

## NHS DERBY AND DERBYSHIRE ICB BOARD MEETING IN PUBLIC

Thursday, 20<sup>th</sup> March 2025

Joseph Wright Room, Council House, Derby DE1 2FS

### Confirmed Minutes

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

Item No.	Item	Action
ICBP/2425/ 123	<b>Welcome, introductions and apologies:</b>	

	<p>The Chair, Dr Kathy McLean (KM) welcomed all Board Members and attendees to the Board Meeting in Public, and the Board introduced themselves. The Chair welcomed the observing members of the public and colleagues attending to present the Citizens' Story.</p> <p>Apologies for absence were received as noted above.</p>	
<p><b>ICBP/2425/124</b></p>	<p><b>Confirmation of quoracy</b></p> <p>It was confirmed that the meeting was quorate.</p>	
<p><b>ICBP/2425/125</b></p>	<p><b>Declarations of Interest</b></p> <p>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.</p> <p>Declarations made by members of the Board are listed in the ICB's Register of Interests and included with the meeting papers. The Register is also available either via the ICB Board Secretary or the ICB website, using the following link: <a href="https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/">https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/</a></p> <p>Mark Powell (MP) noted that the Delegated Specialised Commissioning item references services DHCFT may provide, or seek to provide, in the future, however this did not comprise a conflict in this meeting.</p>	
<p><b>ICBP/2425/126</b></p>	<p><b>Minutes of the meeting held on 16<sup>th</sup> January 2025</b></p> <p><b>The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held.</b></p>	
<p><b>ICBP/2425/127</b></p>	<p><b>Action Log – January 2025</b></p> <p><b>The Board NOTED the action log.</b></p>	
<p><b>ICBP/2425/128</b></p>	<p><b>Citizen Story: Perinatal Service</b></p> <p>The Chair introduced the Citizens' Story and expressed how much she enjoyed visiting the Perinatal Service last year. The story presented a reminder to the Board of its primary objective to support patients and the impact that is felt in the community from such initiatives.</p> <p>Shelley McBride, Emma Roberts and Shannon O'Neill gave an overview of the Perinatal Service and a summary of their work. The Service is a not-for-profit community interest project which trains volunteers from the local community to provide perinatal support through labour and birth and for the first two years post birth. Support is provided in a variety of ways with approaches tailored to individual families. There is considerable interest in volunteering and the programme is oversubscribed. The training programme takes two years and welcomes volunteers from all walks of life with a wide variety of backgrounds and qualifications.</p> <p>Tangible benefits for families working with the Service include:</p> <ul style="list-style-type: none"> <li>• a trained, non-judgemental contact from their own community working with them to ensure they are able to make informed choices;</li> <li>• reduction of stigma related to perinatal mental health and reassurance as to what is 'normal';</li> <li>• building resilience, signposting to appropriate care and identification of barriers to receiving appropriate support,;</li> <li>• helping the family to identify their own strengths and building a strong support network for family and baby;</li> <li>• 1:1 support with issues such as midwifery, labour and birth, mental health, sexual complexity, social care and health visiting; and</li> <li>• volunteer support on call 24/7 for two weeks before and after due date.</li> </ul>	

	<p>Volunteers engage in community events and provide support in neonatal wards and mental health units. The voluntary sector aids statutory interventions while offering a non-judgemental resource for families wary of social care workers or midwives. The University of Derby is conducting a study on peer support services such as the Perinatal Service, to explore their potential in alleviating NHS pressures.</p> <p>The Board expressed their appreciation and admiration for the excellent work of the Perinatal Service, and the following comments were made during discussion:</p> <ul style="list-style-type: none"> <li>• retention of volunteers is very good, the commitment from those who complete the training is very strong and often when volunteers leave they go on to similar roles in the community;</li> <li>• funding for the Service is secure for the next few years, however the increase in demand is proving challenging within the available finance and additional funding is sought each year from community funds. The ICB can help by demonstrating the strength, experience, value for money and importance of the voluntary sector and ensuring that they are involved in relevant planning and discussions;</li> <li>• the Board recognised the significance of the volunteer role in supporting complex cases to prevent escalation;</li> <li>• the Service is a good example of how an excellent service can be provided from a modest investment;</li> <li>• providers have drawn considerable learning from the Service, including how to manage and engage with maternity voices; and</li> <li>• the Board acknowledged the hard work and success of the Service in addressing and destigmatising perinatal mental health issues, which is best carried out in a non-clinical service aligned to communities.</li> </ul> <p>The Chair thanked the presenters and expressed the privilege that she felt to have visited the Service, which represents an excellent example of successful, localised community work and is a reminder of the central purpose of the ICB. The Chair stressed that the Board would support the Service in any way possible.</p> <p><b>The Board NOTED the Citizen Story.</b></p>	
<p>ICBP/2425/ 129</p>	<p><b>Chair's Report</b></p> <p>The Chair highlighted the following national NHS developments which were announced following preparation of the Board meeting pack:</p> <ul style="list-style-type: none"> <li>• NHS England (NHSE) is to be abolished and merged into Department of Health and Social Care (DHSC) within two years. Sir Jim Mackey and Dr Penny Dash have been announced as Transitional CEO and Chair of NHSE and are developing a Transition Team;</li> <li>• all ICBs have been instructed to reduce their running cost, staffing and programme budget by 50% by Quarter 3 of 2025/26, in addition to the 30% reduction in 2023/24. This will represent a significant challenge and the role of the Board will be to work through this development in a supportive and compassionate way in line with the ICB's values. Further national guidance in relation to this is anticipated in the next few weeks;</li> <li>• the agenda for this meeting is focused on planning and the Board will focus on the work that needs to be done, recognising the uncertainty and anxiety that many colleagues are feeling. There is a commitment to collaborate effectively as healthcare leaders; and</li> <li>• Hospital Trusts have also been instructed to reduce corporate costs by 30%.</li> </ul> <p>In summary there are considerable changes to come, and currently it is not clear what the roles and responsibilities of ICBs will be in the future.</p>	

	<p>However the system is committed to fulfilling its current responsibilities and will continue to do so diligently.</p> <p><b>The Board NOTED the Chair's report.</b></p>	
<p><b>ICBP/2425/130</b></p>	<p><b>Chief Executive's Report</b></p> <p>Dr Chris Clayton (CC) highlighted the following:</p> <ul style="list-style-type: none"> <li>• the system is awaiting further formal guidance around the changes highlighted by the Chair above, and the Board will be updated when more information is available;</li> <li>• Derby and Derbyshire ICB delivered a total 30% reduction of running costs in 2023/24, as instructed, and a further reduction of 50% will be significant;</li> <li>• the Executive Team are working closely with staff in the ICB and partner organisations who are affected by the news;</li> <li>• important conversations are taking place as to how to support the non-statutory voluntary sector while the statutory sector is experiencing challenges;</li> <li>• Bill Shields, the new joint Chief Finance Officer for Derby and Derbyshire ICB and Nottingham and Nottinghamshire ICB, will be in post from the 1<sup>st</sup> April 2025. CC thanked Claire Finn (CF) for her diligent and excellent work as Interim Chief Finance Officer; CF will remain in post until May to ensure an effective handover to Bill; and</li> <li>• there is a commitment to maintain partnership working through this challenging time. Local authorities are also undergoing changes through the local government reorganisation piece. Alongside the Chief Constable and the Chief Fire Officer, the ICB has contributed its views to the government with regards to this work. The Chair continues to link with the Mayor and the new Chief Executive at East Midlands Combined Authority.</li> </ul> <p>The Board discussed the Chair and CEO Reports with comments as noted below:</p> <ul style="list-style-type: none"> <li>• it was agreed that CF has been very successful in her interim role and assisting in the transition period, and the Board extended their thanks for her hard work;</li> <li>• clarity was requested around how the pre-election period due to local elections in May will impact further announcements in relation to the changes as above. Pre-election may prevent announcements, however the changes have likely been announced ahead of pre-election in order to enable ICBs to begin necessary preparations during this period;</li> <li>• work is taking place on further joint working arrangements, with partnership events across the NHS and wider stakeholders being planned over the next few months. The ICB will have a crucial role to play in supporting the shift into neighbourhood working;</li> <li>• no planning assumptions have been made for 2025/26 with regards to the announced NHS changes. Further guidance will be required and is being awaited with regards to ICB, NHSE and provider changes; currently it is unclear how the efficiency will be treated, or if it will be taken from the allocation or the source. As the details are not known it has not been possible to incorporate the changes into any planning for 2025/26;</li> <li>• the potential for upheaval in the system was noted, with the ICB, NHSE, providers and partners undergoing difficult challenges. The changes, and the lack of guidance received thus far, will be causing considerable anxiety in staff and reducing their ability to focus on carrying out their roles. Work is taking place to put support into place for teams across the ICB, and the transition process will begin as soon as further</li> </ul>	

	<p>guidance is issued; it is vital to gain a strong understanding of the requirements and establish certainty as soon as possible to strengthen morale in the ICB and across the system;</p> <ul style="list-style-type: none"> <li>• staff are likely feeling that their work is not valued. It must be demonstrated that all roles are valued and recognised; and</li> <li>• a considerable change to system governance will be required and transitional arrangements will have to be made. In order to do this the system will need detailed guidance as to what the ICB will be focused on in future, and which roles will need to be preserved. There will also be issues relating to employment law that must be resolved.</li> </ul> <p><b>The Board NOTED the Chief Executive's report.</b></p>	
<p><b>ICBP/2324/131</b></p>	<p><b>Operational Planning approach to 2025/26</b></p> <p>CC introduced the item and the following key points of the plan were highlighted:</p> <ul style="list-style-type: none"> <li>• the system is committed to operating within the resource set by NHSE and DHSC. The deficit position is £45m (as planned) and thanks were extended to colleagues for their commitment to achieving the position;</li> <li>• the plan addresses what can be done with the resource available, the deliverable volumes of care and how to shape the workforce; and</li> <li>• the system is in a positive position, having delivered 2024/25 within the financial envelope required and made progress operationally, which will provide a strong foundation for the 2025/26 plan.</li> </ul> <p>The Board discussed the plan, with the following comments arising from the discussion:</p> <ul style="list-style-type: none"> <li>• there are some elements that the Board is not currently sighted on around governance, content and delivery, such as around Quality Equality Impact Assessments (QEIAs), risks and mitigations. In order to sign off the plan the Board will need to be satisfied that everything possible has been done to be fully assured, and it may be necessary to acknowledge any potential outstanding risks;</li> <li>• the 5% Cost Improvement Programme (CIP) target for providers is clear however there is also a 4% internal productivity improvement. The Board will need to make assumptions around growth in referrals and demand, and initiatives across the system will manage this demand.</li> <li>• it is difficult for providers to confidently answer 'yes' to all of the ten questions on the Board Assessment Template in the available time and in the light of the considerable risks. Further evidence to support the ten questions will be needed for Board to be assured on an individual provider basis, but across the system as a whole the Board can be assured on all ten questions. The plan is not likely to be perfect for next week however relatively the position is positive and identification of some substantial items will bring more confidence;</li> <li>• in order to effect the three shifts, some flexibility in the plan will be required across the system. Capital and revenue can be used to make the shifts and establish recurrent, sustainable changes sooner rather than later.</li> <li>• DCHS have responded 'yes' to all questions, with explanatory notes provided around the assumptions employed to achieve the response. It was noted that the planning process this year has been extremely well coordinated, with regular scrutiny of contributions and consideration of how other partners are affected;</li> <li>• a key tenet of the DCHS plan is the community transformation programme; DCHS are currently working through engaging a partner which will likely happen by the end of March. Transformation will also need to take place in the acute environment and elsewhere, or the</li> </ul>	

	<p>system will find itself in a difficult place. Conversations have been held with acute Trusts and GP Provider Board with regards to transformation. Changes must be made outside the acute Trusts in terms of prevention and sustaining people in the community; the evidence for the left shift will come from this. A plan is in place to tackle this and a tangible shift should be seen within 6 months to show the direction of travel;</p> <ul style="list-style-type: none"> <li>• from the general practice perspective, there is a level of assumption around how quickly changes can be made at scale. There are available resources and capacity but a balance must be found. The GP contract is not mentioned in the plan however an equivalent offer has been agreed with the General Practitioners Committee (GPC), with the long-term general practice contract being renegotiated. While the contract is still in development, general practice is being treated more fairly than has been for some years. It was noted that much of improving the neighbourhood offer will fall on the core of general practice and other primary care teams;</li> <li>• from the clinical perspective, there is willingness to embrace transformational change and there is architecture in place to build on. Clear, well-aligned and prioritised objectives are required for the ICB and all providers, with all working together to address the problems that all organisations are facing. The Clinical Professional Leadership Group (CPLG) have indicated that they will be happy to work on this.</li> </ul> <p><b>ACTION: Dr Avi Bhatia (AB) to work with the Clinical Professional Leadership Group (CPLG) and other relevant colleagues on aligning objectives for transformational change across all organisations.</b></p> <p>CC summarised that the task for Board is to review the information currently presented in this meeting in public. Further information and evidence will be provided to Board closer to the submission deadline. The recommendation is to establish where the Board can be assured now, and what more evidence will be required before sign off.</p> <p>The Chair drew the Board's attention to the timeframe and the Extraordinary Confidential Board meeting for final sign off on 26<sup>th</sup> March 2025 and commented on the importance of overarching governance being well understood; regular discussions are taking place however this is not currently reflected in the governance. Further assurance will be needed that robust governance processes will be in place in the senior management and executive space.</p> <p>The Chair gave an overview of the ten Board Assurance points as detailed in the meeting pack and confirmed that the Board fully understood and felt assured on each of the points. It was noted that it would be helpful if some additional context could be provided as to how each of the points are being addressed.</p> <p>It was agreed that it will be helpful for Board to see explanatory notes as required from all Trust boards for their responses to the questions. The additional insights from Trust boards will be included in the meeting pack for the Extraordinary Confidential Board meeting next week.</p> <p>The Chair thanked all who have worked on the plan and confirmed that the plan will be signed off in an Extraordinary Board meeting next week, ahead of final submission to NHSE on the 27<sup>th</sup> March 2025.</p> <p><b>The ICB Board DISCUSSED the report on the status of the 2025/26 plan.</b></p>	<p>AB</p>
<p>ICBP/2425/132</p>	<p><b>Delegated Specialised Commissioning Services from NHS England – Final Delegation Documents</b></p>	

	<p>CC advised that this item comprises the final part of the delegated services that are being transferred to ICBs from NHSE and noted that the Midlands is ahead of other parts of the country in completing this transfer. In the context of the definition of ICBs' responsibilities and the delegations from NHSE, as currently defined, the recommendation is to support readiness and due diligence for delegation. It was noted that this may change as more information and guidance around the implications of the current NHS changes are provided.</p> <p>The Board were assured by the ICB's proven track record of managing this process following previous delegations, the work that is taking place across the midlands to manage the delegation and the work already carried out to understand ownership and shaping.</p> <p>Specialised services are overseen in the Midlands by the East Midlands Joint Committee and the Specialised Services team is hosted at Birmingham and Solihull ICB (BSOL). Given the heightened risk around the current changes, further assurance may be required with regards to the team that will be managing and delivering this delegation.</p> <p>In order to maximise benefit from the devolved services, further conversations would be welcomed with East Midlands Alliance for Mental Health, Learning Disabilities and Autism to establish what actions these providers have been taking and if there are any opportunities for collaboration, improving the quality of commissioned services or improving outcomes. It will be useful to review these metrics next year when the services are embedded and the wider NHS situation has stabilised.</p> <p><b>The ICB Board NOTED the contents of the report and AGREED the sign-off of the attached documentation, noting that the ICB's Data Protection Officer has reviewed the DPIA and approved it. These documents have been developed between NHSE and their legal advisors, together with Midlands ICB representatives.</b></p>	
<p>ICBP/2425/ 133</p>	<p><b>Integrated Performance Report</b></p> <p>Reports were taken as read, with points highlighted as detailed below.</p> <p><b>Quality:</b></p> <ul style="list-style-type: none"> <li>• the CQC revisit report for UHDB is still awaited. The UHDB team have responded extremely well and the Committee is very confident in real progress being made;</li> <li>• an unusual incident occurred in relation to EMAS and licencing of controlled drugs for ambulances. Considerable learning has been gained from the incident around resolving home office connection issues and the correct governance procedures being in place;</li> <li>• CRH, with support from Sherwood Forest, have completed a review of perinatal mortality rates. No systematic concerns are identified;</li> <li>• the harm review report provided partial assurance. The reviews are part of a wider effort to improve patient safety and service quality; and</li> <li>• the UHDB maternity team were the only team to win three awards at the Baby Lifeline UK Maternity Unit Marvels (MUM) Awards 2025; providing exceptional care during complications in labour, excellence in neonatal care and providing outstanding care through complications in pregnancy. The Board congratulated the team on this significant achievement.</li> </ul> <p><b>Performance:</b></p>	

	<ul style="list-style-type: none"> <li>category 2 ambulance response times are longer than desirable, however teams have successfully implemented the national 45-minute initiative for handovers. CRH routinely meet this target and UHDB are also seeing huge improvements on these metrics, which is making a difference in turnaround times for patients and ambulance crews;</li> <li>in terms of Referral to Treatment, there is a huge number of patients on the lists but, while a significant number are encountering a long wait, these are reducing in number and the situation is improving;</li> <li>Cancer services are maintaining their metrics;</li> <li>LD, MH &amp; Autism services are still encountering some issues with out of area placements, children's long waits and community waits however progress is being made and the situation is improving;</li> <li>GP appointments are above plan; and</li> <li>the new Community Diagnostic Centre (CDC) has recently been opened at Florence Nightingale Community Hospital, which is a very positive development and will have a considerable impact on diagnostic waits. It would be useful for a CDC to present to Board in a future meeting to give more insight into the contribution they can make to improving patient care and elective waiting time targets.</li> </ul> <p><b>Workforce:</b></p> <ul style="list-style-type: none"> <li>the plan remains on track, with increases in substantive recruitment and a reduction in agency staff to 1.4% below the national average;</li> <li>levels of sickness rose in December due to Winter viruses, however this has reduced now;</li> <li>workforce numbers appear to be correct, however in the next year the system will need to focus on the quality of the workforce; and</li> <li>the potential unintended consequences of commissioning activity were highlighted; the Board were advised to be mindful of the moving parts involved in the plan and how they interact with each other.</li> </ul> <p><b>Finance</b></p> <ul style="list-style-type: none"> <li>overall the system is behind in terms of the plan with a year-to-date adverse variance of £4m, but is forecast to achieve the plan;</li> <li>the system is also slightly behind in terms of efficiency delivery but is forecast to achieve £170m;</li> <li>capital will be managed in line with allocations; and</li> <li>the system Finance Estates and Digital Committee (SFEDC) thanked CF and provider finance colleagues for their help and hard work in keeping the Committee informed, updated and assured on the 24/25 position at meetings and in between; and</li> <li>the importance of investigation and intervention work was stressed and this should be woven into the Board Plan moving forwards.</li> </ul> <p>The Chair added that there is a level of vision missing around inequalities and outcomes for different groups, which are crucial elements to our four aims and should be at the forefront of Board focus. It will be useful in the forthcoming year for Board to receive updates with regards to inequalities and outcomes. It was noted that a Board seminar session is planned around outcomes, which will help to inform this.</p> <p><b>The ICB Board NOTED the Performance Report and Committee Assurance Reports.</b></p>	
<p>ICBP/2425/ 134</p>	<p><b>ICB Constitution</b></p> <p>Some minor changes have been made to the ICB's constitution to allow appointments on a secondment basis from another ICB. NHSE recognise that the national ICB model constitution does not allow for this, therefore the model will be changed at the national level in due course. However the</p>	

	<p>change is being implemented locally now to allow for Bill Shields' appointment at Joint Chief Finance Officer for DDICB and Nottingham and Nottinghamshire ICB. The same amendment process has taken place in Nottinghamshire and has been agreed by their Board.</p> <p><b>The ICB Board APPROVED the changes to the ICB Constitution.</b></p>	
<b>ICBP/2425/135</b>	<p><b>Board Assurance Framework Quarter 3 2024/25</b></p> <p>HD gave an overview of the item, observing that there is a new risk around cyber security and that additional strategic risks will be required ahead of the next Board meeting around the recently announced NHS changes; the importance of recognising risks was stressed.</p> <p>Work has been taking place within the Committee review to ensure that risks are correct and in the right place, with some risks moving between Committees. The updated Committee arrangements will come to Board for sign off in May. An updated version of the Board Assurance Framework (BAF) for Quarter 1 of 2025/26 will capture the recent NHS changes.</p> <p>The following comments and queries were raised:</p> <ul style="list-style-type: none"> <li>• there has been little movement in the risks; this is being considered;</li> <li>• certain risks will move across committees, including the new Strategic Commissioning and Integration Committee. The new governance arrangements for committees will come to Board for signoff in May;</li> <li>• it would be useful to set timelines and monitor against them in order to more clearly understand progress against the risks; and</li> <li>• it was noted that, since the Board Development Session, committees have been discussing tolerance levels.</li> </ul> <p>The Chair summarised that risk needs to drive the ICB's agenda; if the risks are not changing then the mitigations may be incorrect. Certain risks may take a long time to change. This should be clearly identified where relevant.</p> <p><b>The ICB Board:</b></p> <ul style="list-style-type: none"> <li>• <b>RECEIVED the final Quarter 3 2024/25 BAF strategic risks 1 to 11;</b></li> <li>• <b>NOTED the new strategic risk 11 relating to cyber-security;</b></li> <li>• <b>NOTED the subsummation of strategic risk 9 into strategic risk 2 and the responsibility for this risk subsequently transferring from Quality and Performance Committee to Population Health and Strategic Commissioning Committee; and</b></li> <li>• <b>NOTED the transfer of committee ownership for strategic risk 3 due to the Public Partnership Committee being stood down.</b></li> </ul>	
<b>ICBP/2425/136</b>	<p><b>ICB Risk Register – February 2025</b></p> <p>The register was taken as read. One ICB risk has decreased in score but this status may change in light of recently announced NHS changes. Risks 13 and 27 can be closed but will be monitored; no risks have increased at this stage. The Chair noted that it would be helpful for future Boards to note which BAF risks apply to items on the agenda.</p> <p><b>The ICB Board RECEIVED and NOTED:</b></p> <ul style="list-style-type: none"> <li>• <b>Appendix 1, the Risk Register Report;</b></li> <li>• <b>Appendix 2, which details the full ICB Corporate Risk Register; and</b></li> <li>• <b>Appendix 3, which summarises the movement of all risks in February 2025</b></li> </ul> <p><b>The ICB Board APPROVED CLOSURE of:</b></p> <ul style="list-style-type: none"> <li>• <b>Risk 13 relating to the existing human resource in the Communications and Engagement Team; and</b></li> </ul>	

	<ul style="list-style-type: none"> <li>• <b>Risk 27 relating to building and sustaining communication and engagement momentum and pace with stakeholders during a significant change programme.</b></li> </ul>	
ICBP/2425/137	<p><b>Committee Assurance Reports</b></p> <p>The assurance reports were taken as read, with comments noted below.</p> <p><b>Audit &amp; Governance Committee</b>          Certain multi-partner contracts have been taking an extended time to be signed off, such as for 111. The risk arising from this is currently low. It may be possible for contracts to be approved and signed off once centrally on behalf of all providers; a centralised process would be considerably simpler and faster and would reduce the associated risk.</p> <p><b>Public Partnership Committee</b>          The highlight report covers the final meeting of the Committee, at which significant concerns were raised by lay members that incorporating the Committee's remit into the Strategic Commissioning and Integration Committee will weaken public involvement in the planning process. The Committee has done excellent work in engagement and coproduction and their legacy will be incorporated into future planning. The local voice remains crucial and a new risk has been raised around ensuring public input is still involved in the planning process. The importance of engagement at local, community and place level was stressed.</p> <p><b>Remuneration Committee</b>          The Committee is reviewing its Terms of Reference. Future Remuneration Committee highlight reports will be brought to Board on a 6-monthly basis.</p> <p><b>The Board RECEIVED and NOTED the reports for assurance purposes.</b></p>	
ICBP/2425/138	<p><b>Risks identified during the course of the meeting</b></p> <p>It was noted that new risks have arisen since the publication of the Board papers due to the recently announced NHS changes, however full details of these risks are not currently known.</p> <p>As above, a new risk has arisen around ensuring that public engagement in the planning process continues following the dissolution of the Public Partnership Committee.</p> <p><b>The ICB Board NOTED the verbal update.</b></p>	
ICBP/2425/139	<p><b>Forward Planner</b></p> <p>The forward planner was taken as read.</p> <p><b>The Board NOTED the forward planner for information.</b></p>	
ICBP/2425/140	<p><b>Questions received from members of the public</b></p> <p>No questions were received from members of the public.</p>	
ICBP/2425/141	<p><b>Any Other Business</b></p> <p>MP advised the Board that, following two years of construction, the new Derwent Unit is being opened today on the CHRFT site and is the first of the new builds to open. The Chair offered congratulations and commented that she enjoyed her visit to the similar site in Derby.</p>	
<b>Date and Time of Next Meeting</b>		
<p><b>Date:</b> Thursday, 22<sup>nd</sup> May 2025  <b>Time:</b> 9:15am to 11:15am  <b>Venue:</b> The Joseph Wright Room, Council House, Derby DE1 2FS</p>		