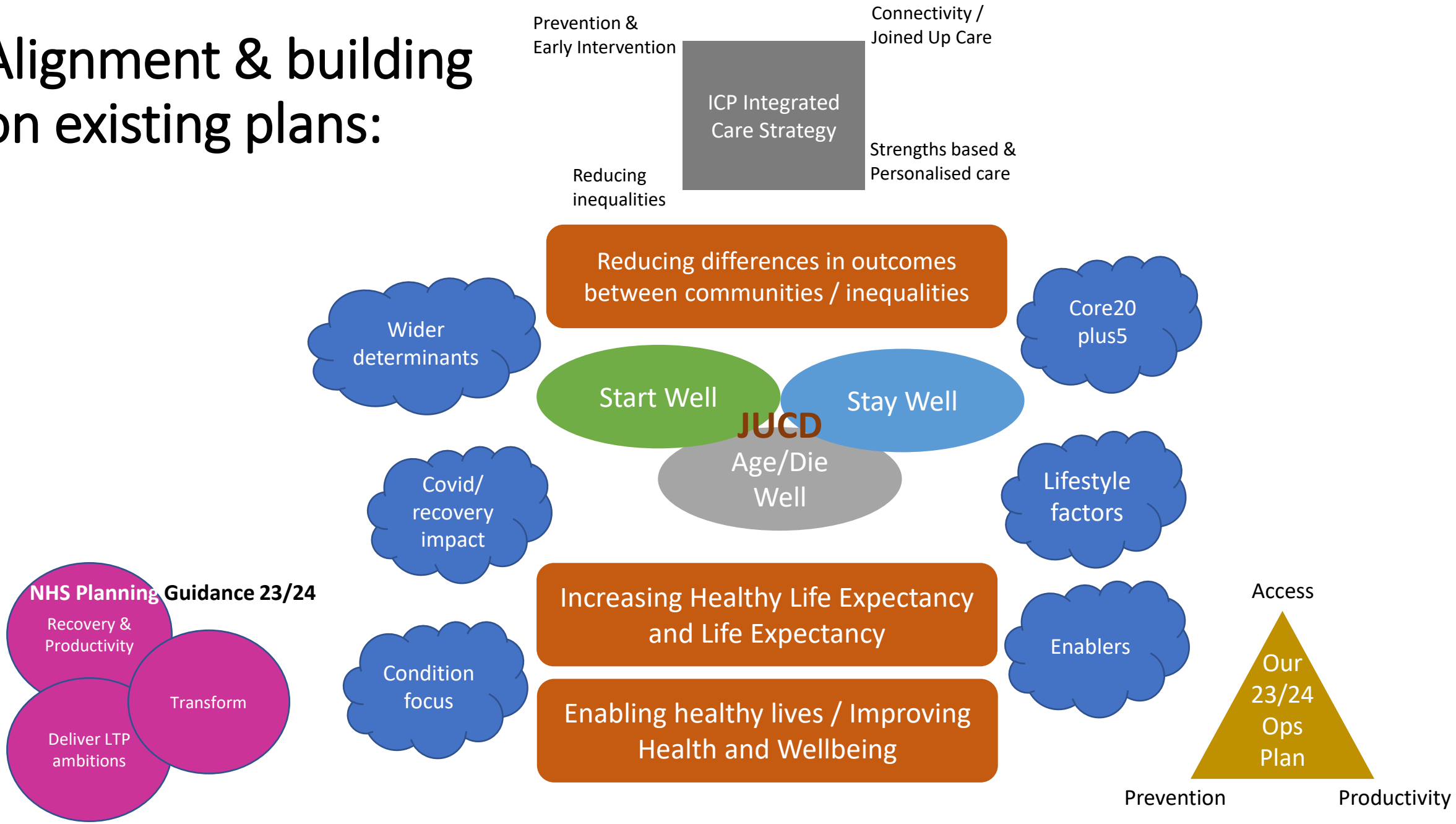
Principles of the Joint Forward Plan

1. Be fully aligned with the wider system partnership's ambitions

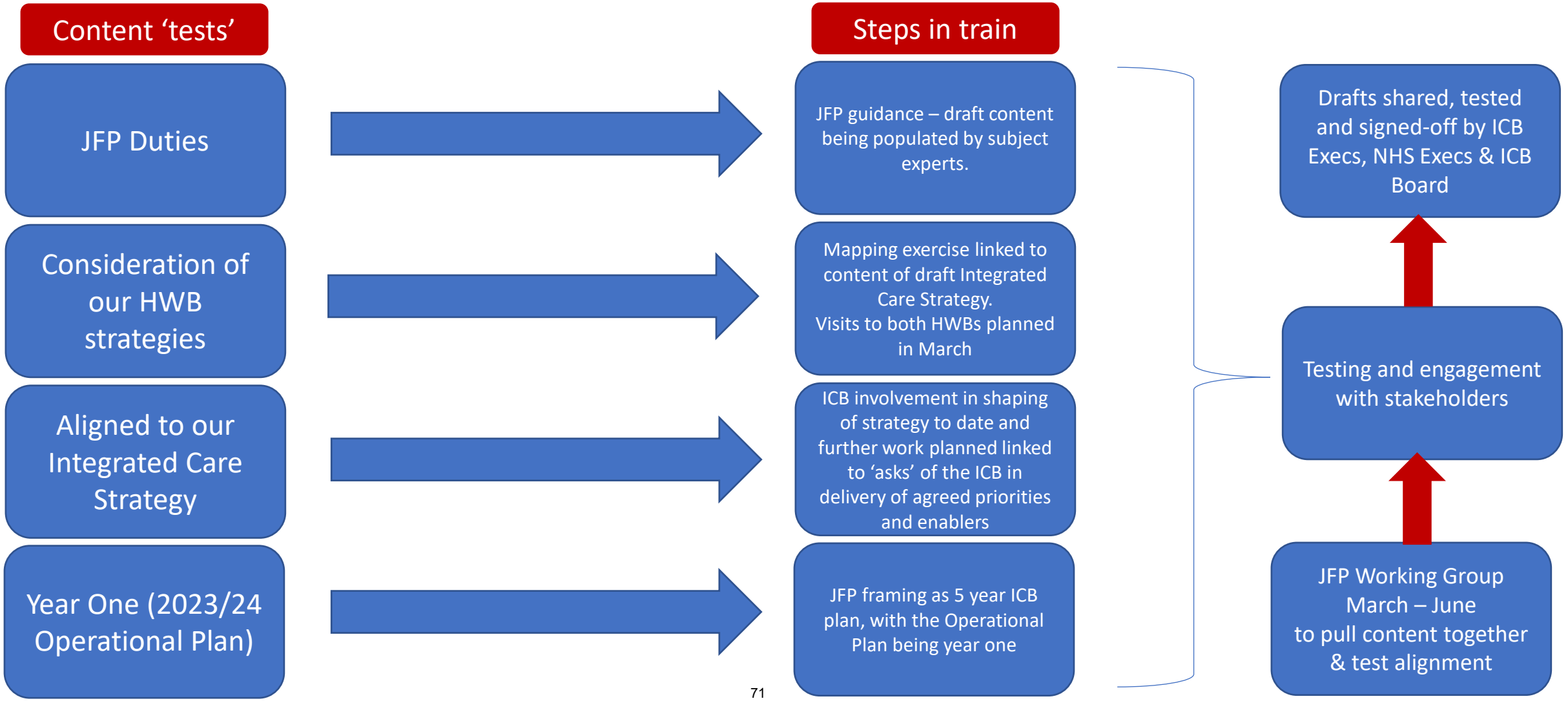
2. Support subsidiarity by building on existing local strategies and plans as well as reflecting the universal NHS commitments

3. Be delivery-focused, including specific objectives, trajectories and milestones as appropriate

Alignment & building on existing plans:



Plan to develop our JFP



Engagement approach

Co-produce the plan through:

- ICP partner engagement in framework and content
- Formal discussion and review at both HWBs. March is scheduled. Further sessions as agreed pre-June
- Engagement through our ICB sub-committees, particularly Population Health, Public Partnerships, People & Culture and Finance
- Consideration of public consultation requirements and engagement activities, with approach developed accordingly
- Impact assessments undertaken for relevant content, underpinned by appropriate risk management / documented risks and mitigations
- Development of a “what the JFP means for me” guide alongside the publication to ensure well considered alignment and meaning to a range of stakeholders and organisations.

Recommended approach

Local priorities based upon:

1. Building out from key areas identified in our 23/24 planning – access, prevention and productivity to support managing our UEC risks & recover our elective position
2. Productivity challenge opportunities, which are identified based on benchmarking and evidence based approaches
3. The NHS response to our ICP Integrated Care Strategy priorities – responding to the ask made of us from the priority workstreams
4. Tangible actions which gets our progress to address health inequalities ‘off the ground’ in year one
5. Population health approach: Targeted improvement plan for high consumers of healthcare in our local population, cut by PCN / Place as appropriate (link to point 4).

JFP structure/contents (draft)

- Section 1: where are we now
- Section 2: where do we want to be in five years' time
- Section 3: how do we get there
- Section 4: how do we organise ourselves
- Section 5: affordability and resources
- Section 6: workforce
- Section 7: enablers / support needed
- Section 8: how do we measure success / measures
- Section 9: risks and mitigations
- Section 10: timeline – what we do first etc.

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th April 2023

Item: 009

Report Title	2023/24 Financial Plan Update							
Author	Craig West – Acting Associate Chief Finance Officer							
Sponsor (Executive Director)	Keith Griffiths – Executive Director of Finance							
Presenter	Keith Griffiths – Executive Director of Finance							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices	Appendix 1 – 2023/24 Financial Planning Assurance Report							
Assurance Report Signed off by Chair	Not Applicable							
Which committee has the subject matter been through?	Not Applicable							

Recommendations
The ICB Board are recommended to **NOTE** the update to the 2023/24 Financial Plan.
Purpose
The report is to provide an update in relation to the 2023/24 Financial Plan following the submission on the 30th March 2023.
Background
The Derby and Derbyshire system had a 2023/24 planned deficit of £149.5m at the initial planning submission date of the 23rd February 2023. System partners have worked on reducing this figure reviewing assumptions on productivity, workforce, investments and efficiencies.
Report Summary
As at the 30th March 2023 submission, the system financial gap has moved from £149.5m to £61.3m, however, there is an acknowledgement that more work is required to improve this position further. There are a number of key risks within the plan which will need to be managed throughout the year. There is another plan submission (final) on the 4th May 2023 where the expectation is that the system moves to a £22m deficit to reflect the excess inflation only.
Identification of Key Risks
Not applicable to this report

Has this report considered the financial impact on the ICB or wider Integrated Care System?		
Yes ☐	No☐	N/A☒
Details/Findings		**Has this been signed off by a finance team member?** Not applicable
Have any conflicts of interest been identified throughout the decision making process?		
None identified.		
Project Dependencies		
Completion of Impact Assessments		

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Summary:**	

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☐
A representative and supported workforce	☐	Inclusive leadership	☐
Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?			
Not applicable to this report			
When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?			

Carbon reduction	☐	Air Pollution	☐	Waste	☐

Details/Findings
Not applicable to this report

Appendix 1

Derby & Derbyshire System 2023/24

- As at the 30th March submission, the system financial gap has moved from a £149.5m to £61.3m deficit
  - £22m is driven by excess inflation in Prescribing, CHC & RPI on other contracts
- There is more work to be done across the system to improve this position further
- System colleagues met with the national team on the 5th April where it was made clear that a 2023/24 deficit plan could only be based on the impact of excess inflation. Failure to achieve this would put the whole system into more intensive regulatory framework from the national team
- a balanced capital plan has been submitted but planned investments had to be removed to achieve this, therefore there is significant risk inherent within it.
- Productivity - From an acute perspective we are planning to spend 1.2% less (after adjusting for inflation) in 2023/24 relative to 2022/23 and deliver 6.5% more activity output. There is still work to do to recover to 2019/20 levels of activity
- Workforce – the plan has 2.5% more WTEs in March 2024 relative to staff in post as at March 2023

Key Risks in the Plan

- Delivery of 4.1% CIP - £138.3m (4.5% for EMAS)
- Assumed additional non recurrent income will be received but not utilised - £15m
- EMAS risk share from neighbouring ICBs - £3m
- Elective restoration at 107% for UHDB - £3m
- £22m of excess inflation costs built in against predictive costs of £44m
- Ongoing uncertainty surrounding industrial action and cost of pay award
- No additional staffing to deal with operational pressures

Derby & Derbyshire ICB 2023/24

- The current 2023/24 plan for the ICB is a deficit of £19.1m
  - £18m is driven by excess inflation in Prescribing, CHC & RPI on S117 packages
  - £6.1m pressure is driven by ICB share of 2023/24 convergence
  - Committing to 4.1% efficiency delivery in 2023/24 – c5.5% in real terms as this can not be delivered against primary care co-commissioning
- Primary Care received 5.7% growth which is ring fenced but needs to support system access and productivity improvements
- Working towards meeting our 30% reduction in running costs
- Committed to delivering the Mental Health Investment Standard in full
- Will meet the requirements of the Better Care Fund
- The 2023/24 efficiency has been taken out of budgets at the outset

Next Steps

- System partners are working to review all options to reduce expenditure to move from the current £61.3m to the £22m deficit. This includes reviews of:
  - planned additional expenditure above 2022/23 levels
  - over £80m of Independent Sector expenditure
  - how the MHIS and BCF requirements are delivered
  - Productivity improvements
  - workforce assumptions
- This will need to be finalised early in the week commencing 17th April to allow time for this to be agreed at through each organisations governance process
- There is another plan submission on the 4th May where an improvement reporting a £22m deficit is expected

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th April 2023

Item: 010

Report Title	Integrated Assurance and Performance Report
Author	Brigid Stacey, Deputy Chief Executive and Chief Nurse Officer Craig Cook, Chief Data Analyst Sukhi Mahil, Assistant Director Workforce Strategy, Planning and Transformation. Amanda Rawlings, Chief People Officer Darran Green, Associate Chief Finance Officer
Sponsor (Executive Director)	Dr Chris Clayton, Chief Executive Officer
Presenter	Introduction – Dr Chris Clayton, Chief Executive Officer Quality – Brigid Stacey, Deputy Chief Executive and Chief Nurse Officer Performance – Zara Jones, Executive Director of Strategy and Planning Workforce – Amanda Rawlings, Chief People Officer Finance – Keith Griffith, Executive Director of Finance

Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☐

Appendices	Appendix 1 – Integrated Assurance and Performance Report
Assurance Report Signed off by Chair	Not Applicable
Which committee has the subject matter been through?	Various ICB Committees

Recommendations
The ICB Board are recommended to **RECEIVE** the Integrated Assurance and Performance Report for assurance purposes.
Purpose
The purpose of this report is to present progress against compliance and commitment targets as required for 2022/23. The report includes progress against quality, performance, workforce and finance, the triangulation between these areas and a summary of what the report means for the ICB Board.
Background
The Integrated Assurance and Performance Report provides the ICB Board with progress against compliance and commitment targets during 2022/23.
Report Summary
The report includes assurance against the following: • Quality; • Performance; • Workforce; and • Finance.

Identification of Key Risks		
Risks are identified within the report.		
Has this report considered the financial impact on the ICB or wider Integrated Care System?		
Yes ☒	No☐	N/A☐
Details/Findings As detailed within the finance section of the report.		**Has this been signed off by a finance team member?** Yes – Keith Griffiths, Executive Director of Finance
Have any conflicts of interest been identified throughout the decision making process?		
None identified.		
Project Dependencies		

Completion of Impact Assessments				
Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☒	Inclusive leadership	☒

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
There are no risks that would affect the ICB's obligations.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Details/Findings The ICB is committed to the achievement of Net Zero Targets and the delivery of the Derbyshire ICS Green Plan.					

NHS
Derby and Derbyshire
Integrated Care Board

Integrated Assurance & Performance Report

April 2023

Dr Chris Clayton – ICB Chief Executive Officer
Brigid Stacey – Deputy Chief Executive Officer and Chief Nurse Officer
Zara Jones – Executive Director of Strategy & Planning
Amanda Rawlings – Chief People Officer
Keith Griffiths - Executive Director of Finance

Quality

Brigid Stacey – Deputy Chief Executive Officer and Chief Nurse Officer
Margaret Gildea – Non Executive Member

Quality Summary – Key Messages

Derby and Derbyshire Integrated Care Board

Position against plans:

- Midlands Region are the top performing for LeDeR reviews compared to rest of England, with Derbyshire one of the top performing in the region. Current projects include addressing Health Inequalities such as DNACPR working group to improve patient outcomes and assure correct, ethical, and quality procedures are in place for LD/A patients.
- Nursing & Midwifery Excellence Programme, JUCD are leading the pilot across the Midlands.

Key Risks:

- ASI Waiting List Incident with impact on 104 weeks waits, at the end of March 2023 UHDB reported that the waiting list had reduced to three patients.
- Serious Violence Duty (2023) - Cresta Advisory Service currently undertaking a joint readiness assessment of our local area. Following interviews in February a report will be made available regarding our local readiness position as a partnership/ Serious Violence Board.
- Increased number of Children and Young People (CYP) with long term mental health/complex behaviours admitted to acute wards.
- CYP referred for assessment or treatment for an eating disorder, should receive NICE-approved treatment with a designated healthcare professional within one week for urgent cases, and four weeks for every other case (target 95%).
- Elmwood Medical Centre received an unannounced CQC inspection visit on the 23rd January, the practice has been rated as inadequate overall. CQC have served two warning notices linked to Safe Care & Treatment and Good Governance.

Mitigations:

- NHSE sighted on issue. ASI Harm review process in place. ICB System Quality and Performance Committee assured on actions and oversight.
- System Quality and Performance Committee are conducting a series of deep dives to understanding challenges and required solutions.
- CYP Delivery Board Overview with regular reporting. Investment in CYP MH services have seen recruitment within PVI providers inclusive of the EMHP and CWP roles. CYP NHS providers recruitment to Nursing and Medical workforce reflects national challenge. Local initiative established by CRH to recruit to train for CAMHS Band 6 Practitioners.
- Development and implementation of a recruitment strategy for CYP Eating Disorder services and delivery of the Derbyshire Avoidant Restrictive Food Intake Disorder pathway. Recovery Action Plan in place and oversight provided at MH, LD&A Board.
- A focused CQC inspection will take place on or near the 31st March, with a second comprehensive inspection around 6 months to follow up on special measures.

Quality – Infection, Prevention & Control

Derby and Derbyshire Integrated Care Board

C-Diff

- The YTD total for DDICB IS 332 cases against a trajectory of 252.
- Work continues at both Acute trusts to implement the action plans developed to address the rise in C-Diff numbers and within the Regional NHSE/I collaboratives.
- Visits by NHSE/I and the ICB to CRH, RDH and QHB sites and focus groups with staff were undertaken at the end of November and beginning of December 2022 and a report will be submitted to both trusts from NHSE/I imminently.
- Assurance around the implementation of the action plans will be gained through attendance at trust internal infection control committees and reported through CQRG.
- The community position will be discussed at the next AMR/IPC system committee.

MRSA

- We have also seen an increase in cases of MRSA bacteraemia this year against a zero tolerance target.
- Each case has a post infection review, and no lapses in care have been identified in those that have been completed so far

	2022/3Target	Current Position
NHS Derby and Derbyshire ICB	**0**	15
Chesterfield Royal Hospital	**0**	1
University Hospitals of Derby and Burton	**0**	6

*NB March numbers are incomplete

- Other HCAIs continue to track close to yearly trajectories with pseudomonas already breached the full year trajectory (**NB** February data may not be complete).
- A deep dive into the CRH pseudomonas cases has shown some areas for learning around invasive devices particularly peripheral cannulae and urinary catheters and both acute trusts anticipate that the action plans that they have implemented for CDiff will aid the overall HCAI position as the actions include general IPC practices as well as the more CDiff specific ones.
- Assurance continues to be gained through attendance at trust internal infection control committees and reported through CQRG.

Quality - Maternity

Derby and Derbyshire Integrated Care Board

Common Themes across both Trusts

- Major Obstetric Haemorrhage management and escalation is a theme from moderate harm incidents at both CRH and UHDB.
- Triage processes are being reviewed at both Trusts to determine how to ensure pregnant people are assessed and reviewed in a timely manner.

National Reporting

- Ockenden – the LMNS will be reviewing Ockenden compliance in April 2023 through a quarterly assurance process of reviewing evidence. Significant improvements will need to be shown on the 39% compliance reported in September 2022.
- Saving Babies Lives Care Bundle v2 – CRH were reassessed on 20th January 2023, by the NHSE Midlands Perinatal team and have met 70% compliance. UHDB were assessed on 22nd February 2023 and are waiting for their first compliance report.
- CNST MIS Year 4 – On 2nd February 2023, UHDB reported compliance with 2/10 safety actions and CRH 4/10 safety actions.

Quality Metrics

- UHDB stillbirth rate has risen to 4.28/1000 and the neonatal death rate is 2.1/1000. Both rates are higher than MBRRACE (2022) and the stillbirth rate is now higher than the national ONS (2022) rate of 3.8/1000 total births. A multidisciplinary team review of some perinatal mortality cases took place at UHDB on 31st January with support of NHSE and is being repeated using further cases and a more detailed proforma to ensure that no themes or safety concerns are evident.
- The HSIB review of 7 maternity incidents that took place at Royal Derby Hospital in 2021/22 has been shared publicly and an action plan is being developed. The NHSE team visited UHDB in December and the action plan following their report is awaited.
- CRH are not outliers within the maternity data set dashboard and the stillbirth rate and neonatal death rate remain low.

Key Risks and Mitigations

- Workforce pressures continue to affect the trusts ability to engage with the LMNS. Measures implemented by the Trusts such as employment of a retention midwife, internationally recruited midwives and newly qualified to ensure sufficient staff to ensure improved engagement.

Performance

Zara Jones – Executive Director of Strategy & Planning
Margaret Gildea – Non Executive Member

Performance Summary - Key Messages

Derby and Derbyshire Integrated Care Board

- For **Urgent and Emergency Care**, bed occupancy remains high in General and Acute beds, which is a key indicator impacting on our overall 'flow' across our provider organisations and challenges remain with regards to 'outflow' and timely discharge (reducing medically fit for discharge numbers – MFFD). This is further evidenced by data indicating that the average length of stay is increasing for those with a long length of stay (in-excess of 14 and 21 days).

- Our Type 1 (major emergency department services) A&E performance remains a concern across our acute trust sites, however we have clear actions with modelled impacts set out and owned by our Urgent and Emergency Care (UEC) Board to oversee improvements in the 2023/24 financial year.

- For **Elective Care**, whilst challenges remain in reducing the number of long waiters on our waiting lists, we have seen significant improvements over the course of the last year, resulting in a year-end position (31 March 2023) of 187 patients waiting over 78 weeks across both of our acute trusts. These numbers include the impact of Industrial Action. The focus remains on rapidly reaching a zero breach position for this cohort of patients and simultaneously working to reduce our over 65 week waits to zero over the course of the year ahead.

- For **Cancer Care**, our system has one of the most challenged positions nationally for the 62 day backlog at UHDB. We have seen an improving position in-year, but the exit position for 2022/23 is similar to the position starting that year, so we have considerable progress to make to achieve a challenging trajectory for 2023/24. We are clear on the actions required to improve, including addressing our high referral numbers and specific targeted improvements across different pathways and tumour sites. It should be noted that CRH is performing well in comparison and the focus is on sustaining this going forward.

- For **Mental Health, Learning Disabilities and Autism (LD&A),** we continue to monitor our performance against a range of indicators as set out later in this report. Of continued focus and concern is our adult inpatient admissions for people with LD&A, where we have a range of actions in place to strengthen our crisis response and admission avoidance. In addition, linked to our plans for 2023/24, we need to increase the number of individuals with LD who have an annual health check and will work with our primary care and mental health partners to improve this position. On a positive note, work is now underway to build our new Psychiatric Intensive Care Unit (PICU) facilities which when fully operational will help address our longstanding challenges with out of area placements.

- For **Primary Care Access**, we have seen improvements in our data monitoring for rates of appointments (per 10,000 weighted patients) and the proportion of face to face appointments, whilst we also continue to work with our practices on other metrics including same day appointments and appointments within 14 days.

- There is further detail on all of the above areas and other indicators in the report which follows. All of this is underpinned by our strategic aims to stabilising our position and delivering on longer term priorities e.g. health inequalities and preventative measures and accelerating our approach for Integrated Care in collaboration with our Integrated Care Partnership (ICP).

Urgent Care – Constitutional Standards

Derby and Derbyshire Integrated Care Board

Part A - National and Local Requirements

ICB Dashboard for NHS Constitution Indicators

	Area	Indicator Name	Standard	Latest Period	Direction of Travel	NHS Derby & Derbyshire ICB Current Month	NHS Derby & Derbyshire ICB YTD	NHS Derby & Derbyshire ICB consecutive months non-compliance	Chesterfield Royal Hospital FT Current Month	Chesterfield Royal Hospital FT YTD	Chesterfield Royal Hospital FT consecutive months non-compliance	University Hospitals of Derby & Burton FT Current Month	University Hospitals of Derby & Burton FT YTD	University Hospitals of Derby & Burton FT consecutive months non-compliance	NHS England Current Month	NHS England YTD	NHS England consecutive months non-compliance
Urgent Care	Accident & Emergency	A&E Waiting Time - Proportion With Total Time In A&E Under 4 Hours	95%	Feb-23	↑	70.7%	69.8%	89	81.8%	78.9%	18	59.9%	61.4%	89	74.0%	73.3%	89
		A&E 12 Hour Trolley Waits	0	Feb-23					67	514	11	867	5646	31	34976	369946	89

EMAS Dashboard for Ambulance Performance Indicators

	Area	Indicator Name	Standard	Latest Period	Direction of Travel	East Midlands Ambulance Service Performance (NHSD&DICB only - National Performance Measure) Current Month	East Midlands Ambulance Service Performance (NHSD&DICB only - National Performance Measure) YTD	East Midlands Ambulance Service Performance (NHSD&DICB only - National Performance Measure) consecutive months non-compliance	EMAS Performance (Whole Organisation) Current Month	EMAS Performance (Whole Organisation) YTD	EMAS Performance (Whole Organisation) consecutive months non-compliance	EMAS Completed Quarterly Performance 2022/23 Q1	EMAS Completed Quarterly Performance 2022/23 Q2	EMAS Completed Quarterly Performance 2022/23 Q3	EMAS Completed Quarterly Performance 2022/23 Q4	NHS England Current Month	NHS England YTD	NHS England consecutive months non-compliance
Urgent Care	Ambulance System Indicators	Ambulance - Category 1 - Average Response Time	00:07:00	Feb-23	↓	00:08:54	00:09:09	32	00:08:46	00:09:30	31	00:09:37	00:09:30	00:09:59		00:08:30	00:09:22	21
		Ambulance - Category 1 - 90th Percentile Respose Time	00:15:00	Feb-23	↓	00:15:43	00:16:04	13	00:15:57	00:17:15	20	00:17:31	00:17:13	00:18:13		00:15:11	00:16:39	19
		Ambulance - Category 2 - Average Response Time	00:18:00	Feb-23	→	00:42:21	00:58:13	31	00:44:59	01:07:17	32	01:04:56	01:02:40	01:28:33		00:32:06	00:52:43	30
		Ambulance - Category 2 - 90th Percentile Respose Time	00:40:00	Feb-23	→	01:30:55	02:09:08	31	01:36:48	02:31:35	31	02:33:40	02:24:47	03:23:59		01:08:01	01:57:53	22
		Ambulance - Category 3 - 90th Percentile Respose Time	02:00:00	Feb-23	↓	06:05:50	07:37:41	31	06:13:25	08:20:13	31	08:15:21	08:25:17	09:59:20		03:17:28	07:01:21	22
		Ambulance - Category 4 - 90th Percentile Respose Time	03:00:00	Feb-23	↓	04:45:02	06:19:28	23	05:50:45	08:06:28	23	08:25:38	08:10:03	09:11:07		04:16:35	08:00:00	22

111 Indicators

Area	Indicator Name	Standard	Latest Period	Direction of Travel	DHU Performance Current Month
111 Key Indicators	Abandonment Rate	5%	Jan-23	↑	3.8%
	Average Speed of Answer	00:00:27	Jan-23	↑	00:01:18

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	↓

Urgent Care: Focus on Ambulance and A&E Performance

Derby and Derbyshire Integrated Care Board

Ambulance handovers:

Current performance:
Chesterfield has shown significant improvement since the start of the year, remaining among the best performer in the region

RDH have seen a rise over the last month but tend to benchmark around the middle section of the region.

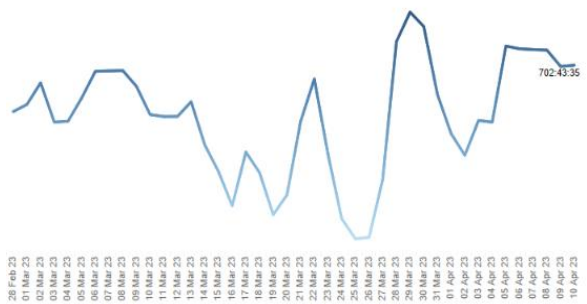
Key issues relate to:
Internal flow creating a congested ED.

Mitigations:
Ambulance H/O Improvement Meetings established to monitor progress and hold to account. Representation from ICB, EMAS, and both Acutes.

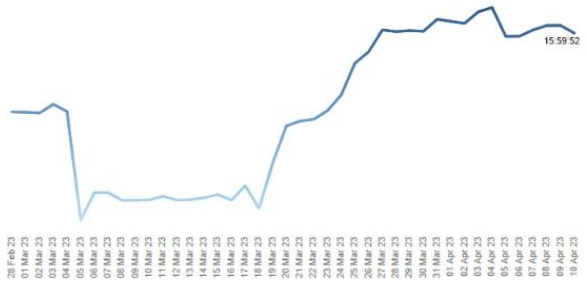
RDH - Dedicated Nurse in ED as a point of contact and for liaison with EMAS crews, always in pitstop as the point of contact and liaison for all crews

Hospital/Ambulance Liaison Officer / Clinical Navigator (HALO/CN) recruitment in-progress

Royal Derby Hospital
Time lost to Ambulance handovers per day – 30 day rolling average



Chesterfield Royal Hospital
Time lost to Ambulance handovers per day – 30 day rolling average



A&E performance:

Current performance:
A&E 4 hour performance – both Trusts are performing around the regional average for all type 4 hr performance

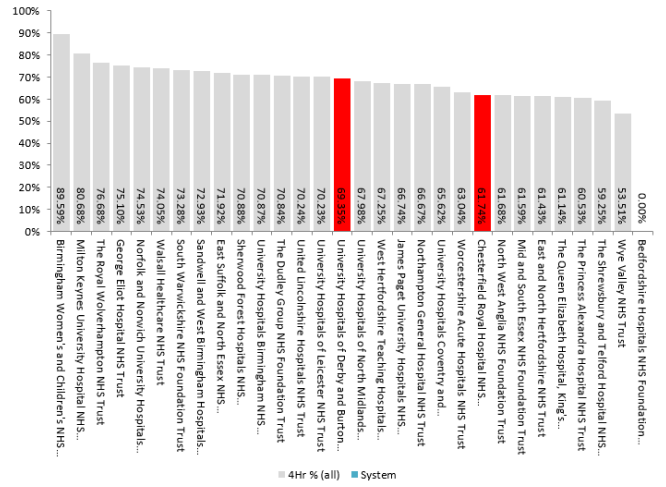
A&E 4 hour performance type 1 only however is challenged with both trusts near the bottom of the regional benchmark system
UHDB – 35.7%
CRH – 41.30%

Key issues relate to:
Continued high levels of MFFD, internal flow and high occupancy currently 95% both sites

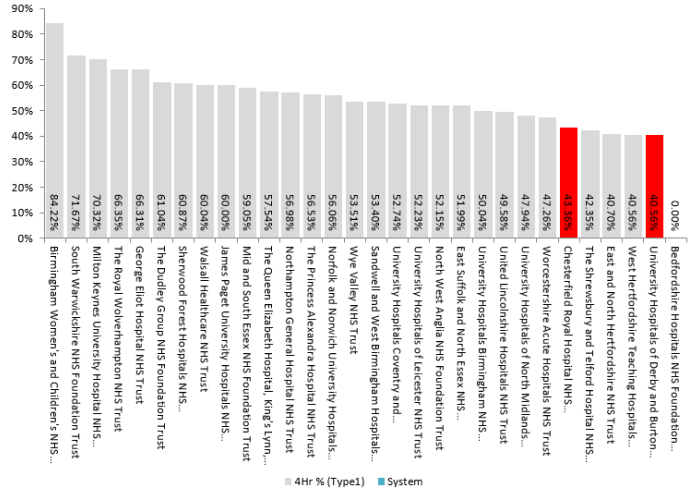
Mitigations:
The UEC board are focused on specific ED process elements however recognise the importance of reducing occupancy rates, LOS and improved MFFD position and outflow to support type 1 improvement.

The UEC Board chair has approached ECIST to support with a deep dive into type1 performance which has already been completed at QEHB and due to take place at RDH in April.

4hr performance - all



4hr performance - type 1 only



Urgent Care: Quality of Care, Access and Outcomes, position against plans, key risks and mitigations

NHS
Derby and Derbyshire
Integrated Care Board

The UEC Board are focused on:

- ED performance – with a focus on consistently exceeding 76% performance.
- CAT 2 Ambulance response mean target 30 mins.
- Decrease site occupancy to 92%.

We aim to achieve this by:

- Continuation of Clinical call validation through our clinical navigation hub which is already delivering positive outcomes.
- Working closely with our Discharge SRO in reducing the MFFD by 13%.
- ECIST review and support into Acute site internal process with the aim of improving flow and performance.
- Increasing our Virtual ward capacity for step down and step up through 23/24.

Operational & Recovery plan:
Both Acute trusts and as a system intend to submit a plan that achieves the required identified trajectories.

Clinical Navigation Hub (CNH) 12 month Pilot (PUSH model)
Live from 1st December 2022 – implemented as a phased approach.

The CNH pilot to date has demonstrated positive outcomes, highlights from the data outputs include number of assessments for 999 and Primary care validations.

This provides further evidence for enhanced clinical call triage to avoid dispatch as validation is undertaken by GP/ACP.

- Since start calls validated ensured that date 65.9% of Ambulances avoided being dispatched.
- For incoming 999 Cat 3/4 2,635 patients have been through the CNH since it started, for 1735 patients an ambulance was avoided.
- This provides the potential of EMAS Paramedic monthly saving of 1500 hours, the equivalent of 125 full 12 hour shifts per month.
- For 111 online 3/4 coded calls, CNH has lead to a 94% deflection away from ambulance conveyance since it started. Of this 62% where referred to either a UTC or self-care.
- For in-hours Primary Care Streaming over 83% of patients through the CNH where deflected from primary care.

ED performance review:
ECIST have already completed a visit to QHB and due to undertake a review at the RDH site in April. The review will focus on specific ED elements:

- Walk-in and patients
- Navigation streaming and assessment
- Inbound ambulance activity, assessment and process
- Time to treatment
- Co-located type 3 service
- ED to SDEC flow
- Speciality in reach to ED
- Common breach themes

Ongoing work
HIU
The city place teams have Identified high intensity users of ED work is underway with place teams to coordinate a response for this patient cohort.

Frailty front door model
As part of the ED front door review we intend to ensure we have a system view of how we support frail patients attending ED.

Mental health crisis response
This is detailed in the MH section.

Reduction in MFFD
UEC board are working with the system discharge SRO to identify how we collaboratively support a reduction in MFFD by 13%. This will support a reduction in occupancy, support flow and improve ED congestion.

Whilst we support this work with community teams we also intend to ensure we are addressing any Acute site related causes. This will be achieved by:

- As per SAFER achieve movement of patients from assessment to ward by 10 am.
- P0 discharge by 12am 7 days per week to improve early flow across Acutes and out of ED. Aim of 33% daily as per SAFER.

Virtual Wards

- System program manager and clinical lead in place and coordinating improvement.
- Original NHS England plan stated capacity 200 by April 2023, current capacity is 127 with occupancy around 41 (32%).
- Planning continues, potential identified for new wards to come on line. Focus on impact.
- SOPs now in place for most conditions.
- Working with recruitment partners and operational leads to develop solutions to workforce issues.
- Clinical engagement from all partners.

Planned Care and Cancer – Constitutional Standards

Derby and Derbyshire Integrated Care Board

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

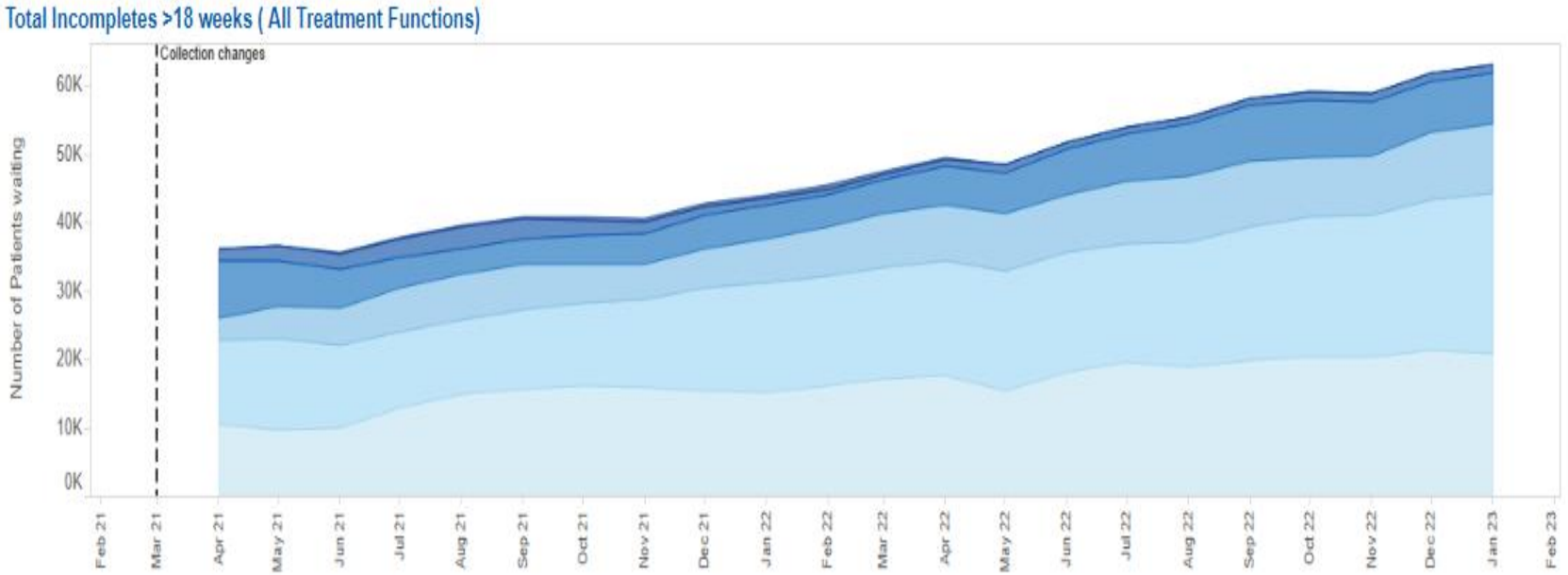
Part A - National and Local Requirements

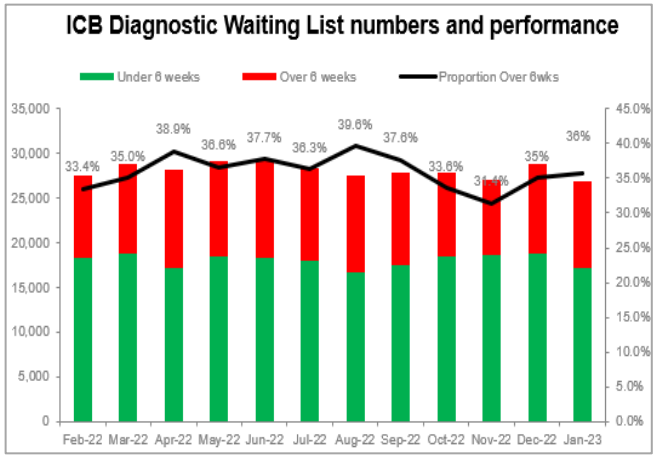
ICB Dashboard for NHS Constitution Indicators

					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
Planned Care	Referral to Treatment for planned consultant led treatment	Referrals To Treatment Incomplete Pathways - % Within 18 Weeks	92%	Jan-23	↓	56.1%	59.0%	60	60.5%	61.1%	45	52.5%	56.3%	61	58.3%	60.5%	83
		Number of 52 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Jan-23	↓	7713	70873	36	1158	12468	34	7300	69462	35	379245	3701348	189
		Number of 78 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Jan-23	↓	1169	11280	22	112	1623	22	1125	9903	22	45631	518515	22
		Number of 104 Week+ Referral To Treatment Pathways - Incomplete Pathways	0	Jan-23	↓	11	722	22	0	113	0	3	487	2	1122	37825	22
	Diagnostics	Diagnostic Test Waiting Times - Proportion Over 6 Weeks	1%	Jan-23	↑	35.71%	36.30%	56	25.20%	29.98%	34	38.29%	37.51%	35	30.75%	28.65%	113
	2 Week Cancer Waits	All Cancer Two Week Wait - Proportion Seen Within Two Weeks Of Referral	93%	Jan-23	↓	85.8%	83.2%	29	81.0%	87.5%	2	82.1%	78.4%	29	81.8%	78.4%	32
		Exhibited (non-cancer) Breast Symptoms – Cancer not initially suspected - Proportion Seen Within Two Weeks Of Referral	93%	Jan-23	↓	71.5%	80.7%	8	25.0%	72.0%	5	91.7%	89.2%	2	76.9%	70.9%	32
	28 Day Faster Diagnosis	Diagnosis or Decision to Treat within 28 days of Urgent GP, Breast Symptom or Screening Referral	75%	Jan-23	↓	70.4%	72.0%	17	75.3%	78.0%	0	68.7%	68.6%	18	67.0%	69.5%	22
	31 Days Cancer Waits	First Treatment Administered Within 31 Days Of Diagnosis	96%	Jan-23	↓	82.5%	86.5%	25	86.8%	86.0%	17	81.3%	88.0%	30	88.5%	91.7%	25
		Subsequent Surgery Within 31 Days Of Decision To Treat	94%	Jan-23	↓	70.8%	70.6%	38	81.3%	83.9%	1	75.8%	77.5%	20	76.2%	80.7%	54
		Subsequent Drug Treatment Within 31 Days Of Decision To Treat	98%	Jan-23	↓	93.8%	97.3%	2	100.0%	100.0%	0	94.1%	96.6%	2	95.7%	97.9%	2
		Subsequent Radiotherapy Within 31 Days Of Decision To Treat	94%	Jan-23	↓	72.7%	82.9%	10				68.1%	72.4%	10	86.7%	90.4%	11
	62 Days Cancer Waits	First Treatment Administered Within 62 Days Of Urgent GP Referral	85%	Jan-23	↓	48.6%	54.1%	47	60.8%	80.2%	42	45.1%	50.6%	57	54.4%	60.7%	85
		First Treatment Administered - 104+ Day Waits	0	Jan-23	↑	66	482	82	13	80	57	57	440	82	2138	17663	85
		First Treatment Administered Within 62 Days Of Screening Referral	90%	Jan-23	↓	53.5%	52.5%	45	42.1%	40.1%	45	70.4%	69.1%	26	63.4%	68.5%	58
		First Treatment Administered Within 62 Days Of Consultant Upgrade	N/A	Jan-23	↑	77.3%	80.4%		64.3%	89.2%		76.6%	79.0%		71.7%	74.7%	
	Cancelled Operations	% Of Cancelled Operations Rebooked Over 28 Days	N/A	2022/23 Q3	↓				37.3%	39.8%		16.2%	19.5%		21.6%	23.4%	

Planned Care: Focus on Referral to Treatment Waiting Times and Diagnostic Waiting Times

Derby and Derbyshire Integrated Care Board





- There has been extensive work done to recover the elective position but the waiting lists continue to grow, along with the numbers waiting 18+ weeks.
- The numbers of long waiters (52+ weeks) fluctuates but has shown signs of reduction, with the focus being on eliminating 104 week and 78 week patient waits. The system was able to reduce the 78 week position to below 200 for year end despite the IA and data (ASI) issue at UHDB.
- The diagnostic performance fluctuates every month and is still far short of meeting the 6 week target, however the waiting list numbers have reduced. The system is forecasting that overall it will achieve 85% within 6 weeks by March 2024 – the exception is Echo at CRH.

Cancer - 62 day backlog position/recovery

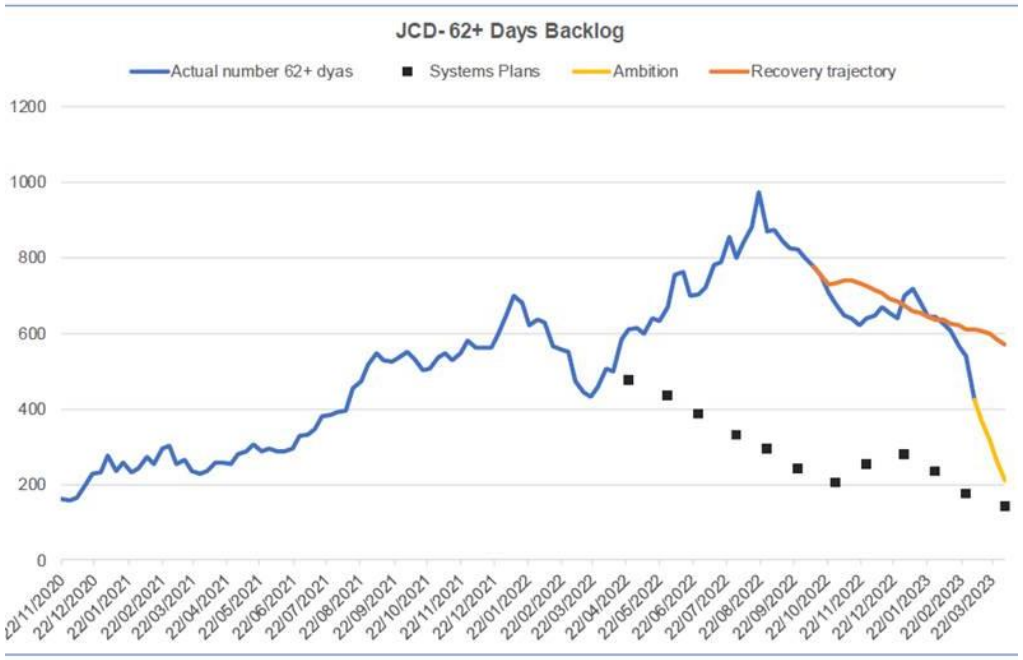
Derby and Derbyshire Integrated Care Board

UHDB

- There has been significant progress over the past three months with the backlog reducing from a 649 on 1st Jan to 407 on 12th March 2023 with further reduction planned to reach below 400 by the end of the month.
- UHDB has shown an improved position against plan for 104+ backlog since Sept-23 and as of 13/03/23 report 134 breaches against a planned target of 285.

CRH

- The current Cancer backlog as at week ending 5th March 2023 is 37 (Inc 104-day patients). This achieved the weekly internal trajectory of 35 vs 50.
- The factors that are currently impacting the 62-day backlog are delays to diagnostics, imaging/histology reporting, patient choice delays, elective capacity to TCI, fitness, admin delays and complex pathways. This is driven by Urology & Lower GI (LGI) pathways.
- CRH currently forecast to meet the external end month trajectory of 45 for the 62 day target, and 7 for the 104+ by the end of March 2023.



Key recovery actions:

1. Referral Optimisation: LGI pilot model being socialised across system to agree core principles to embed April 2023. Data analysis underway to support quantifying opportunities in LGI and other tumour sites. Work to develop web based Pathfinder/ Primary care Clinical Decision Tool expected to go live in Q1.
2. Better Practice Timed Pathways (BPTP) Implementation: Gap analysis and improvement due to developed by end of March 2023.
3. Patient Tracking List (PTL) Management: Additional trackers now in post, Exec led PTL escalations and focus on consistent 28 day take off letter process

Risks and Mitigation

1. Oncology Capacity Urology – Mutual aid and regional support requested from East Midlands Cancer Alliance (EMCA) and Specialised Commissioning pending Consultant return May-23.
2. PET scanning delays – Additional regional capacity required
3. Haematology Capacity in Lymphoma – Mutual Aid TBC
4. UHDB 2ww Mutual Aid for Leicester Maxillofacial surgery– Continue to accept referrals (average 10 weekly).

Mental Health Scorecard

NHS
Derby and Derbyshire
Integrated Care Board

Pathway	Indicator	Target	Actual	National Benchmark	Latest period	Provider Breakdown						RAP Date Agreed	RAP Recovery Date
						DHcFT	DCHS	CRH	Insight	Trent	Vita		
Out Of Area Placements and Inpatients	OAP Bed Days	468	420		Nov-22	390							
	Adult Acute Long LoS (60+ days) *	8	10	8.0	Jan-23	10							
	Older Adult Acute Long LoS (90+ days) *	8	14	11.9	Jan-23	14							
	Discharges followed up within 72 hours *	80.0%	86.3%	79%	Jan-23	86.3%							
	Admissions with no prior contact (all)		15%	13.0%	Dec-22	15%							
	Admissions with no prior contact (white British)		13%	11.0%	Dec-22	13%							
	Admissions with no prior contact (BAME)		16%	16.0%	Dec-22	16%							
SMI	SMI Physical Healthchecks	60.0%	41.2%	43.5%	Q3 22/23	Primary Care							
IPS	Individual Placement Support		295		Dec-22	295							
Community Mental Health	Access (2+ contacts)	*9,495*	11,425		Nov-22	11,425						✓	31/12/22
IAPT	Access Number (number of people who have entered treatment) *	23706	20971		Dec-22 YTD								
	Recovery Rate *	50%	47.2%	50.1%	Dec-22	45.4%			51.6%	46.0%	64.5%		
	Waiting times - 6 weeks *	75.0%	78.3%	88.8%	Dec-22	56.3%			95.3%	83.5%	97.4%		
	Waiting Times - 18 weeks *	95.0%	100.0%	98.5%	Dec-22	100.0%			100.0%	100.0%	100.0%		
	1st to 2nd treatment >90days	*10.0%*	10.0%	20.0%	Nov-22	13%			35.0%	Unvailable	41%		
	Recovery Rate - White		51.0%	50.0%	*Sep-22*								
	Recovery Rate - BAME		49.0%	50.0%	*Sep-22*								
CYP Community	Access - 1+ Contact	*12,000*	*10,825*		Nov-22	2975							
	Access Rate	*2.8%*	*12.4%*	*0.4%*	*Jun-22*								
CYP Eating Disorder	Waiting Time - Urgent - 1 week	95.0%	60.0%	63.6%	Q3 22/3	61.1%		66.7%				✓	31/03/22
	Waiting Time - Routine - 4 weeks	95.0%	82.4%	68.5%	Q3 22/3	67.2%		82.1%					
Dementia	Diagnosis Rate	67.0%	63.7%	62.0%	Dec-22								
Perinatal	Access Rate (rolling 12 months)	10.0%	5.0%		Dec-22	5.0%						✓	31/03/22
EIP	2 week waits	60%	90%	68.20%	Nov-22	92%							

Please note:

- Several indicators still can't be updated this month due to the data being unavailable nationally. These are shown by having *red text* in the 'Indicator' and 'Latest period' columns.
- Blank cells show data items that are still being sourced.
- Grey cells show data items that are not relevant due to that service not being provided by that provider, no agreed target or no national benchmark.

Mental Health - Quality of Care, Access and Outcomes – position against plans, key risks and mitigations

Derby and Derbyshire Integrated Care Board

Out of Area Placements Crisis & Acute Flow:
Current performance: 19 placements as at **end Feb** of which 8 PICU and 11 AMH
Key risks: No PICU provision within Derbyshire. Patient flow challenges: unable to discharge "clinically ready for discharge" (CRFD) patients, higher than average levels of people in AMH inpatient care with a diagnosis of Autism
Mitigations: Building work underway to have PICU in Derbyshire in 2024 (Making Room For Dignity). Contract award for new stepdown initiatives to support CRFD in partnership with supportive housing provider. Daily patient care reviews implemented to improve IP flow, twice weekly multi agency meeting to resolve issues for those regarded as CRFD. Contracts awarded for Crisis alternatives (Café, Safe Haven).

Perinatal Access:
Current performance is 360 contacts year to date. This represents a rate of 5% (Jan 23 data). RAP including performance improvement trajectory in place and on target to increase access to 10% of the population accessing perinatal services by end Q1 2023.
Key risks: The need to increase referral rate and reduce DNAs, as well as provide additional assessment capacity
Mitigations: Daily MDTs implemented to improve flow, decrease DNA's by reducing initial assessment appointment times, trialling a clinically designed initial assessment tool, ongoing recruitment to increase capacity. Re-introducing joint antenatal clinics. Working with PCNs to increase referrals incl. GP training re pathways.

Autism Diagnosis Waiting Times:
Current performance: Adult Average wait = 75 weeks. Adult number of people waiting = 2,000+. CYP Average wait = 40 weeks. CYP number of people waiting = 1,900+ (DHCFT only). Overall Derbyshire figure exceeds 4000 CYP waiting
Key risks: Referrals for assessments across providers continue to be in excess of diagnostic capacity
Mitigations: Recruitment completed to ensure Adult ASD assessment team working at full establishment from April 23. Additional capacity commissioned from Sheffield HealthCare and Healios. Contract awarded to provide Derbyshire autism hubs to support pre and post diagnosis and will form part of wider ND pathway support which includes provision of VCSE specialist wellbeing navigators.

Community MH Access 2+ Contacts:
Current performance: 11425 against a trajectory level of 9600 (Jan 2023). All RAP actions implemented to enable recovery to achieve a complaint plan in Q4 2022/23.

Learning Disabilities & Autism
Quality of Care, Access and Outcomes – position against plans, key risks and mitigations

Derby and Derbyshire Integrated Care Board

Current IP performance (as at 13/3/23): was 51 (combined adults) which is 21 over trajectory.
This breaks down to 34 adults in non secure (18 over trajectory), 17 adults in secure (3 over trajectory) and 5 CYP (2 over trajectory).

Key risks:

- Increased number of people in AMH inpatient care compared to previous months. Root causes show gap in rapid community intensive support offer, need to improve early identification and proactive care planning, need to ensure rapid access to short term funding to increase care provision.
- Ongoing issue regarding lack of fit for purpose care and accommodation options resulting in placement breakdown driven admissions and delayed discharges from hospital

Mitigations (as per inpatient recovery action plan):

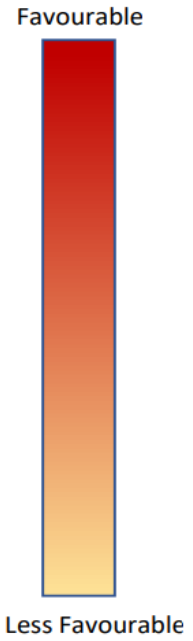
- Extraordinary Meeting of the MH LD&A System delivery Board to be held during March to review Recovery Action Plan (RAP) and gain assurance regarding delivery actions
- On going joint work with both LA's to improve local access to appropriate care and accommodation support, market engagement session planned 19April, joint funding pathway reviewed and streamlined, s117 processes improved
- Improvements re interface between LDA & MH teams supporting effective management and flow through adult mental health beds for people with LDA - with aim that those who need an inpatient receive responsive and person-centred treatment for MH & that all admissions are purposeful
- Review recommendations implemented regarding the Dynamic Support Register (DSR) process and ways of working, Care and Treatment Reviews (CTR) processes and ways of working, and interface with Local Area Emergency Protocols (LEAP's)
- Improve the functioning of MDT's, the crisis/intensive home treatment support offer, the in-reach service provided to facilitate discharge

Primary Care Access and Outcomes

NHS
Derby and Derbyshire
Integrated Care Board

GP Appointment Data - January 2023

System	Appts Per 10,000 weighted patients	Recovery to 2019 levels (WD)	% Face to Face *		% Appts with a GP that are Face to Face	% GP Appointments	% Same Day	% within 14 Days	% DNAs
Birmingham and Solihull ICB	9,277	116%	70%	↑	61%	54%	51%	89%	6%
Black Country ICB	9,107	111%	73%	↑	66%	50%	46%	87%	6%
Coventry and Warwickshire ICB	9,524	121%	64%	↑	55%	56%	52%	90%	5%
Derby and Derbyshire ICB	10,168	112%	75%	↑	70%	48%	43%	80%	3%
Herefordshire and Worcestershire ICB	11,598	111%	64%	↑	52%	50%	48%	87%	4%
Leicester, Leicestershire and Rutland ICB	11,704	116%	75%	↑	67%	44%	45%	83%	4%
Lincolnshire ICB	10,643	117%	71%	↑	63%	36%	48%	84%	3%
Northamptonshire ICB	10,036	111%	68%	↑	61%	45%	48%	86%	3%
Nottingham and Nottinghamshire ICB	9,736	109%	70%	↑	62%	48%	44%	81%	4%
Shropshire, Telford and Wrekin ICB	9,459	109%	74%	↑	67%	48%	47%	86%	4%
Staffordshire and Stoke-on-Trent ICB	8,685	112%	74%	↑	69%	45%	47%	88%	5%
Midlands	**9,896**	**113%**	**71%**	↑	**63%**	**48%**	**47%**	**86%**	**4%**
England	**9,614**	**115%**	**69%**	↑	**61%**	**48%**	**45%**	**85%**	**4%**



Position against plans:

- **Access**: Total number of appointments in Jan 23 has increased by 2.8% in comparison with Jan 19 (7.6% when corrected for number of working days) with a total of approx. 562,000 for the month.
- **Increase in same day urgent capacity Nov22-Mar23**. An additional 50,000 appointments were commissioned from General Practice during this time. An element of this funding was specifically targeted at our practices with the highest levels of deprivation.
- **Acute Respiratory Hubs (ARI)** – 8 hubs across Derby & Derbyshire provided by DHU to deliver same day face to face appointments for patients with acute respiratory illness. As capacity allows these slots can also be used for other on the day presentations.

Workforce

Amanda Rawlings – Chief People Officer
Margaret Gildea – Non Executive Member

Workforce Plan Summary - Key Messages

Derby and Derbyshire Integrated Care Board

Table 1: 2022/23 Workforce Plan

	Period	2022/23 Total Provider Workforce Plan		
		Plan	Actual	Variance
Total Workforce				
Total Workforce	Feb 23	28,133.93	28,193.13	59.20
Total Substantive	Feb 23	26,875.89	26,754.08	-121.81
Total Bank	Feb 23	1,027.68	1,145.17	117.49
Total Agency	Feb 23	230.36	293.88	63.52
Total Primary Care	Dec 22	3,061	2,857	-204
Workforce Performance				
Total Provider Turnover Rate % (12 Month Rolling)	Jan 23	10.00%	9.14%	-0.86%
Total Provider Sickness Absence Rate %	Jan 23	5.00%	6.00%	1.00%
Total Provider Vacancy Rate %	Jan 23	-	4.45%	-

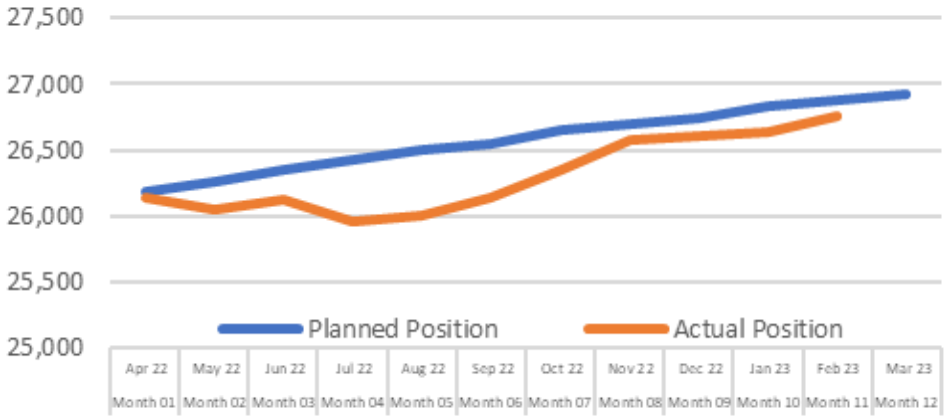
Summary and Key Messages:

- Table 1 describes the total NHS workforce in the Derby and Derbyshire Integrated Care System.
- The 2022/23 workforce plan was to grow the total NHS staff by of 735.33 whole time equivalents (WTE) as at the end of February 2023 the NHS increased the workforce by 744.18 WTE. Alongside this we also set an ambition to reduce staff sickness, vacancies and improve retention.
- We planned to reduce agency staff usage during 2022/2023, but we are above plan due to operational demands and increased staff sickness and staff turnover for the period April to October this improved during the period November to February 2023.
- We have increased the pool of bank staff, to reduce the reliance on agency staff.

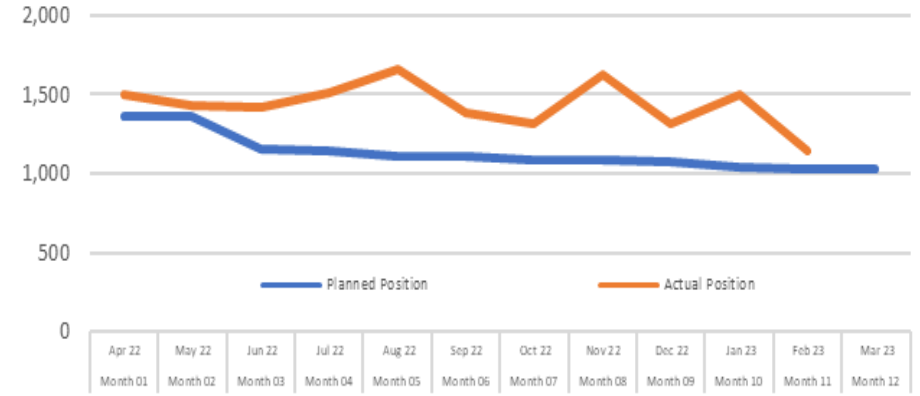
Total 2022/23 Workforce Plan Position

Derby and Derbyshire Integrated Care Board

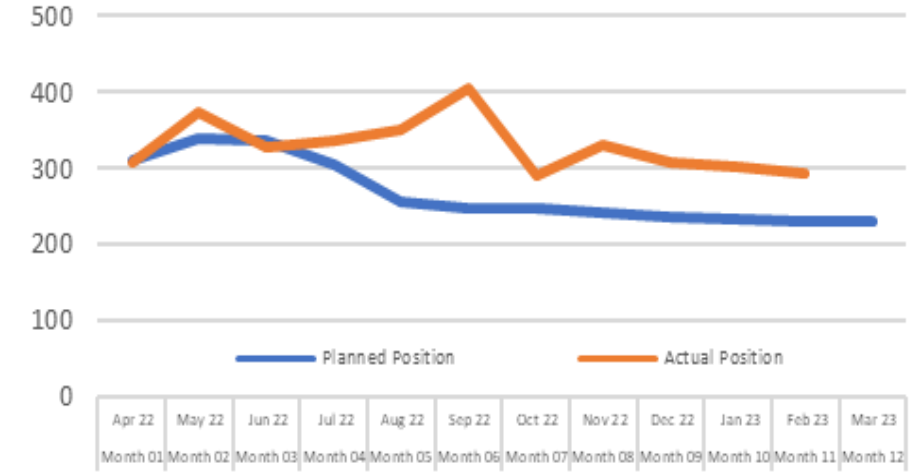
Total Provider - Substantive (WTE)



Total Provider - Bank (WTE)



Total Provider - Agency (WTE)



Total Provider Current Position
• There is growth in the substantive workforce, but the current position remains below plan. • The chart shows improvement the substantive workforce with sustained growth from the April 2019 baseline position. • Recruitment to substantive positions has increased by 614.14 WTE from the April 2022 to February 2023.
Actions
• Recruitment and retention plans are monitored - this is to align the plan to the workforce change. • Development of triangulated approaches to improve monitoring and to ensure that workforce correlates with performance, service delivery and finance.

2022/23 Primary Care Workforce

Derby and Derbyshire Integrated Care Board

Primary Care Joined Up Care Derbyshire STP	Baseline Staff in post outturn Year End (31-Mar-22)	Plan Q1 As at the end of Jun-22	Plan Q2 As at the end of Sep-22	Actual As at the end of Dec 2022	Plan Q3 As at the end of Dec-22	Plan Q4 As at the end of Mar-23
Workforce (WTE)	Total WTE	Total WTE	Total WTE	Total WRE	Total WTE	Total WTE
Total Workforce	**2,916**	**3,016**	**3,033**	**2,857**	**3,061**	**3,067**
GPs excluding registrars	530	538	534	520	532	530
Nurses	355	365	366	353	367	368
Direct Patient Care roles (ARRS funded)	354	368	370	284	386	394
Direct Patient Care roles (not ARRS funded)	255	272	281	218	289	300
Other – admin and non-clinical	1,422	1,473	1,482	1,482	1,487	1,475

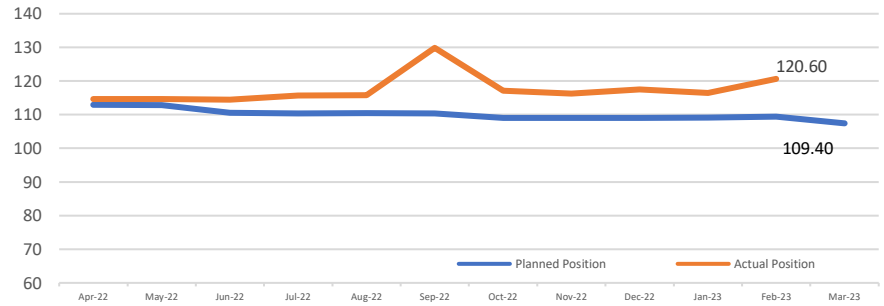
Summary

- The Primary care workforce is currently under the planned position
- The overall Primary Care Workforce is showing steady growth and is being maintained (NB Primary Care Workforce at present is General Practice only)
- Recruitment continues in to the Additional Roles Reimbursement Scheme (ARRS) roles
- Training hub support is provided to establish and embed roles into the PCNs
- Plans are in place and are reflective but more needs to be done to make general practice an attractive offer

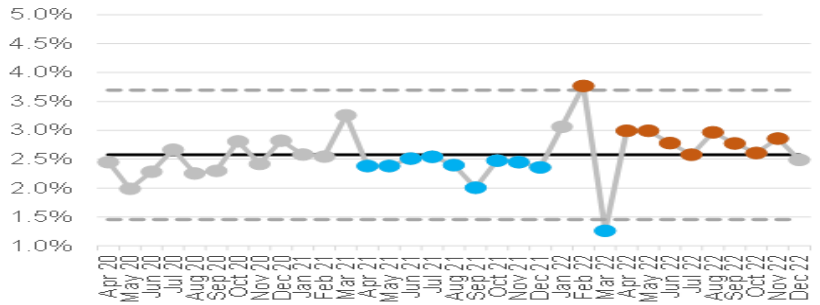
Workforce Costs

Derby and Derbyshire Integrated Care Board

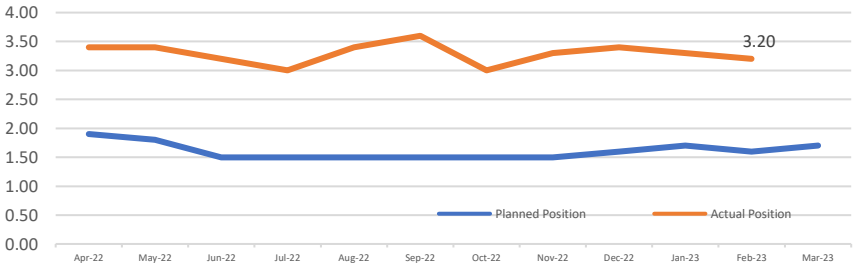
Table 1: Total Provider Workforce Cost (£'m)



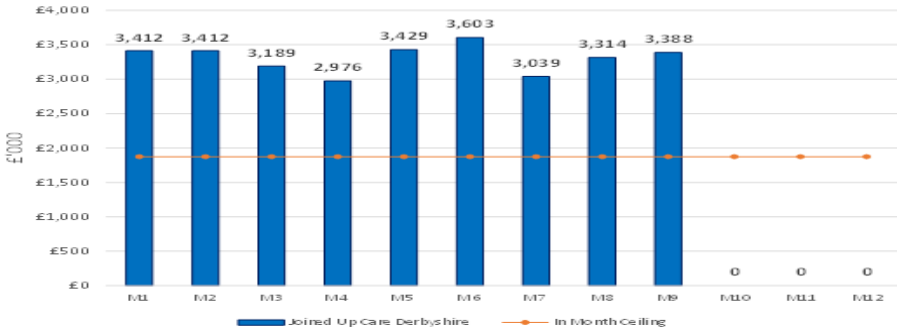
Total Provider Agency spend as Percentage of total pay bill



Total Provider Workforce – Agency Spend (£m)



Total Provider Agency spend as Percentage Temporary staffing pay bill



Summary

- The monthly workforce costs continue to be above plan (February position - £121m against a plan of £109m). Cumulatively YTD this is a variance of £80m over plan.
- Agency spend also continues above plan with YTD a variance of £18.5m over plan.
- More detailed review of staffing spend is necessary to determine cause and effect and where further targeted interventions are required; this will be important in aiming to create more triangulated monitoring of the overall system plan in terms of activity, workforce and finance.

Finance

Keith Griffiths – Executive Director of Finance
Richard Wright – Non Executive Member

Month 11 Position

Derby and Derbyshire Integrated Care Board

I&E position by Provider Month 11 Position	YTD Plan £m's	YTD Actual £m's	YTD Variance £m's	Full Year Plan £m's	Full Year Forecast £m's	Forecast Variance £m's
NHS Derby and Derbyshire ICB	0.0	(0.1)	**(0.1)**	0.0	12.3	**12.3**
Chesterfield Royal Hospital	0.0	(11.8)	**(11.8)**	0.0	(12.0)	**(12.0)**
Derbyshire Community Health Services	(0.2)	(0.2)	**(0.0)**	0.0	1.7	**1.7**
Derbyshire Healthcare	(1.5)	1.5	**3.0**	0.0	2.8	**2.8**
EMAS	(0.4)	0.5	**0.9**	0.0	0.0	**0.0**
University Hospital of Derby and Burton	(0.8)	(16.5)	**(15.7)**	0.0	(18.4)	**(18.4)**
JUCD Total	**(2.8)**	**(26.5)**	**(23.7)**	**0.0**	**(13.6)**	**(13.6)**

- The forecast outturn reported at month 11 is £13.6m overspent, a £5.4m improvement from M10 due to an additional allocation expected from NHSE.
- The position is expected to improve to £13.4m at year end where NHSE have acknowledged JUCD will have a £13.4m FOT deficit due to expenditure outside of its control - cost of living increases, pay award pressure and COVID related costs.
- The system has agreed to level up the individual organisations positions in month 12 with the ICB providing non-recurrent funding to CRH of £4m and UHDB £8m in support of ongoing cost pressures due to the impact of COVID, improving discharges/flow and in support of non-elective activity.
- The year-to-date system capital position is a £6.6m surplus. A break-even full year FOT is expected.

2023/24 Outlook

- The 2022/23 position is supported by £77.6m of non recurrent benefits which has a significant impact on the 2023/24 plan.
- The 2023/24 plan has been submitted at £61.3m deficit, with risks amounting to £181.3m.
- The 2023/24 plan is predicated on delivering 4.1% efficiencies.
- A further iteration of the plan with significant improvement will be required.
- Resource for population health issues and work towards reducing health inequalities is still included in the plan.

Assurance and Performance Activity, Workforce and Finance

Derby and Derbyshire Integrated Care Board

- The system is seeing more patients across Urgent Care, Planned Care and Mental Health.
- The 2022/23 workforce plan was to grow the NHS staff by of 735.33 whole time equivalents (WTE) as at the end of February 2023 the NHS increased the workforce by 744.18 WTE. Alongside this we also set an ambition to reduce staff sickness, vacancies and improve retention.
- The Derby and Derbyshire System remains on plan to deliver the 2022/23 financial position agreed with NHSEI. This position has been supported by the receipt in March of some additional allocations.
- The 2022/23 plan was not developed in a triangulated basis.
- This is compounded by the non alignment of the reporting periods and validated data points.
- However, through the closer development of the component parts in the 2023/24 plans the intention is to develop more triangulated reporting.

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th April 2023

Item: 011

Report Title	Delegation of Pharmacy, Optometry and Dental Services Update							
Author	Suzanne Pickering, Head of Governance							
Sponsor (Executive Director)	Helen Dillistone, Executive Director of Corporate Affairs Zara Jones, Executive Director of Strategy & Planning							
Presenter	Helen Dillistone, Executive Director of Corporate Affairs							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☐
Appendices	None							
Assurance Report Signed off by Chair	Not Applicable							
Which committee has the subject matter been through?	ICB Board Public – 16th March 2023 Audit & Governance Committee – 9th February 2023							

Recommendations

The ICB Board are recommended to **NOTE** the contents of the report and **TAKE ASSURANCE** of the legal transfer of the delegation of Pharmacy, Optometry and Dental services to the ICB.

Purpose

The purpose of this paper is to provide assurance to the ICB Board that the necessary plans are in place for the satisfactory delegation of Pharmacy, Optometry and Dental services to the ICB and provide assurance that a safe and legal transfer took place on 1st April 2023.

Background

The delegation from NHS England (NHSE) to Integrated Care Boards (ICBs) of Primary Pharmacy Services, Optometry Services and Primary and Secondary Dental Services is in accordance with NHSE's long-term policy ambition of giving systems responsibility for managing local population health needs, tackling inequalities and addressing fragmented pathways of care. The expectation is that by giving ICBs responsibility for a broader range of functions, they will be able to design services and pathways of care that better meet local priorities. ICBs will also have greater flexibility to integrated services across care pathways, ensuring continuity for patients and improved health outcomes for the local population. By delegating some of NHS England commissioning functions to ICBs, the aim is to break down barriers and join up fragmented pathways to deliver better health and care so that our patients can receive high quality services that are planned and resourced where people need it.

The services that will be delegated to ICBs are:

- Primary Pharmacy, Optometry & Primary and Secondary Dental Services on 1st April 2023.

- complaints functions associated with Primary Pharmacy, Optometry & Primary and Secondary Dental Services on the 1st July 2023; and
- Specified Specialised Services (Acute & Pharmacy) April 2024.

In all cases the responsibility and liability for the planning, performance, finance, quality, and improvement will move from NHS England to ICBs upon delegation. The ICB will be responsible for any claims (negligence, fraud, recklessness, or breach of the Delegation). However, in all cases NHS England remains accountable to the Secretary of State for the services, which means that NHSE will have oversight, set standards and service specifications for the services.

Report Summary

The report provided to the ICB Board on 16th March 2023 provided the full scope of the functions being delegated from 1st April 2023 as set out in Schedules 2B, 2C and 2D of the draft Delegation Agreement and supporting governance documents.

The report confirmed that whilst all decisions will be made through formal joint committees, ensuring equal and equitable decision making for each individual ICB with no one ICB having primacy over another, the hosting of the workforce requires one ICB to provide this function on behalf of the other ICBs (and for specialised services, NHSE).

The host ICB for the East Midlands is Nottingham and Nottinghamshire ICB and will provide oversight, leadership, and support for the workforce. The workforce will work for and on behalf of each ICB within the planning footprint for East Midlands. This will be supported by a formal hosting agreement between the ICBs and, for specialised services, between the ICBs and NHSE. The host will not make commissioning decisions on behalf of other ICBs or NHSE; all decisions will be made through the joint committees and their sub-groups.

Whilst delegation for the POD Services took effect on 1st April 2023, it is planned that subject to consultation, the workforce will transfer from NHSE to the ICB host on 1st July 2023. The workforce includes POD, primary medical service support and complaints staff. Specialised healthcare public health team members aligned or embedded to teams will not transfer but will continue to perform their roles.

A model of Distributed Leadership has been adopted to implement shared vision and values and continue the ICBs and regional commitment to collaboration and building a strong learning culture. Nottingham and Nottinghamshire ICB will host the workforce for the delivery of the POD functions for the East Midlands, however decisions will be taken by the formal Tier 1 Joint Committee and their Tiers 2 and 3 sub-groups, thus ensuring equal and equitable decision making for each individual ICB with no one ICB having primacy over another. The three tiers of joint committees and sub-groups will be responsible for oversight and decision making of all aspects of the delegated services, such as finance, quality and performance. In light of this, the Terms of Reference for the ICB's Committees currently responsible for all aspects of these areas will be updated during May and June for ICB Board approval in July 2023.

A finance risk share agreement sets out the rules and behaviours which will govern the way in which the financial risk is managed across the Midlands systems. This will be to mitigate the potential risks to systems from allocation methodology change over the coming financial year, as well as in year budget variation across ICB's as factors emerge that are currently unknown. The financial risk to each system will therefore be minimised for the Pharmacy, Optometry and Dental services across the region. There does still remain a potential financial risk to the ICB for 2023/24, however the detail continues to be worked through across the East and West regions, and will further develop during transition and into next financial year.

Formal Delegation Process

Following the ICB Board's approval of the final delegation documents on 16th March, the relevant documents have been electronically signed by Dr Chris Clayton, as Chief Executive Officer (CEO) and returned to NHSE.

Returning an electronically signed copy of the Delegation Agreement has been taken as confirmation that the CEO agrees to the terms set out in the Delegation Agreement and intend to legally bind NHS Derby and Derbyshire Integrated Care Board by those terms, and that the CEO possesses sufficient authority to sign the document on the behalf of NHS Derby and Derbyshire Integrated Care Board to legally bind it by the documents terms.

The following final signed documents confirm and provide the assurance of the safe and legal transfer of the services on 1st April 2023:

- Delegation Agreement in respect of:
  - Primary Care Medical Services.
  - Primary Dental Services and Prescribed Dental Services.
  - Primary Ophthalmic Services.
  - Pharmaceutical Services and Local Pharmaceutical Services.
- Tier 1 Part A - Joint Working Agreement between NHSE and ICBs.
- Tier 1 Part B - Joint Working Agreement between ICBs.
- Tier 1 Part A - Schedule 2, NHSE and ICB Joint Committee Terms of Reference.
- Tier 1 Part B - Schedule 3, Joint Committee of East Midlands ICBs Terms of Reference.
- Contractual Notice specifying the Primary Care Contracts or Arrangements allocated to the ICB.
- Contractual Notice specifying the Primary Care Contracts or Arrangements and Community Dental Contracts allocated to the ICB.
- Ancillary Services Contracts

ICB Governance Documents

The Scheme of Reservation and Delegation (SoRD) has been reviewed and updated to include a section to ensure the daily business of POD services continues while the governance documents and instruments associated with the working arrangements of the Joint Committee of ICBs are being developed. The SoRD was approved by the Executive Team on 29th March 2023 and will be reported to the Audit and Governance Committee on 4th May 2023.

The ICB Standing Financial Instructions have been reviewed and meet the satisfactory requirements for the delegation of POD services and do not require any changes.

The ICB Functions and Decisions Map and ICB Terms of References for the ICB Board Sub Committees; Population Health Strategic Commissioning Committee, Finance and Estates Committee, Audit and Governance Committee and Quality and Performance Committee will be reviewed and approved by Committees in June, in preparation for final approval by the ICB Board in July 2023.

The ICB established a Programme Board to manage the transition of delegated functions for Derbyshire, chaired by the Executive Director of Corporate Affairs, and attended by staff from across the ICB's functions who are members of NHSE regional working groups. Further groups are established with Nottingham and Nottinghamshire ICB to determine the host arrangements and ways of working.

Identification of Key Risks

Staff will transfer from NHSE to their host ICB and therefore liability for the workforce does not sit with the ICB, however the full operational detail of how ICBs will work with their hosts has not yet

been fully worked through, including membership of several different groups and which may pose a resource risk to the ICB. This will be clarified in the coming months. The delegation means financial liability will sit with the ICB. Arrangements for managing and sharing financial risk and for oversight of finances are currently being worked through as detailed above.

Has this report considered the financial impact on the ICB or wider Integrated Care System?		
Yes ☐	No☐	N/A☒
Details/Findings		**Has this been signed off by a finance team member?** Not applicable.

Have any conflicts of interest been identified throughout the decision-making process?
None identified.

Project Dependencies

Completion of Impact Assessments				
Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☐
A representative and supported workforce	☐	Inclusive leadership	☐

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
There are no implications that would affect the ICB's obligations.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Details/Findings The ICB Board is committed to the delivery of Net Zero Carbon targets.					

Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th April 2023

Item: 012

Report Title	Integrated Care Board Risk Register Report – March 2023							
Author	Rosalie Whitehead, Risk Management & Legal Assurance Manager							
Sponsor (Executive Director)	Helen Dillistone, Executive Director of Corporate Affairs							
Presenter	Helen Dillistone, Executive Director of Corporate Affairs							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☐
Appendices	Appendix 1 – ICB Risk Register Appendix 2 – Movement in risk summary – March 2023							
Assurance Report Signed off by Chair	Not Applicable							
Which committee has the subject matter been through?	Integrated Care Board Committees – March 2023							

Recommendations
The Board are requested to **RECEIVE** and **NOTE:** • the Risk Register Report; • Appendix 1, as a reflection of the risks facing the organisation as at 31st March 2023; and • Appendix 2, which summarises the movement of all risks during March 2023.
Purpose
The purpose of the Risk Register report is to appraise the ICB Board of the Risk Register.
Background
The ICB Risk Register is a live management document which enables the organisation to understand its comprehensive risk profile and brings an awareness of the wider risk environment. All risks in the Risk Register are allocated to a committee who review new and existing risks each month and agree the latest position on the risk, advise on any further mitigating actions that might be required, or approve removal of fully mitigated risks.
Report Summary
The report details the ICB's very high operational risks in order to provide assurance that robust management actions are being taken to mitigate them. It also summarises any movement in risk scores, new risks to the organisation and any closed risks.
Identification of Key Risks
As identified in the report.

Have any conflicts of interest been identified throughout the decision making process?
None identified.
Project Dependencies
Not applicable.
Completion of Impact Assessments

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☒	Inclusive leadership	☒

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
There are no implications or risks that would affect the ICB's obligations.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Details/Findings Risk 11 is part of the ICB Risk Register relating to the Greener Plan/Net Zero Carbon targets.					

CORPORATE RISK REGISTER REPORT

1. INTRODUCTION

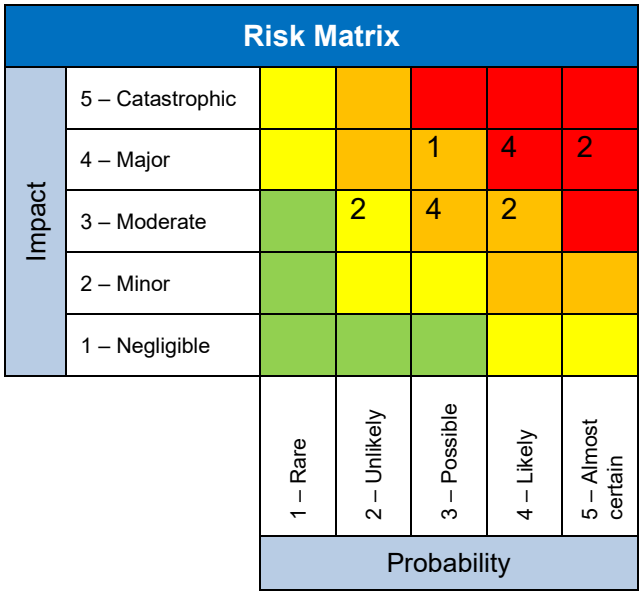
The purpose of this report is to present the ICB Board with the very high (red) operational risks from the ICB's Corporate Risk Register in order to provide assurance that robust management actions are being taken to mitigate them.

2. VERY HIGH OPERATIONAL RISKS

The ICB currently has 6 very high (red) operational risks in its Corporate Risk Register.

The table to the right shows the profile of the current risks scored for **all** operational risks on the Corporate Risk Register. Full details for each risk are described in Appendix 1.

A summary of the latest position regarding these risks is outlined in paragraph 2.1 below.



2.1 Very High (Red) Operational Risks

Risk Reference	Risk Description	Current Risk Score	Responsible Committee
Risk 01	*The Acute providers may breach thresholds in respect of the A&E operational standards of 95% to be seen, treated, admitted or discharged within 4 hours, resulting in the failure to meet the ICB constitutional standards and quality statutory duties.* **Update:** • 3 out of the 4 Operational Coordination Centre (OCC) Commanders are in post, the final commander post is due to commence in May 2023. • 2 of the OCC Coordinators are now in post on a secondment basis. • The process of recruiting to 3 Coordinator posts permanently is now in progress, with interviews planned to take place during the week commencing 27th March 2023. • System operational governance refresh is in progress.	Overall score 20 **Very High** (5 x 4)	System Quality Group

Risk Reference	Risk Description	Current Risk Score	Responsible Committee
	<u>February performance:</u> • CRH reported 81.8% (YTD 78.9%) and UHDB reported 59.9% (YTD 61.4%). • CRH: The combined Type 1 and streamed attendances remain high, with an average of 175 Type 1 and 186 streamed attendances per day. • UHDB: The volume of attendances remains high, with Derby seeing an average of 197 Type 1 adult attendances per day, 107 children Type 1s and 130 co-located UTC. • At Burton there was an average of 183 Type 1 attendances per day and 20 per day through Primary Care Streaming.		
Risk 03	*There is a risk to the sustainability of the individual GP practices across Derby and Derbyshire resulting in failure of individual GP Practices to deliver quality Primary Medical Care services resulting in negative impact on patient care.* **Update:** OPEL reporting is now embedded and over 100 GP Practices are reporting twice weekly.	Overall score 16 **Very High** (4 x 4)	Population Health and Strategic Commissioning Committee
Risk 06	*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.* **Update:** • As of 28th February 2023, the system year to date result is a £26.5m deficit, with a likely case Forecast Out Turn (FOT) of £13.6m deficit. There has been a £5.4m improvement since month ten due to an additional allocation expected from NHSE in month twelve. • A roadmap to move the system from the current tear to date position to the £13.6m FOT deficit has been developed and therefore there is a high degree of confidence that this is still achievable within the remaining month left to year end. • NHSE have acknowledged JUCD will have a £13.6m FOT deficit due to expenditure outside of its control - cost of living increases, pay award pressure and COVID related costs. The risk to future years should be noted in that: • The majority of efficiencies delivered in the current financial year have been non-recurrent schemes, however transformation plans have been discussed at TCG and Provider Collaborative Leadership Board, and Provider Chairs/CEO are agreeing high impact priority areas for collaboration. • There continues to be limited capital resources, and restraints on digital system investments. The plan for capital is prioritised on a risk basis for compliance, safety and experience.	Overall score 16 **Very High** (4 x 4)	Finance and Estates Committee

Risk Reference	Risk Description	Current Risk Score	Responsible Committee
	• The draft operational plan for 2023/24 has a £149.5m funding shortfall. Whilst the plan to be submitted at the end of March must show an improvement on this position, there is a challenging period ahead. • Due to the planned deficit, there is a risk to cash. Revenue cash support has been requested for April.		
Risk 09	*There is a risk to patients on Provider waiting lists due to the continuing delays in treatment resulting in increased clinical harm.* **Update***:* There is further work to be undertaken to standardise the process used by both acute providers and further work to be done across DCHS before a risk score reduction can be considered.	Overall score 16 **Very High** (4 x 4)	System Quality Group
Risk 19	*Failure to deliver a timely response to patients due to excessive handover delays and transfer of patients to the appropriate care setting from Acute Hospitals. Risk of leading to significant response times for patients whilst waiting in the community for an ambulance response, resulting in potential significant levels of harm.* **Update:** • EMAS have submitted a bid for national funding to increase capacity to deliver CAT 2 mean target of 30 mins over 2023/24. This will have an impact on the crews' ability to response in a more timely way to patients waiting in the community for an emergency ambulance. • The discharge funding received in December 2022 has been used to fund surge beds to support with flow. • Extra home care provision is also in place from a private provider to support with outflow out of the acute setting. • There are plans to look to increase home care provision through JUCD staffing, rather than private care provision to offer extra capacity to support discharge.	Overall score 20 **Very High** (5 x 4)	System Quality Group
Risk 20	*Under the Immigration and Asylum Act 1999, the Home Office has a statutory obligation to provide those applying for asylum in England with temporary accommodation within Derby City and Derbyshire. Due to the number of contingency Hotels in the city and county there is concern that there will be an increase in demand and pressure placed specifically upon Primary Care Services and Looked After Children Services in supporting Asylum Seekers and unaccompanied asylum seekers with undertaking health assessments.* **Update:** • There has been no reduction in the use of contingency hotels in our area. • There is no reduction in the risk score at this time.	Overall score 16 **Very High** (4 x 4)	System Quality Group

3. RISK MOVEMENT

Appendix 2 details the movement of risk scores during March 2023. In summary:

One risk increased in score:

Risk 16: *With the pending review of the ICB structures there is risk of increased anxiety amongst staff due to the uncertainty and the impact on well-being.*

This was increased from a high score of 9 to a high score of 12.

4. CONCLUSION

The ICB Board are requested to consider the report and provide any comment they feel appropriate.

Appendix 1 - Derby and Derbyshire ICB Risk Register - as at March 2023

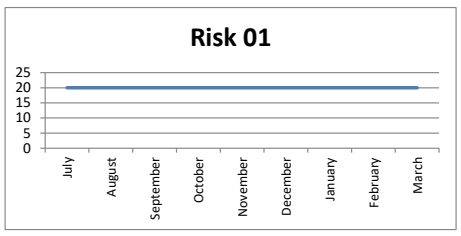
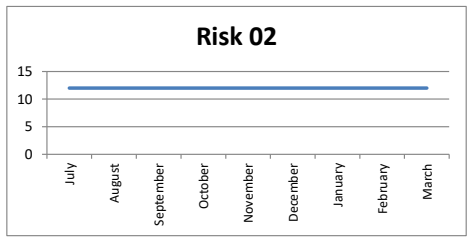
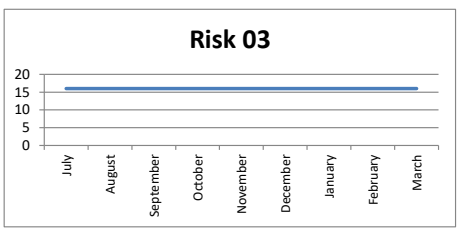
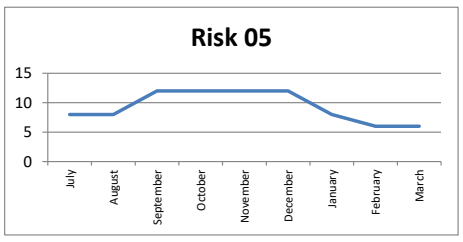
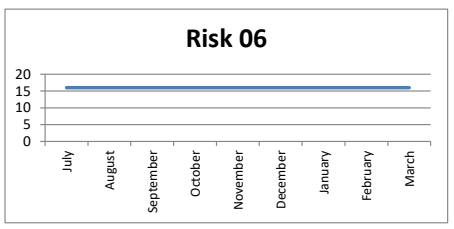
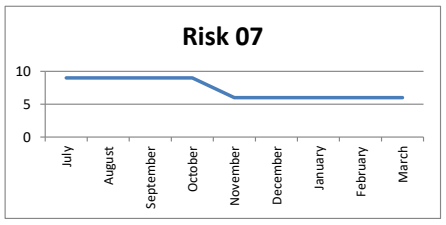
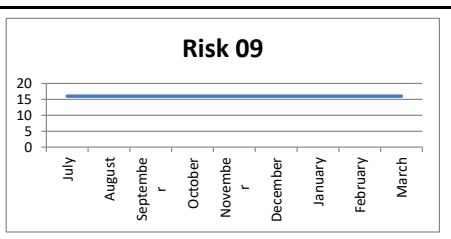
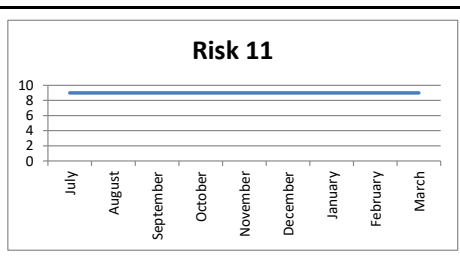
NHS Derby and Derbyshire Integrated Care Board

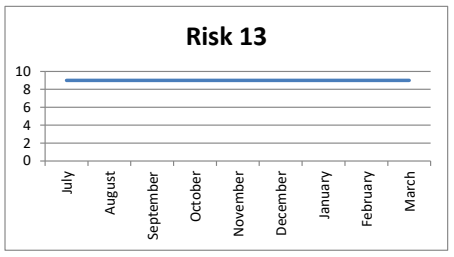
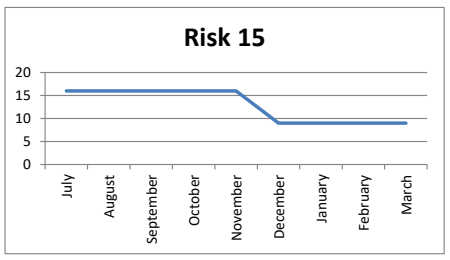
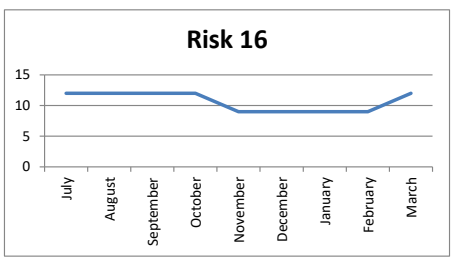
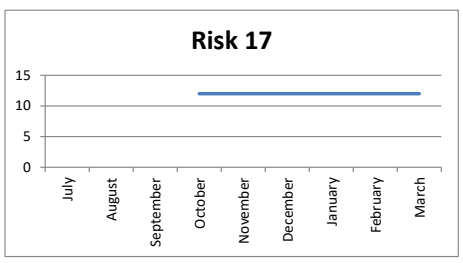
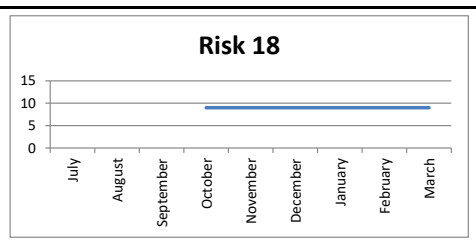
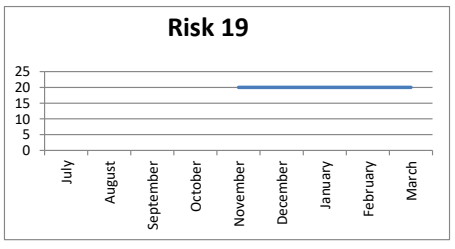
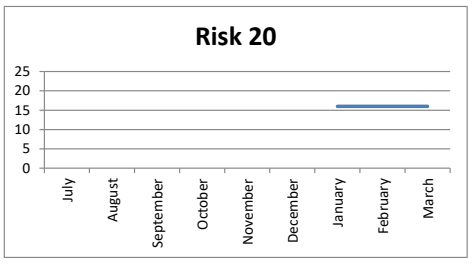
Risk Reference	Yr/#	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating: Probability	Initial Risk Rating: Impact	Initial Risk Rating: Rating	Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating: Probability	Previous Rating: Impact	Previous Rating: Rating	Residual/ Current Risk: Probability	Residual/ Current Risk: Impact	Residual/ Current Risk: Rating	Target Risk: Probability	Target Risk: Impact	Target Risk: Rating	Target Date	Link to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
01	22/23	The Acute providers may breach thresholds in respect of the A&E operational standards of 95% to be seen, treated, admitted or discharged within 4 hours, resulting in the failure to meet the ICB constitutional standards and quality statutory duties.	System Quality Group	Constitutional Standards/ Quality	3	4	12	Governance: - The ICB are active members of the Derbyshire Urgent and Emergency Critical Care Board (UECC) which has oversight and ownership of the operational standards. The performance dashboard is under further development to allow greater scrutiny of performance and any areas of concern to be highlighted and acted upon accordingly. - Providers update the OPEL reporting website daily by 11am and can escalate concerns and requests for support via the ICB urgent care team in hours, or the on-call director out of hours. - Providers across the Derbyshire Health and Social Care System meet weekly as part of the System Operational Resilience Group. The purpose of this silver command level group is to co-ordinate and deliver the actions necessary to respond to significant issues which are affecting, or likely to affect, the functioning of an effective operation at a intra and inter sector level across the Health and Social Care System. This group reports into the System Escalation Group (SEC) which represents Gold Command. - All providers participate in the System Escalation Calls. These meetings are stood up by exception only. - The 22/23 Surge plan is currently being developed to support the times of escalation and extreme pressure for the remainder of the year (this will include plans for both summer and winter). There will be an agreed process in order for this to be monitored and actioned - This will feed into the UECC Board. Nov- Work ongoing to establish a System Control Centre known as the Derbyshire Operational Co-ordination Centre (OCC) as described in the winter letters from NHSE. This was established on 1st of December, operating 7/7 8am- 8pm with on-call cover to support out of hours. System colleagues working collaboratively to design what this looks like for JUCD. Recruitment has commenced. First round of recruitment has been completed. Winter Plan for 22/23 has been approved and initiated. A process has been implemented to monitor this. It is reported and managed through SORG and then reported up into the UECC Board. The Winter initiatives that were put in place for winter 22/23 are being reviewed and discussions taking place regarding a plan for once the funding ends at the end of March 2023 regarding stepping down initiatives or whether we are able to continue you them. It is reported and managed through SORG and then reported up into the UECC Board. The 22/23 Winter initiatives step down plan is being finalised. It is reported and managed through SORG and then reported up into the UECC Board.	Actions taken: - Review of the Directory of Services to ensure all appropriate patients go to UTCs rather than EDs - Identifying other failed pathway referrals that lead to unnecessary ambulance conveyances, forming a plan to remedy these. Use findings from the Rapid Improvement Fortnight MDT Hub to identify failed pathways and support future development of a Unscheduled Care Coordination Hub (UCCH). Next steps is to re-introduce this for the winter period as a minimum. Awaiting a go live date. - Improving ambulance handover times through increased senior ownership within EDs and applying Releasing Time To Care principles in EMAS. The HALO role has been approved (3 x WTE), recruitment processes have commenced. - Taking a system-wide approach to Same Day Emergency Care working to increase same-day discharges to improve patient flow. - Same day emergency care (SDEC) and urgent treatment centre (UTC) pathways have been developed and continue to increase for EMAS to access, in order to reduce the number of patients directed to ED. - The SORG regularly review the OPEL dashboard to support their operational discussion and to give a full picture on their operational resilience, which supports the system to understand where the pressures are, the impact this has and actions required to support. A further workshop is being planned for early April 2023 to follow up on the workshop in Febraury. The workshop will review the collated Opel Framework and Triggers for each system partner and agree a collaborative consistent approach. Action plans will also be refreshed. - Ambulance handover working group has been established which meets fortnightly which looks at improvements to handovers and alternative pathways. - There are daily regional 10am calls. - Daily system calls at 11.00am. - SORG meetings are weekly at 1.30pm with the option to increase as required. - The Derby and Derbyshire Clinical navigation hub is live and a monitoring and tracking group has been established to monitor and measure the impact. - Business Case approved to expand and enhance the current Derby & Derbyshire Integrated Urgent Care Clinical Assessment Service (IUC CAS) to support flow to the most clinically appropriate setting in order to complete the consult and treat model. This will be known as the Derby & Derbyshire Clinical Navigation Hub (DDCNH) operating 24/7. Go Live date of first element was 1 December 2022. - Review taking place of the new UTC standards.	February 2023 performance CRH reported 81.8% (YTD 78.9%) and UHDB reported 59.9% (YTD 61.4%). CRH: The combined Type 1 & streamed attendances remain high, with an average of 175 Type 1 and 186 streamed attendances per day. UHDB: The volume of attendances remains high, with Derby seeing an average of 197 Type 1 adult attendances per day, 107 children Type 1s and 130 co-located UTC. At Burton there was an average of 183 Type 1 attendances per day and 20 per day through Primary Care Streaming. The acuity of the attendances was high, with Derby seeing an average of 10 Resuscitation patients & 187 Major patients per day and Burton seeing 71 Major/Resus patients per day. March 2023 Update: • 3 out of the 4 OCC commanders are in post, the final commander post is starting in May 2023. 2 of the OCC coordinators are now in post on a secondment. In the progress of recruiting to 3 coordinator posts permanently, interviews to take place w/c 27th March 2023. • System operational governance refresh is in progress	5	4	20	5	4	20	3	3	9	On going	Risk	Mar-23	Apr-23	Zara Jones Executive Director of Strategy and Planning	Catherine Bainbridge, Head of Urgent Care Dan Merrison Senior Performance & Assurance Manager
02	22/23	Changes to the interpretation of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs) safeguards, results in greater likelihood of challenge from third parties, which will have an effect on clinical, financial and reputational risks of the ICB.	System Quality Group	Statutory/ Financial	3	3	9	•The implementation date for Liberty Protection Safeguards (LPS) to replace DoL has been deferred by government, date for implementation not yet confirmed. The new code of practice is currently in draft and is out for public consultation until 07.07.2022 . Midlands and Lancs CSU continue to re-review and identify care packages that potentially meet the 'Acid Test' and the MCA/DoLS staff members are preparing the papers for the CCG to take to the Court of Protection as workload allows. • ICB DoL policy will be updated when the LPS Code of Practice is available. • The ICB is required to submit 100% health funded packages of care that meet the DoL threshold to the Court of Protection (CoP) authorisation, there is an agreement with the LA for the joint funded cases which the LA submit on both our behalves and charge the ICB 50% of the submission fee. There is a reputational risk to the ICB if found guilty of an unauthorised DoL for someone in receipt of CHC funding with associated compensation costs. • Due to the delay in the implementation of LPS the CCG will continue to make applications under the existing Re X process. There is still a backlog of cases that the Court of Protection have not yet processed. • The management oversight of this work is now the responsibility of the MLCSU DoL Lead following agreement between the former CCG and MLCSU. •The Designated Nurse for Safeguarding Adults sits on the CSU Operational Group where any issues in relation to this work are raised.	The Re X DoLS Options Paper was agreed by the December Governing Body meeting and is now being implemented. A further paper was taken Q & P to seek permission for the Safeguarding Adults Team and the CSU MCA/DoLS worker to submit Re X DoLS applications that are 100% funded directly to the CoP. This has been agreed and a framework for this to happen is in place. This has been agreed and a framework for this to happen is being developed and an account with the COP has been set up.	January update: Awaiting Government response to the consultation and date for implementation. February 2023 No further information available from Government on implementation date. CSU CoP Team to provide monthly trajectory to Ops Group for clearing the backlog ahead of LPS. March: Still awaiting decision from government about implementation date. Trajectory report received and meeting with CSU to be held 27.3.23 to discuss. At the moment the risk grading remains the same.	3	4	12	3	4	12	3	3	9	April 2023	Risk	Mar-23	Apr-23	Brigid Stacey - Chief Nursing Officer & Deputy Chief Executive	Bill Nicol, Head of Adult Safeguarding Michelle Grant, Designated Nurse Safeguarding Adults/MCA Lead
03	22/23	There is a risk to the sustainability of the individual GP practices across Derby and Derbyshire resulting in failure of individual GP Practices to deliver quality Primary Medical Care services resulting in negative impact on patient care.	Population Health & Strategic Commissioning Committee	Primary Care	5	4	20	**Governance processes to enable identification of potential practices requiring support.** Development of Primary Care sub-group to fulfil the ICB delegation requirements in relation to Primary Medical care services. CQC and ICB summit/routine meetings to review and provide assurance re: individual practices who are due to or have had a CQC inspection resulting in a rating of requires improvement or special measures. Quality Assurance programme. Clinical Governance Leads network for sharing best practice. **Primary Care Strategy** Refresh of the former CCG's Primary Care Strategy to take place during 2022/23. The former CCG financially supported the development of the GP Provider Board, who will be the single voice for General Practice, supporting the development of Quality Improvement initiatives relating to access and practice resilience. **Primary Care Networks** The Primary Care Networks will provide a way that practices can support each other in smaller groups and deliver services at scale. Over time this will provide a safe forum for practices to seek help from peers and another route for help for struggling practices. Establishment of Primary Care Assurance and Delivery Board to oversee the delivery of the Primary Care Transformation programme inclusive of estates, IT, workforce - additional roles, access.	Review and refresh of the former Derbyshire wide Primary Care Strategy. Primary Care Quality and Contracting Team to continue to work closely with practices to understand and respond to early warning signs including identification of support/resources available including practice support in discussions around workload transfer from other providers. Establishment of Primary Care sub-group to oversee and ensure compliance with ICB delegation requirements. First meeting to take place on 13th September 2022. October: OPEL dashboard for primary care to be finalised to identify practices at greater risk. Primary Care Hi-light Report draft to be taken to Primary Care sub group for review and agreement of content - to support early identification of practice resilience.	January: • review of Opel reporting by practice including update to definitions and guidance for practices developed by winter team (ICB, LMC, GPPB, DHU) • expansion of winter hub locations and appointments available as part of the winter plan • letter to practices 23/12 and follow up letter 23/1 to provide details of additional support to practices through a winter resilience payment where practices have diverted resources to support the increased urgent demand including during the system period of critical incident status • winter team meeting with practices reporting Opel 4 to undertake review against resilience checklist and support areas identified. No change recommended to risk score. February: Opel reporting embedded and over 100 practices reporting twice weekly.	4	4	16	4	4	16	4	3	12	On going	Risk	Feb-23	Mar-23	Zara Jones Executive Director of Strategy and Planning	Hannah Belcher, Assistant Director of GP Commissioning and Development: Primary Care Judy Derricott Assistant Director of Nursing and Quality: Primary Care
05	22/23	If the ICB does not sufficiently resource EPRR and Business Continuity functions and strengthen emergency preparedness policies and processes it will be unable to effectively act as a Category 1 responder which may lead to an ineffective response to local and national pressures.	Audit and Governance Committee	Corporate	4	4	16	• ICB active in Local Health Resilience Partnership (LHRP) and relevant sub groups • On-call staff are required to receive Met Office Weather Alerts. These will be cascaded to relevant teams who manage vulnerable groups • Executive attendance at multi agency exercises. • Internal Audits have evaluated Business Continuity preparedness. • Derbyshire-wide Incident Plan in existence. • Joint Emergency Services Interoperability Protocol (JESIP) training made available to on-call staff • Staff member trained in Business Continuity and member of professional body • Staff member competent to train Loggists internally and there are sufficient number now trained • Derby and Derbyshire ICB represented on LHRP and LRF sub-groups including, HEPOG, Training and Exercising sub-group. Risk Assessment Working Group, LRF Tactical, Human Aspects and Derbyshire Health Protection Response Group. • On-call rota being revised to introduce two tier system with improved resilience • Comprehensive training undertaken for On-call staff to National Standards	• The On Call Forum has met regularly and has provided an opportunity to share experience and knowledge •The former CCG fully participated in the response to the COVID pandemic and submitted evidence to NHSEI as part of the 2020/21 EPRR National Core Standards • Continued collaborative working with Provider organisations and other stakeholders including the LRF and NHSEI Regional teams	January Head of EPRR has now started in post, additional recruitment is ongoing, and plans are being drafted to be updated in line with new requirements under the CCA 04. Work plan including training and exercising for embedding has been created and being followed - therefore risk can be reduced in score. February Recruitment process continues for the Band 7 post. Further plans continue to be signed off with IRP, Adverse Weather now completed, Business Continuity is ready for sign off at A&G and the emerging infectious disease group will commence in March 2023. System planning is now in place to commence in march also in relation to mass casualty and evacuation and shelter. Further reduction in risk score impact due to the plans and processes. March The band 7 EPRR Manager is due to commence in May 2023. Further plans continue to be signed off. The Business Continuity and business continuity management system is ready for sign off at the Audit and Governance Committee and the emerging infectious disease plan should be ready for consultation by the end of March 2023. System planning has now commenced for mass casualty and evacuation and shelter.	2	3	6	2	3	6	2	2	4	On going	Risk	Mar-23	Apr-23	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Chris Leach Head of EPRR
06	22/23	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.	Finance and Estates Committee	Finance	4	4	16	Internal management processes – monthly confirm and challenge by Finance & Estates Committee, including deep dive reports of key areas of interest. Monthly reporting to NHSEI Development of system I&E reporting including underlying positions by organisation and for the system as a whole. Development of a System Medium Term Financial Plan to consider long-term transformation and hence delivery of a sustainable financial position. A detailed risk log has been created for Finance and Estates Committee. This log breaks down this overriding risk into smaller mitigations and actions; each with individual risk owners. These include a focus on ePMO, decision making architecture, maintenance of estates and digital systems, triangulation of planning, and System risk ownership.	March Update: With the risk to the financial position in future years, the System needs to take prompt action to reduce spend. The impact of failing to deliver a financial break even position within the first two years of the ICB's existence, will be the need of the ICB to recover the deficits from its predecessor CCGs. Actions required include identification of recurrent cash savings with close monitoring by the ePMO, strengthening the architecture of the Delivery Boards, maintenance of our estate and digital systems, triangulation of operations, finance and workforce, and System cash management. A number of actions have been taken, which include: - JUCD DoF/CFO/CoFs meeting at least weekly; reviewing and challenging the financial position, - Regular system wide meetings taking place at various levels to finalise the triangulated 2023/24 plan for submission late March - System DoFs have agreed a series of 'Protocols' to agree how to distribute the allocations received for JUCD - Detailed review (possibly independent) of baseline expenditure to be carried out to understand how this has grown over recent years	March Update: As of 28th February 2023, the system year to date result is a £26.5m deficit, with a likely case FOT of £13.6m deficit. There has been a £5.4m improvement since month ten due to an additional allocation expected from NHSE in month twelve.. A roadmap to move the system from the current YTD position to the £13.6m FOT deficit has been developed and therefore there is a high degree of confidence that this is still achievable within the remaining month tett to year end. NHSE have acknowledged JUCD will have a £13.6m FOT deficit due to expenditure outside of its control - cost of living increases, pay award pressure and COVID related costs. The risk to future years should be noted in that: - the majority of efficiencies delivered in the current financial year have been non-recurrent schemes, however transformation plans have been discussed at TCG and PCLB, and Provider Chairs/CEO are agreeing high impact priority areas for collaboration. - there continues to be limited capital resources, and restraints on digital system investments. The plan for capital is prioritised on a risk basis for compliance, safety and experience. - the draft operational plan for 23/24 has a £149.5m funding shortfall. Whilst the plan to be submitted at the end of March must show an improvement on this position, there is a challenging period ahead. - due to the planned deficit, there is a risk to cash. Revenue cash support has been requested for April.	4	4	16	4	4	16	2	3	6	On going	Risk	Mar-23	Apr-23	Keith Griffiths, Chief Financial Officer	Darran Green, Acting Operational Director of Finance Donna Johnson Acting Assistant Chief Finance Officer
07	22/23	Failure to hold accurate staff files securely may result in Information Governance breaches and inaccurate personal details. Following the merger to Derby and Derbyshire CCG this data is not held consistently across the sites.	Audit and Governance Committee	Corporate	4	3	12	• Staff files from Scansdale site are to be moved to a locked room at the TBH site. This is interim until the new space in Cardinal is available. There are still staff files at Scansdale and Cardinal Square they are safely secured. Due to Covid-19 the work has been placed on hold as staff are all working from home. • EA's/PA's at Cardinal Square have been contacted and a list is being pulled together of names and files (current or leavers) held ensuring that these are all securely saved in locked filing cabinets. Work is being completed at Cardinal Square by staff who do regularly attend site to compile the list and confirm who may be missing. • Consider an electronic central document management system (DMS) This action remains once we are in a position to move the project forward.	• A project team has been organised to work on the risks, ensuring that a standardised format and tick list is developed of the relevant paperwork to keep in HR files. This piece of work will take a significant amount of time before the ICB can even consider looking at a document management system. • Information Governance are currently working to secure a contract for archiving, this will ensure that staff leavers files are securely archived with the correct paperwork. • Project team are obtaining guidance with other NHS organisations to consider a document management system.	January: Audit of HR files completed and the large majority of employees have an up to date electronic HR file. HR to review the paper HR files for current employees and resource required to scan any documents not held electronically onto the network. Leavers file to be sent to the ICB archive company Restore for storage. Risk score to remain unchanged. February: No change, work in progress. March: No change, work in progress.	2	3	6	2	3	6	1	2	2	Mar-23	BAF	Mar-23	Apr-23	Amanda Rawlings, Chief People Officer	James Lunn, Head of People and Organisational Development
09	22/23	There is a risk to patients on Provider waiting lists due to the continuing delays in treatment resulting in increased clinical harm.	System Quality Group	Clinical	4	4	16	• Risk stratification of waiting lists as per national guidance • Work is underway to attempt to control the growth of the waiting lists – via MSK pathways, consultant connect, ophthalmology, reviews of the waiting lists with primary care etc. • Providers are providing clinical reviews and risk stratification for long waiters and prioritising treatment accordingly.	• An assurance group is in place to monitor actions being undertaken to support these patients which reports to PCDB and SQP • Providers are capturing and reporting any clinical harm identified as a result of waits as per their quality assurance processes • An assurance framework has been developed and completed by all providers the results of which will be reported to PCDB • A minimum standard in relation to these patients is being considered by PCDB • Work to control the addition of patients to the waiting lists is ongoing	• Monthly groups are in place with all 4 providers represented • Completion of assurance framework quarterly is undertaken by all providers and reports to PCDB quarterly, and to SQG • Identified harm is reported on STEIS and all providers are monitoring this • A risk stratification tool is being piloted by providers July: The required reporting is now incorporated in the Quality Schedule so will be a quarterly formal report presented to the Provider Clinical Quality Review Groups (CQRGs). August: Reporting via the quality schedule (QS13) has now commenced, with Q1 report due this month for presentation to System Quality Group and CQRGs. September: No Change, quarterly reporting in place October/November: Risk score was proposed to be decreased due to improved processes are in place for assurance: embedded in Quality Schedule with quarterly reports to SQG, and updates to SQPC. Not agreed at SQG due to critical incident situation. December: No change to previous month. January: No change this month. More information will be available from Quarter 3. Now a Standing Agenda Item at monthly CQRG. At present, no known increase in risk due to critical incident and strikes September: No Change, quarterly reporting in place February: No change this month. March : More information available as Q3 paper goes to SQG in April. Propose decrease risk score - await decision at SQG. Decision following SQG held on 04.04.23: There is further work to be undertaken to standardise the process used by both acute providers and further work to be done across DCHS before risk score reduction can be considered.	4	4	16	4	4	16	3	2	6	Mar-23	BAF	Mar-23	Apr-23	Brigid Stacey, Chief Nursing Officer & Deputy Chief Executive	Letitia Harris Clinical Risk Manager
11	22/23	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	Audit and Governance Committee	Corporate	4	4	16	Helen Dillistone, Net Zero Executive Lead for Derbyshire ICS NHSE Memorandum of Understanding in place NHSE Midlands Greener Board established and meets monthly Derbyshire ICS Greener Delivery Group established and meets bi monthly NHSE Midlands regional priorities identified Derbyshire Provider Trust Green Plans approved by individual Trust Boards and submitted to NHSE Derbyshire ICS final draft Green Plan has been approved through the Derbyshire Trust Boards during March and May. The CCG Governing Body approved the Green Plan on the 7th April 2022. Approved ICS Green Plan submitted to NHSEI end March 2022 and confirmed CEO and GB sign off 7th April 2022. Derbyshire ICS Green Plan Action Plan in place and priorities identified for 2022/23. Development of Derbyshire ICS Green Plan Dash Board. Monthly Highlight Reporting to NHSE in place. Quarterly review meetings with NHSE Green Director Lead	Helen Dillistone, Net Zero Executive Lead for Derbyshire ICS NHSE Memorandum of Understanding in place NHSE Midlands Greener Board established and in place Derbyshire ICS Greener Delivery Group established and in place NHSE Midlands regional priorities identified Derbyshire Provider Trust Green Plans approved by individual Trust Boards and submitted to NHSE Derbyshire ICS final draft Green Plan will be approved through the Derbyshire Trust Boards during March and approved by the CCG Governing Body on the 7th April 2022. Derbyshire ICS final draft Green Plan has been approved through the Derbyshire Trust Boards during March and May. The CCG Governing Body approved the Green Plan on the 7th April 2022. Approved ICS Green Plan submitted to NHSEI end March 2022 and confirmed CEO and GB sign off 7th April 2022	Net Zero – One year on Staff Communication from Helen Dillistone, Net Zero Lead. Former CCG Team Talk staff engagement session on the Greener NHS and Derbyshire arrangements in place – November 2021 Derbyshire ICS Green Plan workshop 16th December 2021 and Derbyshire ICS Green Plan and action plan in development and was approved by the CCG Governing Body on the 7th April and ICB Board 21st July 2022. Medicines Executive Lead is a member of the Derbyshire ICS Delivery Group Medicines Management Lead is a member of the Derbyshire ICS Delivery Group Climate Change National Audit Office best practice risk assessment presented to Audit Committee November 2021 January 2023 - Proposal for spend will be approved at the ICS Greener Group Feb 2023. Quarter 4 - January Highlight Reports reported to NHSE 25.1.2023 SRO Review Meeting with NHSE February 2023 The current risk score 3x3 = high 9, is reasonable this cannot be reduced until the ICS starts to achieve its targets through the action plan for 2022-23. The risk does not require an escalation in risk score. February 2023 - MOU Funding commitments approved at the ICS Greener Group Feb 2023. Liftshare Scheme Project underway and Proposed launch Q1 2023/24. Air Quality Project with 2 Derbyshire School in process. ICS Dashboard being developed. Quarter 4 - January Highlight Reports reported to NHSE SRO Review Meeting with NHSE took place 1st March 2023. The current risk score 3x3 = high 9, is reasonable this cannot be reduced until the ICS starts to achieve its targets through the action plan for 2022-23. The risk does not require an escalation in risk score. March 2023 -Quarter 4 - March 23 Highlight Reports reported to NHSE SRO Review Meeting with NHSE took place 1st March 2023. The current risk score 3x3 = high 9, is reasonable this cannot be reduced until the ICS starts to achieve its targets through the action plan for 2023/24. The risk does not require an escalation in risk score, the score reflects the ICB position.	3	3	9	3	3	9	3	2	6	Nov-23	BAF	Mar-23	Apr-23	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Suzanne Pickering Head of Governance

Risk Reference	Year	Risk Description	Responsible Committee	Type - Corporate or Clinical	Initial Risk Rating: Probability	Initial Risk Rating: Impact	Initial Risk Rating: Rating	Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating: Probability	Previous Rating: Impact	Previous Rating: Rating	Residual/ Current Risk: Probability	Residual/ Current Risk: Impact	Residual/ Current Risk: Rating	Target Risk: Probability	Target Risk: Impact	Target Risk: Rating	Target Date	Link to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner
13	22/23	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.	Public Partnerships Committee	Corporate	4	4	16	• Detailed work programme for the engagement team • Clearly allocated portfolio leads across team to share programmes • Assessment of transformation programmes in ePMO system underway to quantify engagement workload. January: Ongoing assessment of ePMO programmes nearing conclusion. January: System comms leads have agreed distributed leadership approach to assessing work programmes within delivery boards and other system groups. Mapping to take place January & February, with review session planned for 2 March.	•Implementation of planning tool to track and monitor required activity, outputs and capacity •Links with e-PMO to embed PPI assessment and EIA processes into programme gateways •Distributed leadership across system communications professionals being implemented to understand delivery board and enabler requirements •Establishment of workstream approach to main programme areas to take place July/August 2022 to ensure prioritisation of projects is clear across system.	•Wrike planning tool in training phase (31.5.22); implementation during July/August 2022 •Agreement (8.6.22) on positioning of PPI assessment and EIA tools within e-PMO gateway processes, for implementation July 2022. Access to system granted to engagement team; training on system and assessment of activity to start August 2022. •Distributed leadership agreement among system communications group; paper to System Leadership Team (8.7.22) to confirm arrangements and flag risks deferred to future meeting. PPI Guide agreed at Engagement Committee, Senior Leadership Team and presented at Team Talk - will be developed into training programme with the aim of standardising the approach to engagement progression and equipping project teams to progress their own schemes with technical expertise provided from the engagement team. Revision and refresh of Communications and Engagement Team portfolios and priorities undertaken July 2022. September/October 2022 - Ongoing assessment of activity emerging within ePMO to quantify resource requirements. September/October 2022 - Resource requirements to support place engagement pilots also being scoped. November 2022 - Resourcing review as part of ICB structure discussions in Executive Team. December 2022 - review of ePMO schemes underway, to be completed January 2023. Current assessment identifies limited number of schemes for engagement activity. Review of engagement team portfolios to maximise equality of work and efficiency of process. System discussion ongoing regarding distributed leadership, including Provider Collaborative Leadership Board. January: Ongoing assessment of ePMO programmes nearing conclusion. January: System comms leads have agreed distributed leadership approach to assessing work programmes within delivery boards and other system groups. Mapping to take place January & February, with review session planned for 2 March. February/March: No update this month.	3	3	9	3	3	9	2	2	4	tbc	tbc	Mar-23	Apr-23	Helen Dillistone - Executive Director of Corporate Affairs	Sean Thornton - Deputy Director Communications and Engagement
15	22/23	The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI	Audit and Governance Committee	Corporate	4	4	16	The former CCG team worked closely with the NHSEI team to understand current and future operating model, the work transferred, the staff required and the governance arrangements. This work enabled understanding of the detail of the transfer and shaped the transfer so that capacity could be ensured or better understand and plan for any gap. If a gap was identified, this would be escalated within the ICB for further discussion. Discussing were taking place around the possibility of the existing team remaining as presently - as a centrally managed team. This would limit the risk that the team fragments and any loss of economy of scale.	Pre-delegation assurance framework process September 2022. It is likely that the NHSEI East/West Midlands team will be retained but risks remain re potential contractual costs and capacity. Derbyshire is not required to take on delegated functions until 2023.	Jan: No further detail received as yet with regard to the shape and size of the resource required by DD/CB to enact our responsibilities with regard to the delegated functions. Risk score remains unchanged. February: Meetings are taking place to discuss how ICBs in the region will work with the host ICB and this will help clarify the role of each individual ICB and the resource required to fulfil our obligations. No change in risk score. March: Joint Working Agreements have been drafted and are due to be signed by the end of this month, one to reflect arrangements between NHSE and ICBs and a second to reflect working arrangements between ICBs in the East Midlands. Discussions are taking place between NHSE and host ICBs, however the operational details of how the host will work with each ICB have not yet been confirmed.	3	3	9	3	3	9	3	2	6	tbc	tbc	Mar-23	Apr-23	Helen Dillistone - Executive Director of Corporate Affairs	Chrissy Tucker - Director of Corporate Delivery
16	22/23	With the pending review of the ICB structures there is risk of increased anxiety amongst staff due to the uncertainty and the impact on well-being.	Audit and Governance Committee	Corporate	4	3	12	Regular communication with staff. Sharing information with staff as soon as this became available. Continuation of regular 1 to 1 wellbeing checks. Compliance with Organisation Change & Redundancy Policy.	No significant change in sickness absence.	January: Promotion of wellbeing activity timetable for Winter 2023 along with wellbeing apps and support for mental health and wellbeing. Sickness absence levels peaked during October 2022 at 4.41% and reduced in both November (3.98%) and December (3.04%). Anxiety/Stress/Depression/other psychological illness continues to account for the majority of sickness days lost (31.8%) followed by infectious diseases (17%). Risk score to remain unchanged. February: Continued promotion of wellbeing offers and access to our employee assistance provider - Confidential Care. Sickness absence levels have reduced in January. Risk score to remain unchanged. March: Continued promotion of wellbeing offers and access to our employee assistance provider - Confidential Care, plus promotion of stress awareness, menopause support . Sickness absence levels have continued to reduce again in February to below 2.5%. However, it could be more likely that staff will be more anxious as a result of the uncertainty with the ICB running costs challenges, as a result, the probability is increased to 4 from 3.	3	3	9	4	3	12	3	2	6	Jul-23	tbc	Mar-23	Apr-23	Amanda Rawlings, Chief People Officer	James Lunn, Head of People and Organisational Development
17	22/23	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.	Public Partnerships Committee	Corporate	4	3	12	The system has an agreed Communications & Engagement Strategy which continues to be implemented. This includes actions supporting broadening our communications reach across stakeholders, understanding current and future desired relationships and ensuring we are reaching deeper into the ICB and components parts to understand priorities and opportunities for involvement. The Public Partnership Committee is now established and is identifying its role in assurance of sotter community and stakeholder engagement. Communications and Engagement Team leaders are linked with the emerging system strategic approach, including the development of place alliances, seeking to understand the relationships and deliver an improved narrative of progress. January: IC Strategy framework document developed for sharing across boards and other key groups to update on progress and socialise approach. Programme of presentations across all groups being finalised. Public involvement approach to IC strategy continues to be developed and will align to engagement/consolation in JWP.	*- Continued and accelerated implementation of the Communications and Engagement Strategy actions plan priorities across stakeholder management, digital, media, internal communications and public involvement. *- Continued formation of the remit of the Public Partnership Committee *- Key role for C&E Team to play in ICB OD programme *- Continued links with IC Strategy development programme *- Continued links with Place Alliances to understand and communicate priorities	November/Decemeber: *- Comprehensive programme of communications and engagement delivered to support ICB transition in July 2022 *- Communications and Engagement Strategy action plans in place 30/9/22 *- Agreed approach to communicate place alliance progress during October 22 *- Links made with proposed ICB OD supplier and HR team *- Public Partnership Committee Development session on role and function held 20/9/22 *- Programme of 1:1 visits to MPs by CEO *- Continued alignment of priorities across JUCD C&E Group January 2023:IC Strategy framework document developed for sharing across boards and other key groups to update on progress and socialise approach. Programme of presentations across all groups being finalised. Public involvement approach to IC strategy continues to be developed and will align to engagement/consultation in JWP. The score remains the same this month as there is still delivery required against the mitigating factors before we will see an improvement. February/March: Further development of the engagement approach into IC Strategy, including workstream meeting to agree plan. February/March: Seeking involvement in the JWP developments to secure appropriate engagement.	4	3	12	4	3	12	3	2	6	tbc	tbc	Mar-23	Apr-23	Helen Dillistone - Executive Director of Corporate Affairs	Sean Thornton - Deputy Director Communications and Engagement
18	22/23	There is a risk of patient harm through existing safeguarding concerns due to patients being able to pro-actively view their medical record from 1st November 2022. This is a result of national changes to the GMS contract required by NHSE/I.	Population Health & Strategic Commissioning Committee	Primary Care	4	3	12	Information cascaded to all practices detailing processes needing to be put in place before 1st November. Signposting to National webinars and hosting of local webinar. Local Information cascaded including contact details for support through NECS CSU. Work with Derbyshire LMC & FAQs circulated including a range of options for practices prior to 1st November including the application of a system code which if applied prior to the 1st of November can block patient access – to no records (practice ready for go live date) /to all records/ to patients were records still need to be reviewed. Linked with JUCD Communications team and patient facing information developed.	The GMS Contract has included Patient access to medical records since 2019, this has not been enforced, NHSE/I communicated with systems during September 2022 to inform that this would go live on1st November 2022. Nationally, patients registered with practices using System One and EMIS IT Systems will have full access to their prospective medical records from the 1st of November 2022 (Access to retrospective records will be sought through existing processes). All records where there is a potential for patient harm to occur as a result of viewing the record need to be reviewed before the 1st of November 2022, all records where there is an existing safeguarding concern need to be reviewed There remain a number of uncertainties re; what will be viewable and when including Secondary Care Communications/ Local Authority Communications A survey has been circulated asking for practices to inform which option they have adopted in order to target support to those practices who require support. To continue to communicate updates to general practice. Working with communications – circulate information to support patients and practices.	November/December: Surveyed all General Practice and as of 25th November 17 practices have applied the code not to share for over 80% of their patient population. As part of the survey practices have submitted a plan to support increasing the level of access for their patients. January 2023 - NHSE have requested practices to submit plans for access from those practices who have applied code 104 to over 80% of their population, TPP will be enabling access as of 1st February, practices have again received the option to pause if required. No change to risk score. February/March 2023 NHSE have requested practices to submit plans for access from those practices who have applied code 104 to over 50% of their population, TPP will be enabling access as of 1st February, practices have again received the option to pause if required. No change to risk score.	3	3	9	3	3	9	2	2	4	Mar-23	tbc	Mar-23	Apr-23	Zara Jones Executive Director of Strategy and Planning	Hannah Belcher, Assistant Director of GP Commissioning and Development: Primary Care Judy Derricott Assistant Director of Nursing and Quality: Primary Care
19	22/23	Failure to deliver a timely response to patients due to excessive handover delays and transfer of patients to the appropriate care setting from Acute Hospitals. Risk of leading to significant response times for patients whilst waiting in the community for an ambulance response, resulting in potential significant levels of harm.	System Quality Group	Clinical	5	5	25	1. Discharge Flow workstream 2. P1 Strategy events 3. POG actions re: Surge beds 4. Focussed work re: Stockport discharges 5. 100 day challenge 6. SEC and SORG interventions. 7. Overview of HHD delays and robust scrutiny of progress to delivery improvement trajectories. Performance management of workforce and abstraction rates to ensure necessary resources are in place to respond to demand 8. Implementation of EMAS Hospital Handover Harm Prevention Tool at Acute Trusts. 9. Ongoing work in commissioning Same Day Emergency Care and direct access to specialties such as surgery, gynaecology and urology and community providers implementing urgent two-hour community response to suitable patients, thereby increasing the number of patients who can be safely treated in their own homes. 10. Regular monitoring of Actions and risk by CQRG. 11. Local system governance structures to manage difficult decisions: Derbyshire System pressures quality review panel. Decisions and discussions held at SORG.	System actions to reduce hospital handover delays. System urgent care improvement action plans. Pathway 1 work commenced with Chesterfield Locality focusing on LOS & opportunities to integrate health and social care. Roll out to High Peak & Dales. Pathway 1 'scrums' key system partners working together to unblock delays & focused actions to support with flow. Application to EMAHSN for funding to review current interagency tool Application for non-recurrent funding for IT SME to support with development of interagency tool to support with whole system flow Strength based Approach to be rolled out at UHDB Medicine ward from November. Pathway 3 - D2A pathway for those requiring Nursing care commenced – spot purchased capacity initially with project to block book capacity commenced March 2023: EMAS plan to reduce VOR time to ensure crews can respond to dispositions in a timely way. EMAS to reduce post handover delays to target of 15 mins. EMAS to increase Hear and Treat and See and Treat when clinically appropriate to do so. Resulting in reduced dispatch and conveyance	November: UEC Handover Summit held on the 19th October 2022. Systems to decide five key interventions likely to provide improvement. December: alternative risk description agreed following November SQG. January: Due to industrial action and pressure on the system EMAS are trying to effect 15 minute handovers. SEC is meeting daily at present due to Critical Incident. February: All required mitigations in place, continuously reviewed by the Discharge Transformation Team. Escalation in place via SORG and OCC. March: EMAS have submitted a bid for national funding to increase capacity to deliver CAT 2 mean target of 30 mins over 23/24. this will have an impact on crews ability to response in a more timely way to patients waiting in the community for an emergency ambulance Discharge funding in December used to fund surge beds to support with flow. 20 beds at Bennerley will continue to be in operation until May 23. Extra home care provision also in place from a private provide to support with outflow out of the acute setting. To look to increase home care provision through JUCD staffing, rather than private care provision to offer extra capacity to support discharge	5	4	20	5	4	20	2	5	10	Apr 2023	10c	Mar-23	Apr-23	Dr Chris Weiner Chief Medical Officer	Ruth Cumbers Integration Director 999/111 – East Midlands Jo Warburton Dan Webster
20	22/23	Under the Immigration and Asylum Act 1999, the Home Office has a statutory obligation to provide those applying for asylum in England with temporary accommodation within Derby City and Derbyshire. Due to the number of contingency Hotels in the city and county there is concern that there will be an increase in demand and pressure placed specifically upon Primary Care Services and Looked After Children Services in supporting Asylum Seekers and unaccompanied asylum seekers with undertaking health assessments.	System Quality Group	Clinical	4	5	20	Local Partners continue to work closely together and meet regularly with the Home Office, SERCO and the East Midlands Councils Strategic Migration Team to discuss any issues, concerns or points to escalate in regard to the Contingency Hotels. Health and Social Care are providing services to meet the needs of the service users placed within our area.	Regular meetings with the Home Office, Serco and East Midland Councils Strategic Migration team to discuss concerns/ issues identified and points to escalate further – meetings have been taking place weekly and now going to be fortnightly DD/CB are working closely with Primary Care Networks/ GP practices to commission/ deliver Primary Care Services to asylum seekers placed with our geographical area - all hotels and IAA have GP practice cover Both Health and Social Care services to continue to meet the statutory needs of looked after children - although under significant pressure Looked after children services are being offered All partners working closely together to try and meet the needs of asylum seekers and raise any concerns to the Home Office, SERCO and East Midlands Councils Strategic Migration team - concerns/ issues identified are being raised via meetings. Formal letters of concern have also been written to the Home Office.	January 2023: Due to the increasing concerns and demand placed on local services the ICS, System Quality Committee were asked to consider adding this issue on the System and Quality Risk Register – this was agreed by the committee. This risk is also on the Derby and Derbyshire Safeguarding Children Partnership. February 2023: There can be no reduction in the risk score this month - the Home Office and SERCO have made the decision to open another Contingency Hotel adding additional pressure on local services provisions. March 2023: There is no reduction in the risk as there has been no reduction in the use of contingency hotels in our area.	4	4	16	4	4	16	3	3	9	Apr 2023	8c	Mar-23	Apr-23	Brigid Stacey Chief Nursing Officer & Deputy Chief Executive	Michelina Raciappi Assistant Director for Safeguarding Children/ Lead Designated Nurse for Safeguarding Children

Appendix 2 - ICB Risk Register - Movement - March 2023

NHS
Derby and Derbyshire
Integrated Care Board

Risk Reference	Risk Description	Previous Rating (February)			Residual/ Current Risk Rating (March)			Movement - March	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
01	The Acute providers may breach thresholds in respect of the A&E operational standards of 95% to be seen, treated, admitted or discharged within 4 hours, resulting in the failure to meet the ICB constitutional standards and quality statutory duties.	5	4	20	5	4	20	⟷	System operational governance refresh is in progress.	Zara Jones Executive Director of Strategy and Planning	Catherine Bainbridge, Head of Urgent Care Dan Merrison Senior Performance & Assurance Manager	
02	Changes to the interpretation of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs) safeguards, results in greater likelihood of challenge from third parties, which will have an effect on clinical, financial and reputational risks of the ICB.	3	4	12	3	4	12	⟷	Still no further information available from the Government on the implementation date.	Brigid Stacey - Chief Nursing Officer & Deputy Chief Executive	Bill Nicol, Head of Adult Safeguarding Michelle Grant, Designated Nurse Safeguarding Adults/MCA Lead	
03	There is a risk to the sustainability of the individual GP practices across Derby and Derbyshire resulting in failure of individual GP Practices to deliver quality Primary Medical Care services resulting in negative impact on patient care.	4	4	16	4	4	16	⟷	Opel reporting embedded and over 100 practices reporting twice weekly.	Zara Jones Executive Director of Strategy and Planning	Hannah Belcher, Assistant Director of GP Commissioning and Development: Primary Care Judy Derricott Assistant Director of Nursing and Quality: Primary Care	
05	If the ICB does not review and update existing business continuity contingency plans and processes, strengthen its emergency preparedness and engage with the wider health economy and other key stakeholders then this will impact on the known and unknown risks to the Derby and Derbyshire ICB, which may lead to an ineffective response to local and national pressures.	2	3	6	2	3	6	⟷	System planning has now commenced for mass casualty and evacuation and shelter.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Chris Leach, Head of EPRR	
06	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.	4	4	16	4	4	16	⟷	The majority of efficiencies delivered in the current financial year have been non-recurrent schemes.	Keith Griffiths, Chief Financial Officer	Darran Green, Acting Operational Director of Finance	
07	Failure to hold accurate staff files securely may result in Information Governance breaches and inaccurate personal details. Following the merger to the former Derby and Derbyshire CCG this data is not held consistently across the sites.	2	3	6	2	3	6	⟷	Work in progress.	Amanda Rawlings, Chief People Officer	James Lunn, Head of People and Organisational Development	
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.	3	4	16	3	4	16	⟷	Further work to be undertaken to standardise the process used by both acute providers and further work to be done across DCHS before risk score reduction can be considered.	Brigid Stacey, Chief Nursing Officer & Deputy Chief Executive	Letitia Harris Clinical Risk Manager	
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	⟷	The risk score cannot be reduced until the ICS starts to achieve its targets through the action plan for 2023/24. The risk does not require an escalation in risk score, the score reflects the ICB position.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Suzanne Pickering Head of Governance	

Risk Reference	Risk Description	Previous Rating (February)			Residual/ Current Risk Rating (March)			Movement - March	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating					
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.	3	3	9	3	3	9	⟷	Ongoing assessment of ePMO programmes nearing conclusion.	Helen Dillistone - Executive Director of Corporate Affairs	Sean Thornton - Deputy Director Communications and Engagement	
15	The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI	3	3	9	3	3	9	⟷	Discussions are taking place between NHSE and host ICBs, however the operational details of how the host will work with each ICB have not yet been confirmed.	Helen Dillistone - Executive Director of Corporate Affairs	Chrissy Tucker - Director of Corporate Delivery	
16	Risk of increased anxiety amongst staff due to the uncertainty and the impact on well-being.	3	3	9	4	3	12	↑	It could be more likely that staff will be more anxious as a result of the uncertainty with the ICB running costs challenges, as a result, the probability is increased to 4 from 3.	Amanda Rawlings, Chief People Officer	James Lunn, Head of People and Organisational Development	
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	⟷	Seeking involvement in the JWP developments to secure appropriate engagement.	Helen Dillistone - Executive Director of Corporate Affairs	Sean Thornton - Deputy Director Communications and Engagement	
18	There is a risk of patient harm through existing safeguarding concerns due to patients being able to pro-actively view their medical record from 1st November 2022. This is a result of national changes to the GMS contract required by NHSE/I.	3	3	9	3	3	9	⟷	NHSE have requested practices to submit plans for access from those practices who have applied code 104 to over 50% of their population.	Zara Jones Executive Director of Strategy and Planning	Hannah Belcher, Assistant Director of GP Commissioning and Development: Primary Care Judy Derricott Assistant Director of Nursing and Quality: Primary Care	
19	Failure to deliver a timely response to patients due to excessive handover delays and transfer of patients to the appropriate care setting from Acute Hospitals. Risk of leading to significant response times for patients whilst waiting in the community for an ambulance response, resulting in potential significant levels of harm.	5	4	20	5	4	20	⟷	Overview of HHO delays and robust scrutiny of progress to delivery improvement trajectories.	Brigid Stacey, Chief Nursing Officer & Deputy Chief Executive	Jo Hunter, Director of Quality	
20	Under the Immigration and Asylum Act 1999, the Home Office has a statutory obligation to provide those applying for asylum in England with temporary accommodation within Derby City and Derbyshire. Due to the number of contingency Hotels in the city and county there is concern that there will be an increase in demand and pressure placed specifically upon Primary Care Services and Looked After Children Services in supporting Asylum Seekers and unaccompanied asylum seekers with undertaking health assessments.	5	4	20	5	4	20	⟷	There is no reduction in the risk as there has been no reduction in the use of contingency hotels in our area.	Brigid Stacey, Chief Nursing Officer & Deputy Chief Executive	Michelina Racioppi Assistant Director for Safeguarding Children/ Lead Designated Nurse for Safeguarding Children	

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th April 2023

Item: 014

Report Title	Audit & Governance Committee Assurance Report – March 2023							
Author	Sue Sunderland, Non-Executive Member (Audit & Governance)							
Sponsor (Executive Director)	Helen Dillistone, Executive Director of Corporate Affairs							
Presenter	Sue Sunderland, Non-Executive Member (Audit & Governance)							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☐
Appendices	Appendix 1 – Committee Assurance Report							
Assurance Report Signed off by Chair	Sue Sunderland, Non-Executive Member for Audit & Governance							
Which committee has the subject matter been through?	Audit & Governance Committee, 23rd March 2023							

Recommendations

The ICB Board are recommended to **NOTE** the Audit & Governance Committee Assurance Report.

Items to escalate to the ICB Board

1. The procurement highlight report flagged a red risk around the procurement of ImpACT+ (Specialist Respiratory Services) – the current contract expires on the 31st March 2023 and the narrative indicated a likely need to extend the contract but it was not clear what the timeline and governance route was regarding any request to extend.
2. The Q3 Oversight Framework letter highlighted a number of concerns including whether our devolved leadership approach to performance oversight and improvement will address these. This will be monitored by the Quality and Performance Committee.

Purpose

This report provides the Board with a brief summary of the items transacted at the meeting of the Audit & Governance Committee on the 23rd March 2023.

Background

The Audit & Governance Committee ensures that the ICB complies with the principles of good governance whilst effectively delivering the statutory functions of the ICB.

Report Summary

The ICB Audit & Governance Committee's Assurance Report (Appendix 1) highlights to the ICB Board any:

- matters of concern or key risks to escalate;
- decisions made;
- major actions commissioned or work underway;
- positive assurances received; and
- comments on the effectiveness of the meeting.

Identification of Key Risks		
Any risks highlighted and assigned to the Audit & Governance Committee will be linked to the ICB's Board Assurance Framework and Risk Register.		
Has this report considered the financial impact on the ICB or wider Integrated Care System?		
Yes ☐	No☐	N/A☒
Details/Findings		**Has this been signed off by a finance team member?** Not applicable.
Have any conflicts of interest been identified throughout the decision making process?		
No conflicts of interest were raised.		
Project Dependencies		
Completion of Impact Assessments		

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☒	Inclusive leadership	☒

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
Not applicable to this report.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Details/Findings Not applicable to this report.					

APPENDIX 1

NHS
Derby and Derbyshire
Integrated Care Board

Board Assurance Report

Audit and Governance Committee on 23rd March 2023

Matters of concern or key risks to escalate	Decisions made
1. The procurement highlight report flagged a red risk around the procurement of ImpACT+ (Specialist Respiratory Services) – the current contract expires on 31 March 2023 and the narrative indicated a likely need to extend the contract but it was not clear what the timeline and governance route was regarding any request to extend. 2. The Q3 Oversight Framework letter highlighted a number of concerns including whether our devolved leadership approach to performance oversight and improvement will address these. This will be monitored by the Quality and Performance Committee.	1. The following policies were approved: • Ethical Framework for decision making • Network. Internet and email acceptable use policy 2. Retrospectively agreed the transfer of unused Internal Audit resources in the 2022/23 plan to cover the additional work required to complete the Post Payment Verification (PPV) work. Agreed a more transparent approach to PPV work going forward which will involve reporting of both the scope and findings through the Audit Committee. 3. Approved the 2022/23 External Audit plan
Major actions commissioned or work underway	**Positive assurances received**
1. We requested that the procurement policy was further reviewed to give more prominence to the application of the sustainability agenda. 2. The draft Internal Audit plan was discussed and it was agreed that work could start in core areas pending finalisation. Further discussion is ongoing with Executives around ways in which the plan can be tweaked to recognise the impact of the need to reduce ICB running costs. 3. The Forward Plan is to be developed to include a timetabled attendance plan for Executive Directors to allow for detailed discussion of relevant existing and emerging risks in their areas of responsibility.	1. Continued progression of the ICB 2022/23 Board Assurance Framework & risk registers 2. Reviewed and discussed reports which provided assurance that these areas where being appropriately controlled: • ICB month 11 financial position and planning for 2023/24 • Counter Fraud arrangements • Health and safety • Mandatory training • Conflicts of interest • EPRR and business continuity • Development of the Equality Delivery System • Procurement 3. Early sight of the draft Annual Governance Statement provided assurance that arrangements are in hand to meet required deadlines.
Comments on the effectiveness of the meeting	
The meetings are well focused and participants are engaged and contribute effectively.	

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th April 2023

Item: 015

Report Title	Derbyshire Public Partnership Committee Assurance Report – March 2023							
Author	Sean Thornton, Deputy Director Communications and Engagement							
Sponsor (Executive Director)	Helen Dillistone, Executive Director of Corporate Affairs							
Presenter	Sue Sunderland, Non-Executive Member and Vice Chair of Public Partnership Committee							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☐
Appendices	Appendix 1 – Committee Assurance Report							
Assurance Report agreed by:	Julian Corner, Non-Executive Member (Population Health and Strategic Commissioning)							
Which committee has the subject matter been through?	Derbyshire Public Partnership Committee, 28th March 2023							

Recommendations
The ICB Board are recommended to **NOTE** the Derbyshire Public Partnership Committee Assurance Report.
Items to escalate to the ICB Board
No matters of concern or key risks to escalate.
Purpose
This report provides the ICB Board with highlights from the formal business meeting of the Public Partnership Committee on the 28th March 2023. This report provides a summary of the items transacted for assurance.
Background
The Public Partnership Committee ensures that the ICB effectively delivers the statutory functions of the ICB in relation to patient and public involvement. The committee also seeks, through its terms of reference, to drive citizen engagement in all aspects of the ICB's work to ensure that local people are central to planning and decision-making processes.
Report Summary
The Derbyshire Public Partnership Committee Assurance Report (Appendix 1) highlights to the ICB Board any: • matters of concern or key risks to escalate • decisions made • major actions commissioned or work underway

• positive assurances received; and • comments on the effectiveness of the meeting
Identification of Key Risks
Any risks highlighted and assigned to the Public Partnership Committee will be linked to the ICB's Board Assurance Framework and Risk Register.
Has this report considered the financial impact on the ICB or wider Integrated Care System?

Yes ☐	No☐	N/A☒
Details/Findings		**Has this been signed off by a finance team member?** Not applicable.

Have any conflicts of interest been identified throughout the decision-making process?
No conflicts of interest were raised.
Project Dependencies
Completion of Impact Assessments

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☐	Improved patient access and experience	☒
A representative and supported workforce	☐	Inclusive leadership	☐

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
None raised as a result of the items reviewed at these meetings.
When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?

Carbon reduction	☐	Air Pollution	☐	Waste	☐

Details/Findings Not applicable to this report.

Appendix 1

Derby and Derbyshire Integrated Care Board

Board Assurance Report

Derbyshire Public Partnership Committee on 28th March 2023

Matters of concern or key risks to escalate	Decisions made
No matters of concern or key risks to escalate.	Buxton Colposcopy Outpatient Service The committee was presented with a status report on the cessation of provision of this service from April 2023 due to the retirement of a consultant from UHDB. Scrutiny Committee has been briefed on the matter and the committee noted the position and agreed on the engagement approach being implemented, which was focussed on impacts and equity. Non-Surgical Oncology International workforce shortages and struggle to find consultants in oncology was leading to changes to be made to the way non-surgical oncology was delivered in the South Yorkshire cancer network. While the volume of treatments increases, the workforce is not, with Chesterfield Royal patients having to travel to Sheffield for outpatient appointments. The Committee recognised the case for change and supported the planned engagement approach, which was being led by colleagues from South Yorkshire ICB. Integrated Care Strategy Engagement The committee were informed of the purpose of the Joined Up Care Derbyshire (JUCD) Integrated Care Strategy which set out how Local Authority, NHS, Healthwatch, and Voluntary Sector organisations would work together to improve the health of Derby and Derbyshire citizens, and further the transformative change needed to tackle system health and care challenges. The committee also heard of the emerging engagement approach and was content with it.
Major actions commissioned or work underway	**Positive assurances received**
1. Compliance Report Process As part of its development work to understand the role and transaction of business through the committee, a set of criteria were agreed that help filter schemes from operational teams through the correct governance process. These criteria	1. Clinical Policy Advisory Group (CPAG) Engagement Assessment CPAG is a strategic, local decision-making committee, with responsibility for promoting appropriate, safe, rational, and cost-effective clinical policies to be used across Derby & Derbyshire. A process has been agreed to ensure that changes to medication

include any schemes that are identified as requiring full public consultation, any schemes affecting a population of more than 50,000 and schemes that result in a negative impact through the Equality Impact Assessment process. This aligned also with the establishment of the Lay Reference Group as a formal sub-group of the committee to develop and manage routine business, and the committee will retain the ability to call in any schemes through its routine review of the PPI assessment forms. The committee agreed the recommendations within the report. 2. <u>Terms of Reference</u> The Committee's Terms of Reference were updated to reflect changes agreed during recent development sessions. These pertain to the sub-structure of the committee (as described above) and to the membership of the committee to reflect existing mechanisms that should feed committee lay membership, including place, FT Governors and PPGs. These amendments were agreed by the committee with further discussion to take place with the Population Health and Strategic Commissioning Committee to align responsibilities on assurance on public engagement.	are aligned with the EQIA and PPI Assurance Form processes to ensure there is a proportionate approach to engagement. The committee noted the approach. 2. <u>Risk Management and Board Assurance Framework</u> The Committee reviewed the risks and BAF attributed to it. Following the ICB Board and Internal Audit feedback, further development and strengthening of the BAF risk has been undertaken. The risk score remains high at level 12 but would like by the end of the year to get to a target score of 9. During the forthcoming Quarter 1 2023/24, the BAF will be developed further, and action plans are to be devised to clearly articulate the planned actions and associated progress. The closing position in March is the opening position for April. The committee agreed to the updates and amendments and to adopt the risk. 3. Public Involvement Assessment Forms – the Committee continues to routinely review PPI forms completed at the earliest stages of project development to understand the required and desired level of public involvement. This is a key step in ensuring compliance with legal and moral duties of involvement. The log of forms is also shared with our two Health Overview and Scrutiny Committees for transparency and to inform future and mutual agenda setting.

Comments on the effectiveness of the meeting
The committee reviewed a series of assurance questions and agreed that the meeting had been effective.

NHS
Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th April 2023

Item: 016

Report Title	Quality and Performance Committee Assurance Report – March 2023							
Author	Jo Hunter, Director of Quality							
Sponsor (Executive Director)	Brigid Stacey, Chief Nurse Officer and Deputy Chief Executive							
Presenter	Margaret Gildea, Interim Chair, Quality & Performance Committee							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☒	Information	☐
Appendices	Appendix 1 – Extraordinary Committee Assurance Report Appendix 2 – Committee Assurance Report							
Assurance Report agreed by:	Brigid Stacey, Chief Nurse Officer and Deputy Chief Executive Margaret Gildea, Interim Chair, Quality & Performance Committee							
Which committee has the subject matter been through?	Extraordinary Quality and Performance Committee – 20th March 2023 Scheduled Committee meeting – 30th March 2023							

Recommendations
The ICB Board are recommended to **NOTE** the Quality and Performance Committee Assurance Report.
Items to escalate to the ICB Board
The ICB Quality and Performance Committee agreed to escalate that the ICB is currently not compliant with any statutory operational targets relating to the urgent care, planned care and cancer programme. The focus of the Operational Plan is the mitigation of these risks.
Purpose
This report provides the Board with a brief summary of the items transacted at the meeting of the extraordinary Quality and Performance Committee on the 20th March 2023 and the scheduled meeting on the 30th March 2023.
Background
The Quality and Performance Committee ensures that the ICB effectively delivers the statutory functions of the ICB.
Report Summary
The Quality and Performance Committee Assurance Report (Appendices 1 and 2) highlights to the ICB Board any: • matters of concern or key risks to escalate • decisions made • major actions commissioned or work underway • positive assurances received • comments on the effectiveness of the meeting

Identification of Key Risks		
Any risks highlighted and assigned to the ICB Quality and Performance Committee will be linked to the ICB's Board Assurance Framework and Risk Register. The Committee discussed the revised Board Assurance Framework and agreed the additional detail provided in this version.		
Has this report considered the financial impact on the ICB or wider Integrated Care System?		
Yes ☐	No☐	N/A☒
Details/Findings		**Has this been signed off by a finance team member?** Not applicable.
Have any conflicts of interest been identified throughout the decision-making process?		
None identified.		
Project Dependencies		
Completion of Impact Assessments		

Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☒	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☒	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Risk Rating:**	**Summary:**
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable				
Yes ☐	No☐	N/A☒	**Summary:**	

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☒
A representative and supported workforce	☐	Inclusive leadership	☐

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
Nil noted.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Details/Findings Not applicable for this report					

Appendix 1

Derby and Derbyshire Integrated Care Board

ICB Board Assurance Report

ICB Extraordinary Quality and Performance Committee on 20th March 2023

Matters of concern or key risks to escalate	Decisions made
The ICB is currently not compliant with any statutory operational targets relating to the urgent care, planned care and cancer programme. The 2023/24 NHS Operational Plan developed by the Derby and Derbyshire System addresses these issues of underperformance.	The Committee approved the status of the 2023/24 Operational Plan - the plan was still in development with a final submission date of 30th March 2023.
Major actions commissioned or work underway	**Positive assurances received**
Once the Operational Plan is confirmed work will be undertaken to understand the metrics and develop appropriate reporting.	No papers were presented for assurance.
Comments on the effectiveness of the meeting	
Those present agreed that the meeting had been effective, with sufficient opportunity for discussion and that the papers presented were appropriate.	

NHS
Derby and Derbyshire
Integrated Care Board

ICB Board Assurance Report

ICB Quality and Performance Committee on 30th March 2023

Matters of concern or key risks to escalate	Decisions made
As highlighted previously the ICB is currently not compliant with any statutory operational targets relating to the urgent care, planned care and cancer programme. The focus of the Operational Plan is the mitigation of these risks.	The following items were approved by the Group: • Integrated Performance Report – a series of deep dives will be agreed via the System Quality Group into areas of current under performance. • Integrated Performance Report - an update on the current Safeguarding position for both adults and children will be presented to a future meeting.
Major actions commissioned or work underway	**Positive assurances received**
A programme of deep dives will be developed to ensure that Committee members are provided with more detailed information to understand areas of under performance and the necessary improvement plans and mitigations.	The following papers were presented for assurance: • Integrated Performance Report • Board Assurance Framework • Child Death Overview Panel Annual Report 2021/22 • Serious Violence Duty • Assurance Report from System Quality Group
Comments on the effectiveness of the meeting	
Those present agreed that the meeting had been effective, with sufficient opportunity for discussion and that the papers presented were appropriate. The Interim Chair noted that it was Christine Fearn's last meeting and thanked her for all her contributions to the work of the Committee.	

Derby and Derbyshire
Integrated Care Board

NHS DERBY AND DERBYSHIRE ICB BOARD

MEETING IN PUBLIC

20th April 2023

Item: 017

Report Title	Serious Violence Duty							
Author	Bill Nicol, Assistant Director Safeguarding Adults							
Sponsor (Executive Director)	Brigid Stacey, Chief Nurse Officer and Deputy Chief Executive							
Presenter	Brigid Stacey, Chief Nurse Officer and Deputy Chief Executive							
Paper purpose	Decision	☐	Discussion	☐	Assurance	☐	Information	☒
Appendices	Appendix 1 – Serious Violence Duty Report							
Which committee has the subject matter been through?	Quality and Performance Committee – 30th March 2023							

Recommendations
The ICB Board are recommended to **NOTE** the Serious Violence Duty responsibility for the ICB.
Purpose
To make the Board aware of the roles and responsibilities for the ICB in the strategic implementation of the Duty.
Background
The Serious Violence Duty is a Home Office mandated requirement.
Report Summary
The report provides context, background, initial plans and timescales for the multi-agency implementation of the Duty.
Identification of Key Risks
None identified.
Has this report considered the financial impact on the ICB or wider Integrated Care System?

Yes ☐	No☐	N/A☒
Details/Findings		**Has this been signed off by a finance team member?** Not applicable.

Have any conflicts of interest been identified throughout the decision making process?
None identified.

Project Dependencies

Completion of Impact Assessments				
Data Protection Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Quality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**
Equality Impact Assessment	Yes ☐	No☐	N/A☒	**Details/Findings**

Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes ☐	No☒	N/A☐	**Risk Rating:**	**Summary:**

Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable			
Yes ☐	No☐	N/A☒	**Summary:**

Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:			
Better health outcomes	☒	Improved patient access and experience	☐
A representative and supported workforce	☐	Inclusive leadership	☐

Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?
There are no implications that affect the ICB's obligations.

When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?					
Carbon reduction	☐	Air Pollution	☐	Waste	☐
Details/Findings Not applicable for this report.					

Derby and Derbyshire Integrated Care Board

BRIEFING NOTE: DOMESTIC ABUSE, SEXUAL VIOLENCE AND SERIOUS VIOLENCE DUTY

The Home Office have recently published its statutory guidance for the 'Serious Violence Duty' this briefing concerns the key legislative changes and their direct impact upon the ICB.

The briefing also sets out the timetable for key dates and processes for accessing funding, as well as NHS England's engagement and support offers.

Background and Context

It is estimated that domestic abuse costs the health care system £1.7 billion a year. Prevalence rates are staggering:

1 in 3 women experience domestic abuse in their lifetime,

1 in 5 women and 1 in 20 men experience sexual violence as adults,

1 in 20 people suffer sexual abuse as a child.

Research has indicated an even higher prevalence rate of domestic abuse amongst health care professionals. These findings have been supported by an increase of 28% in abuse disclosed by this group across Derby City and Derbyshire NHS community

The impacts of domestic abuse and sexual violence are felt in every area of our health care system, from emergency departments to ambulance call outs, to our maternity wards, and within our ICB.

Changes in legislation

From 31st January 2023, ICBs will be under a statutory duty to undertake a strategic needs assessment and produce a plan to tackle 'serious violence' with partners such as Local Authorities and the Police. The definition of 'serious violence' now includes domestic abuse and sexual offences.

The ICB are members of the Derby and Derbyshire multi-agency Domestic Abuse Strategic Committee where it is envisaged that this work will be prioritised

The ICB should also be aware that we shall have a duty to consider the needs of victims of abuse in our Joint Forward Plans (JFP); NHS England will soon issue guidance on this.

In response to the Domestic Abuse Act 2021, some changes in the way services are provided will be required and supporting materials (which will accompany the JFP guidance in early 2023) will indicate the areas that the ICB may want to consider in the development of our plans.

Changes are also set out in draft NHS standard contracts for 2023/24.

Appendix 1

Support to implement changes in legislation

The government has guaranteed that ICBs will have their implementation costs met locally through the Serious Violence Duty funding mechanism. The Home Office has provided local policing bodies with funds for them to distribute at a local level.

For the commissioning of services.

Funding guidance issued to local policing bodies specifies that they must provide funding to ICBs for the labour costs they incur in delivering their obligations under the Duty and within the Serious Violence Duty funding envelope.

Exact timetables for agreeing funding will vary locally, but discussions about resource requirements will take place in January and February 2023 and finalised by March 2023 at the latest.

The ICB will contact our Police and Crime Commissioners for more information about local deadlines as soon as possible as we are aware some areas have already commenced discussions on the distribution of funding.

Early work within some ICBs and safeguarding teams has highlighted the significant amount of new work that will be required by ICBs to implement this duty, with a focus on training, data collection and analysis, as well as consideration of preventative action that can be undertaken in health care settings. The ICB will consider our own requirements and make an evidence-based bid for resource.

It has been suggested that there may need to be a senior role within the ICB which has a strategic function for our local area. This maybe part of the resource requirement – initial scoping suggests this would equate to a Band 8C post.

The national team will be holding a series of virtual and in-person engagement events from early January 2023 to provide further information and help work through any issues or questions. Information about how to attend these events will be provided in early 2023.

In early 2023 there will be work with regions and ICBs to understand what training and guidance may be required to support the implementation of these duties.

There will also be a series of mapping exercises in the coming months to ascertain what domestic abuse focussed interventions are being delivered in healthcare settings in each region and system.

The national Domestic Abuse and Sexual Violence team in NHS England have funding to conduct a small number of pilots to evaluate services in 2023/24. The outputs of these pilots will enable them to share data and good practice guidance to enhance our collective understanding and inform future commissioning decisions to fulfil these duties.

The Derby & Derbyshire ICB will engage fully both locally and nationally to ensure that we are best placed to meet these statutory requirements.

Local Multi-Agency Arrangements

- **ICB need to be taking an active part in the partnership arrangements**.

We can assure you that both the Safeguarding ICB Leads for Children and Adults are fully engaged. They are members of the newly formed Derby and Derbyshire Serious Violence Board as are our main NHS providers (DCHS, CRH, UHDB and DHCFT)

- The Serious Violence Board has a subgroup that is working on developing a Local Strategic Needs Assessment. This is a work in progress but will be achieved by March 2023 in draft with the completed document in situ by June 2023.

- The Serious Violence Board is tasked to oversee the development of a serious violence strategy which is another mandated task and must elaborate upon how partners will be working together to reduce serious violence and commission services. This will be completed once the strategic needs assessment has been produced

- Regarding meeting the costs of this work, funding has been allocated to Derbyshire OPCC in the form of a 3-year grant totalling £1 million. This will be released over a three-year period and will be used to cover labour costs, non-labour costs and the commissioning of services to tackle the impact and reduction of serious violence.
  A sub-group of the serious violence board has been formed and will be tasked with developing a model and staffing framework to undertake the work that the Duty will generate. One initial proposal has been the formation of a mini–Violence Reduction Unit (VRU). The Derbyshire Constabulary have already expressed an interest to host an actual or virtual team.

  Although admittedly £1million is a sizeable sum there is a substantial demand if the required elements are to be met over the three-year implementation period. To negate the need for the ICB to request grant funding we are of the view that the team employed by the SV Board to fulfil this duty also works on behalf of all the key stakeholders and partners. A scoping exercise of other local VRU's will take place to compare and evaluate other models to fully utilise funding and staffing arrangements.
  Our initial thoughts are that we would strongly advocate having a team consisting of a Serious Violence Project Officer/ Manager, Data Analysist, Community Engagement Officer, and a Public Health Professional. It is difficult to envisage how this work could be undertaken within existing staffing levels and roles.
  The Derbyshire OPCC have received Home Office funding totalling £38 thousand. This to be used by the end of March 2023 with very tight restrictions placed upon its' use. There is consideration to reimbursing for services that have allocated, staff time in producing the strategic needs assessment, looking to commission Catch 22 or the Youth Alliance to

undertake some scoping activity and developing of a serious violence website.

- Crest Advisory Service have been commissioned to provide local area support for all duty holders. Support offered by Crest will include workshops and bespoke support sessions across the local Serious Violence footprint. Derby and Derbyshire Serious Violence Board have been approached and are in the process of setting up a meeting with them in February 2023

- The exact role of the ICB and NHS providers has yet to be clarified but our initial focus will be in doing whatever is required to form, maintain, and strengthen local plans for implementation of our statutory duties

Bill Nicol

Assistant Director Safeguarding Adults

Derby & Derbyshire ICB

21st February 2023

MINUTES OF THE AUDIT AND GOVERNANCE COMMITTEE

HELD ON 9 FEBRUARY 2023 VIA MS TEAMS AT 2.00PM

Present:		
Sue Sunderland	SS	Non-Executive Director/Audit Chair
Richard Wright	RW	Non-Executive Director
In Attendance:		
Lisa Butler	LB	Complaints and PALs Manager (part)
Andrew Cardoza	AC	Audit Director, KPMG
Helen Dillistone	HD	Executive Director of Corporate Affairs (part)
Debbie Donaldson	DD	EA to Chief Finance Officer (note taker)
Darran Green	DG	Acting Operational Director of Finance
Keith Griffiths	KG	Chief Finance Officer (part)
Donna Johnson	DJ	Acting Assistant Chief Finance Officer
Karen Lloyd	KL	Head of Engagement (part)
James Lunn	JL	Head of Human Resources and Organisational Development (part)
Usman Niazi	UN	Client Manager, 360 Assurance
Suzanne Pickering	SP	Head of Governance
Craig Stephens	CS	Senior Procurement Manager (part)
Chrissy Tucker	CT	Director of Corporate Delivery
Kevin Watkins	KW	Business Associate, 360 Assurance
Rosalie Whitehead	RH	Risk Management & Legal Assurance Manager
Apologies:		
Lisa Innes	LI	Associate Director of Procurement (East), NHS Arden and GEM CSU
Chris Leach	CL	Head of EPRR

Item No.	Item	Action
AG/2223/122	**Welcome, introductions and apologies** Sue Sunderland as Chair welcomed all members to the meeting. Apologies were received from Chris Leach and Lisa Innes.	
AG/2223/123	**Confirmation of quoracy** The Chair declared the meeting quorate.	
AG/2223/124	**Declarations of Interest** The Chair reminded committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the Integrated Care Board (ICB). Declarations declared by members of the Audit and Governance Committee are listed in the ICB's Register of Interests and included	

	with the meeting papers. The Register is also available either via the Executive Assistant to the Board or the ICB website at the following link: www.derbyandderbyshire.icb.nhs.uk No declarations of interest were made at today's meeting.	
	FOR DECISION	
AG/223/125	**Audit and Governance Policies**: **Risk Management Policy**: Suzanne Pickering reported that a draft ICB Risk Management Policy was presented to the Audit and Governance Committee on the 25th August 2022. It was requested by the Committee that the Policy be redrafted with a system risk management focus. This Policy had now been redrafted and presented today for committee approval. It was noted that the policy included a Board risk appetite statement (page 20). Suzanne Pickering reported that the new policy described the ICB's approach to the management of strategic and operational risks across the ICB as a statutory organisation, and how risk management arrangements within the ICB interfaced with other key parts of the System and with System partners. The Chair referred to 5.4.3 (page 18) of the policy where it talked about committee responsibilities and operational risks. She stated that they were also responsible for having oversight of their relevant strategic risks (if they had any) and asked that this point be clarified in the policy. The Chair referred to Strategic Risk Management point 9 (page 21). She felt that we needed to make it clear that these risks could be system wide and/or ICB specific. It was noted that this was clear under the organisational risk below under point 10, but it was not specifically set out under point 9 for the strategic risk, and equally they could be either System wide or ICB specific. Suzanne Pickering agreed to make the necessary amendments. It was noted that this policy would be taken as part of the BAF papers to ICB Board on 16 March for approval. Usman Niazi reported that as part of 360 Assurance governance and risk management review, they were reviewing this policy. From their initial review he reported that there were no major issues with the policy. It was noted that from risk management reviews across their other clients, it was hoped to try and do some benchmarking to see if there were any areas of good practice that could be shared. **Audit and Governance Committee APPROVED the Risk Management Policy subject to the above amendments.** **Patient and Public Involvement Payments Policy:** Karen Lloyd presented the Patient and Public Involvement Payment Policy for	SP

	approval and highlighted the following changes made from the CCG policy: • Changes to the way payments are made - Finance had indicated that there was no longer the option of paying someone by cash, i.e., from petty cash, so this had been removed from the policy. It did however still state that if someone did not have a bank account alternative arrangements would need to be made. • The option of bank transfer had been added, and an account set up form had been included as an Appendix. • Information about how to book a taxi, and information about booking interpreters had been added. • The expenses forms had been changed to allow for multiple meeting claims. • The mileage allowances had been checked. • There had been some changes to the language in the policy and some duplication had been removed to slim the policy down and make it more succinct. • Expenses forms and payments were managed by the Engagement Team, so sign off details had been checked and changed to include the Engagement Team email address. • All references to the CCG had been removed and replaced with ICB. • The freepost address was still CCG-related, but options were being explored for this to be changed. The Chair reported on a recent discussion at a partnership committee about the future use of volunteer representatives and whether there was a need to give any remuneration in relation to their roles going forwards. If this were to change, this policy would need to be updated. It was noted that this was not something that the existing voluntary representatives were looking for; they did not want to be paid, but it was something we may need to keep on our radar. Karen Lloyd reported that these conversations had indeed come up in other areas as well. Participation payments would need to be discussed further and would need to be part of a System policy; we could not have ad hoc arrangements for payments to be made without ensuring that all voluntary representatives on groups/committees were being treated equally. **Audit and Governance Committee APPROVED the Patient and Public Involvement Payments Policy.**	
AG/2223/126	**Human Resources Policies:** James Lunn presented 7 policies for review by the Committee: **Close Personal Relationships**: Committee were advised there were no significant material changes to this Policy, only minor	

	amendments/inclusions in terms of ICB branding and a 'lift and shift' from the CCG to NHS Derby and Derbyshire ICB. **Audit and Governance Committee APPROVED the Close Personal Relationships Policy.** **Flexible Working Policy**: Committee were advised there were no significant material changes to this Policy, only minor amendments/inclusions in terms of ICB branding and a 'lift and shift' from the CCG to NHS Derby and Derbyshire ICB. **Audit and Governance Committee APPROVED Flexible Working Policy.** **Disclosure and Barring Policy**: Committee was advised that the Disclosure and Barring Policy was also largely a 'lift and shift' from the CCG to the ICB but had also been updated to ensure and highlight a clear inclusive approach for all categories of workers and applicants, with the addition of the Transgender application process, and the inclusion of the DBS process for Temporary Workers and Agency workers. In addition, the information relating to basic disclosures, had been removed as the ICB required only standard and enhanced DBS checks to be undertaken. **Audit and Governance Committee APPROVED the Disclosure and Barring Policy.** **Pay Progression Policy**: Committee were advised there were no significant material changes to this Policy only minor amendments/inclusions in terms of ICB branding and a 'lift and shift' from the CCG to NHS Derby and Derbyshire ICB. **Audit and Governance Committee APPROVED the Pay Progression Policy.** **Pay Protection Policy**: Committee were advised there were no significant material changes to this Policy, only minor amendments/inclusions in terms of ICB branding and a 'lift and shift' from the CCG to NHS Derby and Derbyshire ICB. **Audit and Governance Committee APPROVED the Pay Protection Policy.** **Probationary Policy**: Committee were advised there were no significant material changes to this Policy, only minor amendments/inclusions in terms of ICB branding and a 'lift and shift' from the CCG to NHS Derby and Derbyshire ICB. **Audit and Governance Committee APPROVED the Probationary Policy.** **Menopause Policy**: Committee were advised that the Menopause Policy and Procedure had been jointly developed by HR,	

	healthcare professionals, staff representatives and menopausal colleagues for implementation within NHS organisations in Derbyshire. The changing age of the UK's workforce meant that between 75% and 80% of menopausal people were in work. The perimenopause /menopause can bring issues for individuals which could impact upon their work. It was to the benefit of us all that the ICB, as employers, work with staff to support them in these circumstances to find mutually beneficial arrangements, maximising staff retention and wellbeing. The Menopause Policy and Procedure sets out the guidelines for members of staff and managers on providing the right support to individuals to help them manage symptoms at work. Alongside the Policy, Occupational Health were running Menopause Cafe's for colleagues, arranging a menopause conference and JUCD had trained Advanced Clinical Practitioners (ACP's) to be able to support, advise, and initially prescribe to colleagues who may be experiencing the perimenopause/ menopause. This proactive approach was to support colleagues going through this life stage process and support colleagues and managers who may be working with colleagues going through this life change process. It was noted that this policy was fully supported by the trades unions both locally and regionally. It was noted that a System Policy Group, represented by HR colleagues from each NHS organisation across the Derbyshire System, had been established to review the respective HR policies within each organisation. Wherever possible the group would seek to align HR policy so that we adopt a one workforce approach to people issues across the ICS. **Audit and Governance Committee APPROVED the Menopause Policy.**	
FOR CORPORATE ASSURANCE		
AG/2223/127	**Internal Audit: Progress Report** Kevin Watkins highlighted the following from the Internal Audit progress report: • 360 Assurance had completed the HoIAO stage 1 work which focused on how the ICB had commenced preparation of its Board Assurance Framework (BAF) and how principal risks had been managed and monitored during the period of the BAF's development. Work would commence for the interim opinion shortly. No concerns were raised. • Issued the final report resulting from the review of HFMA Improving NHS financial sustainability checklist – advisory	

review. This was a mandated piece of work and no concerns had been raised.

- Completed the fieldwork for the Transformation and Efficiency audit. A draft report had been shared with operational staff ahead of its further consideration by the ICB's Executive Team meeting prior to wider sharing within the System. This had been funded from within the ICB's own plan this year.
- Substantially completed the risk management workshops through the delivery of a brief presentation to each of the Board's System leading Sub-Committees. These would be followed by further discussions with the Executive Director of Corporate Affairs to establish whether risk management support was required.
- Commenced the fieldwork for the Governance and Risk Management Audit.
- Agreed the Terms of Reference for the General Ledger and Financial Reporting Audit, with fieldwork due to commence in February 2023.
- Made significant progress with the Post Payment Verification (PPV) work with 13 out of 20 practices completed.

Changes to the 2022/23 Internal Audit Plan

Kevin Watkins highlighted the proposed changes to the 2022/23 Internal Audit Plan detailed on page 4 of his report.

The following was highlighted:

- It was noted that the 22/23 Plan was only a 9-month plan (the first year of the ICB's existence).
- The development of the ICB's 2022/23 Plan was based on the fact that it would reflect System-wide responsibilities as well as the ICB's role as a statutory organisation.
- It was noted that this was an appropriate basis on which to develop an internal audit plan for an ICB, but in practice, in the first 9 months of the ICB's existence it had presented some challenges that had impacted on the completion of reviews that were originally intended to focus on some of the ICB's System-wide responsibilities.
- Embedding of new structures and governance processes were required before some reviews could be undertaken to ensure that they added value to the ICB.
- It was noted that 360 Assurance had intended to undertake a review of the effectiveness of the five sub-Committees of the Board that had a System-wide focus; this had been delayed until March/April 2023.
- 360 Assurance had engaged with relevant Executives in the ICB to discuss and agree two proposed adjustments to the 2022/23 Internal Audit Plan, namely:
  - Defer the 'What Good Looks Like Framework' review (an audit of the ICB's Digital Strategy) until later in 2023/24, and utilise the allocation for this audit in the 22/23 Plan

	to support work currently being undertaken to deliver Post Payment Verification reviews, and • Utilise the resource in the Plan originally allocated for a review of Public Partnership arrangements to support completion of the Transformation and Efficiency review and ongoing support being provided for workshops on risk management and risk appetite. • It was noted that the PPV work was taking longer than had traditionally done in the past and it was suggested that some reassigning of the Audit Plan be done to accommodate this. It was a really useful assurance. • The Transformation Efficiency work had also taken longer than originally estimated in the plan as the work had been extended out to look across the System. • Richard Wright felt there was a need to look further ahead than this year or next year; the ICB needed to produce a 5-year plan and he asked whether 360 Assurance looked that far ahead. • Kevin Watkins reported that they were on an individual subject by subject basis. There was a need to be much more aware of that than there had been in the past; Internal Audit was very traditional and looked at controls and operating right now, he agreed that there was an increasing need to be more forward looking. • Richard Wright reported that he would be interested in looking at the long-term plans of other ICBs and comparing them to ours. • Helen Dillistone reported that she was meeting with 360 Assurance tomorrow to explore and finalise next year's plan and discuss opportunities for some work across the System. • The Chair referred to the proposed changes to the Audit Plan, in particular Risk Management and PPV. She asked Helen Dillistone whether more time was required for risk management. It was noted that 360 Assurance had attended, at short notice, most of the ICB's Committees to talk about risk management and it was unclear whether this had added value. It was noted that at least one of those Committee meetings had allocated very little time for this discussion. • Helen Dillistone reported that 360 Assurance had worked hard to get onto each of the Committee agendas, and unfortunately some had been unable to give them enough time to have a meaningful conversation around what had been presented; risk management was complex. • The Chair queried whether we needed more time allocated to this, or did we need to rethink what we needed to be delivered. • Helen Dillistone agreed that we needed to regroup and determine how we could now take risk management forward. • The Chair reported that if this was the case, she would be happy for time to be transferred from the audit plan for this work. • The Chair then referred to the 100% PPV work, and asked before we put more time into the plan, she wanted to know why more time was needed? If the work was taking longer to do the checks, then there were two options; put more time in or do less	

	practices. She asked from the practices done so far, what had been found, and what was the value of carrying on with more practices as opposed to stopping the work? • Kevin Watkins felt these questions should be taken back to management to answer. He understood that the desire for this work was from the primary care team to be able to use that information to inform analysis. It was unclear whether the team would still be able to carry out that analysis of claims with less practices involved, or whether the information could be extrapolated out. • It was noted that the aim of the PPV work was to provide a report to the ICB of practices that had either over or under claimed during the first two quarters of the current financial year. • Currently feedback had been given to each of the practices that had been completed. • The Chair asked that if 360 Assurance had completed 13 out of the 20 practices, had they found evidence to be able to provide a key message immediately? She needed to understand the value in putting more time in for this work. • It was noted that the Chair was not willing to approve more time into PPV work at the current time. Richard Wright agreed with the Chair. • The Chair asked whether the changes suggested would give enough for 360 Assurance to produce the Head of Internal Audit Opinion, as it was already a restricted plan? • Kevin Watkins reported that ideally, he would like to have done some work regarding IM&T, but he would still be able to produce the Head of Internal Audit Opinion with the restricted plan. **The Audit and Governance Committee NOTED the progress report and APPROVED the adjustments to the 2022/23 Internal Audit Plan for the risk management change, but not for the additional time for the PPV work.**	
	FINANCE	
AG/2223/128	**Aged Receivables, Payable Credit Notes, Write Offs and Losses and Special Payments** Donna Johnson presented the Aged Receivables, Payable Credit Notes, Write Offs and Losses and Special Payments Report and highlighted the following two issues: **Litigation settlement –** Audit & Governance Committee was made aware of a one-off payment for the final litigation settlement via Mills & Reeves of £95,000.00; the details of which were discussed at the Confidential Audit & Governance Committee in November. **Proposed write-off** – The overpayment to a GP by the CCG had been redirected to the directorate. The individual had been contacted multiple times during the 2022 calendar year regarding the overpayment totalling £366.54, to which no response or payment had been received.	

	The Chair asked whether the GP in question was one of our Derbyshire System GPs. It was noted that this issue was to do with a mental health assessment and involved an out of area GP. **The Audit and Governance Committee NOTED the report contents regarding the level of aged debt at 31 December 2022. The Committee APPROVED the write-off of debt proposed in the paper.**	
AG/2223/129	**M9 Quarterly Accruals Report** Darran Green reported that the Year End Report 2019/20 produced by KPMG following their audit of the CCGs Annual Accounts recommended that the CCG should perform a detailed review over the use of accruals annually at a sufficient level to enable reperformance and identify in detail the accuracy of historic accruals. This report provided a comparison between the levels of accruals at Operating Cost Summary level on a quarterly basis from 31st March 2022, describing the major variances between quarters. M12 to M3 Comparison. The main increase in the accruals from year end related to Elective Recovery Fund (ERF) payments to acute providers agreed but not paid in M6 offset by a reduction in accruals due to the payment of Quality and Outcomes Framework (QOF), Additional Roles Reimbursements and The Investment and Impact Fund (IIF) to Primary Care Networks (PCN's) for the full year. <u>M3 to M6 Comparison</u> The accruals had decreased to M6 due to the payment of ERF to acute providers, offset by the NHS pay award accrual, an increase in PCN payments for QOF, and IIF and increasing Continuing Health Care caseloads. <u>M6 to M9 Comparison</u> The reduction in accruals to M9 was due to a prepayment of M10 SLA to Chesterfield Royal Hospital to support their cash flow, the payment of the NHS pay award and offset by income received and increased prices in prescribing. The Chair found the report fascinating but concluded that Committee would only need to see this report once a year around a similar time of year (February). **The Audit and Governance Committee NOTED the quarterly accruals analysis from March 2022 to December 2022.**	

AG/2223/130	**Single Tender Waivers Report** Donna Johnson presented the Single Tender Waivers Report. It was noted that as per the ICB's Scheme of Delegation, Single Tender Waivers were reviewed and approved by the Chief Finance Officer and subsequently reported to the Audit and Governance Committee for oversight. This paper included a report for the STWs received and approved following those reported at the ICB's October 2022 Audit & Governance Committee and 30 January 2023. It was noted that the finance team were proactive in tracking these down and making sure that the correct STW forms were completed, and that Committee were sighted on them. **Audit and Governance Committee NOTED the report of Single Tender Waivers approved by the Chief Finance Officer**	
AG/2223/131	**M9 ICB Financial Position Review** Keith Griffiths reported that as of 31st December 2022, the ICB had reported a forecast surplus position in its IFR return to NHSE. Forecasting a surplus result was in line with the road map agreed by the System in order to achieve the £19m deficit agreed for the System. Work continued to address the underlying issues to achieve additional savings. The road map to £19m had been planned and applied across each organisation in the System, this was intended to be a fluid arrangement based on pressures and benefits presented in each organisation with the commitment to achieving a system £19m deficit at year end and it was likely that the current £6.9m reported surplus would change. The savings challenge required to meet the forecast outturn position of £6.9m had increased by £3.3m in month to £4.5m however, work had already commenced to mitigate that position. The forecast outturn position of £6.9m, in table 3.1 helped to offset overspends within the system. It was noted that a further adjustment may be required to ensure cash flow in one of our Providers was maintained without having to go to the Treasury to borrow. In effect reducing our £4m surplus back to breakeven to ensure the Systems cash was in the best place that it could possibly be. Keith Griffiths reported that the key message was that the ICB was on track to deliver our share of the £19m deficit and he was not expecting any problems at this stage in the financial year that would change this as we approached end of March 2023.	

	Keith Griffiths reported that he had received a call from region yesterday in relation to capital. Region appeared to have more capital than they required, which could be put into the system, and needed to be spent and committed before the end of the year. Region had also requested that we look at finance leases in the System to see if they could be handled differently. This would be a complex discussion and was scheduled for Monday next week. The Chair referred to the Glossop issue; as the ICB would now have a surplus at the end of the year, she asked where that would that leave us with Manchester ICB? Keith Griffiths reported that the Derbyshire System had agreed to a £19m deficit at the end of the year, and he did not want the ICB to be in surplus at the end of March as it gave the wrong message. Once the £4m was delivered he could transact it back into the Derbyshire System to help with the System deficit. Keith Griffith acknowledged the hard work of Darran Green and his team in ensuring that this would be the case. **The Audit and Governance Committee NOTED the M9 ICB Financial Position.**	
AG/2223/132	**2022-23 Year-End Accounts – Planning and Processes Assurance** Donna Johnson explained this report outlined the planning, key actions, deadlines, key risks, and mitigating actions, being undertaken by the finance team, to produce the 2022-23 year-end accounts. The ICB as a statutory body, was required to produce an Annual Report and Accounts for the first 9 months of its existence to 31st March 2023. Production of this, required input from several members of staff across several directorates, and as such required close management to deliver the tight deadlines. The process of the production of the Annual Accounts would be project managed. A detailed plan had been produced and this identified the key tasks and delegated responsibilities for the year-end accounts. It also provided the basis for performance managing the production of the accounts against plan daily. Interim accounts as at M9, had been compiled and submitted by the given deadline. A review of the processes and outcomes had been undertaken, to inform the year-end processes. It was noted that members would have opportunity to review the draft unaudited year-end accounts in early May and would also be required to approve the final audited accounts. The following key dates were outlined:	

Date – 2023	Key Action
23 January (9am) *	Submit M9 accounts and other data forms to NHS England
26 April	2022/23 financial ledger closed
27 April (9am) *	Submit draft annual accounts and other data forms to NHS England
27 April – 30 June	KPMG audit of accounts and key aspects of annual report
W/c 1st May TBC	Audit Committee to review draft Annual Report and Accounts
TBC*	General Ledger re-opens for final audit adjustments
8 June TBC	Audit Committee approve audited Annual Report and Accounts
30 June (9am)*	Submit audited and signed Annual Report and Accounts to NHS England and External Audit
TBA	Annual public meeting – present Annual Report and Accounts

* Deadlines set by NHSE

It was noted that KPMG were happy with the dates outlined in the table above. Andrew Cardoza reported that the management representation letters would be delayed for a further week after the sign-off of the accounts, in case any changes were required by either NAO, Department of Health or NHSE.

It was noted that Chloe Foreman, who had previously led on the year end accounts process, had now left the ICB for another role in the NHS on 30 January 2023, and that Liam Daly (our graduate trainee) had taken over this role with supervision from Donna Johnson and her team. Liam Daly had already met with Andrew Cardoza and his team at KPMG.

The Audit and Governance Committee NOTED the 2022-23 Year-End Accounts – Planning and Processes Assurance.

AG/2223/133	**2022-23 Accounting Policies** Donna Johnson reported that a set of draft accounting policies had been adapted for Derby and Derbyshire ICB, using the national template provided by NHS England in June 2022. These would form the basis for the 2022-23 Annual Accounts and would become Note 1 to the Accounts. The policies followed the guidance contained in the Group Accounting Manual (GAM), issued by the Department of Health and Social Care. Each policy had been reviewed against local circumstances. Where a policy currently had no relevance, it had been removed (as permitted in the GAM). Additional comments had been added to describe local detail where required.	

	The draft ICB accounting policies were included in Appendix A of the report. The draft accounting policies would be reviewed on receipt of an updated template from NHSE and by the external auditors when undertaking the year-end audit. Any adjustments to the policies would be shared with the Audit Committee prior to approval of the final Annual Report and Accounts, 8th June 2022. **The Audit and Governance Committee APPROVED the 2022-23 Accounting Policies.**	
GOVERNANCE		
AG2223/134	**2022-23 Draft Board Assurance Framework** Helen Dillistone presented 2022-23 draft Board Assurance Framework and highlighted the following: • At its inaugural meeting on the 1st July 2022, the Board agreed the ICB's opening Board Assurance Framework (BAF). • Since then, the Board has held various workshops to develop and define the ICB's strategic risks, to develop and populate the full Board Assurance Framework. • The Board had approved the strategic risks on the 17 November 2022; these strategic risks were used as the basis for developing the full 2022/23 Board Assurance Framework. • This paper sets out what was presented to Board at their last meeting, it had assigned the strategic risks to each of the relevant Committees, together with a lead Executive, both from the ICB and recognising the reach into the System as well. • The Board members were asked to accept this as a first draft of the new BAF, which was accepted, but recognising that further iterations would be required. • One of the areas of work highlighted was around risk appetite and helping Committees start to think this through. Recognising that given the challenges and complexities that we had across the organisation and System, we would always have to be comfortable with living with a degree of risk. • Committees would need to start to have those conversations about what they felt would be appropriate to live with and to work towards an overarching position in a years' time. • 360 Assurance had started to help with those conversations, but further work was required. • Work would continue during this quarter to further refine the BAF templates and develop greater consistency in their completion, with the final BAF being presented to the March ICB Board and quarterly thereafter. • A meeting had taken place with the Non-Executive Members of the Finance and Estates Committee to discuss their strategic risks. The BAF Strategic Risk 4 was updated and had been discussed with the Executive Team, further updates were in progress. An updated position of BAF Strategic Risk 4 would	

	be shared with the Committee members separately ahead of the meeting. • The Chair acknowledged the work to date, she felt we had a good framework in place. It was noted that a lot of work had been done to identify what the strategic threats were and what impact that might have. Further work was needed by Committees around the articulation of the controls and the system sources of assurance. She added that if we could have them all to the standard of the Public Partnership Committee and the Population Health and Strategic Commissioning Committee that would be a significant step forward. • Keith Griffiths referred to the risk assigned to Finance and Estates Committee and whether we were under stating what was required to get the System back into balance. We had a deficit of over £100m, there was something structural within the System that needed to be addressed and looking at the BAF in that context we needed to make sure that we had both these elements equally strong on message. Keith Griffiths would continue to work with Helen Dillistone and her team to bring an updated version of this to Finance and Estates Committee in a couple of weeks' time. • Helen Dillistone reported that a further iteration would be presented to ICB Public Board in March. **The Audit and Governance Committee RECEIVED the ICB's draft 2022/23 Board Assurance Framework.**	
AG2223/135	**ICB Risk Register Report – January 2023** Chrissy Tucker reported the purpose of this paper was to present the operational risks owned by the Audit and Governance Committee held on the ICB's Corporate Risk Register for review and to provide assurance that robust management actions were being taken to mitigate them. As at 31st January 2023, the Audit and Governance Committee were responsible for five ICB Corporate risks, four of which were scored high. The following two proposed changes to the Risk Register Report were highlighted: It was suggested that Risk 16 should be amended from: *Risk of increased anxiety amongst staff due to the uncertainty and the impact on well-being.* ***New risk description**: With the pending review of the ICB structures there is risk of increased anxiety amongst staff due to the uncertainty and the impact on well-being.* **Risk 05 be reduced in score:**	

	If the ICB does not sufficiently resource EPRR and Business Continuity functions and strengthen emergency preparedness policies and processes, it will be unable to effectively act as a Category 1 responder which may lead to an ineffective response to local and national pressures. It was noted that the Head of EPRR had now started in post, additional recruitment was ongoing, and plans were being drafted to be updated in line with new requirements under the CCA 04. Work plan including training and exercising for embedding had been created and being followed therefore the risk could be reduced in score. **The risk score was recommended to be decreased from a very high score of 12 (probability 3 x impact 4) to a high score of 8 (probability 2 x impact 4).** **The Audit and Governance Committee:** • **RECEIVED the risks responsible to the Committee.** • **APPROVED the DECREASE in score for Risk 05 relating to the ICB sufficiently resourcing EPRR and Business Continuity functions and strengthening emergency preparedness policies and processes, as a Category 1 Responder.** • **APPROVED the new risk description for Risk 16.**	
AG2223/136	**Complaints Report Quarter 3 2022/23** Lisa Butler reported that the Quarterly Complaints Report summarised activity and performance in Quarter 3 2022/23 (1st October to 31st December 2022) against previous quarters, highlighted the main themes from the ICB complaints received, and identified any learning or actions arising from the cases closed. During Quarter 3, the ICB received 42 formal complaints from its resident population, of which 9 related to the ICB's statutory functions. This was an increase in the total number of formal complaints received in quarter 2, but the same total number of complaints as those received for the same period last year. **The Audit and Governance Committee NOTED the content of the ICB Complaints Report - Quarter 3 (2022/23).**	
AG2223/137	**Freedom of Information Report Quarter 3 2022/23** Suzanne Pickering explained this report provided details of Derby and Derbyshire ICB's compliance under the Freedom of Information Act (2000) in Quarter 3 of 2022/23. Requests made under the Freedom of Information Act were handled by the ICB's Communications Team. The report aimed to highlight overarching response time performance, to give context	

	to the nature of requests, and to highlight from which sector the requests were made. During October - December 2022: • FOI numbers decreased, with 53 FOI requests received compared to 64 in Quarter 2 of 2022/23. • No requests were responded to during this quarter outside the statutory timescale of within 20 working days of receipt. • 54 responses were sent. • 7 responses included exemptions under the Freedom of Information Act. • 1 decision notice was received from the Information Commissioner's Office. It was noted that the Information Commissioner's office found in the ICB's favour. **Audit and Governance Committee RECEIVED the quarterly report on the ICB's performance in meeting our statutory duties in responding to requests made under the Freedom of Information Act.**	
AG2223/138	**Information Governance Assurance Report** Ged Connolly Thompson presented the Information Governance Assurance Report and highlighted the following from an Extraordinary IG Assurance Forum held on 28th November 2022: • Risk Stratification Assurance Review: It was noted that the legal basis through which ICBs could process information received for direct care for risk stratification was under review. The current process would no longer exist after September 2023 and as a result ICBs were being asked to consider the legal basis through which they would continue risk stratification work. The majority of information had been provided by AGEM and NECS. The ICB was required to submit a completed assurance statement by 9th January 2023. • Risk Stratification Assurance Statement: It was noted that the spreadsheet that was submitted with copies of the supporting documentation (provided in a ZIP file), were presented at the meeting. • This was the start of a process as the ICB defined the legal basis for use of personal confidential data for risk stratification. • We had not yet had feedback from the national team, but we were aware from the national ICB IG call that not all ICBs had responded. We continued to work with IG teams across all ICBs and the national team to prepare for September. • Information Asset Owner (IAO) & Information Asset Administrator (IAA) List: A paper was presented at the meeting which sets out what an information asset was; the role and responsibilities of the IAO & IAA; and how the list of IAOs and IAAs had been decided. • The Forum confirmed that the way in which IAOs & IAAs were selected was appropriate and recommended that this list, along	

	with the responsibilities of the IAO & IAA, was taken to SMT for approval. • Inappropriate sharing of data: It was noted that the rules had not changed now that we were an ICS. Data was predominantly being shared by providers into the ICB where there was no legal basis. This was potentially identifiable; where it was appropriate, we were challenging back. • We needed colleagues to recognise breaches and report it accordingly. There needed to be an awareness session; providers should not be sending us this information. IG workstream leads would be made aware that their organisations were doing this. **The Audit and Governance Committee NOTED the Information Governance Assurance Report for November 2022 to January 2023.**	
AG2223/139	**Digital and Cyber Security Report** Ged Connolly Thompson presented the Digital and Cyber Security Report and highlighted the following: • The ICB remained assured of the service that NECs provided. • Customer feedback remains high. We were happy with the level of service we were getting and there were no major issues. • We were continuing to review the ways we could improve resilience and performance. • Work would be undertaken at the beginning of March with the perimeter security devices, which would potentially be a risk to us in terms of connectivity through into the wider internet. • There would be a comms statement going out to stakeholders within the next 2 weeks regarding this. • We were in the process of negotiating with NECs what our risk appetite was. What systems would be at risk and were we happy with that risk. Agreement would need to be reached with all NECs partners (12 organisations). Changes would normally take place between 9pm-5am with an appropriate roll back schedule so that by 7am all systems should be back to normal (an hour before GP practices were open). • Cyber-attacks: There had been 41m attacks over a 24-hr period, which was unusual, we had not seen that level of attacks before. We normally received 22m attacks per month. These attacks were mostly through Bulgaria, although we did not believe that Bulgaria was the source, and we were not aware that we were on any hit lists. • It was noted that looking through the Cyber Associates network that UHDB were named on the lists as a target. It was the first time we had seen that individual organisations were being targeted. • People were beginning to target the NHS to profit from a cyber-attack. Either by bombarding a system server and taking it down or by encrypting and demanding a ransom. There were	

	also new trends of stealing of sensitive and confidential information. • We were working with NECs to understand how that would affect us and primary care practices and whether this would make us vulnerable. • We needed to work out what our risk mitigation was going to be. • We were looking at putting multi-factor authentication across a lot of our systems. NHS mail would be the first one to be looked at. • Another comms piece would be put out to staff regarding phishing and then a phishing exercise would be done to see how well the training was being picked up by staff. • We were assured that the network overall was resilient, we were getting attacked in different areas and there were always new and emerging trends that we needed to stay on top of. • It was reported that when intelligence was received about possible targets for cyber-attack, the organisation concerned was notified immediately. It was noted that we also had links with the Derbyshire Constabulary to report that information. **The Audit and Governance Committee NOTED the Digital and Cyber Security Report.**	
AG2223/140	**EPRR and Business Continuity Update** Chrissy Tucker presented the EPRR and Business Continuity Update and highlighted the following: • **Planned Industrial Action 2023**: This took a lot of capacity across functions. There were many meetings and debriefing sessions prior to and after industrial action. There were no real major issues to report. Huge focus was being maintained on 15-minute ambulance turnaround during the days of action and Trusts had worked hard to maintain this. • We were waiting on information around the junior doctors' strike on potentially 20 March, but the ballot outcome was not yet known or whether Derbyshire would be affected. • Contained within the agenda papers was a debrief report around the industrial action and debrief report on the critical incident called on 20 December, which stayed in place for 3 days. This had been brought about with the pressures on Acutes, higher numbers of flu, Covid, respiratory illness and the difficulty in discharging. • The SBAR was also included for information. • **EPPR Policy 2022-23**: this had not been enclosed within the papers. The Strategy had been reviewed in December; it was noted that the Strategy was also the Policy – we had not named it correctly. It was confirmed that we had now renamed it and identified it as a policy rather than a strategy. • **EPPR Core Standards Reassessment Process**: Some re-check and challenge meetings had been arranged in the system with our providers.	

	• We were looking at progress on the non-compliance standards that our Providers had, as well as reviewing our own. We would be having some catch up meetings with NHSE regarding this. Further details regarding this would be brought to the next committee meeting. • **Adverse Weather Plan 2023-24**: approval was sought for this plan by Committee. • The plan contained all the scenarios that could potentially unfold regarding adverse weather conditions and how we would mitigate and manage the risks arising. It was noted that this was part of our overall System response plan. • **Business Continuity 2023-24:** Business Continuity planning for the ICB had commenced. It was noted that the ICB Business Impact Analysis and plan would be completed by Summer 2023, with testing being carried out Autumn 2023 **Audit and Governance Committee NOTED the EPRR and Business Continuity Update and APPROVED the Adverse Weather Plan 2023-24.**	

AG2223/141	**Update on Delegation of Pharmacy, Optometry and Dental Services and the Joint Commissioning Arrangements**
	
	Helen Dillistone explained this report provided assurance to the Audit and Governance Committee in relation to the governance arrangements for the safe and effective delegation of Primary Care Pharmacy, Optometry and Dental Services in preparation for April 2023 delegation.
	
	The following was highlighted:
	
	• The papers enclosed with the agenda for this item were working documents and there had been numerous iterations of them across the whole of the East Midlands.
	• The delegation of these POD services was driven by national policies. It was noted that the responsibility and liability for planning, performance, finance, quality, and improvement relating to those services (that currently sit with NHSE), would move to ICBs upon that formal delegation.
	• The ICB would also be responsible for any claims, but NHSE would have overall accountability to the Secretary of State.
	• The Primary Care Pharmacy, Optometry and Dentistry workforce would be hosted on an East and West footprint. The host ICBs had been approved by the ICB CEOs and were as follows:
	
	  • East Midlands - Nottingham and Nottinghamshire ICB
	  • West Midlands – Birmingham and Solihull ICB
	
	• The full scope of functions being delegated from 1 April 2023 was set out in Schedules 2B, 2C and 2D of the draft Delegation Agreement (Appendix 1).	

	• Delegation for the POD Services would take effect on 1 April 2023, it was planned that, subject to consultation, the workforce would transfer from NHSE (under a TUPE arrangement) to the ICB host on 1 July 2023. The workforce included POD, primary medical service support and complaints staff.
	• Specialised healthcare public health team members aligned or embedded to teams would not transfer but would continue to perform their roles.
	• The paper sets out the final draft Tier 1 and Tier 2 governance documents for the delegation of NHSE Functions to ICBs for Primary Care Pharmacy, Optometry and Primary and Secondary Dentistry (POD).
	
	The following documents were provided in the appendices:
	
	• Appendix 1 – draft Delegation Agreement for Primary Medical Services confirming that Schedules 2B, 2C and 2D are to be delegated to the ICB from NHS England.
	• Appendix 2 - Tier 1 Joint Committee East Midlands – draft Agreement to the establishment and operation of joint working arrangements.
	• Appendix 3 - Tier 1 Joint Committee draft Terms of Reference.
	• Appendix 4 – Briefing for ICBs – January 2023.
	• Appendix 5 – Tier 2 draft Joint Working Agreement - Primary Care Pharmacy Optometry and Dental Services.
	• Appendix 6 – Tier 2 Joint Commissioning Group Draft Terms of Reference.
	• Appendix 7 – Draft Derby and Derbyshire ICB Joint POD Governance Structure.
	
	• At the ICB Board on16 March, Members would be required to approve the following final documents to delegate authority to the East Midlands Multi ICB/NHSE Joint Commissioning Committee for the commissioning and oversight of POD services and to make the necessary changes to the internal ICB arrangements:
	
	  • Delegation Agreement for Primary Medical Services (Appendix 1 - Draft) confirming that Schedules 2B, 2C and 2D are to be delegated to the ICB from NHS England.
	  • Joint Working Agreement (Appendix 2 - Draft) and Terms of Reference (Appendix 3 - Draft) for the Tier 1 Multi ICB/NHSE Joint Commissioning Committee
	
	• The following would be required to be drafted and approved by the ICB Board in April 2023:
	
	  • ICB Scheme of Reservation and Delegation.
	  • ICB Standing Financial Instructions.
	  • Draft Finance Risk Share Agreement.
	  • ICB Functions and Decisions Map.	

	• ICB Terms of Reference for the ICB Board Sub Committees; Population Health Strategic Commissioning Committee, Finance and Estates Committee, Audit and Governance Committee and Quality and Performance Committee. • The ICB had established a Programme Board to manage the transition of delegated functions for Derbyshire, chaired by the Executive Director of Corporate Affairs, attended by staff from across the ICB's functions who were members of NHSE regional working groups. Further groups had been organised with Nottingham and Nottinghamshire ICB to establish the host arrangements and ways of working. • Darran Green reported that in terms of the resources for this shared team, there would be a resource requirement in the ICB as the financial implications of this would sit within our financial ledger and would therefore need some resource to provide management accounting for that, but also contracting and commissioning support. • We needed to understand where the role of this shared team ends in the process and what then gets picked up within the ICB. • In terms of financial pressures coming to us in the ICB, we had developed a risk share process across the East Midlands that should minimise any risk of a financial challenge coming to the ICB because of this. • There were some new challenges coming out from the centre that were not currently held by NHSEI now. For example, we understand that for this financial year with the resources that NHSEI were holding, there was an overspend on pharmacy, but this had been offset by an underspend on dental. • It was noted that once the POD had been delegated, dental monies would be ringfenced and could only be used for dental commissioning. We were trying to understand what this meant and whether we would be allowed to offset resources as NHSEI do currently. • It was noted that when, and if, further details were made clear, it would be reported back to this committee. • Richard Wright highlighted his concerns regarding the inflexibility of an East and West approach versus what we may want to do as an ICB strategically. • Helen Dillistone reported that much of the conversation had been around the governance and the architecture and how this would be managed between all the 11 ICBs with the resource that NHSEI had got to undertake these services. • It was noted that we were sovereign organisations that wanted to be able to do the best for our populations and not be overly influenced by a decision that might not be in the best interest of that population. • The 11 ICB CEOs were minded that we needed to have something that enabled us to take safe and legal decisions from 1 April 2023. • It was noted that undoubtedly these arrangements could change and evolve as we started to work with it in the future.	

	• It was noted that these arrangements had been prescribed from the centre and there was not much room at this stage for flexibility. **The Audit and Governance Committee RECEIVED ASSURANCE that the necessary governance arrangements were in development to enable the delivery of the operating model for the joint commissioning of Primary Pharmacy, Optometry and Primary and Secondary Dental Services.**	
AG/2223/142	**ICB Committee Meeting Log** Suzanne Pickering explained the purpose of this report was to inform the Audit and Governance Committee of the discussions and decisions made at the following NHS Derby and Derbyshire ICB committees: • Finance & Estates – December 2022 • Population Health & Strategic Commissioning – December 2022 • Quality & Performance – December 2022 People & Culture Committee information was not presented as the next meeting was not taking place until 8th March 2023. There was also no information presented for Public Partnership Committee as there was no meeting held in December 2022. The Chair felt that certain Committee logs, eg Quality and Performance Committee, did not contain enough detail. The Chair requested a conversation with Suzanne Pickering outside of this meeting about whether we wanted to continue with the meeting logs. **The Audit and Governance Committee NOTED the Committee Meeting Log.**	SS/SP
AG/2223/143	**Procurement Highlight Report** Craig Stephens presented the Procurement Highlight Report and drew attention to the following key points: • Work was being undertaken with the ophthalmology team around compliance with regulations. • It had been noticed there had been a significant increase in expenditure primarily revolving around changes in patient and referring behaviour. The increase was from £194k to £560k – this could be a potential risk going forwards. • We were liaising with the team to discuss regulation compliance on what steps they needed to take to reduce any risk. • Regarding triage, there was a potential increase up to £736k per annum – this could breach the regulations going forward.	

	• We were liaising with the team to ensure appropriate actions were taken to minimise risk of any challenge. • It was noted that the only other risk was with Consultant Connect, who provided clinical advice and guidance, which may require a small extension to the existing arrangements. This market was particularly litigious and could result in potential queries from a particular provider, who we know challenges everything that Consultant Connect were awarded and vice versa (Consultant Connect challenges everything that was awarded to this Provider). • We needed to be conscientious of the extension, but we also needed to tread very carefully as part of the procurement. • The Chair highlighted a query from the Population Health and Strategic Commissioning Committee meeting held earlier today. Two contracts had been discussed, one for patient transport services and the other for cataract services with the independent sector, neither of which were contained on the Procurement list presented to this Committee today. • The Chair asked whether the list was comprehensive of all procurements that were in process, or were there timetable issues in producing the report? • It was confirmed that the list presented were all procurements that were in progress. It was noted that PTS and Cataract Surgery were moving forward to the procurement stage. PTS were going live around 3 April, and Cataracts may be pushed back slightly as they looked to define the model. Both these contracts would be added to the list going forwards. • The Chair felt these two contracts should have been added as pending contracts; they were current contracts that were ending in 2022/23. • Craig Stephens reported that ideally contracts that were expiring should be included. It was noted that he was working with the ICB to develop a work plan that would indicate which contracts were expiring in the next 12 months together with contracts that we were looking to procure/working on. • The Chair asked for an action for the Procurement team to work with Zara Jones to progress this forward work plan/tracker. • Donna Johnson reported that over the last couple of years we had worked to build up a contract database, which was currently live. It was noted that this covered all healthcare and corporate documents that were held by Zara Jones contracting team. There was also a separate contract database within the primary care team, and again it was managed as a live document, so at any one time we could pull this information easily to see contracts that were due to expire and hence require procurement. • Concern was expressed regarding the late procurement of services. It was noted that when contracts were ending it was	CS

	not always being flagged early enough, resulting in the need for an extension to the contract. This put us at risk of challenge. • Donna Johnson reported that the current databases included the agreed contract value at the point of procurement. • The Chair felt that we needed a report to this committee that gives us a precontract position as to how the contracts were being managed and planned into the procurement process. • Chrissy Tucker reported that a contracts' expiry tracker regularly went to Senior Leadership Team (SLT). All functions across the SLT were asked to review what contracts they held. Donna Johnson and Chrissy Tucker agreed to check whether that information was linked to our contracts databases for healthcare, non-healthcare etc to make sure that it tallied. • The contracts' expiry tracker asked when the contract expired, what the plan was around it, and when we were going to execute that plan; it horizon scanned contracts. • Chrissy Tucker suggested that this was something that could be added into Craig Stephens report to give committee the complete picture. Chrissy Tucker took an action to speak to Lana Davidson in the contracting team to see what they could come up with that would give this committee some assurance. • The Chair referred to the future projects due in 2022-23 sitting in the report as red, (impact respiratory service and occupational therapies) and asked were we clear how they were going to be taken forward? • Craig Stephens reported that they had been rated red primarily because Procurement had not been involved in those projects; it was work that was known to be ongoing and Procurement had been informed that their support was not required. It was noted that Procurement would have liked to have been involved as they could advise more specifically on the procurement risk. Procurement was aware that they were potentially breaching regulations, but it was not necessarily a procurement project. • It was noted that respiratory services were being redesigned. The red rating was due in essence to a procurement project not taking place, the amber rating for the contract was due to the contract coming up for expiry on 31 March and Procurement was not aware of the plans going forward, and the red rating again was due to non-compliance with regulations both in terms of any extensions previously and going forwards. • The Chair felt that from an Audit Committee perspective, an update was needed to give assurance that this contract was being managed somewhere within the ICB and given that the existing contract finished on 31 March. • Craig Stephens explained that Procurement shared the highlight report with commissioners monthly and it was the commissioners that had asked for it to be rated red.	DJ/CT CT

	• Chrissy Tucker suggested that for next month's report, mitigations from the commissioners were obtained and that they were included in the cover sheet that Craig Stephens produced. • The Chair agreed with this suggestion as otherwise it was leaving this Committee with a worrying gap in knowledge. **The Audit and Governance Committee:** • **REVIEWED the highlight report for Derby and Derbyshire ICB.** • **NOTED the status of projects – Future projects, in-progress and completed.** • **REVIEWED key issues and activities over the current period.**	CT/CS
FOR INFORMATION		
AG/2223/144	**ICB Estates Update** Chrissy Tucker reported that notice had been given on the first floor east at Cardinal Square; the last date of our occupation would be 26 May 2023. Over time equipment would be moved out of this area, into the two other floors we occupied at Cardinal Square, and the two safe haven spaces would be re-provided (for safeguarding and complaints). We were currently awaiting the dilapidations report from the landlord; it was noted that we had an accrual for that work so would not be a cost pressure to the organisation. **Audit and Governance Committee thanked Chrissy Tucker for this update.**	
AG/2223/145	**Non-Clinical Adverse Incidents** Chrissy Tucker reported that there had been no non-clinical adverse incidents. **Audit and Governance Committee thanked Chrissy Tucker for this update.**	
MINUTES AND MATTERS ARISING		
AG/2223/146	**Minutes from the Audit and Governance Committee meeting held on 22 December 2022** The minutes from the meeting held on 22 December 2022 were agreed as a true and accurate record of the meeting.	

AG/2223/147	**Action Log from the Audit Committee meeting held on 22 December 2022** The action log was reviewed and updated during the meeting.	
CLOSING ITEMS		
AG/2223/148	**Forward Planner** **The Audit and Governance Committee ACCEPTED the Forward Planner.**	
AG/2223/149	**Any Other Business** There was no further business.	
AG/2223/121	**Assurance Questions** • Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? **Yes.** • Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? **Yes.** • Were papers that have already been reported on at another committee presented to you in a summary form? **Yes**. • Was the content of the papers suitable and appropriate for the public domain? **Yes** • Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? **Yes** • Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? **No.** • What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting? **None.**	
DATE AND TIME OF NEXT MEETING		
Date: Thursday 23 March 2023		
Time: 2.00PM		
Venue: MS Teams		

Signed: …… Dated: ……..
(Chair)

MINUTES OF THE ICB QUALITY & PERFORMANCE COMMITTEE HELD ON 23RD FEBRUARY 2023, 09:00 FLORENCE NIGHTINGALE BOARDROOM, CARDINAL SQUARE & MS TEAMS

Present:		
Margaret Gildea (Chair)	MG	Non-Exec Director, DDICB
Craig Cook	CC	Chief Data Analyst, DDICB
Kay Fawcett	KF	Non-Exec Director, DDICB
Christine Fearns	CF	Non-Exec Director, UHDBFT
Jo Hunter	JH	Director of Quality, DDICB
Chris Leach (Agenda item 092)	CL	Head of EPRR, DDICB
Gemma Puckett (Up to agenda item 091)	GP	Director of Midwifery, UHDBFT
Brigid Stacey	BS	CNO & Deputy Chief Exec, DDICB
Richard Wright	RW	Non-Exec Director, DDICB
In Attendance:		
Sarah Carrington (Minutes)	SC	Senior Clinical Quality Administrator, DDICB
Dan Merrison (Up to agenda item 091)	DM	Senior Performance & Assurance Manager, DDICB
Apologies:		
Chris Weiner	CW	Medical Director, DDICB
Lynn Andrews	LA	Non-Exec Director
Jayne Stringfellow	JS	Non-Exec Director CRHFT

Ref:	Item	Action
Q & P 2223/ 087	**Welcome, introductions and apologies** MG welcomed all to the meeting, introductions were made and apologies noted as above.	
Q & P 2223/ 088	**Confirmation of Quoracy** Quorate Post meeting note - It was noted that the meeting was not quorate as there was no representation from the Local Authority. It was therefore agreed that any decisions would be made virtually outside of this meeting.	
Q & P 2223/ 089	**Declarations of Interest** CF declared her interest against the HSIB report on agenda.	
Q & P 2223/ 090	**Integrated Performance Report** CC explained that due to a variety of reasons he was not able to provide the level of detail he had intended, in terms of plans for improving performance over the next 12 months. He added that work is ongoing as part of the 23/24 operational planning submission for the 23/24 system plan and when completed he would be able to provide a full briefing at that point. **Action:** It was agreed that an extraordinary Q & P Committee, to go through the operational plans, will be convened before the end of March:	**Jo Pearce**

The report was taken as read. CC highlighted the key points:-

Urgent Care

- The overall A & E stabilised January and into February, with CRH achieving the target set for next year. UHDB met 61% of total demand in EDD being seen within 4 hours.
- Type 1 performance – In the bottom 3 trusts, this is being discussed and actively acted upon in the Urgent Care Board.
- Ambulance turnarounds – A significant reduction in time lost to turnaround delays, particularly at RDH.
- Bed occupancy rates in both of the Acute Trusts remain relatively high.
- Long stay performance – This was previously concerning at CRH, but there has been improvement with the 21 say length of stay as a result of extra discharge capacity being made available in the county. However, there has been some deterioration in performance at UHDB, the ICB, Trust and Local Authority are working together to establish whether this is a recurrent issue or a 'blip'.

Planned Care

- Cancer long waits – 60 day plus waits are reducing, especially at RDH. It is unlikely the improvement trajectory target will be met by March 2024, but there will continue to be a reduction in the long waits, with the target possibly being met by July 2024.
- 78-week position for electives – Relatively stable for both of the Trusts, which is positive considering the pressures of the last couple of months. Actions have been identified to reduce these to as close to zero as possible.

JH referred to the Children & Young Peoples eating disorder service, noting that there had been a previous request for a deep dive into this service. JH confirmed she would be meeting members of the relevant team the following week to discuss this and as there has been deep dives taken to the Delivery Board, information from these will also be used and brought together for presentation to this committee.

JH went on to say that there is a lot of work ongoing with maternity, both from a quality perspective and in a supportive approach. There is still scrutiny regionally and nationally, as well as a focus locally. Work is moving at pace.

With regards to 12-hour breaches, JH advised that from a mental health perspective one of the issues is how to care for and move patients with significant mental health problems from ED safely. There is some concern as the Police are looking to reduce their input into mental health and services, which is being raised at the MH LDA Board.

In terms of annual health checks for LD and Autism, this is being focused on in the Delivery Board as though it is expected to meet the NHS trajectory, Derbyshire will still be on the lower centile. Work is being undertaken to identify and understand the gap between Derbyshire and the higher performing areas.

	RW asked if quality performance in terms of Primary Care and prevention could be measured. CC advised that a future focus will be on the recovery effort across the system; in terms of fair distribution against health inequality gaps which is connected to the prevention agenda. He gave an example from the draft plan relating to general practice, the aim being to continue the growth in GP appointments by 2% and identify how much of this can be targeted for the same day. CF felt it would be beneficial to learn from winter, post Covid and to see this as a realised, normal and predictive state for providers and the NHS overall and would be keen to see how the plan relates to ensuring there is safe care and management of demand and capacity. CF then referred to lengthy patient waiting times and asked if work was being completed in relation to these in terms of possible harm, especially around higher risk specialities. In relation to cancer, CF asked from a safety and quality point of view, what the safety nets for these patients were and if it is a reliance on the GP system whether there was any evidence to indicate this works regarding escalating any concerns. JF advised that there was a paper going to System Quality Group which is an analysis of the risk to patients waiting and that she would check that high risk specialties have been identified. The System Quality Group will then decide whether it needs to come to this committee within the assurance report or whether a more detailed report is needed. In respect of the cancer waits, JH confirmed that individual providers are considering their individual effects on patients and how this is being monitored, with support from ICB colleagues. This will also be outlined in a paper to System Quality Group. CC responded to CF's comments regarding winter recovery, advising that phasing across year is starting to be focussed on as part of operational planning processes. Both acute trusts will be considering their annual plans on a monthly basis in order to source extra capacity to manage spikes in demand. KF highlighted CC referring to the flexing of capacity in acutes and felt that an integrated primary and secondary care plan would be beneficial to ensure all partners and providers are working together. In response, CC outlined work which had been completed on bed capacity and discharge through linking with Local Authorities and discharge funding/D2A, alongside identifying possible risks and plans for the different discharge pathways. MG summarised that there has been significant progress in the developing of the plan and there is a call for an integrated plan which looks at the whole system; how all parts of the system interact and to identify the measures of success associated with this plan where possible.	
Q & P 2223/	**Industrial Action Update**	

092	CL explained that the plan had changed twice since being submitted to the committee and provided an update on industrial action which had taken place since the previous meeting: – 9th February – Physiotherapy in Nottinghamshire and Staffordshire. Localised planning took place in anticipation of possible cross border impact and it was felt there was none as a result of this action. – 17th February – West Midlands Ambulance Unit (WMAS) Unite members. There was minimal impact, though conversations took place with Staffordshire because of the Derby Burton relationship. – 20th February – EMAS GMB members. Some impact was identified, but it has not been determined if this was as a direct result of the strike, half-term, staff sickness or a combination of factors. There had also been an increase in activity on the day and it was the PTS rather than emergency services which were affected. CL advised that the forthcoming RCN action had been stood down due to negotiations taking place. Planning has however continued in case these break down as there will be a huge impact as a result of RCN strike action. Preparations for EMAS GMB action scheduled for Monday 27th February are taking place, with a meeting to discuss plans taking place later today to discuss the plans. Assurance regarding the PTS will be sought. In terms of horizon scanning, various actions are planned including teacher strikes. The team is working with the LRF on this and any situation will be managed under business continuity processes. There are also further periods of ambulance strikes planned and Unison have announced a strike of their members at WMAS. CL highlighted the next risk outside of the RCN being action from Junior Doctors. He added that no dates have been announced, at the time of writing the report the earliest date would have been 6th March and action is subject to fourteen days' notice. Both UHDB and CRH are starting to consider likely impacts. MG thanked CL for his and the teams hard work through a sustained period of industrial action with the level of planning to ensure there had been minimal impact. A brief discussion took place regarding the risks from Junior Doctor action and it was agreed that it was difficult to plan against previous actions and mitigations which were put in place, especially in relation to cover provided by Consultants and Registrars. *CL left the meeting.*	
Q & P 2223/ 093	**Healthcare Safety Investigation Branch (HSIB)** BS provided the background on what led to the HSIB report, which was received earlier this month. During 2022, UHDB identified a cluster of seven serious incidents in maternity services which occurred between January 2021 and May 2022. She stressed that these have been investigated individually by the Trust internally or through a HSIB investigation.	

	UHDB had identified that the perceived clustering potentially related to a very rare cause of amniotic fluid embolism. As this was a concern to the Trust they contacted the ICB to request external expertise from the national team. This was done and for a variety of reasons a report was not produced, so the ICB felt it necessary to formally approach, with NHSE, HSIB to secure national expert advice and undertake this review. BS felt the key thing to note was that the review did not identify any direct causal links between quality and safety issues and the cases investigated. However, opportunities to improve quality of care within UHDB services have been recognised. The seven cases were three maternal deaths and four collapses. There were twenty-six findings, some of which were positive and some were areas for learning. There were no identified common themes which directly impacted upon the outcomes. BS then said that HSIB made five safety recommendations and ten safety prompts and as the report is very detailed, examples of recommendations from the review were provided: – Opportunities to optimise process elements of the management of massive obstetric haemorrhage. – Better involvement of families in learning from incidents and in decisions about their care. – To implement learning from past and current incidents more thoroughly and responsibly. – To conduct initial incident reviews more quickly. – Improve the working relationships between some disciplines in the department and address some reports of instability from other senior team members. – Improve the clarity, consistency and guidance and ensure documentation is completed more thoroughly. – To enhance the postnatal care given to women when they are discharged. BS then advised that areas of good practice were also highlighted; that there was primarily a kind, compassionate culture in the maternity services, staff were passionate about providing a high-quality service and pulled together to support one another. In recent months there has been a new approach to governance and there were also examples of positive communication between midwifery care, theatre, the intensive care unit and high dependency unit with feedback stating that staff there were particularly kind, calming and compassionate and both the elective and emergency environments were calm, spacious and modern. BS stated that the Trust has undertaken a number of immediate actions, for example changing the bleep system and ensuring the national emergency bleep 2222 is being followed and revising the guidelines on major obstetric haemorrhage. Further actions are to be completed within the next three months. It was agreed as a system, in conjunction with HSIB and NHSE, to publish the report the previous day, following the findings being discussed with families which were completed during the previous week. BS added that the report will be taken to Policy Committee at UHDB and to the UHDB Public	

	Board on 14th March. It will also be presented by Chris Weiner to the ICB Public Board on 16th March. Therefore, the ask from BS to this committee was to note the report, to receive and discuss it, to designate to the LMNS Board on behalf of the committee the responsibility to receive from UHDB their plan in respects to this review and to delegate the responsibility for ensuring assurance on the timely and effective delivery of the recommendations and the response to that plan. BS confirmed that this committee will receive regular updates as the HSIB report will form part of the feedback from the LM & S Quality and Safety Forum, which goes to the ICB System Quality Group. CF advised that the Trusts Quality and Safety Committee have received the interim findings, but not the action plan. The same committee will receive the full report and action plan on the 7th of March, prior to the public board on the 14th. GP said that in terms of the support process for the families, there is a process in place for any additional support required for those who have been involved in the report. The Trust has also ensured that there is appropriate support in place for staff as it has been acknowledged that it can be very difficult to read about the organisation you work for in the public press. GP added that both the families and staff involved have been incredibly generous and open and transparent throughout the review process. KF noted the strategic nature of some in-depth cultural issues emerging from the review and asked GP how she felt these could addressed as part of the action plan. GP said that part of the plan involves engaging with the charity Civility Saves Lives and for the Organisational Development Team to work on a robust plan on how culture is changed in a sustainable and meaningful way. She then confirmed she was confident that staff speak openly and honestly about concerns, as highlighted in the report – adding that this was important to her and she wanted to embed this as part of the process. The committee agreed with RW that the review had produced a good, constructive report in which the learning points in terms of systems and processes could relate to the whole system. It was confirmed that the report will be shared with CRH as part of the LM & S and also Maternity Voices, which is a group of women who have recently experienced maternity services in Derbyshire. BS felt this was important to note that they will see that there is open learning culture in place across the whole system. MG noted that there were no causal links identified and asked that consideration could be given to looking into health inequalities, language ability or the areas people lived in which could have affected the seven cases to ensure that there was no particular disadvantage to any of the women involved.	

MG as Chair confirmed, in agreement with all present:-

- Receipt and discussion of the report by the committee.
- Delegation of the reply received from UHDB and in turn, their plan in response to the review, to the LM&S Board on behalf of the Q& P Committee.
- Delegation of responsibility for ensuring assurance on the timely and effective delivery of the UHDB response plan.

MG noted the support being provided for families and staff involved and asked that it was acknowledged the support to staff as being especially positive.

GP and DM left the meeting

<u>Post meeting comments received by email from Dr Robyn Dewis, Director of Public Health, Derby City Council.</u>

Very happy that the LMNS picks up the follow up on the recommendations- but would request that specific feedback on progress is provided to the committee for assurance.

There are a number of areas of concern, but many practical and easily measured actions (accuracy of clocks, drawing up of medicines etc.)- however, there are some much harder to measure and I wonder how we are best assured of changes specifically:

- The culture within the Obstetric team- as I read it this may be related to individuals who are towards the end of their careers and may be really difficult to crack. This is emphasised by the described support between midwifery and anaesthetics (potentially an alliance built in adversity) and will surely be impacting on recruitment. I wonder if this needs external support to tackle?

- Is this situation influencing the churn in senior midwifery posts? I know this is an issue across the country but the frequent changes are really concerning in view of the leadership required to tackle these issues. Also noted that although booked training is 100% this is sometimes cancelled to cover shifts- and that this may impact on CNST. Consistent leadership is needed to tackle this issue.

- The quality of incident reviews- it sounds as if the meetings have been extended to become more multidisciplinary- but are they shared and is there challenge from LMNS/ ICB on any assumptions etc.

And then, my concern regarding screening incidents remains but I know this is being picked up.

Q & P 2223/ 091	**Board Assurance Framework (BAF)** JH advised the committee that the comments made following the previous presentation of the BAF were fed back to the corporate team, this meeting was requested to discuss and agree the two risks that were presented and the risk appetite scores for both risks one and two. JH added that there has been further work completed on the BAF to bring it into line with work being undertaken in the other Board sub-committees and there is more detail included regarding mitigation and assurance. RW agreed the BAF had moved on significantly since the previous presentation in terms of looking at the risks and providing more assurance. He also liked the BAF referring back to the 5-year plan. RW challenged the Committee to genuinely consider the risk appetite scores as he felt that a score of 12 could well be unrealistic given that we are at the beginning of a 5-year planning cycle and some of the mitigations could be slow to provide a real benefit. JH agreed to discuss with the Corporate Directorate Team. CF advised that this was the first time she had seen the threat analysis set out in this way and felt it made sense. In terms of the first strategic risk, she noted the controls mainly related to reports and risk escalations and asked how it would be known whether improvements had been made or whether a key element of mitigation was working. As far as she was aware, changes would be identified by a change in the risk score, so suggested a heat map which would show the scoring over a period of time, to see whether the risk was chronic and not being mitigated or there was improvement being demonstrated. JH acknowledged this and advised that this had been discussed with members of the corporate team. She agreed that it was difficult to measure because it is a system approach and is an aggregation of intelligence and reporting. JH added that work is ongoing with the corporate team looking at how to aggregate the information in the BAF, noting the soft intelligence within it. She considered observation of what's coming through, true escalation and regular reassessment of this risk is key, adding that once agreed this, the oversight of this risk will be in this Committee on behalf of the Board. JH also felt there was a need to ensure items that are escalated reflect how that risk is doing, whether it's positive movement or not. Further discussions will take place regarding how to complete the aggregation. KF said she could not identify where there are huge risks to the gaps in control. For example, JUCD Derbyshire Cost Improvement Program, all the things that demonstrate system control, could also be the things that prevent the system from having control. She considered whether narrative on this could be provided somehow. JH confirmed that she had noted this to take back for discussion, adding that so the process had been very iterative and was still in the early stages of development. She also felt that in order to work well, the agendas of the	

	meetings which support this need to provide some of the evidence where appropriate. This was agreed by the committee, as was the need for the BAF to be linked into items discussed on this meeting's agenda. RW suggested asking two questions relating to the BAF during every meeting – Did we discuss everything identified under the BAF and did any of the discussions change the BAF? Adding that this would then provide an overview and would become part of the management system of the committee. This was agreed by all present. **Action:** Questions 'Has the Committee discussed everything identified under the BAF' and 'Are there any changes to be made to the BAF as a result of discussions', to be added to the meeting agenda before AOB. MG confirmed that the committee discussed and agreed the risks. With regards to agreeing the proposed risk appetite score, MG noted the challenge from RW. RW explained that he felt it was unrealistic in terms of the scenario the ICB is moving into as a system. KF acknowledged this and asked the committee to consider whether this is the appetite that collectively people are comfortable with accepting even though it might not be realistic, as the organisations involved will all have different risk appetites. She considered the risk of leaving it as it is versus whether it needs to be pushed further in terms of how the risk scores were decided. RW felt the argument was whether short-term provision was needed in order to what the system is prepared to tolerate at the expense of some longer-term things. **Action:** JH to reflect on RW's comments and share with the corporate team.	**JH** **JH**
Q & P 2223/ 094	**Assurance Report from System Quality Group** JH advised that the report presented was from the meeting which took place on 7th February, which is the first one to be presented in the new format. JH asked the committee to note the meeting minutes are in draft as the next meeting where they will be approved takes place at the beginning of March. MG confirmed that the committee noted the report.	
Q & P 2223/ 095	**Any Other Business** None.	
	Minutes and Matters Arising	
Q & P 2223/ 096	**Minutes from the meeting held on 26th January 2023** The minutes were approved as an accurate record of the meeting.	
Q & P 2223/ 096	**Action Log and Future Papers** There were no outstanding actions. Regarding future papers, JH referred to CFs questions relating to the Risk Stratification and Harm update and in light of this, proposed that this paper was brought forward to April. This was agreed by all present.	

	Assurance/Meeting Evaluation Questions – Was the meeting attended by the right people? Yes. – Were the papers presented in the appropriate professional standard? Yes – Were papers already reported on to other committees presented in summary form? Yes – Was the content of the papers suitable and appropriate for the public domain? Yes – Were they sent to committee members at least five working days in advance? Yes – Does the committee want to undertake a deep dive? The proposal of the eating disorders deep dive was noted. – What recommendations does the committee want to make to the ICB Board? As this was the first hybrid meeting. MG asked participants who joined remotely via MS Teams for their feedback. CF advised that though the visibility was really good, the sound had been muffled at times. CC said that he had been able to follow the conversations and all had been fine. The issue with the sound was noted, mainly due to the size of the room and the acoustics and it was agreed to review the face to face and remote attendance on a month-by-month basis.	

DATE AND TIME OF NEXT MEETING
Date: Thursday 30th March 2023
Time: 09:00
Venue: Florence Nightingale Room, Cardinal Square, DE1 3QT / MS Teams

NHS
Derby and Derbyshire
Integrated Care Board

NHS Derby and Derbyshire Integrated Care Board

Meeting in Public – ICB Business

Forward Planner 2023/24

Please Note: All reporting timeframes are currently indicative and subject to review and confirmation.

ICB Key Areas	2023/24											
	20 Apr	18 May	15 Jun	20 Jul	17 Aug	21 Sep	19 Oct	16 Nov	14 Dec	18 Jan	15 Feb	21 Mar
Introductory Items												
Welcome / Apologies and Quoracy	X			X			X			X		
Questions from Members of the Public	X			X			X			X		
Declarations of Interests • Register of Interest • Summary register of interest declared during the meeting • Glossary	X			X			X			X		
Minutes and Matters Arising												
Minutes of the previous meeting	X			X			X			X		
Action Log	X			X			X			X		

ICB Key Areas		2023/24											
		20 Apr	18 May	15 Jun	20 Jul	17 Aug	21 Sep	19 Oct	16 Nov	14 Dec	18 Jan	15 Feb	21 Mar
Strategic Planning & Commissioning													
Commissioning Reports/Plans/Business Cases (where applicable)		X			X			X			X		
	Exec Lead (s)												
Planning for Winter (Operational/Care/Finance/Workforce)	ZJ/BS/KG/AR							X					
NHS Joint Forward View 2024 and beyond.	KG/ZJ/AR	X						X			X		
NHS Derby and Derbyshire ICB Annual Report and Accounts	HD/KG				X								
Amended Constitution	HD				X								
Integrated Assurance & Performance													
Integrated Assurance and Performance Report • Quality • Performance • Workforce • Finance		X			X			X			X		
Corporate Assurance													
Audit and Governance Committee Assurance Report		X			X			X			X		
Finance and Estates Committee Assurance Report – verbal		X			X			X			X		

ICB Key Areas	2023/24											
	20 Apr	18 May	15 Jun	20 Jul	17 Aug	21 Sep	19 Oct	16 Nov	14 Dec	18 Jan	15 Feb	21 Mar
People and Culture Committee Assurance Committee	X			X			X			X		
Population Health and Strategic Commissioning Committee Assurance Report	X			X			X			X		
Public Partnership Committee Assurance Committee	X			X			X			X		
Quality and Performance Committee Assurance Report	X			X			X			X		
Corporate Risk Register Report	X			X			X			X		
Corporate Committees' Annual Reports							X					
Update and review of Committee TORs	X						X					
For Information												
Ratified Minutes of ICB Corporate Committees	X			X			X			X		
Closing Items												
Forward Planner	X			X			X			X		
Any Other Business	X			X			X			X		
Items Received from members of the public	X			X			X			X		