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

**Thursday, 21st September 2023**

**via Microsoft Teams**

**Unconfirmed 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 | |
| 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 Interim 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 | |
| Zara Jones | | ZJ | ICB Executive Director of Strategy and Planning | |
| 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) | |
| Mark Powell | | MP | Chief Executive DHcFT (NHS Trust and FT Partner Member) | |
| Andy Smith | | AS | 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, Derbyshire Health United | |
| Jacinta Bowen-Byrne | | JBB | Interpreter | |
| Fraser Holmes | | FH | Interpreter | |
| Dawn Litchfield | | DL | ICB Board Secretary | |
| Fran Palmer | | FP | ICB Corporate Governance Manager | |
| Suzanne Pickering | | SP | ICB Head of Governance | |
| Sean Thornton | | ST | ICB Deputy Director Communications and Engagement | |
| **Apologies:** | | | | |
| Julian Corner | | JC | ICB Non-Executive Member | |
| Ellie Houlston | | EH | Director of Public Health – Derbyshire County Council  (Local Authority Partner Member) | |
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| **ICBP/2324/**  **064** | **Welcome and apologies**  Richard Wright (RW) welcomed everyone to the meeting.  RW apologised to any patients affected by the current industrial action, and acknowledged and thanked staff for the work they are undertaking to minimise the effects.  Since the last meeting, two disturbing issues relating to the NHS have been raised: the Lucy Letby verdict and the accusations on alleged sexual harassment. These issues are not something that any decent person can relate to; they are unbelievable and cannot be condoned. It is just awful for many staff in the NHS who just want to do the right thing and provide a great service to support patients. Assurance was given that steps are in hand to try to ensure this does not happen again. One of the most disturbing aspects of this is that allegedly warnings were raised and potentially ignored. Margaret Gildea (MG), as Chair of the People and Culture Committee (P&CC), has agreed to work with the Executive Team to re-assess the 'Freedom to Speak Up' arrangements across the system to confirm they are fit and proper, providing people with confidence to speak up and assurance that any 0020concerns raised will be dealt with correctly. Work is being undertaken around the 'fit and proper person' assessments and procedures to ensure that assessments are undertaken before people are employed by the NHS and before they move to other areas within the NHS.  RW welcomed Stephen Posey (SPo), CEO of UHDBFT, to his first ICB Board meeting. The Board now has Senior Executive representation from the Acute sector through SPo, Community and Place through Tracy Allen (TA) and Mental Health through Mark Powell (MP); this representation will be important going forward in improving the patient experience and joining up the system.  Professor Dean Howells (DH) was welcomed as the Chief Nurse. DH's portfolio includes quality and safety, which in these turbulent times is a massive issue. To ensure, during the disruption from industrial action, that safe operations are maintained is one of the core objectives.  Today is Zara Jones's (ZJ) last meeting. Although sad because ZJ is leaving, RW is happy as where she is going is great for her career. ZJ has done an amazing job over the last few years, especially during the transition period. ZJ is amazing in the amount of detail she can retain; she works incredibly hard to be on top of all the knowledge. RW thanked ZJ for everything she has done and wished her all the best for the future.  Apologies for absence were noted as above. | | |  |
| **Item No.** | **Item** | | | **Action** |
| **ICBP/2324/**  **065** | **Confirmation of quoracy**  It was confirmed that the meeting was quorate. | | |  |
| **ICBP/2324/**  **066** | **Declarations of Interest**  The Chair reminded Committee Members of their obligation to declare any interests they may have on issues arising at Committee meetings which might conflict with the business of the ICB.  Declarations made by members of the Board are listed in the ICB’s Register of Interests and included with the meeting papers. The Register is also available either via the ICB Board Secretary or the ICB website at the following link: <https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/> No further declarations of interest were made. | | |  |
| **ICBP/2324/**  **067** | **Minutes of the meeting held on 20th July 2023**  **The Board APPROVED the minutes of the above meeting as a true and accurate record of the discussions held** | | |  |
| **ICBP/2324/**  **068** | **Action Log – July 2023**  There were no outstanding items on the action log.  **The Board NOTED the Action Log** | | |  |
| **ICBP/2324/**  **069** | **Chair's Report**  RW presented his report, a copy of which was circulated with the meeting papers; the report was taken as read and no questions were raised. RW highlighted his recent visit to the Urgent Treatment Centre (UTC) at Whitworth Hospital with some of the System Chairs. This was an excellent visit, with brilliant staff operating a one-stop-shop for patients. The visit demonstrated the best bits and the further potential of the service. A discussion held around wound dressings highlighted that as we introduce and grow facilities like the UTC's we need to agree collectively the right procedures and places for things to be done to fully join up services and maximise the systems potential. It provided assurance on the amount of work being taken away from the Acute Trusts and GP surgeries. There are 5 UTCs across the system, however these have not been fully mainstreamed into the whole system.  **The Board NOTED the Chair's report** | | |  |
| **ICBP/2324/**  **070** | **Chief Executive's Report**  CC presented his report, a copy of which was circulated with the meeting papers; the report was taken as read and the following points of note were made:   * For years now, the Derbyshire Chief Executives' meeting, which includes Local Authorities, himself on behalf of the NHS, the fire service, education, and police leaders, have met monthly to review developments across the whole public sector. This forum picks up areas of importance and common interest and the report highlighted some of the matters being worked through. The report predominantly highlights NHS and care services, however there is a broader conversation in which the NHS is connected and plays a full part. Linked to this is how it translates into Places, and the work on the ground. * Sections 2,3 and 4 highlight areas of local and national interest. * CC gave his own personal thanks to ZJ for all great work she has done. The next item is the Annual Reports for the CCG and ICB; ZJ was instrumental in driving forward the work of the CCG and its transition into an ICB. ZJs ability to capture complexity is exemplary; CC spotted her talent in 2018 and appointed her into an Executive role; ZJ has more than fulfilled her talent. ZJ was wished all the best for the future. She will be missed, and her career will continue to be watched with pride.   The Board NOTED the Chief Executive's report | | |  |
| **ICBP/2324/**  **071** | **NHS Derby and Derbyshire Clinical Commissioning Group Annual Report and Accounts - April to June 2022 / NHS Derby and Derbyshire Integrated Care Board Annual Report and Accounts - July 2022 to March 2023**  CC recognised that colleagues already have access to the full Annual Report and Accounts for 2022/23 and presentation. A summary of the pertinent points was provided for information.  Keith Griffiths (KG) reported that the ICB ended 2022/23 with a £14.8m deficit, and a whole System deficit of £31.6m. It is important to recognise that at the start of the year a £60m system deficit was expected, therefore significant progress was made to reduce it. Two sets of accounts were produced in 2022/23. The CCG formally closed on 30th June 2022, at which point it reported breakeven. The National finance team wanted to see the year in its entirety until 31st March 2023. Both sets of accounts were given a clean bill of health by the External Auditors. KG appreciated and acknowledged the quality of the work of the finance team in managing the transition from CCG to ICB.  Dr Avi Bhatia (AB) stated that the CCGs went from four into one, and then from one CCG into an ICB; this was a high degree of change which was well managed. Putting clinicians and professionals at the heart of decision making was done well. The support of Primary Care Networks (PCNs) helped to put General Practice (GP) around the table in the system. Covid was a defining area in the CCG, particularly the vaccination programme and its aftermath. A lot of work was done on the wider determinants of health. During this period a lot of people were working in isolation, at home on their own. The time of the system has now come, which is appropriate. The main thing is that nothing can be done in isolation, everything is everybody's issue, problem, and success. AB is happy to provide support from a clinical and professional perspective and thanked everyone involved in the CCG during this period.  RW thanked both AB and John MacDonald (the previous ICB Chair), and everybody who pulled the reports together. From an assurance perspective, Sue Sunderland (SS), Chair of the Audit and Governance Committee, echoed her appreciation of the work done to prepare these reports within such a short time frame. Positive feedback was provided by the Auditors on how well everything had been prepared and how well the staff could answer questions on the content; it is a success story in how smoothly the process went.  **The Board RECEIVED the formal presentation of NHS Derby and Derbyshire Clinical Commissioning Group Annual Report and Accounts - April to June 2022 and the NHS Derby and Derbyshire Integrated Care Board Annual Report and Accounts - July 2022 to March 2023** | | |  |
| **ICBP/2324/**  **072** | **ICB Annual Assessment and Development**  CC thanked colleagues behind the scenes who made this happen. As in previous iterations of NHS architecture, self-assessment assurance continues. A version was introduced to think about how to do this from an individual organisational perspective, the duties of the ICB and the wider purpose and partnership actions.  Helen Dillistone (HD) acknowledged that this is an important piece of feedback from the Regulator. Given that the ICB is only a little over 12 months old, this report reflects the first 9 months of its existence; it provides feedback on where further development work is required and highlights areas of good practice. An annual rating was not provided this year; this will follow for year 2 and beyond. This work will be built into the broader Organisational Development Plan for the ICB, to continuously improve and develop as an organisation, taking feedback from the Regulator, the Staff Survey, and areas of performance to continually work on with partner organisations. In terms of ongoing governance, it will be taken through the Audit and Governance Committee and fed back to the Board.  Questions / comments:   * One of the items to be looked at is how to ensure system wide transformation schemes can be fully realised; this is important in terms of operational and financial efficiency, but also a system wide approach to good patient care. It was asked how this will be taken forward in the next year (MG). HD considered this to be an important part of the letter and overarching strategy across the system which plays into the priorities collectively described in the Joint Forward Plan, and the pace and scale of the delivery needed. It will feature as part of the overall System Improvement Plan underpinning the work required to address the operational and financial challenges. * One of the eight specific duties is to involve patients and the public. RW would like to have seen one of the duties to be staff involvement, which is just as important. * The letter was deemed to be positive and gives a strong picture of where the ICB is within such a short time. It has to be ensured that areas of improvement are picked up in an orderly fashion and actioned going forward, building on the work done and taking it into the next chapter (JED). * This is a great summary of the considerable progress made. A real focus is needed on how to achieve system wide transformation through the triangulation of finance, activity, and workforce, and understand how they will change linked to outcomes for citizens. RW's report provided an update on the community transformation programme and the diagnostics; this is how to go forward and build the capability to deliver whole system transformation and understand the links between outcomes, the operational KPIs that impact them, and the resources used across the different system partners. An options appraisal has been completed to take this forward; details will be brought back on how people might feel about 'investing to save' to build capacity and capability and pick up on the challenge in section 4 over the next few months. RW is keen to look at the proposals in the context of the whole system, as opposed to looking at things in isolation. * CC considered the question about improvement to be fundamental. This is a highly complex system. It was asked how this Board, the ICP and H&WBs assure themselves that they are making improvements. A significant piece of work on ensuring that the various committees, looking at different aspects, come together to present a whole picture to the Board and take a collective view of improvement will commence at the 19th October system-wide event. Improvement at a system level is a key function of the ICB's role; this is different to the CCG's statutory role. The ICB is not fully active in all spaces yet, it is still developing; Dr Chris Weiner (CW) has a building role, thinking through the theme of improvement and how to do it. Linked to the national impact work across the NHS, this theme will be brought back to the Board in due course. RW added that thinking in outcomes prevents thinking becoming siloed. * DO highlighted the work on reducing health inequalities and the importance of using local data and allowing Place to flourish.   **The Board NOTED the contents of this report** | | |  |
| **ICBP/2324/**  **073** | **Corporate Risk Register – August 2023**  Helen Dillistone (HD) presented the Risk Register as at 31st August 2023,  which provides assurance to the Board on the operational risks faced by the organisation. The report highlights changes to the 6 very high risks and provides details of the actions implemented to mitigate them. The Chairs of the ICB's Corporate Committees are familiar with the risks assigned to them; it is an important feature of the Committees to report up to the Board accordingly. The risks relate to operational, financial and performance challenges across the system.  A new risk has been identified relating to contracts, and providers not being able to fulfil some of their contractual obligations and duties, partially those driven by additional costs. This risk was raised by the Audit and Governance Committee and taken to the Finance and Estates Committee where it was recommended that a new risk be added to the Risk Register with a risk score of 12. The report demonstrates risk movement during August; no changes have been made to risk scores. Further scrutiny will be given to each risk during the autumn months to implement mitigations and controls that will actively manage the risks.  Questions / comments   * Risk 21 – KG and JED were actioned to clarify the wording. It was agreed that the wording of this risk would be amended to make it stronger: 'There is a risk that contractors may not be able to fulfil their obligations in the current financial climate. The ICB may have to find alternative providers in some cases at short notice which may have a significant financial impact'. (JED) * Risk 6 – It is important that the first bullet point is clarified to demonstrate the level of the risk. It reads that there was a £12.9m deficit against a £12.6m planned when it is a £25.5m deficit against £12.6m planned (SS). * Risk 9 – It may be helpful to refer to the impact of strikes on the waiting list, as this is a factor not planned for beforehand. Relating to the targets, both Trusts have confirmed that processes will be in place for the standards by the end of Quarter 4, however the target was to achieve the KPIs by the end of Quarter 4, which is not the same as delivering them; clarification was requested on the where Trusts are on the delivery of this (SS). * Risk 9 – Consideration of the risk that delays are having an adverse effect on system workload and sustainability was suggested. For example, the increase in General Practice workload as patients are seeking places to go with their issues whilst waiting. Community service colleagues report the delays are not only risking harm but generating churn and non-value-added demand from all parts of the system at the same time. This is a significant risk from a different aspect (TA). * CC noted that it is not easy to create a succinct Risk Register when things are multi-faceted and complicated. It is harder to do, but important to try to delineate and separate out the impacts of industrial action from the general position of operational challenges. On that basis, a separate piece of work will be commenced, linking with other ICBs, on the impacts of the industrial action. CW will help with this, and the findings brought to Board on the different impacts, from those that are directly operational in the immediacy to those that are longer term. It is an important point around the issue of knock implications of waiting times on other areas. This is an area of work that needs to be better understood, often we focus on the waiting list itself, whilst the Risk Register looks at the broader impacts.   HD noted the comments and will request the amendments to be made prior to presentation at the next Board.  **The Board RECEIVED and NOTED:**   * **The Risk Register Report** * **Appendix 1, as a reflection of the risks facing the organisation as at 31st August 2023** * **Appendix 2, which summarises the movement of all risks in August 2023** | | | **HD** |
| **ICBP/2324/**  **074** | **ICB Corporate Committees' Terms of Reference (ToR)**  HD advised that updates have been made to the ICB's Corporate Committees' ToR in line with best practice to review them on an annual basis. This links to the audit programme; a piece of work was commissioned in the ICB's first year of existence on the effectiveness of its seven Corporate Committees; part of this was to ensure that there are up to date ToR which accurately reflect the work of the Board and confirm that appropriate delegations are in place.  The ToR reflect the system wide membership of the Committees in terms of membership, quoracy and recognise the Non-Executive Director involvement from partner trusts.  **The Board APPROVED the updates to the ICB's Corporate Committees' Terms of References** | | |  |
| **ICBP/2324/**  **075** | **Integrated Assurance and Performance Report**  RW recognised the ongoing work to improve this report and congratulated the team on the information included which will help to provide confidence to tackle the pertinent issues.  CC stated that this is a developing piece of work, for which feedback is continuously welcome. The importance of Lead Executive and Lead Non-Executive input into all areas was highlighted in terms of overall assurance going forward. Bringing together quality, performance, activity, finance, and workforce, with increasing clarity in each domain, demonstrating the position in its totality to the Board, is the intent.  Quality – Professor Dean Howells (DH) outlined the key messages from a quality perspective, as described in the meeting papers. The following areas were highlighted:   * DH is looking forward to the next month and having an opportunity to go through the CQRG work and system quality element, focusing on the Healthcare Acquired Infection structures. Thanks to provider colleagues for their refreshed focus in this area, and the support from NHSE. For assurance, the safety structures will be brought through with a refreshed targeted approach around c.difficile infections, which is one of the key pressure areas being experienced in the system. * The maternity structures will be moving into DH's portfolio shortly. The Saving Babies Care Bundle, version 3, commenced this week at UHDBFT, for which DH thanked colleagues. With agreement from NHSE, the follow up Ockenden assessment will be completed in January 2024; this will provide opportunity to undertake more of the strategic work on maternity over next 2 months. * DH is impressed with how well positioned Derby and Derbyshire NHS is on the broader safety improvement work nationally around Patient Safety Incident Response Framework (PSIRF). The theme is around the early warning signs work; via the quality structures there is a great opportunity to finesse how, as a Board, the sub committees receive indications to provide support at an early point and lock in the learning. * There is great partnership working in place focused on 'right care, right person' and DH will be meeting with DHcFT to ascertain how he can further support this agenda personally. * DO added that all issues have been very well presented. * RW considered that there are some big challenges to be addressed, with maternity being very much in the spotlight nationally; the ICB has been working with the Ockenden report for some time now.   Performance – Zara Jones (ZJ) outlined the key messages from a performance perspective, as described in the meeting papers. The following key messages were highlighted:   * Primary Care – From a General Practice (GP) access perspective, the data compares well to that planned, however the fragility in GP continues, with issues around sustainability across some practices and Primary Care Networks (PCNs). Work is being done by the PC Team to stabilise the position where possible and ensure access where it needs to be. * Dental – The activity planned year to date is significantly behind what has been delivered. Although there is a time lag in relation to this data, it is known that there are significant pressures around dental access. Work continues, now the ICB is responsible for dental commissioning, to look like areas with access issues and what could be done to improve performance. * Mental Health and Learning Disabilities – Progress has been made in several key areas, although there are still some challenges. Good partnership working has been undertaken for learning disabilities and autism and supporting patients in the inpatient setting. The Transforming Care Programme continues at pace to understand what different partners and organisations need to do to help improve the position this year. Although it has been a challenging summer, this has helped to provide more confidence around delivery which will hopefully yield good outcomes over the year ahead. * Urgent and Emergency Care – A&E performance looks encouraging against the set plan. Going into winter, it is important to continue at pace and build headroom to ensure access is as good as it can be during this more pressured operational period. * Ambulance – There is a challenging hill to climb in relation to the Category 2, 30-minute mean target, which is currently behind plan. As the year started with pressures, the target is already behind by a few minutes at a regional level. From a Derbyshire perspective, there is some catching up to do. Areas are being looked at to improve response times, including workforce and recruitment, and other key initiatives that EMAS are taking to improve the position. This is an example of where system working is required to improve and maintain the position. * Planned care – There continues to be patients waiting over 78 weeks. There are actions in train to reduce these numbers, however this has not progressed as quickly as anticipated, and has been affected by the industrial action. The reductions are predicated on mutual aid and available capacity from other providers. * Cancer – Although cancer has been in a pressured position for a while now, improvements were seen in recent months. Unfortunately, the numbers have increased over the last few weeks; a partnership approach is being taken to work together and improve the position. RW added that industrial action is a big factor in this.   Workforce – Linda Garnett (LG) outlined the key messages from a workforce perspective, as described in the meeting papers. The following key messages were highlighted:   * The position against the Workforce Plan, as submitted to NHSE, was provided as at month 4. The data demonstrates that the system is below plan overall in terms of numbers but over plan in terms of finance. The UHDBFT data is currently being amended; it is expected that this will be reconciled by next month to give a more accurate picture. There has been an improvement in recruitment to substantive roles, which means less reliance on temporary staff; this is important from a quality perspective as it results in a consistency of team working. * Information was presented on the Primary Care (PC) workforce; this data is provided from a difference source – the Digital PC System – and is only available quarterly. The data demonstrated that PC is 210 below plan against the intended position, which is concerning, and is responsible for putting pressure on existing GP staff. * Work is being undertaken to bring together the actual position, as opposed to what was indicated in the Plan. There are separate returns for finance and workforce which report things differently and work on different timescales. Closer working is being undertaken to provide a more accurate picture of what is happening; LW is grateful to colleagues helping with this. There is a need to work collaboratively to understand how it is impacting on activity and quality. * RW added that the P&CC will need to look at the granularity of these numbers, to ascertain where the staff are and where skills are missing to help better understand the impacts. The triangulation of activity, workforce and finance is critical.   Finance – Keith Griffiths (KG) outlined the key messages from a finance perspective, as described in the meeting papers. The following key messages were highlighted:   * Quality, activity, and workforce translate into a financial impact; it is important that the report is provided in this order to demonstrate the impact on finances from the challenges highlighted. * The year commenced with an efficiency requirement of £136m to deliver a breakeven plan. It was recognised that the transformation will take a while to mobilise. The plan was produced knowing that there would be an overspend in the first half of the year, with improvements demonstrated in the latter half, to deliver the net breakeven position by the end of March 2024. The plan was to be overspent at the end of July by £13m, however in reality there is an overspend of £25m due to an additional £12-13m pressure emerging in the first four months of the year. This pressure is driven by the cost of industrial action, inflation, changes in funding policy by the Centre in supporting revenue costs for capital and digital, and issues in the Derbyshire system around the legal requirements to give staff a pay award, all of which have not been funded. * At the end of July, the actual figures are consistent with plan, however, they are being driven away from plan due to things out of our control. There is a need to continue the great work being done to have a robust view of how to manage winter, and its operational impact, particularly on workforce and how that translates into finances. * The Treasury are putting £200m into the NHS in recognition of the extra costs incurred for industrial action; at this stage it is not known how much extra resource will emerge. Although breakeven is still predicted there are risks around delivering this. The ICB must deliver what it committed to in the plan, demonstrating efficiency savings of £106m. * There is a direct impact of the industrial action on clinical and managerial leadership to deliver safe services, maintain and improve performance and create headroom to undertake transformation to deliver cash savings. A lot of planning goes into the preparation for industrial action, and the recovery from it, from which there are significant financial implications. * The issue is also triangulating into PC. Inflation of more than 10% is being experienced on pharmaceuticals. The longer patients are waiting for procedures, the more they are dependent upon prescribing and medicinal treatment, which is driving up volume and cost pressures. GPs are putting on extra clinics and subsequently prescribing more to help keep people as well as they can be under the circumstances. * There is a potential risk of a further £13m overspend to meet the unfunded costs of the pay award. Intense conversations are being held with national colleagues to secure another £13m into the Derbyshire system to honour the contractual arrangements in place for the Agenda For Change staff not employed by an NHS body. RW considered that Derbyshire is right to fight for this funding. * Derbyshire, considering that it spends £3.3bn in public money, is one of the biggest systems in the midlands area. The financial position at the end of month 4, being £12-13m away from plan, means it is the best performing system in the midlands.   Questions / comments   * Thanks were given to LG and her colleagues for the huge amount of work put into the workforce actuals and reconciling the data; it is still a work in progress in terms of understanding why the finances are over plan and the staff numbers are under plan. A point was strongly made at the P&CC that the more whole-time permanent roles there are, the better it is in terms of activity, finance, and quality, thus avoiding the pitfall that, if the numbers are low it will help to close the financial gap; the implications of doing this, in terms of patients and the following year's finances, will be considerable (MG). * Assurance was provided that a deep dive will be held by the Finance and Estates Committee shortly, picking up on the work around the workforce agenda and its financial implications (JED). * There is lots of information available on what we do and what the challenges are regarding waiting times and patients in hospital that do not need to be there; it is not however known what the impact and consequences are on patients and their wellbeing. The work being undertaken on the workforce and vacancy rate was acknowledged; it was enquired what the plans are to manage vacancies and improve workforce numbers (DO). LG responded that it is right to focus on improving the ability to recruit substantively to enhance the pipeline. The key priorities that People Services are working on are improving workforce supply and managing pay costs to plan. Retention is an important point; there is a focus on retaining the staff already employed as the more this is done, the better the quality; this will avoid spending time and effort on recruitment and temporary staffing. Going forward LG will highlight further what is being done in this area. The wellbeing offer is being focused on to help staff do a good job with the right tools and making a difference to patients. RW requested a discussion as to when and how this is brought back to a future Board. * Relating to the risk of providers running out of cash, it was enquired what scenarios could follow on from this for delivery of care? (DO). KG responded that, until the end of last week, the ICB was still chasing £11m which was due to it in April/May; however, this has now been received. There is cash in some organisations and very little in others; collaborative working is taking place across all system providers to manage short term cash flow issues. The £200m additional national funding needs to translate into physical payments to provide respite to the system; however, the timing of this cannot be guaranteed. It is hoped that more money will flow in a timely fashion with acknowledgement of the cost of industrial action and inflation. It is critical to ensure organisations can pay their staff and suppliers; the last resort is to apply for an interest-bearing loan from the Treasury, for which the ICB will have to demonstrate its ability to repay. The System is trying to avoid this as it will add to its financial pressures. It is hoped that the expected cash will fulfil the capital investment obligations contractually committed to. £2.2bn was received into the Derbyshire system based on its population however it spends £3.2bn, as UHDBFT provides services for Staffordshire residents; it must be ensured that Staffordshire ICB receives funding based on its population, some of which will support the pressures which UHDBFT incur. It is a material boundary issue that will have implications on income flows this year and baselines for future years. RW requested further discussions around this. * KG is working hard to understand the difference between spend and allocation; without it distracting from the important work of financial recovery and management, CC enquired whether the Board would find it useful, through the Finance and Estates Committee, to receive a sense of what this is about and broaden ownership of the question and hypothesis. RW agreed that it would be useful in the context of moving to a position of knowing where the £3.2bn is spent and whether it is spent to its best affect. JED added that the difference between spend and allocation was discussed by the Finance and Estates Committee, however she is happy to pick this up and report back to the Board.   **The Board NOTED the Month 4 Operational Plan performance update against the planned commitments and targets** | | | **LG**  **KG**  **JED** |
| **ICBP/2324/**  **076** | **Verdict in the trial of Lucy Letby**  Dr Chris Weiner (CW) highlighted the importance of recognising the outcome of the Letby trial and the extent of the appalling crimes it has exposed within the NHS. It has sent shock waves through the country, the wider community, the NHS, and its staff, who never expect to work alongside people who might be capable of such crimes. Our thoughts are with the families affected by this, who will live with the impact of these crimes for the rest of their lives. The challenge is to prevent such crimes occurring in the NHS again. There will be an enquiry which will both confirm and challenge assumptions. Over the coming months/years, there will be a clarity of focus on the governance of quality, safety, and culture. It will be considered how leadership and management structures should be governed, potentially leading to a management body. Actions have been clearly identified around Freedom to Speak Up, whistleblowing, and ensuring that fit and proper people are in positions of responsibility. MG has been requested to provide Non-Executive oversight of this work. It is important to recognise that since these crimes occurred, there have been changes in the NHS. Freedom to Speak Up has been strengthened over the past few years. New roles have been introduced in the NHS, including a Medical Examiner's role, which specifically challenges people's views.  **The Board:**   * **NOTED the NHSE letter dated 18th August 2023 and DISCUSSED the implications for the ICB and Joined Up Care Derbyshire** * **DISCUSSED the requirement for proper implementation and oversight of the national Freedom to Speak Up policy** * **The People and Culture Committee were requested to review the Freedom to Speak Up arrangements holistically across the system and present them to the November Board** | | |  |
| **ICBP/2324/**  **077** | **Finance and Estates Committee Assurance Report – July / August 2023**  Jill Dentith (JED) presented this report which was taken as read; no questions were raised. JED highlighted that this is the first time this report has been presented in the public domain; it will help provide ongoing transparency on the financial position.  To provide assurance around the estates position, and recent issues on RAAC, a report will be presented to the next Committee when a full survey has been completed of the properties within the portfolio and PC premises.  There are concerns around the delivery of the efficiency target at this point in the financial year and the significant work still required.  The good place that Derbyshire finds itself in the region was acknowledged however it is not sitting on its laurels; further action is required to ensure delivery of a financially balanced position at the end of the year.  **The Board RECEIVED and NOTED the report for assurance purposes** | | |  |
| **ICBP/2324/**  **078** | **People and Culture Committee Assurance Report – September 2023**  Margaret Gildea (MG) presented this report which was taken as read; no questions were raised. MG added that a year in, time has been spent thinking about how to absorb the findings of 360 Assurance. A development session is planned to clarify the P&CC's role verses that of other parts of the system help to prevent duplication.  **The Board RECEIVED and NOTED the report for assurance purposes** | | |  |
| **ICBP/2324/**  **079** | **Audit and Governance Assurance Report – May / June 2023**  Sue Sunderland (SS) presented this report which was taken as read; no questions were raised. SS added that in previous reports, issues had been flagged around a particular contract; these issues have now been resolved and the contract has been retrospectively agreed. Lessons learnt were highlighted to improve future oversight and management of procurement. | | |  |
|  | **The Board RECEIVED and NOTED the report for assurance purposes** | | |  |
| **ICBP/2324/**  **080** | **Derbyshire Public Partnership Assurance Report – August 2023**  The report was taken as read and no questions were raised.  **The Board RECEIVED and NOTED the report for assurance purposes** | | |  |
| **ICBP/2324/**  **081** | **Quality and Performance Committee Assurance Report – July / August 2023**  Dr Deji Okubadejo (DO) presented this report which was taken as read; no questions were raised. DO highlighted the good report received from the CQC on maternity services at CRHFT; the report from UHDBFT is awaited. There is further work to do; the Committee will receive a further deep dive in November. The increasing fragility of PC was recognised. It was realised that there was no PC representation on the Committee; this has now been rectified.  **The Board RECEIVED and NOTED the report for assurance purposes** | | |  |
| **ICBP/2324/**  **082** | **Population Health and Strategic Commissioning Committee Assurance Report – September 2023**  This report which was taken as read; no questions were raised.  **The Board RECEIVED and NOTED the report for assurance purposes** | | |  |
| **ICBP/2324/**  **083** | **National Patient Safety Strategy – Derbyshire Position Statement – September 2023**  Professor Dean Howells (DH) advised that an excellent governance and assurance session was held with NHSE on 6th September, where a comprehensive position statement was provided on preparations for the Patient Safety Incident Response Framework (PSIRF) of the Derby and Derbyshire System. Provider colleagues are currently completing their PSIRF training. Broader assurance will be presented to the Board in due course on the quality structures for the go-live of the whole system.  There is relief that the national focus on safety and quality has moved into strategic insight involvement and, more importantly, sustained improvement.  **The Board NOTED the content of the report for assurance purposes** | | |  |
| **ICBP/2324/**  **084** | **2022/23 Quality Account ICB Statements**  Professor Dean Howells (DH) confirmed that it is an ICB's statutory duty to sign off the Quality Accounts; this process has now been completed. Huge thanks were conveyed to providers for their work on this. There is a need to anticipate change nationally on the focus of Quality Accounts from next year. There is a real opportunity to scale up the good practice that filters through Quality Accounts at a Place level to improve the quality metrics across the whole system. It has been a challenging year therefore to see the accounts published with such development has been a great achievement for all providers.  **The Board NOTED the 2022/23 Quality Account ICB Statements** | | |  |
| **ICBP/2324/**  **085** | **Ratified minutes of the Derby and Derbyshire Health and Wellbeing Boards**   * Derby City Health & Wellbeing Board – 16.3.2023 / 27.7.23 * Derbyshire County Health & Wellbeing Board – 13.7.2023   **The Board RECEIVED and NOTED the above minutes for information** | | |  |
| **ICBP/2324/**  **086** | **Ratified Minutes of ICB Corporate Committees**   * Audit & Governance Committee – 8.6.2023 * People & Culture Committee – 7.6.2023 * Public Partnership Committee – 27.6.2023 * Quality & Performance Committee – 29.6.2023 / 27.7.2023   **The Board RECEIVED and NOTED the above minutes for information** | | |  |
| **ICBP/2324/**  **087** | **Forward Planner**  **The Board NOTED the forward planner for information** | | |  |
| **ICBP/2324/**  **088.1** | 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. *Yes. An addition to an existing risk on the unfunded pay award will be made for the next iteration of the Risk Report.* | | |  |
| **ICBP/2324/**  **088.2** | Did any of the discussions prompt us to want to change any of the risk ratings up or down? *No* | | |  |
| **ICBP/2324/**  **089** | **Any Other Business**  Mark Powell (MP) suggested that it would be helpful to undertake a review on the level of duplication of agenda items to ascertain which ones are being taken to Provider Boards and the ICB Board, in order to prevent unnecessary duplication. The Chair indicated that this had been started but wanted to wait until after the development meeting on 19th October to be assessed against our future vision. | | |  |
| **ICBP/2324/**  **090** | **Questions received from members of the public**  No questions were received from members of the public. | | |  |
| **Date and Time of Next Meetings** | | | | |
| **Date**: Thursday, 16th November 2023  **Time**: 9am to 10.45am  **Venue:** via MS Teams | | | | |