

MINUTES OF NHS DERBY AND DERBYSHIRE ICB BOARD PUBLIC MEETING

Thursday 17th November 2022

via Microsoft Teams

Present:		
John MacDonald	JM	ICB Chair (Chair)
Tracy Allen	TA	Chief Executive DCHS & Place Partnerships (NHS Trust & FT Partner Member)
Jim Austin	JA	Chief Digital and Information Officer
Dr Avi Bhatia	AB	Clinical & Professional Leadership Group participant to the Board
Dr Chris Clayton	CC	ICB Chief Executive Officer
Julian Corner	JC	ICB Non-Executive Member
Helen Dillistone	HD	Executive Director of Corporate Affairs
Margaret Gildea	MG	ICB Non-Executive Member
Keith Griffiths	KG	ICB Executive Director of Finance
Carolyn Green (representing Ifti Majid)	CG	Director of Nursing and Patient Experience Deputy Chief Executive
Ellie Houlston	EH	Director of Public Health – Derbyshire County Council (Partner Member for Local Authorities)
Zara Jones	ZJ	Executive Director of Strategy & Planning
Dr Andrew Mott	AM	GP Amber Valley (Partner Member for Primary Medical Services)
Amanda Rawlings	AR	Chief People Officer
Brigid Stacey	BS	Chief Nursing Officer & Deputy Chief Executive Officer
Sue Sunderland	SS	ICB Non-Executive Member
Dr Chris Weiner	CW	ICB Chief Medical Officer
Richard Wright	RW	ICB Non-Executive Member
In Attendance:		
Chlinder Jandu	CJ	Corporate Administration Manager
Suzanne Pickering	SP	Head of Governance
Fraser Holmes	FH	Interpreter
Sam Waters	SW	Interpreter
Sean Thornton	ST	Deputy Director Communications and Engagement
Apologies:		
Andy Smith	AS	Strategic Director of People Services, Derbyshire County Council (Local Authority Partner Member)
Dr Buk Dhadha	BD	ICB Non-Executive Member / Vice Chair of the ICB Board
Ifti Majid	IM	Chief Executive DHcFT & Provider Collaborative at Scale (NHS Trust & FT Partner Member for Mental Health)

Item No.	Item	Action
Introductory Items		
ICBP/2223/036	<p>Welcome and apologies</p> <p>John MacDonald (JM) welcomed Jim Austin, Chief Information and Transformation Officer to the meeting.</p> <p>JM thanked Ifti Majid (IM) who will be leaving at the end of this month to take up his new post at Nottingham Healthcare. JM thanked IM both personally and on behalf of the Board. The Mental Health Trust is in the process of recruiting a new Chief Executive, interviews are due in December with a start date in the new year.</p> <p>Apologies were noted as above.</p>	
ICBP/2223/037	<p>Confirmation of quoracy</p> <p>It was confirmed that the meeting was quorate.</p>	
ICBP/2223/038	<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 at the following link: https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/</p> <p>No declarations of interest were noted.</p>	
ICBP/2223/039	<p>Questions received from members of the public</p> <p>No questions were received from members of the public.</p>	
Strategy and Leadership		
ICBP/2223/040	<p>Chair's Report</p> <p>JM made the following comments on his report:</p> <ul style="list-style-type: none"> • with the new government coming into place we have received the announcements of the autumn statement that will set out some important parts of the financial outlook for the NHS; • we are seeing a continued drive nationally on elective recovery on ambulance waits and the financial position as we move towards the end of this year; • in regards to the Operating Framework, the new restrictions on finance and the increase in details 	

Item No.	Item	Action
	<p>required about elective recovery have been identified. It is important to work in partnership, in collaboration, and support each other and replicate this when talking to regional and national colleagues, and the general public;</p> <ul style="list-style-type: none"> • the Board held a development session towards the end of October to begin to outline the strategic framework as part of our organisational development. The first version will be brought to Board in December with further work before March. JM aims to bring to the Board a high level overview of how the system is operating and how effective it is. This is important in terms of the Board being able to discharge their responsibilities, particular around the strategy and performance aspects. <p>JM thanked everyone right across the NHS and social care for the huge amount work that has been carried out on planning for winter, for putting in contingency plans in place in the event of a strike, problems with power and energy and delivering on the ground on a day-to-day basis JM did not underestimate the time, effort and resilience that is needed in what is a very difficult time.</p> <p>The Board NOTED the Chair's report.</p>	
ICBP/2223/041	<p>Chief Executive's Report</p> <p>Chris Clayton (CC) provided an update on the key messages and developments relating to work across NHS Derby and Derbyshire Integrated Care Board (ICB) and the Integrated Care System (ICS).</p> <p>CC covered different sections of the report as follows:</p> <ul style="list-style-type: none"> • Section One - taken as read; • Section Two - provides information on the work CC carries out on behalf of the ICB. CC will be looking at making the report more bespoke and welcomed feedback; and • Section Three - CC highlighted items that were not mentioned in the report, such as industrial action and how the ICB support the system during this time. <p>CC made the Board aware of the following changes in staff:</p> <ul style="list-style-type: none"> • Mark Cuban, NHS England will be moving on in the new year to be Chief Executive of Manchester University; • Sarah Jane Marsh, Midlands Chief Executive will be taking over from Dame Pauline Phillip as the Urgent Emergency Care National Director and Lead; • Berenice Groves, Chief Operating Officer will be leaving Chesterfield Royal Hospital in December and will be replaced by Michelle Veitch; and • Jim Austin, Chief Digital and Information Officer is working in an integrated post for the ICB and DCHS. 	

Item No.	Item	Action
	<p>Comments</p> <p>Richard Wright (RW) raised a question relating to High Street Pharmacists treating thousands more people for minor illnesses, which signifies a real change in the way that people access the NHS and how we can offer community support to people in primary care.</p> <p>CC explained that this was not a new approach. When working in general practice the value of community pharmacies is well understood. Over the past decade the prominence of pharmacies has increased in many ways.</p> <p>The Board NOTED the Chief Executive's Report</p>	
<p>ICBP/2223/042</p>	<p>NHS Derby and Derbyshire Clinical Commissioning Group Annual Report – April 2021 to March 2022</p> <p>Link to report: https://joinedupcarederbyshire.co.uk/publications/annual-reports/</p> <p>Avi Bhatia (AB) reflected on the past and the intelligence gained working initially with the four Derbyshire Clinical Commissioning Groups (CCG) and then as a single CCG. The introduction of Primary Care Networks (PCNs) helped with the integration of care and joined up care. AB thanked all staff/colleagues working on the ground and the CCG for all their hard work.</p> <p>CC gave his appreciation to AB for remaining on the Board following his previous role as CCG and Governing Body Chair, as this has aided with the continuity of work for the ICB.</p> <p>With regards to the report CC wanted to highlight that whilst this is looking back, it is also in the context of looking forward and stated that although the statutory functions of the CCG have now moved into the ICB, other duties have arisen which the ICB has a definite view on wanting to work differently on. It also sets out the opinion of the work and what the CCG had been engaged in. CC assured the Board that the accounts are fully audited internally and externally, and the audit opinion gave assurance that the report was reviewed by the CCG and the governance and audit committees.</p> <p>Comments</p> <p>JM thanked AB and CC and stated that this has provided a good basis for moving forward and is very much a part of shaping the system.</p> <p>The Board NOTED and APPROVED the NHS Derby and Derbyshire Clinical Commissioning Group Annual Report – April 2021 to March 2022.</p>	

Item No.	Item	Action
Items for Decision		
<p>ICBP/2223/043</p>	<p>Confirmation of the Chairing Arrangements for the Commissioning for Individuals (CFI) Panel</p> <p>Brigid Stacey (BS) presented the paper and set out the background. Back in 2019 BS's team undertook a review of the CCG funding decision pathways around ensuring the CCG had the appropriate governance in place for the commissioning, funding and review of packages for individuals for which the CCG had statutory responsibility for. As a result of that review, the 'commissioning for individuals panel' was established which looked at high risk, high cost and complex patients' individual packages.</p> <p>This was a weekly panel which was chaired by one of the CCG Lay Members to ensure requests were fair and transparent and the decisions made were based on best evidence and commissioning principles. In 2021/22 the panel considered a total of 459 cases, 256 were high cost, high risk CHC cases and 203 were very complex cases, which were the ones reviewed by the panel.</p> <p>Following the transition to the ICB, a further review was requested on the chairing of the panel. The outcome provided several options which were presented to the Executive Team, who made the recommendation to continue with the established Lay Chairs on the CFI Panel. BS requested approval from the Board on this recommendation.</p> <p>Comments CC acknowledged the work that the Lay Members did for the CCG and highlighted the spectrum of commissioning that the ICB does and supported BS's proposal.</p> <p>RW stated this is an example of how we can examine our back-office functions and streamline.</p> <p>The Board APPROVED the continuation of the Lay Chairs to Chair the Commissioning for Individuals Panel.</p>	
<p>ICBP/2223/044</p>	<p>Derby and Derbyshire Integrated Care Partnership Joint Committee Terms of Reference</p> <p>Helen Dillistone (HD) presented the Joint Committee Terms of Reference for the Integrated Care Partnership (ICP) for formal approval by the Board.</p> <p>The ICP has an important role in that it will work alongside other organisations and members of the voluntary sector, as well as the two Derbyshire Health and Wellbeing Boards. In terms of the primary focus, the committee is there to act in the best interest of the communities across Derby and Derbyshire and across the system.</p>	

Item No.	Item	Action
	<p>The Terms of Reference set out what the function is to establish the ICP, and the additional actions that the ICP will undertake. These terms of reference have already been agreed and approved through Derbyshire County Council and Derby City Council, and has received Cabinet approval from both local authorities. The ICP meeting will be led by the Chairs respectively on a rotating basis of the two health and wellbeing boards and the ICB Chair, JM will act as the Vice Chair.</p> <p>The Board NOTED and APPROVED Derby and Derbyshire Integrated Care Partnership Joint Committee Terms of Reference.</p>	
Items for Discussion		
ICBP/2223/045	<p>ICB Winter Plan: November 2022 – March 2023</p> <p>Zara Jones (ZJ) confirmed that this paper is presented to the Board for assurance, and to seek the Board's support to deliver the plan. A number of the actions will give some headroom into the 2023/24 financial year and how we manage our operations collectively.</p> <p>ZJ discussed the following:</p> <ul style="list-style-type: none"> • winter plan – how the ICB is to mitigate some of the risks we expect to experience over the next few weeks and months; • system pressures: <ul style="list-style-type: none"> ○ our emergency departments and the flow through our hospitals out into the Community; ○ support to people with mental health issues, learning difficulties and thinking about how support is given to people in crisis; and ○ particular challenges in primary care and general practice; • prevention – particularly some of the secondary prevention and initiatives that need to be considered and actioned over winter. There has been some targeted work, for example COPD, on how can we support people in the community, to ensure they stay as well as possible at home and do not exacerbate in terms of their conditions. <p>ZJ highlighted the following areas of focus:</p> <ul style="list-style-type: none"> • Derbyshire is making good progress on the flu and Covid-19 vaccination front; • supporting people in their own homes; • mental health; • urgent response. • online appointments; • transformation work on delayed discharges from hospital; • delayed referral to treatment and surgery times, especially in regards to cancer. 	

Item No.	Item	Action
	<p>Comments</p> <p>Carolyn Green (CG) commented on the clarity of the papers in terms of what we are doing and the impact, and will take it back to her organisation and partners to make them aware of the outcomes. CG thanked colleagues for the work that has been carried out.</p> <p>Tracy Allen (TA) commented that we need to be keep a focus on the very high levels of risk that remain whilst recognising this is a much more comprehensive integrated winter plan than our systems ever managed to produce before. It does not completely mitigate the risks, but it is a significant step forward.</p> <p>CC stated to the Board to recognise this is the winter plan. This is what is we are going to deliver and is an important position statement for the next six months and by agreeing to it we are setting what we will endeavour to achieve and the support for it is very much appreciated.</p> <p>The Board DISCUSSED the ICB Winter Plan: November 2022 – March 2023.</p>	
<p>ICBP/2223/046</p>	<p>Summary of the Independent Investigation into East Kent Maternity and Neonatal Services (The Kirkup Report, October 2022)</p> <p>Chris Weiner (CW) presented the national report stating that it is saddening and one which should challenge the way we think about our maternity and neonatal services going forward. I should drive improvement in the way we operate these services across the entire country.</p> <p>The key findings of the report were:</p> <ul style="list-style-type: none"> • the services lack compassion and kindness to service users; • a multitude of opportunities were missed to deliver high quality services that were safe for their local community. <p>The report will be picked up in November through the Local Maternity Neonatal System Board (LMNS), who will work with partners and overall organisations delivering our maternity services across Derby and Derbyshire to ensure there is a key focus on:</p> <ul style="list-style-type: none"> • gaining assurance that safety and performance is being monitored across Derbyshire; • good standards of clinical behaviours; • effective teamworking; • good organisational behaviours to help drive quality services going forward; 	

Item No.	Item	Action
	<p>It was noted that the national report is also being presented across the Derby and Derbyshire system this month in other Boards, as an initial opening briefing document.</p> <p>Comments</p> <p>BS informed the Board that hopefully in the spring of next year there will be a national agreement. The Board noted that BS has reported previously on Ockendon 1 and Ockenden 2 with seven recommendations and further recommendations following the Kirkup report. The national team will bring the three reports together and this will be a maternity transformation assurance piece which we will work to as a system.</p> <p>BS confirmed that there is an audit trail of all the outstanding actions from each of the maternity reviews and they will be incorporated into the national and local framework. CW also provided reassurance that outstanding actions will be picked up through the LMNS Board. CW informed the Board that the individual organisations do have responsibility and accountability for the quality of services that they deliver.</p> <p>CG commented on the four key areas of focus above are applicable to all service areas, and queried whether the Clinical Professional Reference Group will look at how they can be applied to all. CG also mentioned that a lot of the papers discussed today talk about receiving feedback but do not indicate how this feedback is responded to. CG asked whether a 'you said' 'we did' mechanism could be looked into in some of those areas.</p> <p>BS responded that in terms of the assurance for the Board, all these reports have been presented to System Quality Group where they are considered by the Executive and then reported to the System Quality and Performance Committee for assurance.</p> <p>CW commented that CG is correct and there is a need to ensure the triangulation of information to help us drive real quality improvement from our communities and in our services.</p> <p>The Board NOTED the Summary of the Independent Investigation into East Kent Maternity and Neonatal Services (The Kirkup Report, October 2022).</p>	
Corporate Assurance		
ICB/2223/047	<p>Month 6 System Financial Position Review</p> <p>Keith Griffiths (KG) presented the financial position of the ICS for the period ending 30 September 2022, and reminded the Board that when the financial plan was set at the beginning of 2022/23 there was a 3% efficiency ask that every organisation</p>	

Item No.	Item	Action
	<p>committed to. Assuming this was delivered, there was still a residual £65m gap to achieve financial breakeven for 2022/23.</p> <p>KG reported that at the end of month 5 the £65m gap reduced to £55m, and has reduced further to £39.8m during month 6. The month 7 position has improved by a further £4m, and the commitment to achieve breakeven remains. Boards across Derbyshire have committed to delivering the breakeven target and also a surplus, whilst acknowledging the fact that there are significant underlying issues in a few of our providers.</p> <p>KG emphasised the connection to the national priorities and immense challenge in driving financial efficiency and transforming care when the system is under significant pressure, both culturally and from a leadership perspective.</p> <p>Comments</p> <p>RW commented on the five year plan and that ensuring we are in the right position this year to enter those five years is just as important as how we achieve this year.</p> <p>JM thanked colleagues for all the work that is being done and reiterated the messages he has heard not only from the Board but also from the Financial Non-Executives in the Trusts, as they feel there is some really good collaboration work developing.</p> <p>The Board NOTED the Month 6 System Financial Position Review.</p>	
ICB/2223/048	<p>Audit and Governance Committee Assurance Report – July to October</p> <p>Sue Sunderland (SS) summarised the report as follows:</p> <ul style="list-style-type: none"> • a vast amount of policies were reviewed and approved to ensure the ICB has policies in place as a new organisation; • assurance on control in a number of areas was received, and the committee were happy that the general controls and governance are working well. Risk management is an area seen as a work in progress, and work is underway with Executives to move this forward; and • an opportunity was identified to review the use of estates, particularly given the hybrid working position. <p>Comments</p> <p>JM thanked the Chairs of all ICB corporate committees and stated that they are the engine room of the Board. The volume of work which is going through these committees should not be underestimated and the transition from the CCG to the ICB has involved a huge amount of work.</p>	

Item No.	Item	Action
	<p>The Board NOTED the Audit and Governance Committee Assurance Report – July to October.</p>	
<p>ICB/2223/049</p>	<p>Derbyshire Public Partnership Committee Assurance Report – August and October</p> <p>Julian Corner (JC) reported that the committee continues to deliver positive work on scrutinising public engagement in new initiatives and service changes, whilst balancing and utilising the experience of long standing and highly experienced members. The committee are currently developing their role to look at wider duties and responsibilities under the ICB through:</p> <ul style="list-style-type: none"> • engagement governance –building on best practice across the whole system and ensuring there is a clearer understanding of how public engagement is improved throughout the ICP's work; • coproduction – ensuring community insight to improve services and the insight framework that is currently being researched and developed is utilised. <p>Taking on board the new context of the ICB, many of the things the committee focuses on overlap with social care, therefore the committee need to look at how the public is integrated with the ICB, local authority public engagement work and querying whether the committee should have a stronger relationship with the ICP.</p> <p>The Board NOTED the Derbyshire Public Partnership Committee Assurance Report – August and October.</p>	
<p>ICB/2223/050</p>	<p>People and Culture Committee Assurance Report – June</p> <p>Margaret Gildea (MG) highlighted the importance of the workforce and that one of the risks is not having enough people in all the right places because of a combination of:</p> <ul style="list-style-type: none"> • retention issues; • people moving out of the NHS and the local authority sectors into private sector; • people retiring completely; or • difficulty in recruiting into some key roles. <p>MG reported that Amanda Rawlings (AR) has established a group for Chief People Officers of the Trusts with local authority involvement. A program has been developed which includes seven work streams to develop one system workforce which will focus on:</p> <ol style="list-style-type: none"> 1. workforce intelligence and planning; 2. resourcing and recruitment and retention; 3. workforce development and transformation; 	

Item No.	Item	Action
	<p>4. digital and data information; 5. leadership, management; 6. development and talent management; 7. equality, diversity and inclusion and health and wellbeing.</p> <p>The five top priorities of the group are:</p> <ol style="list-style-type: none"> 1. a collaborative recruitment and resourcing hub – ensuring energy and efficiency is not wasted through replication; 2. a JUCD induction program with local organisations; 3. system-wide mandatory training – a training passport so staff do not have to repeat mandatory training if they move between organisations; 4. aligning the way we address people issues across all our areas within the NHS; and 5. becoming more effective at moving people across the system so that we can move people to where they can be most valuably used. <p>Following a meeting in September it could be seen that some progress was being made. It is a big challenge, and it is reassuring to see that all the organisations, both in local authorities and in the various other organisations from the NHS, are working together to try and address the challenges.</p> <p>The Board NOTED the People and Culture Committee Assurance Report – June.</p>	
ICB/2223/051	<p>Quality and Performance Committee Assurance Report – July to October</p> <p>BS presented the paper on behalf of Dr Buk Dhadda, and highlighted the following:</p> <ul style="list-style-type: none"> • the Quality & Performance Committee Terms of Reference were approved; • BS discussed the Panorama programmes, which many colleagues will have seen regarding the treatment of patients and individuals in some institutions. The national team wrote to all ICSs asking for assurance on the quality and safety of mental health, learning disabilities, and autism inpatient services. A response was presented to the System Quality Group, and the system Quality and Performance Committee for assurance. The committee was assured of the actions being taken. • Christine Ferns, Non-Executive Director at UHDB and UHDB Quality & Performance Committee Chair has agreed to be Vice Chair of the System Quality & Performance Committee; • internal changes to the Executive portfolio – BS will be undertaking the Deputy Chief Executive role and CW will take on the Executive Lead for Maternity Services 	

Item No.	Item	Action
	<p>and Executive Lead for Quality on the EMAS regional contract.</p> <p>Comments JM noted that this is another good example of cross system working with Christine Ferns taking up the role of Vice Chair.</p> <p>The Board NOTED the paper Quality and Performance Committee Assurance Report – July to October.</p>	
ICB/2223/052	<p>Population Health and Strategic Commissioning Committee Assurance Report – July to November</p> <p>JC reported that the committee is in the process of developing a delegation of responsibilities to the Mental Health System Delivery Board, to allow for delegated decision making in regards to budgets and is in line with the delegation to the Primary Care Sub-Committee. This will enable the committee to focus on more strategic matters.</p> <p>JC also reported that the committee has been reviewing health inequalities and the clinical governance model; considering how to track health inequality impact across all areas and what information is required on health inequalities to assess whether all of the individual commissioning decisions that are made across the system ultimately create step change in health inequalities for the population.</p> <p>The clinical governance model that AB and colleagues have developed will allow a more streamlined process of clinical input and scrutiny in the run up to commissioning decisions being made.</p> <p>Comments AB confirmed that the Clinical Pathway Model will be brought to the Board for information. HD will add this to the Committee's forward planner.</p> <p>The Board NOTED the Population Health and Strategic Commissioning Committee Assurance Report – July to November and AGREED the RATIFICATION of decisions made by the Committee.</p>	HD

Item No.	Item	Action
<p>ICB/2223/053</p>	<p>Draft Strategic Risks and update on Board Assurance Framework progress</p> <p>HD presented the paper for assurance on the progress of the BAF's development, and also requested approval of the ICB Strategic Risks to enable the development of the full Board Assurance Framework (BAF).</p> <p>HD took the report as read and highlighted that the ICB's risk management arrangements consist of two key elements: strategic risk management; and operational risk management.</p> <p>Development workshops have been undertaken with corporate committees from the end of the summer into early autumn to discuss the strategic risks and recognise the complex risks facing the ICB which have arisen from working in a complex system. The paper set out the nine strategic risks and how these are assigned to and discussed at each corporate committee – recognising that each ICB committee will have oversight of the strategic risks but will need to seek and gain assurance that mitigations and controls are in place from some of the system partners.</p> <p>Comments</p> <p>RW thanked HD for the finance risk D on sustainability which emphasised how we best spend our £2.9b. It is a big cultural shift for the ICB and focus is needed on how this money is sufficiently utilised for the people of Derbyshire.</p> <p>CC fully supported the paper and noted that risks E and F in regards to workforce are different but still similar, and wondered if they could be aligned.</p> <p>SS commented that the ICB has moved on a long way from where we started at the beginning of the ICB and is supportive of the direction of travel. SS suggested looking at how as a system we take ownership of the BAF and come up with the mitigations and controls to ensure that it is not just seen as something that the ICB is responsible for, but that as a system working together we have got more chance of mitigating these risks, particularly around the workforce and those areas that are causing huge problems in terms of our operational delivery.</p> <p>JM thanked SS for overseeing the BAF as the Chair of Audit and Governance Committee.</p> <p>The Board NOTED and APPROVED the paper Draft Strategic Risks and update on Board Assurance Framework progress.</p>	

Item No.	Item	Action
ICB/2223/054	<p>ICB Corporate Risk Register Report – October 2022</p> <p>HD took the paper as read and highlighted that the paper sets out the ICB's corporate risk register which details 18 corporate risks that the ICB manages.</p> <p>The Board are requested to approve the closure of four risks, risks 4, 8, 12 and 14, which have all been discussed and closure recommended by the committees.</p> <p>The Board NOTED and APPROVED the risk closures of risks 4,8, 12 and 14.</p>	
<i>The following items are for information only and will not be individually presented</i>		
ICB/2223/055	<p>Health and Wellbeing Board Minutes</p> <ul style="list-style-type: none"> • Derby City – 8.9.2022 • Derbyshire County – 7.7.2022 <p>The Board NOTED the Health & Wellbeing Board Minutes.</p>	
ICB/2223/056	<p>Ratified Minutes of CCG Meetings:</p> <ul style="list-style-type: none"> • Derbyshire Engagement Committee – 21.6.2022 • Governance Committee – 23.6.2022 • Primary Care Commissioning Committee – 22.6.2022 • Quality & Performance Committee – 30.6.2022 <p>The Board NOTED the ratified minutes of CCG meetings.</p>	
ICB/2223/057	<p>Ratified minutes of ICB Committee Meetings:</p> <ul style="list-style-type: none"> • Audit and Governance Committee – 19.7.2022/25.8.2022/13.9.2022 • Public Partnership Committee – 2.8.2022 • People and Culture Committee – 17.6.2022 • Quality and Performance Committee – 28.7.2022/25.8.2022/29.9.2022 <p>The Board NOTED the ratified minutes of ICB Committee meetings.</p>	
Minutes and Matters Arising		
ICB/2223/058	<p>Minutes from the meeting held on 21 July 2022</p> <p>The Board AGREED the minutes from the previous meeting as a true and accurate record.</p>	
ICB/2223/059	<p>Action Log from the meeting held on 21 July 2022</p> <p>No actions noted.</p>	

Item No.	Item	Action
Closing Items		
ICB/2223/060	Forward Planner Nothing further was noted on the forward planner.	
ICB/2223/061	Any Other Business No further items were discussed.	
Date and Time of Next Meeting		
Date:	Thursday, 19 January 2023	
Time:	9am to 10.45am	
Venue:	via MST	