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

**Thursday, 18th January 2024**

**via Microsoft Teams**

**Confirmed Minutes**

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| **Present:** | | | | |
| Richard Wright | | RW | 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 | |
| Prof Dean Howells | | DH | ICB Chief Nurse | |
| Dr Andrew Mott | | AM | GP Amber Valley (Partner Member for Primary Care Services) | |
| 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) | |
| Andy Smith | | ASm | Strategic Director of People Services – Derby City Council  (Local Authority Partner Member) | |
| Sue Sunderland | | SS | ICB Non-Executive Member | |
| Dr Chris Weiner | | CW | ICB Chief Medical Officer | |
| **In Attendance:** | | | | |
| Stephen Bateman | | SB | CEO, DHU Health Care CIC | |
| Jacinta Bowen-Byrne | | JBB | BSL Interpreter | |
| Michele Moran | | MM | Non-Executive Director - DHU | |
| Maria Muttick | | MLM | ICB Corporate Development Officer | |
| Sarah Noble | | SN | Director of Midwifery - UHDBFT | |
| Fran Palmer | | FP | ICB Corporate Governance Manager | |
| Suzanne Pickering | | SP | ICB Head of Governance | |
| Gisela Robinson | | GR | Executive Medical Director - UHDBFT | |
| Sean Thornton | | ST | ICB Deputy Director Communications and Engagement | |
| Guy Tuxford | | GT | Divisional Director for Women and Children's - UHDBFT | |
| Samantha Waters | | SW | BSL Interpreter | |
| **Apologies:** | | | | |
| Ellie Houlston | | EH | Director of Public Health – Derbyshire County Council (Local Authority Partner Member) | |
| Mark Powell | | MP | Chief Executive DHcFT (NHS Trust and FT Partner Member) | |
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| **Item No.** | **Item** | | | **Action** |
| **ICBP/2324/**  **117** | **Welcome, introductions and apologies:**  Richard Wright (RW) welcomed everyone to the meeting confirming that this Board represents the wider NHS family, for Derby and Derbyshire, and was formed to coordinate the work of the NHS and partners to address the wider determinants of health. Health is not just about looking after people when they are ill, but also keeping them healthy in the first place, something that is increasingly important as the growing and aging population lives longer.  The NHS and partners, which include the local government and voluntary sector, have joined together to form an Integrated Care Partnership (ICP) and produced a strategy which is helping shape and drive all activities in the future. That ICP Strategy is particularly important because it is informed by the Joint Strategic Needs Assessments and consultation with the population of Derbyshire. It reflects what is important to them as well as what is believed internally in the NHS. The ICP Strategy is built around Start Well, Stay Well and Age and Die Well which influences the priorities and longer term vision into next year.  This is a very busy time for the NHS with winter pressures and the industrial action, which will be reflected in today's papers, in particular the Integrated Assurance and Performance Report which now covers the wider NHS. It is recognised that improvements can be made in many areas, however it takes hard work to balance the conflict in demands and find the resources whether that be facilities, skill, people, or money. There is an increased emphasis on understanding how to use those resources better and more efficiently which is reflected in the plan going forward.  The aim is to build a system that is resilient, performs efficiently and has a relentless focus by the people in the NHS to achieve this. Nobody feels the disappointment of not reaching the standards, more than the staff, who strive for continuous improvement.  Apologies for absence were noted as above. | | |  |
| **ICBP/2324/**  **118** | **Confirmation of quoracy**  It was confirmed that the meeting was quorate. | | |  |
| **ICBP/2324/**  **119** | **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. | | |  |
| **ICBP/2324/**  **120** | **Minutes of the meeting held on 16th November 2023**  **The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held.** | | |  |
| **ICBP/2324/**  **121** | **Action Log – November 2023**  **The Board NOTED the Action Log.** | | |  |
| **ICBP/2324/**  **122** | **Chair's Report – December 2023**  RW 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:   * RW expressed sadness on the death of General Practitioner Dr Louise Jordan from Motor Neurone Disease, an area in which Dr Jordan campaigned to raise awareness and funding. Dr Chris Clayton (CC) confirmed that condolence letters have been sent to Dr Jordan's family and Baslow Health Centre on behalf of the Board. * CC thanked RW for all the work he has done as Chair for the Board so far and will continue to do until Dr Kathy McLean OBE takes up her new post as Chair on 1st May 2024.   **The Board NOTED the Chair's report.** | | |  |
| **ICBP/2324/**  **123** | **Chief Executive's Report – December 2023**  CC presented his report, a copy of which was circulated with the meeting papers; the following points of note were made:   * 2023/24 has been a challenging year to date and is not yet concluded, many challenges will be taken forward into next year. * The system continues to work through the winter plan whilst collectively dealing with other challenges such as the recent industrial action over December and January, and the prior industrial action. * Assisting with ambulance turn around times has been a priority and a huge thanks goes to both Chesterfield Royal Hospital NHS Foundation Trust (CRHFT), University Hospitals of Derby and Burton NHS Foundation Trust (UHDBFT) and all colleagues that have helped with this. * Thanks were given to those in the community, general practice and local authority social care that have supported and continue to support flow. There have been many discussions regarding domiciliary care over the last few weeks and whilst this remains a challenge collectively, it is in a better position. * A continued watch remains on the backlog of care, with a focus on the 78 week waiting patients and intent to reduce delays in cancer. * A 2023/24 Integrated Care Strategy and Joint Forward Plan stock take will take place at the February ICB Board meeting, as well as looking at how this affects the advance of strategic intent in 2024/25. * The ICB has been selected to deliver the WorkWell services. Chris Weiner (CW) will lead with the Department of Work and Pensions and Department of Health and Social Care. Huge thanks to Andy Smith (ASm) for his work in the anchor space. * Derby and Derbyshire have been selected as one of the few areas that has a focus on GP retention thanks to the work carried out by the GP Provider Board. * GP appointments have increased by 22% over the last 4 years which is great progress. * Welcome to the new CRHFT Chair Mahmud Nawaz, and the new EMAS Director of Quality Improvement and Patient Safety Keeley Sheldon. * Congratulations to DHcFT for being awarded the prestigious Chief Nursing Officer Healthcare Support Worker Award.   Questions/Comments  Dr Deji Okubadejo (DO) referred to the CEO report mentioning the need to continue to deal with today's and tomorrow's challenges and finding a balance. Does the ICB continue to have the capacity to maintain that balance? CC confirmed that the ICB capacity will be challenged. Further details will be outlined in the Operational Plan 2024/25 which the ICB hope to share at the Board meeting in February 2024.  CW clarified that WorkWell is a multiphase decision-making process and the ICB has received support to continue to the next stage, however the final bids, and who moves into those 15 pilot projects across the country, will be confirmed in the new financial year.  The Board NOTED the Chief Executive's report. | | |  |
| **ICBP/2324/**  **124** | **ICB Risk Register Report – December 2023**  Helen Dillistone (HD) presented the Risk Register, which provides assurance to the Board on the operational risks faced by the organisation. The report highlights the highly rated risks and where there has been change/movement. Each risk is allocated, actively monitored, and managed by one of the ICB's Corporate Committees. This report sits alongside the Board Assurance Framework (BAF) which is reported at the DDICB Board Meeting quarterly and will be presented at the next meeting.  During December there has been two risks that are recommended to be decreased in score and one risk to be increased in score:  Risk 9: *There is a risk to patients on Provider waiting lists due to the continuing delays in treatment resulting in increased clinical harm;*  Risk to be decreased from score 16 to 9 due to significant strides in working in collaboration with the providers around adherence to quality standards and measures taken to address any issues. Each provider has assessed its key performance indicators to ensure they are either on track or a plan is in place for them to be on track. No moderate or severe harms were reported in Quarter 1 and Quarter 2 across the Derbyshire System.    Risk 22: *National funding for the 23/24 pay award and 22/23 one off payments excluded all staff who were not on NHS payrolls. Consequently staff employed by DHU, NHS subsidiary bodies, in PFI arrangements and Primary care were not eligible. Consequently there is an increasing risk of legal challenge as well as real, emerging loss of morale for over 4500 staff across the Derbyshire system which could affect recruitment and retention of critical frontline colleagues.*  Risk to be decreased from score 25 to 16 due to individual organisations now being able to apply for payment.  Risk 6: *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.*  Risk to be increased from score 16 to 20 due to the likelihood of the challenges around the deficit position for the remainder of 2023/24.  Questions/Comments  DO queried Risk 9 from a quality perspective, as this should be heavily weighted towards the impact on patients, rather than the impact on organisations. Prof Dean Howells (DH) advised that the Quality and Performance Committee will be conducting a more detailed/forensic review from the provider risk assessment, certainly over the 78 week point around personalised risk assessment based on waiting lists.  Sue Sunderland (SS) asked for more explanation to understand why Risk 9 was reducing when further industrial action is planned, and performance is still scoring 'red' around patients waiting over 65 weeks. DH advised that the reduction is due to no evidence of harm, so whilst remaining a high risk, it no longer reaches the score of 16 on the thematic risk element. The Quality and Performance Committee will be conducting a more detailed/forensic review from the provider risk assessment, certainly over the 78 week point around personalised risk assessment based on waiting lists. CC confirmed it is always the wording of a risk that affects the view of it and consideration needs to be given on the description of the risk and the question of harm, and agreed that Quality and Performance Committee reviewing this would be very helpful. RW added that in a changing, developing system it is impossible not to have risk, however the way that risk is managed and maintained at an acceptable level, and the good control that is in place, does make the risk register a dynamic document and a good management tool.  Jill Dentith (JED) commented that a number of these risks are from the System Quality Group and not the Quality and Performance Committee and questioned if the committee should assess them before they are presented at the ICB Board. HD confirmed that the System Quality Group is equal with the Quality and Performance Committee in terms of governance, however they do need to link where appropriate. At the moment the committees are working through committee effectiveness. Risk management, risk tolerance and risk appetite do need to be included in those conversations, particularly as risks are taken into the new financial year. The corporate team are happy to help with those conversations.  **Action: Quality and Performance Committee to conduct a forensic review on Risk 9.**  **Action: HD to ensure Risk conversations take place in the Committee Effectiveness Meetings.**  **The Board RECEIVED and NOTED:**  **• the Risk Register Report;**  **• Appendix 1, as a reflection of the risks facing the organisation as of 31st December 2023;**  **• Appendix 2, which summarises the movement of all risks in December 2023. The changes in scores are subject to the review by Quality and Performance Committee and the Committee Effectiveness Meetings including risk conversations.** | | | **DH**  **HD** |
| **ICBP/2324/**  **125** | **Integrated Assurance and Performance Report**  Quality  DH presented the slides on Quality, highlighting the following areas:   * Care Quality Commission (CQC) Activity within Primary Care – an ongoing focus is anticipated from the CQC. The ICB are working closely with primary care partners and there is a lot of activity in this area. * Infection, Prevention and Control (IPC) Improvement – There is significant focus in this area with strong IPC improvement within teams in place across all organisations. DH monitors this weekly with support from NHS England (NHSE). * Ellern Mede (Derby) – This provider has had a system review and follow ups are continuing with NHSE and broader colleagues on the daily and weekly risk assessment of placement in that area.   Performance  Michelle Arrowsmith (MA) presented the slides on Performance, highlighting the following areas:   * Ambulance Category 2 Performance – EMAS's overall trajectory for December 2023 was 55 mins and 3 secs, and they achieved 56 mins 19 secs missing the target by 1 min 16 secs. Derby and Derbyshire achieved 1hr 11 secs. The team are driving this and monitoring daily to try and improve this position. * A&E Waiting Time Under 4 hours – CRHFT year to date is 77.6% with December at 71.8%, and UHDBFT year to date is 73.1%, with December at 71.6%. The Operational Plan target is 76% by end of March 2024. * 78 Week Wait – The region has 1,159 patients in this cohort, 318 of these are in Derby and Derbyshire which is 27% (data from 7th January 2024). There is a plan for both CRHFT and UHDBFT to decrease that to zero by the end of March 2024. * Cancer – The harm point is stable and in the 104 weeks actual there are 4 patients where harm reviews are being taken to the Quality and Performance Sub-Committee.   Workforce  Linda Garnett (LG) presented the slides on Workforce, highlighting the following areas:   * Total Workforce – All areas, except Derbyshire Community Health Services NHS Foundation Trust (DCHSFT), are above planned numbers of staff. There has been an increase in substantive positions, mainly Registered Nursing, Midwifery and Health Visiting Staff, Allied Health Professionals and Support to Ambulance Staff categories. * Bank and Agency - There has been focus in reducing bank and agency costs in admin and estates, which has resulted in an overall reduction. However, there is currently no agency reduction in clinical staff, therefore this continues to be an area of focus. * Next Steps – To continue to support providers to obtain the correct amount of substantive and temporary staff, with the right skill mix and maintaining the overall financial trajectories.   Finance  Keith Griffiths (KG) presented the slides on Finance, highlighting the following areas:   * Financial Position – At the end of Month 8, the System is overspent by £37.7m. A £47m deficit has been agreed by year end which has been agreed through the governance of each organisation. The deficit is unrelated to the cost of the unfunded pay award, previous industrial action, and inflation. The System will have achieved £140m in efficiency savings by the end of the financial year, however costs have increased at a rate faster than can be saved. The deficit however may increase as it does not include the recent industrial action in December and January or any future industrial action that may happen before the end of March 2024. * Winter Plan – This winter has been particularly challenging operationally in the first few weeks of January, with extra capacity being opened above what was expected and although finances are being micromanaged the demand and industrial action, which is impossible to predict, may affect the deficit.   Questions/Comments  Margaret Gildea (MG) commented on the workforce report, advising on the importance of alignment of the finance, people and activity numbers, and acknowledged that this is difficult as the organisations have interpreted the requirements differently. With manpower above that planned but no results of this showing in the waiting lists, the System must take any actions to improve the productivity, efficiency or even the way it works together, to improve the outcomes of patients. Steven Posey (SPo) agreed that the System step into the space of understanding the activity linked to the workforce, also linked to the impact on patients.  RW stated that extra money is needed to open wards, however the System has more substantive staff than planned, so why cannot those people be used to run the wards. SPo advised that the vast majority of additional posts in UHDBFT have been deployed into urgent and emergency care and maternity, as they are the two principal drivers to improve quality, however neither of those areas will be reflected in activity numbers or productivity for elective or cancer waiting time.  DO questioned why statistical process control charts (SPCC) are not used in the board report and advised that they would allow better interpretation of data month on month. Secondly, the finance report suggests that Month 8 was predicting a breakeven position, however that is not our current position in terms of prediction at year end. CW advised that the Business Intelligence function is currently being reviewed along with the processes and how data is managed, and the increased use of SPCCs is something he envisages going forward. KG commented on DO's question around the Month 8 breakeven position, confirming that at the time of producing the report there was a national ask to continue to report at breakeven. However, to remain transparent this report has contained, for several months, the best, worse and most likely scenarios, with the most likely scenario being £47m deficit.  RW asked CC why the diagnostic's waiting list is showing reduced numbers but the last report from NHSE Midlands indicated these were increasing. MA confirmed the numbers on the diagnostic waiting list may not tally with the numbers on the elective or any other waiting list because not every patient on the elective pathway requires a diagnostic test.  CC advised that the productivity question remains an area of focus, and the triangulation of people, finance and output is really important. This position is still being worked on, but productivity effectiveness is going to be a strategic intent in 2024/25. LG alongside with Human Resources colleagues across the system are trying to understand the people impacts on productivity, the challenges around morale and staff fatigue and what impact that may or may not have on productivity, which is not easy to quantify.  **The Board NOTED:**   * **month 8 performance against the 2023/24 operational plan objectives/commitments, quality standards workforce and finance;** * **progress against our winter plan (H2) which we submitted to NHSE in November and how we are coping with the winter pressures.** | | |  |
| **ICBP/2324/**  **126** | **Financial Plan Update**  KG advised that normally at this stage in the year they are able to report the headlines from the national team around the planning expectations for 2024/25, however they are still awaiting this guidance. The impact of the industrial action has clearly had an impact on the national modelling, given the impact it has had on waiting times and financial resources. Ideally a plan would be signed over by all boards by 31st March 2024, however this will be a challenge. In the interim, work continues with the System in collating information and being as prepared as possible for when the guidance arrives.  **The Board NOTED the update provided** | | |  |
| **ICBP/2324/**  **127** | **University Hospitals of Derby and Burton Foundation Trust Maternity Care Assurance Report**  DH presented the above report confirming that this is a high profile report for the System which has national and regional context and thanked all that contributed to this and the Maternity Improvement Plan. Since the report was published in November 2023 there have been very detailed conversations at the November and December System Quality and Performance Committee around process and improvement with regard to the enforcement notices under Sections 31 and 29A of the Health and Social Care Act 2008. DH thanked Chris Harrison, Quality Non-Executive Director Lead for his input on this.  DH and Nina Morgan, Chief Nurse for NHS Midlands, have enacted an additional Maternity Oversight Group which will run for the next year and have already met twice. DH thanked Sandra Smith, Regional Chief Midwife for her input. DH has also engaged with Ruth May, Chief Nurse Officer, NHSE and Kate Brintworth, Chief Midwifery Officer, NHSE to ensure that the progress made has been fed back to the National team.  The response in this report, is not just about the Care Quality Commission (CQC) actions. This is a cultural and safety response that is key and the sustainability around that improvement is a core focus for the ICB and UHDBFT. The required sustainability is going to continue to present a challenge over the next year, however there is confidence in how that it is going to be managed. Strong compliance will be shown against the short-term actions, and this will be demonstrated continually via the quality structure to CQC, The Nursing and Midwifery Council and General Medical Council. The team is working well and are very visible internally in supporting staff and patients, and they are also creating a higher level of confidence around delivery.  SPo advised that UHDBFT has been determined as an organisation to be open in terms of its issues, and in terms of seeking support/expertise from elsewhere. They have really benefited from national, regional and system support and would like to thank all partners. The team is determined to improve and deliver the standards of care that they know their communities deserve and are extremely focused on delivering at pace.  Gisela Robinson (GR) advised in terms of patient safety that the team have embedded best evidence and are following best practice and they are ensuring the clinical guidance reflects that. There is a maternity dashboard which is used to help measure safety and the midwifery governance tier has been strengthened, to ensure that if safety incidents occur, they are investigated promptly, and the learning captured. Obstetrics and maternity is a high risk specialty, major obstetric haemorrhages will always happen, and the team must provide assurance that they benchmark equitably nationally and are following best practice. The OBS Cymru Pathway is now embedded as part of managing that in terms of patient engagement. The team have been lucky to secure Aaron Horsey as a Patient Safety Partner. Aaron was a husband of a lady who sadly passed away in maternity, and the team are engaging with him as part of the maternity improvement. There are also good links with the Maternity and Neonatal Voices Partnership.  Sarah Noble (SN) confirmed that staff were hugely impacted by having their service called inadequate in the report and therefore it was important to keep morale high and staff engaged and motivated so that they could deliver the Maternity Improvement Plan. The team had great support from the Communications and Engagement Team, and a pack was created which helped clinicians answer difficult questions from families. Communications will continue for both families and staff keeping them informed of where the team are in their improvement journey. The team has appointed two consultant midwives who will be starting in February.  Guy Tuxford (GT) advised it has been a challenging time and the team have been strongly scrutinised, however this has been conducted in a supportive way both within the organisation and externally through the ICB and regional colleagues, and this balance is recognised and appreciated. The Ockenden saving babies lives report, had 1,600 recommendations which were mapped and used to create the Maternity Improvement Programme (created prior to the CQC report) which is well governed in terms of executive leadership and reports through to the Trust Board. From the CQC report, there were 214 CQC actions identified, however 138 of these actions were duplicated leaving 76 distinct actions. The themes prioritised in the Maternity Improvement Programme are also what emerged from the CQC report and therefore areas the team was already focussed on. The priority projects are around culture and communications.  DH advised the team and SPo are actively engaged and have regular updates with the CQC. This ongoing relationship is key as it is anticipated that the CQC will be in contact to review progress and the team will be ready for this. It is possible that an unannounced visit could occur, which the team would welcome.  Questions/Comments  DO commented that he was pleased that culture is being considered as it is important to get this right.  JED asked how is the learning from this being embedded into the structures and culture and is that learning being shared in terms of service delivery and support within the System? SPo confirmed that this is often discussed, and the team is testing itself against this on a daily and weekly basis. The team have been to several different organisations that are going through a similar journey and have taken a lot of learning from that. Shrewsbury and Telford host a lot of NHS organisations and UHDBFT wish to do this in the future as they begin to improve.  MG expressed interest in the introduction of the Compassionate and Inclusive Leadership Programme, and asked if this might be of interest across the System? SPo advised the programme has been developed with the King's Fund and Aqua. Over 600 leaders from UHDBFT will be going through this programme. This will make its contribution to the System, as it is about values and behaviours and the impact that leaders have on outcomes of care. The Local Maternity and Neonatal Systems (LMNS) is also a vehicle for sharing practice across Derbyshire.  Andy Smith (ASm) asked if the wider partnership could be involved/work alongside UHDBFT for those wider elements of improvement? SPo confirmed that there will undoubtedly be a role for partners to support the maternity service as they look into health inequalities and what the data produces, because individual providers do not have all the answers, or all of the levers of power and influence, so they will be looking for partners to support the Maternity Improvement Journey.  CC reminded the board that maternity services have been discussed previously (16th March 2023, Item 099) following the HSIB investigation and report, plus the predecessor CCG organisations also conducted joint reviews across the county. Therefore, what has been done during this time? Can evidence of improvement, seriousness of attention, provide a comprehensive approach to understand all of the issues and commitment be shown?  RW asked with so many actions, is there a person who is overseeing this as a whole? DH advised that the Quality and Performance Committee hold an overall objective view on progress over the next year. Nina Morgan, Chief Nurse for NHS Midlands, and DH have distinct roles as well with a partnership approach. Furthermore, NHSE and DH meet monthly. The National Improvement Programme is also key in ensuring that the improvement journey continues. SPo confirmed he and Dr Kathy McLean, Chair, UHDBFT are clear on the strategic role of the Trust Board, quality assurance and the importance of standing back and looking at the whole picture with a strategic perspective.  SPo and the Maternity team were thanked for a comprehensive, useful honest and open report.  **The Board NOTED University Hospitals of Derby and Burton Foundation Trust Maternity Care Assurance Report** | | |  |
| **ICBP/2324/**  **128** | **Audit and Governance Committee Assurance Report – December 2023**  SS presented the above report, highlighting firstly the limited assurance received on data and performance management and advised that this will be picked up as part of the organisational restructuring. Secondly, there is a concern at the number of contracts due for renewal at the end of March and how this will be managed effectively.  **The Board NOTED the Audit and Governance Committee's Assurance Report for December 2023.** | | |  |
| **ICBP/2324/**  **129** | **Finance, Estates and Digital Committee Assurance Report – November/ December 2023**  JED presented these reports, which were taken as read. There are still issues in terms of the cash position for organisations. Workforce was discussed and the triangulation between the efficiencies, finance, and staff. Efficiencies are acceptable non-recurrently, however these need to be on a recurrent basis. A presentation took place, on the Derbyshire Shared Care Record. The Elective Recovery Fund was discussed. It was agreed that although it has been a difficult few months for the System, working together has really come to the forefront and that culture is starting to embed.  KG advised that UHDBFT and CRHFT have both had their applications for cash support approved from the treasury.  No questions were raised.  **The Board NOTED the System Finance, Estates and Digital Committee Assurance Report for November and December 2023.** | | |  |
| **ICBP/2324/**  **130** | **Quality and Performance Committee Assurance Report – November 2023t**  DO presented this report which was taken as read and advised that a Maternity Update will be added to the monthly agenda.  No questions were raised.    **The Board NOTED the Quality and Performance Committee Assurance Report for November 2023.** | | |  |
| **ICBP/2324/**  **131** | **People and Culture Committee Assurance Report – December 2023**  MG presented this report which was taken as read, advising that a good debate took place regarding Freedom to Speak Up (FTSU) and the particular arrangements around the reflective tool at UHDBFT. There was concern around General Practice FTSU arrangements as they are currently receiving funding for a guardian from outside the practices, but this funding is due to end. There is a fantastic initiative between Derby City Council and DCHSFT called Community First, which pools funding and resources together so that organisations work together to help get patients home from hospital as soon as possible.  RW asked how confident MG was that the 37,000 people across the NHS in Derby and Derbyshire do feel confident enough to be able to speak up? MG confirmed she felt assured that the independent foundation trusts have very strong freedom to speak up arrangements. There is less assurance in Primary Care. This remains a regular item on the People and Culture Committee and if anyone needs any help or support they would be happy to provide.  No further questions were raised.  **The Board RECEIVED and NOTED the report for assurance purposes** | | |  |
| **ICBP/2324/**  **132** | **Freedom to Speak Up Update – General Practice**  MG presented this report which were taken as read.  No questions were raised.  **The Board NOTED the update on the Freedom to Speak Up (FTSU) role in General Practice.** | | |  |
| **ICBP/2324/**  **133** | **East Midlands ICB Collaborative Arrangements (Information only)**  CC asked the Board to give some attention to this report and note the current position of collaboration between the East Midlands and the ICB and the potential for ongoing collaboration in the 12 to 24 months ahead.  RW advised this is working well, although it is not without its challenges.  **The Board NOTED the latest developments of the East Midlands ICB Collaborative Arrangements.** | | |  |
| **ICBP/2324/**  **134** | **ICB Constitution – approval letter from NHS England (Information only)**  **The Board NOTED the approval from NHS England (NHSE) on the amendments to the ICB Constitution.** | | |  |
| **ICBP/2324/**  **135** | **Emergency Preparedness, Resilience and Response Annual Report 2022/23 (Information only)**  **The Board NOTED the Emergency Preparedness, Resilience and Response (EPRR) Annual Report 2022/23.** | | |  |
| **ICBP/2324/**  **136** | **Ratified Minutes of ICB Corporate Committees**   * Audit and Governance Committee – 12.10.2023 * Public Partnership Committee – 6.9.2023 * Quality and Performance Committee – 31.10.2023   **The Board RECEIVED and NOTED the above minutes for information.** | | |  |
| **ICBP/2324/ 137** | **Forward Planner**  **The Board NOTED the forward planner for information** | | |  |
| **ICBP/2324/**  **138.1** | Did the items on the agenda address the risks in a way that we feel will mitigate them over the short and medium term. If not, do we want to consider a deep dive on any items in a future agenda. No | | |  |
| **ICBP/2324/**  **138.2** | Did any of the discussions prompt us to want to change any of the risk ratings up or down? Yes, Risk 9 reduction is subject to the Quality and Performance Committee conducting a forensic review. | | |  |
| **ICBP/2324/**  **139** | **Any Other Business**  RW confirmed an NHS System Development Event will be taking place on Thursday 15th February 2024 at Coney Green Business Park, Unit 13, Wingfield View, Clay Cross, Chesterfield, Derbyshire S45 9JW.  It is important for all to attend as they will be doing a stock take of the current position and looking at the 5 year plan. | | |  |
| **ICBP/2324/**  **140** | **Questions received from members of the public.**  No questions were received from members of the public. | | |  |
| **Date and Time of Next Meetings** | | | | |
| **Date**: Thursday, 21st March 2024  **Time**: 9am to 10.45am  **Venue:** via MS Team | | | | |