

MINUTES OF NHS DERBY AND DERBYSHIRE ICB BOARD MEETING IN PUBLIC

 Held on Thursday, 18th July 2024

Joseph Wright Room, Council House, Derby

Unconfirmed Minutes

Present:		
Dr Kathy McLean	KM	ICB Chair (Meeting Chair)
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) / Medical Director of GP Provider Board
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
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
In Attendance:		
Steve Hulme	SH	ICB Chief Pharmacy Officer
Beth Fletcher	BF	ICB Engagement Manager
Jas Kaur	JK	ICB Head of Medicines Management – Medicines Outcomes and Contracts
Ejaz Sarwar	ES	Deputy CEO of Community Action Derby and member of Derby Health Inequalities Partnership
Kathryn Durrant	KD	ICB Board Secretary
Fran Palmer	FP	ICB Corporate Governance Manager
One member of the public		
Apologies:		
Tracy Allen	TA	Chief Executive DCHSFT / Participant to the Board for Place
Ellie Houlston	EH	Director of Public Health – Derbyshire County Council (Local Authority Partner Member)
Dr Deji Okubadejo	DO	ICB Board Clinical Other Member
Dr Chris Weiner	CW	ICB Chief Medical Officer
Richard Wright	RW	ICB Non-Executive Member
Sean Thornton	ST	ICB Director of Communications and Engagement

Item No.	Item	Action
ICBP/2425/	Welcome, introductions and apologies:	

<p>027</p>	<p>Dr Kathy McLean (KM) welcomed all Board Members and attendees to the first in-person Board Meeting in Public.</p> <p>Lee Radford, the ICB's new Chief People Officer, was formally welcomed to his first Board meeting.</p> <p>It was noted that this would be the last Board Meeting for Linda Garnett (LG) and Jim Austin (JA). KM and Dr Chris Clayton (CC) extended thanks and best wishes on behalf of the Board to LG and JA for their hard work.</p> <p>Apologies for absence were received as noted above.</p>	
<p>ICBP/2425/028</p>	<p>Confirmation of quoracy</p> <p>It was confirmed that the meeting was quorate.</p>	
<p>ICBP/2425/029</p>	<p>Declarations of Interest</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: https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/</p> <p>No declarations of interest were made with regards to this agenda.</p>	
<p>ICBP/2425/030</p>	<p>Minutes of the meeting held on 16th May 2024</p> <p>The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held.</p>	
<p>ICBP/2425/031</p>	<p>Action Log – May 2024</p> <p><u>ICBP/2324/124:</u> Professor Dean Howells (DH) confirmed that this risk can be closed as discussions were held at Quality & Performance Committee.</p> <p>The Board NOTED the action log, which will be updated accordingly.</p>	
<p>ICBP/2425/032</p>	<p>Citizen's Story</p> <p>Steve Hulme (SH) and colleagues introduced the Citizen's Story, presenting to the Board an overview of an NHS-funded, collaborative initiative across agencies to trial targeted Blood Pressure checks in Derby City, targeting areas of inequality and those with a high index of multiple deprivation.</p> <p>The methods trialled were all successful in increasing the number of Blood Pressure checks undertaken, and comprised a joined up approach with a considerable amount of engagement with communities, healthcare providers, Community Action Derby (CAD) and Derby Health Inequalities Partnership (DHIP). The initiative has been a positive</p>	

	<p>showcase of the ICB's values in terms of commitment to working across agencies and empowering communities to influence the healthcare system in a way that is most appropriate and helpful for them. The model is now being recreated across the Derbyshire system, in particular looking towards deprived areas outside Derby City.</p> <p>The Board commented on the Citizen's Story:</p> <ul style="list-style-type: none"> • it was observed that this is a fine example of joined up working across all areas and that the story was an excellent presentation of the initiative; • there are opportunities to put the considerable feedback and learning from this initiative to good use in improving engagement with patients about other long-term conditions in other health care settings; Derby GPs have already started doing so and colleagues in other areas have been asking to share in the learning; • the next priority in terms of working with community contacts will be a bespoke, co-ordinated and tailored approach which will be established alongside the communities, taking into account the highest risk groups in each area; • the Board were reminded that addressing Cardiovascular Disease (CVD) remains the ICB's primary priority, followed by tobacco. The hypertension scheme, and how it is funded, is being brought into the ICB's general plans and this initiative shines as a positive example of targeting and working with communities; • the initiative will help the ICB deliver against the NHS England (NHSE) expectation of Blood Pressure screening activity. The Board will be updated on progress against this expectation and it will be very useful to know the effect that this initiative has had on overall activity; • there are some funding streams that may be available to ensure the sustainability of the model, such as Core20PLUS5; and • this initiative appears unique to Derby and it would likely be beneficial to share success, such as with neighbouring systems. <p>KM expressed thanks to the team for their hard work and their presentation to the Board.</p> <p>The Board NOTED the Citizen's Story.</p>	
<p>ICBP/2425/033</p>	<p>Chair's Report – June 2024</p> <p>KM presented the Chair's report, which was taken as read and the following points of note made:</p> <ul style="list-style-type: none"> • since the General Election on the 4th July 2024, national guidance has started to appear for the direction the new government will wish to take. The interpretation is that there will be a focus on tackling major issues in the 'here and now', such as waiting lists, dental care and GP appointments. There are enabling factors such as technology and care in the community which will be able to help address these issues; • mental health was focused on in the King's speech; the independent Lord Darzi Review of Health and Care will be happening shortly which will frame the direction that national work in this area will take; 	

	<ul style="list-style-type: none"> the ICB still have a considerable financial challenge ahead and will be focused on this; the new build at DHCFT will be a valuable addition to the system when complete. It is an important and positive development that some patients who would otherwise have had to go elsewhere for care will be able to stay in Derbyshire; relationships across the system with partner colleagues feel stronger and will continue to be built on. The system will need to show constant vigilance and care to address all the work that will need to be done and KM has been discussing with other leaders how to go about this; KM assured the Board that, through her role in the ICS Network, the Derbyshire system are well represented nationally; there will be opportunities for the system to engage with and influence the conversations happening at national level; and <p>The Board NOTED the Chair's report.</p>	
<p>ICBP/2425/034</p>	<p>Chief Executive's Report – June 2024</p> <p>CC presented his report, which was taken as read and the following points of note made:</p> <ul style="list-style-type: none"> all ICBs have received a letter from NHSE following a Channel 4 Dispatches programme which exposed risks in urgent and emergency care. It is important to understand the concept of risk across the whole pathway, including in the community, ambulance response times and risks at discharge. A whole pathway view of risk is being considered and will come to the Board in due course; following the 4th July General Election, almost all MPs in Derbyshire have changed. CC assured the Board that all new MPs have been contacted to welcome and congratulate them on their new appointments, and that he will be offering to engage with them directly; CC welcomed Cllr. Nadine Peatfield as the new leader of Derby City Council, and noted that the ICB will be able to enjoy ongoing regular dialogues with the Council as both organisations are located in the same building. Equal relationships are being established with Derbyshire County Council; May 2024 saw an increase in GP appointments in Derbyshire. <p>The Board NOTED the Chief Executive's report.</p>	
<p>ICBP/2324/035</p>	<p>Joint Forward Plan (JFP) – Progress Report</p> <p>Michelle Arrowsmith (MA) gave an update on the JFP. A refresh of the plan was requested for the end of June and this has been sent to NHSE. It was noted that 2024/25 is year two of the five-year plan, and there are challenges inherent in planning for five years hence when considerable focus is on the 'here and now'.</p> <p>There have been successes so far and the ICB is moving in the right direction, but more will need to be focussed on, particularly large scale changes and programmes from a system strategic view. The ICB are looking to refresh the plan again in the next few months in light of the General Election and the direction the new government are taking. It will be helpful to set out the current position and where more work needs to</p>	

	<p>be done for years three, four and five; this work will be managed through Population Health & Strategic Commissioning Committee (PHSCC).</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> • the governance architecture and accountability of the ICB are changing and it was suggested to have a Board Development Seminar Session to clarify the new arrangements for Board members; • governance must be smooth and logical and support the work of the ICB, rather than staff working to adhere to governance stipulations. All committees have received a questionnaire requesting feedback as to changes that can be made to ensure committees add the most value and do not duplicate work; • it will be challenging to address the interdependencies of providers coming together and the strategic role of meeting the needs of the population, while ensuring all facets can fit together. This is where large scale strategic change will need to happen, which will bring the breadth of the role of the ICB to the forefront; • an outcomes framework will be developed to map any changes and outcomes. This is to be taken through PHSCC and will be brought to Board in November/December alongside the JFP refresh; and <p>The Board DISCUSSED the Derby and Derbyshire NHS' Joint Forward Plan - Progress Report.</p>	
<p>ICBP/2425/036</p>	<p>Derby and Derbyshire Health and Care Research Strategy</p> <p>SH gave an overview of the strategy, stressing the importance of research in supporting and sustaining innovation to drive improvements. The strategy has been developed across multiple agencies and emphasises use of evidence-based learning to support decisions. Organisations that are involved in research have better outcomes in terms of healthcare, as well as recruitment and retention. The ICB has a legal duty to support research under the Health and Care Act 2022. Improving diversity and equality in research helps citizens by addressing issues of inequality. Clinical and Professional Leadership Group have already viewed the strategy.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> • the Board were very supportive of the strategy, as a useful piece of work and a legal responsibility; • focusing on evidence-based decisions in devolved communities could be helpful in identifying areas for further research; • innovation does not need to be large scale, highly technical work; it can be led from the ground by nurses and patients with smaller trials held in communities, identifying how to drive innovation in specific areas or with specific groups; • research was a statutory function of CCGs which Derbyshire CCGs were able to fulfil, therefore research is not new to the ICB. It will need to be organisationally based, including in GP practices and communities rather than just in larger Trusts, with all working together to get the most value out of the research; • it may be helpful to put together a succinct, clear and eye-catching presentation to demonstrate what will be done and how, in order to bring the strategy to a wider audience. There are many 	

	<p>stakeholders who may wish to be engaged and involved in this work, such as Derby and Nottingham Universities;</p> <ul style="list-style-type: none"> • it is useful to know how Derbyshire compares to other similar systems; currently the level of research in Derbyshire is comparatively low but links with universities will help to raise the level; • the strategy represents a considerable opportunity for GPs and local populations to benefit, although there are boundaries to be broken down around the involvement of GPs in research. The ICB will need to lead the way in championing and enabling this work; and • this topic will be scheduled as a Board seminar discussion later in the year. <p>KM expressed thanks on behalf of the Board to SH and team for all their hard work.</p> <p>The Board RATIFIED the Derby and Derbyshire Health and Care Research Strategy.</p>	
<p>ICBP/2425/037</p>	<p>Final Operational Plan 2024/25</p> <p>MA updated the Board on the latest version of the Operational Plan. The initial submission deadline was the 2nd May 2024, and ahead of this submission the plan was discussed by the Board in detail. Subsequently there were some further asks from NHSE and the revised Operational Plan was submitted on the 12th June 2024. MA gave an overview of the latest changes:</p> <ul style="list-style-type: none"> • the system has a £50m deficit; • virtual ward capacity has been revised; and • the trajectory for Ambulance response time has been revised. <p>All other details of the Operational Plan remain the same.</p> <p>The Board RATIFIED the Final 2024/25 Operational Plan.</p>	
<p>ICBP/2425/038</p>	<p>Performance Report (including relevant Committee Assurance Reports)</p> <p><u>Quality, including the Quality and Performance Committee Report</u></p> <p>Jill Dentith (JD) and DH gave an overview of the Quality performance report, with the following points noted:</p> <p>Maternity</p> <ul style="list-style-type: none"> • A follow-up maternity session will be held in early August and a successful event was held last week with stakeholders; • CQC readiness will be discussed in an oversight meeting in August and the system will be in a strong position to show compliance; • Continued assurance is being provided by a deep dive approach, and looking at system learning. <p>Virtual Wards</p> <p>A very useful and productive discussion about virtual wards took place at the Quality & Performance Committee meeting in June. The</p>	

	<p>Committee have requested more information on how virtual wards will unfold and will link in with the JFP.</p> <p>Infection Prevention and Control The ICP have been working on linked working and learning over the summer and autumn, and are planning a system learning event in September ahead of winter.</p> <p>Committee Annual Report & Self-Assessment</p> <ul style="list-style-type: none"> • The Committee and all partners and stakeholders are consulting on Derby and Derbyshire's Integrated Care framework. The level of engagement is good and there will be more opportunities to finesse the framework. • There are some issues of quoracy when some colleagues are not able to prioritise ICB meetings, which should be considered in terms of the wider system. This will be discussed at forum level and potentially also in Finance, Estates and Digital Committee. This work also will link into the review of committees as mentioned in Item 035 above; <p>Safety in Emergency Pathways The Committee are clear on how the system can be assured of safety in emergency pathways following the Dispatches programme, as mentioned in Item 034 above. This issue fits within the Committee's risk stratification and will be discussed next week, with action plans generated. In order to be certain that the system is in a strong position, the ICB will require assurance from Trusts and from Urgent Care Delivery Board that these risks are being managed. The Board were confident that provider colleagues will be happy to provide these assurances so the system is fully sighted.</p> <p><u>Performance – Including Population Health and Strategic Commissioning Committee Report</u></p> <p>MA gave an update from the performance perspective with the following highlighted:</p> <ul style="list-style-type: none"> • The system has been challenged on the 4 hour performance target for the emergency care pathway but there has been real progress. In terms of validated positions and real time data, there are some improvements in bed occupancy in June despite pressures on the system, including improvements in discharge pathways. Performance is broadly in line with the plan, however diagnostic areas are in need of additional attention; • In terms of mental health, learning disabilities and autism (MH/LDA), a number of formal metrics have not been released yet but the real time metrics are starting to show some small changes and improvements. This area is moving in the right direction; • the figures included in the Committee report are those that have been validated and in some cases date from April 2024, a considerable period of time ago. The Board was assured that the new performance structure will enable more timely reporting to sub-committees and to Board. It may be useful to include both validated and unvalidated data, clearly identified, in Committee and Board papers, in order that the best judgements can be made from all available information; 	
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	<ul style="list-style-type: none"> • it may be helpful to schedule a review of mental health services, with input from NHS colleagues and providers in other sectors. A seminar session and later paper on the subject of mental health services across the system would be useful; • there will be a final CQC report which will clarify the asks of the system; and • community diagnostic centres are coming online later in the year and their activity will reduce waiting times. NHSE expect no patient to be waiting longer than 13 weeks, however the time and resources needed to interpret test results also need to be factored into timescales. GPs have indicated that they have limited resources to dedicate to interpretation of the results. <p>• <u>Finance – Including Finance, Estates and Digital Committee Report</u></p> <p>Keith Griffiths (KG) gave an update from the Finance, Estates and Digital position with the following points noted:</p> <ul style="list-style-type: none"> • at the end of May 2024 the position is positive; there has been a £400k overspend which is mainly attributed to ambulance trusts putting more ambulances out onto the road; • financial support for leases is required as EMAS lease many vehicles rather than purchasing them outright. Work is being done alongside the national team to close the lease gap, which is a significant issue for providers; • recently the Committee have been notified of NHSE's intervention and investigation regime. The Derbyshire system is not currently in this regime and will do everything possible to remain outside of it; • the system is eligible to receive a £50m revenue support loan from the Treasury which will support the cash positions of providers and will put the system into a break-even position from month 4; • there remains a £7.5million capital risk in relation to the mental health dormitories scheme, which is an important aspect of the system's service offer. Further funding has been requested from NHSE to assist with this issue; • the system is still awaiting confirmation of the outturn figure for 2023/24. As at Month 2 the system have been working to the previous plan, however from Month 3 the new plan will be followed; and • the Estates / Infrastructure plan, which will be released and will go to Finance, Estates & Digital Committee next week, will feed into the capital conversation, with a submission to NHSE by the end of July. The plan is still in progress and, as the deadline for this submission is very short, NHSE have confirmed that full Board oversight and approval is not required. The plan will be on the agenda of September's Board meeting. <p><u>Workforce Performance</u></p> <p>LG gave an update from the workforce performance perspective, with the following points noted:</p> <ul style="list-style-type: none"> • The plan shows minimal growth over the year, which demonstrates how the system is delivering against the plan and how this aligns with the financial envelope available. Broadly as 	
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	<p>at Month 3, performance is in line with the plan and at the end of the first quarter of 2024/25 the system is in a good position;</p> <ul style="list-style-type: none"> • there needs to be a continued focus on vacancy control, and the Board were assured that a robust vacancy control process is in place; • improvements in agency reduction are being seen along with alignment with fragile services work; • there is a national focus on retention rates, and the importance of retaining experienced staff in terms of the impact that this has on quality and safety was stressed. The system's retention rate is 6.2% which is positive when compared to the national rate however puts additional pressure on the vacancy control process; and • the system's position in terms of off-framework roles, non-capped agency roles and those roles that are currently paid over £100 per hour was highlighted and discussed. Some of these roles comprise scarce clinical skills and almost all are medical and linked to fragile services or national shortages. The situation is highly complex and detailed and negotiation of changes around these roles is challenging. The roles will be scrutinised and focussed on ahead of the next Quality Safety and Risk Management meeting. NHSE are aware of these roles and Derbyshire are not the only system in this position. <p>The Board NOTED the Performance Report and Committee Assurance Reports.</p>	
<p>ICBP/2425/039</p>	<p>People and Culture Committee Assurance Report – June 2024</p> <p>MG presented the report, which was taken as read. No comments or questions were raised.</p> <p>The Board NOTED the People and Culture Committee Assurance Report.</p>	
<p>ICBP/2425/040</p>	<p>ICB Staff Survey and Action Plan</p> <p>HD gave an overview of the Staff Survey and Action Plan, with the following points of note:</p> <ul style="list-style-type: none"> • this is the first staff survey to cover a full year of the ICB and it was sent to all the ICB's staff of approximately 460. The response rate was 84%. The importance of all staff being able to share their thoughts and feedback was stressed, in particular due to the considerable changes that have taken place around the restructure; • compared to other NHS organisations, the survey results are above average across all teams; • the survey results show improvement on the results for the previous year; some areas are showing a significant improvement over previous years. However the ICB can develop further as an employer; • staff who have a disability report that their experiences are less positive than those staff who do not have a disability, however there has still been improvement in this area; • for BAME staff, there are 27 areas of significant improvement, particularly related to improvements around team relationships, time pressures and feeling that they are making a difference. 	

	<p>However experiences in career progression for BAME staff could be improved;</p> <ul style="list-style-type: none"> • LGBTQ+ staff report differences in experiences from staff who do not identify as LGBTQ+, especially in terms of relationships with line managers. The ICB need to understand why these differences and concerns exist; • monitoring of survey work takes place via the Audit & Governance Committee. Work is taking place with staff networks to understand how to improve work experiences for all staff; • some areas have not improved since 2022, in particular some areas around harassment, bullying and inclusion. Further conversations are taking place with networks to understand staff experiences; last year was very transitional and as the organisation is steadier and more stable now it is hoped that the ICB is better placed to understand issues and how to address them. The freedom to speak up (FTSU) guardian will provide assistance with this and has reported that staff are engaging via this route; • it was noted that regular 'pulse checks' of staff throughout the year may be useful, rather than focusing on one survey per year; and • the importance of leadership training for staff managing others was noted. <p>The ICB Board NOTED the results of the 2023 Staff Survey for NHS Derby and Derbyshire ICB and NOTED the Action Plan</p>	
<p>ICBP/2425/041</p>	<p>Audit and Governance Committee Assurance Report – June 2024</p> <p>SS presented the report which was taken as read, highlighting that positive feedback has been received from the external auditors for the ICB's annual report and accounts.</p> <p>The Board recognised and expressed their thanks to all who were involved in the development of these documents.</p> <p>The Board RECEIVED and NOTED the report for assurance purposes.</p>	
<p>ICBP/2425/042</p>	<p>Public Partnership Committee Assurance Report – June 2024</p> <p>These reports were taken as read.</p> <p>It was noted that the report is positive, with substantial work taking place around frameworks and models for engagement resulting in positive outcomes.</p> <p>The Board RECEIVED and NOTED the report for assurance purposes.</p>	
<p>ICBP/2425/043</p>	<p>Corporate Committees' Annual Reports 2023/24</p> <p>This report was taken as read. No comments or questions were raised.</p> <p>The Board RECEIVED and NOTED the reports for assurance purposes.</p>	

<p>ICBP/2425/044</p>	<p>ICB Board Assurance Framework (BAF) – Quarter 1 2024/25</p> <p>The item was taken as read with the following of note:</p> <ul style="list-style-type: none"> • the Board are aware of the work that took place during quarter 4 of 2023/24. There has been considerable change to the BAF however the opening position of 2024/25 is not especially different to the previous quarter; • the Joint Forward Plan may help further inform strategic objectives and therefore will inform risks, which in turn inform BAF. Therefore more changes may be evident in Quarters 2 and 3; • a risk appetite development session is scheduled for the Board with 360 assurance; and • the BAF should be used to drive Board agendas and to identify large risks that should be focused on. <p>The Board:</p> <ul style="list-style-type: none"> • RECEIVED the final Quarter 1 24/25 BAF strategic risks 1 to 10; • NOTED the revised risk description for Strategic Risks 3 and 5; and • NOTED the revised threats 3 and 4 in respect of Strategic Risk 3. 	
<p>ICBP/2425/045</p>	<p>ICB Risk Register Report – April 2024</p> <p>This report was taken as read. The Board were content to approve the closure of two risks; it was noted that it may be useful to address these risks in a Board development or seminar session for governance processes.</p> <p>The Board RECEIVED and NOTED:</p> <ul style="list-style-type: none"> • Appendix 1, the risk register report; • Appendix 2, which summarises the movement of all risks in June 2024. <p>and APPROVED closure of:</p> <ul style="list-style-type: none"> • <u>Risk 03</u> relating to the sustainability of individual GP practices. • <u>Risk 16</u> relating to the ICB staff re-structure. 	
<p>ICBP/2425/046</p>	<p>Forward Planner</p> <p>The forward planner was taken as read and will be reviewed and updated.</p> <p>The Board NOTED the forward planner for information.</p>	
<p>ICBP/2425/047</p>	<p>Glossary</p> <p>The glossary was taken as read and will be reviewed and updated.</p> <p>The Board NOTED the glossary for information.</p>	
<p>ICBP/2425/048</p>	<p>Any Other Business</p> <p>HD advised the Board that the next Board meeting in September will comprise an extended session, including the Annual General Meeting.</p>	

ICBP/2425/ 049	<p>Risks Identified during the course of the meeting</p> <p>No risks were identified during the course of the meeting.</p>	
ICBP/2425/ 050	<p>Questions received from members of the public</p> <p>No questions were received from members of the public.</p>	
Date and Time of Next Meetings		
<p>Date: Thursday, 19th September 2024 Time: 9:15am to 11:15am Venue: The Enterprise Centre, Bridge Street, Derby DE1 3LD</p>		