**ITEM 030**

**MINUTES OF NHS DERBY AND DERBYSHIRE ICB BOARD MEETING IN PUBLIC**

**Held on Thursday, 16th May 2024**

**via Microsoft Teams**

**Confirmed Minutes**

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| **Present:** | | | | |
| Dr Kathy McLean | | KM | ICB Chair (Meeting Chair) | |
| Tracy Allen | | TA | Chief Executive DCHSFT / Participant to the Board for Place | |
| Michelle Arrowsmith | | MA | ICB Chief Strategy and Delivery Officer / Deputy CEO | |
| Jim Austin | | JA | ICB Chief Digital and Information Officer | |
| 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 | |
| Linda Garnett | | LG | ICB Interim Chief People Officer | |
| Margaret Gildea | | MG | ICB Non-Executive Member / Senior Independent Director | |
| Keith Griffiths | | KG | ICB Chief Finance Officer | |
| Ellie Houlston | | EH | Director of Public Health – Derbyshire County Council (Local Authority Partner Member) | |
| Prof Dean Howells | | DH | ICB Chief Nurse | |
| Dr Andrew Mott | | AM | GP Amber Valley (Partner Member for Primary Care Services) / Medical Director of GP Provider Board | |
| Dr Deji Okubadejo | | DO | ICB Board Clinical Other 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) | |
| Perveez Sadiq | | PS | Service Director, People Services, Adult Social Care Services – Derby City Council (Local Authority Partner Member) | |
| Sue Sunderland | | SS | ICB Non-Executive Member | |
| Dr Chris Weiner | | CW | ICB Chief Medical Officer | |
| Richard Wright | | RW | ICB Non-Executive Member | |
| **In Attendance:** | | | | |
| Sam Waters | | SW | BSL Interpreter | |
| Helen Blunden | | HB | BSL Interpreter | |
| Clive Newman | | CN | Director of Primary Care | |
| Dr Duncan Gooch | | DG | Place Lead for General Practice / Board Member for GP Provider Board / Chair of Primary Community Care Delivery Group | |
| Kathryn Durrant | | KD | ICB Board Secretary | |
| Suzanne Pickering | | SP | ICB Head of Governance | |
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| **Apologies:** | | | | |
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| **Item No.** | **Item** | | | **Action** |
| **ICBP/2425/**  **001** | **Welcome, introductions and apologies:**  Dr Kathy McLean (KM) welcomed all Board Members and attendees to the meeting.  No apologies for absence were received. | | |  |
| **ICBP/2425/**  **002** | **Confirmation of quoracy**  It was confirmed that the meeting was quorate. | | |  |
| **ICBP/2425/**  **003** | **Declarations of Interest**  The Chair reminded Committee Members of their obligation to declare any interests they may have on issues arising at Committee meetings which might conflict with the business of the ICB.  Declarations made by members of the Board are listed in the ICB’s Register of Interests and included with the meeting papers. The Register is also available either via the ICB Board Secretary or the ICB website, using the following link: <https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/>  No declarations of interest were made with regards to this agenda. | | |  |
| **ICBP/2425/**  **004** | **Minutes of the meeting held on 21st March 2024**  The Board were advised that an action relating to Holistic Discharge Review was stated as assigned to Sue Sunderland (SS) but was being taken forward by Dr Chris Clayton (CC). It was agreed to amend this detail in the minutes and in the action log.  **Subject to the amendment as stated above, the Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held.** | | |  |
| **ICBP/2425/**  **005** | **Action Log – March 2024**  All open actions and matters arising from the meeting on 21st March 2024 were closed.  **The Board NOTED the action log, which will be updated accordingly.** | | |  |
| **ICBP/2425/**  **006** | **Chair's Report – April 2024**  KM presented the Chair's report, which was taken as read and the following points of note made:   * Thanks were given to RW for his hard work during his tenure as ICB Chair and for ensuring that there has been a smooth transition for the new Chair. RW's ongoing work within the ICB will be very valuable. * KM provided a broad overview of her background and other areas of responsibility, including as Chair of the NHS Network Confederation Board and the Confederation ICS Network, which will allow the Derbyshire system to share learning and influence across the country. * 2024/25 will be very challenging; the system will need to focus on current issues, such as improving outcomes and reducing health inequalities, while also ensuring that plans are put in place in a timely manner. Wider system sessions throughout the year will address this. * The importance of the Board supporting the changes happening in local work and in the four Derbyshire Trust Boards was emphasised. Value will be added by the ICB convening the wider focus, for example on healthcare inequality and changing pathways, and working with Local Authority partners. * Claire Ward has been elected as Mayor of the East Midlands Combined County Authority; Mrs Ward was formally Chair of Sherwood Forest Hospitals NHS Foundation Trust and will likely have a keen focus on healthcare.   **The Board NOTED the Chair's report.** | | |  |
| **ICBP/2425/**  **007** | **Chief Executive's Report – April 2024**  CC presented his report, which was taken as read and the following points of note made:   * A formal welcome to KM as the new Chair of the ICB and thanks to RW on behalf of the Executive Team for his hard work as Chair; * National changes in terms of access, including GP appointment data, MMR vaccine uptake and cancer Faster Diagnosis Standard. The Board receive equivalent figures for Derbyshire through regular reporting which show improvements to these areas; * The value of a recent meeting with Professor Claire Fuller, Medical Director of Primary Care at NHSE, to discuss changes and transformation of General Practice policy and implementation at national and local level; and * Changes within the system, including KM as the new ICB Chair, Prem Singh as the new Chair of UHDB and Dr Gisela Robinson as new Executive Chief Medical Officer at UHDB.   The Board NOTED the Chief Executive's report. | | |  |
| **ICBP/2324/**  **008** | **Primary Care Model Update**  Dr Andy Mott (AM) and Dr Duncan Gooch (DG) gave an overview of the model, which was initially presented to the Board in Autumn 2023 and has been updated following input and support from Prof. Claire Fuller.    The following points were made:   * the Board will be asked to decide how often updates on progress should be provided; * the Primary Community Care Delivery Group will take a key role in the coordination and delivery of the model, linking into Integrated Place Executive and the Provider Collaborative space. Learning from organisations such as Team Up will be helpful in delivery of the transformation; * engagement work with general practice and the local population has taken place and will continue; * a particular challenge is sourcing consistent data to inform regular access to services and stratification of patients into the three cohorts detailed within the paper; and * the model is a several-year programme that links in closely to the Joint Forward Plan. Management support is being provided by ICB Director of Primary Care Clive Newman's (CN) Team.   The following points were made in discussion:   * the model is very important and a key driver in terms of the work taking place within primary care. Governance and well-established connectivity are vital. The system has been looking into efficiencies in terms of the links with Estates and Digital and how to make best use of assets; * strategic communication with staff and the local population is key to ensuring that those providing and using the service are aware of and supportive of the changes taking place; * there are considerable local geographical differences in communities around Derbyshire, so it will be vital that staff use local skills, adeptness and knowledge to reach the same outcomes. There must be a culture of encouraging and sharing learning; Team Up have been very successful in doing this so far and their methodology for implementing change and transformation in communities should be shared, implemented and built on; * it was asked if the Public Partnership Committee may be able to assist with the engagement work that still needs to be undertaken. Some work has been taking place within the ICB, but it would be helpful to discuss with the Committee as they will have the skillset required to advise further; * the importance of a more detailed implementation plan and establishing equity of delivery which, in terms of governance, the system is in a strong position for; * a vibrant general practice is vital to the model of care and the work that has taken place to reach the strategic priority. There are now more united general practices in Derbyshire contributing to the influence across the NHS and the broader ICS development space. Significant developments and cohesion of view are being seen in the General Practice Forward Plan. Colleagues in PCNs have been referencing the work taking place strategically; * alignment is being seen between general practice, PCNs and Place. The developing connections and bonds between them will start to be shown in future Board meetings; * in terms of cultural organisational development, the People and Culture Committee has been focussing on systemic, broad transformations, rather than at individual organisation-level, as this transformation will affect the whole system and the relationship between its component parts. Assurance was sought that the Committee are doing enough to support and provide assurance for this work; * from the perspective of DCHSFT and Place, the GP model and primary care transformation has been developed closely with Place partners via the Integrated Place Executive. The Derbyshire NHS system and Local Authorities are supportive of the model, with primary care transformation at the centre. DCHSFT have considered changes to structures, cultures and ways of working that must be made to align with the new transformation taking place, and to give staff the freedom and confidence to work differently. DCHSFT and CRHFT held a Board-to-Board recently, and discussed how the Trusts are changing to be part of the local Place transformations; * from the perspective of DHcFT, work is taking place to meet the imperative around integration and opportunities include the Living Well programme. There is also a focus on addressing healthcare inequalities, which are inextricably linked to the primary care model; * from the perspective of the acute trusts, there are many opportunities for alignment to the transformation work; and * it is necessary to firmly establish oversight of the work, governance and the engagement process for the primary care model.   **Action: KM to review all governance processes as part of the new Chair role.**  In the next phase, the work should consider how the measures link to and impact on population health and prevention, and how this data can be collated and measured. There is support for the work that has been done so far on the model and that is still underway. More work will need to be done, particularly with the acute sector and in the public engagement space. It would be helpful for the Board to see some case studies of where and how changes have been made effectively. The culture aspect of the model will be strengthened, and good links with Place have already been established.  KM advised that a governance review should be able to streamline some of the processes currently taking place. KM will look at the forward plan with Helen Dillistone (HD) and it will then be decided when this work will need to be brought back to the Board.  **The Board:**   * **NOTED the update and progress made implementing the primary care model and CONSIDERED it in the context of the current planning process;** * **AGREED to receive regular updates and assist unlocking strategic risks; and** * **SUPPORTED a greater system focus on enablers including workforce, data and digital which impact on implementation of the model.** | | | **KM** |
| **ICBP/2425/**  **009** | **Performance Report**  The Performance Report was taken as read; Chairs of the four relevant committees were invited to share their comments with regards to scrutiny, areas of limited assurance or any other areas of note.  Quality  Dr Adedeji Okubadejo (DO) and Prof Dean Howells (DH) provided the Board with assurance in relation to the following areas from the Quality report:   * maternity performance is progressing across the whole system; * Quality and Performance Committee have received reports that progress is being made in Infection Prevention and Control (IPC) across the system, particularly in the management of sepsis; * assurance reports have been received for Personal Health Budgets and Neurodevelopment in Children and Young People, with no concerns expressed; * work is progressing in relation to stroke services; * future planning will be a focus for the Committee, with a view to predicting what will happen and guiding progress; * an oversight meeting with UHDBFT and CQC has taken place to discuss the Section 31 CQC maternity plans; UHDBFT are showing an appropriate level of intent and progress. Assurance is expected in September 2024; * an All-Party Parliamentary Group publication regarding birth trauma was published on 13th May 2024, which advocates for the creation of a National Maternity Improvement Strategy and makes twelve strategic recommendations. The Local maternity and neo-natal system will discuss the publication and recommendations; and * DH thanked NHSE for their oversight and support with IPC issues.   Comments were invited on the Quality and Performance Report. The Board were assured that the required mitigations and actions are in place, and that progress is being made.  Performance  Thanks were given to front-line staff for their hard work resulting in a significant performance improvement last year.  RW and Michelle Arrowsmith (MA) highlighted the following areas from the Performance report:   * there are certain areas where good progress is not reflected in improvements elsewhere; for example, although acute turnaround times have dropped, this has not resulted in expected improvement to Category 2 response times. Improvements have been seen in handover delays and in meeting the 4-hour target. Correlations between improvements in separate areas are nuanced and complex, and work is taking place with EMAS and urgent and emergency care colleagues to understand how the metrics connect and influence each other; * there are considerable challenges in out of area work, which may be mitigated by mental health investment; * how activity can be balanced to ensure best allocation of resources to areas for a positive, sustained effect on performance levels; and * the importance of embedding continuous improvement and entrenching the systems and processes that keep the metrics improving.   It is important to recognise that 20% of overall health outcomes are generated from health access and improvements in performance have a direct effect on population health.  The next Board Meeting in Public will include discussion of the Joint Forward Plan; through this plan the system will be able to crystallise how to deliver the integrated care strategy, specific performance requirements and actions that promote health access.  The ICB played an important role last year in convening the system and ensuring all partners were signed up to focus on a safe and efficient emergency care pathway.  The Board recognised the system-wide improvement in discharge work; the target of 15% was met due to all the NHS and Local Authorities working together towards an overarching priority of a safe and effective emergency non-elective care system during the winter. It would be helpful to pull together a brief narrative to describe the improvement that the work has had on the system, and how the positive impact can be continued.  **Action: HD to include the Joint Forward Plan refresh for July on the Forward planner.**  Workforce  Margaret Gildea (MG) highlighted the following areas from the Workforce report:   * there has been a huge concentration at year-end on workforce numbers and reconciling them with the financial position: * concern was raised on how to reconcile the necessary growth in vital areas, such as mental health and maternity, with the challenging resources available to the system and in the face of industrial action. This resulted in the wording of the Board Assurance Framework for Risk 5 being changed to reflect the system's need to successfully provide services within the financial constraints that are in place; and * the difference that the Committee can make is in changes that are systemic rather than at individual level. * the Derbyshire Academy has been set up with a view to reducing duplication and saving costs through working together; * the system is in a better place in terms of outturn than last year; currently the system is above the target by 600 WTE. A steering group will review agency spend where the system is over capacity, particularly in the admin and infrastructure agency; * there is a high level of scrutiny in general for the Committee's work at Board-level and national-level. The focus is on making small changes that can have a big impact; * the Derbyshire-wide Leadership Development programme has been launched, which is of no cost to staff in healthcare, social care or voluntary sector. This programme has been very well received and there has already been a large take-up of the offer; and * the importance of the future workforce plan, which will cover pathways through the workforce, changing the working culture of the system and ensuring that resources are available at the right level when needed.   Linda Garnett (LG) made the following comments:   * the focus in 2023/24 was on sourcing and triangulating workforce data, ensuring accuracy in the workforce numbers as correctly aligned with financial figures. At the end of 2023/24 this focus is reflected, for example in the control of growth and reduction of agency usage; and * the Committee's focus will now need to be on the future health and care workforce, for individual organisations and the system.   From the perspective of the Provider Collaborative, it is important to take a fresh approach and establish if there are opportunities to work differently, rather than simply replacing staff. This has been part of the Collaborative's planning but it is now looking at how services can be transformed.  There were issues triangulating accurate workforce numbers with finance over 2023/24, therefore in 2024/25 triangulation across quality, safety and performance agendas is important to ensure the workforce in Place can be remodelled in the most appropriate way to deliver high quality care.  DCHSFT have made progress in preparing for the future and working together as a system. The NHSE Enhance Programme, in which DCHSFT have been a national trailblazer, develops skills in doctors. The Newly Qualified Nurse Rotation Programme develops nurses' leadership skills and ensures that they have worked in placements across acute, primary care, mental health and community services.  The socio-economic importance of training local staff locally is vital and the Board was reminded of the importance and contribution of university and college colleagues. It is hoped that the work around data and figures will be carried out at executive level, then reported to Board, allowing the Board to take up a strategic, guidance role.  Finance  Jill Dentith (JED) and Keith Griffiths (KG) highlighted the following areas from the Finance report:   * the report presents the triangulation between finance, workforce and efficiency, focussing on the statistical aspect and not duplicating the work of the People and Culture Committee; * the system has ended the year with £43.2m deficit, including the deviations agreed from the 'break even' position; the actual final position was £59.8m incorporating technical adjustments; * 99% of the required efficiencies have been delivered; the Finance, Estates and Digital Committee focuses on the split between recurrent and non-recurrent efficiency and ensures the balance is maintained. There is still concern that the system is not delivering efficiently in terms of the current resource; * in terms of the capital position, the Committee are looking at the mental health dormitories programme and ensuring that their work does not overlap with that of the provider organisations; * the Committee are considering how the Estates and Digital Strategies fit in with the overall capital allocation to ensure the balance of the recurrent and non-recurrent split in the cash position is maintained, and to protect the system against difficulty later in 2024/25; and * thanks to managerial and clinical leadership colleagues across the system who have been coordinating issues of quality, performance and workforce to deliver the efficiencies, which is a significant achievement. The commitment to deliver the H2 reset; the operational challenge to maintain elective and non-elective activity through surge and super surge over Quarter 4 was delivered within the financial forecast. This success may not have been possible without system connectivity in the planning process.   **The Board NOTED the Performance Report.** | | | **HD** |
| **ICBP/2425/**  **010** | **Operational Plan Update 2024/25**  CC gave an overview of key points in the updated plan:   * it is broadly compliant with the national requirement from NHSE. Where the plan is not compliant, improvement plans are in place; * it is not yet affordable within the constraints of the financial resources that Derbyshire is allocated, as the current position is a £68m deficit position. Work continues with NHSE to balance system finance against the service that it wishes to deliver; * in terms of workforce, there is growth in some areas and efficiency in other areas. Excluding EMAS, across the system the position is flat, including specific growth in diagnostic centres, targeted workforce and introduction from Local Authorities into DCHSFT; and * strategic aims for this year are to maintain the stabilisation of emergency care and focus on improving the position of elective care, with the ambition to reduce overall waiting times by 2%.   Comments and discussion were invited on the updated plan:   * thanks were expressed to all colleagues for their hard work in preparing the plan; a very complex and detailed process. There remains a considerable amount of improvement and productivity work that will need to be delivered, however an improvement has taken place in the triangulation of activity, performance, finance and workforce compared to previous years; * it will be necessary to focus this year on what the system can achieve together to address the financial imbalance, to provide all the services that are required by the population with a high level of quality and safety, and to reach a sustainable position; * Audit and Governance Committee have received internal audits and a review of operational planning for 2023/24; the audits were reviewed and compared to the planning process for 2024/25 with a view to learning lessons and informing the process for future planning. The Committee found that the current year's process has involved more mature discussions between providers and has improved transparency and triangulation; * at a recent meeting of provider Chairs, the consensus was that the focus should be on supporting medium term clinical and financial sustainability. The Provider Collaborative is focussing on what can be achieved together; it is acknowledged by every provider that the way the system has operated in the past will no longer work moving forwards; and * by the next Board meeting it is likely that the finalised Operational Plan and the Joint Forward Plan will be ready for completion.   **The Board NOTED the report on the Operational Plan 2024/25.** | | |  |
| **ICBP/2425/**  **011** | **Primary Care Access Recovery Plan**  The Board were reminded that the primary concern of the population is being able to make a face-to-face appointment with a GP when required. There are over 1 million interactions with primary care every day and a minor shift in this area can have tremendous impact elsewhere.  MA gave an overview of the Recovery Plan, noting the following:   * the Recovery Plan is a national initiative and is focused on improving access to primary care for patients and managing the rush that patients face in the early morning to make an appointment with a GP or other primary care health professional; * there are a number of areas of national requirement where the Derbyshire system is responding locally; and * it covers two years and is currently at around the halfway stage.   Clive Newman (CN), Director of Primary Care, highlighted the following:   * general practice is the biggest provider of contact with the community, with over 500k appointments each month and over an 11% increase in appointments since 2019. Demand is higher than capacity and supply; this is an ongoing problem for patients and practices and there are considerable challenges still in terms of workforce demand and rising acuity; * there has been significant investment in general practice through the Additional Roles Reimbursement Scheme; there has been an increase of 686 WTE since 2019, representing investment of £25m; * telephone systems have been upgraded this year and are now all digital cloud-based systems; * the Pharmacy First scheme was introduced in January 2024; * over half of Derbyshire GP practices have completed the GP Improvement Programme; * this piece of work needs to be linked to broader strategic work; and * In general, good progress has been made towards the targets of the two-year plan, but more structural and strategic work needs to be done to change the model of general practice.   Clarification was sought on two points:   * in terms of reporting progress to the regional oversight Quarterly system Review Meeting, the target for increasing available appointments since the pandemic has been met. There is additional work needed to address the target for two-week-waits as the target for patients being seen within two weeks is 85% and the system is at 82%; Derbyshire are not an outlier in this. The target for installing digital telephony has been met; and * in terms of qualitative feedback from patients, the National Patient Survey is implemented locally; results of this survey are mixed.   Comments and discussion were invited regarding the plan:   * patients contacting a practice may be reluctant to be seen by a professional that is not a GP, even if this would be the most appropriate course of action. If a patient is not able to source an appointment that they feel is right for them, with the right professional and at the right time, they may instead present at emergency care or another provider, increasing the pressure elsewhere in the system; * there is considerable disparity between practices. For example, some employ training GPs and so have greater capacity; * initial triage when a patient makes first contact with a practice, and ensuring that the patient gets to the right person at the right time in the right place, are crucial; * in April 2024 there were 655,047 patients logged into the NHS App in Derbyshire, and 4,474 appointments managed via the App. The number of appointments represents a fraction of the total number of interactions; however the number has grown by around 14% each month for the last six months and is currently at its highest level in three years. Tracking and understanding the use of the NHS App will be helpful, although there may be issues in terms of equity of access to healthcare, which will need to be addressed in future. All NHS App data is available at ICB, PCN and practice level here:   [NHS App dashboard - NHS England Digital](https://digital.nhs.uk/services/nhs-app/nhs-app-dashboard); and   * although the number of appointments offered in Derbyshire each year is significantly higher than at any time before, access and public perception of access to general practice is worse, and the prime issue is capacity.   **The Board NOTED** **that the ICB has made good progress against the Primary Care Access Recovery plan in year one and has robust plans to deliver to target by the end date of the 31st March 2025.** | | |  |
| **ICBP/2425/**  **012** | **NHS Impact Programme**  Dr Chris Weiner (CW) gave an overview of the NHS Impact Programme, highlighting that:   * the programme is focussed on continuous quality improvement within the NHS and outlines the next steps needed; and * the majority of the continuous quality work currently taking place is undertaken in provider settings; the programme seeks to develop a more system-based quality improvement approach, which is an opportunity for the system to align the quality improvement agenda with the Five-Year Plan, with delivery of improved health equity to communities and with the primary and secondary care prevention agendas.   This work is a positive development and should be considered by the whole system, not just at Board-level. Providers have started to look at the wider approach across the system; currently DHCFT, CRHFT and DCHSFT all use the quality, service improvement and redesign methodology that the Impact Programme is promoting, and accredited trainers are now training colleagues. There will be a meeting to discuss providing a quality improvement intervention for integrated Place-based teams to support the implementation of the GP programme. This is a key ambition within the GP model and it would be helpful to have a common framework and set of tools to bring these community-based teams together to work on the priorities in the Five Year Plan.    **Action: KM to consider what the system should do to push forwards and build on this work.**  **The Board DISCUSSED and NOTED:**   * **the NHS Impact Programme; and** * **how the NHS Impact Programme could assist in the delivery of the strategic priorities for the Derby City and Derbyshire Integrated Care system.** | | | **KM** |
| **ICBP/2425/**  **013** | **Audit and Governance Committee Assurance Report – May 2024**  SS presented the report which was taken as read, and highlighted the following:   * the Committee were impressed with the draft Annual Report and Accounts and recognised the hard work that has gone into preparing them to such a high standard of quality and completeness. This was echoed by the external auditors; and * there is currently an issue around finalisation of internal audit reports where it has not yet been possible to receive an overall Head of Internal Audit opinion; this is an unusual position and will be rectified promptly.   **Action: Final publication of internal audit reports to be chased.**  **The Board RECEIVED and NOTED the report for assurance purposes.** | | | **HD** |
| **ICBP/2425/ 014** | **Finance, Estates and Digital Committee Assurance Report – March and April 2024**  These reports were taken as read. No questions were raised.  **The Board RECEIVED and NOTED the report for assurance purposes.** | | |  |
| **ICBP/2425/**  **015** | **Quality and Performance Committee Assurance Report – December 2023 and January 2024**  This report was taken as read. No questions were raised.    **The Board RECEIVED and NOTED the report for assurance purposes.** | | |  |
| **ICBP/2425/**  **016** | **Population Health and Strategic Commissioning Committee Assurance Report – April 2024**  This report was taken as read. No questions were raised.    **The Board RECEIVED and NOTED the report for assurance purposes.** | | |  |
| **ICBP/2425/**  **017** | **People and Culture Committee Assurance Report – February 2024**  This report was taken as read. No questions were raised.    **The Board RECEIVED and NOTED the report for assurance purposes.** | | |  |
| **ICBP/2425/**  **018** | **Public Partnership Committee Assurance Report – February 2024**  This report was taken as read. No questions were raised.    **The Board RECEIVED and NOTED the report for assurance purposes.** | | |  |
| **ICBP/2425/**  **019** | **ICB Board Assurance Framework (BAF) – Quarter 4 2023/24 and Opening 2024/25 position**  The item was taken as read and it was noted that the BAF will be reviewed at a future Development Session. HD highlighted three areas of the report:   * in terms of the changes to scores, considerable work has been undertaken this quarter to scrutinise and review the controls, mitigations and actions to ascertain if they are making a difference in the scores; * it will be necessary to review and refine the risk descriptions during quarter 1; and * controls and mitigations will be reviewed to ensure that they are driving the actions to implement the changes that are required.   **The Board:**   * **RECEIVED the Quarter 4 23/24 closing BAF strategic risks 1 to 10 and opening Quarter 1 24/25 BAF strategic risks;** * **NOTED the decrease in risk score for Strategic Risk 1 from a very high score of 16 to a high score of 12;** * **NOTED the decrease in risk score for Strategic Risk 3 from a very high score of 16 to a high score of 12;** * **NOTED the revised risk description for Strategic Risk 5;** * **NOTED the new threat assigned to Strategic Risk 5 owned by the People and Culture Committee; and** * **NOTED the closure of Strategic Risk 6 owned by People and Culture Committee.** | | |  |
| **ICBP/2425/**  **020** | **ICB Risk Register Report – April 2024**  This report was taken as read. No questions were raised.  **The Board:**   * **RECEIVED and NOTED:**   + **the Risk Register Report at Appendix 1;**   + **Appendix 2, as a reflection of the risks facing the organisation as at 30th April 2024;**   + **Appendix 3, which summarises the movement of all risks in April 2024****; and** * **APPROVED the CLOSURE of risk 05 relating to Emergency Preparedness, Resilience and Response (EPRR).** | | |  |
| **ICBP/2425/**  021 | **Ratified Minutes of ICB Corporate Committees**   * Audit and Governance – 14.03.2024 * Finance, Estates and Digital –26.03.2024 * People and Culture – 22.02.2024 * Population Health and Strategic Commissioning – 14.03.2024 * Public Partnerships – 27.02.2024 * Quality and Performance – 28.03.2024   Available online at the following link: [Ratified Minutes of ICB Committee Meetings » Joined Up Care Derbyshire](https://joinedupcarederbyshire.co.uk/?page_id=26384)  **The Board RECEIVED and NOTED the above minutes for information.** | | |  |
| **ICBP/2425/ 022** | **Forward Planner**  The forward planner was taken as read and will be reviewed and updated.  **The Board NOTED the forward planner for information.** | | |  |
| **ICBP/2425/**  **024** | **Any Other Business**   * Future meetings of the Board will be held in person, rather than via MS Teams. Meeting invitations will be updated and circulated as appropriate. * Comments, requests or suggestions from the Board were invited with regards to the revised format of this Board meeting. | | |  |
| **ICBP/2425/**  **025** | No risks were identified during the course of the meeting. | | |  |
| **ICBP/2425/**  **026** | **Questions received from members of the public**  No questions were received from members of the public. | | |  |
| **Date and Time of Next Meetings** | | | | |
| **Date**: Thursday, 18th July 2024  **Time**: 9:15am to 11.15am  **Venue:** Joseph Wright Room, Council House, Derby | | | | |