NHS
Derby and Derbyshire
Integrated Care Board

MINUTES OF THE SYSTEM FINANCE, ESTATES AND DIGITAL COMMITTEE

HELD ON TUESDAY 26 MARCH 2024 VIA MS TEAMS AT 1.30PM

Present:		
Jill Dentith	JED	Non-Executive Director (Chair)
Jim Austin	JA	Chief Information & Transformation Officer, DCHS/Chief Digital Information Officer, JUCD
Jason Burn	JB	Interim Deputy Chief Finance Officer, ICB
Simon Crowther	SC	Director of Finance, UHDB
Linda Garnett	LG	Interim ICB Chief People Officer
Darran Green	DG	Acting Operational Director of Finance, ICB
Keith Griffiths	KG	Chief Finance Officer, ICB
Steve Heppinstall	SH	Chief Finance Officer, CRH
Tamsin Hooton	TH	Programme Director, Provider Collaborative, JUCD
Mike Naylor	MN	Director of Finance, EMAS
Stuart Proud	SP	Non-Executive Director, DCHS
James Sabin	JS	Director of Finance, DHcFT (part)
Sue Sunderland	SS	Non-Executive Director and Audit Chair, ICB
In Attendance:		
Debbie Donaldson	DD	EA to Keith Griffiths (Minute Taker) ICB
Apologies:		
Michelle Arrowsmith	MA	Chief Strategy and Delivery Officer/Deputy CEO, ICB
Chris Clayton	CC	Chief Executive Officer, ICB
Ian Lichfield	IL	Non-Executive Director, UHDB
Susan Whale	SW	Director of System PMO & Improvement

Item No.	Item	Action
FE2324/354	**Welcome, Introductions and Apologies** Apologies were received from Susan Whale, Michelle Arrowsmith, Chris Clayton, and Ian Lichfield.	
FE2324/355	**Confirmation of Quoracy** The Chair declared that the meeting was quorate.	
FE2324/356	**Declarations of Interest** The Chair reminded Committee members of their obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the ICB. Declarations declared by members of the Finance and Estates Committee are listed in the ICB's Register of Interests and included with the meeting papers. The Register is also available either via the Executive Assistant to the Board or the ICB website at the following link: www.derbyandderbyshire.icb.nhs.uk No declarations of interest were made.	

FE2324/357	**Any points arising from previous ICB Board** The Chair reported that the following had been discussed at ICB Board on 21 March 2024: • There had been a detailed discussion on the financial position. • A paper was received regarding Domestic Abuse and the ICB had signed up to the Domestic Abuse pledge. • A paper was received on Delegated Specialised Commissioning including delegation, collaboration and operating framework. • Board had received a presentation on the forecast year-end closing position 23/24. • A paper was received on Holistic Discharge Review.	
	FINANCE	
FE2324/358	**M11 System Finance Report** Darran Green reported that this paper presented the financial position of JUCD for period ending 29th February 2024. It highlighted the key areas where there were particular income and expenditure challenges, as well as summarising the capital position across the JUCD system. As of 29th February 2024, the JUCD year to date position was a £46.7m deficit against a £2.8m planned deficit, a £43.9m overspend against the plan. The main factors driving this were excess inflation, additional pay costs and increased activity levels. NHSE National Team recognised a forecast deficit of £44.7m this reflected pressures that were not known at the time of planning including, a shortfall on the pay award funding, changes in national support on the cost of capital and a shortfall on primary care funding. This position included an expected benefit of £7.2m relating to a reduction in Public Dividend Capital (PDC) with the revaluation of Privat Finance Initiative (PFI) assets under IFRS16. Due to a change in national policy this benefit could no longer be recognised in the System position and had therefore resulted in a total forecast deficit of £51.9m. National conversations were continuing about the final treatment of this benefit. JUCD were confident this position could be delivered at year end for those areas within our control. Additional risks related to not delivering the financial position, such as the health care assistant re-banding at circa £20.2m, pressures on capacity and activity and drugs costs. The system efficiency delivery was £0.3m behind plan year to date in total, split into £28.1m behind plan on recurrent efficiencies and £27.8m over plan on non-recurrent efficiencies. Unless planned levels of recurrent efficiencies could be delivered, it would impact in future years. In terms of capital the System would be able to utilise all its capital resources for 23/24.	

	Keith Griffiths had discussed equal pay and IFRS16 with Regional colleagues. These were national issues, and we awaited confirmation regarding the accounting treatments of these. Keith Griffiths agreed to keep Committee appraised of this at the next meeting. Stuart Proud referred to Healthcare Assistants pay; he assumed back pay (which was shown as a risk), would have to recognised in the accounts for the current year. He assumed that all Providers had built that into their plans from 2024/25. Simon Crowther reported that it depended on individual Providers circumstances regarding whether they had made provision this year. Trusts were in different positions and whether they had a formal grievance raised on the issue within the organisation. For UHDB, it was highly likely that they would make a provision in 23/24; as for the System, the recurrent impact had been included from 24/25 and onwards. Regarding capital for 24/25, it was noted that plans would be finalised by the April meeting of this Committee, as the submission for I&E and Capital was due to be submitted shortly afterwards. Keith Griffiths reported that cash would also be included within that submission; he agreed to bring a detailed report to the next meeting. **Planning Update for 24/25** Committee received a set of confidential slides that had been presented to ICB Board and the Chief Executives meeting last week on 24/25 System Position. Keith Griffiths reported on the challenging meeting that he, the ICB CEO and Provider CEOs had had with Julian Kelly on 14 March 2024. We need to consider the implications after the submission of an initial forecast of £179m deficit position. It was noted that we were now forecasting an improved position of £83.6m deficit, which represented 2.4% of turnover. Keith Griffiths reported that the System had ended this year with one of the lowest deficits and were heading (in planning) to be in the same position next year. The Committee needed to understand the level of scrutiny we were under and what that might mean moving forward for the System in terms of freedom to operate, and the work between now and 2 May (final submission date) was critical. Regionally there was an expectation that the deficit would be lower than this year's outturn. It was noted that alongside this, we have performance targets to manage and scrutiny on workforce. Keith Griffiths reported that currently, the plan was no workforce growth, but with 5% efficiency we expected the headcount to fall and further work on this was occurring. Plans would be required in the PMO, by the time ICB Board meets at the end of April, so we could have confidence about the recurrent and non-recurrent delivery levels of our 5% efficiency and its link into workforce reduction.	KG KG

	There had been a deep dive on 15 March with the national team in the Midlands and a colleague from one of the London Specialist Trusts, with catch up meetings with Provider Trusts the following week. It was noted that there would be a letter emerging because of this, and as yet it had not been received. The submission on 2 May was critically important, and things were still being worked through with Provider colleagues. We were continuing to look at mental health placements in relation to the cost of the dormitories. We did not have any repatriation of funding from the out of area mental health placements built into these plans, so it was expected that there would be some improvement through that route. Dean Howells (ICB CNO) was working with Providers (specifically the Mental Health Trust), looking at safe staffing levels compared to pre Covid levels. We were also discussing with the Local Authority sharing of early supported discharge, which historically the NHS had paid 100% for, but there was a recognition that there should be a shared liability of care provided from the first 40 days post discharge. Keith Griffiths signalled that the ICB would also need a conversation about decommissioning, and what we were not statutorily required to commission (that we were currently paying for). The Audit Chair expressed her concerns regarding being asked to reduce the deficit position further, and ensuring that any future submission, whilst a challenge, was achievable. She also had concerns that the plans we had in place were already looking at CIP levels of 5%, which would be very hard for Providers to achieve. Keith Griffiths reported on the approach taken as a System. When a £179 deficit was submitted at the outset, it assumed a 3% CIP. Some Providers moved to 4-4.5% CIP, however, the position now is that all organisations had now moved up to 5%. He felt this was a reasonable approach and would be more locally owned. The plans were still being worked up, and we needed confidence through the ePMO to be able to reduce the gap further. He was confident that we would be able to submit a figure that was realistic. Simon Crowther reported that for UHDB there was more work to do and would be predicated on a 5% CIP. He reported that he did not want to sign off a plan without a strong quality impact assessment and understanding the risk to patient quality and safety. He felt that we needed to have a System position when it came to decommissioning services, which was never easy. He added that our shared expertise and standing together would be critical. Peter Handford reported that the DCHS CIP approach had been about what they could achieve, and that it was a reasonable approach rather than a dogmatic one. 5% would be a challenge, and to deliver that without having an impact on delivery of services and staff would require difficult decisions to be made across the System. Steve Heppinstall agreed with the above comments. He noted particularly work on fragile services and medically fit for discharge.	

	From the conversations with NHSE he felt there was more of a willingness to support in those conversations, which he felt was important if we were to galvanise and show ambition around some of those things. Mike Naylor felt that 5% would be very challenging, the vast majority of EMAS costs went into vehicles (ambulances), and the difficulty for them was that they had a CAT2 target to hit as well. EMAS were also going through complex contract processes with their commissioners and there were huge gaps as to what they had been offered and what was needed. James Sabin reported that DMHcT were willing to have difficult conversations and make difficult decisions. It was noted that DMHcT had agreed to move away from differential travel rates and move to the JUCD rates. They were also moving to a 'use it or lose it' annual leave approach, noting the impact on balance sheet flexibility and accruals. He also reported that there were several services being considered for decommissioning and discussions were being held with partners regarding that. **The Chair summarised the 24/25 position, and the Finance, Estates and Digital Committee:** • **Noted the current £83.6m deficit forecast.** • **Noted the 5% efficiency rates in terms of cost improvements.** • **Noted the level of scrutiny that NHSE had on the System both nationally and regionally, and how that may impact in terms of our ability to manage our own position, as opposed to pressures being exerted externally.** • **Noted the very difficult decisions that the System would have to make regarding the financial position and the need to start to look at services, the quality of those services and the impact that would have on the population we served.** • **Noted M11 Joined-Up Care Derbyshire System (JUCD) Financial Position and the actions being taken to ensure the delivery of the financial plan.**	
ESTATES		
FE2324/359	**Estates Update** Simon Crowther gave a brief presentation, which was a summary view of the draft ICS Infrastructure Strategy, and highlighted the following: • This was our infrastructure strategy which we had to submit to NHSE, but it was also our strategy as a wider ICS which would help us develop and support our integrated care strategy for Derby and Derbyshire. • Slide 3 of the pack went through the key aspects of the strategy itself, how it would help meet the ICS strategic aims and how it would be a true enabling strategy and therefore a facilitator of change. It set out the challenges around population growth, and	

	linked into to enable strategies, two of these being digital and workforce. • The full version of the slides focused on PLACE, and for each PLACE the background and baseline data, and detailed opportunities that existed at PLACE level and how we might use this strategy to help to achieve our local aims for PLACE. • Slide 4 took us through the key components of the strategy. • Slides 5,6,7 talked about the processes we had been through with stakeholders, one on one interviews and work from appropriate professionals. • The slides went through the purpose of the strategy, and key challenges that we had to overcome as a System to be able to implement and discharge the strategy. • Slide 9 talked about where we were now, where we wanted to be, objectives and key enablers. • Over the next few weeks, the Strategic Estates Group would put in extra detail, some real timelines and sequencing around some of the delivery plans. • Simon Crowther agreed to circulate the full draft version of these slides to Committee. • It was noted that the Strategic Estates Group would start to work up the Delivery Plan. • Members were asked if they would like a presentation from NHS Property Services who had coordinated and helped with the slides at a future meeting. • Tamsin Hooton referred to the enablers for this strategy, she felt that the Clinical Strategy and Clinical Operating Model was fundamental. She reported that in the past infrastructure strategies had been slightly divorced from what the model of care was going to look like. • Tamsin Hooton reported that this time round, there was some real effort being put into the development of the strategy from nationally commissioned support. She was working with an organisation called Community Health Partners over the summer to do a series of clinically led workshops to articulate what we foresee as the change to the operating model, that would then feeds into a much more detailed estates planning tool. This would enable us to state what was going to be our requirement for estate and how that would change over time. She felt this was fundamental as one of the next steps for the strategy. • Tamsin Hooton reported that alongside the work to develop the high-level strategy document, there had been detailed work about current utilisation and opportunities for 24/25 in terms of some estate's utilisation rationalisation. • The Audit Chair felt it would be helpful to bring the full version of the slides back to Committee and have a presentation by Property Services. She asked in developing this strategy, had we consulted patients? Simon Crowther reported that this was firmly embedded in the PLACE work. He added that when he brought the full version back to Committee, he could be more explicit about that. • Stuart Proud found it helpful to see the summary slides, and he looked forward to seeing the fuller document. He added that he knew that it was a strategy, but he was hopeful that it would give	SC SC

	us something that helped us to unlock and identify the investment we needed to make. We also needed to link it to sustainability and the Sustainability Plan. It was confirmed that the Estate Strategy did link into the sustainability agenda and would be made clear in the fuller version of the slides. • Opportunities and risks were identified, and we needed to understand what risks we might be carrying as part of implementing this strategy. • Keith Griffiths reported that he had had the benefit of attending the Local Estates Forum last week, where Property Services had presented the full document; he found it to be a valuable presentation. • Keith Griffiths asked that managers from organisations attending this meeting check whether we were being flexible enough with the estate that we had got; there would be opportunities that we were not maximising. We needed to galvanise the energy behind this strategy collectively. • Regarding timing it was noted that it may be difficult bringing the presentation back to the April meeting of this Committee with year-end and 24/25 plan, therefore we may need to delay it until May. The Chair agreed to be guided by Keith Griffiths and Simon Crowther as to whether the presentation would be April or May. **System Finance, Estates and Digital Committee thanked Simon Crowther for the draft ICS Infrastructure presentation and looked forward to the full draft presentation by Property Services at either the April or May meeting (to be determined).**	SC/KG
FE2324/360	**Deep Dive – UHDB Productivity** Simon Crowther presented a deep dive into UHDB productivity and highlighted the following: • It was noted that this paper had been written for an audience at UHDB and had been shared with this Committee in the spirit of transparency and shared learning. • The paper had been produced because of issues with UHDB elective productivity during the current year. • This paper considered the reasons why UHDB activity was different in 2000 to 2019/20 and an analysis of the elements of control. • The paper concluded with high-level actions that UHDB were already working on. • The productivity measure was based on the Value Weighted Activity (VWA), in March 2023 they were at 84% of their 2000 and 19/20 performance, which was concerning. However, in February 2024, they were at 105% and there had been sustained improvement throughout the year. It was noted that there was always more to do, and it would be an even more stretching target as a System and organisation in 24/25. • The paper described several issues that had affected UHDBs productivity. The organisation had worked on waiting list initiatives,	

	had backlog and RTT problems, spending resources on escalated rates to get waiting lists down. • The organisation was moving away from reliance on waiting list initiatives because they were expensive, and increased expectations. • The paper talked about changes in services impacting since the baseline work including the Strategic Shift initiative, and the exchange of services between DCHS and UHDB. • Coding was making a difference, but there was more work required. • Throughput compared well with peers, benchmarking on GIRFT and well in model hospital. • It described a change in complexity, there was evidence to suggest that we needed to get waiting lists down to alleviate pain and further complications. • It had been easier to pass the less complex and more high-volume work to the independent sector, leaving more complexity cases in the NHS acute sector. This not only changed some of the case mix, it also changed utilisation and throughput. • The report clearly explained the need to address the reliance on non-core activity, ie there was more we could do to fill UHDBs core capacity, so they were not having to do it outside core times. There were action plans in place to address that. • UHDB wanted to be transparent and own these issues so that they could improve on them. They were putting actions in place to address the VWA performance. • Stuart Proud noted how complex it all was and how data changes. He wanted to know what productivity needed to look like in 24/25 and how that would compare to now, the need to raise productivity and how this would be achieved, and how we could shift the focus to look forward rather than just back? • Simon Crowther felt UHDB had got momentum with managers and clinicians considering how they could be more effective with the resources they had got, and the sustained improvement in their VWA suggested that was happening. UHDB needed to achieve 107% for 24/25 to be able to hit their core performance standards, but also achieve the financial plan. UHDB had hit 105% in February, so arguably they were on the way to that. • UHDB had a dashboard which was updated weekly per speciality, with internal conversations regarding services daily, and weekly in some cases. The other important factor was the impact of non-elective activity on the elective activity. UHDB had managed to protect its elective capacity throughout winter in 23/24 with the help of the System. Through the capital programme in 23/24, and the Kings Treatment Centre, additional elective capacity had been generated. Keeping the Centre open throughout the year ahead, and not letting urgent care overtake and swamp UHDB, was one of the most important things for them this year. • Steve Heppinstall noted the importance of shared learning from this work, linking it to the elective recovery, in order to give a clear System narrative around how this impacted on finance. He requested some time with Simon Crowther outside of this meeting to learn from his experiences. CRH was starting from a slightly	

	different place and their challenges were predominantly internally around theatre productivity and high levels of sickness in theatres. CRH had also struggled externally protecting the elective bed base because of the impact on social care in the north of the county. It was noted that CRH were also doing work on coding. • Keith Griffiths acknowledged the transparency from UHDB in sharing this paper with Committee. He reported that we should not just focus on acute services for productivity, the data nationally was not as strong in community and mental health services. We needed to continue to look at local metrics on productivity for other Provider organisations. • Keith Griffiths and Tamsin Hooton had discussed governance around productivity and whether it should sit under a formal architecture as a subcommittee of this group or whether it needed its own leadership. Keith agreed to discuss this with the DoFs and COOs and agree the best model to link with the ePMO. The importance of this issue, and the need be sighted on the issues, relationships, culture, workforce, and estate over the next 12-18 months, was noted. Keith would get a proposal together regarding governance, for this Committee to consider in the future. • The Chair referred to Keith Griffiths comments regarding governance and whether a separate group needed to be set up for the System. She asked that in the interim, an update be brought back to this Committee in 3-6 months. Keith Griffiths reported that it needed a more focused conversation, and agreed to provide this, hopefully, to the June meeting with the help of Simon Crowther and Tamsin Hooton. **System Finance, Estates and Digital Committee thanked Simon Crowther for sharing the briefing on UHDB Productivity.**	KG KG/SC/ TH
TRANSFORMATION/CONTINUOUS IMPROVEMENT		
FE2324/361	**Transformation Report** Tamsin Hooton presented a deep dive on the Transformation Programme which covered the following: • Summary Transformation Plans for each Delivery Board during 2023/24 • Outline of progress and issues year to date by delivery board • Update on the efficiency plan delivery during 23/24 • Summary of progress with 24/25 planning ePMO Efficiency Plan Report: JUCD M11: • At M11 plans loaded to the ePMO totalled £117.1m against the overall target of £136.0m, an in-year planning gap of £18.9m. The current forecast of plan delivery in the ePMO, however, indicated recovery of £17.9m leaving a gap of £1.0m by the financial year end albeit on non-recurrent schemes. • Of the £117.1m plans uploaded to the ePMO, £67.2m were recurrent efficiencies, 66% of the £101.6m recurrent plan submission for 2023-24 a 0.4% improvement on M10.	

	• The level of recurrent schemes currently recorded within the ePMO indicated a recurrent shortfall of £77.5m would be carried forward into 2024-25 without further mitigation, £43.1m above the recurrent shortfall of £34.4m assumed at the 2023-24 planning submission. ePMO Efficiency Plan Reflections: • ePMO provided a standardised way of collecting and reporting on delivery of improvement programmes and efficiency savings. • There was variation in usage of the ePMO system across providers and transformation teams - work was underway to try to simplify for 24/25 what was required of teams based on the scale and complexity of the improvement programme. • Insufficient identification and measurement of benefits of transformation programmes except financial when ePMO had capability, need to develop better skills around modelling impact of transformation and tracking this over time. • Differing levels of maturity across the delivery boards in delivering financial efficiency. • Heavy reliance on high level of non-recurrent savings in 23/24. • Further work was needed to identify System level savings as well as those delivered by individual providers and transformation programmes through the utilisation of the cross-cutting themes functionality – would be addressed as part of the 24/25 plan. • Not many schemes yet identified and uploaded into the ePMO for 24/25. Joined Up Improvement: Joined Up Improvement Derbyshire was a network brought together to collaboratively develop and deliver change ideas. Its purpose was to inspire ambition, foster innovation and build the network, capability, and confidence to achieve improvement success and to deliver successful and sustainable improvement outcomes for our population and our people. It was noted that Sue Whale supported this network. Joined Up Improvement Reflections: • Joined Up Improvement was an asset; we needed to continue to develop our System-wide capability for improvement and focus on creating the conditions for multi-organisational delivery and improvement teams to succeed. • Clear links and alignment between Joined Up improvement and the ambitions of the proposed JUCD OD programme: - Embedding system thinking and partnership working in all organisational cultures. - Readiness to transform technical enablers eg financial flows, employment practices and procurement. - Developing collaborative and transformational capabilities across the system. • Opportunity to undertake a System wide IMPACT self-assessment.	

- NHS Providers Improving Equitably Programme – much needed external support to help the shaping of our System approach to improvement.

System Improvement & Transformation Plans for 2024/25:

- System delivery and transformation programmes had begun to set out their improvement and change plans for 2024/2025 and beyond.
- Planning workshops for the main programme teams and key stakeholders, including system planning leads, provider leads, and public health held in January.
- The main outputs of the workshops were high level objectives/priority change plans for each of the Delivery Boards
- Outputs and key messages were reviewed at the Transformation Co-ordinating Group 7th February.

Key Cross-cutting themes emerging from the different programmes included:

- Need for better connections and joint working between the delivery programmes where there were interdependencies or overlap in terms of care models/pathways.
- Better cross system working to set out delivery and implementation plans and where benefits were expected to be realised.
- Greater focus on prevention and reducing health inequalities.
- Strategic theme about shifting care to more proactive and preventative approaches which supports the JFP and integrated care strategy.
- Although different conditions and population groups may require specific interventions, all services should be sensitive to issues like mental health and neurodiversity and take a more holistic and personalised approach.
- Need to improve PHM data and segmentation to strengthen how plans address inequalities of outcomes for different groups and geographies.
- Lack of clarity about how major conditions were being addressed in current plans/what the implementation and governance structure for LTC was.

Improvement and Transformation Strategic 'Clusters':

- Diagnostics next phase: transforming pathways and access moving.
- Navigation of care/triage: CNH, local access hubs, right care right person right place/MH response vehicles, 111*2.
- On the day access to care – primary care, UTC model, ED, SDEC, (supported by diagnostics and clinical navigation).
- Community response and step up/step down services: team up (UCR), virtual ward, falls response.
- Right sizing the bed model – Community P2, MH inpatient.
- Team up/Integrated neighbourhood teams' expansion beyond 'frail elderly' including connection with living well, children's place team working.

	• Maximising discharge flow (pathway 0, complex discharges including reablement, MH, ALD, CYP). • Productivity and best practice. The following summary and reflections were noted: • JUCD had made noticeable strides forward in having a well-developed shared system e-PMO and reporting on financial efficiencies and transformation plans in 23/24 • Joined Up Improvement was an asset, we needed to continue to develop our system-wide capability for improvement and focus on creating the conditions for multi-organisational delivery and improvement teams to succeed. • System 'transformation' work and Delivery Boards had concentrated largely on delivering operational planning requirements rather than genuine transformation. • The need to balance resources used for BAU improvement and performance management with resources for developing and delivering more strategic improvement, prioritising the areas which would have the biggest impact on outcomes and sustainability. • Proposal to separate out performance oversight role of Delivery Boards from improvement and transformation work. Opportunity to structure the 'clusters' of main strategic change differently. • There remained a significant OD requirement to support improvement including developing capability and capacity to deliver high impact changes across the system, there was a risk that within a pressured system we do not pay adequate attention to this. • The Audit Chair found the presentation to be helpful and insightful and the issues flagged up for development chimed from what she had heard elsewhere. The Audit Chair went on to highlight her concerns regarding how we should take this forward and asked whether Tamsin Hooton felt she had the adequate support? It was noted that the summary and reflections from this presentation were recognised across the various Boards, and the Audit Chair asked whether there a commitment to address these reflections? It was noted that Delivery Boards had a critical role to play, but we needed to set out their purpose appropriately and ensure that they were supported. The Audit Chair asked whether there was anything this Committee could do to escalate the support that was needed, or whether Tamsin Hooton felt that the changes highlighted in the presentation were recognised and were being progressed? • Tamsin Hooton reported her concern that in making the change that Delivery Boards should be more focused on performance oversight and some transformation improvement work and be more Provider and PLACE led, that would take lower priority particularly if we as a System were challenged around performance. It was noted that people working in the Delivery Board space had a dual role, performance oversight and performance management, and part of that was supporting transformation and change. If we concentrated our efforts on the performance management side, we would not make some of the	

	important changes. Tamsin Hooton felt that Committee could help to promote this. • The System needed to ensure that the transformations were ones that would increase value and ideally deliver cash releasing efficiencies as well as better value and better experience. If we did not focus on making changes, particularly setting some of the groundwork for the medium-term changes, we would limp through 24/25 and arrive in 25/26 in a similar position to the one we were in now. • Keith Griffiths reported that we needed to move and mature as a System to have honest conversations about pathways, as they cut across several organisations, and there may be resilience issues in terms of the service model or workforce that were driving some of the challenges, as well as financial. • The Chair asked whether consideration should be given to extend an invitation to each or some the Delivery Boards to present at this Committee. However, it was felt this may bluer the governance in terms of Delivery Board accountability. The Committee had got a role in supporting some of the strategic and cultural issues. Tamsin Hooton felt that it may be appropriate to have more detailed deep dives as we go forward and then ask key questions or set some actions in train through this Committee. • Tamsin Hooton felt additional support was required for the PMO, and she was hopeful that after a conversation with the DoFs, it would mean that we could sustain that going into next year. This Committee needed to be clear on the future governance of the Delivery Boards versus the transformation programmes. • The key action from this presentation was to develop the detailed CIP plans and have them ready for review over the course of April so that we could assess the level of planning/realism before the submission of the second cut of the operational plan. This would ensure a credible transformation plan that contributed to the 5% CIPs. It was noted that this was a challenge given how busy people were. **System Finance, Estates and Digital Committee thanked Tamsin Hooton for the Deep Dive on the Transformation Programme.**	
RISK MANAGEMENT		
FE2324/362	**Risk Report** Darran Green reported that as at March 2024, the System Finance, Estates and Digital Committee are responsible for three ICB Corporate risks, two of these risks are rated as very high. **Risk 06:** *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 21:** *There is a risk that contractors may not be able to fulfil their obligations in the current financial climate. The ICB may then have to find alternative providers, in some cases at short notice, which may have significant financial impact.*	

	Risk 22: *National funding for the 23/24 pay award and 22/23 one off payment 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.* The supporting System Finance, Estates and Digital operational risk log was detailed within Appendix 1. Updates for each risk had been added and were detailed in blue text, along with the current and target risk scores populated. The risk score for risk RL01 on the risk log had been amended from probability 4 x impact 5 to probability 5 x impact 4. The risk score remained the same at a very high 20, however, the probability and impact scores had changed. Further detail was provided in Appendix 1. The Audit Chair presumed that the risks would roll into the new year, as they were not year specific. She reported that she was comfortable with the above suggestion unless the ICB was found to be an outlier for next year when it came to our agreed plans with the region. **The System Finance, Estates and Digital Committee:** • **RECEIVED the corporate risks responsible to the Committee and the associated Finance, Estates and Digital Committee risk log.** • **APPROVED the change to Risk RL01 from probability 4 x impact 5 to probability 5 x impact 4.** • **No further changes were required to the scores at this time.**	
FE2324/363	**Board Assurance Report** Darran Green reported that the purpose of this paper was for Committee to discuss and review the Q4 BAF Strategic Risks, which were the responsibility of the System Finance, Estates and Digital Committee. Two strategic risks had been identified which were the responsibility of the Finance, Estates and Digital Committee. These were: Strategic Risk 4 - *There is a risk that the NHS in Derby and Derbyshire is unable to reduce costs and improve productivity to enable the ICB to move to a sustainable financial position and achieve best value from the £3.1 billion available funding.* Strategic Risk 10 - *There is a risk that the system does not identify, prioritise, and adequately resource digital transformation in order to improve outcomes and enhance efficiency.* The Q3 final BAF position was reported to the ICB Board public meeting on the 21 March 2024.	

	Committee agreed that no changes were required to the scores for the above two risks at this time. The Audit Chair reported that when Committee focused on the relevance of the scores for 24/25, there should also be a review of the actions as to whether we felt they were going to make a difference, or whether there was anything else we should be doing. In addition, were the actions we were taking going to mitigate these risks, and if not, was there anything else we should be doing. **The System Finance, Estates and Digital Committee REVIEWED the Board Assurance Framework Strategic Risks 4 and 10 for Q4 as at March 2024. Committee AGREED that no changes were required to the scores for the above two risks at this time.**	
MINUTES AND MATTERS ARISING		
FE2324/364	**Minutes from the Meeting held on Tuesday 27 February 2024** The minutes from the meeting held on Tuesday 27 February 2024 were agreed as a true and accurate record.	
FE2324/365	**Action Log from the meeting held on Tuesday 27 February 2024** The action log was reviewed.	
CLOSING ITEMS		
FE2324/366	**Any Other Business** The Chair reported that this would be Darran Green's last System Finance, Estates and Digital Committee before he took retirement from the ICB. The Chair wished him all the best and thanked him for his hard work over the many years he had served within the various organisations of the NHS; he would be greatly missed. There was no further business.	
FE2324/367	**Escalations to Other Committees** It was noted that there were no specific issues to escalate to other Committees.	
FE2324/368	**Finance, Estates and Digital Committee Forward Planner** The Committee forward planners for 2023-24 and 2024-25 were noted.	

ASSURANCE QUESTIONS	
1.	Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? **YES**
2.	Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? **YES**

3.	Has the committee discussed everything identified under the BAF and/or Risk Register, and are there any changes to be made to these documents as a result of these discussions? **YES**
4.	Were papers that have already been reported on at another committee presented to you in a summary form? **YES**
5.	Was the content of the papers suitable and appropriate for the public domain? **YES**
6.	Were the papers sent to Committee members at least 5 working days in advance of the meeting to allow for the review of papers for assurance purposes? **NO**
7.	Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting with an Executive Director in advance of the next scheduled meeting? **NO**
8.	What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting? **AN ASSURANCE REPORT WOULD BE PREPARED FOR THE ICB BOARD.**
DATE AND TIME OF NEXT MEETING	
Date: Tuesday 23 April 2024	
Time: 1.30pm	
Venue: MS Teams	