

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC AGENDA

Thursday 17<sup>th</sup> November 2022 at 9am to 10.30am

Via MST

Questions from members of the public should be emailed to [ddicb.enquiries@nhs.net](mailto:ddicb.enquiries@nhs.net) and a response will be provided within seven working days

This meeting will be recorded – please notify the Chair if you do not give consent

Time	Reference	Item	Presenter	Delivery
<b>09:00</b>	<b>Introductory Items</b>			
	ICB/2223/036	Welcome, introductions and apologies <ul style="list-style-type: none"> <li>Andy Smith, Buk Dhadda</li> </ul>	John MacDonald	Verbal
	ICB/2223/037	Confirmation of quoracy	John MacDonald	Verbal
	ICB/2223/038	Declarations of Interest <ul style="list-style-type: none"> <li>Register of Interests</li> <li>Summary register for recording interests during the meeting</li> <li>Glossary</li> </ul>	John MacDonald	Paper
	ICB/2223/039	Questions received from members of the public	John MacDonald	Verbal
<b>09:05</b>	<b>Strategy and Leadership</b>			
	ICB/2223/040	Chair's Report	John MacDonald	Paper
	ICB/2223/041	Chief Executive Officer's Report	Dr Chris Clayton	Paper
	ICB/2223/042	NHS Derby and Derbyshire Clinical Commissioning Group Annual Report – April 2021 to March 2022  Link to report: <a href="https://joinedupcarederbyshire.co.uk/publications/annual-reports/">https://joinedupcarederbyshire.co.uk/publications/annual-reports/</a>	Dr Chris Clayton/ Dr Avi Bhatia	Paper
<b>09:15</b>	<b>Items for Decision</b>			
	ICB/2223/043	Confirmation of the Chairing Arrangements for the Commissioning for Individuals (CFI) Panel	Brigid Stacey	Paper
	ICB/2223/044	Derby and Derbyshire Integrated Care Partnership Joint Committee Terms of Reference	Helen Dillistone	Paper

09:30	Items for Discussion			
	ICBP/2223/045	Integrated System Effectiveness <ul style="list-style-type: none"> <li>ICB Winter Plan: November 2022 – March 2023</li> <li>Progress on key national priorities for the NHS</li> <li>2022/23 Month 6 Reporting Overview</li> </ul>	Dr Chris Clayton/ Zara Jones/ Brigid Stacey/ Keith Griffiths	Paper
	ICBP/2223/046	Summary of the Independent Investigation into East Kent Maternity and Neonatal Services (The Kirkup Report, October 2022)	Chris Weiner	Paper
09:50	Corporate Assurance			
	ICB/2223/047	Month 6 System Financial Position Review	Keith Griffiths	Paper
	ICB/2223/048	Audit and Governance Committee Assurance Report – July to October	Sue Sunderland	Paper
	ICB/2223/049	Derbyshire Public Partnership Committee Assurance Report – August and October	Julian Corner	Paper
	ICB/2223/050	People and Culture Committee Assurance Report – June	Margaret Gildea	Paper
	ICB/2223/051	Quality and Performance Committee Assurance Report – July to October	Brigid Stacey	Paper
	ICB/2223/052	Population Health and Strategic Commissioning Committee Assurance Report – July to November	Julian Corner	Paper
	ICB/2223/053	Draft Strategic Risks and update on Board Assurance Framework progress	Helen Dillistone	Paper
	ICB/2223/054	ICB Corporate Risk Register Report – October 2022	Helen Dillistone	Paper
10:15	Items for Information			
	<i>The following items are for information and will not be individually presented</i>			
	ICB/2223/055	Health and Wellbeing Board Minutes <ul style="list-style-type: none"> <li>Derby City – 8.9.2022</li> <li>Derbyshire County – 7.7.2022</li> </ul>	John MacDonald	
	ICB/2223/056	Ratified Minutes of CCG Meetings: <ul style="list-style-type: none"> <li>Derbyshire Engagement Committee – 21.6.2022</li> <li>Governance Committee – 23.6.2022</li> <li>Primary Care Commissioning Committee – 22.6.2022</li> <li>Quality &amp; Performance Committee – 30.6.2022</li> </ul>	John MacDonald	
	ICB/2223/057	Ratified minutes of ICB Committee Meetings: <ul style="list-style-type: none"> <li>Audit and Governance Committee – 19.7.2022/ 25.8.2022 / 13.9.2022</li> <li>Public Partnership Committee – 2.8.2022</li> <li>People and Culture Committee – 17.6.2022</li> </ul>	Committee Chairs	Papers

		<ul style="list-style-type: none"> <li>Quality and Performance Committee – 28.7.2022 / 25.8.2022 / 29.9.2022</li> </ul>		
<b>10:20</b>	<b>Minutes and Matters Arising</b>			
	ICB/2223/058	Minutes from the meeting held on 21.7.2022	John MacDonald	Paper
	ICB/2223/059	Action Log – July 2022	John MacDonald	Paper
<b>10:25</b>	<b>Closing Items</b>			
	ICB/2223/060	Forward Planner	John MacDonald	Paper
	ICB/2223/061	Any Other Business	John MacDonald	Verbal
<b>Date and time of next meeting:</b>			John MacDonald	Verbal
<b>Date:</b>	Thursday 19 <sup>th</sup> January 2023			
<b>Time:</b>	9am to 10.30am			
<b>Venue:</b>	via MST			

Surname	Forename	Job Title	Also a member of	Declared Interest (Including direct/ indirect Interest)	Type of Interest				Date of Interest		Action taken to mitigate risk
					Financial Interest	Non Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	
Allen	Tracey	Partner Member - DCHS	Primary & Community Collaborative Delivery Board Integrated Place Executive Meeting	CEO of Derbyshire Community Healthcare Services NHS Foundation Trust Partner is a Director (not Board Member) for NHS Derby and Derbyshire ICB	✓				01/07/22	Ongoing	Declare interest when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				Trustee for NHS Providers Board Spouse is a partner in PWC		✓			01/07/22	Ongoing	
Clayton	Chris	Chief Executive	N/A					✓	01/07/22	Ongoing	Declare interest if relevant
Corner	Julian	Non-Executive Member	Public Partnerships Committee Population Health & Strategic Commissioning Committee Remuneration Committee	As the CEO of Lankelly Chase Foundation, I may have an interest in organisations being commissioned by the JUCD if that would support a grant funding relationship that Lankelly Chase has with them.		✓			01/03/22	30-Jun-25	Not aware of any grant relationships between Lankelly Chase and Derbyshire based organisations, or organisations that might stand to benefit from JUCD commissioning decisions. If that were to happen I would alert the JUCD chair and excuse myself from decisions both at Lankelly Chase and JUCD.
Dhadda	Bukhtawar	Non-Executive Member	Audit & Governance Committee People & Culture Committee Quality & Performance Committee Population Health & Strategic Commissioning Committee Remuneration Committee	GP Partner at Swadincote Surgery Private GP work for Medical Solutions Online (Health Hero)	✓				01/07/22	Ongoing	Withdraw from all discussion and voting if organisations are potential providers unless otherwise agreed by the meeting chair
					✓				01/07/22	Ongoing	
Dillstone	Helen	Executive Director of Corporate Affairs	Audit & Governance Committee Public Partnerships Committee	Nil							No action required
Gildea	Margaret	Non-Executive Member	Audit and Governance Committee People and Culture Committee Quality and Performance Committee Remuneration Committee	Director of Organisation Change Solutions Limited Coaching and organisation development with First Steps Eating Disorders Director, Melbourne Assembly Rooms	✓	✓			01/07/22	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
							✓		01/07/22	Ongoing	
Griffiths	Keith	Executive Director of Finance	Finance & Estates Committee Population Health & Strategic Commissioning Committee	Nil							No action required
Houlston	Ellie	Partner Member - Derbyshire Local Authority	Integrated Place Executive Meeting	Director of Public Health, Derbyshire County Council Director and Trustee of SOAR Community	✓				2005	Ongoing	Sheffield based - unlikely to bid in work in Derbyshire. Declare interest if becomes relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Jones	Zara	Executive Director of Strategy & Planning	Finance & Estates Committee Population Health & Strategic Commissioning Committee Quality & Performance Committee A&E Delivery Board	Nil							No action required
MacDonald	John	ICB Chair	N/A	Chair at University Hospitals of Leicester NHS Trust	✓				01/07/22	Ongoing	Declare interest when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
Majid	Ifti	Partner Member - DHcFT	People & Culture Committee Population Health & Strategic Commissioning Committee	CEO of Derbyshire Healthcare NHS Foundation Trust Co-Chair of NHS Confederation BME leaders Network Chair of the NHS Confederation Mental Health Network Trustee of the NHS Confederation Spouse is Managing Director (North) Priority Healthcare	✓				01/07/22	Ongoing	Declare interest when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
				GP Partner of Jessop Medical Practice		✓			01/07/22	Ongoing	
				Clinical Director, ARCH Primary Care Network		✓			01/07/22	Ongoing	
				Practice is shareholder in Amber Valley Health Ltd (provides services to our PCN) Interim Chair, Derbyshire GP Provider Board Wife is Consultant Paediatrician at UHDB FT		✓			01/07/22	Ongoing	
Mott	Andrew	GP, ICB Partner Board Member	Joint Area Prescribing Committee Derbyshire Prescribing Group Clinical Policy Advisory Group System Quality Group ICB Board		✓				01/07/22	Ongoing	Declare interests if relevant
Rawlings	Amanda	Executive Director of People & Culture	People & Culture Committee Population Health & Strategic Commissioning Committee	Employed jointly between NHS Derby and Derbyshire Integrated Care Board and University Hospitals of Derby and Burton NHS Foundation Trust, as Chief People Officer	✓				01/07/22	Ongoing	This position was agreed by both the ICB and UHDB. Declare interest when relevant and withdraw from all discussion and voting if UHDB is potential provider, unless otherwise agreed by the meeting chair
Smith	Andy	Partner Member - Derby City Local Authority	N/A	Director of Adult Social Care and Director of Children's Services, Derby City Council Member of Regional ADASS and ADCS Groups	✓				01/07/22	Ongoing	Declare interests when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair

Surname	Forename	Job Title	Also a member of	Declared Interest (Including direct/ indirect Interest)	Type of Interest				Date of Interest		Action taken to mitigate risk
					Financial Interest	Non Financial Professional Interest	Non-Financial Personal Interest	Indirect Interest	From	To	
Stacey	Brigid	Chief Nurse Officer	Quality & Performance Committee System Quality Group CRHFT Contract Management Board CRHFT Clinical Quality Review Group UHDB Contract Management Board UHDB Clinical Quality Review Group EMAS Quality Assurance Group Maternity Transformation Board (Chair)	Nil							No action required
Sunderland	Sue	Non-Executive Member - Audit & Governance	Audit and Governance Committee Finance and Estates Committee Public Partnerships Committee Population Health & Strategic Commissioning Committee IFR Panels CFI Panels	Audit Chair NED, Nottinghamshire Healthcare Trust  Audit Chair of Joint Audit Risk & Assurance Committee for the Office of the Police & Crime Commissioner and Chief Constable of Derbyshire  Finance NED Inclusion Healthcare Social Enterprise CIC  Husband is an independent person sitting on Derby City Audit Committee & Standards Committee.		✓			01/07/22	Ongoing	The interest should be kept under review and specific actions determined as required
						✓			01/07/22	30/08/22	
								✓	01/07/22	Ongoing	Unlikely for there to be any conflicts to manage
Wallace*	Dean	Partner Member - Derbyshire Local Authority	Integrated Place Executive Meeting A&E Delivery Board	Director of Public Health, Derbyshire County Council  Chief Operating Officer, Derbyshire Community Health Services NHS Foundation Trust	✓				01/07/22	31/08/22	Declare interest when relevant and withdraw from all discussion and voting if organisation is potential provider unless otherwise agreed by the meeting chair
					✓				01/09/22	Ongoing	
Weiner	Chris	Executive Medical Director	Quality & Performance Committee Population Health & Strategic Commissioning Committee	Nil							No action required
Wright	Richard	Non-Executive Member - Finance & Estates	Audit and Governance Committee Finance and Estates Committee Quality and Performance Committee Population Health & Strategic Commissioning Committee Remuneration Committee	Chair of Sheffield UTC Multi Academy Educational Trust  Member of National Centre for Sport and Exercise Medicine Sheffield Board	✓				01/07/22	31/08/2022	Declare interests if relevant
					✓				01/07/22	Ongoing	

**SUMMARY REGISTER FOR RECORDING ANY INTERESTS DURING MEETINGS**

A conflict of interest is defined as “a set of circumstances by which a reasonable person would consider that an Individual’s ability to apply judgement or act, in the context of delivering, commissioning, or assuring taxpayer funded health and care services is, or could be, impaired or influenced by another interest they hold” (NHS England, 2017).

Meeting	Date of Meeting	Chair (name)	Director of Corporate Delivery/ICB Meeting Lead	Name of person declaring interest	Agenda item	Details of interest declared	Action taken

## Abbreviations & Glossary of Terms

<b>A&amp;E</b>	Accident and Emergency
<b>AfC</b>	Agenda for Change
<b>AGM</b>	Annual General Meeting
<b>AHP</b>	Allied Health Professional
<b>AQP</b>	Any Qualified Provider
<b>Arden &amp; GEM CSU</b>	Arden & Greater East Midlands Commissioning Support Unit
<b>ARP</b>	Ambulance Response Programme
<b>ASD</b>	Autistic Spectrum Disorder
<b>BAF</b>	Board Assurance Framework
<b>BAME</b>	Black Asian and Minority Ethnic
<b>BCCTH</b>	Better Care Closer to Home
<b>BCF</b>	Better Care Fund
<b>BMI</b>	Body Mass Index
<b>bn</b>	Billion
<b>BPPC</b>	Better Payment Practice Code
<b>BSL</b>	British Sign Language
<b>CAMHS</b>	Child and Adolescent Mental Health Services
<b>CATS</b>	Clinical Assessment and Treatment Service
<b>CBT</b>	Cognitive Behaviour Therapy
<b>CCG</b>	Clinical Commissioning Group
<b>CDI</b>	Clostridium Difficile
<b>CEO (s)</b>	Chief Executive Officer (s)

<b>CfV</b>	Commissioning for Value
<b>CHC</b>	Continuing Health Care
<b>CHP</b>	Community Health Partnership
<b>CMHT</b>	Community Mental Health Team
<b>CMP</b>	Capacity Management Plan
<b>CNO</b>	Chief Nursing Officer
<b>COO</b>	Chief Operating Officer (s)
<b>COP</b>	Court of Protection
<b>COPD</b>	Chronic Obstructive Pulmonary Disorder
<b>CPD</b>	Continuing Professional Development
<b>CPN</b>	Contract Performance Notice
<b>CPRG</b>	Clinical & Professional Reference Group
<b>CQC</b>	Care Quality Commission
<b>CQN</b>	Contract Query Notice
<b>CQUIN</b>	Commissioning for Quality and Innovation
<b>CRG</b>	Clinical Reference Group
<b>CRHFT</b>	Chesterfield Royal Hospital NHS Foundation Trust
<b>CSE</b>	Child Sexual Exploitation
<b>CSF</b>	Commissioner Sustainability Funding
<b>CSU</b>	Commissioning Support Unit
<b>CTR</b>	Care and Treatment Reviews

<b>CVD</b>	Chronic Vascular Disorder
<b>CYP</b>	Children and Young People
<b>D2AM</b>	Discharge to Assess and Manage
<b>DAAT</b>	Drug and Alcohol Action Teams
<b>DCC</b>	Derbyshire County Council or Derby City Council
<b>DCHSFT</b>	Derbyshire Community Health Services NHS Foundation Trust
<b>DCO</b>	Designated Clinical Officer
<b>DHcFT</b>	Derbyshire Healthcare NHS Foundation Trust
<b>DHSC</b>	Department of Health and Social Care
<b>DHU</b>	Derbyshire Health United
<b>DNA</b>	Did not attend
<b>DoF(s)</b>	Director(s) of Finance
<b>DoH</b>	Department of Health
<b>DOI</b>	Declaration of Interests
<b>DoLS</b>	Deprivation of Liberty Safeguards
<b>DPH</b>	Director of Public Health
<b>DRRT</b>	Dementia Rapid Response Team
<b>DSN</b>	Diabetic Specialist Nurse
<b>DTOC</b>	Delayed Transfers of Care
<b>ED</b>	Emergency Department
<b>EDS2</b>	Equality Delivery System 2
<b>EDS3</b>	Equality Delivery System 3

<b>EIA</b>	Equality Impact Assessment
<b>EIHR</b>	Equality, Inclusion and Human Rights
<b>EIP</b>	Early Intervention in Psychosis
<b>EMASFT</b>	East Midlands Ambulance Service NHS Foundation Trust
<b>EMAS Red 1</b>	The number of Red 1 Incidents (conditions that may be immediately life threatening and the most time critical) which resulted in an emergency response arriving at the scene of the incident within 8 minutes of the call being presented to the control room telephone switch.
<b>EMAS Red 2</b>	The number of Red 2 Incidents (conditions which may be life threatening but less time critical than Red 1) which resulted in an emergency response arriving at the scene of the incident within 8 minutes from the earliest of; the chief complaint information being obtained; a vehicle being assigned; or 60 seconds after the call is presented to the control room telephone switch.

<b>EMAS A19</b>	The number of Category A incidents (conditions which may be immediately life threatening) which resulted in a fully equipped ambulance vehicle able to transport the patient in a clinically safe manner, arriving at the scene within 19 minutes of the request being made.
<b>EMLA</b>	East Midlands Leadership Academy
<b>EoL</b>	End of Life
<b>ENT</b>	Ear Nose and Throat
<b>EPRR</b>	Emergency Preparedness Resilience and Response
<b>FCP</b>	First Contact Practitioner
<b>FFT</b>	Friends and Family Test
<b>FGM</b>	Female Genital Mutilation
<b>FIRST</b>	Falls Immediate Response Support Team
<b>FRP</b>	Financial Recovery Plan
<b>GDPR</b>	General Data Protection Regulation
<b>GP</b>	General Practitioner
<b>GPFV</b>	General Practice Forward View
<b>GPSI</b>	GP with Specialist Interest
<b>HCAI</b>	Healthcare Associated Infection
<b>HDU</b>	High Dependency Unit
<b>HEE</b>	Health Education England
<b>HI</b>	Health Inequalities

<b>HLE</b>	Healthy Life Expectancy
<b>HNA</b>	Health Needs Assessment
<b>HSJ</b>	Health Service Journal
<b>HWB</b>	Health & Wellbeing Board
<b>H1</b>	First half of the financial year
<b>H2</b>	Second half of the financial year
<b>IAF</b>	Improvement and Assessment Framework
<b>IAPT</b>	Improving Access to Psychological Therapies
<b>ICB</b>	Integrated Care Board
<b>ICM</b>	Institute of Credit Management
<b>ICO</b>	Information Commissioner's Office
<b>ICP</b>	Integrated Care Partnership
<b>ICS</b>	Integrated Care System
<b>ICU</b>	Intensive Care Unit
<b>IG</b>	Information Governance
<b>IGAF</b>	Information Governance Assurance Forum
<b>IGT</b>	Information Governance Toolkit
<b>IP&amp;C</b>	Infection Prevention & Control
<b>IT</b>	Information Technology
<b>IWL</b>	Improving Working Lives
<b>JAPC</b>	Joint Area Prescribing Committee
<b>JSAF</b>	Joint Safeguarding Assurance Framework

<b>JSNA</b>	Joint Strategic Needs Assessment
<b>JUCDK</b>	Joined Up Care Derbyshire Thousand
<b>KPI</b>	Key Performance Indicator
<b>LA</b>	Local Authority
<b>LAC</b>	Looked after Children
<b>LCFS</b>	Local Counter Fraud Specialist
<b>LD</b>	Learning Disabilities
<b>LGBT+</b>	Lesbian, Gay, Bisexual and Transgender
<b>LHRP</b>	Local Health Resilience Partnership
<b>LMC</b>	Local Medical Council
<b>LMS</b>	Local Maternity Service
<b>LPF</b>	Lead Provider Framework
<b>LTP</b>	NHS Long Term Plan
<b>LWAB</b>	Local Workforce Action Board
<b>m</b>	Million
<b>MAPPA</b>	Multi Agency Public Protection arrangements
<b>MASH</b>	Multi Agency Safeguarding Hub
<b>MCA</b>	Mental Capacity Act
<b>MDT</b>	Multi-disciplinary Team
<b>MH</b>	Mental Health
<b>MHIS</b>	Mental Health Investment Standard
<b>MIG</b>	Medical Interoperability Gateway
<b>MIUs</b>	Minor Injury Units

<b>MMT</b>	Medicines Management Team
<b>MOL</b>	Medicines Order Line
<b>MoM</b>	Map of Medicine
<b>MoMO</b>	Mind of My Own
<b>MRSA</b>	Methicillin-resistant Staphylococcus aureus
<b>MSK</b>	Musculoskeletal
<b>MTD</b>	Month to Date
<b>NECS</b>	North of England Commissioning Services
<b>NEPTS</b>	Non-emergency Patient Transport Services
<b>NHSE/ I</b>	NHS England and Improvement
<b>NHS e-RS</b>	NHS e-Referral Service
<b>NICE</b>	National Institute for Health and Care Excellence
<b>NUHFT</b>	Nottingham University Hospitals NHS Trust
<b>OOH</b>	Out of Hours
<b>PALS</b>	Patient Advice and Liaison Service
<b>PAS</b>	Patient Administration System
<b>PCCC</b>	Primary Care Co-Commissioning Committee
<b>PCD</b>	Patient Confidential Data
<b>PCDG</b>	Primary Care Development Group
<b>PCN</b>	Primary Care Network
<b>PHB's</b>	Personal Health Budgets
<b>PHE</b>	Public Health England

<b>PHM</b>	Population Health Management
<b>PICU</b>	Psychiatric Intensive Care Unit
<b>PID</b>	Project Initiation Document
<b>PIR</b>	Post Infection Review
<b>PLCV</b>	Procedures of Limited Clinical Value
<b>POA</b>	Power of Attorney
<b>POD</b>	Project Outline Document
<b>POD</b>	Point of Delivery
<b>PPG</b>	Patient Participation Groups
<b>PSED</b>	Public Sector Equality Duty
<b>PwC</b>	Price, Waterhouse, Cooper
<b>Q1</b>	Quarter One reporting period: April – June
<b>Q2</b>	Quarter Two reporting period: July – September
<b>Q3</b>	Quarter Three reporting period: October – December
<b>Q4</b>	Quarter Four reporting period: January – March
<b>QA</b>	Quality Assurance
<b>QAG</b>	Quality Assurance Group
<b>QIA</b>	Quality Impact Assessment
<b>QIPP</b>	Quality, Innovation, Productivity and Prevention
<b>QUEST</b>	Quality Uninterrupted Education and Study Time
<b>QOF</b>	Quality Outcome Framework
<b>QP</b>	Quality Premium

<b>Q&amp;PC</b>	Quality and Performance Committee
<b>RAP</b>	Recovery Action Plan
<b>RCA</b>	Root Cause Analysis
<b>REMCOM</b>	Remuneration Committee
<b>RTT</b>	Referral to Treatment
<b>RTT</b>	The percentage of patients waiting 18 weeks or less for treatment of the Admitted patients on admitted pathways
<b>RTT Non admitted</b>	The percentage if patients waiting 18 weeks or less for the treatment of patients on non-admitted pathways
<b>RTT Incomplete</b>	The percentage of patients waiting 18 weeks or less of the patients on incomplete pathways at the end of the period
<b>ROI</b>	Register of Interests
<b>SAAF</b>	Safeguarding Adults Assurance Framework
<b>SAR</b>	Service Auditor Reports
<b>SAT</b>	Safeguarding Assurance Tool
<b>SBS</b>	Shared Business Services
<b>SDMP</b>	Sustainable Development Management Plan
<b>SEND</b>	Special Educational Needs and Disabilities
<b>SIRO</b>	Senior Information Risk Owner
<b>SOC</b>	Strategic Outline Case

<b>SPA</b>	Single Point of Access
<b>SQI</b>	Supporting Quality Improvement
<b>SRO</b>	Senior Responsible Officer
<b>SRT</b>	Self-Assessment Review Toolkit
<b>STEIS</b>	Strategic Executive Information System
<b>STHFT</b>	Sheffield Teaching Hospital NHS Foundation Trust
<b>STP</b>	Sustainability and Transformation Partnership
<b>T&amp;O</b>	Trauma and Orthopaedics
<b>TCP</b>	Transforming Care Partnership
<b>UEC</b>	Urgent and Emergency Care
<b>UHDBFT</b>	University Hospitals of Derby and Burton NHS Foundation Trust
<b>UTC</b>	Urgent Treatment Centre
<b>YTD</b>	Year to Date
<b>111</b>	The out of hours service is delivered by Derbyshire Health United: a call centre where patients, their relatives or carers can speak to trained staff, doctors and nurses who will assess their needs and either provide advice over the telephone, or make an appointment to attend one of our local clinics. For patients who are house-

	bound or so unwell that they are unable to travel, staff will arrange for a doctor or nurse to visit them at home.
<b>52WW</b>	52 week wait

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 040

<b>Report Title</b>	Chair's Report							
<b>Author</b>	Sean Thornton, Deputy Director Communications and Engagement							
<b>Sponsor (Executive Director)</b>	Helen Dillistone, Executive Director of Corporate Affairs							
<b>Presenter</b>	John MacDonald, ICB Chair							
<b>Paper purpose</b>	Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
<b>Appendices</b>	None							
<b>Assurance Report Signed off by Chair</b>	Not Applicable							
<b>Which committee has the subject matter been through?</b>	Not Applicable							

<b>Recommendations</b>
The ICB Board are recommended to <b>NOTE</b> the ICB Chair's Report.
<b>Purpose</b>
The report provides an update on key messages and developments relating to work across NHS Derby and Derbyshire Integrated Care Board (ICB) and the Integrated Care System (ICS).
<b>Report Summary</b>
<p><b>Secretary of State for Health and Care</b>            New Prime Minister Rishi Sunak has appointed <a href="#">Rt Hon Stephen Barclay</a> as Secretary of State for Health and Social Care. Mr Barclay replaces Thérèse Coffey, who has been appointed as Secretary of State for Environment, Food and Rural Affairs. Mr Barclay was previously Secretary of State for Health and Social Care during the summer of 2022. Mr Barclay has assembled his ministerial team as follows (links provide further detail on portfolios):</p> <p><a href="#">Will Quince MP</a>, Minister for Health and Secondary Care  <a href="#">Neil O'Brien MP</a>, Minister for Primary Care and Public Health  <a href="#">Nick Markham CBE</a>, Minister for the Lords (Unpaid)  <a href="#">Helen Whately MP</a> – Minister for Social Care  <a href="#">Maria Caulfield MP</a> – Minister for Mental Health and Women's Health Strategy</p> <p><b>NHSE Oversight Framework</b>            On 12 October NHS England (NHSE) published its new <a href="#">operating framework</a>, which sets out how the NHS will operate in the new statutory framework created by the Health and Care Act 2022. It</p>

reflects the formal establishment of integrated care systems (ICSs) in July this year and the need to change the way NHS England works and behaves in this new system architecture. It also reflects the needs of an expanding organisation, which will bring NHSE together with Health Education England (HEE) and NHS Digital.

This new operating framework (previously referred to as the 'operating model') has four core foundations, which define NHSE's:

1. Purpose
2. Areas of added value
3. Leadership behaviours and accountabilities
4. Medium-term priorities and long-term aims

Of specific relevance to the ICB Board are the descriptions around leadership behaviours, setting out the roles of ICBs, NHS providers and NHS England considering the changes in legislation and the shift to system working. Some of the key elements of these are:

NHS England will:

- agree the mandate for the NHS with government and secure required resources
- contribute to effective system working and delivery on a national and regional level
- foster relationship and alignment with government and be "stewards of the NHS"
- shape and set national policy, strategy and priorities, and support systems and providers to achieve these – including via statutory intervention
- remain accountable to Parliament, via the Secretary of State
- oversee ICBs' delivery of plans and performance
- directly oversee providers' delivery by exception and "generally in agreement" with ICBs
- lead on support for organisations in SOF segmentation three and four
- work jointly with other regulators including CQC

Integrated Care Boards will:

- provide effective system leadership and oversee delivery of system strategies, plans and Long Term Plan priorities
- commission and manage contracts, delegation and partnership agreements
- ensure delivery of the ICB core statutory functions
- oversee the budget for NHS services in their system
- be accountable to NHS England, via Regional Directors and to NHSE as a regulator, directly
- be accountable to CQC for leadership, quality, safety and integration of services, as part of ICS (not as individual organisations)
- provide first line oversight of health providers across the ICS to oversee performance and contribution to overarching plans; coordinate/help tailor any support for providers

NHS providers will:

- retain their statutory responsibilities for the delivery of safe, effective, efficient, high-quality services
- continue to comply with the provider licence, Care Quality Commission (CQC) standards and NHS planning guidance requirements
- contribute to effective system working via ICS strategies and plans
- remain accountable to people, communities, services users, board of governors and ICS partners
- be accountable to ICBs for 'business as usual' delivery of services and performance, and for their agreed contribution to the system strategy and plan
- be accountable to NHSE as regulator by escalation/ exception or agreement with ICB

- deliver some of these accountabilities and responsibilities with the support of provider collaboratives

Nationally, NHSE will formally merge with HEE and NHS Digital on 1 April 2023, although work on organisational design will continue into 2023/24. NHSE is also seeking to embed these ways of working into all its activities and interactions, and has identified the following objectives for its change programme:

1. Doing what only it can do and focusing on how we deliver value
2. Adding value at the right place
3. Providing a single voice and clearer interactions with the system
4. Adapting itself to support the development of ICSs
5. A simpler and better coordinated organisation
6. Integrating the wisdom of frontline services in everything we do

Locally, the ICB and Providers will need to review what this framework and ways of working mean for the Derby and Derbyshire system, and how in particular the ICB plans to undertake the role to provide first line oversight of health providers across the ICS to oversee performance and contribution to overarching plans; coordinate/help tailor any support for providers.

### Attending ICB Sub-Committees

I have been spending time recently attending the ICB's various sub-committees and was particularly taken by some work undertaken through the Public Partnership Committee which was seeking to understand how we feed the insight we gather from citizens more routinely into our decision-making process. Fundamentally, as a system we have stated that we want our actions to be driven by the views of local people.

This work in developing an Insight Framework has involved research with a range of partners, including and especially those from the voluntary sector. Our services are routinely hearing from citizens informally, and yet it is only our informal conversations – through public engagement or consultations or compliments and complaints – that are given prominence and inform our governance. The initial research had identified a strong willingness to collect insight from these more informal discussions, but a lack of capacity or ability to properly activate it. The emerging Insight Framework is a work in progress to understand how this insight can better make a difference, including insight gathered from seldom heard groups, but it is exciting work which we will bring onto a future Board development conversation to ensure we can embed it.

### Community Insight: Exploring a potential process map for unstructured insight

#### Phase 1: Nurturing relationships with community.

Building trust with community to create a shared understanding of the purpose of insight and an environment where people want to share.

#### Phase 2: Enable social action.

Exploring what people want to talk about, change and influence, and understanding how they want to do this.

#### Phase 3: Generating insight.

Collating and recording insight using diverse range of methods that meet the needs of topics identified in phase 2.



#### Phase 5: Acting on insight.

Translating insight into action and sharing action with community to close insight loop.

#### Phase 4: Sharing insight.

Systematic flow of insight into the wider system.

### ICB Strategic Framework

In determining the ICB's role in the context of the new legislation and relationships with NHS England, 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 ICB will be embarking on an extensive staff engagement approach to provide everyone employed in the ICB, as well as the wider NHS family, with a chance to shape how we work and make progress. Co-creating a strategic framework to support clarity on our destination, our behaviour, and the approach we will take to deliver our shared aims is vital to firmly establishing the ICB as a new organisation with new responsibilities, and reflecting the new relationship across the NHS family in Derby and Derbyshire.

### Integrated Care Partnership Update

Officers working within our local authority partners have outlined the legal requirements for the establishment of the ICP as a formal joint committee in which local government and NHS act as equal partners. To ensure legal compliance, the ICP needs to follow normal open democracy arrangements and proposals have been considered partner Boards and Cabinets as follows:

- Derbyshire County Council – Cabinet – 13 October
- Derby City Council – Cabinet – 12 October
- Derby and Derbyshire Integrated Care Board – 17 November (this meeting)

Cllr Roy Webb, the current co-chair of the Derby and Derbyshire Integrated Care Partnership and Derby City Council's Cabinet Member for Adults Health and Housing has announced that he will be retiring at the next election in April 2023. A councillor since 1979, Roy has been an integral part of the development of our Integrated Care Partnership since the Health and Care Act came into force earlier in the year, along with Cllr Carol Hart, Roy's counterpart at Derbyshire County Council. Roy will continue in his role as co-Chair of the ICP until his retirement.

### Integrated Care Strategy Update

The Integrated Care Strategy development process is progressing, alongside the system's work on current services pressures and winter planning. The current focus is on receiving back information across a range of disciplines and structuring it to inform the strategy development work. Specifically, this process is looking at three elements as follows:

- **Needs** - work has been initiated by the Strategic Intelligence Group to make an objective assessment of what the major population health issues are across Derby and Derbyshire to define the context within which the strategy is to be developed. Given existing in-depth analyses the work will focus on synthesising what we have and packaging it in a way that serves as a useful input into the strategy formation and posing questions which, the strategy will ultimately address. It important that this is not seen as a 'one off' exercise and so plans are in place to align it with proposals for a new approach to Joint Strategic Needs Assessment on how we identify priorities, inform strategic decision making across the system, and prioritise areas for further deep-dive work.
- **Care gaps** – need to undertake a consolidation of gaps and priorities for care and identify the complex problems that require a multi-agency integrated response. This work hasn't been undertaken systematically yet although there is a belief that they are well recognised.
- **Enablers** - links have been made with the leads for enabler strategies to understand how much our existing strategies and plans` support ambition around prevention, reducing health disparities, strengths based approaches, integrated delivery and governance.

Both needs and care gaps will benefit then from testing against the population insights we already have and whether there are gaps in knowledge and insight that require targeted work to engage specific communities and cohorts of people. Whilst this process may be outlined for the

initial draft of the strategy it may take a large proportion of 2023 to complete this as we want to ensure that all communities and key stakeholders are involved as required. An initial theming of all information contained within the system's Insight Library has been completed and this will inform any gaps that require attention through the engagement process.

**Mental Health, Neurodiversity and Learning Disability Alliance**

NHS commissioners and providers, local authorities, and voluntary, community and social enterprise (VCSE) sector organisations have formed a partnership aimed at working together to improve services for our local population. In September the Derby and Derbyshire All-Age Mental Health, Neurodiversity and Learning Disability Alliance was launched.

A festival was held to support collaborative working by providing opportunities for colleagues within the Alliance to get to know one another and learn about each other's work. During the day:

- Over 220 people received and shared information across 70 organisations
- 20 brave speakers took to the floor and talked about what an average day looks like for them; their challenges and their joys
- Four separate workshops were held to support colleagues to learn from one another
- Thoughts were shared on the graffiti wall and within the post-boxes
- Colleagues laughed and swayed along to Matt McGuinness, made lots of fuss over Daisy the therapy dog and got creative completing jigsaws, building with Lego, knitting, and creating a wonderful art therapy mural.

[Watch a short video capturing the festival highlights](#) or [view an animation](#) to find out more about what the Alliance is hoping to achieve.

**System performance update**

The number of patients testing positive for Covid-19 has seen an increase in September, with 129 patients having the virus on Monday 31 October, an increase from the 77 patients with Covid-19 during the first week of September, but down on figures from the previous week (192) and in early July (316 patients with Covid-19 on 11 July). However it very sadly continues to be the case that some patients are still dying with Covid-19, and our hospitals reported nine deaths in the week up to 31 October.

Our system continues to see ambulances waiting longer than desired at our Accident and Emergency departments. This is in part due to the challenges faced in discharging patients with a suitable care package once their hospital treatment is complete, creating a problem with the flow of patients through our services. Our teams are working very hard to improve our performance in the face of these challenges but we are sorry for these delays as this is not optimal care for our patients. The winter plan on today's Board agenda highlights steps we are taking to help resolve this challenge.

A further consideration at present is the emerging impact of potential strike action across the NHS. No strikes have been called at the time of writing, but colleagues across nursing unions and ambulance unions have been balloted on strike action recently. Clearly pay negotiations are a matter for the Government, with the responsibility for local providers and systems to maintain urgent and emergency services should strikes be called. Our system is preparing for this eventuality, with planning exercises taking place during November.

**Identification of Key Risks**

Not applicable to this report.

<b>Has this report considered the financial impact on the ICB or wider Integrated Care System?</b>					
Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A <input checked="" type="checkbox"/>	
<b>Details/Findings</b>				<b>Has this been signed off by a finance team member?</b> Not applicable.	
<b>Have any conflicts of interest been identified throughout the decision making process?</b>					
Not applicable to this report.					
<b>Project Dependencies</b>					
<b>Completion of Impact Assessments</b>					
<b>Data Protection Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>	
<b>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b>		
<b>Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:</b>					
Better health outcomes	<input checked="" type="checkbox"/>	Improved patient access and experience		<input type="checkbox"/>	
A representative and supported workforce	<input type="checkbox"/>	Inclusive leadership		<input type="checkbox"/>	
<b>Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?</b>					
Not applicable to this report					
<b>When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?</b>					
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste	<input type="checkbox"/>
Not applicable to this report.					

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 041

<b>Report Title</b>	Chief Executive Officer's Report							
<b>Author</b>	Dr Chris Clayton, Chief Executive Officer							
<b>Sponsor (Executive Director)</b>	Dr Chris Clayton, Chief Executive Officer							
<b>Presenter</b>	Dr Chris Clayton, Chief Executive Officer							
<b>Paper purpose</b>	Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input checked="" type="checkbox"/>
<b>Appendices</b>	None.							
<b>Assurance Report Signed off by Chair</b>	Not Applicable							
<b>Which committee has the subject matter been through?</b>	Not Applicable.							

<b>Recommendations</b>
The ICB Board are recommended to <b>NOTE</b> the ICB Chief Executive Officer's Report.
<b>Purpose</b>
The report provides an update on key messages and developments relating to work across NHS Derby and Derbyshire Integrated Care Board (ICB) and the Integrated Care System (ICS).
<b>Report Summary</b>
<p>As we continue to make progress in setting out the priorities and direction of the NHS Derby and Derbyshire Integrated Care Board (ICB), I have outlined to Board and ICB staff the framing of our responsibilities during the next few weeks and months. Working on these priorities in parallel, we need to have significant focus on the immediate challenges that we must manage and overcome in maintaining high quality healthcare for local people. We must also have an increased focus on the future, where we have a vision to see improvement in local health outcomes and important factors such as increased life expectancy and reduced health inequalities. These remain our long-term objectives.</p> <p>In the immediate term, meaning the next few weeks, we must complete our winter planning and begin to build the resilience into the system on our bedded care, discharge and infection management approaches. The subtext for our ongoing winter resilience planning is well-documented, with sustained pressure being managed across our health and social care providers for many months. The possible emergence of an early and difficult wave of influenza infections will only serve to add to the importance of getting our plans right. The Board reviews</p>

this plan today, along with investment being earmarked to protect services in the coming months and in light of the recent letter (link below) from NHS England on further actions required of ICBs and systems, including the development of system control centres to manage efficient decision-making during the winter period.

The other side to the winter planning coin is ensuring that we are protecting elective care, including diagnostics and surgery as we seek to achieve national trajectories on reduced waiting times for operations that have grown during the pandemic. We have made excellent progress in achieving the first milestone in July, of no patients waiting longer than two years, and now continue to support our patients to have their procedures ensuring nobody is waiting for more than 78 weeks by the end of March. The relationship with our winter planning – when an increase in acute care bed requirements may put surgical ward capacity at risk – is crucial, and protecting our elective capacity is an important part of this work.

In the medium term, spanning the next six months or so, we continue our work on developing the Integrated Care Strategy, and following that the compilation of our NHS Joint Working Plan. We will be working with our staff – those directly employed by the ICB and those in the wider NHS family – to set out our strategic framework on the purpose and vision for the organisation, and for the wider NHS in Derby and Derbyshire. We are close to confirming what will be the final structure of our planning and delivery boards and will start to see the fruits of the considerable amount of thought that has gone into making sure these have clear remits and yet are connected across the breadth of the business. The transformation approaches for each delivery board are being understood and detailed, and we expect to see a full rollout of our transformation programme in the next financial quarter. Linked to this is the assessment we are making, and the solutions we need to put in place, to manage our financial situation. We continue to report a breakeven position for the 2022/23 financial year, but there remain significant risks to that position, and it is all the more challenging in 2023/24.

The Integrated Care Strategy referenced earlier will need to build in flexibility on how we seek to deploy our financial resources, to invest in areas where we see poorer outcomes for local people, and this approach is contingent on us having control of our financial position, addressing the continued underlying deficit position we are carrying and continuing to see financial management as a key responsibility.

I believe these are the priorities for the ICB in the short, medium and long term and will keep the Board and local citizens updated on progress, and identify the opportunities to become involved in the conversations and solutions.

**Dr Chris Clayton**  
**Chief Executive Officer**

## 2. Chief Executive Officer calendar – examples from the regular meetings programme

Meeting and purpose	Attended by	Frequency
JUCD ICB Board meetings	ICB	Monthly
JUCD ICP Board meeting	ICB	Bi-Monthly
System Review Meeting Derbyshire	NHSE/ICB	Monthly
ICB Executive Team Meetings	ICB Executives	Weekly

Derbyshire Chief Executives	CEOs	Bi Monthly
EMAS Strategic Delivery Board	EMAS/ICB	Bi-Monthly
Joint Health and Wellbeing Board	DCC/ICB/LA	Bi-Monthly
NHS Midlands Leadership Team Meeting	NHSE/ICB	Monthly
Partnership Board	CEOs or nominees	Monthly
East Midlands ICS Commissioning Board	Regional CEOs/NHSE	Monthly
Team Talk	All staff	Weekly
JUCD Finance & Estates Sub Committee	ICB	Monthly
Midlands ICS Executive & NHSEI Timeout	ICB/NHSE	Ad Hoc
2022/23 Financial Planning	NHSE/ICB	Ad Hoc
ICB Development Session with Deloitte	ICB	Ad Hoc
Meeting with Derby and Derbyshire MPs	ICB CEO/Chair	Ad Hoc
ICB Remuneration Committee	ICB	Ad Hoc
Place & Provider Collaborative	ICB	Ad Hoc
Derbyshire Dialogue	ALL	Ad Hoc
System Escalation Calls (SEC)	ICS/LA	Ad Hoc
NHS National Leadership Event - London	NHSE	Ad Hoc
NHS Clinical Leaders Network	NHSE	Ad Hoc
Joint Emergency Services Interoperability Protocol (JESIP) Training	ICB	Ad Hoc
ICS Connected Leadership Programme – Leeds	ICB	Ad Hoc
Derbyshire LHRP Meeting	NHSE/LA/ICS	Monthly

### 3. National developments, research and reports

#### 3.1 [NHS England Operating Framework](#)

The framework describes the roles that NHS England, integrated care boards (ICBs) and NHS providers will now play, working alongside our partners in the wider health and care system. It shows how accountabilities and responsibilities will be allocated to improve local health and care outcomes in a way that maximises taxpayer value for money.

### **[3.2 Preparedness for potential industrial action in the NHS](#)**

The Government is responsible for pay negotiations for NHS staff. NHS England is responsible for ensuring that the NHS is able to plan and respond to incidents and emergencies, while remaining resilient and continuing to deliver critical services. Trade unions representing NHS staff have advised the Secretary of State for Health and Social Care that they are in dispute over the 2022/23 pay award.

A number of the unions are balloting or have signalled their intention to ballot their NHS members to take part in industrial action. NHS England has written to ICBs and Trusts, as Category 1 emergency responders, on preparations for any potential industrial action to ensure there is minimal disruption to patient care and emergency services can continue to operate as normal.

### **[3.3 Going Further on our winter resilience plans](#)**

In August NHS England set out their planning expectations ahead of winter. This letter sets out additional requirements for systems, including the creation of System Control Centres, increased support for patients in the community on falls and respiratory infections and additional action to support discharge and hospital flow.

### **[3.4 Who's Who at NHS England](#)**

This overview provides more detail on the structure of NHS England's Executive Group.

### **[3.5 NHS England's Public Board Meeting](#)**

This link is for the agenda and papers for the NHS England board meeting on 6 October 2022, along with [a video of the meeting](#).

### **[3.6 NHS delivers 13 million flu vaccinations](#)**

As of 3 November 2022, the NHS has administered 13.2 million flu vaccinations since September.

### **[3.7 NHS reaches 10 million booster milestone](#)**

As of 24 October, more than 10 million people in England had had their autumn COVID-19 booster.

### **[3.8 NHS launches recruitment drive for tens of thousands of nurses](#)**

'We are the NHS', the annual NHS nationwide recruitment campaign, launched in October. The campaign will have a particular focus on recruiting nurses and shine a light on the wealth of NHS nursing roles available.

### **[3.9 24/7 control centres among new plans to step up NHS winter preparations](#)**

Rapid response teams to help people who have fallen at home and 24/7 'care traffic control centres' are among new NHS plans to prepare for winter.

### **[3.10 NHS delivers record number of lifesaving cancer checks as long waits for care continue to fall](#)**

More people than ever before received a lifesaving NHS cancer check in August alongside continued progress against the elective recovery plan. Over a quarter of a million people were checked following an urgent GP referral in August – the highest number since records began.

### **[3.11 High street pharmacists treat thousands more people for minor illnesses](#)**

More than 100,000 patients were seen by their high street pharmacist in just one month according to new NHS figures, helping people get the quick care they need as well as easing pressure on GP teams facing record demand.

4. Local developments				
<p><b>4.1 <a href="#">Covid-19 booster programme protects more than quarter of a million vulnerable people</a></b> As of 26 October, more than 250,000 people across Derby and Derbyshire who are most at risk of getting seriously ill from Covid-19 had had their immunity boosted ahead of winter, thanks to a strong start to the roll-out of the autumn booster.</p>				
<p><b>4.2 Seeking views on Urgent and Emergency Care Services</b> The NHS in Derbyshire would like to hear from anyone who has had a recent experience of Urgent and Emergency Care services across Derby and Derbyshire. Urgent and Emergency Care services would include services such as A&amp;E, an Urgent Treatment Centre or a Walk-in Centre. The survey is open until <a href="#">Friday 18 November</a>.</p>				
<p><b>4.3 <a href="#">Chesterfield Royal Hospital announces new Chief Operating Officer</a></b> Chesterfield Royal Hospital has appointed Michelle Veitch as its new Chief Operating Officer.</p>				
<p><b>4.4 <a href="#">Chesterfield Royal Reintroduces Car Parking Charges</a></b> Chesterfield Royal Hospital reintroduced patient and visitor charging for car parking on Monday, 26 September 2022. Patients and visitors to the hospital are kindly asked to ensure they are aware of the changes – which includes using automatic number plate recognition.</p>				
<p><b>4.5 <a href="#">Derbyshire Healthcare NHS Foundation Trust announces new Medical Director</a></b> Derbyshire Healthcare NHS Foundation Trust has announced the appointment of Dr Arun Chidambaram as the Trust's new Medical Director – the Trust's most senior doctor.</p>				
<p><b>4.6 <a href="#">DHU Healthcare win national award for Covid treatment plan</a></b> A Derbyshire Covid-19 treatment plan, delivered by DHU Healthcare, has won a national award after delivering treatment to hundreds of people in the region. The programme went live shortly before Christmas 2021 and went on to assess more than 5,000 patients; more than 1500 of whom received potentially life-saving treatment.</p>				
<p><b>4.7 <a href="#">Shared Care Pathology team wins award</a></b> The Derbyshire Shared Care Pathology team has received a Royal College of Pathology Achievement award in recognition for their hard work and commitment to improving patient care.</p>				
Identification of Key Risks				
Not applicable to this report.				
Has this report considered the financial impact on the ICB or wider Integrated Care System?				
Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A <input checked="" type="checkbox"/>
Details/Findings				<p>Has this been signed off by a finance team member? Not applicable.</p>
Have any conflicts of interest been identified throughout the decision-making process?				
Not applicable to this report.				
Project Dependencies				
Completion of Impact Assessments				
Data Protection Impact Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Details/Findings

<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>	
<b>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b>		
<b>Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:</b>					
Better health outcomes	<input checked="" type="checkbox"/>	Improved patient access and experience	<input type="checkbox"/>		
A representative and supported workforce	<input type="checkbox"/>	Inclusive leadership	<input type="checkbox"/>		
<b>Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?</b>					
Not applicable to this report					
<b>When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?</b>					
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste	<input type="checkbox"/>
Not applicable to this report.					

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 042
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<b>Report Title</b>	NHS Derby and Derbyshire Clinical Commissioning Group Annual Report and Accounts – April 2021 to March 2022			
<b>Author</b>	Suzanne Pickering, Head of Governance			
<b>Sponsor (Executive Director)</b>	Helen Dillistone, Executive Director of Corporate Affairs			
<b>Presenter</b>	Dr Chris Clayton, Chief Executive Officer			
<b>Paper purpose</b>	Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>
	Assurance	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
<b>Appendices</b>	NHS Derby and Derbyshire CCG's Annual Report is published on the ICB Website			
<b>Assurance Report Signed off by Chair</b>	Not applicable			
<b>Which committee has the subject matter been through?</b>	CCG Audit Committee – 10 <sup>th</sup> June 2022			

<b>Recommendations</b>
The Board are recommended to <b>RECEIVE</b> the NHS Derby and Derbyshire Clinical Commissioning Group (CCG) Annual Report and Accounts – April 2021 to March 2022.
<b>Purpose</b>
The purpose of the report is to formally publish the CCG's Annual Report and Accounts – April 2021 to March 2022 and provide assurance in line with NHS England guidance.
<b>Background</b>
Clinical Commissioning Groups were required to prepare an Annual Report and Accounts in accordance with NHS England and Improvement directions, as outlined in the National Health Service Act (2006, as amended). The Annual Report and Accounts presented covers the financial year 2021/22. (April 2021 to March 2022).
<b>Report Summary</b>
NHS Derby and Derbyshire CCG's Annual Report and Accounts for the 2021/22 financial year describes our activities, achievements, challenges, and continued response to the Covid-19 pandemic during that time. It also describes our financial performance and how we met our governance requirements. Our Financial Statements are subject to a rigorous audit process and we are delighted that for 2021/22 the CCG's external auditors, KPMG, provided an unqualified

audit opinion of the CCG's financial statements within the report and concluded that there were 'no significant weaknesses' in relation to its use of resources.

In accordance with the CCG Audit Committee Terms of Reference, the Audit Committee had delegated authority from the Governing Body to review and approve the Annual Report and Accounts on behalf of the Governing Body. The Audit Committee approved the Annual Reports and Accounts on the 10<sup>th</sup> June 2022. The Accountable Officer must sign the Annual Report and Accounts to confirm adherence to the reporting framework and these were signed by Dr Chris Clayton. The signed Annual Report and Accounts were submitted to NHS England and Improvement, and the External Auditors on the 22<sup>nd</sup> June 2022.

The NHS Derby and Derbyshire CCG Annual Report and Accounts are published in full on the ICB public website and can be accessed via the following link:

<https://joinedupcarederbyshire.co.uk/publications/annual-reports/>.

### **Summary of the Annual Report and Accounts**

CCGs are required to publish a single document, a three-part Annual Report and Accounts (ARA) consisting of the:

- Performance Report
- Accountability Report
- Financial Statements

#### **1. The Performance Report**

The purpose of the performance section is to provide information on the CCG, its main objectives and strategies and the principal risks that the CCG faces.

**The Performance Overview** gives a synopsis of the organisation, its purpose, the key risks to the achievement of its objectives and how it has performed during the year, and an overall explanation of how the CCG have discharged its functions.

**The Performance Analysis** provides a detailed performance summary of how the CCG measures its performance and meets its mandatory requirements as follows:

- Sustainable Development
- Improving Quality
- Engaging with People and Communities
- Reducing Health Inequality
- Health and Wellbeing Strategy

#### **2. The Accountability Report**

The purpose of the accountability section is to meet the key accountability requirements to parliament.

**The Corporate Governance Report** explains the composition and organisation of the CCG governance structures and how they support the achievement of the CCG objectives. The Corporate Governance Report contains:

- Members Report  
The report contains the details of the Member Practices, the composition of the Governing Body, Audit Committee membership, Register of Interests, Personal Data Related Incidents and the Statement of Disclosure to the Auditors.

- **Statement of Accountable Officer’s Responsibilities**  
The Accountable Officer must explain their responsibility for preparing the financial statements and confirm that the ARA as a whole is fair, balanced and understandable and that he takes personal responsibility for the ARA.
- **Governance Statement**  
The Governance Statement reflects on the circumstances in which the CCG operated during 2021/22, particularly:
  - the Governing Body and its Committees, and Governing Body Performance during the year;
  - risk management arrangements and effectiveness;
  - other sources of assurance;
  - Control Issues;
  - Significant Assurance of the Head of Internal Audit Opinion; and
  - a review of effective governance, risk management and internal control.

**The Remuneration and Staff Report** sets out the CCG’s remuneration policy for its directors and senior managers, reports on how the policy was implemented and sets out the amounts awarded to directors and senior managers which are detailed in the Remuneration Report tables.

The Staff Report provides an analysis of staff numbers and costs, staff composition and sickness absence data.

**The Parliamentary Accountability and Audit Report** – the CCG was not required to produce a Parliamentary Accountability and Audit report. Disclosures on remote contingent liabilities and losses and special payments are included where applicable in the Financial Statements and an Audit Certification is included after the Financial Statements.

**3. The Financial Statements**

The annual accounts include a set of primary financial statements, and the format of the statement must be followed precisely as per the Department of Health and Social Care Group Accounting Manual 2021/22. The CCG Auditors reviewed the Accountability Report for consistency with other information in the financial statements and provided an unqualified opinion on the disclosures detailed in the Accountability Report.

**CCG Annual Report and Accounts April to June 2022**

In line with the NHS England Annual Reporting Guidance, the CCG was required to prepare an Annual Report and Accounts for the final quarter of the CCG April to June 2022. The draft Annual Accounts were prepared and submitted to NHS England on the 22<sup>nd</sup> July 2022. The draft CCG Annual Report was approved by the Chief Executive Officer and submitted to NHS England on the 5<sup>th</sup> October 2022.

<b>Identification of Key Risks</b>		
Not applicable		
<b>Has this report considered the financial impact on the ICB or wider Integrated Care System?</b>		
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
<b>Details/Findings</b>	<b>Has this been signed off by a finance team member?</b> Not applicable.	
<b>Have any conflicts of interest been identified throughout the decision-making process?</b>		
Not applicable		

Project Dependencies				
Completion of Impact Assessments				
<b>Data Protection Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b>	
Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:				
Better health outcomes	<input checked="" type="checkbox"/>	Improved patient access and experience	<input checked="" type="checkbox"/>	
A representative and supported workforce	<input checked="" type="checkbox"/>	Inclusive leadership	<input checked="" type="checkbox"/>	
Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?				
The Annual Report includes an Equality and Diversity section as a mandatory requirement. There are no implications that would affect the ICB's obligations.				
When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?				
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste <input type="checkbox"/>
<b>Details/Findings</b> The Annual Report includes the Sustainability Report which sets out the Net Zero targets and arrangements within the Derbyshire ICS.				

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 043

<b>Report Title</b>	Confirmation of the Chairing Arrangements for the Commissioning for Individuals (CFI) Panel
<b>Author</b>	Jo Hunter, Director of Quality
<b>Sponsor (Executive Director)</b>	Brigid Stacey, Chief Nursing Officer and Deputy Chief Executive
<b>Presenter</b>	Brigid Stacey, Chief Nursing Officer and Deputy Chief Executive
<b>Paper purpose</b>	Decision <input checked="" type="checkbox"/> Discussion <input type="checkbox"/> Assurance <input type="checkbox"/> Information <input type="checkbox"/>
<b>Appendices</b>	None attached.
<b>Which committee has the subject matter been through?</b>	Senior Leadership Team meeting, Executive Team meeting.

<b>Recommendations</b>
The ICB Board is recommended to <b>AGREE</b> the Chairing Arrangements for the Commissioning for Individuals (CFI) Panel.
<b>Purpose</b>
This paper is presented to confirm the continuation of the external Lay Chairs involved in the weekly panels at an annual cost of £12,740. Rationale: <ul style="list-style-type: none"> <li>• Independent scrutiny and challenge</li> <li>• No impact upon ICB business - ICB officer resource not impacted</li> <li>• Experienced with process</li> <li>• Able to cover each other at times of annual leave/sickness</li> </ul>
<b>Background</b>
In 2019 the Nursing and Quality team undertook a comprehensive review of all CCG Funding decision pathways to ensure robust governance processes were in place regarding the commissioning and funding of packages of care, interventions, assessment, or treatment or 'placements' for 'individuals' for whom the CCG had statutory responsibility.
The panel ensures requests are considered in a fair and transparent way, with decisions based on the best available evidence and the ICBs commissioning principles. All decisions are recorded on a patient information system which supports reporting requirements, and all meetings are minuted. Terms of reference are in place. Any contracts/single tender waivers required for care commissioned following approval by panel are put in place monitored and reviewed and invoices received for care can be reconciled against what has been recorded as agreed.

A monthly panel for the most complex cases was considered but this would result in delayed funding decisions for some of the most complex cases, impact upon discharges from hospital or NHSE specialist commissioned placements and potential unnecessary protracted ICB funding where approval for alternative care arrangements is being sort.

**Cases Presented to Panel 2021/22:** 459 cases were considered by the CFI panel. 256 High Risk/High Cost CHC cases and 203 complex cases. A mechanism is in place to allow cohorting of cases for discussion to allow different chairing arrangements to be made depending on the complexity of the cases to be considered. In 2021/22 a further 3208 cases were funded by the CCG where approval was via scheme of delegation so not presented to the CFI panel.

### Report Summary

With the transition to the ICB there are opportunities to consider alternative approaches to CFI processes, but the budgets and therefore functions will sit with the ICB until alternatives can be explored and progressed. A review was requested to determine whether panel processes required alternative chairing arrangements since the ICB was established. Interim arrangements were put in place with the experienced previous Non-Executive Members (NEMs) of the CCG who undertook panel chair responsibilities agreeing to continue chairing but in a lay chair capacity rather than as NEMs. This was to cover the period of review, which has now concluded.

The report from the review put several options for the chairing arrangements to the Executive Team and following discussion the proposal outlined in this paper is the preferred option. Subsequent discussion with the ICB Chair and Audit Committee Chair has taken place to gain their support. Board is asked to confirm their approval of the proposal. The activity and effectiveness of the panel will be reviewed on a 6 monthly basis by the Audit and Governance Committee.

### Identification of Key Risks

Without robust governance mechanisms in place, we would be unable to offer significant assurance to the wider ICB that where the ICB is commissioning services for individual patients, we now fully understand the costs, complexities, risks, and contracts that the ICB is required to hold when commissioning such services/care.

### Has this report considered the financial impact on the ICB or wider Integrated Care System?

Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>
<b>Details/Findings</b> The expected annual cost to the organisation is £12,740 – based upon a weekly panel being held.		<b>Has this been signed off by a finance team member?</b> This is currently being financed via corporate budget

### Have any conflicts of interest been identified throughout the decision-making process?

None identified.

### Project Dependencies

### Completion of Impact Assessments

Data Protection Impact Assessment	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	Details/Findings

<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	<b>Details/Findings</b>	
<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	<b>Details/Findings</b>	
<b>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>	
<b>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable</b>					
Yes <input checked="" type="checkbox"/>	No <input type="checkbox"/>	N/A <input type="checkbox"/>	<b>Summary:</b> The interim chairs have confirmed that they are happy to continue to chair panels going forwards.		
<b>Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:</b>					
Better health outcomes	<input type="checkbox"/>	Improved patient access and experience	<input checked="" type="checkbox"/>		
A representative and supported workforce	<input type="checkbox"/>	Inclusive leadership	<input type="checkbox"/>		
<b>Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?</b>					
None identified.					
<b>When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?</b>					
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste	<input type="checkbox"/>
<b>Details/Findings</b> Not applicable for this report.					

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item No: 044

<b>Report Title</b>	Derby and Derbyshire Integrated Care Partnership Joint Committee Terms of Reference							
<b>Author</b>	Ellen Langton, Public Health Lead – Policy, Derbyshire County Council.							
<b>Sponsor (Executive Director)</b>	Helen Dillistone, Executive Director of Corporate Affairs							
<b>Presenter</b>	Helen Dillistone, Executive Director of Corporate Affairs							
<b>Paper purpose</b>	Decision	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>
<b>Appendices</b>	Derby and Derbyshire Integrated Care Partnership Terms of Reference							
<b>Assurance Report Signed off by Chair</b>	Not Applicable							
<b>Which committee has the subject matter been through?</b>	Shadow Integrated Care Partnership – 12.10.2022 Derby City Council Cabinet Meeting – 12.10.2022 Derbyshire County Council – 13.10.2022							

#### Recommendations

The ICB Board is recommended to **APPROVE** the Derby and Derbyshire Integrated Care Partnership Terms of Reference

#### Purpose

To approve the Terms of Reference in order to establish the Derby and Derbyshire Integrated Care Partnership (ICB) as a joint committee.

#### Background

Work has been undertaken to consider and align the relative role and relationship of the Health and Wellbeing Boards (HWB) for Derby and Derbyshire and the ICP. The HWB element of this workstream is complete and the ICP Terms of Reference have also been agreed by the Committee.

Engagement has been undertaken with colleagues from the legal teams at both the city and county councils and it has been agreed that for the Derby and Derbyshire Integrated Care Partnership (ICP) to be a formal joint committee in which local government and NHS act as equal partners, the ICP needs to follow normal open democracy arrangements. The formal paper outlining the establishment of the ICP as a joint committee have been considered and approved by the partner Boards and Cabinets as follows:

- Derbyshire County Council – Cabinet – 13 October
- Derby City Council – Cabinet – 12 October
- Derby and Derbyshire Integrated Care Board – 17 November

Once the decision has been approved by Local Authorities, a seven-day call-in period applied to the Derbyshire County Council decision, this has now expired and the ICP will be formally established from mid-November onwards.

Derby City Council have agreed to host the joint committee and provide Democratic Services support to the meeting. This will be a constituted meeting and it will need to take place in person at the City Council. Agendas and minutes will be published on what can be referred to as the 'Derby City Council Democracy Portal'

<https://democracy.derby.gov.uk/>

The 7<sup>th</sup> December ICP meeting will take place in Teams and continue in shadow format as room availability at Derby City Council offices is not available until early 2022.

Colleagues in the ICB are liaising with colleagues from Derby City Council to establish the schedule of meetings for the ICP as public meetings and the first of these will be early in 2023. A date of 8<sup>th</sup> February 2023 has been agreed for the inaugural ICP meeting, which will be a meeting in person and in public at Derby City Council.

Future meeting dates will then be scheduled in line with the municipal year calendar from May 2023 onwards.

### Report Summary

The ICP is a broad alliance of organisations and representatives concerned with improving the care, health, and wellbeing of the population, jointly convened by local authorities and the NHS as equal partners to facilitate joint action to improve health and care outcomes and experiences, influence the wider determinants of health, and plan and deliver improved integrated health and care.

As detailed in the Terms of Reference, the ICP meeting will be led by the Chair (or nominated representatives) of Derbyshire Health and Wellbeing Board and Derby City Health and Wellbeing Board on a rotating basis. The Chair of Derby and Derbyshire Integrated Care Board will act as vice chair.

### Identification of Key Risks

None identified.

### Has this report considered the financial impact on the ICB or wider Integrated Care System?

Yes

No

N/A

### Details/Findings

**Has this been signed off by a finance team member?**  
Not applicable.

### Have any conflicts of interest been identified throughout the decision-making process?

None identified.

### Project Dependencies

### Completion of Impact Assessments

Data Protection Impact Assessment	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Details/Findings

<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>	
<b>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b>		
<b>Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:</b>					
Better health outcomes	<input checked="" type="checkbox"/>	Improved patient access and experience	<input checked="" type="checkbox"/>		
A representative and supported workforce	<input checked="" type="checkbox"/>	Inclusive leadership	<input checked="" type="checkbox"/>		
<b>Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?</b>					
To support the local authority and each of its partner ICPs under s116B of the Local Government and Public Involvement in Health Act 2007, the ICP develop a clear view on the contribution of the health and social care services into improving population health, the wider determinants of health and reducing health inequalities.					
<b>When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?</b>					
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste	<input type="checkbox"/>
<b>Details/Findings</b> Not applicable to this report.					



## **Derby and Derbyshire Integrated Care System Partnership (ICP) Terms of Reference and core strategic functions**

### **Background**

The Derby and Derbyshire Integrated Care Partnership (ICP) is a statutory joint committee in accordance with Section 116ZA of Local Government and Public Involvement in Health Act 2007 and is part of the Derby and Derbyshire Integrated Care System (ICS).

Derby and Derbyshire Integrated Care System works across the local authority footprints of Derby City and Derbyshire County. The ICP is one of two statutory bodies within the ICS, the other being the Derby and Derbyshire Integrated Care Board (ICB), which has also been established by legislation.

The ICP is a broad alliance of organisations and representatives concerned with improving the care, health, and wellbeing of the population, jointly convened by local authorities and the NHS as equal partners to facilitate joint action to improve health and care outcomes and experiences, influence the wider determinants of health, and plan and deliver improved integrated health and care.

The ICP will work alongside other organisations and members of the voluntary sector, as well as the Health and Wellbeing Boards for Derby and Derbyshire, in relation to delivering population health and wellbeing outcomes.

### **Purpose and function**

The ICP's primary purpose will be to act in the best interest of people, patients, and the system, rather than representing individual interests of any one constituent partner.

Under s1176ZB of the Local Government and Public Involvement in Health Act 2007 the Derby and Derbyshire ICP is required to prepare an Integrated Care Strategy that:

- Details how the needs of resident of its areas will be met either by the ICB, NHS England or local authorities.

- Considers how NHS bodies and local authorities could working together to meet these needs using section 75 of the National Health Service Act 2006.
- Must have regard to the NHS mandate and guidance published by the Secretary of State.
- Involves Local Healthwatch and people who live or work in the ICP's area.
- Is reviewed and revised as required when a new joint strategic needs assessment is received from a local authority within the ICP.
- Considers how health related services can be more closely integrated with arrangements for the provision of health services and social care in its area.
- Is published and provided to each local authority in its area and each partner Integrated Care Board of those local authorities.

Under s116B of the Local Government and Public Involvement in Health Act 2007 a local authority and each of its partner ICPs must have regard to:

- Any joint assessment of health and social care in relation to the area for which they are responsible.
- Any Integrated Care Strategy that applies to the area of the local authority.
- Any Joint Health and Wellbeing Strategy prepared by the local authorities and any of its partner ICBs.

These statutory functions will be supported by the following actions:

- Provide a forum to build on the joint positive working between the NHS ,local authorities and the voluntary sector.
- Sign off the strategic intent for the health and social care system including the development of the Integrated Care Strategy and refresh
- Oversee integration between NHS and social care, including conversations about shared budgets.
- Leads on preventative actions that are clearly linked to health and social care service provision.
- Drive the delivery of a shift of resources into prevention
- Provide the opportunity to unblock obstacles to success emerging in local Place Alliances and to hear the voices of those on the frontline to inform strategic thinking and planning within Derby and Derbyshire Integrated Care System.
- Develop a clear view on the contribution of the health and social care services into improving population health, the wider determinants of health and reducing health inequalities.
- Contribute to the “anchor” approach.

- Working with Health and Wellbeing Boards and with broader partnerships and partners to support action linked to primary prevention and the wider determinants of health.
- Collaborate with the activity of the Integrated Care Board to ensure an aligned approach to activity.
- Mobilises services linked to partner organisations to operationalise and support delivery in health and social care space

## **Chairing**

### **Chair**

The meeting will be chaired on a rotating basis by the Chair of Derby Health and Wellbeing Board and the Chair of the Derbyshire Health and Wellbeing Board.

The Health and Wellbeing Board representatives or ICB representative can name a suitable delegate to represent them on a regular basis at the meeting.

### **Vice-chair**

The vice chair will be the ICB Board Chair, and this person will deputise should the scheduled Chair be unable to attend a meeting.

The chairs and vice chair will be equal functional roles in this partnership.

### **Chairing arrangements**

The chair of the meeting will rotate after every three meetings. Development sessions will be jointly chaired, and appropriate arrangements will be put in place for any additional meetings convened at short notice.

Should neither the Chair nor vice-chair be able to attend a meeting of the Integrated Care Partnership, the ICP members present at meeting will agree to appoint a Chair for that meeting from the members present. It is assumed that in the first instance the Health and Wellbeing Board Chair not currently holding the chair on the rotation would be asked.

## **Membership**

The full Integrated Care Partnership membership will comprise:

- Rotating Chairs: Derby City Council Health and Wellbeing Board Chair and Derbyshire County Council Health and Wellbeing Board Chair.
- Vice Chair: Integrated Care Board Chair
- NHS Derby and Derbyshire Integrated Care Board:
  - the ICB Chief Executive Officer
  - One Executive Director member
  - One Non-Executive member

At least one member of the ICB must be present at the meeting.

- Political leadership from Derby City Council and Derbyshire County Council comprising:
  - Executive member with responsibility for Public Health (if not covered by Health and Wellbeing Board Chair role)
  - Executive member with responsibility Adult Social Care
  - Executive member with responsibility Children's Social Care
- Local authority officers from Derby City Council and Derbyshire County Council comprising:
  - Statutory Officer who fulfils the role of Director of Adult Social Services
  - Statutory Officer who fulfils the role of Director of Children's Services
  - Statutory Officer who fulfils the role of Director of Public Health

At least one representative from each local authority must be present at the meeting. This can be a political or senior officer representative.

Other members of the Integrated Care Partnership include:

- Derbyshire Community Health Services NHS Foundation Trust, Chief Executive
- Derbyshire Healthcare NHS Foundation Trust, Chief Executive
- University Hospitals of Derbyshire and Burton NHS Foundation Trust, Chief Executive Officer
- Chesterfield Royal Hospital NHS Foundation Trust, Chief Executive Officer.
- East Midlands Ambulance Service NHS Foundation Trust representative.
- DHU Health Care, Chief Executive
- Primary Care Networks Clinical Director
- Place Partnerships Clinical Chair
- Provider GP Leadership Board Chair
- Clinical Professional Leadership Board Chair
- District and borough council political leadership comprising:
  - Two elected members who are representatives on Derbyshire Health and Wellbeing Board
- District and borough council chief officers comprising:
  - Two chief officers from the same organisations as the political district and borough council leadership reps
- Voluntary and Community Sector representatives:
  - One person representing Derbyshire based organisations
  - One person representing Derby City based organisations
- Healthwatch Chief Executive Officers
  - Healthwatch Derbyshire, Chief Executive Officer, Healthwatch Derbyshire.

- Healthwatch Derby, Chief Executive Officer, Healthwatch Derby

Specific officers may be asked to attend meetings to provide detailed insight and input to topics or issues and these officers will not be able to vote on matters. NHS England shall be entitled to attend meeting as an observer and shall not be entitled to vote.

The ICP membership will be reviewed annually in line with the financial year commencing in April.

Public and patient experience, including those with lived experience, will feed into the Derby and Derbyshire ICP through its engagement activities and its Citizens Panel which will inform the work of the partnership.

### **Attendance**

Attendance of ICP meetings will be monitored and fed back to the ICP annually. Members are expected to attend at least four meetings held each calendar year.

### **Term of office**

The term of office of members shall end if:

- a) Rescinded by the organisation by whom they are appointed
- b) If a Councillor appointed by a Council cease to be a member of the appointing Council
- c) If the individual change's role within an organisation and is no longer in the role that led to their appointment to the ICP.

### **Substitutes**

It is expected that members will prioritise attendance at these meeting and make themselves available. Exceptionally where this is not possible a deputy of sufficient seniority may attend, if required who will be able to make decisions on behalf of their organisation in accordance with the objectives set out in the Terms of Reference for this group. The Chair of the ICP must be informed in advance of the relevant meeting of the identify of a substitute.

### **Responsibilities of ICP members**

Members should be senior leaders and key decision makers who are able to actively contribute to, and be collectively accountable for, the development and delivery of the Integrated Care Strategy and achievement of our shared ambition to health and care outcomes and reduce health inequalities.

All members will:

- Fully engage in the Integrated Care Partnership including active participation in discussions and decision-making relating to all relevant agenda items.
- Propose, as appropriate, agenda items, for information or discussion, to the Integrated Care Partnership.
- Represent their respective organisations or networks they represent and must take responsibility for communicating all relevant information within their organisation or network.
- Actively progress any strategic decision or action agreed at the Integrated Care Partnership through their own organisation and any relevant partners and networks.
- Ensure full support and implementation of the Integrated Care Strategy through their own organisation and relevant networks.
- Ensure their organisations are fully represented and participate in relevant sub-groups and/ or Task and Finish groups as appropriate.
- Members are expected to make good two-way connections between the Derby and Derbyshire ICP and the constituent partners, modelling a collaborative approach to working, and listening to the voices of people, patients, and the public utilising where possible the 'Ten principles for how ICSs work with people and communities, attached as Appendix 2.
- District Council members are in attendance on behalf of the other district councils and therefore have an obligation to feed in and out from the broader group of district councils.
- For Local Authority representatives this will be in accordance with the due political process.
- The Integrated Care Partnership will direct and commission specific pieces of work
- ICP members will be expected to action, coordinate, and feedback on agreed actions within agreed timescales.

## **Frequency**

The ICP will meet every eight weeks for a maximum of 3 hours unless the ICP agrees via a formal vote of members at the meeting to continue beyond this time limit.

If there is insufficient business the Chair can agree to cancel the meeting up to 5 days in advance of the set meeting date.

The date, time and venue of meetings will be fixed in advance and an annual schedule of meetings will be agreed.

Additional meetings may be convened at the request of the Chair or Vice Chair.

## **Reporting**

Reports considered by the Integrated Care Partnership will need to make a clear recommendation and demonstrate how they are delivering against integrated Care Strategy priorities. Reports for information and noting will be circulated electronically between meetings to ensure that information is shared in a timely manner.

## **Agenda planning**

All partnership members will be asked to put forward reports for consideration prior to agendas being finalised.

The Chair will set the agenda for the meeting.

## **Meeting Agenda**

The agenda will be approved by the co-chairs and will follow the following format:

- a) Apologies
- b) Declarations of Interest
- d) Minutes and action log of previous meeting
- e) Items for discussion and decision
- f) Items for information (where no decision is required).

All reports associated with agenda items must meet standard reporting requirements and be received by the secretariat by the date stated when agenda items are requested.

No late items will be accepted.

The agenda will be published at least five clear working days before the meeting, a copy of the agenda and associated papers will be sent to every member of the ICP.

## **Minutes**

The minutes of the proceedings will be approved at the next suitable meeting after they have been agreed as a correct record at that meeting. The minutes will be accompanied by a list of agreed action points which may be discussed in considering the minutes of the previous meeting should they not be specifically listed as items on the agenda for that meeting.

## **Quorum**

The meeting will be quorate when one ICB representative and one local authority member from both Derby and Derbyshire local authorities are present. The meeting will not proceed if Quorum is not met.

If any member of the Derby and Derbyshire ICP has been disqualified from participating in the discussion and/or decision-making for an item on the agenda, by reason of a declaration of a conflict of interest, then that individual shall no longer count towards the quorum.

### **Declaration of Interests**

Any interests held by members should be declared on any item of business at the meeting in accordance with procedures of the host authority.

The code of conduct for the members organisation will apply e.g., Derbyshire County Council Councillor will utilise their code of conduct. If organisations do not have their own code of conduct, then the code of conduct for the organisation hosting the meetings will apply.

### **Voting**

At this stage of its development the ICP will operate on a consensus basis.

Where items cannot be agreed on a consensus basis a small task and finish group involving necessary representatives will be established to consider matters outside of the ICP meeting, reporting back with an agreed way forward. If required, this will be facilitated by a third party.

### **Development sessions**

In addition to the formal public meetings, the ICP will hold regular development sessions. Development sessions will be held in private to support specific issue focused discussion and learning and active development of ICP members.

### **Operational Delivery**

Where possible delivery against priorities in the ICS Strategy and actions agreed by the ICP will be delivered by established system groups.

The ICP will be mindful of other system priorities and key groups, such as the Health and Wellbeing Board, Health and Wellbeing Partnerships and City Partnership when agreeing work programmes or actions.

The ICP will have a clear understanding of its relationships with other boards and seek to avoid duplication of effort and ensure alignment with other system activity. The governance diagram at Appendix 1 of this document sets out the relationship between the ICP and other groups and programmes of work in Derbyshire. If required a protocol document between the ICP and other strategic groups will be established to facilitate discussions and delivery against priorities.

The ICP will have two groups which can as appropriate report into the meeting, the Integrated Place Executive, and the Provider Collaboration Board. The Board will also receive regular updates from Derbyshire Health and Wellbeing Board and Derby Health and Wellbeing Board. The ICP will also update other Boards on its programme of work on a regular basis.

Place Alliances will be aligned to the Integrated Care Partnership and act as a delivery structure, working alongside Derbyshire Health and Wellbeing Partnerships and strategic groups in Derby City, to coordinate delivery of agreed actions and pieces of work.

Task and finish groups will be established by exception to take forward key pieces of work where this is no identified system group. Task and finish groups will include representatives from partner organisations and wider stakeholders.

### **Access to Information/Freedom of information**

The ICP shall be regarded as a local authority committee for access to information purposes and meetings will normally be open to the press/public.

### **ICP papers**

The agenda and supporting papers shall be circulated at least five clear working days in advance meetings and published on the Derby City Council website. Minutes will be published on the Derby City Council website.

Partners will be able to link to this online resource and share information about forthcoming meetings as appropriate.

### **Scrutiny**

Decisions of the ICP will be subject to scrutiny and the “call-in” powers of the constituent councils’ scrutiny arrangements.

### **Secretariat**

The Secretariat role will be provided by Derby City Council. This role will include minute-taking and distribution, administration of all agenda items and associated papers.

### **Remuneration**

Members attendance at meeting will not result in additional payments. Mileage and expenses can be made by the respective authorities or organisations in line with organisational policy and procedures.

## **Support arrangements**

The host authority will also provide support via the Monitoring Officer and Section 151 officer.

## **Information Sharing Protocol**

If necessary, the ICP and partners will develop an information sharing protocol to enable the effective sharing of information and ensure compliance with General Data Protection Regulations.

## **Review**

These terms of reference will be reviewed annually or earlier if required.

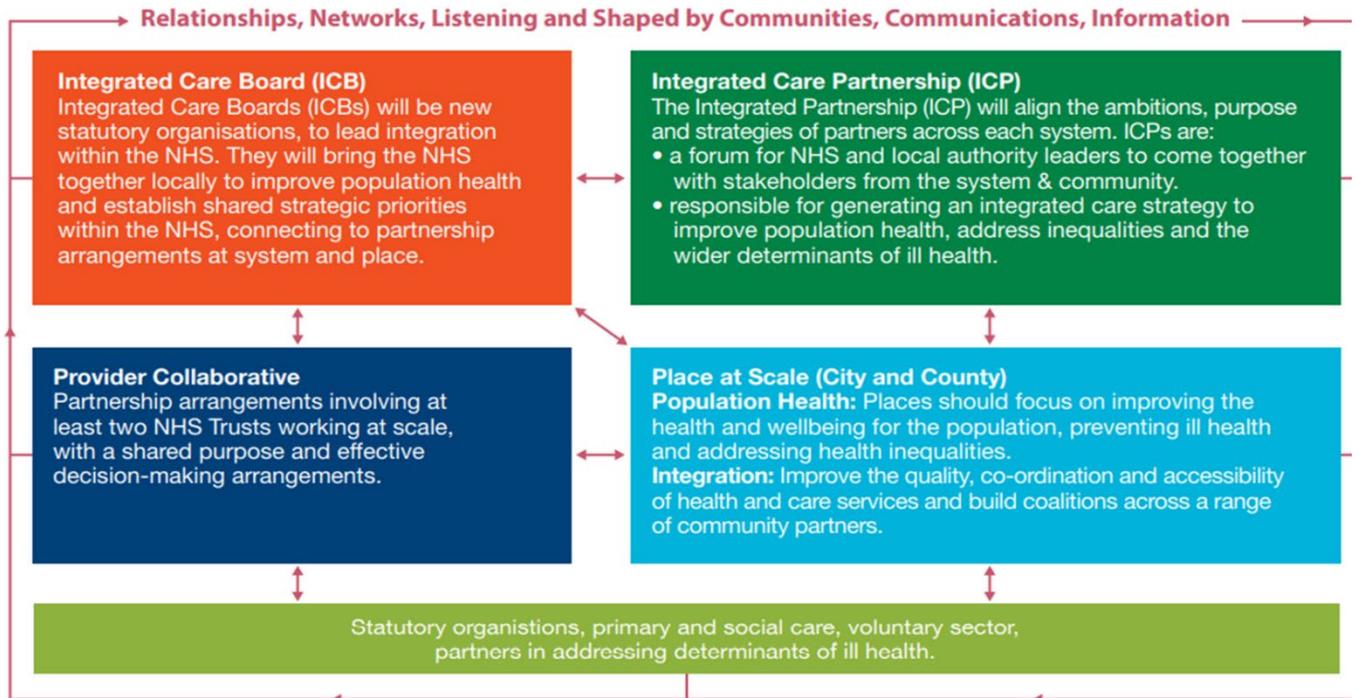
### **Last Review**

September 2022

### **Next Review**

April 2023

# Terms of Reference Appendix 1: ICP Relationship with other Boards



## **Terms of Reference Appendix 2: Ten principles for how ICSs work with people and communities**

1. Put the voices of people and communities at the centre of decision-making and governance, at every level of the ICS.
2. Start engagement early when developing plans and feed back to people and communities how their engagement has influenced activities and decisions.
3. Understand your community's needs, experience and aspirations for health and care, using engagement to find out if change is having the desired effect.
4. Build relationships with excluded groups, especially those affected by inequalities.
5. Work with Healthwatch and the voluntary, community and social enterprise (VCSE) sector as key partners.
6. Provide clear and accessible public information about vision, plans and progress, to build understanding and trust.
7. Use community development approaches that empower people and communities, making connections to social action.
8. Use co-production, insight, and engagement to achieve accountable health and care services.
9. Co-produce and redesign services and tackle system priorities in partnership with people and communities.
10. Learn from what works and build on the assets of all ICS partners – networks, relationships, activity in local places

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 045

<b>Report Title</b>	ICB Winter Plan: November 2022 – March 2023							
<b>Author</b>	Craig Cook, Director of Acute Commissioning, Contracting & Performance							
<b>Sponsor (Executive Director)</b>	Zara Jones, Executive Director of Strategy and Planning							
<b>Presenter</b>	Zara Jones, Executive Director of Strategy and Planning							
<b>Paper purpose</b>	Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>
<b>Appendices</b>	Appendix 1 – Winter Plan Executive Summary							
<b>Assurance Report Signed off by Chair</b>	N/A							
<b>Which committee has the subject matter been through?</b>	NHS Executive Leadership review – 11 <sup>th</sup> September 2022							

#### Recommendations

ICB Board Members are invited to **DISCUSS** this plan on the basis that:

- a) All reasonable effort has been made to respond to the requirements as set out by NHSE England and there are three areas to note in this regard:
- Cancer long-waits: We will continue to reduce the number of people waiting over 62 days for cancer treatment, but will not reach the pre-pandemic level by March 2023, as requested by NHS England.
  - Category 2 response times: Whilst action is being taken to address this issue from a system perspective, e.g., introduction of the 'push model' and changing the community response to falls, in addition to EMAS' own internal improvement programme, it is unclear at this stage what impact this action will have on freeing up crew capacity.
  - Community capacity: This plan sets out how we will increase discharge to assess capacity over the winter period, but there is still a gap between packages of home care demand vs. capacity on offer, for patients discharged from hospital, particularly across County provision.

- b) Assurance is given that the Directors of Finance will conduct further work to set out (i) the specifics of what the realistic cost impact of this plan are for the remainder of 2022/23 and (ii) how the financial position can be effectively managed.
- c) Assurance is given that Quality and Safety Leads from all Providers and organised at System level will ensure robust controls are put in place to survey and respond to clinical harm/safety risks.
- d) Assurance is given that the Planning and Co-ordination Group will take responsibility for monitoring the implementation of this plan, working with the leadership of the three ICB Delivery Boards.

### **Purpose**

To brief the ICB Board on the substantive aspects of the ICB's plan for winter (November 2022-March 2023).

### **Background**

In August 2022, NHS England published its expectations on how Integrated Care Boards (ICBs) should be increasing capacity and operational resilience in urgent and emergency care ahead of this winter. This was supplemented with extra guidance in October 2022, focussing on further action that ICBs should be taking.

This document is our response and details the action that we will take to deliver the 6 key priorities for the ICB over the next period, specifically:

1. Protecting people from COVID-19 and Influenza
2. Supporting people in their own home
3. Providing an urgent response for those most in need
4. Enhancing the resilience of General Practice
5. Reducing discharge delays from hospital
6. Reducing the backlog for elective and cancer care

### **Report Summary**

1. We go into this winter on the back of a spring and summer period which has seen key aspects of health and care service provision operating at full capacity and levels of escalation like the last winter period – with little opportunity to reduce.
2. This is an unprecedented situation, with:
  - The level of ‘exit-block’ from our acute hospitals being the key structural issue which is driving front end acute pressures (over-crowding, long waits for admission and ambulance delays in the ED) and a has a direct opportunity cost of lost elective operating time.
  - General practice delivering more appointments than any previous period recorded – with close to half of this output servicing on the day demand.
  - Community Nursing Teams are serving more demand of a complex nature.

3. Whilst this plan is not focussed on the actions that are necessary to put these services, and others, on a more sustainable trajectory in the long term, it is focussed on creating a greater level of operational resilience over winter which hopefully provide a springboard going into 2023/24.

4. An assessment of our position against the key deliverables this winter is as follows:

**a. Areas where our plan is compliant to the ask of NHS England and there is sufficient confidence of delivery – includes:**

Requirement	Rationale
Rolling out the C-19 booster vaccination to c43,000 people.	We are ahead of trajectory in terms of vaccination numbers.
Matching last year's influenza uptake rate.	Confidence level based on the quality of our historic performance.
Ensuring that at least 70% of the urgent community response referrals are responded to within 2 hours.	Confidence is rated as high as we are currently within target range.
Implementing a universal community-based falls recovery service.	Impact is rated as high given the plan to deal with a large majority of the demand for level 1 and 2 falls that EMAS are currently dealing with. The confidence level is based on the specificity of the plan and the fact that it doesn't rely on a significant number of new staff.

**b. Areas where we have set out a compliant position but there are issues of confidence in relation to delivery:**

Requirement	Rationale
Reducing the number of 78+week waits for general elective care to 0 by March 2023	Whilst we have set out a compliant plan with the expected level of impact, there is uncertainty on deliverability, particularly given that (i) the number of 78+ weeks wait is currently on an upward trajectory and (ii) we don't have a fully mitigated G&A bed position which therefore poses risk to our ambition to ringfence elective beds.
Increasing community capacity	Whilst we plan to increase community step down capacity, it is not of a sufficient level to meet demand and have a significant impact on reducing discharge delays - particularly P1 package of cares. Confidence is rated as medium given that sourcing staff has a degree of uncertainty to it.
Increasing general practice capacity	A 10% increase in on-the-day appointment capacity is sizable, particularly given the level of demand which is displaced to other parts of the system which is much less than this. Furthermore, the 'standing-up' of acute respiratory



Project Dependencies				
Completion of Impact Assessments				
<b>Data Protection Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>
Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b>	
Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:				
Better health outcomes	<input checked="" type="checkbox"/>	Improved patient access and experience	<input checked="" type="checkbox"/>	
A representative and supported workforce	<input type="checkbox"/>	Inclusive leadership	<input type="checkbox"/>	
Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?				
No implications or risks identified				
When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?				
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste <input type="checkbox"/>
<b>Details/Findings</b> Not applicable to this report.				

# Our plan for the winter

November 2022 – March 2023

## **Executive Summary**

## Context

- We go into this winter on the back of a spring and summer period which has seen key aspects of health and care service provision operating at full capacity and levels of escalation similar to the last winter period – with little opportunity to reduce.
- This is an unprecedented situation, with:
  - The level of ‘exit-block’ from our acute hospitals being the key structural issue which is driving front end acute pressures (over-crowding, long waits for admission and ambulance delays in the ED) and a has a direct opportunity cost of lost elective operating time.
  - General practice delivering more appointments than any previous period recorded – with close to half of this output servicing on the day demand.
  - Community Nursing Teams are serving more demand of a complex nature.
- Whilst this plan is not focussed on the actions that are necessary to put these services, and others, on a more sustainable trajectory in the long term, it is focussed on creating a greater level of operational resilience over winter which hopefully provide a spring board going into 2023/24.
- In August 2022, NHS England published its expectations on how Integrated Care Boards (ICBs) should be increasing capacity and operational resilience in urgent and emergency care ahead of this winter. This was supplemented with extra guidance in October 2022, focussing on further action that ICBs should be taking.
- The plan is our response to these documents and details the action that we will take to deliver the 6 key priorities for the ICB over the winter period.

- 1 Protecting people for COVID-19 and Influenza
- 2 Supporting people in their own homes
- 3 Providing an urgent response for those most in need
- 4 Enhancing the resilience of General Practice
- 5 Reducing discharge delays from hospital
- 6 Reducing the backlog for elective and cancer care

## What happens if we 'do nothing':

Some of the impacts of the do nothing scenario...

- Both hospitals will continue to use >200 more overnight G&A beds than we planned for. This will make it increasingly difficult for us to deliver our elective operating objectives.
- Our community 'discharge to assess' services will continue to operate with a deficit level of capacity – short of ~45 step down nursing beds with rehabilitation and reablement and short of ~460 packages of home support per month.
- We will continue to lose around 36 hours of productive paramedic time per day because of ambulance handover delays.
- Opportunities for improving secondary prevention of disease will be missed – specifically for diabetes, hypertension, dementia and poor physical health outcomes for people with severe mental illness.

# So what action will we take?

1

## Protecting people for COVID-19 and Influenza

- ~43,000 people across Derby and Derbyshire receiving a C-19 booster vaccination.
- 100% of the eligible population offered an influenza vaccination, with uptake at least matching the high levels of uptake achieved in 2021/22 .

2

## Supporting people in their own homes

- The **Urgent Community Response Service** will see around 800 people per month, with 70% of referrals being responded to within 2 hours – which represents an improvement on current performance levels.
- The PCN led **Home Visiting Service** will increase its reach across Derby and Derbyshire, delivering a minimum of 2,000 visits to some of the most vulnerable housebound people.
- We will implement an **enhanced community falls service**, with full geographic coverage, operational by the end of December. This will focus on responding to 90% of the see and treat incidents that EMAS are currently dealing with and at least 50% of the see, treat and convey incidents as well
- We will improve the diagnosis of **dementia**, with at least 65% of the relevant population being correctly diagnosed, an improvement on the 62% level currently seen.
- We will improve the diagnosis of **hypertension**, where we will close the gap between observed and expected diagnosis rate by 2.5% by the end of the winter period.
- We will refer more people who are **pre-diabetic** to the Diabetes Prevention Programme – moving from 62% of population referred to at least 75% by the end of the period.
- We will see a 10% improvement in the proportion of people with a **Severe Mental Illness** receiving a physical health check by the end of the winter period.

# What action will we take?

3

## Providing an urgent response for those most in need

- A new **'push' operating model will be implemented at both acute hospitals**, with the guiding principle of reducing ambulance handover delays and freeing up crews - so as to reduce clinical risk in the community as well as decompressing Emergency Departments.
- The construct of the model will be based on the following parameters:
  - Early MFFD for pathway 0 patients with early discharge (Home or discharge lounge) No patient on a pathway 0 to occupy ward bed after 12:00.
  - Hourly movement from the Emergency Department to Assessment Units continuously over the 24-hour period irrespective if there is a bed available.
  - Every hour between 08:00 and 20:00, Hourly movement from Assessment units will be transferred to the wards totalling the medical take
  - By 22:00 each evening the Assessment units have an agreed number of empty beds
- Continue to operate Crisis House, Safe Haven and Crisis cafe within Derby for people who are in need of support, and promote the use of the mental health helpline and support service, 24/7 for those in emotional and mental health CRISIS.
- Ensure effective utilisation of resources within Crisis Resolution Teams/Home Treatment Teams, providing intensive home treatment, ensuring effective gatekeeping of inpatient capacity and supporting the discharge process.

4

## Enhancing the resilience of General Practice

- We will see a **10% increase** on the number of on-the-day appointments that we have delivered to date.
- 4 county wide **Acute Respiratory and Infection Hubs** will be implemented, to reduce the burden of acute respiratory illness on primary care and reduce nosocomial transmission.
- There will be renewed focus on **simplifying working arrangements across the primary – secondary care interface** to include: (i) removing non-value adding steps to the consultant to consultant referral process (ii) fit notes (iii) supply of medicine on discharge (iv) reducing patients bouncing between sectors when it comes to the testing/diagnostic process.
- Capital investment in **cloud-based telephony services** across General Practice – currently subject to NHSE review/approval.

## What action will we take?

5

### Reducing discharge delays from hospital

- We will **increase step-down capacity** – including:
  - Contracting with CHS Healthcare to provide the clinical workforce necessary to staff 14 beds at the Ilkeston Hospital.
  - Opening 23 beds at the Florence Nightingale Community Hospital.
  - Opening 10 interim beds across Derbyshire County Council estate.
  - Opening 4 additional beds at the Ashgate Hospice.
  - Putting 200 virtual beds into operation by April 2023, with 120 coming on line through December and the remaining 80 throughout quarter 4.
  - Contracting CHS Healthcare to provide supported discharge capacity to the RDH and CRH.
- It is anticipated that the cumulative effect of these measures will help reduce the demand on General and Acute overnight beds - equivalent to around 72 over the period.
- We will also enhance medical and surgical **Same Day Emergency Care (SDEC) services and frailty assessment services** at both acute sites, with the anticipated benefit of reducing demand on beds – equivalent to around 14 over the period.

6

### Reducing the backlog for elective and cancer care

- We will use **clinical urgency** (based on the P1-6 construct) and **chronology** (amount of time waited) as the two prime criteria for deciding who receives elective care.
- We will **reduce the number of 78 week waits to 0 by the end of March 2023, by protecting a minimum of 100 overnight elective beds** across both acute sites, fully protecting the use of day case units and continuing to operate full outpatient services.
- Whilst we **will not reduce the 62+ day cancer waiting list** to the pre-pandemic level by the end of the winter period, we will continue to reduce it and maintain performance against the 28 day faster diagnosis standard over the winter period at the very least.

## Does it meet NHS England's expectations?

Key deliverables	Compliance <i>Does our plan meet NHSE's requirements?</i>	Planned impact <i>What is the scale of planned impact?</i>	Degree of confidence <i>In terms of delivery</i>	Rationale – planned impact and degree of confidence
Reduce the number of 78 week waits to 0 by the end of March 2023	Green	Green	Yellow	Whilst we have set out a compliant plan with the expected level of impact, there is uncertainty on deliverability – particularly given that (i) the number of 78+ weeks wait is currently on an upward trajectory and (ii) we don't have a fully mitigated G&A bed position (see page 9) which therefore poses risk to our ambition to ringfence elective beds.
Reduce the 62+ day cancer waiting list to the pre-pandemic level by the end of the winter period	Red	Yellow	Yellow	The number of 62+day waits is on a downward trajectory but impact of new referral demand on capacity not yet understood.
Roll out the booster vaccination to the eligible population	Green	Green	Green	We are ahead of trajectory in terms of vaccination numbers.
At least match last year's high uptake rate for the influenza vaccination	Green	Green	Green	Confidence level based on the quality of our historic performance.
Ensure 70% of urgent community response referrals are responded to within 2 hours	Green	Green	Green	Planned impact rated high given that we are submitting a compliant plan. Confidence is rated as high as we are currently within target range.
Implement a community based falls service	Green	Green	Green	Impact is rated as high given the service plans to deal with a large majority of the demand for level 1 and 2 falls that EMAS are currently dealing with. The confidence level is based on the specificity of the plan and the fact that it doesn't rely on a significant number of new staff.

## Does it meet NHS England's expectations?

Key deliverables	Compliance <i>Does our plan meet NHSE's requirements?</i>	Planned impact <i>What is the scale of planned impact?</i>	Degree of confidence <i>In terms of compliance and/or planned impact</i>	Rationale – planned impact and degree of confidence
Increase community capacity	Green	Yellow	Yellow	Whilst we plan to increase community step down capacity, it is not of a sufficient level to meet demand and have a significant impact on reducing discharge delays - particularly P1 package of cares. Confidence is rated as medium, given that sourcing staff has a degree of uncertainty to it.
Increase the number of virtual wards in operation	Green	Yellow	Yellow	Whilst there is a reasonable level of confident that some provision will be in place from December, there is uncertainty as to the scale of what will be available given that the initiative relies on recruitment of c85 WTEs and many posts are still out for advert.
Improve category II 999 response times	Red	Yellow	Yellow	Given the size of the gap between current category II response times compared to target, it is highly unlikely that we are to overturn the deficit in performance. This is based on two factors (i) EMAS are unable to source new crew capacity and (ii) there is insufficient evidence at this stage as to what level of crew capacity the new push model will release by reducing ambulance delays.
Increase general practice capacity	Green	Green	Yellow	A 10% increase in on-the-day appointment capacity is sizable, particularly given the level of demand which is displaced to other parts of the system which is much less than this. Furthermore, the 'standing-up' of acute respiratory hubs, meets NHSE's requirements and will play an important role in enhancing the resilience of general practice over the winter. Confidence is rated as medium given that sourcing staff has a degree of uncertainty to it.

## What are the risks?

### 1 Workforce

- Ability to recruit – particularly pertinent to the VW initiative and staffing community surge beds.
- Increased sickness absence – no significant change to current absence rates have been assumed.
- Staff availability due to industrial action – no adverse impacts incorporated into Provider plans.
- Stability of the PVI sector – degree of uncertainty particularly given financial constraints.

### 2 COVID-19

- Burden of COVID-19 on bed occupancy exceeds plan. Current plans are predicated on COVID occupancy being at between 5-8% over the winter period.

### 3 Safety

- Given that this plan does not make a material impact on category II response times, cancer long waits and delayed discharges, the risks to clinical safety associated with this has not been fully mitigated.

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 045

<b>Report Title</b>	Progress on key national priorities for the NHS							
<b>Author</b>	Zara Jones, Executive Director of Strategy & Planning Keith Griffiths, Executive Director of Finance							
<b>Sponsor (Executive Director)</b>	Zara Jones, Executive Director of Strategy & Planning							
<b>Presenters</b>	Zara Jones, Executive Director of Strategy & Planning Keith Griffiths, Executive Director of Finance							
<b>Paper purpose</b>	Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>
<b>Appendices</b>	Appendix 1 – Progress on key national priorities as set out in “Our Plan for Patients” Appendix 2 – 2022/23 Month 6 Reporting Overview							
<b>Assurance Report Signed off by Chair</b>	Not applicable							
<b>Which committee has the subject matter been through?</b>	Not applicable							

<b>Recommendations</b>
The ICB Board are recommended to <b>NOTE</b> and <b>DISCUSS</b> : <ul style="list-style-type: none"> <li>the progress on key national priorities for the NHS; and</li> <li>the 2022/23 Month 6 Reporting Overview</li> </ul>
<b>Purpose</b>
To update the Board on our position against key national priorities. To be read in conjunction with our winter plan.
<b>Background</b>
The Key national priorities for the NHS were set out by the Government in Our Plan for Patients.
<b>Report Summary</b>
<ul style="list-style-type: none"> <li>The material here sets out our local position against the recently published <a href="https://www.gov.uk/government/publications/our-plan-for-patients">Our plan for patients – GOV.UK (www.gov.uk)</a></li> <li>The information should be read in conjunction with our winter plan which summarises our current operational position and requirements to manage the expected demands of the remainder of 2022/23</li> <li>The key areas covered here include our ambulance and urgent and emergency care response, elective and cancer waiting times and treatment and General Practice access and workforce.</li> </ul>

<b>Identification of Key Risks</b>					
Risks to the Derbyshire system are detailed throughout the report.					
<b>Has this report considered the financial impact on the ICB or wider Integrated Care System?</b>					
Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A <input checked="" type="checkbox"/>	
<b>Details/Findings</b>				<b>Has this been signed off by a finance team member?</b> Not applicable.	
<b>Have any conflicts of interest been identified throughout the decision making process?</b>					
None identified.					
<b>Project Dependencies</b>					
<b>Completion of Impact Assessments</b>					
<b>Data Protection Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>	
<b>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b>		
<b>Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:</b>					
Better health outcomes			<input checked="" type="checkbox"/>	Improved patient access and experience	<input checked="" type="checkbox"/>
A representative and supported workforce			<input checked="" type="checkbox"/>	Inclusive leadership	<input type="checkbox"/>
<b>Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?</b>					
Page 8 of the report details vaccination inequalities.					
<b>When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?</b>					
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste	<input type="checkbox"/>
<b>Details/Findings</b>					
The ICB Board is dedicated to the delivery and achievement of the Net Zero and Derbyshire ICS Green Plan targets.					

# Progress on key national priorities as set out in *“Our Plan for Patients”*

NHS Derby & Derbyshire ICB  
Public Board Meeting  
17 November 2022

# Context

- The material here sets out our local position against the recently published [Our plan for patients – GOV.UK \(www.gov.uk\)](https://www.gov.uk/government/consultations/our-plan-for-patients)
- The information should be read in conjunction with our winter plan which summarises our current operational position and requirements to manage the expected demands of the remainder of 2022/23
- The key areas covered here include our ambulance and urgent and emergency care response, elective and cancer waiting times and treatment and General Practice access and workforce.

# Derbyshire Ambulance Handovers & Performance

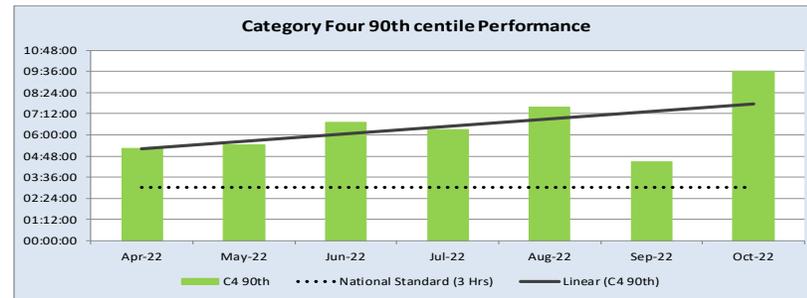
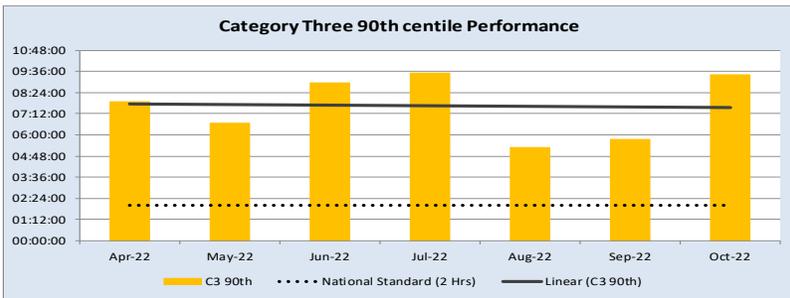
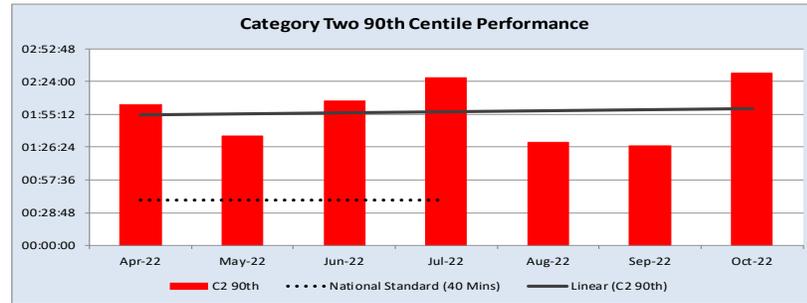
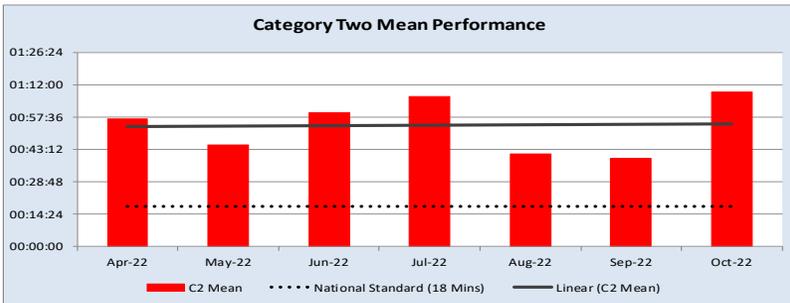
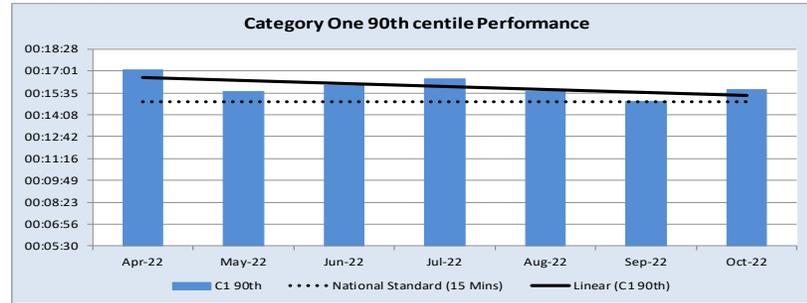
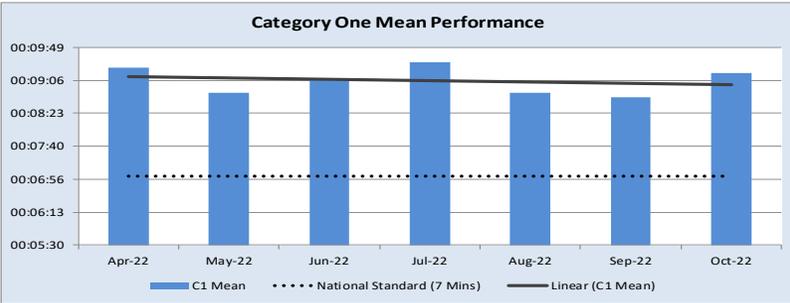
## Performance

Performance against our response time targets remains challenging and we continue to work with partners to make improvements to the position.

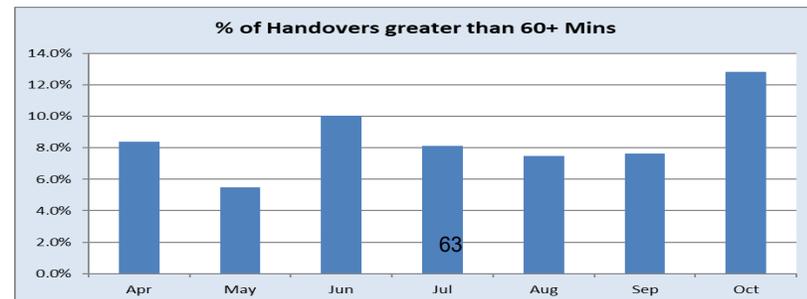
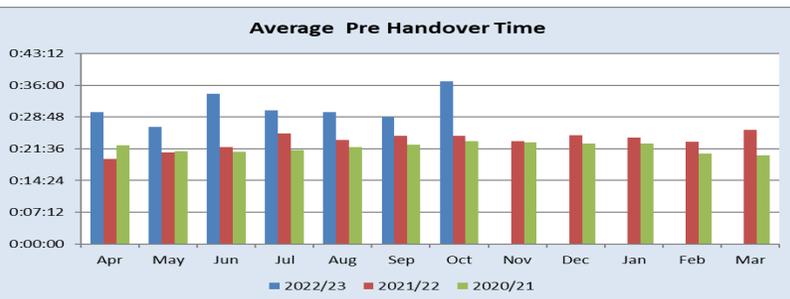
There has been an improvement in the average handover time and also a reducing number of handovers above 60+ minutes in the most recent unvalidated data since October data was published related to local initiatives between acute trust and EMAS to implement different ways of managing the flow at the front door and through the hospital.

Linked to our winter plan, it is important that we continue to make improvements to reduce response times and handover times further.

System-wide action is required to maintain 'flow' from the ED front door right through the acute hospital and out into the community.

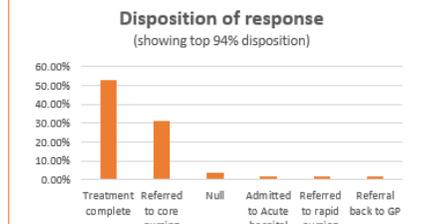
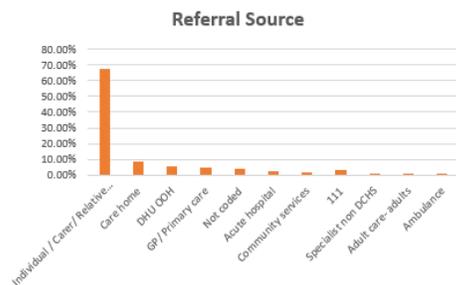
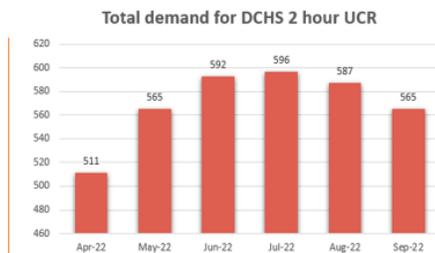
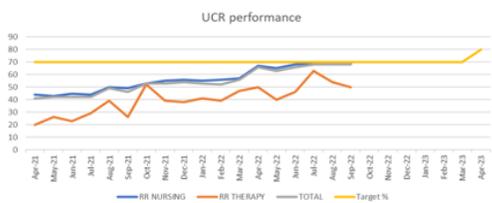


Performance below the dotted line indicates achievement of the national standard



# Urgent Community Response (UCR)

## UCR reporting- DCHS September 22



**National Target 70%**

DCHS (September) 68%

Demand (September) 565

National position(August)- 82%

Regional Position(August)-82%

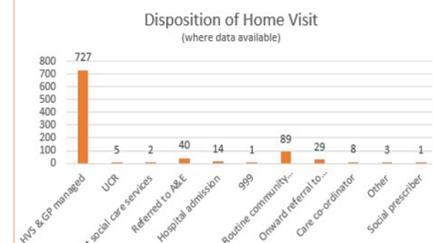
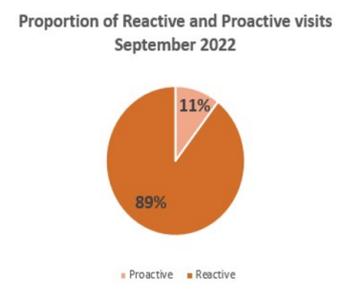
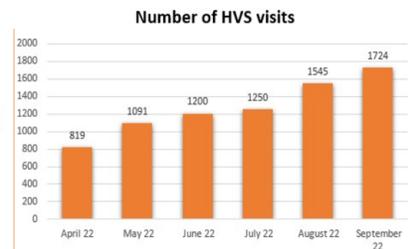
**Target achievement**

Progress made towards target.

Variation across PCNs\* from 51-92%

**Please note:** DCHS is currently the only provider submitting via CSDS. Aiming for all 4 parts to submit in time (FRS, ASC, HVS)

## Home Visiting Service-September



**Target**

100% operational lead by 1.4.22

**Target achievement**

100% achieved. South Hardwick operational lead commences 1<sup>st</sup> November.

**Target**

100% costed plans reviewed by 1.6.22

**Target achievement**

54.5% plans completed for 6\* PCNs. High Peak, Dales & North Hardwick & Bolsover have dates for scrutiny. Currently NE Derbyshire and South Hardwick remain without plans.

**Target**

100% PCNs delivering:  
5 day per week 8am -8pm by 1<sup>st</sup> December 2022  
7 days a week 8am -8pm by 1<sup>st</sup> April 2024

**Progress towards target achievement**

**8am-6:30pm 5 days a week-**  
PCNs working 5 days per week - 36% (4\*)  
PCNs working 8 am-6:30pm 45% (5)  
Progress towards total hours/5 days a week - 53%

**6.30pm -8pm 5 days a week** no PCNs working until 8pm

**Weekend working-** no PCN working weekends

79% Geographical coverage (of population)- HVS in action  
11% Geographical coverage with service pending,  
10% Geographical coverage with no plans or start date yet in place

\* Derby City result combines the 5 PCNs

\* Derby City is counted as 1, although is 5 PCNs working together.

- UCR is the collective name for services that improve the quality and capacity of care for people through the delivery of urgent, crisis response care within 2 hours. Our UCR has shown sustained improving performance towards the national target of 70%.
- There has been continued expansion of the JUCD Team Up acute home visiting service which provides multi-professional response. The service is embedding a Primary Care Network led GP element to integrate with the Community Health and Rapid Adult Social Care elements of Community Urgent Response
- Phased plans in place for expansion and integration of Falls Recovery Service in line with national ask and adhering to JUCD Team Up principles to connect and embed reactive pick up and standardised proactive response to post falls care.

# Mental Health Crisis Support

- There is strengthened Crisis/ Home Treatment for all ages
- For Children and Young People Intensive Home support expansion is progressing
- A new Capital Grant has enabled more and faster crisis service development for Crisis House, Safe Haven and Crisis Cafes in different parts of the County.

# Vaccinations

## COVID

- All eligible cohorts open for vaccination
- Current uptake at 57% (310k) against a national target of 75%.
- 49k vaccinations co-administered with flu
- 92% of care homes vaccinated (those remaining are due to COVID outbreaks but dates scheduled before 20/11/22 apart from 1 home (later date))
- Housebound actively being vaccinated with completion expected by 4/12/22
- Desktop narrative surge plan requested by NHSE in October – completed – confident in ability to stand up to surge.

# Vaccinations

## Flu

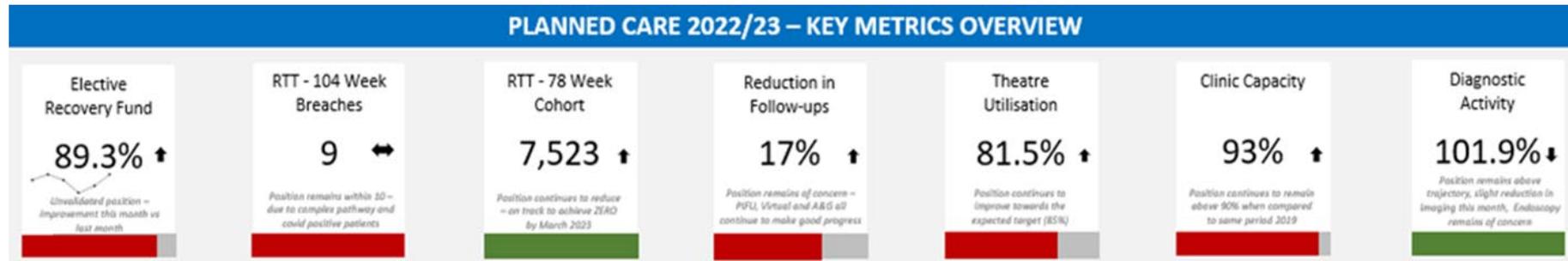
- Performance at week 42 across all categories currently exceeds that of the same period last year with the exception of 2/3 year olds
- 2/3 performance data available at GP practice level – targeted approach and comms being circulated via NHSE – national performance problem. To be discussed at JUCD flu group on 9/11 and through Vaccine Inequalities Group
- Staff are being vaccinated at Trusts through the Occupational Health offer including ICB staff.

# Vaccinations

## Inequalities

- Vaccination of people experiencing homelessness in Derby City is currently taking place supported by Wilson Street Surgery and EMAS
- A Maternity vaccination group has been established with system colleagues and NHSE to look at uptake can be supported across both the flu and COVID programmes
- An Overseas Vaccination Service has been agreed in JUCD, conversations are taking place with potential providers and a transport offer.

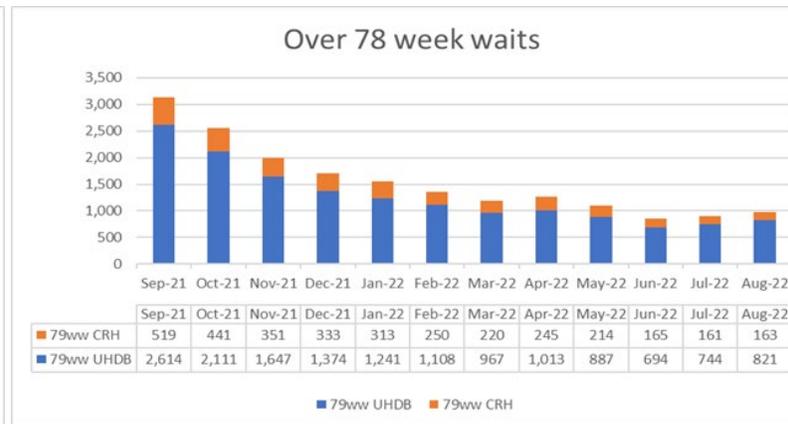
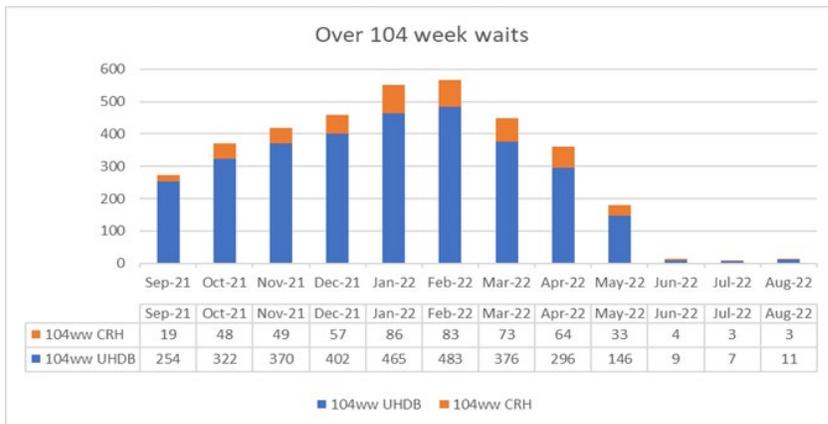
# Elective Care



Delivering the planned levels of elective activity remains a challenge. For September the unvalidated position for cost weighted activity was 89.3%. Compared to activity levels planned within the system 100.4% of 19/20 weighted average activity against a national ambition of 104%.

The biggest under performance is within Overnight Elective due to on-going demand for non-elective beds with the number of patients who are medically fit but remain in a hospital bed continuing to be high. This has resulted in the plan to release beds back into EL capacity being delayed. Divisional Teams continue to look at opportunities to maximise capacity to deliver the ambition set out in our plans. Actions include;

- Protecting elective beds over the winter wherever possible.
- Increasing the number through the theatre improvement programme, Theatre productivity remains positive increasing above the trajectory set for December.
- Focus on Outpatient productivity with an expectation that all areas will return to 19/20 levels of Consultant activity
- Delivery of the Endoscopy recovery plan at UHDB

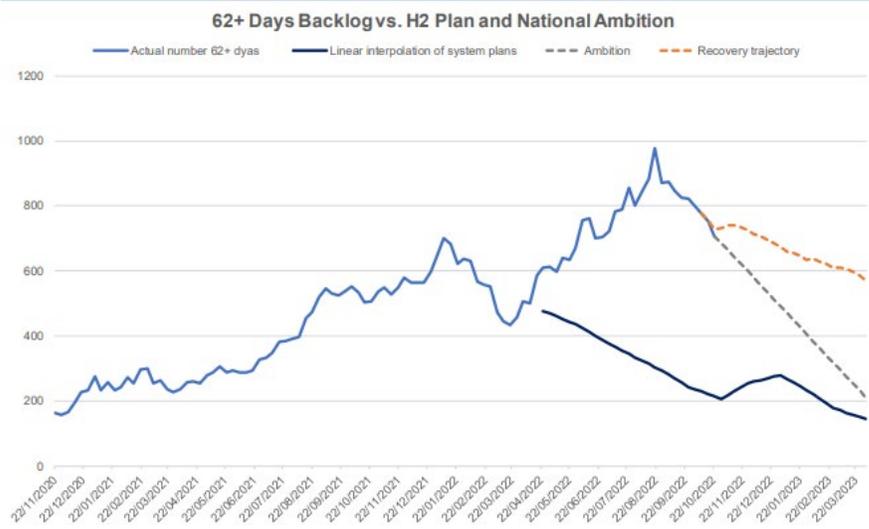


## 104 week and 78 week Performance

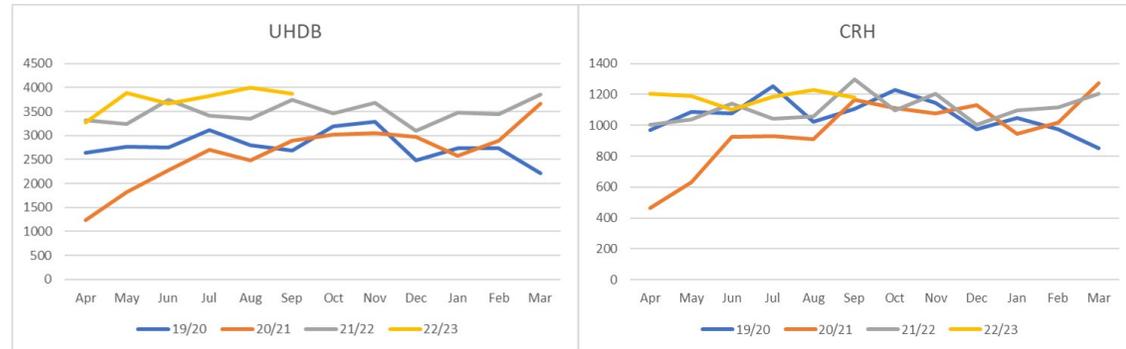
Despite the challenges good progress has been maintained with eliminating the longest waits across the system with both acute Trusts forecasting to reach the national ambition of 0 patients waiting more than 78 weeks by the 31<sup>st</sup> March 2023.

Risks: Increased complexity due to the length of time patients have waited, growing demand and staff shortages through recruitment gaps, sickness and industrial action are all factors which could impede the elective recovery. A significantly challenging winter remains one of the biggest risks, however all system partners have engaged in developing a winter plan which aims to mitigate this risk.

# Cancer



**Cancer 2ww Referrals**



Cancer performance and the ambition to bring the number of patients waiting more than 62 days back to pre-pandemic has been challenging in recent months driven primarily by UHDB’s position. Referrals, particularly at UHDB have been significantly higher than pre-pandemic levels with there being 44% more referrals in September 2022 than in the same month in 2019. However through a continual focus on recovery there has been significant improvements recently. Actions to improve the position include

- Development of tumour site specific recovery plans
- Renewed weekly focus on operational performance through a weekly PTL
- Significant focus on removing patients from the PTL who have been found not to have cancer
- Pathway mapping and transformation to ensure services are compliant with the Best Practice Timed Pathways
- Engagement with Primary care to try to ensure that referrals are in line with best practice guidance
- Additional theatre capacity for Breast at Chesterfield Royal.

Risks: Growing demand and staff shortages through recruitment gaps, sickness and industrial action are all factors, like in Planned Care, which could impede cancer recovery. A significantly challenging winter remains one of the biggest risks, however Cancer services and patients will be prioritised throughout the winter period to ensure that our sickest patients get the care that they need.

# Community Diagnostic Centres

Progression with the year 1 roll out of Community Diagnostic Centres continues to go well and they are just awaiting delivery of the Derbyshire system Mobile MRI and CT Scanners. Florence Nightingale Community Hospital (FNCH), Ilkeston and Whitworth are delivering 95% of the activity anticipated in the plan with the underperformance being at Whitworth in Phlebotomy as it is a different service model in the North to the South

In Year 2 they UHDB been successful with their bids for FNCH and have had £11.6m approved over 2 years, Ilkeston £5.1m for 22/23 and they will be the first in the region to have an open MRI scanner bringing this service closer to patients homes not only in Derbyshire and East Staffordshire but for the whole region with the nearest scanner previously being in the Northwest of England. They have also been successful as part of the Staffordshire and Stoke ICS to have a CDC at Sir Robert Peel Hospital (SRP) £3.1m for 22/23

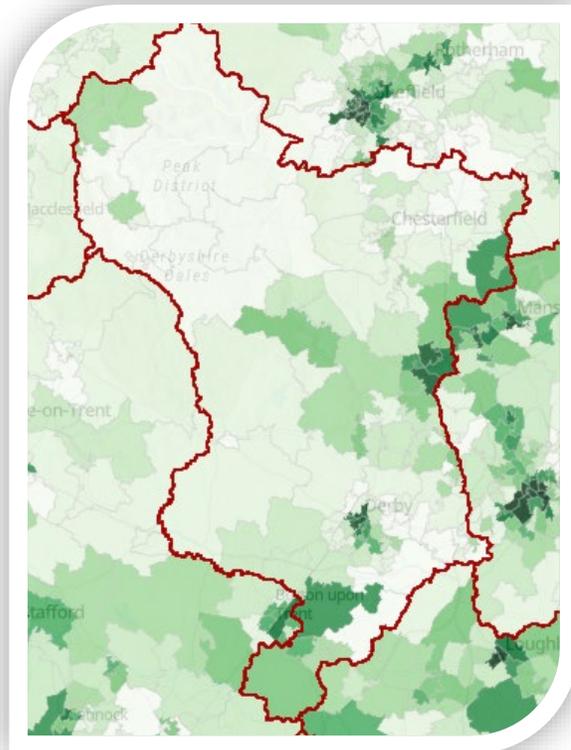
A bid for just under £15m was submitted for Walton (North Derbyshire CDC) and the feedback received from the regional team was for them to revise their plans against a smaller capital envelope.

# GP Access – September 2022

- Total number of appointments in Sept 22 has increased by 1.7% in comparison with Sept 19 when corrected for working days with a total of approx. 560,000 for the month
- Face to face appointments in Sept 22 made up 71% of total appointments, up 6% since April 22. The national average is 68%.
- Same day appointments in Sept 22 are up 2% compared to Sept 19 when corrected for working days, making up 37.6% of Sept total appointments
- We are creating 75,000 more appointments over the coming winter as part of our winter plan.

# NHS Dentistry – Derby & Derbyshire

## Dental Access



Dental Access and Relative Difference in Access



- No activity lost in area from contract reductions or terminations
- 83.5% of Patient Access Retained
- Activity has mirrored that of the Midlands average.

# NHS Dentistry – Derby & Derbyshire

## 2022/23 Investments

A large financial investment has been made to facilitate initiatives designed to increase access across primary, community and hospital care:

- General Dental Services
  - Weekday Sessions
  - Dedicated Urgent Care slots during surgery opening hours
- Local Authorities
  - Oral health improvement
- Community Dental Services
  - General dental support practices – additional capacity to support delivery of special care dental services
  - Waiting list
- Hospital Dental Care
  - Waiting list

## Priorities

- National Dental Contract Reform
  - Change to national dental contract from the government
    - Significant changes to address challenges associated with delivery care to higher needs patients
    - Ease for patients to access NHS care

*Some changes will not be introduced until later in 2022 as they will require the government to pass primary legislation before they can be introduced. The next phase of reform will start imminently to build on the changes made and tackle longer-standing concerns.*

- Oral Health Needs Assessment
  - LAs and ICBs have [equal and joint](#) duties to prepare Joint Strategic Needs Assessments (JSNAs) and Joint Health and Wellbeing Strategies (JHWSs) through the health and wellbeing board.
- Access to services
- Workforce
- Vulnerable groups

# Enabling Delivery

Maximising workforce recruitment, retention and availability

- Growing our own Apprenticeships, ODP's, rotational programmes
- Increasing international recruitment for nursing, AHP and medical posts
- 1 year appointment for a System Retention Lead
- Working on creating practise in recruitment to 'reduce to hire'
- E rostering and establishment review across UHDB
- Scaling up Reservist Model for health and social care
- Collaborative bank for CRH in SY and Derbyshire workforce sharing agreement
- Encouraging staff to retire to return including to be legacy mentors
- No caps on consultant job plans
- Flexible pension arrangements including pension recycling where required.

# **2022/23 Month 6 Reporting Overview**

## **ICB Board November 2022**

# Month 6 Position

Month 06 Position	2022/23 Year to Date Actuals and Likely Forecast Outturn					
	YTD Plan £m's	YTD Actual £m's	YTD Variance £m's	Annual Plan £m's	Likely Forecast Outturn £m's	Forecast Variance £m's
Organisation						
NHS Derby and Derbyshire ICB	0.0	(3.6)	(3.6)	0.0	0.0	0.0
Chesterfield Royal Hospital	(2.1)	(7.2)	(5.1)	0.0	0.0	0.0
Derbyshire Community Health Services	(0.3)	(0.4)	(0.1)	0.0	0.0	0.0
Derbyshire Healthcare	(0.8)	(1.0)	(0.3)	0.0	0.0	0.0
East Midlands Ambulance Service	(1.4)	(3.1)	(1.7)	0.0	0.0	0.0
University Hospitals of Derby And Burton	(4.8)	(14.0)	(9.2)	0.0	0.0	0.0
JUCD Total	(9.4)	(29.3)	(20.0)	0.0	0.0	0.0

- Year to date shows significant pressure across the system, Pressure for efficiencies increases, **however we are still reporting a breakeven position.**
- YTD system deficit position of £29.3m as at Month 06.
- Likely case 2022/23 forecast outturn at Month 06 of £39.8m deficit, an improvement of £15.8m on Month 05 position of £55.6m deficit. This has improved by £4.4m in Month 7.
- At Month 06, attainment of the likely case would result in significant cash shortfall for the system. Delivery of efficiencies and achievement of a break-even position are essential to ensure cash reserves are available to meet system outflows.
- M6 system capital position is a £3.2m surplus within capital spend. A breakeven full year FOT is expected.

# 2023/24 Outlook

- Current system shortfall against M6 efficiency target of £20.2m.
- This position is bolstered by non-recurrent efficiencies which shall adversely effect our position into 2023/24.
- In light of the challenging economic climate, extensive improvement will be required across the system as available resources are expected to reduce in 2023/24.
- Work is being undertaken to understand the recurrent position of the ICB and the wider system, linked to activity and workforce projections.
- It remains the intention in 2023/24 to ringfence resources for population health issues and help reduce health inequalities.

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 046

<b>Report Title</b>	Summary of the Independent Investigation into East Kent Maternity and Neonatal Services (The Kirkup Report, October 2022)			
<b>Author</b>	Alison Cargill, Assistant Director of Quality			
<b>Sponsor (Executive Director)</b>	Chris Weiner, Executive Medical Director			
<b>Presenter</b>	Chris Weiner, Executive Medical Director			
<b>Paper purpose</b>	Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>
	Assurance	<input type="checkbox"/>	Information	<input type="checkbox"/>
<b>Appendices</b>	Appendix 1 – NHS England Letter to Trust Chief Executives and Chairs, ICB Chief Executives and LMNS Chairs on the report following the Independent Investigation into East Kent Maternity and Neonatal Services			
<b>Assurance Report Signed off by Chair</b>	Not applicable			
<b>Which committee has the subject matter been through?</b>	Not applicable			

<b>Recommendations</b>
The ICB Board are requested to <b>DISCUSS</b> the content of the briefing and <b>NOTE</b> the next steps.
<b>Purpose</b>
The purpose of this briefing is to provide the ICB Board with a summary of the Independent Investigation into East Kent Maternity and Neonatal Services (The Kirkup Report, October 2022).
<b>Background</b>
The East Kent Kirkup report was published on the 19 <sup>th</sup> October 2022 following review of Maternity Services in two East Kent Hospitals: the Queen Elizabeth The Queen Mother Hospital (QEQM) at Margate and the William Harvey Hospital (WHH) in Ashford, between 2009 and 2020. A link to the full report can be found here: <a href="https://publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/111111/Reading_the_signals_maternity_and_neonatal_services_in_East_Kent_the_report_of_the_independent_investigation_print_ready_publishing.service.gov.uk">Reading the signals: maternity and neonatal services in East Kent, the report of the independent investigation (print ready) (publishing.service.gov.uk)</a>
<b>Report Summary</b>
<b>1. Summary of Report</b>
The report included the following sections: <ul style="list-style-type: none"> <li>Missed opportunities at East Kent – this section of the report describes how those responsible for the provision of maternity services failed to ensure the safety of women and babies, leading to repeated suboptimal care and poor outcomes, in many cases</li> </ul>

disastrous. It highlights an unacceptable lack of compassion and kindness, impacting heavily on women and families both as part of their care and afterwards, when they sought answers to understand what had gone wrong. It delineates grossly flawed teamworking among and between midwifery and medical staff, and an organisational response characterised by internal and external denial with many missed opportunities to investigate and correct devastating failings;

- the assessment of clinical care provided;
- the wider experience of families;
- what was heard from staff and others; and
- how the Trust acted and the engagement of regulators.

The above sections of the report provide the evidence to support findings, gathered through family listening sessions, reviews of clinical records and interviews with managers, staff and others. Emerging findings were reviewed against a large body of documentation provided by organisations with an interest in the Trust during the period under scrutiny.

The findings centred around the following themes:

- Failures in Team working: The report highlights gross failures of teamworking across the Trust's maternity services. There had been a series of problems between the midwives, obstetricians, paediatricians and other professionals involved in maternity and neonatal services in East Kent. There were clear instances where poor teamwork hindered the ability to recognise developing problems, and escalation and intervention were delayed. The dysfunctional working identified between and within professional groups was fundamental to the suboptimal care provided in both hospitals;
- Failures in Professionalism: This included putting the needs of staff before the needs of mothers and babies; being disrespectful and disparaging towards other staff in front of women, who lose confidence in services as a result and may make poorly informed decisions about their care; deflecting responsibility and blaming women when something has gone wrong;
- Failures in Compassion: The report detailed that technical competence alone is not sufficient for good care, if it is delivered without compassion and kindness. Uncompassionate care can be devastating for the wellbeing and mental health of the recipients. It can cost women the care that they need and it can affect their peace of mind, sometimes in extremely fraught situations that involve the loss, or potential loss, of their baby's or their own life or health. Many examples of uncompassionate care were detailed, for example a woman who asked for additional information on her condition during an antenatal check was dismissively told to look on Google; another, who asked why an additional attempt at forceps delivery was to be made, was brusquely told that it was "in case of death". The effects of many further examples of lack of compassion were cited;
- Failures to listen: In some cases, the report found that failure to listen contributed to the clinical outcome. In others, it was part of a pattern of dismissing what was being said, which contributed significantly to the poor experience of the families within our Investigation. Aspects of the families' experiences have been extremely damaging and have had a significant effect on the outcome for them;
- Failures after safety incidents: The report showed that the same patterns of dysfunctional teamworking and poor behaviour marred the response by staff after safety incidents, including those incidents that led to death or serious damage. Although some staff were caring and sympathetic, and this was recognised and welcomed by families, others were not. In a number of cases, the dysfunctional relationships were all too visible to the families themselves. The report detailed that staff not only failed to show compassion, they also denied responsibility for what had happened, or even that anything untoward had occurred;
- Failures in Trust Response, including at Board level: Within the report it highlights that in specific instances where things have gone wrong, the Trust found it easier to attribute the

causes to individual clinical error, usually on the part of more junior staff, or to difficulties with locum medical staff. However, the report details that these are symptoms of the problems, not the root causes and this has been combined with the disposition to minimise problems, therefore the Trust has given the appearance of covering up the scale and systematic nature of those problems. The problems among the midwifery staff and the obstetric staff were known but not successfully addressed. The failure to confront these issues further damaged efforts to improve maternity services and exposed critical weaknesses in the Human Resources (HR) function. Within the report it also references that another critical weakness was the lack of control that could be exercised in relation to consultants. It has found that experience in East Kent demonstrates the problems that occur when some consultants stubbornly refuse to change unacceptable behaviour. In these circumstances, the mechanisms that Trusts are able to deploy to address such behaviour, either through professional regulation or HR processes, may prove ineffective;

- Engagement with Regulators: The report detailed how the Trust engaged with the regulators and others and how those organisations handled the signs of problems with maternity services in East Kent. It found that the Trust was faced with a vast array of regulatory and supervisory bodies, but the system as a whole failed to identify the shortcomings early enough and clearly enough to ensure that real improvement followed.

## **2. Areas for action**

In terms of actions the outcome of the review has not sought to identify multiple detailed recommendations, acknowledging that NHS trusts already have many recommendations and action plans resulting from previous initiatives and investigations. It was acknowledged that there is no desire to add to the burden of Maternity Services with further detailed recommendations that would inevitably repeat those made previously, or conflict with them, or both. The previous recommendations and the resulting policy initiatives maintain a given.

The Report identifies four areas for action and acknowledges that the NHS could be much better at identifying poorly performing units, at giving care with compassion and kindness, at teamworking with a common purpose, and at responding to challenge with honesty. There is reference to the fact that there are longstanding issues which become deeply embedded and difficult to change and require a broader-based approach by a wide range of experienced experts. Unless these difficult areas are tackled, the same failures are likely to arise somewhere else, sooner rather than later. This Report is therefore seen as a catalyst for tackling these embedded, deep-rooted problems.

The report recognises that continually reviewing cases and producing endless recommendations is not resolving the problem. Individual Trust reviews have reached the same conclusions and it is recognised that maternity safety needs to be addressed nationally. There are key areas to address to ensure monitoring of incidents and evidence is meaningful. A key message is "the NHS could be much better at identifying poorly performing units, at giving care with compassion and kindness, at teamworking with a common purpose, and at responding to challenge with honesty".

## **3.0 The four Key Actions**

The key actions are:

- Key Action Area 1: Monitoring safety performance – finding signals among noise
- Key Action Area 2: Standards of clinical behaviour – technical care is not enough
- Key Action Area 3: Flawed teamworking – pulling in different directions
- Key Action Area 4: Organisational behaviour – looking good while doing badly

<b>4.0 Next Steps</b>				
Both Derbyshire Providers have been sighted of the report and it has been agreed for a Derbyshire Local Maternity and Neonatal System Board discussion at the November Board meeting. In addition, and further to a letter of the 20 <sup>th</sup> October 2022 the Providers are asked to present the findings of the report to their Public Board meetings in November 2022. A copy of the letter dated 20 <sup>th</sup> October 2022 is in Appendix 1.				
In 2023 a single delivery plan is to be published for maternity and neonatal care which will bring together action required following this report, the report into maternity services at Shrewsbury and Telford NHS Foundation Trust, and NHS Long-Term Plan and Maternity Transformation Programme deliverables.				
<b>Identification of Key Risks</b>				
Ineffective system working may hinder the creation of a sustainable health and care system by failing to deliver the scale of transformational change needed at the pace required.				
<b>Has this report considered the financial impact on the ICB or wider Integrated Care System?</b>				
Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A <input checked="" type="checkbox"/>
<b>Details/Findings</b>				<b>Has this been signed off by a finance team member?</b> Not applicable.
<b>Have any conflicts of interest been identified throughout the decision making process?</b>				
None identified.				
<b>Project Dependencies</b>				
<b>Completion of Impact Assessments</b>				
<b>Data Protection Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable</b>				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>
<b>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable</b>				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b>	
<b>Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:</b>				
Better health outcomes	<input checked="" type="checkbox"/>	Improved patient access and experience	<input type="checkbox"/>	

A representative and supported workforce	<input type="checkbox"/>	Inclusive leadership	<input type="checkbox"/>
<b>Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?</b>			
Not applicable to this report.			
<b>When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?</b>			
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>
		Waste	<input type="checkbox"/>
<b>Details/Findings</b>			
Not applicable to this report.			

- To:
- Trust Chief Executives
  - Trust Chairs
  - ICB Chief Executives
  - LMNS Chairs

NHS England  
Wellington House  
133-155 Waterloo Road  
London  
SE1 8UG

- cc.
- Regional Directors
  - Regional Chief Nurses
  - Regional Medical Directors
  - Regional Chief Midwives
  - Regional Obstetricians

**20 October 2022**

Dear colleagues

## **Report following the Independent Investigation into East Kent Maternity and Neonatal Services**

Yesterday saw the publication [Reading the Signals](#); Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation.

The report sets out the devastating consequences of failings and the unimaginable loss and harm suffered by families for which we are deeply sorry.

This report reconfirms the requirement for your board to remain focused on delivering personalised and safe maternity and neonatal care. You must ensure that the experience of women, babies and families who use your services are listened to, understood and responded to with respect, compassion and kindness.

The experiences bravely shared by families with the investigation team must be a catalyst for change. Every board member must examine the culture within their organisation and how they listen and respond to staff. You must take steps to assure yourselves, and the communities you serve, that the leadership and culture across your organisation(s) positively supports the care and experience you provide.

We expect every Trust and ICB to review the findings of this report at its next public board meeting, and for boards to be clear about the action they will take, and how effective assurance mechanisms are at 'reading the signals'.

The report outlines four areas for action:

- To get better at identifying poorly performing units

- Giving care with compassion and kindness
- Teamworking with a common purpose
- Responding to challenge with honesty.

NHS England will be working with the Department of Health and Social Care and partner organisations to review the recommendations and implications for maternity and neonatal services and the wider NHS.

In 2023 we will publish a single delivery plan for maternity and neonatal care which will bring together action required following this report, the report into maternity services at Shrewsbury and Telford NHS Foundation Trust, and NHS Long-Term Plan and Maternity Transformation Programme deliverables.

The publication of the delivery plan should not delay your acting in response to this report and the actions you are taking in response to the report of the independent investigation at [Shrewsbury and Telford NHS Foundation Trust](#). Immediate and sustainable action will save lives and improve the care and experience for women, babies and their families.

Yours sincerely,



**Sir David Sloman**  
Chief Operating Officer  
NHS England



**Dame Ruth May**  
Chief Nursing Officer  
NHS England



**Professor Stephen Powis**  
National Medical Director  
NHS England

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 047

<b>Report Title</b>	Month 6 System Financial Position Review							
<b>Author</b>	Craig West, Associate Chief Finance Officer Chloe Foreman, Senior Finance Manager							
<b>Sponsor (Executive Director)</b>	Keith Griffiths, Executive Director of Finance							
<b>Presenter</b>	Keith Griffiths, Executive Director of Finance							
<b>Paper purpose</b>	Decision	<input type="checkbox"/>	Discussion	<input checked="" type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
<b>Appendices</b>	Month 6 System Finance Report							
<b>Assurance Report Signed off by Chair</b>	Richard Wright, Chair of Finance and Estates Committee							
<b>Which committee has the subject matter been through?</b>	Finance and Estates Committee, 25 <sup>th</sup> October 2022							

<b>Recommendations</b>
The ICB Board are recommended to <b>NOTE</b> and <b>DISCUSS</b> the M6 System Financial Position Review.
<b>Purpose</b>
This paper presents the financial position of Derby and Derbyshire ICS for the period ending 30 <sup>th</sup> September 2022. It highlights the key areas where we have particular I&E challenges, as well as summarising the capital position across the Derby and Derbyshire healthcare system.
<b>Background</b>
NHS Derby and Derbyshire ICB signed off a financial plan for 2022 which demonstrated breakeven. This report highlights the system financial performance, the emerging risks / challenges to its delivery, and the actions System partners are taking to resolve the deficit position.
<b>Report Summary</b>
As of 30 <sup>th</sup> September 2022, the system result is an £29.3m deficit, however the JUCD are committed to delivering break-even for the 2022/23 financial year. <b><u>Whilst the system is forecasting a break-even result for this financial year, there is a considerable amount of work to address the underlying issues in order to achieve this. The System likely unmitigated forecast outturn is a £39.8m deficit, which will impact not only this year's position, but future years also.</u></b> Though this likely case position demonstrates continuing improvements on the month five likely case position of £55.6m, this trajectory must be maintained to achieve the system's break-even commitment.

There are further concerns of pressures relating to unfunded Covid and 'Cost of Living' expenditures, and the reliance on agency staff, whereby the system is at significant risk of breaching its cap.				
<b>Identification of Key Risks</b>				
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.				
<b>Has this report considered the financial impact on the ICB or wider Integrated Care System?</b>				
Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A <input checked="" type="checkbox"/>
<b>Details/Findings</b>				<b>Has this been signed off by a finance team member?</b> Not applicable.
<b>Have any conflicts of interest been identified throughout the decision making process?</b>				
None identified.				
<b>Project Dependencies</b>				
<b>Completion of Impact Assessments</b>				
<b>Data Protection Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable</b>				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>
<b>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable</b>				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b>	
<b>Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:</b>				
Better health outcomes	<input checked="" type="checkbox"/>	Improved patient access and experience	<input checked="" type="checkbox"/>	
A representative and supported workforce	<input type="checkbox"/>	Inclusive leadership	<input type="checkbox"/>	
<b>Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?</b>				
Due to the System's current financial deficit position, there is no financial headroom to invest in services to ensure everyone in Derbyshire has access to the services they need, or to address the health inequalities.				
<b>When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?</b>				
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste <input type="checkbox"/>
<b>Details/Findings</b>				
Making decisions in such a challenging financial climate detracts from being able to concentrate on the environmental impact of those decisions.				

## JUCD System Finance Report to 30<sup>th</sup> September 2022 (Month 6)

### 1. Introduction

This report details the System Financial Position of JUCD as at 30th September 2022; focusing on the I&E position, delivery of efficiencies, capital and cash. This is followed by details of the key actions being taken over the next several months to mitigate the likely financial challenge.

### 2. Executive Summary

#### Income and Expenditure Performance

As at 30th September 2022, the system result is an £29.3m deficit, however the JUCD are committed to delivering break-even for the 2022/23 financial year. Whilst the system is forecasting a break-even result for this financial year, there is still a considerable amount of work to address the underlying issues in order to achieve this. The System likely unmitigated forecast outturn is a £39.8m deficit, which will impact not only this year's position, but future years also. Though this likely case position demonstrates continuing improvements on the month five likely case position of £55.6m, this trajectory must be maintained to achieve the system's break-even commitment.

**Table 2.1 JUCD I&E Position Summary as at 30th September 2022**

Month 06 Position	2022/23 Year to Date Actuals and Likely Forecast Outturn					
	YTD Plan	YTD Actual	YTD Variance	Annual Plan	Likely Forecast Outturn	Forecast Variance
Organisation	£m's	£m's	£m's	£m's	£m's	£m's
NHS Derby and Derbyshire ICB	0.0	(3.6)	(3.6)	0.0	0.0	0.0
Chesterfield Royal Hospital	(2.1)	(7.2)	(5.1)	0.0	0.0	0.0
Derbyshire Community Health Services	(0.3)	(0.4)	(0.1)	0.0	0.0	0.0
Derbyshire Healthcare	(0.8)	(1.0)	(0.3)	0.0	0.0	0.0
East Midlands Ambulance Service	(1.4)	(3.1)	(1.7)	0.0	0.0	0.0
University Hospitals of Derby And Burton	(4.8)	(14.0)	(9.2)	0.0	0.0	0.0
<b>JUCD Total</b>	<b>(9.4)</b>	<b>(29.3)</b>	<b>(20.0)</b>	<b>0.0</b>	<b>0.0</b>	<b>0.0</b>

#### Capital

As at 30th September 2022, the system result is a £3.2m surplus within capital spend. A breakeven full year FOT is expected.

#### Cash

No liquidity issues have been identified at the end of September. Work is being undertaken across JUCD partners to understand the rolling cash position to the end of the year, with further work on an 18 month view in progress.

As at M06, attainment of the likely case position would result in significant cash shortfall. Delivery of efficiencies and achievement of a break-even position are essential to ensure cash reserves are available to meet system outflows.

### 3. Income and Expenditure Performance

As at 30th September 2022, the system result is an £29.3m deficit, however the JUCD are committed to delivering break-even for the 2022/23 financial year. Break-even has been reported for the forecast outturn positions.

#### Unmitigated Position

**Whilst the system is forecasting a break-even result for this financial year, there is a considerable amount of work to address the underlying issues in order to achieve this.**

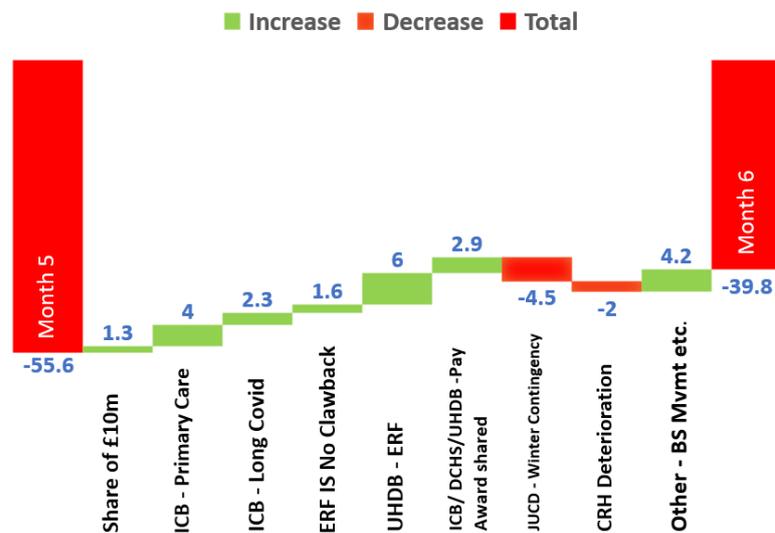
At 30th September 2022, the JUCD unmitigated forecast outturn is tabulated in table 3.1

**Table 3.1** JUCD unmitigated consolidated I&E position best case, likely case and worst case.

Month 06 Position	2022/23 Organisations Forecast Range		
	Best Case	Likely Case	Worst Case
Organisation	£m's	£m's	£m's
NHS Derby and Derbyshire ICB	2.7	(7.0)	(19.0)
Chesterfield Royal Hospital	(8.4)	(13.4)	(19.5)
Derbyshire Community Health Services	0.7	0.7	(2.3)
Derbyshire Healthcare	1.1	1.1	(2.1)
East Midlands Ambulance Service	0.0	0.0	(12.0)
University Hospitals of Derby And Burton	(9.0)	(16.7)	(37.3)
Winter	0.0	(4.5)	(4.5)
<b>JUCD Total Surplus/(Deficit)</b>	<b>(12.9)</b>	<b>(39.8)</b>	<b>(96.7)</b>

As at 30th September 2022, the System likely unmitigated forecast outturn is a £39.8m deficit; with a range of best case of £12.9m deficit to a worst case of £96.7 deficit. These ranges reflect underlying issues across the system, which will create challenges in future years. This is an improvement of £15.6m on the month six unmitigated forecast outturn of £55.6m. The underlying month on month movements are presented in Figure 3.1, below.

**Figure 3.1** JUCD likely case forecast outturn movements month five to month six.



As at month five, the forecast outturn likely case position reflected additional pressures from the £7.2m pay award and a further £10m (a proportion of the £27m). Further work has been carried out across the system on the exact impact of the pay award which has now significantly reduced. Two organisations are completing a review of the pay award to determine actual impact. In month six there are inconsistencies in the treatment of these pressures between JUCD organisations, please see Table 3.2 below.

**Table 3.2 JUCD treatment of £10m pressure by organisation.**

Month 06	Share £10m		
	Share of £10m	Month 5 FOT Improvement	Month 6 FOT Improvement
Organisation	£m's	£m's	£m's
NHS Derby and Derbyshire ICB	(3.3)	3.3	3.3
Chesterfield Royal Hospital	(1.1)	0.0	0.0
Derbyshire Community Health Services	(0.7)	0.0	0.7
Derbyshire Healthcare	(0.6)	0.0	0.6
East Midlands Ambulance Service	(0.8)	0.0	0.0
University Hospitals of Derby And Burton	(3.5)	0.0	0.0
<b>JUCD Total Surplus/(Deficit)</b>	<b>(10.0)</b>	<b>0.0</b>	<b>5.4</b>

**Table 3.3 JUCD treatment of £7.2m pay award by organisation.**

Month 06	Pay Award		
	Month 5	Month 6 Expected Impact	Month 6 FOT Improvement
Organisation	£m's	£m's	£m's
NHS Derby and Derbyshire ICB	(0.2)	0.0	0.2
Chesterfield Royal Hospital	(0.9)	(0.9)	0.0
Derbyshire Community Health Services	(1.4)	(1.4)	0.0
Derbyshire Healthcare	(0.8)	(0.3)	0.5
East Midlands Ambulance Service	(1.7)	(1.7)	0.0
University Hospitals of Derby And Burton	(2.2)	0.0	2.2
<b>JUCD Total Surplus/(Deficit)</b>	<b>(7.2)</b>	<b>(4.0)</b>	<b>2.9</b>

Due to these inconsistencies, the JUCD winter contingency included in the month six likely forecast has been reduced from the full estimated cost of £5.5m to £4.5m.

The month six forecast outturn does not reflect £0.8m EMAS share of the £10m pressure. If this is approved through the EMAS board, it shall be reflected in month seven forecasts.

The ICB continues to review allocations and will do so on an ongoing basis.

Within the year-to-date deficit is collective pressures from COVID expenditure of £6.7m and 'Cost of Living' totalling 9.8m. These challenges are expected to continue throughout the

remainder of the financial year with respective forecast outturn of £27.1m and £8.1m, with no national financial support anticipated. UHDB have reviewed the ongoing cost of the NE pathway, resulting in what is now the business as usual position. Costs have remained consistent for a numbers of months and therefore It has been recognised that these are likely ongoing costs.

ICB inflationary pressures are driven by price concessions in prescribing as a result of increased volumes of medicines with price concessions. Market forces, in response to various geo-political, economic and logistical issues, have increased the costs of medicines. This has further been compounded by shortages of certain medicines and it is therefore likely this financial risk will remain for this financial year.

The JUCD partners are working together to close the gap including cost improvement programmes, increased productivity, organisational specific actions, and SOFP opportunities. Further details are provided in Section 6 of this report.

**Table 3.4 JUCD year to date and forecast COVID costs.**

COVID Costs at Month 06	2022/23 Organisations Forecast and Actuals					
	YTD Plan £m's	YTD Actual £m's	YTD Variance £m's	Annual Plan £m's	Forecast Outturn £m's	Forecast Variance £m's
<b>Organisation</b>						
NHS Derby and Derbyshire ICB	0.5	(0.2)	0.7	1.9	0.2	1.7
Chesterfield Royal Hospital	1.1	1.4	(0.3)	1.1	2.0	(0.9)
Derbyshire Community Health Services	0.1	0.2	(0.1)	0.1	0.3	(0.2)
Derbyshire Healthcare	0.6	2.3	(1.7)	0.6	2.8	(2.2)
East Midlands Ambulance Service	2.6	2.6	0.0	5.2	5.3	0.0
University Hospitals of Derby And Burton	4.6	9.9	(5.3)	4.6	11.1	(6.5)
<b>JUCD Total</b>	<b>9.5</b>	<b>16.2</b>	<b>(6.7)</b>	<b>13.5</b>	<b>21.7</b>	<b>(8.1)</b>

**Table 3.5 JUCD year to date and forecast cost of living costs.**

Excess Inflation above whats already been funded		
Organisation	YTD Actual £000's	Forecast Outturn £000's
NHS Derby and Derbyshire ICB	1.0	6.2
Chesterfield Royal Hospital	0.3	0.5
Derbyshire Community Health Services	0.0	0.0
Derbyshire Healthcare	0.0	0.0
East Midlands Ambulance Service	0.5	1.5
University Hospitals of Derby And Burton	0.0	0.0
<b>JUCD Total</b>	<b>1.8</b>	<b>8.1</b>

## Risks

There are risks included within the likely case forecast as at 30th September 2022, including the release of the pay award by DHcFT and UHDB, totalling £3m. As at month six, the providers have no management plans in place to deliver against this position. UHDB have recognised £6m ERF income of which receipt is uncertain. The likely case month six position also includes assumed EMAS risk share agreement.

## Activity Performance

**Table 3.6** Year to date System Activity results.

Activity Category	JUCD Months 1-6			CRH Months 1-6			UHDB Months 1-6		
	Operational Plan	Actual Activity	Variance	Operational Plan	Actual Activity	Variance	Operational Plan	Actual Activity	Variance
ALL Outpatient Attendances	712,150	665,827	-46,323	140,535	144,729	4,194	571,615	521,098	-50,517
Elective Spells	82,551	72,606	-9,945	17,987	15,712	-2,275	64,564	56,894	-7,670
ED attendances Types 1&2	120,297	112,028	-8,269	19,697	19,543	-154	100,600	92,485	-8,115
ED attendances Types 3&4	79,429	81,835	2,406	29,543	31,124	1,581	49,886	50,711	825
Non-Elective Spells	65,715	61,228	-4,487	18,186	15,999	-2,187	47,529	45,229	-2,300
<b>Total</b>	<b>1,060,142</b>	<b>993,524</b>	<b>-66,618</b>	<b>225,948</b>	<b>227,107</b>	<b>1,159</b>	<b>834,194</b>	<b>766,417</b>	<b>-67,777</b>

Total year to date outpatient attendances across both acute providers are down on plan by 6.6%, driven by UHDB variance of 8.7% to plan. Similarly, year to date elective spells are also down across both acutes providers by 10.9%. ED type one and two attendances are down against plan by 6.7% and type three and four are up against year-to-date plan by 2.5%. Non elective spells are also down on plan across both providers, year to date, by a total of 6.7%.

The UHDB and CRH activity variance is driven by an increase in delayed discharges. With current months' delays being higher than historic winter delays, this has led to an inflated length of stay and occupied bed days. Emergency Department length of stay has also increased on previous performances due to the impact of delayed discharges and the acuity of patients in attendance.

UHDB Outpatient underperformance is driven largely by new attendances resulting from reduced clinic frequency due to staffing levels and the inability to undertake waiting list initiate sessions. This is compounded by low clinic throughput through reduced physical capacity and late cancellations due to sickness of both staff and patients. UHDB has mobilised a fortnightly Outpatient Silver meeting chaired by the Deputy Chief Operations Officer to focus on the improvements and transformation actions required to increase activity performance.

## Efficiencies

**Table 3.7** System Efficiency results and forecast in the unmitigated likely case.

Efficiencies by Provider	YTD	YTD	YTD	Full Year	Full Year	Forecast
	Plan	Actual	Variance	Plan	Forecast	Variance
Month 06 Position	£m's	£m's	£m's	£m's	£m's	£m's
NHS Derby and Derbyshire ICB	11.9	10.0	(1.9)	30.3	34.3	4.0
ICB - System Efficiencies	8.9	2.2	(6.7)	26.6	3.9	(22.8)
Chesterfield Royal Hospital	3.8	3.8	0.0	8.5	7.0	(1.4)
Derbyshire Community Health Services	2.8	2.3	(0.5)	5.6	5.6	0.0
Derbyshire Healthcare	3.0	2.1	(0.9)	6.0	6.0	0.0
EMAS	3.8	0.8	(3.0)	7.6	1.6	(6.0)
University Hospital of Derby and Burton	15.7	8.5	(7.2)	31.4	31.4	0.0
<b>JUCD Total</b>	<b>49.9</b>	<b>29.7</b>	<b>(20.2)</b>	<b>116.1</b>	<b>89.8</b>	<b>(26.2)</b>

As at 30th September 2022, the System delivered a shortfall against its efficiency target of £20.2m, and is forecasting a likely scenario that £89.8m of efficiencies will be delivered against a target of £116.1m; an overall pressure of £26.2m against the financial position. This is incorporated into the unmitigated Financial Outturn position above. Full year forecast has improved by £3.6m month on month, demonstrating positive trajectory towards the full year plan.

In order to address the gap, further ePMO development continues. All relevant JUCD staff in bands seven and above have been given access to the ePMO. To address the outstanding 22/23 gap, a workshop was held on 13<sup>th</sup> October to identify further cost improvement opportunities

## Workforce

**Table 3.8** WTE movements month twelve 19/20 against month five 22/23 across all JUCD providers

WTE Movement	M12 19/20	M5 22/23	Movement from M12 19/20	M5 Plan WTE	Movement from 22/23 M5 Plan WTE	Movement from 22/23 M5 Plan %
	WTE	WTE	%			
Substantive	24,342	26,003	6.8%	26,493	490	1.9%
Bank	1,255	1,657	32.0%	1,112	(544)	-49.0%
Agency	346	352	1.5%	266	(86)	-32.4%
<b>Total</b>	<b>25,943</b>	<b>28,011</b>	<b>8.0%</b>	<b>27,871</b>	<b>(140)</b>	<b>-0.5%</b>

Substantive	93.8%	92.8%		95.1%		
Bank	4.9%	5.9%		4.0%		
Agency	1.3%	1.3%		1.0%		

Since month 12 19/20, the largest proportional increase is in the use of bank staff. Agency staff usage has remained in line with pre-pandemic levels, whereas substantive staff WTE percentage has very slightly decreased.

**Table 3.9** System Agency results and forecast.

Agency by Provider	YTD Plan	YTD Actual	YTD Variance	Full Year Plan	Full Year Forecast	Forecast Variance
Month 06 Position	£m's	£m's	£m's	£m's	£m's	£m's
Chesterfield Royal Hospital	3.7	7.8	(4.2)	7.9	14.1	(6.1)
Derbyshire Community Health Services	0.4	0.8	(0.4)	0.7	1.5	(0.8)
Derbyshire Healthcare	1.3	3.7	(2.4)	2.4	7.2	(4.8)
EMAS	0.1	0.7	(0.6)	0.1	1.4	(1.3)
University Hospital of Derby and Burton	4.4	7.0	(2.6)	8.3	15.5	(7.2)
<b>JUCD Total</b>	<b>9.8</b>	<b>20.0</b>	<b>(10.3)</b>	<b>19.4</b>	<b>39.7</b>	<b>(20.3)</b>

The System has an agency cap of £22.5m for this financial year, which is largely in line with the System's planned level of agency spend in 22/23. The cap is based on a reduction of the 21/22 expenditure levels by 30%.

Included within the financial position at 30th September 2022 is £20m of agency spend; equating to 91% of the annual cap. The forecast outturn of agency spend is £39.7m, which is a significant breach of this cap.

## 4. Capital

For the 2022/23 financial year, the System has been awarded a capital envelope of £57.5m. The consolidated capital spend as at 30th September 2022 is a break-even position. Capital spend continues to be progressed, and as such the System is planning to achieve a breakeven against its capital envelope.

**Table 4.1** Capital spend against plan for the system

Capital by Provider	YTD Plan	YTD Actual	YTD Variance	Full Year Plan	Full Year Forecast	Forecast Variance
Month 06 Position	£m's	£m's	£m's	£m's	£m's	£m's
NHS Derby and Derbyshire ICB	0.0	0.0	0.0	0.1	0.1	0.0
Chesterfield Royal Hospital	3.4	2.2	1.2	11.1	11.1	0.0
Derbyshire Community Health Services	1.6	2.0	(0.4)	7.9	7.9	0.0
Derbyshire Healthcare	0.6	0.3	0.3	6.5	6.5	0.0
EMAS	5.0	1.8	3.2	10.0	10.0	0.0
University Hospital of Derby and Burton	8.1	9.2	(1.2)	22.0	22.0	0.0
<b>JUCD Total</b>	<b>18.7</b>	<b>15.5</b>	<b>3.2</b>	<b>57.5</b>	<b>57.5</b>	<b>0.0</b>

Capital spend across the system has revenue consequences for future years, which will create additional pressures. A five year forward view of such consequences should be demonstrated and considered for all business cases.

The ICB have requested additional capital budget from NHSEI for 22/23 which would be available for utilisation if made available.

## 5. Cash

No liquidity challenges have been identified across the System as at 30th September 2022, in line with the forecast break-even position for the year.

Work is ongoing to understand the system cash position. Detailed ICB cashflows have been reviewed in month and early indications suggest the system cash position may become challenging in the final weeks of the year.

As at M06, attainment of the likely case position would result in significant cash shortfall. Delivery of efficiencies and achievement of a break-even position are essential to ensure cash reserves are available to meet system outflows.

## 6. Next Steps

Whilst the system is forecasting a break-even result for this financial year, there is a considerable amount of work required to achieve this. Over the next several months, the following actions will be taken:

- The provider collaborative is taking a clear leadership role in mitigating the forecast likely case deficit.
- Governance and accountability processes supporting the JUCD delivery board is to be strengthened.
- A workshop has been held on 13<sup>th</sup> October to identify further options for the closure of the likely case 22/23 deficit. Findings from this workshop will be communicated with SFEC in month seven.

## 7. Recommendations

The Board are asked to **NOTE** and **DICUSS** the details outlined in the report above.

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 048

<b>Report Title</b>	Audit & Governance Committee Assurance Report – July to October							
<b>Author</b>	Fran Palmer, Corporate Governance Manager Suzanne Pickering, Head of Governance							
<b>Sponsor (Executive Director)</b>	Helen Dillistone, Executive Director of Corporate Affairs							
<b>Presenter</b>	Sue Sunderland, Non-Executive Member for Audit & Governance							
<b>Paper purpose</b>	Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
<b>Appendices</b>	N/A							
<b>Assurance Report Signed off by Chair</b>	Sue Sunderland, Non-Executive Member for Audit & Governance							
<b>Which committee has the subject matter been through?</b>	Audit & Governance Committee, 19 <sup>th</sup> July 2022, 25 <sup>th</sup> August 2022, 13 <sup>th</sup> September 2022 and 27 <sup>th</sup> October 2022.							

<b>Recommendations</b>
The ICB Board are recommended to <b>NOTE</b> the Audit & Governance Committee Assurance Report.
<b>Purpose</b>
This report provides the Board with a brief summary of the items transacted at the meeting of the Audit & Governance Committee on the 19 <sup>th</sup> July 2022, 25 <sup>th</sup> August 2022, 13 <sup>th</sup> September 2022 and 27 <sup>th</sup> October 2022.
<b>Background</b>
The Audit & Governance Committee ensures that the ICB complies with the principles of good governance whilst effectively delivering the statutory functions of the ICB.
<b>Report Summary</b>
<b><u>19<sup>TH</sup> JULY 2022</u></b>
<b><u>Items for Decision</u></b>
The following items were presented for approval by the Committee:
<ul style="list-style-type: none"> <li>• <b>Audit &amp; Governance Committee Terms of Reference:</b> The Committee approved the Terms of Reference.</li> <li>• <b>CCG Accounting Policies for Final Accounts:</b> The Committee approved the 2022 CCG Accounting Policies for its Final Accounts.</li> </ul>

- **Audit & Governance Policies:** The Committee approved the following policies:
  - Managing Conflicts of Interest Policy
  - Standard of Business Conduct Policy
  - Gifts & Hospitality Policy
  - Policy Management Framework with the recommendation that this should include a section on how policies may interlink with partner policies.
  - Health & Safety Policy
  - Emergency Preparedness Resilience and Response Policy Statement and Workplan 2022-24 – with the requirement for review in 6 months to ensure the ICB's changed responsibilities as a Category 1 responder are fully covered
  - Business Continuity Plan and Policy

#### Items for Discussion

The following items were presented to the Committee for discussion:

- **Single Tender Waivers:** The Committee noted the report of Single Tender Waivers approved by the NHS Derby and Derbyshire CCG Chief Finance Officer up to the date of the CCG's cessation (30<sup>th</sup> June 2022).
- **Aged Receivables and Payable Credit Notes:** The Committee noted the report contents regarding the level of aged debt at 30<sup>th</sup> June 2022.
- **Finance Update:** The Committee noted the verbal financial update.
- **Internal Audit Plan 2022/23:** The Committee noted the update in regards to the Internal Audit Plan 2022/23 and welcomed sight of the Plan at its next meeting in August, and NOTED there would be further discussions with the Audit Chair and Kevin Watkins regarding its content at their meeting on Monday.
- **Audit and Governance Committee Forward Plan:** The Committee received the Forward Plan for the Committee.
- **Audit and Governance Committee Policies Forward Plan:** The Committee received the Policies Forward Plan.

#### Items for Corporate Assurance

The following items were presented to the Committee for corporate assurance:

- **Opening ICB Risk Register:** The Committee noted the opening ICB Risk Register and took assurance that all the inherited risks have been considered and allocated as appropriate.
- **Opening Integrated Care Board Assurance Framework (BAF) and Strategic Risks:** The Committee noted the opening ICB Board Assurance Framework for assurance recognising that this is work in progress but that it is important that this proceeds at pace.
- **Non-Clinical Adverse Incidents:** The Committee noted the verbal update.

#### Items for information

The following items were presented to the Committee for information:

- **Accountable Officer Assurance Letter:** The Committee received the Accountable Officer's Assurance Letter for information and assurance.

### 23<sup>RD</sup> AUGUST 2022

#### Items for Decision

The following items were presented for approval by the Committee:

- **Audit & Governance Policies:** The Committee approved the following policies:
  - Complaints Policy
  - Persistent Contacts Policy

- Incident Reporting Policy
- Freedom of Information Policy
- Fraud, Corruption and Bribery Policy
- Raising Concerns at Work (Whistleblowing) Policy
- Information Governance Policy
- NHS Network, Internet and Electronic Mail Acceptable Use Policy
- Records Management Policy
- Cold Weather Plan
- Winter Preparedness Plan
- Risk Management Strategy: The Committee agreed to pause the Risk Management Strategy as it did not provide a system for the ICB to manage risks at a system-level. It was agreed that following the Board's risk development session in September it would be developed further.
- Incident Response Plan: The Committee agreed to approve this as an interim plan with the caveat that it needs to be updated as soon as possible to reflect the work that is ongoing with the regional EPPR team to ensure it is fit for purpose for a Category 1 Responder.
- **Estates Update**: The Committee approved the Heads of Terms for the Memorandum of Terms of Occupation for the Scarsdale site at Chesterfield. The Committee also noted an update for the Cardinal Square premises and discussed need to assess the impact of hybrid working on the space requirements going forward linked to lease renewal options.

#### Items for Discussion

The following items were presented to the Committee for discussion:

- **Internal Audit**:
  - Strategic Internal Audit Plan 2022–2025: The Committee approved the 2022–2025 Strategic Internal Audit Plan for the ICB. The Committee also discussed the planned pause in the general ledger and cyclical key financial system audits this year to deliver a mandated financial sustainability review. However some aspects of the general ledger testing will continue as part of the Head of Internal Opinion.
  - Internal Audit Charter 2022/23: The Committee noted the Internal Audit Charter 2022/23.
- **Internal Audit Recommendations Tracker**: The Committee reviewed and noted the Internal Audit Recommendations Tracker.
- **Month 4 ICB Financial Position Review**: The Committee noted the Month 4 ICB Financial Position and discussed the mobilisation of a recovery plan with PMO and finance colleagues.
- **Audit & Governance Committee Forward Plan**: The Committee reviewed and DISCUSSED the Forward Plan for the Committee.

#### Items for Corporate Assurance

The following items were presented to the Committee for corporate assurance:

- **Freedom of Information Report (Quarter 1 2022/23)**: The Committee noted and received the quarterly report for April to June 2022 on the ICB's (formerly CCG's) performance in

meeting their statutory duties in responding to requests made under the Freedom of Information Act.

- **Complaints Report (Quarter 1 2022/23):** The Committee noted the Complaints Report for Quarter 1 2022/23 and received an update on a complaint which is currently with the Ombudsman.
- **Digital & Cyber Security Report:** The Committee received the Digital and Cyber Security Report and discussed the communication of national IT issues to GP Practices.
- **Information Governance Report:** The Committee received the Information Governance update for June to August 2022. The following updates were made:
  - the ICB is now at a Category 1 level in the Data Security Protection Toolkit – there are no concerns in the requirements for this and NECS are providing the ICB with support;
  - Data Protection Impact Assessments – all elements of Microsoft Office 365 are to be fully implemented with the General Practice IT operating model; and
  - Prospective Access to GP Patient Records – patients will be able to access their records from the 1st November 2022. The ICB is currently working with NECS, NHSE and Primary Care colleagues to ensure adequate training and support is in place.
- **Risk Register and Board Assurance Framework:** The Committee noted the verbal update for the Risk Register and Board Assurance Framework.

### Items for information

The following items were presented to the Committee for information:

- **Committee Meeting Log:** The Committee noted the Committee Meeting Log and had no areas of concern.
- **Non-Clinical Adverse Incidents:** The Committee noted the verbal update for non-clinical adverse incidents, of which an update was provided on a national incident of a ransomware attack on a third-party software supplier. This affected a clinical patient management system used by DHU111 and EMAS. After investigation there was no cyber security threats to the NHS and the National Cyber Security Centre are providing support. Regular regional calls have been held and testing undertaken. The DHU111 system is back online and a debrief will be provided at a future meeting.

### 13<sup>TH</sup> SEPTEMBER 2022

### Items for Decision

The following items were presented for approval by the Committee:

- **Audit & Governance Policies:** The Committee approved the following policies:
  - Violence Prevention and Reduction Policy and Strategy
  - Commercial Sponsorship and Joint Working with the Pharmaceutical Industry Policy
  - Media and Social Media Policy
  - Joined Up Care Derbyshire Communications and Engagement Strategy was noted and the committee were assured that this had been taken to the Public Partnerships Committee. The Committee felt that an update was needed, with clarification on the audience – feed back to Partnership Committee.

### Items for Discussion

The following items were presented to the Committee for discussion:

- **Draft Derby and Derbyshire CCG Annual Accounts Month 3 – April to June 2022/23:** The Committee noted and discussed the Draft NHS Derby and Derbyshire CCG Annual Accounts for Month 3 2022/23 (April 2022 to June 2022).

- **Draft CCG Annual Report and Governance Statement Month 3 – April to June 2022/23:** The Committee noted and discussed the Draft CCG Annual Report and Governance Statement for Month 3 2022/23 (April 2022 to June 2022).
- **Internal Audit:**
  - Head of Internal Audit Opinion (April to June 2022): The Committee noted the interim 'significant assurance' Head of Internal Audit Opinion for April 2022 to June 2022.
  - Counter Fraud 2022/23 Plan: The Committee noted the Counter Fraud 2022/23 Plan.

#### **Items for Corporate Assurance**

The following items were presented to the Committee for corporate assurance:

- **Risk Register Report:** The Committee:
  - received and discussed the risks responsible to the Committee;
  - approved the increase in risk score for risk 05 relating to EPRR;
  - approved the decrease in risk score for:
    - Risk 04 relating to the risk of cyber threats; and
    - Risk 12 relating to NHS mail accounts;
  - approved the transfer of ex-CCG risks to the ICB Corporate Risk Register to report to Audit and Governance Committee:
    - Risk 14 (formerly System Transition risk 13) relating to system partners potentially having parallel processes;
    - Risk 15 (formerly System Transition risk 22) relating to the ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI;
    - Risk 16 (formerly CCG Transition risk 08) relating to staff well-being;
  - noted the closure of the former CCG transition risks.
- **Conflicts of Interest Report:** The Committee noted the Conflicts of Interest Report.
- **Mandatory Training Compliance Report:** The Committee noted the Mandatory Training Compliance Report.
- **Policy Management Framework Report:** The Committee noted the Policy Management Framework Report. The Committee discussed the need for a Lone Worker Policy.
- **EPRR and Business Continuity Update:** The Committee noted the EPRR and Business Continuity Update.
- **Health and Safety Assurance Report:** The Committee noted the Health and Safety Assurance Report.
- **Freedom to Speak Up and Whistleblowing Update:** The Committee noted the Freedom to Speak Up and Whistleblowing Update.
- **Procurement Highlight Report:** The Committee noted the Procurement Highlight Report and discussed the Ophthalmology procurement.

#### **Items for information**

The following items were presented to the Committee for information:

- **Draft Pre-Delegation Assessment Framework:** The Committee noted the Pre-Delegation Assessment Framework and discussed the amber rating given overall.
- **Non-Clinical Adverse Incidents:** The Committee noted the verbal update for non-clinical adverse incidents and discussed Operation London Bridge.

#### **27<sup>TH</sup> OCTOBER 2022**

#### **Items for Decision**

The following items were presented for approval by the Committee:

- **Audit & Governance Policies:** The Committee approved the following policies:
  - Annual Leave Policy

- Long Service Award Policy
- Organisational Change and Redundancy Policy
- Professional Registration Policy
- Recruitment and Selection Policy
- Retirement Policy
- The Professional Registration Policy was approved subject to the caveat that the policy is amended to be broader to include all professional registrations and not only clinical.

#### **Items for Corporate Assurance**

The following items were presented to the Committee for corporate assurance:

- **Aged Receivables and Payable Credit Notes:** The Committee noted the report regarding the level of aged debt as at 30<sup>th</sup> September 2022.
- **Report of Single Tender Waivers:** The Committee noted the report of Single Tender Waivers approved by the Chief Finance Officer.
- **Financial Sustainability Assessment:** The Committee discussed and noted the self-assessment of the Financial Sustainability basics that has been undertaken, which has concluded a number of key actions. The assessment has been submitted to NHSE and will be audited by the ICB's internal auditors. The Audit & Governance Committee will monitor the process and outcome of the audit.
- **Month 6 ICB Financial Position Review:** The Committee discussed and noted the financial position. As of 30th September 2022, the ICB has a forecast break-even position and is committed to delivering break-even for the 2022/23 financial year. Whilst forecasting a break-even result for this financial year, work is continued to address the underlying issues in order to achieve the additional savings challenge of £6.95m.
- **Complaints Report Quarter 2 2022/23:** The Committee noted the content of the ICB Complaints Report - Quarter 2 (2022/23).
- **Freedom of Information Performance Report Quarter 2:** The Committee noted the quarter 2 report on the ICB's performance in meeting our statutory duties in responding to requests made under the Freedom of Information Act.
- **Internal Audit Recommendations Report:** The Committee reviewed and noted the Internal Audit Recommendations Tracker. The Committee gained assurance of one outstanding action which the Committee agreed as complete and this would be fed back to Internal Audited.
- **ICB Estates Update:** The Committee received a verbal update on the ICB Estates.
- **Confidential Conflicts of Interests:** The Committee noted the confidential ICB Register of Interests. This was received by the Committee Non- Executive Members only.

#### **Items for Information**

The following items were presented to the Committee for information.

- **Pre-Delegation Assurance Framework Moderation Panel Outcome:** The Committee noted the verbal update on the outcome of the moderation panel which approved that the ICB is ready to proceed in April 2023.
- **ICB Committee Meeting Log:** The Committee noted the Committee Meeting Log and had no areas of concern.
- **Non-Clinical Adverse Incidents:** The Committee noted the verbal update for non-clinical adverse incidents and discussed the threat of black outs of energy in the system.

#### **Identification of Key Risks**

Any risks highlighted and assigned to the Audit & Governance Committee will be linked to the ICB's Board Assurance Framework and Risk Register.

<b>Has this report considered the financial impact on the ICB or wider Integrated Care System?</b>					
Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A <input checked="" type="checkbox"/>	
<b>Details/Findings</b>				<b>Has this been signed off by a finance team member?</b> Not applicable.	
<b>Have any conflicts of interest been identified throughout the decision making process?</b>					
No conflicts of interest were raised.					
<b>Project Dependencies</b>					
<b>Completion of Impact Assessments</b>					
<b>Data Protection Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>	
<b>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b>		
<b>Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:</b>					
Better health outcomes			<input checked="" type="checkbox"/>	Improved patient access and experience	<input checked="" type="checkbox"/>
A representative and supported workforce			<input checked="" type="checkbox"/>	Inclusive leadership	<input checked="" type="checkbox"/>
<b>Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?</b>					
Not applicable to this report.					
<b>When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?</b>					
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste	<input type="checkbox"/>
<b>Details/Findings</b> Not applicable to this report.					

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 049

<b>Report Title</b>	Derbyshire Public Partnership Committee Assurance Report – August and October							
<b>Author</b>	Karen Lloyd, Head of Engagement Sean Thornton, Deputy Director Communications and Engagement							
<b>Sponsor (Executive Director)</b>	Helen Dillistone, Executive Director of Corporate Affairs							
<b>Presenter</b>	Helen Dillistone, Executive Director of Corporate Affairs							
<b>Paper purpose</b>	Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
<b>Appendices</b>	None							
<b>Assurance Report Signed off by Chair</b>	Julian Corner, Chair of Derbyshire Public Partnership Committee							
<b>Which committee has the subject matter been through?</b>	Derbyshire Public Partnership Committee, 2 <sup>nd</sup> August 2022 and 18 <sup>th</sup> October 2022							

<b>Recommendations</b>
The ICB Board is asked to <b>NOTE</b> the contents of this report for assurance.
<b>Purpose</b>
This report provides the ICB Board with highlights from the meeting of the Public Partnership Committee on the 2 <sup>nd</sup> August 2022 and 18 <sup>th</sup> October 2022. This report provides a summary of the items transacted for assurance.
<b>Background</b>
<p>The meeting on the 2<sup>nd</sup> August 2022 was the inaugural meeting of the Public Partnership Committee. This committee was created alongside the creation of the new ICB. This committee is due to meet monthly, with alternate business and development sessions for its members, which are balanced towards lay members. This committee supersedes the Derbyshire Engagement Committee.</p> <p>Prior to the creation of the ICB, the Derbyshire Engagement Committee, which was established in 2019 assured the processes undertaken to engage local people in the commissioning of local health services for the Clinical Commissioning Group. The last meeting of the Engagement Committee was the 10<sup>th</sup> June 2022.</p> <p>At the meeting on the 18<sup>th</sup> October 2022 the committee agreed to alternate the use of the committee between a business committee and a development committee to assist in gaining clarity around how to progress points made and manage time. The committee met on the 20<sup>th</sup> September 2022 as a development session, discussing the Phase 2 role of the committee,</p>

including the alignment with the emerging system governance and the relationship with other ICB committees.

## Report Summary

**2<sup>ND</sup> AUGUST 2022**

### **Items for Decision**

The following items were presented for approval by the Committee:

- **Terms of Reference (TORs) for Sign off:** The Terms of Reference for the Public Partnership Committee were presented for sign off by the membership.

Members were informed the TORs presented were interim whilst the committee was in the process of being established and developed within the system. This includes potential alignment with the Integrated Care Partnership (ICP). It was agreed that the Terms of Reference would be reviewed at the end of the year but would be accepted in the interim.

### **Items for Discussion**

The following items were presented to the Committee for discussion:

- **Eating Disorders Procurement:** The committee discussed the current service provided by the All-Ages Early Intervention and Prevention Service for Eating Disorders Service, and the public engagement process that had taken place to inform the service specification for re-procurement. There are currently 2 Voluntary Community and Social Enterprise (VCSE) providers, First Steps ED and Freed Beeches. Both provide early intervention and prevention as part of a wider offer, both contracts come to an end March 2023 and with no option to extend there is a need to go to procurement.

Both are providing very similar services but are working to different specifications leading to slight differences in the services provided. Whilst both services are accepting referrals from across the county with the variations the options vary depending on location and ability to travel. The Invitation to Tender (ITT) will go live 21 September 2022.

There is a wish to ensure the future provision is in line with the need and expectation of the people which use the service, hence the engagement initiative went live on the 4 July 2022 to inform the service specification. An online engagement platform area was created along with a survey which closed the end of July. The survey was circulated to BAME communities representatives, rural groups, VCSE, Schools, Colleges, LGBT+ and organisations for older adults, in addition to general circulation. The team is currently analysing the feedback and a report would be written up with the results to feedback to participant and inform the service specification. Focus groups are also due to be delivered in early September.

One of the points raised as part of the discussion around this item on the agenda was at what point should the Public Partnership Committee be involved in decisions about patient and public involvement in service change. In this instance it felt that the committee were being informed after the process had been implemented. The committee were keen to shape input and not just assure the process. The Committee were supportive of the engagement process implemented and were satisfied that a good process was in place but would have liked to have been involved earlier.

The Committee was informed that the new Guide to Patient and Public Involvement for the ICS was due to be disseminated. This would clarify that the committee should be involved at an early stage in the process when the 'case for change' was being developed, at the start of the pre-engagement process. This would be presented and discussed at the next meeting.

### Items for Information

The following items were presented to the Committee for information:

- **Integrated Care Strategy Engagement – Draft Principles:** The Committee received a paper outlining the approach to involving people and communities in the development of the Integrated Care Strategy, the first iteration of which is due in December 2022, although it is anticipated that it will continue to develop for some time after this. The approach is still in development and guidance has only just been published to support this work. The work also included involvement in the Joint Forward Plan for ICB's, which was due out in March 2023. It is likely that there will be one involvement approach for both planning activities.

The Integrated Care Strategy guidance is permissive and flexible around how the engagement will take place but states the priorities of the strategy needs to be co-produced with people and local communities, the voluntary sector and a wide range of stakeholders and refers to the new statutory guidance on engagement with people and communities released recently as a guide to how this might be implemented. The legal requirements for the ICS Strategy and the Joint Forward Plan for the ICB are slightly different with engagement required for the ICS Strategy and Consultation required for the Forward Plan. This requires further clarification.

The principles and approach proposed within the paper presented, would be developed following feedback to inform an onward proposal to the Integrated Care Partnership at its meeting in August.

- **Future Meetings and Ways of Working to Enable Development Time:** It was proposed that the committee alternate the use of the committee between a business committee and a development committee to assist in gaining clarity around how to progress points made and manage time. This was supported by the committee members.
- **Public Involvement Assessment Forms:** The Public Partnership Committee will continue to routinely review PPI forms made at the earliest stages of project development to understand the required and desired level of public involvement. A role previously carried out by the Engagement Committee. This is a key step in ensuring compliance with legal and moral duties of involvement. Previously known as S14Z2 forms (the reference to the previous section in legislation), the forms are now renamed as the Public Involvement Assessment Form.

It was noted that the number of projects coming through the log was increasing along with more service transformation taking place. Attention was drawn to the Urgent Treatment Centre (UTC) project, which had already been through this Committee. There was a risk due to the many different facets of this work, that engagement might not be co-ordinated, and this could cause confusion, and consultation fatigue.

### 18<sup>TH</sup> OCTOBER 2022

#### Items for Decision

There were no items presented to the Committee for approval.

#### Items for Discussion

The following items were presented to the Committee for discussion:

- **End of Life Care – Patient Experience Report:** The committee received a report which set out the findings of engagement work carried out as part of the JUCD End of Life Delivery Plan and made recommendations for continuation of this work to build on good practice, improve services and develop a Single Point of Access (SPA) for end of life

patients and their families and carers. In 2019, Joined Up Care Derbyshire agreed an End of Life (EoL) Strategy with the aim of delivering consistent care across the county. It was recognised that there is currently a wide variation in the services available for EoL across the county by geographical location and also by condition. The EoL Experience Workstream (now People Driving Change workstream) were asked to help identify fundamental outcomes that are important to dying people, their families and carers to inform the priorities of all aspects of the JUCD EoL delivery plan. The outcome of the delivery plan stated: "the voice of local people will drive the development of services".

The following key findings were:

- That health care professionals provide a valuable insight into the enablers and barriers to ensuring consistency of care. Good communication across the system leads to effective joined up care planning and holistic support for patients and their families and carers
- Unplanned hospital admissions often arise from emergencies and crises in the home, such as falls and unclear treatment plans, when families and carers do not know where else to turn.
- Families are often the main carers for end of life patients.
- Covid 19 impacted end of life care in a number of ways, including less contact with GPs and other health care professionals, support groups and networks not meeting and patients and their families and carers feeling isolated.
- Patients and health care professionals recognise the benefits of an individual care package that is holistic and accessible but there are a number of barriers and challenges that need to be addressed.
- Positive feedback was given about the care and support given by hospice services, including practical and emotional care and spiritual and holistic support

Next steps will see the further gathering of lived-experience and co-production work around End of Life care. The End of Life Team have decided to use this as part of the plan to create a Single Point of Access (SPA) for those receiving palliative and end of life care. This will mean that those with care needs have just one number to phone and via this team will have access to signposting and information for the most appropriate service.

The potential overlap between experience and engagement work was noted and the committee was assured that these teams were now meeting frequently to understand work requests and support collaborative delivery.

- **Glossop Services Engagement Update:** A verbal update was provided on progress since the boundary change on 1 July which saw the provision of health care to the population of Glossop becoming the responsibility of NHS Derby and Derbyshire. Since July, regular engagement sessions have taken place in Glossop to provide visibility of the ICB and the ability for local people to ask questions. These sessions have been well-received in the community.

Work continues to identify the potential variations of service provision and commissioning policies between the Glossop and Derbyshire population. The commitment that no changes to services will take place within the first twelve months of transition remains in force and the engagement team continue to work with contract managers and commissioners on the review.

The Committee noted an emerging risk relating to the need to ensure robust engagement is undertaken on any emerging areas of policy and this will be developed and brought to a future committee for review and adoption.

- **Learning Disability Short Breaks:** Since May 2022 key partners from across Joined Up Care Derbyshire (JUCD) have been working to re-initiate the NHS LD Short Breaks review, which commenced in 2018 but was delayed in its progress by a desire to align discussion and decision with Derbyshire County engagement on in-house day centre provision, and subsequently the Covid-19 pandemic.

A partnership approach is critical because of the potential cross-system implications of any changes to NHS LD Short Breaks services. The initial priorities are:

- to conduct assessments/reviews of each person (of which there are sixty-nine) who uses NHS LD Short Breaks services and their family/carers. The assessment/review framework will be delivered by the most relevant statutory organisation (Derbyshire County Council, Midlands & Lancashire Commissioning Support Unit, Derbyshire Community Health Services NHS Foundation Trust or a joint approach).
- following the assessments/reviews the proposed 'findings' will be shared with key stakeholders, including people using the services and their families, to 'sense check' the conclusions and provide and further input. It is anticipated this will take place in Q3/Q4 2022/23.
- to refresh and update the information previously presented to the DCCG's Governing Body in 2018, including the findings from the assessments/reviews.
- updating wider partners as to how the review is being re-initiated.
- engagement with key stakeholders regarding the current and future use of short breaks services

The committee was assured by the proposed process and would review any further engagement requirements in due course following the completion of the review.

- **Eating Disorders – briefing on the procurement process:** Following a review of the case for change and engagement processes undertaken to support a review of eating disorders services, the Committee received a further update on the outcomes of the engagement work that will be fed into the procurement process. Headline outcomes were that:

- Visibility of the service and information about it were important factors for clients ahead of their first appointment
- Ways of promoting the service needed to be broad, across a range of settings and should be available in a range of physical as well as digital formats.
- The top five things people felt would improve access were:
  1. To be able to self-refer online
  2. Information on what you can do while you wait
  3. Knowing what to expect when invited for an assessment
  4. Location of the service
  5. Knowing when to expect your first appointment

Barriers to access included:

- Lack of flexibility in appointment times and type of appointment.
- Having to wait too long
- Travel distance, availability of public transport, and financial barriers
- Environment not feeling welcoming and being too clinical.
- Stigma, judgment, shame, and fear.
- Lack of understanding and awareness amongst professionals around the early signs and symptoms of an eating disorder and not knowing where and how to refer.
- Previous poor experiences of trying to try out for help and support.
- Not being 'ill enough' to access support (often when BMI is used as criteria).
- Resources are often aimed more at children than adolescents.

Contracts for current services come to an end on March 2023 and the procurement process is now underway.

- **Insight Framework:** The ICB Engagement Team was tasked with developing an approach to involving people and communities in Place Partnerships in September 2021 that felt different and that was community led, involving the VCSE sector. This was to ensure that Place Partnerships could claim a widely owned shared vision and purpose and ensure that the citizens voice was built into Place decision making on a continuous basis.

National guidance documents - Working with People and Communities and Statutory Guidance for Integrated Care Boards, NHS Trusts, NHS Foundation Trusts and NHS England - set out the expectation that partners in an integrated care system (ICS) should agree how to listen consistently to, and collectively act on, the experience and aspirations of local people and communities. This includes supporting people to sustain and improve their health and wellbeing, as well as involving people and communities in developing plans and priorities, and continually improving services.

The first phase of our engagement was to review existing insight and intelligence during the late summer and early autumn to help understand where further engagement might be required to close gaps in knowledge, especially from those groups who are seldom heard. We have undertaken a piece of commissioned research to review community insight across Derbyshire to assist in understanding what insight is being gathered and how it is being used to inform decision making. It identifies that we needed a more informal approach that is led by 'what matters to people and communities' not what matters to us. This discussion would include questions such as:

- What matters most to people and communities in relation to health, care, and their wellbeing and what will make the most difference to people's lives?
- What factors have influenced their personal experiences, or those of friends and family the most?

What the review has found is that unstructured community engagement is taking place in communities every day, producing rich data, but there is currently either a lack of skills, resource, and/or process for gathering this insight and feeding it into the system to inform our decision making. We are using this research to further develop an insight framework (diagram below) and to socialise the findings and begin work on strategic commitment and a growth in culture and capacity, all headed towards collaborative working with communities as a routine part of the decision-making process. This work is also being discussed at the Integrated Place Executive to adopt for embedding insights into local decision making.

**Community Insight: Exploring a potential process map for unstructured insight**

**Phase 1: Nurturing relationships with community.**  
Building trust with community to create a shared understanding of the purpose of insight and an environment where people want to share.

**Phase 2: Enable social action.**  
Exploring what people want to talk about, change and influence, and understanding how they want to do this.

**Phase 3: Generating insight.**  
Collating and recording insight using diverse range of methods that meet the needs of topics identified in phase 2.



**Phase 5: Acting on insight.**  
Translating insight into action and sharing action with community to close insight loop.

**Phase 4: Sharing insight.**  
Systematic flow of insight into the wider system.



- Public Involvement Assessment Forms:** The Public Partnership Committee continues to routinely review PPI forms completed at the earliest stages of project development to understand the required and desired level of public involvement. This is a key step in ensuring compliance with legal and moral duties of involvement. Previously known as S14Z2 forms (the reference to the previous section in legislation), the forms are now renamed as the Public Involvement Assessment Form.

Of the four forms completed since the last meeting, only one highlighted a need to engage with service users, a piece of work specifically working with children and young people to understand their experiences of asthma services and support to inform planning of transformed services. The remaining forms required information to be shared with relevant population and service user groups, but not engagement.

The committee was also informed that since the last report, no PPI Assessment Forms were submitted for review during the second half of August or the whole of September. There will be an audit against emerging content on the ePMO system (which tracks and delivers system transformation programmes) where the form has been included as a gateway document prior to the commencement of any detailed project work. The audit will seek assurance that projects are not progressing without the completion and sign-off of the forms.

### Identification of Key Risks

Previously at the June 2022 Engagement Committee meeting, the committee approved the addition of a new risk to the risk register. The risk outlines that existing human resource in the Communications and Engagement Team may be insufficient and impact on the team's ability to provide the necessary advice and oversight required to support the system's ambitions and duties on citizen engagement. This could result in non-delivery of the agreed ICS Engagement Strategy, lower levels of engagement in system transformation and noncompliance with statutory duties. The risk starts at 16 (4x4) on the basis that if we cannot deliver the engagement strategy, we will fail to deliver the transformation and involvement that we have set out as an ideology within the strategy. This risk was transferred to the risk log of the Public Partnership Committee on the 2<sup>nd</sup> August 2022. Previous risks managed by the committee are now closed.

### Has this report considered the financial impact on the ICB or wider Integrated Care System?

Yes

No

N/A

### Details/Findings

Has this been signed off by a finance team member?

Not applicable.

### Have any conflicts of interest been identified throughout the decision making process?

None identified.

### Project Dependencies

### Completion of Impact Assessments

	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	Details/Findings
<b>Data Protection Impact Assessment</b>				
<b>Quality Impact Assessment</b>				

<b>Equality Impact Assessment</b>		Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable</b>						
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating: N/A</b>		<b>Summary: N/A</b>	
<b>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable</b>						
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b> Not applicable to this update. This report is for assurance and information but describes a range of patient, public communications and engagement activity across the breadth of ICB and system work.			
<b>Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:</b>						
Better health outcomes			<input type="checkbox"/>	Improved patient access and experience		<input checked="" type="checkbox"/>
A representative and supported workforce			<input type="checkbox"/>	Inclusive leadership		<input type="checkbox"/>
<b>Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?</b>						
Not applicable to this report.						
<b>When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?</b>						
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste	<input type="checkbox"/>	
Not applicable to this report.						

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 050

<b>Report Title</b>	People and Culture Committee Assurance Report – June							
<b>Author</b>	Amanda Rawlings, Chief People Officer							
<b>Sponsor (Executive Director)</b>	Amanda Rawlings, Chief People Officer							
<b>Presenter</b>	Amanda Rawlings, Chief People Officer							
<b>Paper purpose</b>	Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
<b>Appendices</b>	N/A							
<b>Assurance Report agreed by:</b>	Margaret Gildea, Chair of the People and Culture Committee							
<b>Which committee has the subject matter been through?</b>	People and Culture Committee, 17 <sup>th</sup> June 2022							

<b>Recommendations</b>
The ICB Board are recommended to <b>NOTE</b> the People and Culture Committee Assurance Report.
<b>Items to escalate to the ICB Board</b>
No items identified.
<b>Purpose</b>
This report provides the Board with a brief summary of the items transacted at the meeting of the People and Culture Committee on the 17 <sup>th</sup> June 2022.
<b>Background</b>
The People and Culture Committee ensures that the ICB effectively delivers the statutory functions of the ICB.
<b>Report Summary</b>
<b><u>Items for Decision</u></b> The following items were presented for approval by the Committee:
<ul style="list-style-type: none"> <li><b>Terms of Reference:</b> The Terms of Reference was ratified by the Committee Members.</li> </ul>
<b><u>Items for Discussion</u></b> The following items were presented to the Committee for discussion:

- **People Services Collaborative Work Plan:** The Committee received an oversight of the 2022/23 work programme called the 7 x 5. The committee worked through the seven work streams. The Human Resource Directors (SRO leads) were asked to consider how we could get stronger engagement and involvement from Local Authority colleagues. Additionally, the Committee asked that workforce retention is embedded into the work programme.

- **Derbyshire Staff Survey Results 2021/22:** The People and Culture Committee received the report which provided the findings from staff survey results for the Derbyshire NHS providers.

The Committee had a further discussion retention and suggested that this needs a particular focus on retention within the workstream / work plans.

- **Leadership for a Collaborative and Inclusive Future “The Messenger Review”:** The Committee received the report which provided information on the findings and recommendations of the Messenger Review into leadership and management in health and social care. The report summarises the findings and recommendations and considers the implications are for the ICS.

In the proposed work plan for 2022/23 for the People Services Collaborative, Leadership Development & Talent Management and EDI have been identified as two workstreams. It is intended that the work programmes for both these reflect the findings of the review and support the implementation of the recommendations as they are rolled out.

The wider observations about culture, collaboration and understanding health and social care as an adaptive system are areas for consideration as part of a System OD plan, which will be discussed at a future meeting.

**Items for Information**

There were no items presented to the Committee for information.

**Identification of Key Risks**

The Committee discussed the scale of the challenge to achieve One Workforce, with the vacancy and staff retention issues.

**Has this report considered the financial impact on the ICB or wider Integrated Care System?**

Yes  No  N/A

<b>Details/Findings</b>	<b>Has this been signed off by a finance team member?</b> Not applicable
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**Have any conflicts of interest been identified throughout the decision-making process?**

No conflicts of interest were raised at the meeting.

**Project Dependencies**

**Completion of Impact Assessments**

<b>Data Protection Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>

<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>	
<b>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b>		
<b>Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:</b>					
Better health outcomes			<input checked="" type="checkbox"/>	Improved patient access and experience	<input checked="" type="checkbox"/>
A representative and supported workforce			<input checked="" type="checkbox"/>	Inclusive leadership	<input checked="" type="checkbox"/>
<b>Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?</b>					
EDI is key thread throughout the 7 x 5 work programme.					
<b>When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?</b>					
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste	<input type="checkbox"/>
<b>Details/Findings</b>					
Not applicable to this report.					

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 051

<b>Report Title</b>	Quality and Performance Committee Assurance Report – July to October							
<b>Author</b>	Jo Hunter, Director of Quality							
<b>Sponsor (Executive Director)</b>	Brigid Stacey, Chief Nursing Officer and Deputy Chief Executive							
<b>Presenter</b>	Brigid Stacey, Chief Nursing Officer and Deputy Chief Executive							
<b>Paper purpose</b>	Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
<b>Appendices</b>	None							
<b>Assurance Report agreed by:</b>	Dr Buk Dhadda, Chair of Derbyshire System Quality & Performance Committee							
<b>Which committee has the subject matter been through?</b>	Quality and Performance Committee 28/07/22, 25/08/22, 29/09/22, and 27/10/22							

<b>Recommendations</b>
The ICB Board are recommended to <b>NOTE</b> the Quality and Performance Committee Assurance Report.
<b>Items to escalate to the ICB Board</b>
No items identified.
<b>Purpose</b>
This report provides the ICB Board with a brief summary of the items transacted at the meeting of the Quality and Performance Committee on the 28 <sup>th</sup> July 2022, 25 <sup>th</sup> August 2022, 29 <sup>th</sup> September 2022 and 27 <sup>th</sup> October 2022.
<b>Background</b>
The Quality and Performance Committee ensures that the ICB effectively delivers the statutory functions of the ICB.
<b>Report Summary</b>
<b>Items for Decision</b>
The following items were presented for approval by the Committee: <ul style="list-style-type: none"> <li><b>Terms of Reference for Approval (25/08/22):</b> This item was considered as part of the planning and business cycle. The Terms of Reference were formally approved by the Quality and Performance Committee.</li> </ul>

- **Response to the Quality and Safety of Mental Health, Learning Disability and Autism Inpatient Services Letters 30/09/22 and 18/10/2022 (27/10/22):** This item was considered at the request of the ICB. The paper was presented to provide the Committee with assurance as to the actions taken within the Derby and Derbyshire system to ensure that this very vulnerable group of patients and service users are receiving the quality of care that they deserve. The decision made regarding assurance allowed the initial submission to be made by the date of 31<sup>st</sup> October 2022.
- **Any Other Business. Vice Chair (27/10/2022):** The Chair has asked Christine Fearn to take on the role of Vice Chair for the System Quality and Performance Committee. The Committee members approved.

### Items for Discussion

The following items were presented to the Committee for discussion:

- **Quality and Performance Report and the Development of the Integrated Performance Report (28/07/22, 25/08/22, 29/09/22, and 27/10/22):** This item is considered as a regular agenda item. The reports presented are developing with the support of the Committee and are beginning to provide a clear view across the care pathways. There is further work to be done to integrate data from along complete pathways including Primary care and to include public health data. Progress is being made and it is anticipated that a final version of the report is available to the Committee for consideration in December. There has been significant discussion of the need to provide an overview of system performance and analysis accepting the sovereign nature of each partner organisation. The main points to note are:
  1. From an urgent care perspective, the key structural issue underpinning poor flow across our hospitals is exit block – with around 200 patients at any one time ready to be discharged but aren't. Excessive long stays (21 day+ or more) are of a particular concern – with two-thirds of patients waiting for discharge to assess support.
  2. The effect of exit block on the front-end aspects of the urgent and emergency care pathway within the hospital are significant – with the older person who needs to be admitted waiting between 8-14 hours to access a bed and around 36 hours of lost ambulance crew time per day due to handover delays.
  3. From a general planned care perspective, the month-on-month reduction to the size of the 78+ weeks waiting list that we were seeing during the spring has plateaued through the summer and into the early autumn – with the non-admitted part of this cohort having increased in recent months. The diagnostic position remains in a difficult state – with around 40% of the people waiting for a test having done so for longer than 6 weeks.
  4. From a cancer perspective, we have seen referral rates return and for some cancer types exceed pre-pandemic levels. However, the long wait (62 day+) position is some way off where we planned to be – although we are seeing a reduction.
  5. From a maternity perspective, workforce pressures have led to risks to the delivery of transformation including Equity & Equality plans, Personalised Care, Tobacco Dependence and Continuity of Carer. It is expected that there will be an improving picture with mitigations in place, by the end of Quarter 2.
  6. From a mental health perspective, the number of people experiencing psychosis being seen within 2 weeks of referral is delivering to target but there are concerns in relation to:
    - The time it takes for children and young people with an eating disorder to access services.
    - The size of the gap between the observed diagnosis rate for dementia and the expected rate
    - Access to IAPT services is also on a worsening trajectory.

The Committee has requested a deep dive into the discharge and outflow position across the system for the December meeting.

- **Opening Risk Report (27/07/22):** This report was presented as part of the planning and business cycle. The risks presented were the 5 risks which transferred over from the CCG which are the responsibility of the Committee. The risks were reviewed and will be monitored through the System Quality Group (SQG) on a regular basis.
- **Update on Risk Register Development (25/08/2022):** A verbal update was provided as a regular agenda item. The Board Assurance Framework for NHS organisations in Derbyshire have been reviewed to identify any themes, and in conjunction with the Senior Nurse Deputies Group any risk which is rated at 15 and above will be reviewed with the aim of developing a system risk register around quality, clinical quality, and quality aspects. Once the initial work is undertaken the risks held by PCN's and Social Care will be reviewed and added. This work is being overseen by the System Quality Group.
- **Board Assurance Framework (25/08/2022):** This report was presented as a regular agenda item. The ICB will develop and agree its strategic aims and objectives during August and September as part of the ICB Board Development Sessions led by Deloitte. A full ICB Board development session take place early September and a specific session to develop the strategic risks and Board Assurance Framework will take place with the Executive Officers and Non-Executive Members mid- September. The aim is to present the BAF at the SQG each month and SQG will report back to the Quality and Performance Committee.
- **Update on Risk Register Development (29/09/2022):** A verbal update was presented as a regular agenda item. The process for developing a System Risk Register on clinical quality and safety was approved at the SQG. A first report is hoped to be available in December. All risks over 15 have been submitted by the NHS providers and DHU. These are being collated into overarching risks, in the ICB format and details and reference to the providers risk will be detailed within the report as well as being aligned to the system BAF. A process is being developed to enable each risk to be regularly updated without duplicating provider processes.

**Items for Information**

The following items were presented to the Committee for information on the 27/10/2022:

- **Kirkup Report:** Members were informed of the national publication of the Kirkup report which is the independent expectations of the system. investigation into East Kent maternity and neonatal services. It is expected to be listed on the ICB Board agenda in November and partner organisations have been asked to list on their board agendas to formally acknowledge. Over the following months work will take place around how the recommendations within the report are built into the work plan for the LMNS for Derby and Derbyshire.
- **Internal Changes in Executive Portfolios:** The Committee was asked to note that Chris Weiner is now the Executive Lead for Maternity Services and Executive Lead for Quality on the EMAS regional contract.

**Identification of Key Risks**

Any risks highlighted and assigned to the Quality and Performance Committee will be linked to the ICB's Board Assurance Framework and Risk Register.

**Has this report considered the financial impact on the ICB or wider Integrated Care System?**

Yes

No

N/A

**Details/Findings** N/A

**Has this been signed off by a finance team member?** N/A

**Have any conflicts of interest been identified throughout the decision-making process?**

None noted.

Project Dependencies				
Completion of Impact Assessments				
<b>Data Protection Impact Assessment</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input checked="" type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable</b>				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>
<b>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable</b>				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b>	
<b>Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:</b>				
Better health outcomes	<input checked="" type="checkbox"/>	Improved patient access and experience	<input checked="" type="checkbox"/>	
A representative and supported workforce	<input type="checkbox"/>	Inclusive leadership	<input type="checkbox"/>	
<b>Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?</b>				
None were noted.				
<b>When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?</b>				
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste <input type="checkbox"/>
<b>Details/Findings</b>				
Not applicable to this report.				

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 052

<b>Report Title</b>	Population Health & Strategic Commissioning Committee Assurance Report – July to November							
<b>Author</b>	Julian Corner, (Chair) Non-Executive Member for Population Health and Strategic Commissioning and Public Partnerships							
<b>Sponsor (Executive Director)</b>	Zara Jones, Executive Director of Strategy & Planning							
<b>Presenter</b>	Zara Jones, Executive Director of Strategy & Planning							
<b>Paper purpose</b>	Decision	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
<b>Appendices</b>	N/A							
<b>Assurance Report Signed off by Chair</b>	Julian Corner, (Chair) Non-Executive Member for Population Health and Strategic Commissioning and Public Partnerships							
<b>Which committee has the subject matter been through?</b>	Population Health & Strategic Commissioning Committee, 14 <sup>th</sup> July 2022, 25 <sup>th</sup> August 2022, 8 <sup>th</sup> September 2022, 6 <sup>th</sup> October 2022 and 10 <sup>th</sup> November 2022.							

<b>Recommendations</b>
The ICB Board are asked to <b>RATIFY</b> the decisions made by the ICB Population Health & Strategic Commissioning Committee on the 14 <sup>th</sup> July 2022, 25 <sup>th</sup> August 2022, 8 <sup>th</sup> September 2022 and 6 <sup>th</sup> October 2022, and <b>NOTE</b> the items which were presented for information on the 10 <sup>th</sup> November 2022.
<b>Purpose</b>
The ICB Board are required to ratify the decisions made at the meetings of the ICB Population Health & Strategic Commissioning Committee on the 14 <sup>th</sup> July 2022, 25 <sup>th</sup> August 2022, 8 <sup>th</sup> September 2022, 6 <sup>th</sup> October 2022 and 10 <sup>th</sup> November 2022.
<b>Background</b>
The Population Health & Strategic Commissioning Committee ensures that the ICB effectively delivers the statutory functions of the ICB.
<b>Report Summary</b>
<b><u>14 JULY 2022</u></b>
<b><u>Items for Decision</u></b>
The following item was presented for approval by the Committee:
<ul style="list-style-type: none"> <li>• <b><u>Clinical Policy Advisory Group Policies for ratification &amp; Updates:</u></b> The Committee approved the following updated Clinical and Governance Policies that had been ratified at CPAG: <ul style="list-style-type: none"> <li>○ Tonsillectomy and Adenoidectomy policy</li> </ul> </li> </ul>

- Vasectomy Policy
- Surgical Treatment of Sleep Apnoea Policy
- InVitro Fertilisation (IVF) and Intracytoplasmic Sperm Injection (ICSI) within Tertiary Infertility Services Policy
- Inguinal Hernia Policy

The Committee also noted that CPAG has reviewed the Individual Funding Request (IFR) cases submitted and Interventional Procedures Guidance (IPGs), Medtech Innovation Briefings (MIBs), Medical Technology Guidance (MTGs) and Diagnostic Technologies (DTs) for May 2022.

### **Items for Information**

The following items were presented to the Committee for information:

- Derbyshire Prescribing Group report/minutes
- Clinical & Professional Leadership Group minutes
- Derbyshire Joint Area Prescribing Committee Bulletin
- **Clinical Policy Advisory Group:** The Committee noted the:
  - Glossop Transition update for IFR/Prior Approval/Cosmetics service for Glossop residents
  - Derbyshire CPAG Bulletin & Minutes for May 2022

### **8 SEPTEMBER 2022**

### **Items for Decision**

The following items were presented for approval by the Committee:

- **Clinical Policy Advisory Group Policies for ratification & Updates:** The Committee approved the following updated Clinical and Governance Policies that had been ratified at CPAG:
  - Carpel Tunnel Syndrome Policy
  - Hyperhidrosis
  - Consultant to Consultant Policy

The Committee also noted that CPAG had reviewed the Individual Funding Request (IFR) cases submitted and Interventional Procedures Guidance (IPGs), Medtech Innovation Briefings (MIBs), Medical Technology Guidance (MTGs) and Diagnostic Technologies (DTs) for June 2022.

The Committee were assured that no areas for service developments were identified.

### **Items for Information**

The following items were presented to the Committee for information:

- Derbyshire Prescribing Group report/minutes
- Clinical & Professional Leadership Group minutes
- Derbyshire Joint Area Prescribing Committee Bulletin
- CPAG updates

- **Terms of Reference Amendments:** The Committee were assured by the following terms of reference amendments:
  - Derbyshire Prescribing Group
  - Joint Area Prescribing Committee and the Guidelines Group
  - Clinical Policy Advisory Group

## **6 OCTOBER 2022**

### **Items for Decision**

The following items were presented for approval by the Committee:

- **Clinical Policy Advisory Group Policies for ratification & updates:** The Committee approved the following updated Clinical and Governance Policies that had been ratified at CPAG:
  - Scar Reduction
  - Injections for non-specific low back pain without sciatica

The Committee also noted that CPAG had reviewed the Individual Funding Request (IFR) cases submitted and Interventional Procedures Guidance (IPGs), Medtech Innovation Briefings (MIBs), Medical Technology Guidance (MTGs) and Diagnostic Technologies (DTs) for July 2022.

The Committee were assured that no areas for service developments were identified and noted updates to:

- Women's Health Strategy for England;
- IVF Collaborative Policy review;
- Clinical Policies Appeal Process;
- IFR Terms of Reference for screening pair.

### **Items for Information**

The following items were presented to the Committee for information:

- Derbyshire Prescribing Group report/minutes
- Clinical & Professional Leadership Group minutes
- Derbyshire Joint Area Prescribing Committee Bulletin
- CPAG updates

## **10 NOVEMBER 2022**

### **Items for Decision**

There were no public items presented to the Committee for decision.

### **Items for Information**

The following items were presented to the Committee for information:

- Derbyshire Prescribing Group report/minutes
- Clinical & Professional Leadership Group minutes
- Derbyshire Joint Area Prescribing Committee Bulletin
- CPAG updates

The Committee also noted the development of an updated ICB wide Ethical Framework which is required to underpin all ICB decisions made at a population level to ensure that they are clear and transparent.					
<b>Identification of Key Risks</b>					
Any risks highlighted and assigned to the Population Health & Strategic Commissioning Committee will be linked to the ICB's Board Assurance Framework and Risk Register.					
<b>Has this report considered the financial impact on the ICB or wider Integrated Care System?</b>					
Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A <input checked="" type="checkbox"/>	
<b>Details/Findings</b>				<b>Has this been signed off by a finance team member?</b> Not applicable.	
<b>Have any conflicts of interest been identified throughout the decision making process?</b>					
No conflicts of interest were raised.					
<b>Project Dependencies</b>					
<b>Completion of Impact Assessments</b>					
<b>Data Protection Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>	
<b>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b>		
<b>Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:</b>					
Better health outcomes	<input checked="" type="checkbox"/>	Improved patient access and experience	<input checked="" type="checkbox"/>		
A representative and supported workforce	<input checked="" type="checkbox"/>	Inclusive leadership	<input checked="" type="checkbox"/>		
<b>Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?</b>					
Not applicable to this report.					
<b>When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?</b>					
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste	<input type="checkbox"/>
<b>Details/Findings</b> Not applicable to this report.					

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 053

<b>Report Title</b>	Draft Strategic Risks and update on Board Assurance Framework progress							
<b>Author</b>	Helen Dillistone, Executive Director of Corporate Affairs Chrissy Tucker, Director of Corporate Delivery Suzanne Pickering, Head of Governance							
<b>Sponsor (Executive Director)</b>	Helen Dillistone, Executive Director of Corporate Affairs							
<b>Presenter</b>	Helen Dillistone, Executive Director of Corporate Affairs							
<b>Paper purpose</b>	Decision	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
<b>Appendices</b>	Appendix 1 – Draft Strategic Risks with responsible committee and ICB Executive owners							
<b>Assurance Report Signed off by Chair</b>	Not Applicable							
<b>Which committee has the subject matter been through?</b>	ICB Board Workshops – May, September, October 2022							

#### Recommendations

The ICB Board is asked to:

- **APPROVE** the ICB's strategic risks to enable the full development of the 2022/23 Board Assurance Framework; and
- **GAIN ASSURANCE** and **NOTE** the process of the development, future monitoring, and reporting arrangements of the Board Assurance Framework.

#### Purpose

The purpose of this report is to appraise the Board of the process in developing the ICB's strategic risks and the development of the Board Assurance Framework.

#### Background

A fundamental aspect of the ICB's governance structure is the establishment and implementation of sound risk management arrangements. The effective design and embedment of these arrangements will ensure that the Board is kept informed of the key risks facing the ICB and the wider system and is assured that robust processes are in place to manage and mitigate them.

At its inaugural meeting on the 1<sup>st</sup> July 2022, the Board agreed the ICB's opening Board Assurance Framework (BAF). Since then, the Board has held various workshops throughout September and October to develop and define the ICB's strategic risks, in order to develop and populate the full Board Assurance Framework.

This paper presents the proposed strategic risks to the ICB Board for review and approval, which have been identified as a result of the Board's BAF workshops to determine the strategic risks to achieving the ICB's three core aims. Once approved, these strategic risks will be used as the basis for developing the full 2022/23 Board Assurance Framework.

## Report Summary

### 1. Introduction

The ICB's risk management arrangements consist of two key elements: strategic risk management and operational risk management.

Strategic risk management - these processes are centred on the Board Assurance Framework, which is a structured way of identifying and mapping the main sources of assurance in support of the achievement of the ICB's aims and objectives. The BAF provides the Board with a framework to support identification of key areas of focus for the system and updates as to how those key areas are being addressed.

Operational risk management – these processes focus on the dynamic identification and management of the operational risks that are currently being faced in relation to the execution of strategies and plans, the delivery of functions, or in meeting statutory duties.

Operational risks are recorded and monitored via the ICB's Corporate Risk Register with oversight and scrutiny of relevant risks being undertaken by the Board's committees in line with their remits. High scoring risks (risk scores 15 and above) will be routinely reported to the Board and also as part of the committees' assurance reports.

### 2. Development of the Board Assurance Framework

The Board held three workshops during May, September, and October to develop and define the BAF strategic risks and discuss how they could be developed further, including consideration of risk hierarchies. The Board also discussed what the risks mean in practice and how the ICB will seek assurance in a system context. It is acknowledged that there is further work on developing the strategy and strategic framework that will also include refining the strategic objectives.

The strategic risks outlined in this paper are risks that face the system, not just the ICB. The ICB however will take a system coordination role to develop the framework that underpins the delivery and will require system partners input to mitigate complex risks. It will require strong alignment with system partner BAFs and assurance will be drawn from a range of internal and external sources.

Key points from the Board workshops are outlined below:

- The ICB BAF should be a system focused BAF, with a separate ICB corporate risk register being maintained to capture ICB specific risks.
- Accountability for the management of some risks will sit in the wider system, despite the ICB initially being held accountable by NHSE, meaning robust assurance from other system forums will/may be needed. This will require clear lines of reporting, with system risk owners also being identified where relevant and appropriate.
- The ICB will need to act as both an enabler to support the system and foster collaboration. The statutory responsibilities of the ICB should not be forgotten when considering how it will operate in practice.
- The BAF should be as simple as possible, with risks that are easy to understand and accessible, to prevent confusion in an already very complex system.
- The prioritisation of risks should be aligned to both the short-term and long-term elements of the strategic plan, which is currently being developed. Risks may therefore need to be iterated and refreshed further.

**Development of 2022/23 Strategic Risks**

The Board has defined the proposed strategic risks on the basis of the four nationally defined core purposes of Integrated Care Systems (as set out in the ICB Constitution section 1.1.3) which are to:

- a) Improve outcomes in population health and healthcare;
- b) Help the NHS support broader social and economic development;
- c) Enhance productivity and value for money; and
- d) Tackle inequalities in outcomes, experience and access.

In order to support the delivery of these, NHS Derby and Derbyshire ICB have discussed and made reference to the below three key aims as part of Board discussions since establishment:

- 1) To improve overall health outcomes in life expectancy and healthy life expectancy rates for people (adults and children) living in Derby and Derbyshire.
- 2) To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.
- 3) Reduce inequalities in health and be an active partner in addressing the wider determinants of health.

The proposed strategic risks that might prevent the system from delivering the above aims are as follows:

**Table 1**

Aims	Strategic Risks
<b>To improve overall health outcomes including life expectancy and healthy life expectancy rates for people (adults and children) living in Derby and Derbyshire.</b>	A) There is a risk that increasing need for healthcare intervention is not met in the most appropriate and timely way and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire and both upper tier Councils to deliver consistently safe services with appropriate standards of care.
	B) There is a risk that the short-term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.
	C) There is a risk that the population is not sufficiently engaged in designing and developing services leading to unequitable access to care and outcome.
<b>To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.</b>	D) 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 £2.9billion available funding.
	E) There is a risk that the system is not able to recruit and retain sufficient workforce to meet the strategic objectives and deliver the operational plans.
	F) There is a risk that the system does not create and enable One Workforce to facilitate integrated care.
	G) There is a risk that decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.

	H) There is a risk that the system does not deliver digital transformation and establish intelligence and analytical solutions to support effective decision making.
<b>Reduce inequalities in health and be an active partner in addressing the wider determinants of health.</b>	I) There is a risk that the gap in health and care widens due to a range of factors (recognising that not all factors may not be within the direct control by the system), which limits the ability of the system to reduce health inequalities and improve outcome.

As discussed earlier in the paper, system risk management requires system partners to manage and mitigate complex risks. It requires strong alignment with system partner BAFs and assurance will be drawn from a range of internal and external sources. Appendix 1 illustrates the proposed strategic risks, which also reflects the identified responsible ICB Committees and ICB Executive Owners. The ICB will be seeking system owners for the risks where appropriate, and other system groups that will provide assurance for the monitoring of the BAF.

**Next steps and timeline**

Subject to Board agreement of the ICB’s proposed strategic risks, work will commence with the Executive risk owners and relevant Committee to develop and populate the Board Assurance Framework. This will also involve engaging with key system leads and system groups who will also have an important role to play to support the management of the strategic risks.

A fully populated BAF will be reported to the public ICB Board on the 19<sup>th</sup> January 2023. The BAF will be reported quarterly to the ICB board thereafter, and as work continues to develop on the strategy, the strategic objectives may therefore be further refined to reflect any changes.

**Identification of Key Risks**

The proposed strategic risks are detailed within the paper for approval. The ICB Risk Register defines the ICB’s operational risks.

**Has this report considered the financial impact on the ICB or wider Integrated Care System?**

Yes  No  N/A

**Details/Findings**

The proposed strategic risks describe the system’s financial risk.  
D) *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 £2.9billion available funding.*

**Has this been signed off by a finance team member?**

Keith Griffiths, Executive Director of Finance

**Have any conflicts of interest been identified throughout the decision-making process?**

No conflicts of interest have been identified

**Project Dependencies**

**Completion of Impact Assessments**

<b>Data Protection Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>

<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>	
<b>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>	
<b>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable</b>					
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b>		
<b>Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:</b>					
Better health outcomes			<input checked="" type="checkbox"/>	Improved patient access and experience	<input checked="" type="checkbox"/>
A representative and supported workforce			<input checked="" type="checkbox"/>	Inclusive leadership	<input checked="" type="checkbox"/>
<b>Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?</b>					
There are no implications or risks which affect the ICB's obligations under the Public Sector Equality Duty.					
<b>When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?</b>					
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste	<input type="checkbox"/>
<b>Details/Findings</b>					
The ICB Risk register defines the risk to the achievement of Net Zero Targets and the delivery of the Derbyshire ICS Green Plan.					

Aim	Ref	Strategic Risks	Responsible Committee	ICB Executive Owner
To improve overall health outcomes including life expectancy and healthy life expectancy rates for people (adults and children) living in Derby and Derbyshire.	A	There is a risk that increasing need for healthcare intervention is not met in the most appropriate and timely way and inadequate capacity impacts the ability of the NHS in Derby and Derbyshire both and both upper tier Councils to deliver consistently safe services with appropriate standards of care.	Quality & Performance Committee	Brigid Stacey
	B	There is a risk that the short-term operational needs hinder the pace and scale required to improve health outcomes and life expectancy.	Quality & Performance Committee	Zara Jones
	C	There is a risk that the population is not sufficiently engaged in designing and developing services leading to unequitable access to care and outcome.	Public Partnerships Committee	Helen Dillistone
To improve health and care gaps currently experienced in the population and engineer best value, improve productivity, and ensure financial sustainability of health and care services across Derby and Derbyshire.	D	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 £2.9billion available funding.	Finance and Estates Committee	Keith Griffiths
	E	There is a risk that the system is not able to recruit and retain sufficient workforce to meet the strategic objectives and deliver the operational plans.	People and Culture Committee	Amanda Rawlings
	F	There is a risk that the system does not create and enable One Workforce to facilitate integrated care	People and Culture Committee	Amanda Rawlings
	G	There is a risk that decisions and actions taken by individual organisations are not aligned with the strategic aims of the system, impacting on the scale of transformation and change required.	Population Health and Strategic Commissioning Committee	Zara Jones
	H	There is a risk that the system does not deliver digital transformation and establish intelligence and analytical solutions to support effective decision making.	Finance and Estates Committee	Jim Austin
Reduce inequalities in health and be an active partner in addressing the wider determinants of health.	I	There is a risk that the gap in health and care widens due to a range of factors (recognising that not all factors may not be within the direct control by the system), which limits the ability of the system to reduce health inequalities and improve outcome.	Population Health and Strategic Commissioning Committee	Zara Jones

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

17<sup>th</sup> November 2022

Item: 054

<b>Report Title</b>	Integrated Care Board Risk Register Report – as at 31 <sup>st</sup> October 2022							
<b>Author</b>	Rosalie Whitehead, Risk Management & Legal Assurance Manager							
<b>Sponsor (Executive Director)</b>	Helen Dillistone, Executive Director of Corporate Affairs							
<b>Presenter</b>	Helen Dillistone, Executive Director of Corporate Affairs							
<b>Paper purpose</b>	Decision	<input checked="" type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input checked="" type="checkbox"/>	Information	<input type="checkbox"/>
<b>Appendices</b>	Appendix 1 – ICB Risk Register Appendix 2 – Movement in risk summary – September and October 2022							
<b>Assurance Report Signed off by Chair</b>	Not Applicable							
<b>Which committee has the subject matter been through?</b>	Integrated Care Board (ICB) Committees – September and October 2022							

<b>Recommendations</b>
<p>The Board are requested to <b>RECEIVE</b> and <b>NOTE</b>:</p> <ul style="list-style-type: none"> <li>The Risk Register Report;</li> <li>Appendix 1 as a reflection of the risks facing the organisation as at 31<sup>st</sup> October 2022;</li> <li>Appendix 2 which summarises the movement of all risks in September and October 2022.</li> </ul> <p>The Board are requested to <b>APPROVE</b>:</p> <ul style="list-style-type: none"> <li>the <b>CLOSURE</b> of risks 04, 08, 12 and 14.</li> </ul>
<b>Purpose</b>
The purpose of the Risk Register report is to appraise the ICB Board of the Risk Register.
<b>Background</b>
The ICB Risk Register is a live management document which enables the organisation to understand its comprehensive risk profile and brings an awareness of the wider risk environment. All risks in the Risk Register are allocated to a committee who review new and existing risks each month and agree the latest position on the risk, advise on any further mitigating actions that might be required, or approve removal of fully mitigated risks.

<b>Identification of Key Risks</b>				
As identified in the report.				
<b>Has this report considered the financial impact on the ICB or wider Integrated Care System?</b>				
Yes <input type="checkbox"/>		No <input type="checkbox"/>		N/A <input checked="" type="checkbox"/>
<b>Details/Findings</b>			<b>Has this been signed off by a finance team member?</b> Not applicable.	
<b>Have any conflicts of interest been identified throughout the decision making process?</b>				
None identified.				
<b>Project Dependencies</b>				
Not applicable.				
<b>Completion of Impact Assessments</b>				
<b>Data Protection Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Quality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Equality Impact Assessment</b>	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Details/Findings</b>
<b>Has the project been to the Quality and Equality Impact Assessment (QEIA) panel? Include risk rating and summary of findings below, if applicable</b>				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Risk Rating:</b>	<b>Summary:</b>
<b>Has there been involvement of Patients, Public and other key stakeholders? Include summary of findings below, if applicable</b>				
Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>	<b>Summary:</b>	
<b>Implementation of the Equality Delivery System is a mandated requirement for the ICB, please indicate which of the following goals this report supports:</b>				
Better health outcomes	<input checked="" type="checkbox"/>	Improved patient access and experience	<input checked="" type="checkbox"/>	
A representative and supported workforce	<input checked="" type="checkbox"/>	Inclusive leadership	<input checked="" type="checkbox"/>	
<b>Are there any equality and diversity implications or risks that would affect the ICB's obligations under the Public Sector Equality Duty that should be discussed as part of this report?</b>				
There are no implications or risks that would affect the ICB's obligations.				
<b>When developing this project, has consideration been given to the Derbyshire ICS Greener Plan targets?</b>				
Carbon reduction	<input type="checkbox"/>	Air Pollution	<input type="checkbox"/>	Waste <input type="checkbox"/>
<b>Details/Findings</b> Risk 11 is part of the ICB Risk Register relating to the Greener Plan/Net Zero Carbon targets.				

## CORPORATE RISK REGISTER REPORT

### 1. INTRODUCTION

The purpose of this report is to present the ICB Board with the very high (red) operational risks from the ICB's Corporate Risk Register in order to provide assurance that robust management actions are being taken to mitigate them.

### 2. VERY HIGH OPERATIONAL RISKS

The ICB currently has 5 very high (red) operational risks in its Corporate Risk Register.

The table to the right shows the profile of the current risks scored for **all** operational risks on the Corporate Risk Register. Full details for each risk are described in Appendix 1.

A summary of the latest position regarding these risks is outlined in paragraph 2.1 below.

Risk Matrix						
Impact	5 – Catastrophic					
	4 – Major	1	1	3	4	1
	3 – Moderate		1	5	2	
	2 – Minor					
	1 – Negligible					
		1 – Rare	2 – Unlikely	3 – Possible	4 – Likely	5 – Almost certain
Probability						

#### 2.1 Very High (Red) Operational Risks

Risk Reference	Risk Description	Current Risk Score	Responsible Committee
Risk 01	<p><i>The Acute providers may breach thresholds in respect of the A&amp;E operational standards of 95% to be seen, treated, admitted or discharged within 4 hours, resulting in the failure to meet the ICB constitutional standards and quality statutory duties.</i></p> <p><b>Update:</b></p> <p><u>September 2022 performance:</u></p> <ul style="list-style-type: none"> <li>CRH reported 80.3% (YTD 82.4%) and UHDB reported 62.5% (YTD 62.6%).</li> <li>CRH: The combined Type 1 and streamed attendances remain high, with an average of 94 Type 1 and 179 streamed attendances per day.</li> <li>UHDB: The volume of attendances was high, with an average of 429 attendances per day at Derby (Type 1 and co-located Urgent Treatment Centre) and 206 at Burton (Type 1 and Primary Care Streaming).</li> </ul>	<p>Overall score 20</p> <p><b>Red</b> (5 x 4)</p>	System Quality Group

Risk Reference	Risk Description	Current Risk Score	Responsible Committee
	<ul style="list-style-type: none"> <li>The acuity of the attendances was high, with Derby seeing an average of 12 Resuscitation patients and 184 Major patients per day and Burton seeing 79 Major/Resus patients per day.</li> <li>Attendances at the Children's Emergency Department continue to be high, with concerns about RSV and Bronchiolitis being major factors. Children's Type 1 attendances at Derby have averaged at 107 per day during September 2022.</li> </ul>		
<p><b>Risk 03</b></p>	<p><i>There is a risk to the sustainability of the individual GP practices across Derby and Derbyshire resulting in failure of individual GP Practices to deliver quality Primary Medical Care services resulting in negative impact on patient care.</i></p> <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>OPEL dashboard for primary care to be finalised to identify practices at greater risk.</li> <li>Primary Care highlight report draft to be taken to Primary Care sub-group for review and agreement of content - to support early identification of practice resilience.</li> <li>A meeting is to be arranged with the GP Provider Board to review this risk and update in line with the mitigating actions that will be part of the winter plan and on-going collaboration with the GP Provider Board.</li> <li>The risk score remains the same due to increasing risk of COVID outbreaks, workforce and winter pressures.</li> </ul>	<p>Overall score 16 <b>Red</b> (4 x 4)</p>	<p>Population Health and Strategic Commissioning Committee</p>
<p><b>Risk 06</b></p>	<p><i>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.</i></p> <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>The Derbyshire NHS system continues to have a significant gap between required expenditure and available resource. As at 31st August, the system result is a £26.3m deficit.</li> <li>Joined Up Care Derbyshire (JUCD) is committed to delivering break-even for the 2022/23 financial year, however there is a considerable amount of work to address the underlying issues to achieve this.</li> </ul>	<p>Overall score 16 <b>Red</b> (4 x 4)</p>	<p>Finance and Estates Committee</p>

Risk Reference	Risk Description	Current Risk Score	Responsible Committee
	<ul style="list-style-type: none"> <li>The system likely unmitigated forecast outturn is a £55.6m deficit, which is a deterioration from the previous month. Actions have been taken to reset the current year's plan, mobilise the System ePMO (facilitating suggestions of transformation and savings), regular challenge to budget holders and managers of ongoing spend, and to deliver a longer-term plan for December.</li> </ul>		
Risk 09	<p><i>There is a risk to patients on waiting lists as a result of their delays to treatment as a direct result of the COVID 19 pandemic. Provider waiting lists have increased in size and it is likely that it will take significant time to fully recover the position against these.</i></p> <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>Improved processes are in place for assurance: this is embedded in the Quality Schedule with quarterly reports to the System Quality Group, along with updates provided to the System Quality and Performance Committee.</li> </ul>	<p>Overall score 16</p> <p><b>Red</b> (4 x 4)</p>	System Quality Group
Risk 15	<p><i>The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI.</i></p> <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>It has been confirmed that there will be an East/West operating model, with Nottingham and Nottinghamshire ICB being identified as the host organisation for the East Midlands, however the detail of how this will operate and how it might affect individual ICBs is not yet worked through.</li> </ul>	<p>Overall score 16</p> <p><b>Red</b> (4 x 4)</p>	Audit and Governance Committee

### 3. RISK CLOSURES

Four risks are recommended to be closed:

Risk Reference	Risk Description	Current Risk Score	Responsible Committee
Risk 04	<p><i>Risk of cyber threat to ICB banking and other sensitive information loss from the ICB through phishing attempts by malevolent agents which allows them to access compromised NHSmail accounts.</i></p> <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>One NHSmail account within Primary Care was tagged as 'compromised' due to unusual login activity, but this does not seem to be related to any formal attack, rather the individual using</li> </ul>	<p>Overall score 4</p> <p><b>Moderate</b> (1 x 4)</p>	Audit and Governance Committee

Risk Reference	Risk Description	Current Risk Score	Responsible Committee
	<p>different devices to access their NHSmail account.</p> <ul style="list-style-type: none"> <li>There is also evidence of a number of phishing attacks, but none that have resulted in any data loss nor any compromising of the perimeter network or systems.</li> <li>The risk is recommended to be closed as there are ongoing risks that fluctuate in response to geopolitical situations and the NHS is often collateral damage in this, but there continues to be no evidence of attempted or successful infiltration.</li> <li>The closure of this risk was approved virtually by Audit and Governance Committee members on 9<sup>th</sup> November 2022.</li> </ul>		
Risk 08	<p><i>Patients diagnosed with COVID 19 could suffer a deterioration of existing health conditions which could have repercussions on medium and long term health.</i></p> <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>The reason for the proposed closure of this risk is that a new, updated risk will be proposed which is more relevant to the current situation.</li> <li>This new risk is currently being developed.</li> <li>The closure of this risk was approved at the System Quality Group meeting held on 1<sup>st</sup> November 2022.</li> </ul>	<p>Overall score 9 <b>High</b> (3 x 3)</p>	System Quality Group
Risk 12	<p><i>There is a risk that the ICB NHS Mail container includes NHS Mail accounts for individuals who are not directly employed by the ICB, but by other clinical services. Employees external to the ICB are potentially accessing NHS Mail services (including MS Teams and One Drive) to which they may not be entitled. This generates a cost to the ICB for each additional user.</i></p> <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>207 email accounts were identified within the ICB's NHSmail container which did not match the current staffing list. Of this number, 23 accounts were identified as no change; 73 were moved to a GP Practice; 111 were marked as leaver or closed.</li> <li>This mirrors similar work within Primary Care to ensure compliance with the NHSmail acceptable usage policy and closure of email accounts with shared credential by a more</li> </ul>	<p>Overall score 8 <b>High</b> (2 x 4)</p>	Audit and Governance Committee

Risk Reference	Risk Description	Current Risk Score	Responsible Committee
	<p>appropriate shared mailbox or application account for sending SMS.</p> <ul style="list-style-type: none"> <li>This risk may now be closed.</li> <li>The closure of this risk was approved virtually by Audit and Governance Committee members on 9<sup>th</sup> November 2022.</li> </ul>		
<b>Risk 14</b>	<p><i>The various governance processes that are in place across the system might be duplicated in some areas.</i></p> <p><b>Update:</b></p> <ul style="list-style-type: none"> <li>As this was originally a transition risk transferred to the ICB and the ICB will have a Board Assurance Framework for system strategic risks and a corporate risk register for the ICB itself, this risk is recommended to be closed.</li> <li>The ICB has in place the committees to the ICB Board which have clear terms of reference and remit and the Scheme of Reservation and Delegation (SoRD) and Standing Financial Instructions (SFIs) are in place.</li> <li>The closure of this risk was approved virtually by Audit and Governance Committee members on 9<sup>th</sup> November 2022.</li> </ul>	<p>Overall score 6 <b>Moderate</b> (2 x 3)</p>	<p>Audit and Governance Committee</p>

#### 4. RISK MOVEMENT

As risk is reported to the ICB Board on a bi-monthly basis, appendix 2 details the movement of risk scores during September and October.

In summary:

##### **September 2022:**

One risk was increased in score:

Risk 05 relating to business continuity. This was increased from a high score of 8 to a high score of 12.

One risk was decreased in score:

Risk 04 relating to sustainable digital performance. This was decreased from a high score of 8 to a moderate score of 4.

**October 2022:**

One risk was decreased in score:

Risk 10 relating to the Hyper Stroke Unit at Chesterfield Royal Hospital. This was decreased from a very high score of 16 to a high score of 12.

**5. NEW RISKS****October 2022:**

Two new risks were approved:

Risk 17 relating to sustaining communication and engagement momentum and pace with stakeholders. This risk is scored at a high score of 12.

Risk 18 relating to patients being able to pro-actively view their medical record from 1st November 2022. This risk is scored at a high score of 9.

**6. RECOMMENDATION**

The ICB Board are requested to consider the report and provide any comment they feel appropriate.





Risk Reference	Year	Risk Description	Initial Risk Rating		Mitigations (What is in place to prevent the risk from occurring?)	Actions required to treat risk (avoid, reduce, transfer or accept) and/or identify assurance(s)	Progress Update	Previous Rating	Rework/Current Risk	Target Risk		Task to Board Assurance Framework	Date Reviewed	Review Due Date	Executive Lead	Action Owner	
			Rating	Priority						Rating	Priority						
NEW RISK 18	2022	There is a risk of patient harm through existing safeguarding concerns due to patients being able to pro-actively view their medical record from 1st November 2022. This is a result of national changes to the GMS contract required by NHSE.	3	10	<p>Information cascaded to all practices detailing processes needing to be put in place before 1st November.</p> <p>Signposting to National webinars and hosting of local webinar.</p> <p>Local information cascaded including contact details for support through NECS CSU.</p> <p>Work with Derbyshire LMC &amp; FAKs circulated including a range of options for practices prior to 1st November including the application of a system code which if applied prior to the 1st of November can block patient access - to no records (practice ready for go live date) to all records to patients were records still need to be reviewed.</p> <p>Linked with JUCD Communications team and patient facing information developed.</p> <p>A survey has been circulated asking for practices to inform which option they have adopted in order to target support to those practices who require support.</p> <p>To continue to communicate updates to general practice.</p> <p>Working with communications – circulate information to support patients and practices.</p>				3	10	4	4	4	4	4	4	<p>Hannah Becher, Assistant Director of GP Commissioning and Development: Primary Care</p> <p>Zara Jones, Executive Director of Strategy and Planning</p> <p>Judy Denton, Assistant Director of Nursing and Quality Primary Care</p>

**Appendix 2 - ICB Risk Register - Movement - September and October 2022**

Risk Reference	Risk Description	Previous Rating (August)			Residual/ Current Risk Rating (September)			Movement - September	Rationale	Previous Rating (September)			Residual/ Current Risk Rating (October)			Movement - October	Rationale	Executive Lead	Action Owner	Graph detailing movement
		Probability	Impact	Rating	Probability	Impact	Rating			Probability	Impact	Rating	Probability	Impact	Rating					
01	The Acute providers may breach thresholds in respect of the A&E operational standards of 95% to be seen, treated, admitted or discharged within 4 hours, resulting in the failure to meet the ICB constitutional standards and quality statutory duties.	5	4	20	5	4	20	↔	Business Case in development to expand and enhance the current Derby & Derbyshire Integrated Urgent Care Clinical Assessment Service (IUC CAS) to support flow.	5	4	20	5	4	20	↔	Attendances continue to be high.	Zara Jones Executive Director of Strategy and Planning	Catherine Bainbridge, Head of Urgent Care  Dan Merrison Senior Performance & Assurance Manager	<b>Risk 01</b> 
02	Changes to the interpretation of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs) safeguards, results in greater likelihood of challenge from third parties, which will have an effect on clinical, financial and reputational risks of the ICB.	3	4	12	3	4	12	↔	This risk will be reviewed in October following Liberty Protection Safeguards paper being presented at System Quality Group.	3	4	12	3	4	12	↔	The Government have yet to provide the Liberty Protection Safeguards (LPS) Code of Practice or the results of their LPS consultation.	Brigid Stacey - Chief Nursing Officer & Deputy Chief Executive	Bill Nicol, Head of Adult Safeguarding  Michelle Grant, Designated Nurse Safeguarding Adults/MCA Lead	<b>Risk 02</b> 
03	There is a risk to the sustainability of the individual GP practices across Derby and Derbyshire resulting in failure of individual GP Practices to deliver quality Primary Medical Care services resulting in negative impact on patient care.	4	4	16	4	4	16	↔	Development of primary care winter plan to support system pressures over the winter period.	4	4	16	4	4	16	↔	The risk score remains the same due to increasing risk of COVID outbreaks, workforce and winter pressures.	Zara Jones Executive Director of Strategy and Planning	Hannah Belcher, Assistant Director of GP Commissioning and Development: Primary Care  Judy Derricott Assistant Director of Nursing and Quality: Primary Care	<b>Risk 03</b> 
04	Sustainable digital performance for ICB and General Practice due to threat of cyber attack, network outages and the impact of migration of NHS Mail onto the national shared tenancy. The ICB is not receiving the required metrics to provide assurance regarding compliance with the national Cyber Security Agenda, and is not able to challenge any actual or perceived gaps in assurance as a result of this.	2	4	8	1	4	4	↓	The risk score is decreased from 2 x 4 = 8 given the lack of evidence of any ongoing attack - whether targeted or unintended consequence.	1	4	4	1	4	4	<b>RISK RECOMMENDED FOR CLOSURE</b>	Risk recommended for closure. There are ongoing risks that fluctuate in response to geopolitical situations and the NHS is often collateral damage in this, but there continues to be no evidence of attempted or successful infiltration.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Ged Connolly-Thompson - Head of Digital Development, Chrissy Tucker - Director of Corporate Delivery	<b>Risk 04</b> 

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		Probability	Impact	Rating	Probability	Impact	Rating			Probability	Impact	Rating	Probability	Impact	Rating					
		05	If the ICB does not review and update existing business continuity contingency plans and processes, strengthen its emergency preparedness and engage with the wider health economy and other key stakeholders then this will impact on the known and unknown risks to the Derby and Derbyshire ICB, which may lead to an ineffective response to local and national pressures.	2	4	8	3			4	12	↑	The risk score is increased from 2 x 4 =8 due to transition to a Category 1 Responder as an ICB.	3	4					
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.	4	4	16	4	4	16	↔	The Derbyshire NHS system continues to have a significant gap between required expenditure and available resource.	4	4	16	4	4	16	↔	JUCD is committed to delivering break-even for the 2022/23 financial year, however there is a considerable amount of work to address the underlying issues to achieve this.	Keith Griffiths, Chief Financial Officer	Darran Green, Acting Operational Director of Finance	
07	Failure to hold accurate staff files securely may result in Information Governance breaches and inaccurate personal details. Following the merger to the former Derby and Derbyshire CCG this data is not held consistently across the sites.	3	3	9	3	3	9	↔	The Covid restrictions and resource availability continue to impact on the review of the HR files.	3	3	9	3	3	9	↔	A plan has been articulated but not yet implemented due to current work pressures and subsequent resource availability.	Beverley Smith, Director of Corporate Strategy & Development	James Lunn, Head of People and Organisational Development	
08	Patients diagnosed with COVID 19 could suffer a deterioration of existing health conditions which could have repercussions on medium and long term health.	3	3	9	3	3	9	↔	NHSE have advised that the ICS will receive additional funding for 23/24 to ensure the continuity of the service, but the amount is yet to be confirmed.	3	3	9	3	3	9	↔	A new, updated risk will be proposed which is more relevant to the current situation. This new risk is currently being developed.	Dr Chris Weiner - Chief Medical Officer	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways	
09	There is a risk to patients on waiting lists as a result of their delays to treatment as a direct result of the COVID 19 pandemic. Provider waiting lists have increased in size and it is likely that it will take significant time to fully recover the position against these.	4	4	16	4	4	16	↔	The current risk score remains the same as the Quarter 1 information is being presented at the System Quality Group in October 2022 for first time, therefore confirmation is awaited that the Group feel assured.	4	4	16	4	4	16	↔	Improved processes are in place for assurance.	Brigid Stacey, Chief Nursing Officer & Deputy Chief Executive	Alison Cargill Assistant Director of Quality	

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10	The Royal College of Physicians identified that there is a risk to the sustainability of the Hyper Acute Stroke Unit at CRHFT and therefore to service provision for the population of North Derbyshire.	4	4	16	4	4	16	↔	A Critical Services Review is scheduled for 4th October 2022.	4	4	16	3	4	12	↓	Staff have returned from leave at CRH and additional staff have been recruited. The decrease in score has also been agreed at the Stroke Delivery Group.	Dr Chris Weiner - Chief Medical Officer	Angela Deakin, Assistant Director for Strategic Clinical Conditions & Pathways / Scott Webster Head of Strategic Clinical Conditions and Pathways	<p><b>Risk 10</b></p>
11	If the ICB does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS's Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change	3	3	9	3	3	9	↔	ICS performance dashboard is in development to demonstrate achievement of Net Zero Targets.	3	3	9	3	3	9	↔	Risk score cannot be reduced until the ICS starts to achieve its target through the action plan for 2022-23.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Suzanne Pickering Head of Governance	<p><b>Risk 11</b></p>
12	There is a risk that the ICB NHS Mail container includes NHS Mail accounts for individuals who are not directly employed by the ICB, but by other clinical services. Employees external to the ICB are potentially accessing NHS Mail services (including MS Teams and One Drive) to which they may not be entitled. This generates a cost to the ICB for each additional user.	4	4	16	2	4	8	↓	Risk score decreased from 4 x 4 = 16. The project has already removed a number of accounts which contributed to the risk score and plans are in place to alleviate the remaining.	2	4	8	2	4	8	<b>RISK RECOMMENDED FOR CLOSURE</b>	Compliance ensured with the NHSmail acceptable usage policy and closure of email accounts with shared credential by a more appropriate shared mailbox or application SMS. This risk may now be closed.	Helen Dillistone - Executive Director of Corporate Strategy and Delivery	Ged Connolly-Thompson - Head of Digital Development	<p><b>Risk 12</b></p>
13	Existing human resource in the Communications and Engagement Team may be insufficient. This may impact on the team's ability to provide the necessary advice and oversight required to support the system's ambitions and duties on citizen engagement. This could result in non-delivery of the agreed ICS Engagement Strategy, lower levels of engagement in system transformation and non-compliance with statutory duties.	3	3	9	3	3	9	↔	Ongoing assessment of activity emerging within ePMO to quantify resource requirements.	3	3	9	3	3	9	↔	There is still delivery required against the mitigating factors before an improvement is realised.	Helen Dillistone - Executive Director of Corporate Affairs	Sean Thornton - Deputy Director Communications and Engagement	<p><b>Risk 13</b></p>

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14	The various governance processes that are in place across the system might be duplicated in some areas.	2	3	6	2	3	6	↔	Risk transferred from former System Transition Register. Work has been ongoing to develop partnerships to reduce duplication, however, governance processes are continuing to develop.	2	3	6	2	3	6	<b>RISK RECOMMENDED FOR CLOSURE</b>	As this was originally a transition risk transferred to the ICB and the ICB will have a Board Assurance Framework for system strategic risks and a corporate risk register for the ICB itself, this risk is recommended to be closed.	Helen Dillistone - Executive Director of Corporate Affairs	Chrissy Tucker - Director of Corporate Delivery	<p><b>Risk 14</b></p> <table border="1"> <caption>Risk 14 Rating History</caption> <thead> <tr><th>Month</th><th>Rating</th></tr> </thead> <tbody> <tr><td>July</td><td>6</td></tr> <tr><td>August</td><td>6</td></tr> <tr><td>September</td><td>6</td></tr> <tr><td>October</td><td>6</td></tr> <tr><td>November</td><td>-</td></tr> <tr><td>December</td><td>-</td></tr> <tr><td>January</td><td>-</td></tr> <tr><td>February</td><td>-</td></tr> <tr><td>March</td><td>-</td></tr> </tbody> </table>	Month	Rating	July	6	August	6	September	6	October	6	November	-	December	-	January	-	February	-	March	-
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15	The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI	4	4	16	4	4	16	↔	Risk transferred from former System Transition Register. Risks remain post transition around potential contractual costs and capacity.	4	4	16	4	4	16	↔	It has been confirmed that there will be an East/West operating model, with Nottingham and Nottinghamshire ICB being identified as the host organisation for the East Midlands, however the detail of how this will operate and how it might affect individual ICBs is not yet worked through.	Helen Dillistone - Executive Director of Corporate Affairs	Chrissy Tucker - Director of Corporate Delivery	<p><b>Risk 15</b></p> <table border="1"> <caption>Risk 15 Rating History</caption> <thead> <tr><th>Month</th><th>Rating</th></tr> </thead> <tbody> <tr><td>July</td><td>16</td></tr> <tr><td>August</td><td>16</td></tr> <tr><td>September</td><td>16</td></tr> <tr><td>October</td><td>16</td></tr> <tr><td>November</td><td>-</td></tr> <tr><td>December</td><td>-</td></tr> <tr><td>January</td><td>-</td></tr> <tr><td>February</td><td>-</td></tr> <tr><td>March</td><td>-</td></tr> </tbody> </table>	Month	Rating	July	16	August	16	September	16	October	16	November	-	December	-	January	-	February	-	March	-
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16	Risk of increased anxiety amongst staff due to the uncertainty and the impact on well-being.	4	3	12	4	3	12	↔	Risk transferred from former CCG Transition Register. There may still be a risk of increased anxiety amongst staff until the alignment under the new Board structure and any resulting structure changes have been concluded	4	3	12	4	3	12	↔	1 to 1 wellbeing conversations encouraged, linked to the Hybrid Operating Model and increased on-site working.	Helen Dillistone - Executive Director of Corporate Affairs	James Lunn, Head of People and Organisational Development	<p><b>Risk 16</b></p> <table border="1"> <caption>Risk 16 Rating History</caption> <thead> <tr><th>Month</th><th>Rating</th></tr> </thead> <tbody> <tr><td>July</td><td>12</td></tr> <tr><td>August</td><td>12</td></tr> <tr><td>September</td><td>12</td></tr> <tr><td>October</td><td>12</td></tr> <tr><td>November</td><td>-</td></tr> <tr><td>December</td><td>-</td></tr> <tr><td>January</td><td>-</td></tr> <tr><td>February</td><td>-</td></tr> <tr><td>March</td><td>-</td></tr> </tbody> </table>	Month	Rating	July	12	August	12	September	12	October	12	November	-	December	-	January	-	February	-	March	-
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17	Due to the pace of change, building and sustaining communication and engagement momentum and pace with stakeholders during a significant change programme may be compromised.							N/A	N/A						12	<b>NEW RISK FOR OCTOBER</b>	New risk approved at October Public Partnerships Committee.	Helen Dillistone - Executive Director of Corporate Affairs	Sean Thornton - Deputy Director Communications and Engagement	<p><b>Risk 17</b></p> <table border="1"> <caption>Risk 17 Rating History</caption> <thead> <tr><th>Month</th><th>Rating</th></tr> </thead> <tbody> <tr><td>July</td><td>-</td></tr> <tr><td>August</td><td>-</td></tr> <tr><td>September</td><td>-</td></tr> <tr><td>October</td><td>12</td></tr> <tr><td>November</td><td>-</td></tr> <tr><td>December</td><td>-</td></tr> <tr><td>January</td><td>-</td></tr> <tr><td>February</td><td>-</td></tr> <tr><td>March</td><td>-</td></tr> </tbody> </table>	Month	Rating	July	-	August	-	September	-	October	12	November	-	December	-	January	-	February	-	March	-
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18	There is a risk of patient harm through existing safeguarding concerns due to patients being able to pro-actively view their medical record from 1st November 2022. This is a result of national changes to the GMS contract required by NHSE/I.							N/A	N/A				3	3	9	<b>NEW RISK FOR OCTOBER</b>	Nationally, patients registered with practices using System One and EMIS IT Systems will have full access to their prospective medical records from the 1st of November 2022	Zara Jones Executive Director of Strategy and Planning	Hannah Belcher, Assistant Director of GP Commissioning and Development: Primary Care  Judy Derricott Assistant Director of Nursing and Quality: Primary Care	<p><b>Risk 18</b></p> <table border="1"> <caption>Risk 18 Data</caption> <thead> <tr> <th>Month</th> <th>Risk Score</th> </tr> </thead> <tbody> <tr> <td>July</td> <td>0</td> </tr> <tr> <td>August</td> <td>0</td> </tr> <tr> <td>September</td> <td>0</td> </tr> <tr> <td>October</td> <td>9</td> </tr> <tr> <td>November</td> <td>0</td> </tr> <tr> <td>December</td> <td>0</td> </tr> <tr> <td>January</td> <td>0</td> </tr> <tr> <td>February</td> <td>0</td> </tr> <tr> <td>March</td> <td>0</td> </tr> </tbody> </table>	Month	Risk Score	July	0	August	0	September	0	October	9	November	0	December	0	January	0	February	0	March	0
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# ITEM 05

Time Commenced: 13:00pm

Time Finished: 14.55pm

## Health and Wellbeing Board 8 September 2022

Present:

Statutory Members Chair: Councillor Chris Poulter (Leader of the Council), Robyn Dewis (Director of Public Health), Beth Fletcher (Derby Healthwatch)

Non-Statutory Members:

Elected members: Councillors Lind, Lonsdale and Whitby

Appointees of other organisations: Amjad Ashraf (Community Action Derby), Bridget Stacey (Derby & Derbyshire ICB), Angelique Foster (Derbyshire Police and Crime Commissioner), Ian Fullagar, (Head of Strategic Housing, City Development and Growth DCC), Stephen Posey, (Chief Executive Derby Hospitals NHS Foundation Trust), Michael Kay (Head of Environment Protection, Housing Standards, Licensing and Emergency Planning DCC), Perveez Sadiq (Director Adult Social Care DCC), Denise Baker (University of Derby), James Joyce (Derby Homes), Clive Stanbrook (Derbyshire Fire and Rescue Service)

Non board members in attendance: Andy White (Public Health Manager), Alison Wynn (Assistant Director Public Health)

### 12/22 Apologies for Absence

Apologies were received from: Councillors Martin and Webb, Chris Clayton (Chief Executive Officer Derby & Derbyshire ICB), Claire Mehrbani (Director of Housing Services, Derby Homes Ltd), Steve Studham (Chair Derby Healthwatch), Fran Fuller (University of Derby), Andy Smith (Strategic Director of People Services DCC), Ifti Majid (Derbyshire Healthcare Foundation Trust)

### 12/22 Late Items

There were none.

### 14/22 Declarations of Interest

There were none.

### 15/22 Minutes of the meeting held on 28 July 2022

The minutes of the meeting on 28 July 2022 were agreed.

## 16/22 Derby/Derbyshire Childhood Obesity Plan - Update

The Board received a report and presentation from the Director of Public Health which gave an update on the progress of the Derby/Derbyshire Childhood Obesity Plan -Time for Action. With particular focus on the two overarching objectives:

1. To develop preventative approaches for current and future generations and, in particular, a whole systems approach to obesity which coordinates existing efforts, reveals gaps in provision and supports the efficient use of limited resources.
2. To develop clearer pathways and signposting to enable children who are already overweight or obese to access joined-up and long-term support.

The report provided a broad overview of the whole system approach to tackling childhood obesity following the steps outlined in the Public Health England (PHE) publication called the 'Whole systems approach to obesity', and how it would build on existing activity which had been delivered through the strategic Childhood obesity strategic multi agency group.

The report sought the Boards commitment to tackling the wider determinants of childhood obesity and to providing scrutiny of progress.

### **Resolved**

- 1. To note the update provided and development of the Derby/Derbyshire Childhood Obesity Plan.**
- 2. To support the implementation of the Childhood Obesity Plan using a whole systems approach.**

## 17/22 Incidents Involving Bariatric Rescues

The Board received a report of the Chief Fire Officer which highlighted the issues surrounding the significant increase in calls for bariatric rescues since 2016/17 to the present day.

The report sought to use this increase as the catalyst for definitive multi agency action to take place around bariatric incidents in Derby/ Derbyshire.

It was noted that since 2017/18 bariatric casualty incidents had increased by almost 150%. This trend was ever increasing with the first quarter of 2022/23 displaying almost a 300% increase in comparison to the same period in 2017/18.

There was no statutory duty for the Fire and Rescue Service to assist with a bariatric patient in a non-emergency situation. There was also the emerging risk of bariatric patients not being able to self-rescue from fire incidents. There were 376 accidental dwelling fires in Derbyshire last year. The energy crisis may lead to increasingly dangerous ways that people try to cook and heat their homes which would exacerbate this further.

### **Resolved**

- 1. To note and accept the increasing trend in bariatric incidents.**

- 2. To approve and support the establishment of a mechanism by which its partners could effectively work together to reduce the ongoing effect of bariatric incidents.**

## 18/22 Cost of Living

The Board received a presentation from the Director of Public Health on the measures being taken to mitigate the impact of the rising cost of living.

The presentation included the context of inequalities, the likely health impacts and details of funding which had been provided by the Government. There would be an insight led approach to the cost of living position with a partnership response. There were particular concerns around the impacts on health and the effects on low income families, large families, lone parents and pensioners.

A parliamentary statement had been made earlier today setting a price cap of £2,500 which would be frozen for 2 years for individuals.

There was concern for people who needed equipment to keep them at home particularly for home dialysis, pressure mattresses, nebulisers, ventilators and motorised wheelchairs.

It was noted that the partnership approach had worked well since covid and this would be built upon.

A member of the board asked if it was possible to increase the value of free school meal vouchers. The Chair reported that this was not possible currently but the position would be kept under review.

### **Resolved**

To note the presentation.

## 19/22 Update to Health and Wellbeing Board Terms of Reference

The Board received a report of the Director of Public Health which set out the updated Terms of Reference of the Health and Wellbeing Board (HWB) for review and approval.

The report highlighted proposed amendments to the currently agreed Terms of Reference for consideration of HWB members.

### **Resolved**

- 1. To recommend to Council to approve the revised terms of reference for the Health and Wellbeing Board, as detailed at Appendix 1 of the report.**
- 2. Subject to Council approval, to request that the Director of Legal, Procurement and Democratic Services make consequential amendments to the Council Constitution to reflect the revisions to the Health and Wellbeing Board's Terms of Reference.**

## 20/22 Pharmaceutical Needs Assessment

The Board received a report of the Director of Public Health which gave an update on progress of the requirement to prepare and publish a revised Pharmaceutical Needs Assessment (PNA) by 1 October 2022.

To inform the HWB that a final PNA had been prepared incorporating feedback from the public consultation.

**Resolved to approve the Derby and Derbyshire Pharmaceutical Needs Assessment 2022-2025 for publication by 1 October 2022.**

## Items for Information

### 21/22 Joined Up Care Derbyshire Update

The Board received a report of the Chief Executive NHS Derby and Derbyshire Integrated Care Board and Director of Public Health which provided an update from Joined Up Care Derbyshire (JUCD).

**Resolved to note the update from Joined Up Care Derbyshire.**

### 22/22 Outbreak Engagement Board and Health Protection Board Update

The Board received a report of the Director of Public Health which provided an update and overview of the key discussions and messages from the COVID Outbreak Engagement Board and Derbyshire Health Protection Board.

**Resolved to note the report.**

## Private Items

None submitted.

**MINUTES END**

PUBLIC

**MINUTES** of a meeting of **HEALTH AND WELLBEING BOARD** held on Thursday, 7 July 2022 at County Hall, Matlock, DE4 3AG.

## **PRESENT**

Councillor C Hart (in the Chair)

Councillors N Hoy and J Patten.

Officers present: Helen Jones (Executive Director - Adult Care), Dean Wallace (Director - Public Health) and Juliette Normington (Democratic Services Officer).

Also in attendance: Annette Appleton, Councillor Neil Atkin, Carol Camiss, Executive Director – Children’s Services, Helen Denness, Ellen Langton, Iain Little and Lucy Wilson, Derbyshire County Council; Councillor Mary Dooley, Karen Hansan and Deborah Watson, Bolsover District Council; Bridgid Stacey, Derby and Derbyshire Integrated Care Board; Clive Stanbrook, Derbyshire Fire and Rescue; Harriet Nicole, Healthwatch Derbyshire; and Lee Pepper, North East Derbyshire District Council.

### **14/22 DECLARATIONS OF INTEREST**

There were no declarations of interest.

### **15/22 MINUTES**

**RESOLVED** that the minutes of the meeting of the Board held on 31 March 2022 be confirmed as a correct record.

### **16/22 TERMS OF REFERENCE REVIEW**

Helen Jones, Executive Director - Adult Care introduced the report, which had been circulated in advance of the meeting, asking the Board to note and agree changes to the Health and Wellbeing Board Terms of Reference and membership.

The changes updated the role and function of the Board so that it worked effectively within the new Integrated Care System structures which came into effect on 1 July 2022 and reflected Health and Wellbeing Board development sessions which had taken place since April 2022.

**RESOLVED** to:

1. Note the proposed changes to the Health and Wellbeing Board Membership and Terms of Reference following development sessions in Spring 2022 where it had considered how the Board worked effectively and in partnership with the Integrated Care

Partnership;

2. Agree the addition of the Derbyshire Integrated Care Board to its membership, as part of the statutory requirements of the Health and Care Bill which took effect from 1 July 2022; and
3. Note the revised draft Terms of Reference (attached at Appendix 2) and provide comment and feedback on them by 1 August 2022 so that a final version could be adopted at the Health and Wellbeing Board meeting on 6 October 2022.

## **17/22 JOINT STRATEGIC NEEDS ASSESSMENT TRANSFORMATION UPDATE**

Dean Wallace, Director of Public Health introduced the report, which had been circulated in advance of the meeting, to update the Health and Wellbeing Board (HWB) on the on-going Joint Strategic Needs Assessment (JSNA) transformation programme in Derbyshire. The HWB oversaw the JSNA which was a statutory function and which had currently been identified as lacking in key information, containing out of date information, being difficult to access and not aligned to best practice.

A new process and platform were being created by the Public Health team to address the shortcomings of the current approach; no decision had yet been made on the process. The JSNA was currently led by one Council team and was not jointly owned and developed. The transformation programme would develop joint ownership.

**RESOLVED** to:

1. Note the upcoming changes to the JSNA process and platform; and
2. Support the engagement, testing and development of a shared approach with strategic leads and operational team members across the health and wellbeing system.

## **18/22 MENTAL HEALTH UPDATE**

Helene Denness, Assistant Director of Public Health introduced the report, which had been circulated in advance of the meeting, requesting that the Health and Wellbeing Board adopt the population mental health statement for Derbyshire. The report was supported with a presentation.

The population mental health statement for Derbyshire, attached to the report, acknowledged that societal and structural factors were as

important as individual factors in contributing to mental health problems. It recognised health inequalities played a significant role in increasing the risk of developing a mental health problem that could lead to poorer outcomes for those with existing mental health problems.

By adopting the population mental health statement for Derbyshire, the Board showed their commitment to system-wide work on population mental health aligning with the Health and Wellbeing Board strategy priorities.

**RESOLVED** to adopt the population mental health statement for Derbyshire and acknowledge that the statement will drive forward shared partnership action around this important health and wellbeing strategy priority.

## **19/22 HOMELESSNESS STRATEGY REPORT**

Lee Pepper, North East Derbyshire District Council introduced the report, which had been circulated in advance of the meeting. It provided an update to the Health and Wellbeing Board and its members on the progress and support in the implementation of the county-wide Homelessness and Rough-sleeping Strategy. It also sought engagement in the four key priorities of the strategy and efforts in making homelessness everyone's responsibility.

The Strategy embodied a multi-agency collaborative approach to tackle homelessness and set out an ambitious plan to transform response to homelessness. Early intervention was embedded within it together with the offer of personalised solutions into homelessness services, especially where complex social issues were involved.

**RESOLVED** to:

1. Support the Derbyshire Homelessness and Rough Sleeping Strategy; and
2. Allow for the provision of regular updates on the progress of the strategy to be made to the Board as part of the Health and Wellbeing Strategy priority updates on 'Well planned and healthy homes'.

## **20/22 ANNUAL SECTION 75 UPDATE 0-19 COMMISSIONED SERVICES**

Dean Wallace, Director of Public Health introduced the report, which had been circulated in advance of the meeting, providing the Health and Wellbeing Board an update in relation to the delivery of the 0-19 Public Health Nursing Service over the 2020-21 academic year (September

2020 to August 2021).

The 2020-21 academic year continued to be a challenging one for the Service, in its continued response to the Covid-19 pandemic and restoring elements of the service delivery model that were either stood down or delivered via alternative means during the earlier stages of the pandemic. Despite these challenges, performance in relation to the KPIs had remained satisfactory and the service continued to make great efforts to help achieve the best outcomes for children, young people and their families.

There have been numerous priorities identified for the 2021-22 academic year to ensure the service continues to develop the delivery model and restore elements of the service in line with the current service specification. Both DCC and DCHS are committed to work in close partnership over the next academic year and beyond to deliver the best possible service for the families of Derbyshire residents.

**RESOLVED** to note the contents of the report.

## **21/22 HEALTH PROTECTION BOARD UPDATE**

Iain Little, Deputy Director of Public Health introduced the report, which had been circulated in advance of the meeting, providing the Board with a round-up of key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda. The report was supported by a presentation, with focus on the following areas:

- COVID-19 - was still impacting on services, with statistics to the end of June suggesting an increase in infections across England and hospitalisations.
- Air Quality - no areas of Derbyshire had exceeded objectives.
- Immunisations - saw a focus on collaboration across the system with a national immunisation strategy due to be discussed at future Health Protection Boards. MMR catch-ups were being delivered and an increase in uptake for the influenza jab was expected. COVID-19 vaccinations continued.
- Screening – focus was aimed on inequalities (deprivation and population groups), PCN's were focussing on bowel and cervical screening uptake, breast screening was reducing backlogs and diabetic eye screening was out of recovery.
- Other current health protection issues included Monkeypox, the polio virus and the implications of the transfer of Glossop locality to Derbyshire NHS.

**RESOLVED** to note the information contained in this round-up report.

## **22/22 BETTER CARE FUND OUTTURN REPORT**

Helen Jones, Executive Director – Adult Care presented the report which had been circulated in advance of the meeting, giving an update on the outturn position of the Derbyshire Integration and Better Care Fund (BCF) through reporting of the required statutory return for 2021-22. The Department of Health and Social Care’s Better Care Support Team published the National Return template on the 8 April 2022. Due to the meeting structures of the Board the report was presented retrospectively. The National Return Template was submitted on time.

An additional section reflected on successes and challenges over the course of the financial year and were reported in-line with the Logic Model for Integrated Care (developed by the Social Care Institute for Excellence, SCIE).

### **RESOLVED to:**

1. Receive and sign off the report and note the responses provided in the Statutory Return; and
2. Continue to receive reports of the Integration and Better Care Fund throughout the 2022-23 financial year.

## **23/22 DRAFT PHARMACEUTICAL NEEDS ASSESSMENTS**

Dean Wallace, Director of Public Health introduced the report which had been circulated in advance of the meeting and which provided an update of the Derby City and Derbyshire Pharmaceutical Needs Assessment (PNA).

The PNA was covered by regulations issued by the Department of Health and Social Care, which set out the legislative basis for developing and updating assessments. Under the 2013 Regulations, a person who wished to provide NHS pharmaceutical services needed to apply to NHS England to be included on a relevant list and needed to adhere to prescribed criteria. The revised assessment should be published every three years and, due to the Covid-19 pandemic, a delay was permitted until 1 October 2022.

### **RESOLVED to:**

1. Note the update of the Derby City and Derbyshire Pharmaceutical Needs Assessment;

2. Note that the Pharmaceutical Needs Assessment would identify the needs of the population and support the decision-making process for pharmacy applications, as well as informing the planning of services that could be delivered by community pharmacies; and

3. Agree that following statutory consultation a final version of the draft, updated Pharmaceutical Needs Assessment be shared with Board members and, if approved by a majority of Board members, be published by 1 October 2022.

## **24/22      HEALTH AND WELLBEING ROUND UP**

Helen Jones, Executive Director – Adult Care presented the report which had been circulated in advance of the meeting. The report gave a round-up of key progress in relation to Health and Wellbeing issues and projects not covered elsewhere on the agenda. It also provided a summary of the latest policy information to enable the development of the work plan for the Board.

**RESOLVED** - that the Health and Wellbeing Board note the information contained in the round-up report.

## **25/22      ANY OTHER BUSINESS**

Carol Hart, Chair of the Board, thanked Dean Wallace for all the work he had done and wished him well in his new position of Chief Officer at Derbyshire Combined Health Services.

The meeting finished at 3.10 pm

**MINUTES OF DERBYSHIRE ENGAGEMENT COMMITTEE MEETING HELD ON  
21 June 2022 - MICROSOFT TEAMS  
11:15 - 13:15**

<b>Present:</b>		
Martin Whittle - <b>Chair</b>	MW	CCG Governing Body Lay Member – Patient and Public Involvement
Steven Bramley	SB	Lay Representative
Julian Corner	JC	Non-Executive Member ICB
Helen Dillistone	HD	Executive Director Corporate Strategy and Delivery DDCCG
Simon McCandlish	SM	CCG Governing Body Lay Member – Patient and Public Involvement
Chris Mitchell	CM	Public Governor Derbyshire Dales and High Peak Derbyshire Healthcare NHS foundation
Ian Shaw	IS	CCG Governing Body Lay Member for Primary Care Commissioning
Margaret Rotchell	MR	Lead Governor Chesterfield Royal Hospital
Maura Teager	MT	Lead Governor University Hospitals of Derby and Burton NHS Foundation Trust
Sean Thornton	ST	Deputy Director Communications and Engagement DDCCG and Joined Up Care Derbyshire
Lynn Walshaw	LW	Deputy Lead Governor Derbyshire Community Health Services NHS Foundation Trust
Tim Peacock	TP	Lay Representative
Kim Harper	KH	Chief Officer, Community Action Derby
<b>In Attendance:</b>		
Lisa Walton	LWa	PA DDCCG
Claire Haynes	CH	Engagement Manager DDCCG
<b>Apologies:</b>		
Karen Lloyd	KL	Head of Engagement Joined Up Care Derbyshire
Jocelyn Street	JS	Lay Representative

<b>Item No.</b>	<b>Item</b>	<b>Action</b>
<b>EC/2223/040</b>	<p><b>WELCOME APOLOGIES AND QUORACY</b></p> <p>Martin Whittle (MW) welcomed all to the meeting and confirmed the meeting to be quorate. MW noted this was the last Derbyshire Engagement Committee in this format as we transition to ICB.</p> <p>Apologies were noted as above.</p>	
<b>EC/2223/041</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>MW 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 Clinical Commissioning Group (CCG).</p> <p>Declarations declared by members of the Engagement Committee are listed in the CCG’s Register of Interests and included with the meeting papers.</p>	

	<p>The Register is also available either via the corporate secretary to the Governing Body (GB) or the CCG website at the following link: <a href="http://www.derbyandderbyshireccg.nhs.uk">www.derbyandderbyshireccg.nhs.uk</a></p> <p><u>Declarations from today's meeting:</u></p> <p>No declarations were made.</p>	
<p><b>EC/2223/042</b></p>	<p><b>POST JULY COMMITTEE ARRANGEMENTS &amp; TERMS OF REFERENCE DEVELOPMENT</b></p> <p>The Committee is asked to <b>RECEIVE</b> the update on current progress towards the creation of a Public Partnership Committee for the new Integrated Care System.</p> <p>The Committee is asked to <b>COMMENT</b> on the proposal to maintain the existing committee during 'Phase 1' whilst further details and roles emerge in line with system developments.</p> <p>The Committee is asked to <b>REVIEW</b> and <b>APPROVE</b> the interim Terms of Reference in principle to support the constitution of the new committee within the Integrated Care Board governance structure from 1 July 2022.</p> <p>HD updated the committee on the background of the report which sets out the rationale around how to ensure we build on the work of this committee, and keep a degree of continuity, whilst recognising that the ICB will look for further development and changes in time.</p> <p>HD stated it was imperative to retain work around assurance. PPI is important to the ICB and will be central to the work of what the ICB is there to do but recognising that it has an assurance role as well to ensure and assure that we are following due process and considering right methodologies for engagement and consultations and that this committee has a key role in helping to oversee and develop. However, there is recognition that the ICB operates with a slightly different focus.</p> <p>Whilst the ICB has a role and holds the statutory duties as an NHS organisation it also has a broader system perspective in working with the Partnership, helping to shape integration and collaboration which makes a more complex role.</p> <p>In leading the transition work and setting up some of the new architecture for the new ICB, we need to ensure we are ready for 01 July 2022 around several key areas. There is recognition there will be ongoing development post July.</p> <p>The report sets out two phases that the committee is asked to review. The first wave involves hitting the ground running for 01 July, and the first few months where we are wanting to continue to evolve the work of this committee and looking at what the broader developments might be relating to the broader partnership and how we might then build that into the Public Partnership Committee, as we go forward, recognising that that broader partnership development is still is still evolving.</p>	

	<p>The PPC scope in Phase 2 may broaden to include elements that fall outside of the statutory duties, but within the moral and strategic desires of the ISC.</p> <p>The purpose of the paper is to predominantly assure the service transformation and provision within the ICS is driven by public conversation through the principles of continuous engagement and Co-production.</p> <p>HD invited comments from the Committee.</p> <p>MT stated members have now received the draft addendum for their statutory duties as governors within an FT which is a consultation document requiring a response by 7 July, and MT enquired how this cross references to the detail of this report.</p> <p>HD noted awareness of the consultation, which is an important area of development, in terms of how would the role of the Governors would be more formally linked to the work of the system, not just for their own organisation, but to be able to take decisions on behalf of the system.</p> <p>HD noted it was an ongoing area of development, which did not overlap, duplicate or undermine the work of what we are proposing in this committee.</p> <p>TP enquired about membership and wondered how lay members would be appointed to ensure integrity.</p> <p>ST agreed it was a valid point, and that the current membership would stay the same, however going forward the answer to that question lies in the discussions around phase two.</p> <p>TP requested this to be recorded and brought forward to Autumn meetings.</p> <p>IS enquired about training and development for lay members for this committee as it develops.</p> <p>ST acknowledged the depth of knowledge and experience brought to the Committee by current members and that it would be detrimental to the Committee to lose that.</p> <p><b>CM</b> felt that for the Committee to get results, it important to identify who is leading the process of change within the local authority and to ensure results.</p> <p>CM suggested the officers responsible for leading the partnership must be named as opposed to the actual role itself alone and MW concurred that will become clear in the process.</p> <p>JC felt it was important not to over determine or prescribe at this point, as this is a very busy Committee with a big agenda which cannot do everything by itself. There needs to be a look at where all the public engagement sits within the wider system and see whether this is working as a public engagement system.</p> <p><b>The Committee RECEIVED and COMMENTED on the update.</b></p> <p><b>The Committee reviewed and approved the Terms of Reference which are interim until 1 July.</b></p>	

<p><b>EC/2223/043</b></p>	<p><b>STANDING ITEM: ICS COMMUNICATIONS AND ENGAGEMENT PLAN</b></p> <p>ST updated the Committee on the progress of the plan.</p> <p>ST had previously shared information on the development around the narrative for the Integrated Care Board and the system. The team have been working on this for the last few weeks getting branding ready and getting a new website ready.</p> <p>ST shared an updated MST background slide, noting the amendment to the joined-up Care Derbyshire branding to better reflect the partnership.</p> <p>A series of staff briefings called Team Derbyshire have begun, and there is a session on 1 July, specifically about the ICB.</p> <p><b>The Engagement Committee NOTED the verbal update.</b></p>	<p><b>ST</b></p>
<p><b>EC/2223/044</b></p>	<p><b>WORKING IN PARTNERSHIP WITH PEOPLE AND COMMUNITIES – NATIONAL GUIDANCE CONSULTATION</b></p> <p>The Committee is asked to <b>NOTE</b> the draft statutory guidance on implementing the Working with People and Communities directive.</p> <p>The Committee is asked to <b>NOTE</b> the brief responses submitted as part of the consultation process on 25 May 2022 and to <b>SUGGEST</b> any further matters which have emerged through reading the draft guidance.</p> <p>ST noted the timings of the contents of the shared paper are strange in terms of committee meetings. Currently it has been an item of guidance issued by NHS England for consultation. The shared papers show that ST provided a brief response indicating the guidance in general appears ok.</p> <p>The Deadline for contributions has now closed on 31 May.</p> <p>The guidance takes the people and communities guidance that was released last September which included ten principles around engaging in and involving citizens and people and communities and converts that into more detail about what is expected of systems.</p> <p>We have submitted our engagement strategy which came through this Committee, on 20 May. There was therefore, little to no opportunity to use this guidance to inform what that strategy actually said, however upon reflection, there is little which probably would have changed within our strategy that is within the guidance mainly because we were doing a lot of the things that the guidance asked us to do already.</p> <p>ST informed the Committee that this will come through as formal guidance around July.</p>	

	<p>MT stated the difficulties of reaching and engaging with smaller charities which appear invisible at the moment. MT will email ST with a list of these charities.</p> <p>MT left the meeting.</p> <p><b>The Engagement Committee NOTED the guidance and comments.</b></p>	<p><b>MT</b></p>
<p><b>EC/2223/045</b></p>	<p><b>ICS ENGAGEMENT STRATEGY</b></p> <p>ST gave a verbal update.</p> <p>The Strategy and relating documents have been submitted to NHS England, but ST is not aware of any feedback as yet.</p> <p>Linked to that is the governance PPI guide that we developed to help teams understand the ways and methods in which they can engage with communities.</p> <p>ST has a meeting with Zara Jones tomorrow to make sure Zara Jones so that she can endorse the message within her team.</p> <p>ST is linking in with the Scrutiny Committees to engage with them and sight them on the current status.</p> <p><b>The Engagement Committee NOTED the verbal update.</b></p>	
<p><b>EC/2223/046</b></p>	<p><b>ENHANCED ACCESS IN PCNS</b></p> <p>The Engagement Committee is asked to <b>REVIEW</b> the plans for the PCN Enhanced Access DES engagement for assurance that the legal duties around patient and public involvement and equality are met.</p> <p>CH informed the Committee NHS England and Improvement (NHSEI) have set a Directed Enhanced Service (DES) for Primary Care Networks to deliver enhanced services outside of the core 8am-6.30pm GP contract.</p> <p>Whilst some Practices or Places have already been delivering enhanced services since 2016, there has not been a consistent offer around the timings or range of services and the level of engagement with patients on enhanced services is not known.</p> <p>With this DES there is an expectation that a range of services will be available before 08:00 and after 18:30 Monday to Friday with additional weekend services. There must be a range of Primary Care services which meet the needs of the patient population. This could include but not be limited to screening services, long term condition monitoring as well as GP and nurse appointments.</p> <p>The enhanced services must be delivered at Primary Care Network (PCN) level which means that it will not be at every GP Practice but at a locality basis.</p>	

	<p>PCNs must develop plans which show that they have engaged with their local population.</p> <p>NHSEI have set out a prescribed process in which initial plans must be submitted to the ICB Primary Care team by 31 July 2022, approved by NHSEI in August and then implemented by October 22.</p> <p>CH had concerns around feedback on GP access which may create challenges around this piece of work and how patients were involved.</p> <p>The plans have to be assessed by NHS England, and so we want to make sure the engagement is very robust and we could evidence how patients have influenced these PCN level plans.</p> <p>CH requested assurance from the Committee that the survey is adequate enough.</p> <p>The survey involves practices contacting their patients and the PPG. We have offered to do two discussion sessions similar to the Derbyshire dialogue, however this has been declined because at this moment in time, people have not said that they will support those sessions, so we cannot run them as an engagement team without support either from our primary care team or from the PCNs.</p> <p>CH stated we had offered our email account for people to get in touch with us so they can either have a one-to-one discussion or they can provide e-mail feedback.</p> <p>CH stated the responsibility for the engagement lies with the PCNs.</p> <p>CH informed the Committee PCN's are having to complete a form to tell us how they have engaged, and it is hoped to have by the end of July a significant amount of feedback around access to GP's.</p> <p>CH has a meeting tomorrow to talk to the new head of patient experience to look at the best way to understand from all of the information received, where there may be some problems and what has been said from a patient point of view.</p> <p>CH stated the importance to be able to report back to PCN's on whether the Committee felt there had been enough engagement undertaken to cover their legal duties.</p> <p>TP asked for particular names of PCNs, CH responded this was not the right approach at this time.</p> <p>The Committee stated they had concerns around the PCN levels of engagement.</p>	
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	<p>MW stated this would come back again to this Committee if in future it was felt that in the assessment process a PCN has not engaged properly for assurance or governance purposes.</p> <p>ST recommended a deep dive regarding this and MW requested this be added to the Forward Planner.</p> <p><b>ACTION: LF to add to forward planner.</b></p> <p>The Engagement Committee <b>REVIEWED</b> the plans for the PCN Enhanced Access DES engagement for assurance that the legal duties around patient and public involvement and equality are met.</p>	
<p><b>EC/2223/047</b></p>	<p><b>S14Z2 LOG</b></p> <p>The Committee is asked to <b>REVIEW</b> the current 14Z2 forms and <b>TAKE ASSURANCE</b> that forms are being completed appropriately and actioned and discussed as a team.</p> <p>The Committee is asked to <b>NOTE</b> the change to the name of this form from 1 July 2022.</p> <p>ST noted there were some new highlights for the Committee to see.</p> <ul style="list-style-type: none"> <li>• <b>LD Short Breaks</b> NHS Learning Disability Short Breaks are provided by Derbyshire Community Health Services NHS Foundation Trust (DCHS) through five services in North Derbyshire. JUCD is embarking on a review of said services to understand how the NHS funded Short Breaks are being used, what options exist for future delivery and what would the impact of any change be.</li> </ul> <p>We are expecting that will result in a formal public consultation partly because of the nature of the review, but also because we have a precedent where we have consulted around short breaks in the past.</p> <p>The new form will be called <b>Public Involvement Assessment from 1 July.</b></p> <ul style="list-style-type: none"> <li>• <b>EOL Review SPOA</b> to involve patients and their families and carers in a review of the EoL services currently provided to assist in developing the Single Point of Access.</li> </ul> <p><b>The Engagement Committee REVIEWED the forms and was assured they have been completed properly RECEIVED and NOTED the change of the form's name.</b></p>	
<p><b>EC/2223/048</b></p>	<p><b>RISK REPORT JUNE 2022 - NEW RISK: COMMUNICATIONS AND ENGAGEMENT RESOURCING</b></p> <p>The Engagement Committee is asked to <b>APPROVE</b> new risk 49 assigned to the committee as of June 2022.</p>	

	<p>ST reminded the Committee of previous discussions regarding the Engagement Strategy and concerns around the resource application towards the team trying to deliver that strategy, which was agreed to raise as a formal risk.</p> <p>Existing human resource in the Communications and Engagement Team may be insufficient. This may impact on the team's ability to provide the necessary advice and oversight required to support the system's ambitions and duties on citizen engagement. This could result in non-delivery of the agreed ICS Engagement Strategy, lower levels of engagement in system transformation and noncompliance with statutory duties</p> <p>The risk starts at 16 with an impact level of 4, because if we cannot deliver the engagement strategy, we will fail to deliver the transformation and involvement that we have set out as an ideology within the strategy.</p> <p>The Engagement Committee APPROVED the new risk.</p>	
<b>EC/2223/049</b>	<p><b>MINUTES OF THE MEETING HELD ON 17 MAY 2022</b></p> <p>The minutes of the previous meeting were agreed to be a true and accurate record.</p>	
<b>EC/2223/050</b>	<p><b>MATTERS ARISING</b></p> <p>There were no matters arising.</p>	
<b>EC/2223/051</b>	<p><b>ACTION LOG FROM MEETING 17 May 2022</b></p> <ul style="list-style-type: none"> <li>• Item 23 – Close</li> <li>• Item 27 – Close</li> <li>• Item 28 – Close</li> <li>• Item 36 – BF to September Agenda – Close</li> <li>• Item 005 - Everything passed over to new committee – Close</li> </ul>	
<b>EC/2223/052</b>	<p><b>ENGAGEMENT COMMITTEE FORWARD PLANNER <u>2022/23</u> FOR REVIEW AND AGREEMENT</b></p> <p>GP Access to be BF to future meeting – <b>Action LF</b></p>	<b>LF</b>
<b>EC/2223/057</b>	<p><b>ANY OTHER BUSINESS</b></p> <p>MW thanked everyone for their hard work, diligence, effort and knowledge over the last three years. Everyone has made a really strong contribution. Everyone has been open and honest, and it has been a great experience.</p> <p>The committee thanked MW for his excellent Chairmanship.</p>	

<p><b>EC/2223/059</b></p>	<p><b>ASSURANCE QUESTIONS</b></p> <ol style="list-style-type: none"> <li>1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? <b>Yes</b></li> <li>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? <b>Yes</b></li> <li>3. Were papers that have already been reported on at another committee presented to you in a summary form? <b>Yes</b></li> <li>4. Was the content of the papers suitable and appropriate for the public domain? <b>Yes</b></li> <li>5. 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? <b>Yes</b></li> <li>6. 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? <b>No</b></li> <li>7. What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? <b>None, there was felt to be no specific recommendation at this stage.</b></li> </ol>	
<p><b>DATE AND TIME OF NEXT MEETING</b></p>		
<p><b>Date:</b> TBC</p>		
<p><b>Time:</b></p>		

**MINUTES OF GOVERNANCE COMMITTEE MEETING HELD ON  
23 JUNE 2022 AS A VIRTUAL MEETING VIA MICROSOFT TEAMS  
AT 13:00 TO 15:00**

<b>Present:</b>		
Jill Dentith - <b>Chair</b>	JED	Governing Body Lay Member – Governance, DDCCG
Helen Dillistone	HD	Executive Director of Corporate Strategy and Delivery, DDCCG
Ian Gibbard	ICG	Governing Body Lay Member – Audit, DDCCG
Dr Emma Pizzey	EP	Governing Body GP, DDCCG
Dr Greg Strachan	GS	Governing Body GP, DDCCG
Martin Whittle	MW	Governing Body Lay Member – Patient and Public Involvement, DDCCG
<b>In Attendance:</b>		
Lisa Butler	LB	Complaints and PALS Manager, DDCCG
Ged Connolly-Thompson	GCT	Head of Digital Development, DDCCG
Richard Heaton	RH	Business Resilience Manager, DDCCG
Lisa Innes	LI	Head of Procurement, NHS Arden and GEM CSU (part meeting)
Ruth Lloyd	RL	Information Governance Manager, DDCCG
James Lunn	JL	Head of Human Resources and Organisational Development, DDCCG
Suzanne Pickering	SP	Head of Governance, DDCCG
Rosalie Whitehead	RW	Risk Management and Legal Assurance Manager, DDCCG
Maria Muttick (Admin)	MM	Corporate Development Officer, DDCCG
<b>Apologies</b>		
Chrissy Tucker	CT	Director of Corporate Delivery, DDCCG

<b>Item</b>	<b>Subject</b>	<b>Action</b>
<b>GC/2223/027</b>	<p><b>WELCOME, APOLOGIES &amp; QUORACY</b></p> <p>Jill Dentith (JED) welcomed members to the meeting and confirmed the meeting to be quorate.</p> <p>Apologies were received as above.</p>	
<b>GC/2223/028</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>JED 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 Clinical Commissioning Group (CCG).</p> <p>Declarations made by members of the Governance Committee are listed in the CCG’s Register of Interests and included with the meeting papers. The Register is also available either via the corporate secretary to the Governing Body (GB) or the CCG website at the following link: <a href="http://www.derbyandderbyshireccg.nhs.uk">www.derbyandderbyshireccg.nhs.uk</a></p> <p><u>Declarations from today's meeting:</u></p> <p>Dr Greg Strachan declared a conflict of interest with GC/2223/030 Extension for Clinical and Place leads as he is one of the GPs affected by the contract extension. No action was necessary as all GPs have been informed in writing</p>	

	<p>of this decision and it has only been raised at the Governance Committee for information. There was no requirement for Dr Greg Strachan to leave the meeting.</p>	
<p><b>GC/2223/029</b></p>	<p><b>DERBY AND DERBYSHIRE CCG PROCUREMENT HIGHLIGHT REPORT</b></p> <p>Lisa Innes (LI) presented the procurement highlight report.</p> <p>IG asked if Arden and GEM (AGEM) were ready for the amount of work that they would receive from the new ICB and if they had the necessary resources to do it. LI confirmed they were currently formulating a work plan for transferring to the ICB, looking at priorities. In terms of resource, they have enough capability and capacity within the AGEM procurement team to support it. They will ensure projects are staggered where they have multiple commissioners on similar projects. There is hope that as a result of the Provider Selection Regime, the number of competitive processes might reduce, however current information regarding the consultation work appears that this is not the case and instead it will be different ways of procuring and demonstrating those, this will require more market engagement which is less intensive than running formal procurements.</p> <p>JED asked in terms of preparation for the transition, including Glossop, is everything covered. LI confirmed there are no issues or concerns.</p> <p><b>Governance Committee REVIEWED the report for Derby and Derbyshire CCG and NOTED the status of projects and REVIEWED key issues and activities over the current period.</b></p> <p>LI left the meeting.</p>	
<p><b>GC/2223/030</b></p>	<p><b>EXTENSION FOR CLINICAL AND PLACE LEADS</b></p> <p>JL advised the following for information.</p> <p>The CCG currently engages a number of GPs in the role of GP Clinical Lead and GP Place Leads. The majority of these contracts were due to end on 30 June 2022 however these roles are to continue into the ICB.</p> <p>In recognition of this, and that the new Executive Medical Director may wish to review the clinical and place leadership model, the Executive Team have agreed for the contracts to be extended until the 31 March 2023.</p> <p>Human Resources have written to those GPs and offered them the extension.</p> <p>JED asked for the minutes to note that this item was classified in the 'For Decision' section of the agenda, however it is only for information.</p> <p>Dr Greg Strachan declared an interest in this item as he is affected by the contract extension. The item was for information and not a decision and therefore no action was require to manage the conflict.</p> <p><b>The Governance Committee ACCEPTED the update that the GP Clinical Lead and GP Place Leads contracts will be extended until 31 March 2023.</b></p>	

<p><b>GC/2223/031</b></p>	<p><b>RATIFICATION OF VIRTUAL APPROVAL DECISIONS DURING MAY AND JUNE 2022</b></p> <p>SP presented the above paper which referred to five decisions made by the Governance Committee virtually via email during May and June 2022.</p> <ol style="list-style-type: none"> <li>1. NHS Trust Additional Contracts</li> <li>2. Hybrid Working Amber de-escalation to green status phase 1</li> <li>3. Governance Committee Risks</li> <li>4. Governance Committee Governing Body Assurance Framework (GBAF) Risks</li> <li>5. Governance Committee Annual Report 2021/22</li> </ol> <p>No comments or questions.</p> <p><b>The Governance Committee FORMALLY RATIFIED the decisions made by the Committee virtually during May and June 2022.</b></p>	
<p><b>GC/2223/032</b></p>	<p><b>PROCUREMENT DECISIONS IN ICS TRANSITION</b></p> <p>SP presented the above which outlined the updated procurement decisions in the ICS transition.</p> <p>No comments or questions.</p> <p><b>The Governance Committee NOTED the Procurement Decisions in ICS Transition report.</b></p>	
<p><b>GC/2223/033</b></p>	<p><b>MANDATORY TRAINING</b></p> <p>SP presented the above which detailed the CCG's completion figures for Mandatory Training as of 14 June 2022. The Information Governance Data Security Awareness training compliance deadline is 30 June 2022. At the time of writing the report the compliance was 93.49%, however the compliance percentage is now 96%. There are currently no concerns regarding compliance with Mandatory Training.</p> <p>JED asked if the figures would decrease as colleagues leave and new colleagues start in the transition. SP confirmed they would in July/August, however these would rise from end of September.</p> <p><b>The Governance Committee NOTED the CCG's completion figures for Mandatory Training as of 14 June 2022.</b></p>	
<p><b>GC/2223/034</b></p>	<p><b>2021 STAFF SURVEY ACTION PLAN</b></p> <p>JL presented the above paper which noted the outcome of the joint workshop which included the Organisational Effectiveness and Improvement Group (OEIG) and the Diversity and Inclusion Network. This took place on 28 April 2022 and the group were asked to review the Staff Survey results. A Staff Survey Action Plan has been developed and shared with OEIG, the Diversity and Inclusion Network and the Executive Team.</p> <p>JED referred to the outline of the plan in the paper and asked if the action plan was fully developed with dates for completion, outcomes, leads etc. JL</p>	

	<p>confirmed it would be when the CCG transitions to the ICB. It will be an HR and OD Work Plan and will be presented to the relevant ICB committee.</p> <p>JED commented that this would be a good opportunity to promote the Freedom to Speak Up Guardian and agreed that it is important that the Derby and Derbyshire ICB is seen as one workforce across the System.</p> <p>JED asked if the action plan would be reviewed elsewhere as normally it would be in the assurance report that the Governance Committee would present to the Governing Body. HD confirmed it would be presented in the assurance report to the ICB Board in July.</p> <p><b>The Governance Committee NOTED the outcome of the joint Organisational Effectiveness and Improvement Group (OEIG) and Diversity and Inclusion Network workshop and APPROVED the recommended staff survey action plan.</b></p>	
<p><b>GC/2223/035</b></p>	<p><b>CONTRACT OVERSIGHT UPDATE</b></p> <p>SP confirmed that all of the requirements for the close down of the CCG in relation to contracts and the transfer to the ICB have been achieved. They were reported through the Due Diligence and Readiness to Operate Checklist. This was submitted to NHS England and the Extraordinary Audit Committee Meeting on 18 May 2022. The final position will be confirmed on 24 June 2022.</p> <p>The corporate, healthcare and Primary Care contracts are held in a master Contract Database which is currently being reconciled between contracts and finance and signed off by budget managers.</p> <p>This is a good position to transfer over to the ICB.</p> <p><b>Governance Committee NOTED the current position.</b></p>	
<p><b>GC/2223/036</b></p>	<p><b>GOVERNANCE CONTRACTS RE-PROCUREMENT UPDATE</b></p> <p>SP presented the above paper confirming that the Arden and GEM (AGEM) Procurement Team undertook a procurement on a three quotes basis for the Health and Safety Contract (two-year) on behalf of the CCG. Only 1 bid was submitted which was moderated, evaluated, and accepted. Therefore, the contract remains with Peninsula UK Limited for a further 2 years with effect from 27 June 2022.</p> <p>The Legal Services, currently with Capsticks Solicitors expires 7 September 2022. The Service Level Agreement includes a preference for variation to the service specification with an option to extend for a further 1 year. The AGEM Procurement Team have supported the CCG in extending this contract, which has been approved by the Chief Finance Officer.</p> <p>These two extensions of current contracts with the providers will provide continuity and stability for the ICB.</p> <p>MW asked if the ICB will have to ratify these contracts because they are a different statutory body. SP confirmed that these contracts will be included in</p>	

	<p>the list of the contracts that are transferring to the ICB on 24 June 2022 and they been approved by the relevant Executive Directors as per the Scheme of Delegation.</p> <p>IG asked that with the other parties not submitting a bid for the Health and Safety Contract, does the CCG feel assured they have value for money. SP confirmed that 4 years ago the Provider was the most cost effective and the new contract is £1k per year less, so they do feel assured and when this is due to expire again, it is hoped that the ICB will be in a position to procure a System wide Health and Safety contract.</p> <p><b>The Governance Committee NOTED and RECEIVED ASSURANCE on the re-procurement of the Governance Contracts.</b></p>	
<p><b>GC/2223/037</b></p>	<p><b>GOVERNANCE OF PROVIDER CONTRACT TRANSFERS</b></p> <p>HW advised that the team have completed the Contract Register, which covers all of the Healthcare, Corporate Services and Medicines Management contracts. This is in association with a second Contract Register which records the Primary Care GP contracts held by the CCG.</p> <p>The team has been working through contract signatures for 2022-23, which were delayed due to a delay in the national operational planning process and the release of contracts. The target was to have all main NHS contracts signed and complete by 20 June 2022 for the System. DCHS and DHCFT have been signed and completed. EMAS, UHDB and CRH are currently delayed due to a number of minor issues. The expectation is that all three will be signed by the beginning of next week which meets the deadline for the closure of the CCG but missed the national deadline for NHS contract signature. This position has been reported to NHS England.</p> <p>The team is pursuing a final signature of all the other lead commissioner healthcare contracts by the 7 June 2022. At the moment from 78 contracts, 12 remain to be signed. This is expected to be completed by next week.</p> <p>There are also some external associate contracts from out of area that the team is awaiting.</p> <p>Any contract not signed by the end of the month, which should only be the out of area associate contracts, will be added to an issues list and formally transferred to the ICB. This will include any contracts which are still awaiting signature for the 2022-23 period, outstanding disputes and/or issues. Open contract notices and provider changes. Basically anything that poses a risk or an issue around the contract. This will form part of the handover on 30 June 2022.</p> <p>A list of commissioner actions for the ICB has been created, this details contracts that will expire within the next 12 months and therefore require a commissioning decision i.e. extension, re-procurement.</p> <p>JED asked if the Glossop contracts were in order. HW confirmed they have been reviewed robustly and checked by finance. It has been agreed that Tameside and Glossop will process the contract paperwork and Derbyshire will join as an Associate Commissioner with the exception of nine contracts</p>	

	<p>that are activity based and hold very small value for Derbyshire. These smaller contracts will still accept patients on a non-contracted activity basis.</p> <p>There is a list of the Glossop contracts which will be added to the main list on 1 July 2022.</p>	
<b>GC/2223/038</b>	<p><b>CCG ESTATES UPDATE</b></p> <p>HD confirmed there is no update this month.</p>	
<b>GC/2223/039</b>	<p><b>2021/22 ANNUAL COMPLAINTS REPORT</b></p> <p>LB presented the above report noting that the CCG complaints are slightly less than in previous years, however overall the complaints have increased.</p> <p>All the complaints were answered within 3 working days and closed within 6 months.</p> <p>JED referred to the 75% score on complaints fully or partially upheld and those complaints relating to processes and communication from the CHC service are recurring themes and asked how the communication with families is monitored considering the importance of keeping in contact with people and responding within the timescales. LB advised that unfortunately the evidence is not always available to show that the families were contacted, or a letter was sent/emailed and therefore the complaint is upheld. These complaints do follow a two stage process before they have Chief Executive Officer sign off and they are also discussed in the contract meetings with the CSU and actions have been taken i.e. a KPI around the production of letters. However, in comparison to the level of activity that takes place in the service, these complaints are relatively low.</p> <p><b>Action: SP/LB to highlight the actions taken to improve the CHC complaints position in the assurance report and focus on how these complaints can be minimised further.</b></p> <p><b>The Governance Committee NOTED the content of the report.</b></p>	<b>SP/LB</b>
<b>GC/2223/040</b>	<p><b>BUSINESS CONTINUITY, EMERGENCY PLANNING RESILIENCE AND RESPONSE UPDATE</b></p> <p><b>EPRR REQUIREMENTS FOR INTEGRATED CARE BOARDS</b></p> <p>RH presented the above paper providing an update on EPRR and the training and organisational changes required now that the CCG is transitioning into an ICB and will be a Category 1 Responder.</p> <p>HD confirmed that the amber rating was due to not having sufficient resources and expertise to respond appropriately as a category 1 Responder. To support this a senior post has been agreed through the ICB to recruit to the post. Part of this role will be working with other organisational leads to coordinate on behalf of the System.</p> <p><b>The Governance Committee NOTED the contents of the report for information and assurance.</b></p>	

<p><b>GC/2223/041</b></p>	<p><b>HEALTH AND SAFETY REPORT</b></p> <p>RH presented the above report which confirmed the move from amber to green status, outlined the recent site visits and included the Health and Safety action plan.</p> <p>JED asked if there was anything specific that the committee need to be concerned about in terms of health and safety now that staff are moving back to the office. RH confirm there was not and advised that they are working closely with Estates and have systems and processes in place to support the changes.</p> <p><b>The Governance Committee RECEIVED ASSURANCE that NHS Derby and Derbyshire CCG is coordinating work to meet its health and safety obligations to remain compliant with health and safety legislation and Derby and Derbyshire CCG is responding effectively and appropriately to changes in working practices as a consequence of moving to a hybrid model.</b></p>	
<p><b>GC/2223/042</b></p>	<p><b>INFORMATION GOVERNANCE AND GDPR UPDATE REPORT</b></p> <p>RL presented the above report which provided an overview of the activity of the IG team including DPIAs, IG Incidents trend reporting, Data Security and Protection Toolkit delivery, IG issues and queries, and Data Security Awareness Level One Training compliance.</p> <p>RL confirmed there is new training on the sharing of information aimed at front line NHS staff, which is available here: <a href="https://e-lfh.org.uk">Information Sharing - elearning for healthcare (e-lfh.org.uk)</a>. This has been discussed at the Derby and Derbyshire IG Workstream, and all parties will share this with their care teams. This will form part of the ICB training needs analysis considerations that will be presented at the IG Assurance Forum in July.</p> <p>RL will be writing an overview on the Data Saves Lives paper, which will be circulated to all.</p> <p>HD confirmed she has signed the DSPT documentation.</p> <p>The Governance Committee <b>RECEIVED</b> the update regarding actions and compliance activities, <b>APPROVED</b> the DSPT improvement plan and <b>NOTED</b> the confirmation letter from the Senior Information Risk Owner to the Chief Officer, regarding data flow mapping sign off.</p>	
<p><b>GC/2223/043</b></p>	<p><b>DIGITAL DEVELOPMENT UPDATE</b></p> <p>GCT presented the Digital Development &amp; Cyber Security Update which provided an update on progress of a number of key areas of work for the Digital Development team across both Corporate and GP Estates.</p> <p>ES advised that the Derbyshire Shared Care Record (DSCR) is not working at her practice. GCT confirmed he would discuss this with the Data Quality Team and check if an integration piece is needed.</p>	<p><b>GCT</b></p>

	<p><b>Action: GCT to contact the Data Quality Team and discuss solutions to enable the Littlewick Medical Centre to connect to the DSCR.</b></p> <p><b>The Governance Committee RECEIVED the IT update report for the Corporate and GP IT estate.</b></p>	
GC/2223/044	<p><b>RISK REGISTER EXCEPTION REPORT</b></p> <p>RW presented the Governance Committee Risk Report – as of June 2022.</p> <p><b>The Governance Committee RECEIVED the Governance risks assigned to the committee as of June 2022 and APPROVED closure of:</b></p> <ul style="list-style-type: none"> <li>• Risk 22 relating to the mental health of CCG staff and delivery of CCG priorities.</li> <li>• Risk 23 relating to CCG staff capacity being compromised due to illness or other reasons.</li> <li>• Risk 40 relating to contracts being extended in the period of transition from the CCG to the ICB.</li> </ul> <p><b>The Governance Committee NOTED the virtual approval received on 6 June 2022 from Governance Committee members for the new risk 48 relating to NHS Mail.</b></p>	
GC/2223/045	<p><b>CLOSING CCG GOVERNING BODY ASSURANCE FRAMEWORK QUARTER 1 2022/23</b></p> <p>SP presented the above report.</p> <p><b>The Governance Committee NOTED the 2022/23 Quarter 1 (April to June 2022) closing CCG Governing Body Assurance Framework and the virtual approval received on 6 June 2022 by Governance Committee members for the CLOSURE of GBAF strategic risks 7 and 8.</b></p>	
GC/2223/046	<p><b>NON-CLINICAL ADVERSE INCIDENTS</b></p> <p>SP confirmed there was nothing to report.</p>	
GC/2223/047	<p><b>MINUTES OF THE MEETING HELD: 21 APRIL 2022</b></p> <p><b>Governance Committee APPROVED the minutes of the meeting held 21 April 2022 as a true and accurate record of the meeting.</b></p>	
GC/2223/048	<p><b>MATTERS ARISING</b></p> <p>No further matters were identified.</p>	
GC/2223/049	<p><b>ACTION LOG FROM THE MEETING HELD: 21 APRIL 2022</b></p> <p>All actions are now completed.</p> <p><b>Governance Committee REVIEWED and APPROVED the action log.</b></p>	
GC/2223/050	<p><b>ANY OTHER BUSINESS</b></p>	

	<p>JED gave a huge thank you to everyone who has participated in the Governance Committee meetings, confirming that the contribution of knowledge and information has been tremendous and that it has been a pleasure and privilege to work with everyone.</p> <p>HD agreed with JED and thanking everyone for their hard work and on behalf of the CCG thanking JED for chairing the meeting.</p>	
	<p><b>ASSURANCE QUESTIONS</b></p> <ol style="list-style-type: none"> <li>1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? <b>Yes</b></li> <li>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? <b>Yes</b></li> <li>3. Were papers that have already been reported on at another committee presented to you in a summary form? <b>Yes</b></li> <li>4. Was the content of the papers suitable and appropriate for the public domain? <b>Yes</b></li> <li>5. 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? <b>Yes</b></li> <li>6. 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? <b>None</b></li> <li>7. What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? <b>JED asked if the Staff Survey Report could be highlighted in the Assurance Report will be presented to the ICB Board</b></li> </ol>	

**MINUTES OF PRIMARY CARE COMMISSIONING COMMITTEE  
PUBLIC MEETING  
HELD ON  
Wednesday 22<sup>nd</sup> June 2022**

**Microsoft Teams Meeting 10:00am – 10:30am**

**PRESENT**

Ian Shaw (Chair)	<b>IS</b>	Chair, Lay Member, DDCCG
Jill Dentith	<b>JeD</b>	Lay Member, DDCCG
Darran Green	<b>DG</b>	Associate Chief Finance Officer, DDCCG (for CFO)
Dr Steve Lloyd	<b>SL</b>	Executive Medical Director DDCCG
Simon McCandlish	<b>SMc</b>	Deputy Chair, Lay Member, DDCCG
Marie Scouse	<b>MS</b>	AD of Nursing & Quality, DDCCG (for CNO)

**IN ATTENDANCE**

Hannah Belcher	<b>HB</b>	AD GP Commissioning & Development, DDCCG
Ged Connolly-Thompson	<b>GCT</b>	Head of Digital Development, DDCCG
Judy Derricott	<b>JDe</b>	Head of Primary Care Quality, DDCCG
Pauline Innes	<b>PI</b>	Executive Assistant, DDCCG
Clive Newman	<b>CN</b>	Director of GP Development, DDCCG
Ben Milton	<b>BM</b>	GP, Medical Director for Derby & Derbyshire LMC
Jean Richards	<b>JR</b>	Primary Care Commissioning Manager, DDCCG

**APOLOGIES**

ITEM NO.	ITEM	ACTION
<b>PCCC/2223/222</b>	<p><b>WELCOME AND APOLOGIES</b></p> <p>Ian Shaw (IS) as Chair welcomed all to the final Primary Care Commissioning Committee meeting, which will be replaced with the Primary Care Subgroup merging into broader commissioning in the new structure. IS wished to thank all members of the Committee for their contributions and professionalism in the meetings over the last four years.</p> <p>The Chair declared the meeting quorate.</p> <p>There were no apologies received.</p>	
<b>PCCC/2223/223</b>	<p><b>DECLARATIONS OF INTEREST</b></p> <p>The Chair informed members of the public of the committee members' obligation to declare any interest they may have on any issues arising at committee meetings which might conflict with the business of the Clinical Commissioning Group (CCG).</p> <p>Declarations declared by members of the Primary Care Commissioning Committee (PCCC) are listed in the CCG's Register of Interests and included</p>	

	<p>within the meeting papers. The Register is also available either via the corporate secretary to the Governing Body or the CCG website at the following link: <a href="http://www.derbyandderbyshireccg.nhs.uk">www.derbyandderbyshireccg.nhs.uk</a></p> <p><b><u>Declarations of interest from today's meeting</u></b> There were no declarations of interest raised.</p>	
<b>FOR DECISION</b>		
	<b>NO ITEMS FOR DECISION</b>	
<b>FOR ASSURANCE</b>		
<b>PCCC/2223/224</b>	<p><b>FINANCE UPDATE</b></p> <p>Darran Green (DG) provided a verbal update on the Month 1 financial position. DG offered his apologies to the Committee for there being no report this month which is due to the changed timings in comparison with this meeting and the reporting timetable for NHSE/I, however this will be rectified going forward.</p> <ul style="list-style-type: none"> <li>• The CCG/ICB plan for 2022/23 is yet to be agreed with NHSE/I.</li> <li>• The CCG/ICB have total resources available of £2.1b with £216m is available for Primary Care and £172m for delegated co-commissioning</li> <li>• There are no pressures developing regarding the expenditure plan at a system level, Primary Care or Co-Commissioning budgets.</li> <li>• There is one area of concern concerning a challenging efficiency target for prescribing of £10m, however at this moment in time there are plans in place for £6.5m of that to be delivered.</li> </ul> <p>DG reported future reporting will be developed for this Committee to assist with the reviewing of budgets.</p> <p>IS referred to prescribing with regards to the Government considering raising the age of free prescriptions to 66yrs querying if this potentially may ease the prescribing position. DG reported that at this moment in time he is not aware of any modelling or impact relating to this change. DG agreed to raise with the prescribing team.</p> <p><b>Primary Care Commissioning Committee NOTED and RECEIVED the Finance Position for Month 1.</b></p>	
<b>PCCC/2223/225</b>	<p><b>RISK REGISTER EXCEPTION REPORT</b></p> <p>Hannah Belcher (HB) presented the report, the paper was taken as read.</p> <p>There are no changes to the recommended amalgamated risk stressing that there remains to be pressure on Primary Care.</p> <p>It was noted that this risk will transfer over to the Health &amp; Population Strategic Committee moving forward.</p> <p><b>The Primary Care Commissioning Committee NOTED and RECEIVED the risk assigned to the Committee.</b></p>	
<b>PCCC/2223/226</b>	<p><b>THE VILLAGE SURGERY UPDATE</b></p> <p>Judy Derricott (JDe) presented the paper, the paper was taken as read and the following point of note were made.</p>	

	<ul style="list-style-type: none"> <li>• The practice was reinspected on the 13<sup>th</sup> of December 2021.</li> <li>• The practice has been rated as inadequate and placed in special measures.</li> <li>• There has been a change in the inspection domains with a movement between the 13<sup>th</sup> of December and the 4<sup>th</sup> of April 2022, with regards to services being responsive to people's needs which has also moved to a good rating.</li> <li>• The inspection took place 3 months following the last inspection. Normally the inspection would focus on those areas which were covered within the warning breaches however the decision was taken by CQC due to the continuing number of whistleblowing concerns and the extent of the concerns of the first visit to take a full inspection.</li> <li>• The paper provided includes the key findings of the inspection</li> <li>• The Primary Care Contract and Quality team are meeting with the practice weekly with the practice to mitigate each of the actions raised within the report and are also taking part in monthly meetings with the practice and CQC,</li> <li>• The practice was asked to provide an action plan for the 15<sup>th</sup> of June 22 which has now been completed which CQC are assured with.</li> <li>• A further meeting took place on the 9<sup>th</sup> of June.</li> </ul> <p>Ian Shaw (IS) enquired if CQC have indicated that they may be looking at the other two practices. JDe confirmed that mitigations put in place for the Village Surgery are also being put in place for the Limes and Blackwell Medical Centre.</p> <p>Jill Dentith (JeD) referred to the handover to the ICB stressing that this is a key area that will require transferring over. HB reported that any actions from today's meeting will be noted and transferred over to the Primary Care Commissioning Subgroup.</p> <p><b>The Primary Care Commissioning Committee NOTED and RECEIVED the report.</b></p>	PI
<b>FOR INFORMATION</b>		
	There were no items for Information	
<b>MINUTES AND MATTERS ARISING</b>		
PCCC/2223/227	<p><b>Minutes of the Primary Care Commissioning Committee meeting held on 25<sup>th</sup> May 2022</b></p> <p>The minutes from the meeting held on 25<sup>th</sup> May 2022 were agreed to be a true and accurate record of the meeting.</p>	
PCCC/2223/228	<p><b>MATTERS ARISING MATRIX</b></p> <p>The action matrix was reviewed and updated during the meeting.</p>	
PCCC/2223/229	<p><b>ANY OTHER BUSINESS</b></p> <p>No items of any other business were raised.</p>	
PCCC/2223/230	<p><b>ASSURANCE QUESTIONS</b></p> <p>1. Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? <b>Yes</b></p>	

	<ol style="list-style-type: none"> <li>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? <b>Yes</b></li> <li>3. Were papers that have already been reported on at another committee presented to you in a summary form? <b>Yes</b></li> <li>4. Was the content of the papers suitable and appropriate for the public domain? <b>Yes</b></li> <li>5. Were the papers sent to Committee members at least five working days in advance of the meeting to allow for the review of papers for assurance purposes? <b>Yes</b></li> <li>6. 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? <b>No</b></li> <li>7. What recommendations does the Committee want to make to Governing Body following the assurance process at today's Committee meeting? <b>None.</b></li> </ol>	
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<b>DATE AND TIME OF NEXT MEETING</b>		
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<b>DATE: to be confirmed</b>		
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<b>Time: tbc</b>		
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<b>Venue: tbc</b>		
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**MINUTES OF QUALITY AND PERFORMANCE COMMITTEE  
HELD ON 30<sup>th</sup> JUNE 2022  
9AM TO 10.30AM  
MS TEAMS**

<b>Present:</b>		
Dr Buk Dhadda (Chair)	BD	Chair, Governing Body GP, DDCCG
Tracy Burton	TB	Deputy Chief Nurse, DDCCG
Jackie Carlile	JC	Head of Performance and Assurance -DDCCG
Lisa Falconer	LF	Head of Clinical Quality (Acute)
Helen Hipkiss	HH	Director of Quality, DDCCG
Zara Jones	ZJ	Executive Director of Commissioning Operations
Dr Steve Lloyd	SL	Medical Director - DDCCG
Nicola MacPhail	NMacP	Assistant Director of Quality (CHC, Care Homes, End of Life & Personalisation)
Andrew Middleton	AM	Lay Member, Finance
Simon McCalandish	SMcC	Lay Member, Patient Experience
Dan Merrison	DM	Senior Performance & Assurance Manager, DDCCG
Grace Mhora	GM	Senior Quality Assurance Manager
Bill Nicol	BN	Asst Director Safeguarding Adults
Suzanne Pickering	SP	Head of Governance- DDCCG
Dr Emma Pizzey	EP	GP South
Dr Greg Strachan	GS	Governing Body GP, DDCCG
Brigid Stacey	BS	Chief Nurse Officer, DDCCG
Phil Sugden	PS	Asst Director of Quality – Community and MH DDCCG
Dr Merryl Watkins	MWa	Governing Body GP, DDCCG
Craig West	CW	Senior Finance Manager DDCCG
Helen Wilson	HW	Deputy Director Contracting and Performance - DDCCG
<b>In Attendance:</b>		
Jo Pearce (Minutes)	JP	Executive Assistant to Chief Nurse, DDCCG
<b>Apologies</b>		
Martin Whittle	MW	Vice Chair and Governing Body Lay Member, Patient and Public Involvement, DDCCG
Steve Hulme	SH	Asst Director – Medicines Management & ICS Pharmacy Lead
Harriet Nicol	HN	Healthwatch

Item No.	Item	Action
	<p><b>WELCOME, APOLOGIES &amp; QUORACY</b></p> <p>Apologies were received as above. BD declared the meeting quorate.</p>	
	<p><b>DECLARATIONS OF INTEREST</b></p> <p>BD 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 CCG.</p> <p>Declarations declared by members of the Quality and Performance Committee are listed in the CCG's Register of Interests and included with the meeting papers. The Register is also available either via the corporate secretary to the Governing Body or the CCG website at the following link: <a href="http://www.derbyandderbyshireccg.nhs.uk">www.derbyandderbyshireccg.nhs.uk</a></p> <p><u>Declarations of interest from sub-Committees</u> No declarations of interest were made.</p> <p><u>Declarations of interest from today's meeting</u> No declarations of interest were made.</p>	
	<p>BD confirmed that the meeting will be conducted in a more abbreviated form. Some of the papers have been listed on the agenda for information only and Committee members were asked to submit questions relating to the papers before the meeting. Responses to the questions were circulated to the Committee members prior to the meeting and are included within these minutes. The questions are being collated for future reference if needed.</p>	

## INTERGRATED PERFORMANCE REPORT

### Performance

There was a slight improvement in ED performance at both trusts however there were still a large number of 12-hour breaches at UHDBFT which is not expected to continue throughout June.

Although the number of patients who have been waiting for treatment for over 52 weeks has risen, the number of patients waiting between 79 and 104 weeks has stabilised. There has been a lot of work carried out to eliminate the 104-week waiters by the end of June. JC noted that Reason for the majority of patients who have not been treated is due to patient choice.

There is now an enhanced focus to treat all the patients waiting over 78 weeks by March 2023. The performance team have started to make enquiries of associate providers to Identify the status of Derbyshire patients.

Cancer – the CCG improved all cancer standards during April with the exception of 28-day faster diagnosis. it is thought that this is also an issue for some of our associate providers.

Both trusts activity for April was above the trajectories submitted to NHSE and activity is above pre pandemic levels.

Work is being undertaken around referrals, particularly at UHDBFT whose increase in referrals appears to be from patients living outside of Derbyshire.

*Post Meeting note : Both trusts are stating that they expect to hit the 2WW for breast during May which will help with performance later on in the pathway.*

AM asked if there is a retention strategy Bing explored with the aim of incentivising staff to not to take retirement. BS explained that Amanda Rawlings, chief people officer for the ICB, has been working with the Human Resource Directors in galvanising system working. AR his supportive of the work that BS wants to progress around health and social care staff and flexible workforce. AR Is also working with the Trusts to review their policies around retire and return for nursing staff. MWa also noted that there are few incentives to retain senior GPs in the system.

EP made a comment around GP's being encouraged to increase the use of advice and guidance and asked if the metrics for this should be taken into consideration. JC confirmed that this is part of the operational plan and work is ongoing around how this can be reported across the system. HW added that there is a target for 16/100 referrals go to advice and guidance with the aim of stemming the flow into secondary care. Currently the statistics on

	<p>advice and guidance responses is not received and agreed that this is something that should be examined to identify whether targets are being met.</p> <p><b>Activity</b></p> <ul style="list-style-type: none"> <li>• In May 2022 overall type 1 attendances seen in the ED and Co-located UTC are higher than 2019. UTC and DUCC numbers continue to be lower than Pre-Pandemic.</li> <li>• For both Trusts the co-located UTCs are seeing the patients who would otherwise have presented as Minor category patients at ED and been classed as Type 1s.</li> <li>• Children’s ED attendances at CRH have increased slightly and have remained high at UHDB.</li> <li>• Non-Elective admissions have fluctuated at both UHDB and CRH over the last year and both trusts experienced a dip in April.</li> <li>• NHS 111 COVID activity for the 111 online service and the NHS pathways showed a decrease over the last few weeks.</li> <li>• GP 2WW referrals in May were 6% higher compared to the same period in 2019. Urgent referrals were 11% higher and routine referrals were lower and this may reflect the increase in Advice and Guidance requests as these are not included in this figure.</li> <li>• The number of patients waiting over 52 weeks has shown an increase over the last few weeks but the number of patients over 104 weeks has reduced at both trusts.</li> <li>• The number of patients on the cancer PTL list over 62 days has reduced to pre-pandemic levels at CRH however the number of patients above 62 days without treatment has increased (<i>not all of these patients will have a diagnosis of cancer</i>).</li> </ul> <p>BS asked how many patients are going to waiting I excess of 104 weeks. ZJ confirmed that there are 14 patients, fall at Chesterfield and 10 at Derby on the reasons why the patients haven't been treated are clear. the focus is now around looking at patients who have been waiting between 79 and 104 weeks with the aim of avoiding any future breaches. ZJ added that there are a number of patients who are being treated in Derbyshire from other systems due to mutual aid across the region.</p> <p><b>The Integrated Performance Report was approved by the Chair.</b></p>	
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	<p><b>RISK REGISTER</b></p> <p>SP presented the Risk Register as at the end of June 2022. There are nine quality and performance Committee risks, three of those which are rated high.</p> <p>There is a proposal to close the following risks and the reasons for closing the risks are detailed within the report.</p> <ul style="list-style-type: none"> <li>○ <u>Risk 03</u> relating to the TCP.</li> <li>○ <u>Risk 12</u> relating to the Short Breaks respite service.</li> <li>○ <u>Risk 17</u> relating to S117 package costs.</li> <li>○ <u>Risk 46</u> relating to waits in excess of NHS constitutional standards for Mental Health services.</li> </ul> <p>SP also confirmed that the Quality and Performance Committee Annual Report was presented to the Governing Body along with the live matters and the live risks which will transfer to the ICB on 1<sup>st</sup> July 2022. SP assured the Committee members that all relevant matters will transfer to the ICB and an opening report will be submitted to the first ICB Quality and Performance Committee on 28<sup>th</sup> July 2022.</p> <p>HH referred to the risk around ambulances and assured the Committee that work is taking place with associate Committee and quality leads on a system risk which will be brought to the first ICB Quality and performance Committee.</p> <p><b>The Committee members noted and reviewed the Risk Register and approved the closure of risks 03,12,17 and 46.</b></p>	
	<p><b>SAFEGUARDING ADULTS REPORT</b></p> <p>The paper was taken as read. There were no questions raised by the Committee members.</p> <p>BD and AM passed on their thanks to the Safeguarding Team for the hard work that they have done over the years which has provided constant assurance to the Quality And Performance Committee.</p>	

## QUALITY ACCOUNTS

The paper was taken as read.

It was agreed by the Quality and Performance Committee that Provider Quality Accounts and their statements be shared with the Committee for information and for the content to be noted.

Organisations are required under the [Health Act 2009](#) and subsequent [Health and Social Care Act 2012](#) to produce Quality Accounts if they deliver services under an NHS Standard Contract, have staff numbers over 50 and NHS income greater than £130k per annum.

The processes for producing Quality Accounts remain the same as previous years, with the following exceptions to NHS providers:

1. NHS foundation trusts are no longer required to produce a Quality Report as part of their Annual Report. NHS foundation trusts will continue to produce a separate Quality Account for 2021-22.
2. There is no national requirement for NHS trusts or NHS foundation trusts to obtain external auditor assurance on the quality account or quality report, with the latter no longer prepared.
3. Integrated Care Boards (ICBs) will assume Clinical Commissioning Group (CCG) responsibilities for the review and scrutiny of Quality Accounts (subject to the Health and Care Bill receiving Royal Assent). Where this function has not transferred from CCGs to ICBs, CCGs must continue to undertake it for the 2021-22 reporting cycle. ICBs/ CCGs must clarify with providers where they are expected to send their Quality Account.

Providers are required to publish their Quality Account for the 2021-22 financial year by 30 June 2022.

Quality Accounts have been received from:

- University Hospitals of Derby and Burton NHS Foundation Trust (Appendix 1)
- Chesterfield Royal Hospital Foundation NHS Trust (Appendix 2)
- Derbyshire Healthcare Foundation NHS Trust (Appendix 3)
- Derbyshire Community Health Services NHS Foundation Trust (Appendix 4)
- East Midland Ambulance NHS Trust (Appendix 5)
- Derbyshire Health United (Appendix 6)

Statements in response to each Quality Account have been written, approved by the Chief Nurse, and included by the Providers in all instances in their final documents. Statements are appended to this document.

	<p>AM stated, in his opinion some Quality Accounts do not seem rigorous or self-critical enough and asked for a view on organisations self-analysing quality and patient experience performance. AM asked if there should be a more rigorous framework. PS replied to say that the CCG ensure the Quality Accounts include recommendations on areas that could be strengthened and areas that should have been included in the Quality Accounts. If there are metrics or measurements which need to be improved these are carried over to the following year. BS added that there have been discussions in the National Quality Board Sub Group around Quality Accounts, their usefulness and how they could be improved. Legislation dictates that changes cannot be made until April 2023 but in the meantime, work is ongoing in this area.</p>	
	<p><b>SEND UPDATE</b></p> <p>The paper was taken as read. The Committee were asked to note the update on progress regarding the CCG statutory duties in relation to children and young people with special educational needs and disabilities (SEND) children and families act 2014.</p> <p>A number of system reforms are being developed and implemented due to the widespread recognition that the SEND system is too often failing to deliver for children and young people, 8 years after the start of the SEND reforms outlined in the Children and Families Act 2014.</p> <p>Our Integrated Care System is the partnership of NHS bodies and our two Local Authorities, alongside community and voluntary sector organisations and experts by experience through alliances that are emerging are working together to plan and deliver joined up health and care service to improve the lives of our population.</p> <p>The SEND Green paper sets out proposals (set out in a paper to this board in March) for reforming the SEND system across England and is currently out to public consultation, the closing date now extended to 22 July 2022.</p> <p>It has been agreed that Derby City and Derbyshire County will each submit a local area (education, health and social care) response in addition to a CCG &amp; health provider response. The CCG's Designated Clinical Officer for SEND and Children's Commissioners are contributing to this.</p> <p>The Local area SEND inspection framework is also changing to reflect the above proposals and the establishment of ICS.</p> <p>A. SEND ICS Development Maturity Matrix report &amp; NHSE/I feedback, ongoing work &amp; future monitoring          B. Publication of consultation on new national SEND Joint Ofsted &amp; CQC inspection Framework for SEND.</p> <p>The Committee are asked to note the changes which are listed in detail in the paper and publication of consultations and the ICS self-</p>	

	<p>rating of <b>Amber</b> in relation to SEND maturity and the outstanding areas requiring development of the ICS governance and to ensure workforce capacity is in place to enable statutory duties are to be delivered.</p> <p>HH informed the Committee members of a meeting which she will attend to discuss the proposals and to formulate a system response. Once the response is complete it will be shared with the System Quality And Performance Committee members.</p>	
	<p><b>ELECTIVE WAITING LIST – INVESTIGATING HEALTH INEQUALITIES</b></p> <p>The paper was taken as read. The Quality and Performance Committee are asked to note the work carried out to assess the existence of inequalities on the elective waiting list. No significant inequalities were identified but a few areas for further investigation were identified, and these will now be looked at.</p> <p>As part of the operational planning processes for 22/23, a piece of work was begun in JUCD looking at potential inequalities introduced into the elective waiting list.</p> <p>The paper describes the initial work undertaken and the next steps now needed to further develop this work further in 22/23 to target any inequalities requiring action during the completion of the elective recovery programme.</p> <p>The paper is shared for information to Quality and Performance Committee to understand the ongoing work on potential elective inequalities.</p> <p>MWa commented that she would like to see the socio-economic impact. HW replied and explained access to the waiting list is where the major inequalities are likely to exist, this is due to people who are not going to the GP in the first place. The deprivation element is analysed once people are placed on the waiting list as well as linking deprivation to ethnicity.</p>	

**360 ASSURANCE PERSONAL HEALTH BUDGETS AUDIT**

The Quality and Performance Committee are asked to note 'Significant Assurance' received following the recent 360 Audit of the CCG Personal Health Budgets processes and governance.

The NHS in England has implementing personal health budgets and Integrated Personal Commissioning as part of a wider drive to make health, social care and education more personalised. Individuals in receipt of NHS continuing healthcare (CHC), and in the case of children and young people, continuing care, have the right to have a personal health budget, although CCGs can offer personal health budgets to other groups if appropriate. Derby and Derbyshire CCG also offer Non-CHC PHBs to anyone eligible regardless of age. From December 2019, people eligible for Section 117 aftercare under the Mental Health Act had a legal right to a personal health budget.

Personal health budgets are a way to improve outcomes by giving people more choice and control over the care they receive. They focus on personalised care and support planning, and let people choose how to meet their healthcare needs in different ways. Personal health budgets can be managed in three ways: a direct payment, a third-party budget or a notional budget.

A personal health budget may be used in a variety of ways to meet agreed health and wellbeing outcomes. This can include therapies, personal care and equipment. There are, however, some restrictions in how the budget can be spent.

As part of the CCGs Continuing Healthcare contract Midlands and Lancashire Commissioning Support Unit (MLCSU) manage the PHB processes for adults who are eligible for continuing healthcare and children and young people who are eligible for Childrens Continuing care. Regular reporting is in place via the CHC Operational Group and Contract Management Board.

The CCG Commissioning for Individuals Panel will also consider PHB applications, supported by health professionals, for individuals with long terms conditions who may benefit from a personal budget to meet specified health outcomes.

The overall objective of the audit was to determine whether a robust control framework was in place for the management and oversight of Personal Health Budgets

The Audit team concluded that, except for the specific weaknesses identified in the areas examined, the risk management activities and controls are suitably designed, and were operating with sufficient effectiveness, to provide significant assurance that the control environment was effectively managed during the period under review.

	<p>There were a number of actions identified which are low risk and all except one has been completed and the outstanding action will be completed by September.</p> <p>AM endorsed the work that is carried out around personal health budgets. BS also added that over the last two years the CCG have worked hard to ensure there is a robust process in place for personal health budgets and commissioning for individuals. the process is recognised as one of the best across the country and BS gave thanks to the team and to SM and AM for their participation as chair.</p>	
	<p><b>CONTINUING HEALTHCARE (CHC)</b></p> <p>The paper was taken as read. there were no questions raised by the Committee members.</p>	
	<p><b>INFECTION PREVENTION CONTROL (IPC)</b></p> <p>The paper was taken as read. there were no questions raised by the Committee members.</p>	
	<p><b>CARE HOMES</b></p> <p>The paper was taken as read. there were no questions raised by the Committee members.</p>	
	<p><b>JUCD QEIQ</b></p> <p>The paper was taken as read. there were no questions raised by the Committee members.</p>	
	<p><b>COMMISSIONING FOR INDIVIDUALS REPORT</b></p> <p>The paper was taken as read. there were no questions raised by the Committee members.</p>	

	<p><b>MINUTES FROM SUB COMMITTEES</b></p> <p>The minutes from the following sub-Committees were noted.</p> <p>DPG 5.5.22 SGC 29.3.22 &amp; 31.5.22</p> <p>Update reports from CQRG meetings for information: UHDBFT 10.3.22 CRHFT 6.6.22 DCHS 18.5.22 DHCFT 18.5.22</p>	
	<p><b>MINUTES FROM THE MEETING HELD ON 26<sup>th</sup> May 2022</b></p> <p>The minutes were approved as a true and accurate record.</p>	
	<p><b>MATTERS ARISING AND ACTION LOG</b></p> <p>The action log was reviewed and updated.</p>	
	<p><b>AOB</b></p> <p>There were no matters raised under AOB.</p>	
	<p><b>FORWARD PLANNER</b></p> <p>The Forward Planner was reviewed. No updates were made.</p>	
	<p><b>ANY SIGNIFICANT SAFETY CONCERNS TO NOTE</b></p> <p>None raised.</p>	
	<p><b>CLOSURE OF THE CCG</b></p> <p>BD thanked all members of the CCG Quality And Performance Committee for their hard work and dedication and import into this Committee. BD wished the members good luck for the future.</p> <p>In terms of moving forward BD noted there were a number of items which it is felt should be taken forward to the ICB Quality And Performance Committee. These are Maternity, Stroke, And Health Inequalities. BD ask the Committee members for their agreement to hand over these items. The Committee members were in agreement.</p>	

	<p><b>ASSURANCE QUESTIONS</b></p> <ul style="list-style-type: none"> <li>• Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes</li> <li>• Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient information and clear recommendations? Yes</li> <li>• Were papers that have already been reported on at another Committee presented to you in a summary form? Yes</li> <li>• Was the content of the papers suitable and appropriate for the public domain? Yes</li> <li>• 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? Yes</li> <li>• 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</li> <li>• What recommendations do the Committee want to make to Governing Body following the assurance process at today's Committee meeting? None</li> </ul>	
<p><b>DATE AND TIME OF NEXT MEETING – The ICB Quality and Performance Committee</b></p>		
<p><b>Date:</b> 28<sup>th</sup> July 2022</p>		
<p><b>Time:</b> 9am to 10.30am</p>		
<p><b>Venue:</b> MS Teams</p>		

**MINUTES OF THE AUDIT AND GOVERNANCE COMMITTEE**

**HELD ON 19 JULY 2022 VIA MS TEAMS AT 9.30AM**

<b>Present:</b>		
Sue Sunderland	SS	Non-Executive Director/Audit Chair
Richard Wright	RW	Non-Executive Director
<b>In Attendance:</b>		
Helen Dillistone	HD	Executive Director of Corporate Affairs
Debbie Donaldson	DD	EA to Keith Griffiths (Minute Taker)
Darran Green	DG	Acting Operational Director of Finance
Keith Griffiths	KG	Chief Finance Officer
Leanne Hawkes	LH	Director, 360 Assurance
Donna Johnson	DJ	Acting Assistant Chief Finance Officer
Chrissy Tucker	CT	Director of Corporate Delivery
Kevin Watkins	KW	Business Associate, 360 Assurance
<b>Apologies:</b>		
Dr Buk Dhadda	BD	GP
Margaret Gildea	MG	Non-Executive Director
Suzanne Pickering	SP	Head of Governance

<b>Item No.</b>	<b>Item</b>	<b>Action</b>
<b>AG/2223/001</b>	<p><b>Welcome, introductions and apologies</b></p> <p>The Chair welcomed members to the first meeting of the ICB Audit and Governance Committee.</p> <p>Apologies were received from Dr Buk Dhadda, Margaret Gildea and Suzanne Pickering.</p> <p>The Chair reported that dates for this Committee were to be reviewed as Dr Dhadda currently had practice commitments Monday-Wednesday and would be unable to attend on the dates currently set.</p>	DD
<b>AG/2223/002</b>	<p><b>Confirmation of quoracy</b></p> <p>The Chair declared that the meeting was quorate.</p>	
<b>AG/2223/003</b>	<p><b>Declarations of Interest</b></p> <p>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.</p> <p>Declarations declared by members of the Audit and Governance Committee are listed in the ICB's Register of Interests and included with the meeting papers. The Register is also available either via</p>	

	<p>the Executive Assistant to the Board or the ICB website at the following link:</p> <p><a href="http://www.derbyandderbyshire.icb.nhs.uk">www.derbyandderbyshire.icb.nhs.uk</a></p> <p>It was noted that Keith Griffiths had now completed and submitted his Declaration of Interest form. It was noted that Keith Griffiths had no conflicts of interest to declare.</p> <p>Richard Wright asked for an amendment to be made to the Members Register of Interests register, he was Chair of Sheffield UTC Multi Academy Educational Trust; the current register had stated 'Chair of Sheffield UT Multi Academy Educational Trust'.</p> <p>No declarations of interest were made.</p>	DD
<b>FOR DECISION</b>		
AG/2223/004	<p><b>Audit and Governance Committee Terms of Reference (TOR)</b></p> <p>The Audit and Governance Committee had been established by NHS Derby and Derbyshire ICB as a statutory Committee of the ICB Board in accordance with its Constitution.</p> <p>The Terms of Reference, would be published on the ICB's website, setting out the membership, the remit, responsibilities and reporting arrangements of the Committee which may only be changed with the approval of the ICB Board.</p> <p>The purpose of the Audit and Governance Committee was to ensure that the ICB complied with the principles of good governance whilst effectively delivering the statutory functions of the ICB.</p> <p>It was noted that the Committee was required to review and approve the Terms of Reference and would subsequently be reviewed every 6 months thereafter. The Chair reported that the ICB had agreed the Audit and Governance Committee TOR at its meeting on 1 July 2022.</p> <p>The Chair reported that the Audit and Governance Committee's primary focus would be to gain assurance for the ICB as an organisation rather than the system; it was an internal Committee for this organisation. It was noted that this would be the first time that Audit, Assurance and Governance had been combined into one Committee within Derbyshire.</p> <p>Richard Wright asked for further clarification regarding item 3.4.1 'The Committee would discharge the ICB's responsibilities in respect of Estates', he understood that was Finance and Estates Committee's responsibility?</p> <p>Helen Dillistone explained that this Committee would have oversight on policies relating to its own estate; she agreed that</p>	

	<p>maybe a distinction needed to be made between the leased headquarters estate (Scarsdale and Cardinal) as opposed to the work of the Finance and Estates Committee which was more about whole system strategic planning.</p> <p><b>The Audit and Governance Committee APPROVED the Committee Terms of Reference.</b></p>	
<p><b>AG/2223/005</b></p>	<p><b>CCG Accounting Policies for Final Accounts</b></p> <p>Donna Johnson presented the CCG Accounting Policies for the final Accounts (April-June 2022).</p> <p>It was noted that the policies followed the guidance contained in the Group Accounting Manual (GAM), issued by the Department of Health and Social Care. Each policy had been reviewed against local circumstances. Where a policy currently had no relevance, it had been removed (as permitted in the GAM). Additional comments had been added to describe local detail where required.</p> <p>The draft CCG accounting policies were included as Appendix A in the report presented.</p> <p>The draft accounting policies would be reviewed by the external auditors when undertaking the audit of the CCG's final Accounts. Any adjustments to the policies would be shared with the Audit Committee prior to approval of the final Annual Report and Accounts.</p> <p>It was noted that the set of draft accounting policies had been adapted for Derby and Derbyshire CCG. These had been created from the national template provided by NHSE at the end of 2021-22 and updated from the Group Accounting Manual 2022-23. These would form the basis for the 2022 Final CCG Accounts and would become Note 1 to the Accounts. Further amendments may be made following the issue of an updated national template, which would be presented to the Committee at a later date.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> <li>• IFRS17 Insurance Contracts had not yet been adopted by the NHS, it was not expected to have any impact. The standard was due to come into effect 2023-24.</li> <li>• IFRS16 was a newly adopted policy from 1 April 2022. A lot of work had been done by the CCG to understand the impact of this in the accounts for 2021-22.</li> <li>• Section on Going Concern, due to the CCG's cession on 30 June 2022 and the transfer of assets liabilities.</li> <li>• It was confirmed that the asset of both Scarsdale and Cardinal Square had been valued on a 5-year underlying lease basis.</li> <li>• Provisions would transfer as they were and as an opening balance into the ICB.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The Chair referred to sources of estimation uncertainty (none had been placed in there), and asked whether we would normally have something in there around prescribing, and given we had only got a 3-month period, would the estimation around prescribing make it a bit more risky than normal, as we would only be estimating 2 months out of 3?</li> <li>• Donna Johnson reported that she understood that other CCGs across the country often put prescribing in that category, but historically we had not, and we had not been challenged on that by our external auditors. She was happy to be guided by the committee, as it was something that could be inserted. She agreed as at 30th of June, it was probably more of an estimate because we had got a 2-month lag period which we would not have at year end. Donna Johnson agreed to take that on board and look to put that in the note. It was agreed that Donna Johnson would speak to the external auditors about it.</li> <li>• The Chair reported that if we had 2 months of estimation and only 1 month of actuals, that risk would be much higher. She understood that external auditors elsewhere, were going to reduce their materiality for these 3-month accounts.</li> <li>• Members were happy to approve the accounting policies, subject to any changes that needed to be made following further guidance.</li> </ul> <p><b>The Audit and Governance Committee APPROVED the 2022 CCG Accounting Policies for its Final Accounts.</b></p>	DJ
AG/2223/006	<p><b>Audit and Governance Policies</b></p> <p>Helen Dillistone presented the following Audit and Governance Policies for approval for the ICB:</p> <p><b>Managing Conflicts of Interest Policy:</b></p> <ul style="list-style-type: none"> <li>• There were no significant or material changes to this Policy from the one used by the CCG.</li> <li>• Mandatory training was included within this Policy.</li> <li>• The Chair asked whether members from other partner organisations attending ICB committees would also be required to undertake the necessary mandatory training around conflicts of interest?</li> <li>• It was noted that Governing Body members from different organisations were required to undertake this mandatory training, if not already done so within their own organisations. Helen Dillistone agreed to ensure that other Members, NEDs and GPs who attended ICB Committees would be required to complete this training also.</li> </ul> <p><b>On that basis, Audit and Governance Committee APPROVED the Managing Conflicts of Interest Policy.</b></p> <p><b>Standards of Business Conduct Policy:</b></p>	HD

	<ul style="list-style-type: none"> <li>• This was a new requirement.</li> <li>• It duplicated quite a lot of the previous Policy.</li> </ul> <p><b>Audit and Governance Committee APPROVED the Standards of Business Conduct Policy.</b></p> <p><b>Gifts and Hospitality Policy:</b></p> <ul style="list-style-type: none"> <li>• There were no significant or material changes to this Policy from the one used by the CCG.</li> </ul> <p><b>Audit and Governance Committee APPROVED the Gifts and Hospitality Policy.</b></p> <p><b>Policy Management Framework:</b></p> <ul style="list-style-type: none"> <li>• The Chair felt there needed to be something to be added to this section around when developing the policies, we needed to think about the extent to which these policies interlink with partner policies and the extent to which we might want to coordinate development to make sure we do not lose that opportunity to improve consistency. It did not mean we were prescribing to partners, but on things like EPRR where we needed to link up with them, it would act as a reminder to people that was something they needed to be mindful about.</li> </ul> <p><b>Audit and Governance Committee APPROVED the Policy Management Framework.</b></p> <p><b>Health and Safety Policy:</b></p> <p><b>Audit and Governance Committee APPROVED the Health and Safety Policy.</b></p> <p><b>Emergency Preparedness Resilience and Response (EPRR) Policy Statement and Workplan 2022-24:</b></p> <ul style="list-style-type: none"> <li>• This statutory policy had been presented to Governing Body at its meeting on 1 July 2022.</li> <li>• The Chair asked whether we were linking in system wide regarding some of these policies to ensure that there was good continuity?</li> <li>• Helen Dillistone reported that this policy statement and workplan recognised what we needed to do for the organisation, but it was an area of development and growth and as such, in time, we would need to update our policies to ensure that we reflected that system approach and accountability; the business continuity plans needed to reflect that wider system work as and when we needed to get to that point.</li> <li>• The ICB would ultimately move into a system coordination role.</li> <li>• Chrissy Tucker reported that we were developing an expanded EPRR work programme as a result of the Cat 1 change, and as</li> </ul>	<p>HD</p>
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	<p>part of that, we had recognised the fact that we needed to know what the business continuity plans were for our providers and how we interconnected with one another and also the policy.</p> <ul style="list-style-type: none"> <li>• It was felt that this policy needed to be reviewed again in 6 months' time to ensure it reflected the changes in the ICBs responsibilities as we moved forward.</li> </ul> <p><b>Audit and Governance Committee APPROVED the EPPR Policy Statement and Workplan 2022-23.</b></p> <p><b>Business Continuity Plan and Policy:</b></p> <ul style="list-style-type: none"> <li>• It was noted that we needed to align the timescales of both the EPPR and this policy.</li> <li>• This Policy went into a little bit more detail about the business impact analysis, what that meant and what were our internal escalation plans and triggers etc.</li> </ul> <p><b>Audit and Governance Committee APPROVED the Business Continuity Plan and Policy.</b></p> <p>Helen Dillistone reported that we carried out internal testing for all these policies, however, we also needed to do system testing and training. It was noted that there would be various desktop and live exercises planned throughout the year. Chrissy Tucker reported that the ICB would be responsible for designing and delivering exercises in the future.</p>	<p>HD</p> <p>HD</p>
<b>FOR DISCUSSION</b>		
<p><b>AG/2223/007</b></p>	<p><b>Single Tender Waivers</b></p> <p>Donna Johnson reported that as per the ICB's Scheme of Reservation and Delegation, Single Tender Waivers were reviewed and approved by the Director of Finance and subsequently reported to the Audit and Governance Committee for oversight.</p> <p>This paper included a report for the STWs received and approved following those reported at the CCG's May Audit Committee (prior to the establishment of the ICB on 1<sup>st</sup> July 2022) and 30<sup>th</sup> June 2022.</p> <p><b>The Audit and Governance Committee NOTED the report of Single Tender Waivers approved by the NHS Derby and Derbyshire CCG Chief Finance Officer up to the date of the CCG's cessation (30<sup>th</sup> June 2022).</b></p>	
<p><b>AG/2223/008</b></p>	<p><b>Aged Receivables and Payable Credit Notes</b></p> <p>Donna Johnson presented the Aged Receivables and Payable Credit Notes report. It was noted that as at 30<sup>th</sup> June 2022, the report identified the total outstanding debt owed to the ICB (transferring in from the CCG) in accounts receivables and payables. The ICB policy was to chase outstanding debt from</p>	

	<p>organisations when it exceeded a 90-day period. The report contained a detailed table which was split by NHS and Non-NHS, supported by detail regarding any write-offs and at-risk debt.</p> <p>The report detailed the level of debt owed to the CCG as at 30 June 2022 (and subsequently transferred into the ICB on 1 July 2022) and the number of days this had been outstanding. In comparison to the prior month (31 May 2022), the total aged debt of 90 days had decreased by £100,400 from £105,49 to £5,090.</p> <p>One GC1 overpayment receivable had been outstanding for more than six months, resulting from a duplicate payment made in error. Every effort had been made to contact the party involved to reclaim the outstanding balance of £366.54. It was noted that Financial Control would continue to seek this repayment.</p> <p>No write-offs had been identified in the period to 30 June 2022.</p> <p>The aged debt position was reviewed monthly by the Financial Control team to ensure appropriate management of ICB assets.</p> <p>The report also highlighted credit notes in accounts payable, which were issued by the supplier to NHS Derby &amp; Derbyshire CCG and subsequently had transferred into NHS Derby and Derbyshire ICB as at 1 July 2022. The table in this report also highlighted the amount of credit notes in payables as at 30 June 2022 (per credit note issue date) in comparison to the prior month (31 May 2022).</p> <p><b>The Audit and Governance Committee NOTED the report contents regarding the level of aged debt at 30<sup>th</sup> June 2022.</b></p>	
<p><b>AG/2223/009</b></p>	<p><b>Finance Update</b></p> <p>Keith Griffiths presented the finance update and highlighted the following:</p> <ul style="list-style-type: none"> <li>• At the end of Q1 we had a deficit in the system of £12.2m, £6.12m of that resides within the CCG</li> <li>• If we extrapolated that forecast for year-end based on intelligence from the providers and the ICB, the system gap would grow to £75.7m, £39.1m of which would reside with the CCG.</li> <li>• It was noted that over 50% of the problem sits with the CCG.</li> <li>• Every organisation including the ICB/CCG was committed to delivering a 3% efficient target this year and we were behind on that in Q1 due to Continuing Healthcare costs and prescribing.</li> <li>• Specifics regarding this would be covered in Finance and Estates Committee next week.</li> <li>• The other component was that when the Plan was being pulled together for the entirety of 2022-23 for the system, to get to breakeven there was an element total value of £27m which the partners in the system assumed they would not spend and would be a benefit and help us close the gap. That £27m sat in the</li> </ul>	

	<p>Plans of the ICB; it was not shared in planning terms across all providers.</p> <ul style="list-style-type: none"> <li>• The reality was that at least £19m out of £27m had already been committed based on the views of the provider organisations and some of that money was to go to primary care.</li> <li>• We knew that £500k had not been committed and there was a question mark over the balancing £7m.</li> <li>• The bulk of that £7m linked to SDF initiatives, Maternity and Smoking Cessation. The likelihood was, and we should be planning on that basis, that that £7m would equally be committed once we had been able to dig deeper into the channels of the system where those discussions were taking place.</li> <li>• £27m sits on the books of the ICB, which was driving us to put the biggest elements of our projected deficit for the year end. There was a conversation we needed to have with system partners around how we share out that £27m across all partner organisations on the basis that we collectively submitted the breakeven plan and therefore any shortfalls needed to be equally shared across all partner organisations.</li> <li>• We had more work to do regarding the discipline around PMO and delivery of the savings that we had planned to do when the Plan had been set up.</li> <li>• The Chair thanked Keith Griffiths for giving Committee the key messages, but it had not given members the assurance they required regarding the ICBs finances.</li> <li>• Keith Griffiths reported that it was not his intention to be alarmist, but he wanted to give Committee the facts; we were currently spending more than we were saving.</li> <li>• The focus of the PMO had been entirely on the prescribing elements of the efficiency savings; they had not been mobilised yet to pick up the discipline and the governance around the other aspects of our savings' plans.</li> <li>• This was now changing, Keith Griffiths had met with Maria Riley yesterday to make sure that this was part of a work plan, and we get named leads for each element, so we know who to go for advice, opinion, and accountability.</li> <li>• The profiling of our plans for H1 was in twelfths and there would always be a delay in mobilisation and efficiency schemes into the latter part of the year. But the fact that we planned our plans in twelfths meant we had probably taken a bigger impact on ourselves by profiling in that way. That did not negate the need that we still had a gap to fix, but it did mean that historically we had done more in the latter part of the year than we had in the early part of the year.</li> <li>• Keith Griffiths reported that he needed to see some assurance that that was going to be the case again this year.</li> <li>• Keith Griffiths reported on several meetings which had taken place with JUCD and SLT, and as a result we had spent the best part of £1.4m more than what we were planning to spend 10 days ago. These decisions had been powerful and emotive and probably the right thing to do, but we needed to clean up where our decision making was made. We needed to make sure that we were not picking things up in a desperate manner unequally,</li> </ul>	
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	<p>and we were not supporting things that were not connected to the ICB's overarching plan.</p> <ul style="list-style-type: none"> <li>• There was a lot of work to be done to clean up elements of the governance as well as pick up the PMO piece for our overall savings plans.</li> <li>• The Executive Team were trying collectively to focus on these issues, so that we could mobilise against these shortfalls.</li> <li>• The Chair reported that from an audit committee perspective, it puts members in a position where they wanted to hear more about how things were developing. Both the Chair and Richard Wright sat on the Finance and Estates Committee and would be part of the more detailed discussions at the next meeting.</li> <li>• Keith Griffiths was requested to provide finance updates on progress made to Audit and Governance Committee going forwards.</li> </ul> <p><b>Audit and Governance Committee NOTED the verbal Financial Update given by Keith Griffiths.</b></p>	
<p><b>AG/2223/010</b></p>	<p><b>Internal Audit</b></p> <p><b>Internal Audit Plan 2022/23:</b></p> <p>Kevin Watkins presented the Internal Audit Plan for 2022-23 and highlighted the following:</p> <ul style="list-style-type: none"> <li>• There had been ongoing discussions for the last few weeks which have included meetings with designate Executives and the new ICB Chief Finance Officer.</li> <li>• Keith Griffiths was keen for 360 Assurance to build in Transformation and Efficiency into the plan.</li> <li>• The HOIAO would still need to be obtained as a statutory organisation.</li> <li>• Work on strategic risk management arrangements and the assurance framework would still need to be done which was standard.</li> <li>• Helen Dillistone was keen to shape the Plan along the lines of the kinds of strategic areas that the ICB would be overseeing, which was broadly in line with the 5 key Committees, excluding Audit and REMCOM. 360 Assurance had been developing a proposal which would look at how those committees were operating, and the subject areas of their coverage.</li> <li>• 360 Assurance would look at the committees, their work plans and their strategies to see whether there was good evidence that they were complying with the requirements and whether they were being resourced.</li> <li>• Kevin Watkins was meeting with the Audit Chair on Monday to discuss the Plan and general audit issues.</li> <li>• 360 Assurance proposed to bring the Plan to the Audit and Governance Committee meeting in August.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The Plan would give Committee an idea of how the days would be split based on the resource that was available to the CCG last year on a pro rata basis for the nine months out of twelve.</li> <li>• It was noted that the CCG usually purchased about 250 or so days of audit time per year.</li> <li>• The Chair wanted to throw a note of caution regarding system wide reviews. We were agreeing the Plan for 9 months of this year, however our partner organisations had already agreed their 12-month plan back in April and to inform them now that we wanted to do some joint work, we may not receive the answer we wanted, so we may want to slip this work until next year. This would also give us more scope for re-jigging other work.</li> <li>• The Chair was surprised that 360 Assurance were not going to look at the Ledger and Key Financial Systems in the first year of the ICB.</li> <li>• Kevin Watkins reported that he would go into further detail with the Audit Chair at their meeting on Monday regarding this, but his intention was to focus on the aspects of the head of internal opinion work, with some specific testing around the ledger to make sure that that covers it. As a result, when 360 Assurance were providing their opinion, they could be confident they had covered that aspect.</li> <li>• Kevin Watkins highlighted Appendix A of his report (Indicative Strategic Plan); reviews in light blue shading focused on ICB's system leadership roles; reviews with no shading focused on ICB's responsibilities as a statutory body.</li> <li>• It was anticipated that when 360 Assurance developed the TOR for those pieces of work there would be an element of the ICB's role as a system leader and whether it was delivering its vision and strategy.</li> <li>• The Chair felt that as the ICB delegated responsibility to the system, it would be looking to Internal Audit to give assurance that we had got the right governance processes around that to hold our partners to account without over managing them.</li> <li>• It was noted that the ICB plans would be amongst the most challenging ones that Auditors would be delivering in the NHS.</li> <li>• Keith Griffiths reported that the ICB would be delegating resources down to PLACE and Provider Collaboratives and would be expected to maintain some stewardship over that money given that the ICB, as a statutory body, had a statutory duty to deliver breakeven for the system. It was noted that the ICB would look through this Committee and other Committees, to get the assurance required.</li> <li>• The Chair reported that this was going to be a developing area for 360 Assurance, and they would need to be able to flex and adapt going forwards. It was noted that 360 Assurance had always been willing in the past to do that.</li> </ul>	
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	<p><b>Committee welcomed sight of the Plan at its next meeting in August and NOTED there would be further discussions with the Audit Chair and Kevin Watkins regarding its content at their meeting on Monday.</b></p> <p><b>Verbal update re issuing of the final outstanding audit reports from the CCG’s 2021/22 Internal Audit Plan:</b></p> <p>Kevin Watkins reported that when 360 Assurance issued the Annual Report to the CCG for 2021-22 there had been three pieces of work that they were still in the process of finalising. The following was highlighted:</p> <ul style="list-style-type: none"> <li>• Work on PHBs had been delayed until the last possible moment at the request of the CCG because of the ongoing Covid 19 pandemic and the pressure on staff.</li> <li>• 360 had issued a Significant Assurance on this piece of work, and Kevin Watkins agreed to ensure that Committee members received a copy of this report.</li> <li>• That piece of work was largely focused on how the Commissioning for Individual Panels operated, the governance of that, and whether 360 Assurance felt it was effective.</li> <li>• It also looked at how the CCG managed the contract with Midlands and Lancs CSU, looking at the personal health budgets element of it.</li> <li>• It was noted that this piece of work did not look at any controls operating within the CSU and that had been the subject of separate discussions which were alluded to in the previous paper.</li> <li>• Kevin Watkins reported that the other two pieces of work would be issued either today or tomorrow.</li> <li>• It was noted that the first piece of work was regarding people management services. 360 Assurance had provided some advisory support to what had developed into the One Workforce Programme, which was operating across JUCD, and being overseen by a Group of HR Directors within the NHS.</li> <li>• 360 Assurance had provided management advice from an assurance perspective on how that programme should deliver and had posed some questions to see evidence of whether they had the kind of project management controls that you would expect to see. It was noted that a positive outcome had been received on this.</li> <li>• Kevin Watkins reported that the second piece of work was regarding transformation and efficiency. It had been completed across Derbyshire and Nottinghamshire and had been an advisory piece of work. A formal opinion had not been provided for this work, but it was it was an opportunity for the systems to come together to share information around transformation and efficiency and the area arrangements for them and had given an opportunity for 360 Assurance to provide some advice around controls.</li> <li>• It was noted that this report had put forward a lot of questions for consideration, rather than formal recommendations. Those</li> </ul>	
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	<p>questions would challenge the arrangements that the ICB had got in place for identification and management of transformation schemes across the system. It was hoped this would be a useful piece of work.</p> <ul style="list-style-type: none"> <li>• It was noted that these pieces of work had been jointly funded by UHDB, CRH and DDCCG</li> </ul> <p><b>Audit and Governance Committee thanked Kevin Watkins for this update and looked forward to receiving these reports when they were released.</b></p>	
<p><b>AG/2223/011</b></p>	<p><b>Audit and Governance Committee Forward Plan</b></p> <p>Helen Dillistone explained that this report had been prepared to provide assurance to the Audit and Governance Committee on the forward plan to enable the Committee to discharge its duties effectively.</p> <p>As defined in the Terms of Reference, the Audit and Governance Committee had a responsibility to discharge the ICB's responsibilities in respect of the following functions:</p> <ul style="list-style-type: none"> <li>• Integrated governance, risk management and internal control</li> <li>• Internal and External Audit</li> <li>• Business Continuity</li> <li>• Complaints and PALS</li> <li>• Digital Development and ICT Assurance, including Cyber Security</li> <li>• Emergency Preparedness Resilience and Response</li> <li>• Estates</li> <li>• Health, Safety, Fire and Security</li> <li>• Information Governance</li> <li>• Freedom of Information</li> <li>• Organisational Development</li> <li>• Procurement</li> <li>• Research Governance.</li> </ul> <p>The Terms of Reference sets out that to discharge these functions the Committee shall produce an annual work programme and review the Committee forward planner to assist with the Committee in discharging its duties effectively.</p> <p>The Forward Plan attached was attached as Appendix 1 and sets out the plan of the work programme for the Audit and Governance Committee for the year 2022/23.</p> <p>The Committee reviewed the forward plan and discussed/steered the proposed frequency of the individual items being presented to Committee.</p>	

	<p><b>The Audit and Governance Committee RECEIVED the Forward Plan for the Committee.</b></p>	
<p><b>AG/2223/012</b></p>	<p><b>Audit and Governance Committee Policies Forward Plan</b></p> <p>Chrissy Tucker presented the Audit and Governance Committee Policies Forward Plan and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The schedule indicated how it was proposed to bring these policies through the Committee.</li> <li>• The Policies were divided up by general topic and then by quarter.</li> <li>• This was an outline plan and would be driven by whatever else we might have on the agenda in any given month.</li> <li>• Final decisions on what would be presented monthly would be taken when we were reviewing and preparing agendas for future meetings.</li> <li>• The Chair reported that although this would give Committee a big workload initially, she felt that if we approached it as we had earlier in the meeting (where members had read all the policies beforehand), Committee could then discuss the areas where members wanted to raise issues. The Chair added that this would then put us in a good position where we would be adding value, rather than going through the policies page by page.</li> </ul> <p><b>The Audit and Governance Committee RECEIVED the Policies Forward Plan for the Committee.</b></p>	
<p><b>FOR CORPORATE ASSURANCE</b></p>		
<p><b>AG/2223/013</b></p>	<p><b>Opening ICB Risk Register</b></p> <p>Helen Dillistone presented the opening ICB Risk Register and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The ICB Risk Register had already been presented to Governing Body at its meeting on 1 July 2022 where it had been noted and accepted.</li> <li>• The paper outlined the opening position for the ICB Risk Register which takes a number of different risks from different sources as part of the closing position of the CCG but recognising other risks that had been identified at the time of writing the report.</li> <li>• The appendices set out what we believed those new risks to be, where the source of that risk had come from, whether the risk had transferred and what the new risk description should be, which of the ICB committees the risk would be assigned to and naming the Chair of that Committee together with the lead Executive.</li> <li>• This was the organisational risk register, which detailed the operational risks (detailed from P279 onwards).</li> </ul>	

	<ul style="list-style-type: none"> <li>• There were a number of different sources from where the risks had been taken from, namely the closing position from the CCG.</li> <li>• There had been a detailed piece of work as part of the closedown process undertaken to close as many risks as possible that the CCG was holding as well as noting any live risks that we needed to transfer into the ICB from 1 July 2022.</li> <li>• It also took risks from the System Operational Resilience Group (which met weekly), looking at some of the longer-term risks around the system where we needed to have oversight of those.</li> <li>• It also took the risks that were still outstanding as part of the transfer, which the System Transition and Assurance Committee and the previous CCG Transition Working Group had oversight of, and of course, the work related to the Glossop transition.</li> <li>• Throughout the July and August cycle of meetings, each of the Committees, at their inaugural meetings where risks had been assigned, would start to discuss those risks as part of the ongoing governance and assurance of those Committees and would report to Board each month as appropriate.</li> <li>• The Chair felt this was a useful starting point and gives assurance that all the risks that we had inherited from the CCG had been considered and allocated and they had not been lost.</li> <li>• The Chair referred to Risk 20, Risk of Information Governance breaches following the merger of the CCG and data not being held consistently across sites. She asked for further clarification regarding this.</li> <li>• Helen Dillistone reported this risk had been identified as part of the merger work, but also as part of the transition work and had been expanded to cover the Glossop boundary change. It was noted that we were not aware of any issues, difficulties, or security breaches as part of the transition and transfer of Glossop, and as a result this risk may be reduced or closed in due course.</li> <li>• Chrissy Tucker responded that this risk also included hard copy personnel files that the CCG held at both Scarsdale, Toll Bar House and Cardinal Square premises. The intention was to store all these files electronically and destroy the paper records, but due to Covid there had been a delay in being able to do that work.</li> <li>• Helen Dillistone reported that because of the nature of some of the risks on this register, that whilst they did have a home and were being assigned to a committee, it was recognised that other than this Committee and REMCOM, all of the other committees had a system focus and had system representation in their membership in most cases. There would be a system element to these risks as well as an internal organisational role, but they were risks that sat within the statutory responsibility of the ICB.</li> <li>• It was noted that the risks on the risk register were likely to grow in time especially when we started to analyse the reasons for the high-level risks on the BAF. Some of the risks would be subservient to those more collective strategic risks that were on the BAF and would be held within Committee.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• It was reported that this Committee would not only have an overarching assurance role across all risks but would also actively monitor and manage the risks allocated to it.</li> <li>• The Chair felt that it would be a good idea to invite individual Executives to come and update Committee on the more significant risks on the BAF which fell within their remit on the longer list.</li> <li>• The Chair referred to the External Audit risk areas and requested that the narrative be changed on financial sustainability. This quite rightly concluded that KPMG did not pick up any significant risks as part of their year-end reporting, but somewhere there needed to be an acknowledgment that financial sustainability was a big risk for the organisation, and although it was covered in the risk register, it should be cross referenced to that rather than just stating it was not applicable. Although we had processes and mitigations in place, we had a long way to go to make sure we were going to be able to deliver; it could be argued that this should be at amber currently.</li> <li>• The Chair felt the risk register presented to Committee was a helpful starting point.</li> </ul> <p><b>The Audit and Governance Committee NOTED the opening ICB Risk Register for assurance.</b></p>	<p>HD</p>
<p><b>AG/2223/014</b></p>	<p><b>Opening Integrated Care Board Assurance Framework (BAF) and Strategic Risks</b></p> <p>Helen Dillistone presented the opening ICB Board Assurance Framework and Strategic Risks and highlighted the following:</p> <ul style="list-style-type: none"> <li>• The BAF had been presented to Board on 1 July 2022.</li> <li>• The BAF provided an opening position for the new ICB, and it was recognised that this was a work in progress/development particularly around the work describing the strategic objectives for the new ICB and the strategic risks that fell out of that work which was running in parallel to this.</li> <li>• The paper and appendices outlined the residual strategic risks remaining following the closure of the CCG, and also identified other strategic risks that we had been made aware of through looking at the existing BAFs of the Trusts where they were not already included in other sources.</li> <li>• Helen Dillistone reported that some emerging strategic risks which had been discussed as part of the shadow ICB Board meetings throughout May and June, together with any residual risks from the transition work and strategic risks, that had been held on the transition risk registers, had all been captured in the open BAF where relevant.</li> <li>• It was noted that there were 10 strategic risk areas that were currently in the process of being developed and assigned to relevant ICB committees. The committee Chair and Executive owner had been named, together with the source of where that risk had come from. It also included the closing, and hence opening score, for each of those 10 areas.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The description of the risks had been updated to make them more relevant to the ICBs opening position.</li> <li>• The Chair appreciated that the BAF was a work in progress, but she was not entirely clear on the who, when and how the BAF developments were going to proceed from, and where we were now to having the ambition of a better reflective BAF to sign up to in September. She felt from an Audit Committee's perspective she wanted to be more assured about how we were going to get from where we were now to where we were going to be in the end. She was not entirely convinced (if we were hoping to do it through the development sessions at Board), that we were going to get there; there needed to be more work behind the scenes.</li> <li>• It was noted that we were waiting for the strategic objectives to be signed off, and the wording to be refined after the Board development session on 8 July 2022. However, the Board had signed up to the themes.</li> <li>• Helen Dillistone reported that she had met with Deloitte and John MacDonald yesterday where it was suggested that rather than working with the full board, that we set up a smaller working group to discuss the detail in the BAF. Lead Executives, Chairs and two members from the Governance Team would work on the granular detail of the BAF and then present to September/October Board. It was also hoped to get support from Kevin Watkins and 360 Assurance to help build in some discussions around risk appetites into the BAF.</li> </ul> <p><b>The Audit and Governance Committee NOTED the opening ICB Board Assurance Framework for assurance.</b></p>	
<p><b>AG/2223/015</b></p>	<p><b>Non-Clinical Adverse Incidents</b></p> <p>Chrissy Tucker gave a verbal update on the Non-Clinical Adverse Incidents and highlighted the following:</p> <ul style="list-style-type: none"> <li>• There was currently a Level 4 heat wave warning in place nationally.</li> <li>• The process for mitigating risks and communications within Derbyshire.</li> <li>• The System Operational Resilience Group (SORG) (consisting of system partners) meets normally twice weekly but had been meeting daily from mid last week to discuss risks to delivery and patient safety as well as discussing plans to resolve any issues during the heatwave.</li> <li>• There was a SORG meeting planned for 1.30pm today to discuss whether there were any further pressures in the system due to the heat.</li> <li>• The Local Resilience Forum had also set up a tactical cell group which included the Environmental Agency, Met Office, Highways, Police, Fire etc who were discussing preparations and mitigations against the expected heatwave; so far there had been nothing major to escalate.</li> <li>• At that meeting they had talked about protection of the road network, protecting pumping stations so that they could continue</li> </ul>	

	<p>pumping water and lots of public communications around preserving water, safety around water, and tips for keeping as cool as we possibly could.</p> <ul style="list-style-type: none"> <li>• The Regional EPRR team had a scheduled meeting yesterday and today across the Midlands region and that was designed to collate any issues that people were having and escalate to the national team if required.</li> <li>• It was noted that the arrangements to manage and oversee the heatwave had worked well so far and the ICB had responded appropriately.</li> <li>• Chrissy Tucker reported that she was keeping in close contact with Chris Weiner, ICB Medical Director and the Accountable Emergency Officer, to keep him apprised of any issues.</li> <li>• Richard Wright asked for an update regarding Covid across Derbyshire.</li> <li>• Helen Dillistone reported that prevalence was significantly increasing within the community. In terms of outbreaks within hospitals, these were being closely managed and monitored. It was noted that all hospitals (clinical and non-clinical), including the ICB settings, were back to mask wearing and social distancing where appropriate to help with some of the infection control measures.</li> <li>• It was noted that over 200 beds were occupied by Covid patients within Derbyshire, which was quite a significant proportion of the whole bed capacity within the system. However, the length of stay and turnover was relatively quick. ITU was in a stable position, and whilst ITU beds were being filled they were not necessarily by Covid patients.</li> <li>• Richard Wright asked whether we are seeing an increase in staff absenteeism due to Covid.</li> <li>• Helen Dillistone did not know the percentages currently but agreed to provide this information if required.</li> </ul> <p><b>Audit and Governance Committee NOTED the verbal update given by Chrissy Tucker.</b></p>	
<b>FOR INFORMATION</b>		
<p><b>AG/2223/016</b></p>	<p><b>Accountable Officer Assurance Letter</b></p> <p>The Chair reported that as part of the ICB Readiness to Operate Statement and requirements for assurance in the establishment of the Derby and Derbyshire Integrated Care Board, the CCG's Accountable Officer was required to provide assurance to the ICB Accountable Officer and ICB Audit Chair.</p> <p>The purpose of this report was to provide the Audit and Governance Committee with the assurance that the CCG's Accountable Officer had exercised his responsibility to ensure the effective management of governance, internal controls, and risk from 1<sup>st</sup> June 2021 to 30<sup>th</sup> June 2022. The assurance letter was attached to the report as Appendix 1.</p>	

	<p>The Assurance letter confirmed that to the best of all the available knowledge, and having made all reasonable enquiries up to and including 30th June 2022, that the Risk Management Framework and the organisation's capacity to handle risk was in good order, and NHS Derby and Derbyshire CCG's Governing Body, Audit Committee, and Executive Officers were not aware of any issues of a material financial, operational, or other nature which could be expected to impair the efficient operation of the business of NHS Derby and Derbyshire ICB.</p> <p><b>The Audit and Governance Committee RECEIVED the Accountable Officer's Assurance Letter for information and assurance.</b></p>	
<b>MINUTES AND MATTERS ARISING</b>		
<p><b>AG/2223/017</b></p>	<p><b>Minutes from the Audit Committee meeting held on 10 June 2022</b></p> <p>The minutes from the meeting held on 10 June 2022 were agreed as a true and accurate record.</p> <p><b>Minutes from the Governance Committee meeting held on 23 June 2022</b></p> <p>The minutes from the meeting held on 23 June 2022 were agreed as a true and accurate record.</p>	
<p><b>AG/2223/018</b></p>	<p><b>Action Log from the Audit Committee meeting held on 10 June 2022 and incorporating the Action Log from the Governance Committee meeting held on 23 June 2022.</b></p> <p>The action log was reviewed.</p>	
<p><b>AG/2223/019</b></p>	<p><b>Any Other Business</b></p> <p>No other business was raised.</p>	
<p><b>AG/2223/020</b></p>	<p><b>Assurance Questions</b></p> <ul style="list-style-type: none"> <li>• Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes?</li> </ul> <p>Yes.</p> <ul style="list-style-type: none"> <li>• Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations?</li> </ul> <p>Yes.</p> <ul style="list-style-type: none"> <li>• Were papers that have already been reported on at another committee presented to you in a summary form?</li> </ul>	

	<p>Yes.</p> <ul style="list-style-type: none"> <li>Was the content of the papers suitable and appropriate for the public domain?</li> </ul> <p>Not entirely.</p> <ul style="list-style-type: none"> <li>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?</li> </ul> <p>Yes.</p> <ul style="list-style-type: none"> <li>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?</li> </ul> <p>No.</p> <ul style="list-style-type: none"> <li>What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting?</li> </ul> <p>There were some concerns regarding the update given by Keith Griffiths regarding the current system financial position, but these would be highlighted by the assurance report from the Finance and Estates Committee.</p> <p>ICB BAF – The Committee was supportive of the suggestion that rather than working with the full board, that a smaller working group be set up to discuss the detail in the BAF. Lead Executives, Chairs and two members from the Governance Team would work on the granular detail of the BAF and then be presented to September/October Board.</p>	SS
<b>DATE AND TIME OF NEXT MEETING</b>		
<b>Date:</b> Thursday 25 August 2022		
<b>Time:</b> 2.00pm		
<b>Venue:</b> MS Teams		

Signed: ..... Dated: .....  
(Chair)

**MINUTES OF THE AUDIT AND GOVERNANCE COMMITTEE**

**HELD ON 25 AUGUST 2022 VIA MS TEAMS AT 2.00PM**

<b>Present:</b>		
Sue Sunderland	SS	Non-Executive Director/Audit Chair
Dr Buk Dhadda	BD	GP
Richard Wright	RW	Non-Executive Director
<b>In Attendance:</b>		
Andrew Cardoza	AC	Audit Director, KPMG (part)
Helen Dillistone	HD	Executive Director of Corporate Affairs
Debbie Donaldson	DD	EA to Keith Griffiths (Minute Taker)
Darran Green	DG	Acting Operational Director of Finance
Chrissy Tucker	CT	Director of Corporate Delivery
Kevin Watkins	KW	Business Associate, 360 Assurance
<b>Apologies:</b>		
Ged Connolly-Thompson	GCT	Head of Digital Development
Keith Griffiths	KG	Chief Finance Officer
Suzanne Pickering	SP	Head of Governance

<b>Item No.</b>	<b>Item</b>	<b>Action</b>
<b>AG/2223/021</b>	<p><b>Welcome, introductions and apologies</b></p> <p>The Chair welcomed members to the first meeting of the ICB Audit and Governance Committee.</p> <p>Apologies were received from Keith Griffiths, Ged Connolly-Thompson and Suzanne Pickering.</p>	
<b>AG/2223/022</b>	<p><b>Confirmation of quoracy</b></p> <p>The Chair declared that the meeting was quorate.</p>	
<b>AG/2223/023</b>	<p><b>Declarations of Interest</b></p> <p>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.</p> <p>Declarations declared by members of the Audit and Governance 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:</p> <p><a href="http://www.derbyandderbyshire.icb.nhs.uk">www.derbyandderbyshire.icb.nhs.uk</a></p> <p>No declarations of interest were made.</p>	

FOR DECISION	
AG/2223/024	<p><b>Audit and Governance Policies</b></p> <p>Helen Dillistone presented the second tranche of policies which had been updated by the corporate team to reflect the new ICB organisation:</p> <p><b>Risk Management Strategy:</b></p> <p>This strategy described the ICB's approach to risk management, including risk appetite tolerance and defined the responsibilities for risk management and associated governance arrangements. Helen Dillistone highlighted the complexity around ICB versus system and reported that it aimed to help the Board to remain sighted on those very highest-level risks and to take assurance through the appropriate processes and approaches that we had in place or would want to further develop.</p> <p>The following comments were made:</p> <ul style="list-style-type: none"> <li>• The Chair felt this strategy had been written as if the ICB was a standalone organisation managing risks that it was responsible for in its entirety.</li> <li>• The Chair felt that this strategy did make passing reference in the introductory elements to the need to manage system and identify system risks. However, it did not provide a way in which that could happen, and it was her view this needed to be paused in terms of its approval as a strategy until we had had the development workshops around strategic risks in September, where it was hoped that we could explore the system risk side in more detail.</li> <li>• The Chair reported that having attended Finance Committee earlier this week, there had been issues about how we translated the strategic risks into the more detailed risks that were relevant to committees. There had been some skeleton risks identified for finance as an example, but they had not moved on since we had identified them at our first meeting. It was noted from the dialogue at that committee, that the biggest issue was we had not identified who the risk owners were going to be, and that it would not necessarily be employees of the ICB. By its very nature we could have risks that were on our risk register and the system assurance framework that were being managed by partners and therefore that needed to be understood how this would be incorporated into our risk management strategy.</li> <li>• The Chair felt that this was one strategy that we could not automatically do a lift and shift from what we had in the CCG to the ICB.</li> <li>• The Chair felt this strategy needed more work, and once we had had the development sessions on the strategic risks that should give us a starting point, and the corporate team may need to talk to their equivalents within partner organisations to see how they marry up to their risk management systems and how we could interlink.</li> </ul>

	<ul style="list-style-type: none"> <li>• The Chair felt that this strategy was one of the areas, that was not currently reflecting the true situation we found ourselves in.</li> <li>• Dr Dhadda felt that the Chair had covered everything he was going to say regarding this strategy about how we separate the ICB system risks from the intro organisational individual risks held, and to what degree the ICB had oversight and involvement. He went on to add that we needed to ensure that we got the wording correct for this strategy – there was also mention in some of the pages of GP member practices, which needed to be removed as we were no longer a membership organisation.</li> <li>• Dr Dhadda referred to page 27 where there was a sub-heading of externally driven risks which were political, economic, social, technical, legal, and environmental, and asked where did something like the pandemic come under that heading? It was not specific in terms of where it would be mentioned; we had just come out of the pandemic, which had been a huge risk for the healthcare system.</li> <li>• Helen Dillistone reported that the pandemic arguably came under a number of those different categories, but it was about what we could control and what we were responsible for within the NHS. We would not necessarily categorise it against all of them, but we would look to which of those categories best fits what we would need to do. It was a good example of one of the strategic risks that we might still want to understand and have oversight of, because even though the Covid pandemic may have changed in terms of how it was now being managed, there was still a significant risk of a Flu/Monkey Pox pandemic etc. We need to articulate strategic risk development around all of that and decide where it would best be categorised.</li> <li>• Richard Wright agreed with everything above. He felt risk was something that as an ICB, we could not abdicate our responsibility across the system. The second most important part of the risk register for him was the list of actions and mitigations, and if you were to do them would reduce the risk. The fact was that some of those actions and mitigations would not always be done by ICB staff and would be done by other organisations and other people across the system, including our non-NHS partners, he felt, had not quite come out in this strategy in the way that it should have.</li> <li>• Richard Wright reported that John McDonald had said at one of his meetings that he wanted risk registers to be working documents, and not just something that were prepared and put to one side. The only way you could do that was by updating the actions at each monthly meeting and by receiving feedback from all organisations; this should be underpinning the work we were doing. The risk reports should be driving deep dives to get real assurance that we were reducing the risks.</li> <li>• Richard Wright felt that more work needed to be done on this strategy, and the suggestion of waiting until after the workshops was probably a good idea.</li> <li>• Kevin Watkins agreed with everything that had been said. The expectation when 360 Assurance provided it's HOIAO at the end of the ICB's first nine months was that opinion would be related</li> </ul>	
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	<p>directly to the AGS. The policy document as it currently stood ticked a lot of boxes for 360 Assurance, it was noted that they would be looking at risk management, in addition to the HOIAO work, to see how the ICB was dealing with this as a brand-new organisation.</p> <ul style="list-style-type: none"> <li>• Kevin Watkins reported that 360 Assurance were offering a workshop to their clients on 29th of September, covering governance in partnerships and shared objectives and how to manage risk as a system. It was noted that Frances Palmer and Suzanne Pickering were attending, and colleagues from Nottinghamshire would be sharing their experience of how they were trying to tackle system wide risk.</li> <li>• Helen Dillistone appreciated the feedback and the steer which she felt was sensible and pragmatic. It was noted that the Board was made-up of partner members who were Chief Executives of the system and organisations within our system, we could not just operate as an ICB separate from those other partner organisations and other parts of our system.</li> <li>• Dr Dhadda reported that individual partner members sitting around the board table, had an understanding of their own organisations' risks, but they were not fully understanding of the risks of organisations next to them, and how they were interlinked. We needed to get a much clearer picture about how we were going to function as a system and work together, because if we did not understand each other's risks and how they were being mitigated and dealt with, then we could not truly understand the system.</li> </ul> <p><b>Audit and Governance Committee did not approve the Risk Management Strategy, it would be redrafted after the Strategic Risk Workshop and resubmitted to this Committee for approval in due course.</b></p> <p><b>Complaints Policy:</b></p> <p>Helen Dillistone reported that this policy provided a framework and guidance on the procedure for the handling of complaints and the resulting actions. It ensured residents and all other users of local health services commissioned by the ICB had their complaints and concerns dealt with in confidence and with courtesy, in a timely and appropriate manner. It also informed ICB staff of their roles and responsibilities within the complaints handling process.</p> <p><b>Audit and Governance Committee APPROVED the Complaints Policy.</b></p> <p><b>Persistent Contacts Policy:</b></p> <p>Helen Dillistone reported that this policy provided staff with a clear and fair process for dealing with situations where an individual might be persistent, unreasonable, habitual, prolific, or vexatious. The policy was to be used as a guide for all staff involved in the contact, whether this be an enquiry, a contact or a formal complaint</p>	<p>HD</p>
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	<p>that had become unmanageable due to the individual's persistent behaviour. It was noted that this procedure was only be used as a last resort and after all reasonable measures had been taken to try to resolve the contact, enquiry, or a formal complaint.</p> <p><b>Audit and Governance Committee APPROVED the Persistent Contacts Policy.</b></p> <p><b>Incident Reporting Policy:</b></p> <p>Helen Dillistone reported that this policy sets out the approach to the reporting, management, and investigation of all corporate incidents (including accidents and near misses) that occurred within the organisation. The reporting of all incidents (or the potential for incidents) no matter how trivial they may appear would enable the ICB to build a profile of risks to staff, the public and to the business of the organisation. It was essential that all incidents were reviewed. Whether the incident required further investigation, and the level of this, was dependent on the nature of the incident and the potential for recurrence.</p> <p><b>Audit and Governance Committee APPROVED the Incident Reporting Policy.</b></p> <p><b>Freedom of Information Policy:</b></p> <p>Helen Dillistone reported that this policy explained what the ICB would do to comply with their obligations under the Freedom of Information Act 2000. It was noted that the ICB wished to create a climate of openness and dialogue with all their stakeholders; improving access to information about the ICB would help to support this aim. This policy applied to all third parties and others authorised to undertake work on behalf of the ICB.</p> <p>The Chair asked whether we needed all the detail contained in paragraph 1.1 regarding the history of the CCG and asked that this be removed. Helen Dillistone agreed to update the policy accordingly.</p> <p><b>Audit and Governance Committee APPROVED the Freedom of Information Policy, subject to the above amendments.</b></p> <p><b>Fraud, Corruption and Bribery Policy:</b></p> <p>Helen Dillistone reported that this paper sets out the ICB's policy on suspected and detected fraud, bribery, and corruption. It detailed the process and provided a framework for responding to any suspicions of fraud. It was noted that the corporate team had worked with our specialist advisors on this policy.</p> <p><b>Audit and Governance Committee APPROVED the Fraud, Corruption and Bribery Policy.</b></p>	<p>HD</p>
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	<p><b>Raising Concerns at Work (Whistleblowing) Policy:</b></p> <p>Helen Dillistone reported this policy provided a framework for employees who may know of or suspect any issues that they would want to report to the ICB. This policy helped to work through that process around how to raise a genuine concern and who to raise it to.</p> <p>It was noted that there was a typing error contained within the policy which would be amended after this meeting. Namely, that the Freedom to Speak Up Guardian was Margaret Gildea and not Sue Sunderland as stated.</p> <p><b>Audit and Governance Committee APPROVED Raising Concerns at Work (Whistleblowing) Policy with the above amendment.</b></p> <p><b>Information Governance Policy:</b></p> <p>Helen Dillistone reported that the information governance policy sets out how we deal with all information held and used by or on behalf of the ICB. Under data protection legislation, the ICB must be able to demonstrate its compliance with the legislation. All staff members were responsible for maintaining compliance with the data protection principles and the General Data Protection Regulation (GDPR), completing their Data Security and Protection training annually, and for reporting non-compliance through the ICB incident reporting process.</p> <p>It was noted that we could see more risks around this as we worked as a system and shared information with our system partners. Chrissy Tucker reported that we were starting to see some data sharing agreements come through between the organisations; these were being taken through the relevant governance processes to make sure we were properly covered for Information Governance.</p> <p>The Chair felt that this might be something that the IG Group might want to do a review on at some point, to see whether it thought that everything was fit for purpose in the new regime.</p> <p><b>Audit and Governance Committee APPROVED the Information Governance Policy.</b></p> <p><b>NHS Network, Internet, and Electronic Mail Acceptable Use Policy:</b></p> <p>Helen Dillistone reported that this policy reminded staff that all access to ICB provided systems and networks left an audit trail, and that should inappropriate use be suspected, access to these monitoring logs would be undertaken.</p>	<p>HD</p>
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	<p>The ICB confirmed all system access provided as part of employment would be viewed as corporate and not personal. Any misuse of email or the internet using a member of staff's username would be viewed as their access.</p> <p>All staff were responsible to ensure that they were familiar with existing policies and procedures relating to the access and acceptable use.</p> <p>It was noted that all data and information residing on ICB information systems always remained the property of the ICB, unless otherwise stated.</p> <p><b>Audit and Governance Committee APPROVED the NHS Network, Internet, and Electronic Mail Acceptable Use Policy.</b></p> <p><b>Records Management Policy:</b></p> <p>Helen Dillistone reported that records were essential to evidence the business decisions and activities of the ICB. It was noted that records were corporate records and were owned by the organisation not by individuals. Information Asset owners were accountable for the use and protection of records in their directorate.</p> <p>The Chair highlighted item 7.5 of the policy (Communication with Information Asset Owners in May 2019) and asked that all dates referring to '2019' be removed as the year was immaterial. The opportunity to update were the months of September/December going forwards. This was something that had originally started in 2019 but now had an annual process. Helen Dillistone agreed to update the Policy to reflect this as it was felt to be misleading.</p> <p><b>Audit and Governance Committee APPROVED the Records Management Policy, subject to the above amendments.</b></p> <p><b>Incident Response Plan:</b></p> <p>Helen Dillistone reported that the Incident Response Plan sets out the process and the plan around our EPRR processes and sitting within that wider context of incident response.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> <li>• The change in status of ICBs moving to be Cat 1 responders.</li> <li>• This plan covered aspects of, but may not have, fully taken the wider context of a Cat 1 responder.</li> <li>• It was noted that we had reflected the various Acts, the work, the context, and the legislation that we needed to work within, together with some of the key objectives that were assigned to the ICB and the scope of where this policy intended to sit.</li> <li>• Because we were a Cat 1 responder, we had some quite specific responsibilities that we needed to undertake, and it was whether</li> </ul>	<p>HD</p>
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	<p>this policy had quite reflected some of those changes in the way it should have.</p> <ul style="list-style-type: none"> <li>• Chrissy Tucker reported that we had been working with NHSE EPRR regional team on this Plan and we were still working through it with them; this was not a final plan.</li> <li>• Chrissy Tucker reported we had arranged to do an exercise with all our on-call staff and then play it back through this instant response plan to see if we had got everything reflected as it needed to be. Unfortunately, that exercise had to be cancelled because we had a real critical incident. It was noted that we would do the exercise again in about 3 months and would bring a further version of the Plan back through this Committee.</li> <li>• The Chair reported that on reading the Plan some of the narrative referred to us being a Cat 2 responder and in other paragraphs that we were a Cat 1 responder – this needed amending and refining to reflect this.</li> <li>• It was noted that we were in a transitional period where NHSE were also a Cat 1 responder.</li> <li>• It was important that we had a policy that clearly sets out the ICB's roles and responsibilities.</li> <li>• Chrissy Tucker reported that training was on our work programme, both internally and externally and across the system.</li> <li>• The response plan had been developed with members of the Health Emergency Planning Group and EPRR leads across Derbyshire.</li> </ul> <p><b>Audit and Governance Committee APPROVED the Incident Response Plan with the caveat that it did not entirely reflect our Cat 1 responsibilities. It was noted that once this had been further tested and explored with NHSE, the Plan would be brought back to Committee for further review in three months.</b></p> <p><b>Cold Weather Plan:</b></p> <p>Helen Dillstone reported that the cold weather alert service comprised 5 levels (Levels 0-4), from year-round planning for cold weather, through winter and severe cold weather action, to a major national emergency. Each alert level aimed to trigger a series of appropriate actions which were detailed in this plan. This plan had been in place and embedded for quite some time.</p> <p>The Chair asked whether we should have an extreme weather plan which included not only for cold, but hot weather as well and suggested it should be entitled Adverse Weather Plan?</p> <p>Dr Dhadda reported that his practice had experienced more issues during the hot weather when it reached 40 degrees than any cold weather spells; he agreed that the Plan should be reworded accordingly. It was noted that due to the recent increase in fuel costs we may experience more cold weather issues as we approached winter.</p>	<p>HD</p>
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	<p><b>Audit and Governance Committee APPROVED the Cold Weather Plan subject to the above amendments.</b></p> <p><b>Winter Preparedness Plan:</b></p> <p>Helen Dillistone reported that each year at the start of winter The Cold Weather Plan for England was published which was supported by other documents from Public Health England. This checklist was to ensure that these documents were reviewed by NHS Derby and Derbyshire ICB to highlight any changes or new advice/guidance and that actions were undertaken to ensure communication takes place both internally and externally; allow for preparations to be put in place; work where applicable with partner agencies; and be able to effectively respond.</p> <p><b>Audit and Governance Committee APPROVED the Winter Preparedness Plan.</b></p>	HD
AG/2223/025	<p><b>Estates Update</b></p> <p>Chrissy Tucker informed members that this report provided an update on our current estates position for the Derby and Derbyshire ICB and included a proposal for the approval of a Memorandum of Terms of Occupation (MOTO) document for our occupation of the Scarsdale site.</p> <p>The following was noted:</p> <ul style="list-style-type: none"> <li>• NHSE had been working with NHS Property Services (NHSPS) to put documented arrangements in place with their tenants, and it had been agreed that a form of Memorandum of Terms of Occupation was the most suitable document rather than a full lease.</li> <li>• It was noted that for Scarsdale we had got to the point of having a draft Heads of Terms for this Memorandum of Terms of Occupation (MOTO). The papers were attached to this report for review before signing off.</li> <li>• Once we had signed off the heads of terms, we would then go to the development of the formal MOTO, which was more akin to a license to occupy than a lease.</li> <li>• It was noted that the plan for Cardinal Square for the floors that we leased from NHSPS, we would have a MOTO developed, but there were some discussions going on between NHSPS and the landlord around the head lease which were not concluded yet.</li> <li>• Once they were concluded, we would then have a MOTO developed, which would be brought back through this Committee. In the meantime, we had some rental agreement letters in place, which would take us up to the time when the head lease needed to be agreed.</li> <li>• The report highlighted the occupancy we had for the corporate estate. We currently occupied Scarsdale and a few floors at Cardinal Square, most of which was with NHSPS, and we had</li> </ul>	

	<p>one floor that we directly leased with the landlord at Cardinal Square.</p> <ul style="list-style-type: none"> <li>• The report was to update the Committee on the plans to formalise what we had already got in place. There was no further financial commitment other than we had already got.</li> <li>• There was also a note in the report regarding hybrid working, which had been implemented during the pandemic. It was noted that this was still being implemented, and once we had been running it for a while, we would want to review what estate was required for the future.</li> <li>• Richard Wright asked what was meant by reasonable state of repair and condition, and what was meant by dilapidations and reinstatement? He asked for further clarification to the section that stated that the occupier would have to take the floors/areas back to the state the building was when we moved in? Did that include where NHSPS had given permission to make changes to the building? He felt this could leave us with potential massive costs if we chose to vacate the buildings; he asked whether this section be re-negotiated before we sign?</li> <li>• Chrissy Tucker reported that we could ask for this to be amended; the agreement had been through Capsticks (our lawyers), but we could ask for more concrete wording around those areas.</li> <li>• Dr Dhadda referred to hybrid working, and asked what period of time we were going to assess this over? He understood that the Cardinal Square ground floor had a break clause of April 2023.</li> <li>• Chrissy Tucker reported that hybrid working was going to be fully implemented in September, we still had spaced out desks for Covid, and when this was no longer an issue we would have greater capacity on all floors, however, she was aware we may want to release some floor space going forwards.</li> <li>• Helen Dillistone reported that Dr Clayton wanted to fully implement hybrid working, which basically amounted to us having an office presence for 2-3 days a week. The Executive Team were meeting regularly now face to face on a weekly basis. However, it was not clear what winter would bring and whether we would have to revert to our amber way of working with less physical presence.</li> <li>• It was the Executive Teams assumption that we would not need all the estate that we currently had. Some of our staff and teams would be system facing and working very closely with providers, with local authorities', teams around PLACE development and provider collaboratives etc. This would then throw up a question about what that meant in terms of where people would work from; but the future was about flexible working and a hybrid model. We were fully expecting a reduction in our footprint estate at some point to align with those break clauses going forwards.</li> <li>• Darran Green confirmed that we had recognised the financial implications of this type of full repairing lease, and we had provision within the accounts to pay for any dilapidation costs that that may come out; whether that was sufficient or not, only time would tell.</li> </ul>	<p>CT</p>
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	<ul style="list-style-type: none"> <li>• The Chair referred to the break clause on the ground floor of Cardinal Square of 1st of April and reported that we would need to give 6 months' notice. She asked whether that meant we would have to give notice by the 1st of October this year, or did it mean we could give notice on the 1st of April, and it would be six months out from there?</li> <li>• Chrissy Tucker confirmed that we would need to give notice by October 2022 for April 2023.</li> <li>• The Chair felt we were in danger of missing a chance to rationalise some accommodation and asked if we really needed to have done the work on hybrid working to know that we were not going to need the ground floor at Cardinal Square? She asked whether we should not take advantage of that break clause that was coming up in October, or we could be stuck with that accommodation for a further 2 years?</li> <li>• Richard Wright agreed with the Chair.</li> <li>• The Chair asked Chrissy Tucker to take this away as an action and asked Helen Dillistone to take this back to the Executive Team for further discussion.</li> <li>• The Chair felt that we should also be looking to the future about options for staff to work out with partners; Scarsdale and Cardinal Square might not be the best locations, and this needed to be explored more.</li> <li>• Committee agreed to approve the Heads of Terms for the Scarsdale site.</li> </ul> <p><b>The Audit and Governance Committee:</b></p> <ul style="list-style-type: none"> <li>• <b>APPROVED</b> the Heads of Terms for the Memorandum of Terms of Occupation for the Scarsdale site at Chesterfield.</li> <li>• <b>NOTED</b> the update for Cardinal Square premises provided in the report.</li> </ul>	CT/HD
<b>FOR DISCUSSION</b>		
AG/2223/026	<p><b>Internal Audit</b></p> <p><b>Internal Audit Plan 2022/23</b></p> <p>Kevin Watkins reported that at its July 2022 meeting, the Audit and Governance Committee received a paper which provided an update on actions taken to date to develop an internal audit plan for the ICB. Since this meeting, further discussions had been held with the Audit and Governance Committee Chair and the Executive Team that had culminated in the preparation of the strategic plan covering the period 2022-2025. It was presented for approval along with the Internal Audit Charter, which summarised the scope of Internal Audit.</p> <p>The Plan included brief details of the scope of all audits that were scheduled to be completed in 2022/23, the first year of the 2022-2025 Strategic Plan.</p> <p>The following was highlighted:</p>	

	<ul style="list-style-type: none"> <li>• Plan on a page was included on P347 of the pack which gave an overall quick summary.</li> <li>• There was more detail contained in Appendix A which provided some narrative against each of those areas.</li> <li>• The risk management workshop was a piece of work that would be developed in conversation with Helen Dillistone, building on the outcome from the risk workshop with Deloitte's next month.</li> <li>• There may be a need to adjust some of the time in the plan to assist in the process/discussions around strategic risks and how the ICB would get assurances for those.</li> <li>• The Committee Effectiveness Review was a piece of work contained within the plan, which had come out of the second discussion that 360 Assurance had had with the Executive Team. One of the things that had emerged out of the first meeting with all of the team was Dr Clayton's desire to see at least part of the plan reflect the ICB's system leadership role, and one potential way of doing that was around looking at individual committees, not just in terms of how they operated as a Committee from a governance perspective, but bringing in things like the strategies in those areas, the work plans and how they would be delivered.</li> <li>• 360 Assurance had built a strategic plan around looking at those, although after further discussion with the Executive Team this had led 360 Assurance to believe that it was a good idea to work through the timing of those pieces of work. Although looking at the individual committees was key, it was felt they should be looked at later rather than sooner.</li> <li>• The Committees had been implemented at the beginning of the ICB's existence and there was a stated intention for their effectiveness to be reviewed after six months. It had been suggested that internal audit could help with that.</li> <li>• Regarding the citizen involvement Clinical Quality section of the Plan, 360 Assurance were suggesting that the public partnership committee had a deep dive and that had been included within that.</li> <li>• The financial sustainability review was a mandated piece of work that had come in from NHSE. It was based on a self-assessment questionnaire that the HFMA produced and NHSE had decided that they would like all NHS organisations to complete and have that process audited.</li> <li>• NHSE had also specified that it would be delivered from current internal audit resources. There was a proposal in this document that 360 Assurance were not going to carry out general ledger and cyclical key financial systems work this year only, so that they could resource that financial sustainability review. There were some aspects of the general ledger which they were keen to make sure were working when they delivered the head of internal opinion work. Areas such as control bank account reconciliations, completion of journals, separation of duties around that, uploading of the plan to the ledger and the financial reporting against the ledger. This would include some testing around those areas within the head of internal audit opinion because they were not included within the financial sustainability</li> </ul>	
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	<p>piece of work. 360 Assurance felt that they needed to complete this work, and that was why it had been built into the head of internal opinion for this year only, and then hopefully things would revert to normal next year after that mandated piece of work was done.</p> <ul style="list-style-type: none"> <li>• Richard Wright referred to the financial sustainability work, and asked whether it was based on the five-year plan as we would not get financial sustainability assurance out of a 1-year performance?</li> <li>• Kevin Watkins reported that he had not been able to look at it in detail yet, but that it was his understanding that it was quite a detailed self-assessment that the ICB had to do. The Terms of Reference for this piece of work would be presented to Committee by the end of this month. NHSE had defined a timetable for this, the assessment had to be done by end of September, and 360 Assurance had to complete their work by end of November. It would cover a wide range of aspects.</li> <li>• Darran Green reported that it was a set of 72 self-assessment questions of which the ICB would be expected to rate itself against them on a scale of 1-5. If you scored yourself anything from a 1-3 for each of those 72, you had to come up with an improvement plan. If you score yourself 4-5 you had to provide a considerable amount of documentary evidence to back up your positive self-assessment. It was noted that there would be a lot of work involved, but having looked at the self-assessment it was not all about financial sustainability in terms of a financial plan, there was also a lot of wide-ranging questions for example had we got appropriately qualified staff etc.</li> <li>• Richard Wright reported that it would be easy to place all this work on the finance team as an exercise, but financial stability did not just come from the finance team, it also came from operations and how we do things, staffing numbers and staffing policies. The finance just told us where we were at the end of the day. It was about how we operated as a system and how we spent our money; rather it was the triangulation of staff, operations and money.</li> <li>• Darran Green reported that we would involve, wherever possible, other colleagues in the ICB to complete the assessment.</li> <li>• The Chair reported that every NHS organisation would be having the same audit. She requested that when 360 Assurance had completed their work whether they would be able to give us some feedback about how we were doing as a system, together with any benchmarking from elsewhere.</li> <li>• The Terms of Reference for this piece of work would need to be signed off in the next 2-3 days. The Chair asked Kevin Watkins if he could do this virtually and include the HFMA document with it, so members could see the scope of what it covered.</li> <li>• The Chair referred to the governance and risk management work and highlighted the second sentence that talked about the review considering the risk transition arrangements, including the mapping of CCG risks into the ICB. She asked that not too much time be spent on that as Committee had seen a report that</li> </ul>	<p>KW</p>
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	<p>had that mapping in there. She felt the value would be seen on how we had moved on from that.</p> <ul style="list-style-type: none"> <li>• Richard Wright reported that the comments on the framework regarding what 'good' looks like was interesting, but he felt that this work was being planned too early and he would rather it be done next year.</li> <li>• Kevin Watkins agreed with this comment and explained there were many challenges of putting a plan together for an ICB. The whole concept of doing it a bit later could probably apply to most of what 360 Assurance was auditing. This work was being phased for Q4 for that very reason, and secondly 360 Assurance had that audit in several clients plans. It was hoped that they would be able to bring comparisons across what others were doing on it. He explained that it had been identified as an advisory piece of work because it was appreciated the framework was early in the Plan, and they were trying to get an early look to see how the ICB was doing.</li> <li>• It was noted that 360 Assurance would not necessarily provide a formal opinion statement on a piece of work like this as it was advisory.</li> <li>• The Chair asked how 360 Assurance would get assurance on the ICB's role as a system leader. She reported that internal auditors would look at what was being done across the system in terms of giving assurance to the ICB on their role, which was work that the ICB would fund. But there might be other bits of work where we would want 360 Assurance to do some cross cutting to get a perspective to include all trusts, where everybody would get some value from it. The ICB would be looking for other bodies to share the funding on this work. She asked 360 Assurance to give some early thought to this and to come along to chat to the Audit Chair Group at an early stage, and before they got into planning stage, to set out the sort of work that might fall into both of those two categories.</li> <li>• Kevin Watkins reported that within the plan, he was having conversations around the post payment verification service which had been provided to the CCGs prior to the pandemic; very little had been done since the pandemic. It was not specifically directly part of the ICBs internal audit plan, but it was an assurance source, and that was why it had been included as a line in the plan overall. Kevin Watkins acknowledged that 360 Assurance were having ongoing conversations with the primary care team, linking in with Darran Green on what that piece of work may look like. The timing around accessing GPs was an ongoing conversation, and when this had been finalised as a proposal it would be brought back to Committee.</li> <li>• The Chair challenged why we were still doing this, and asked why it was just for GPs as we were no longer a member organisation?</li> <li>• Darran Green reported that when we started looking at PPV, it was prior to practices being member organisations, and the reason for doing it was because of the high trust nature of how those payments were made. Normally when we made payments through any provider or anybody for goods and services there</li> </ul>	
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	<p>was a clear trail of goods being received. The PPV work was about doing a sample check to ensure that we were getting value for money.</p> <p><b>The Audit and Governance Committee APPROVED the 2022-2025 Strategic Internal Audit Plan for the ICB and NOTED the 2022/23 Internal Audit Charter.</b></p>	
<p><b>AG/2223/027</b></p>	<p><b>Internal Audit Recommendations Tracker</b></p> <p>Chrissy Tucker reported that the purpose of this paper was to assure the Audit and Governance Committee of the status and completion of the recommendations made to the organisation following any internal audits completed by 360 Assurance. The Committee was also required to review these actions to ensure that they were being implemented within the agreed completion dates.</p> <p>The Internal Audit Recommendations Tracker detailed the recommendations required from the outcome of the individual audit reports. Responsible leads were required to upload evidence to demonstrate the completion of the required recommendations and actions. The online tracker also identified those that were outstanding, and the Corporate Delivery Team were required to monitor and request updates on the completion of these to ensure that the ICB meets its aim of a 100% completion on all actions. This percentage was a key area of the Head of Internal Audit Opinion.</p> <p>The Internal Audit Recommendations Tracker identified two outstanding actions which both have a deadline due date of 30<sup>th</sup> September 2022.</p> <p>The Chair reported that the tracker gave a good indication of where we were at, but that she was not able to see what the original implementation dates were, it only indicated when items were outstanding. Chrissy Tucker agreed to amend the tracker to include the original implementation dates.</p> <p><b>The Audit and Governance Committee REVIEWED and NOTED the Internal Audit Recommendations Tracker.</b></p>	<p>CT</p>
<p><b>AG/2223/028</b></p>	<p><b>Month 4 ICB Financial Position Review</b></p> <p>Darran Green reported that this paper presented the financial position of Derby and Derbyshire ICB for period end 31<sup>st</sup> July 2022 as a statutory body. It highlighted the key areas where we had income and expenditure challenges, as well as summarising the efficiencies position for Derby and Derbyshire ICB.</p> <p>The following was noted:</p> <ul style="list-style-type: none"> <li>• All JUCD organisations were committed to delivering a break-even position for this financial year including the ICB.</li> <li>• The first page of the report sets out the statutory duties of the ICB.</li> </ul>	

	<ul style="list-style-type: none"> <li>• The ICB was achieving the duty to keep expenditure within planned levels and meeting the duty to remain within running cost allowance.</li> <li>• However, the duty to remain within delegated Primary Care Co-commissioning allocation was forecast not to be achieved. This was due to the level of expenditure that we were forecasting to commit under the national contracts for GMS PMS as set out by NHSEI exceeded the allocation that NHSEI were giving us.</li> <li>• NHSEI were committing us to more expenditure than under the delegation agreement, than they were funding us. This had been highlighted to NHSEI and they were closely monitoring the situation. If we did spend a level of expenditure greater than what they had already allocated, they had indicated that additional funding would be refunded. NHSEI were waiting for us to spend that money first rather than give us the money and then have to claw it back.</li> <li>• In terms of the ICB's position we were reporting breakeven, but we did recognise that at the current run rate, the most likely scenario was that we would have an £11m deficit, and this was driven by the non-delivery of efficiencies and in year pressures against plan on Continuing Healthcare and high-cost Learning Disability placements.</li> <li>• That £11m did give us a considerable amount to achieve to deliver that breakeven.</li> <li>• That £11m also made some assumptions in terms of the level of efficiencies that would be delivered between now and the end of the year.</li> <li>• It assumed that there would be no national clawback relating to the Elective Recovery Fund.</li> <li>• There was an assumption that we would have a reduction in some of the Better Care Fund expenditure we had planned on making but would still mean we met all the requirements of the Better Care Fund.</li> <li>• It also assumed that prescribing spend would come back within plan between now and the end of the year.</li> <li>• It was noted that there was a worst-case scenario that involved some of those things not happening and that would take us out towards a £30m deficit.</li> <li>• The Chair reported that she was surprised to see the Primary Care overspending and was concerned about that as she had not been made aware of it.</li> <li>• It was noted that managerial leads had been asked to urgently meet with ePMO and finance colleagues to mobilise a robust recovery plan and provide assurance that all financial responsibilities would be met.</li> <li>• The Chair asked whether managerial leads were responding, and if not more needed to be done to encourage them to do so? She wanted assurance that staff were engaged in this and that it was not just the Finance Teams responsibility; managers needed to be actively engaged in helping to bridge these gaps and deliver some of these efficiencies.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Darran Green reported that there was a desire for all to come together, but that assurance should not stretch as far as saying that delivery of these efficiencies would be something that was easy to do. It was noted that there was a considerable amount of work to be done.</li> <li>• It was noted that the primary care issue was outside of the £11m; it was primarily made up of efficiencies that we had in the planning assumption around the £27m worth of investments.</li> <li>• Darran Green clarified that the £27m was work that we had agreed we were not going to commission but found 3 weeks later we had commissioned quite a lot of it. There was about £30m of pure efficiencies that we had planned to deliver. There was a lot of prescribing and there were some non-recurrent technical balance sheet benefits that may come to fruition, but the £27m sits outside of these.</li> <li>• Darran Green reported that if we did not get traction on this in the next couple of weeks, it would be escalated as an issue.</li> <li>• The Chair reported that committee was not currently assured on the financial position, but thanked Darran Green for his report.</li> </ul> <p><b>The Audit and Governance Committee NOTED the M4 ICB Financial Position.</b></p>	
<p><b>AG/2223/029</b></p>	<p><b>Audit and Governance Committee Forward Plan</b></p> <p>Helen Dillistone reported that further to the discussions held at the Audit and Governance Committee on the 19 July, the forward planner had been updated accordingly.</p> <p>The Forward Plan attached at Appendix 1, sets out the plan of the work programme for the Audit and Governance Committee for the year 2022/23.</p> <p><b>The Audit and Governance Committee NOTED the Forward Plan for the Committee.</b></p> <p><b>Andrew Cardoza, KPMG, left the meeting.</b></p>	
<b>FOR CORPORATE ASSURANCE</b>		
<p><b>AG/2223/030</b></p>	<p><b>Freedom of Information Report Q1 2022-23</b></p> <p>Chrissy Tucker informed members that the purpose of the report was to provide assurance on the ICB's performance in meeting our statutory duties in responding to requests made under the Freedom of Information Act.</p> <p>This report provided details of the former Derby and Derbyshire CCG's compliance under the Freedom of Information Act (2000) in Quarter 1 (April – June) of 2022/23. Requests made under the Freedom of Information Act were handled by the ICB's Communications Team.</p> <p>During Quarter April-June 2022:</p>	

	<ul style="list-style-type: none"> <li>• FOI numbers had increased, with 47 FOI requests received compared to 36 in Quarter 4 of 2022/23. This was in line with previous years where April had often seen a high number of requests received.</li> <li>• No requests were responded to during this quarter outside the statutory timescale of within 20 working days of receipt.</li> <li>• 41 responses were sent.</li> <li>• 6 responses included exemptions under the Freedom of Information Act.</li> <li>• 1 request for internal review was received and responded to.</li> </ul> <p>The Chair reported that it would be interesting to see if the nature of requests changed now that we had become an ICB.</p> <p><b>The Audit and Governance Committee RECEIVED the quarterly report for April to June 2022 on the ICB's (formerly CCG's) performance in meeting our statutory duties in responding to requests made under the Freedom of Information Act.</b></p>	
<p><b>AG/2223/031</b></p>	<p><b>Complaints Report Q1 2022-23</b></p> <p>Lisa Butler explained that the Complaints report summarised activity and performance in Quarter 1 2022/23 against previous quarters, highlighting the main themes from complaints received, and identified any learning or actions arising from the cases closed.</p> <p>NHS Derbyshire Integrated Care Board (ICB) was established as a statutory organisation on 1<sup>st</sup> July 2022 and the former NHC Derby and Derbyshire Clinical Commissioning Group (CCG) was abolished on 30<sup>th</sup> June 2022.</p> <p>The report related to the CCG closing Quarter 1 (1<sup>st</sup> April 2022 to 30<sup>th</sup> June 2022) and was being reported to the ICB Audit and Governance Committee for information and assurance.</p> <p>The following was noted:</p> <ul style="list-style-type: none"> <li>• The Chair reported that she was pleased to see the section on learning.</li> <li>• Dr Dhadda referred to the complaint that was resting with the PHSO and asked whether there was a timeframe as to when we could expect a formal reply?</li> <li>• Lisa Butler reported we have just submitted the complaint file. The Ombudsmen would do an initial review and if they felt it could be resolved informally, they would come back to us with a suggestion of how that could be done. Or they may decide to do a more in-depth investigation.</li> <li>• Lisa Butler gave a brief background regarding this complaint to Committee.</li> <li>• Richard Wright reported that this was a complaints report for the former CCG, and asked whether it was anticipated whether</li> </ul>	

	<p>complaints going forwards would differ now that we had become an ICB?</p> <ul style="list-style-type: none"> <li>• Lisa Butler reported that she felt that the scope of this report would not change a great deal in Q2 (October). We would have the same focus even though we were now an ICB and technically we were the Commissioners of GP services, the complaints element of that had been retained by NHSE and that would not be transferred over to us until April next year when the rest of Primary Care comes under the Commissioner responsibilities for the ICB.</li> <li>• It was noted that Lisa Butler did separate reports for the Primary Care team based on the information that her intelligence team gathered from our PALs service.</li> <li>• We did still receive complaints about GP services, but we were not the organisation to handle those; we certainly would not investigate them but ensured that got passed on either to NHSE or to a Practice Manager.</li> <li>• It was noted that we would still triangulate that information and Lisa Butler provided a report to the Primary Care Quality Team that looked at the complaints intelligence that we had gathered and the information we received through the PALs contacts as well.</li> <li>• Dr Dhadda felt this report was more about the commissioning side of things. It was noted that the provider complaints were looked at in the CQRMs; they received a monthly detailed complaints report where they looked for themes from that, which fed into the Quality and Performance Committee eventually.</li> <li>• It was noted that in the past we had handled as Commissioner, multi-agency complaints.</li> <li>• New complaint standards were due to be issued in April 2023 with an inference that if it was too difficult to identify which organisation should lead (because we all had a duty to cooperate), then perhaps the Commissioner might be the best place to lead on those complaints. Some of those complaints could be incredibly complex.</li> </ul> <p><b>The Audit and Governance Committee NOTED the Complaints Report Quarter 1 2022/23.</b></p>	
<p><b>AG/2223/032</b></p>	<p><b>Digital and Cyber Security Report</b></p> <p>Chrissy Tucker explained this report was to provide assurance to the ICB that Primary Care and Corporate IT Services were being managed effectively. The report covered a number of areas of work for the Digital Development Team supported by NECS as our commissioned IT provider.</p> <p>The following three items were noted:</p> <p><b>GPIT Business As Usual (BAU):</b></p>	

	<ul style="list-style-type: none"> <li>• It was noted that we had a budget that was slightly reduced from where we had envisaged; this would affect our replacement programme for GPIT kit (hardware).</li> <li>• We currently had a replacement programme that renewed kit on a regular basis. The reduced budget would not mean that the kit would become unusable or redundant; just that we could not replace the kit as soon as we would have liked.</li> <li>• It was noted that communications had been sent to GPs regarding this.</li> <li>• We had had a conversation with the LMC to ensure that we could operate effectively within this budget and there would be a Quality Impact Assessment to ensure that we did not suffer any clinical impact from this and once complete it would be submitted to SLT.</li> </ul> <p><b>NHS Mail Account Validation:</b></p> <ul style="list-style-type: none"> <li>• As part of moving to the ICB and moving to Office 365, we had done a review of all our NHS mail accounts.</li> <li>• Some accounts had been set up as though they are an individual e-mail address, but the username and password had been shared across multiple people and therefore it was difficult to identify who it was that was accessing the account and therefore it was an IG risk.</li> <li>• These had been replaced over time with the shared mailbox, which removed that risk. It had meant that the email address has had to be changed.</li> <li>• We had received some concerns from our practices where they had given those email addresses and inbox addresses to agencies for use. Consequently, it had been decided to put an auto forward in place so that correspondence was not lost and over time it would transfer to that new inbox.</li> </ul> <p><b>Outage Issues:</b></p> <ul style="list-style-type: none"> <li>• There had been a local outage issue about a month ago regarding accessing remotely.</li> <li>• Our digital provider NECs were to provide a root cause analysis, and once received, would be provided to this Committee as part of an update in due course.</li> <li>• A second issue was still ongoing, which was a national one regarding Adastra.</li> <li>• Dr Dhadda asked how practices were informed of these types of issues, and how would they know whether it was a national or local issue; was there a central channel of communication such as Facebook that a practice could access rather than ringing IT helpdesk?</li> <li>• Chrissy Tucker reported that it depended on how quickly IT became aware of an issue, NECs would normally email out to organisations, the corporate team, and practices to inform them of a network outage and giving a time of the next review.</li> </ul>	
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	<p><b>The Audit and Governance Committee RECEIVED the Digital and Cyber Security Report.</b></p>	
<p><b>AG/2223/033</b></p>	<p><b>Information Governance Report</b></p> <p>Chrissy Tucker reported that this update provided an overview of the operational activities of the IG team, and assurance of compliance work undertaken in advance of the next Data Security and Protection Toolkit submission for 2022/23.</p> <p>The report provided an overview of the activity of the IG team including DPIAs; IG Incidents trend reporting; Data Security and Protection Toolkit delivery; IG issues and queries; and Data Security Awareness Level One Training compliance.</p> <p>It was noted that there had been no incidents reportable to the Information Commissioners Office during the period.</p> <p>The following was highlighted:</p> <ul style="list-style-type: none"> <li>• The ICB had a changed status as a Category 1 organisation (previously Category 2). This had meant a change to the expectations and standards of the DSPT for the ICB. These changes had been described to the cyber security teams within NECS who had confirmed their experience of support for Category 1 organisations, and their capabilities to support the ICB for the 2022/23 DSPT submission.</li> <li>• Data Protection Impact Assessment (DPIA) Templates had been updated to change references to the ICB from CCG.</li> <li>• We were currently reviewing some data protection impact assessment templates to do with Microsoft Office 365. Where for the FPIT operating model, the ICB had to fully implement all elements of Microsoft Office 365 for general practices.</li> <li>• We were currently doing some work to make sure we were identifying any risks and mitigating them adequately prior to releasing any of the Apps that were involved with Office 365.</li> <li>• As far as instances were concerned, they tended to be around finance mainly. It was noted that these incidents were being reported and the organisation knows to do that. The reason they happen was sometimes there was person identifiable data on invoices that come through to the organisation.</li> <li>• When that happened the provider was made aware that the ICB was not permitted to receive that level of information and that usually resolved the matter. If it was to recur with the same provider, then it would be escalated.</li> <li>• Chrissy Tucker highlighted the Prospective Access to GP Patient Records; patients would be able to access their GP records automatically with effect from 1st of November, except where the practice might wish to withhold access, due to a safeguarding or another legitimate concern.</li> <li>• It was noted that we were working with NHSE, NECs and our Primary Care colleagues to understand the impact of this work</li> </ul>	

	<p>on our general practices, to ensure we had got adequate training and support in place.</p> <p><b>The Audit &amp; Governance Committee RECEIVED the Information Governance update for June to August 2022.</b></p>	
<p><b>AG/2223/034</b></p>	<p><b>Risk Register and Board Assurance Framework Update</b></p> <p>Helen Dillistone reported that this item had already been covered in the earlier discussions regarding the Risk Management Strategy and there was nothing further to add.</p> <p>It was noted that a workshop was planned on 15<sup>th</sup> September with Board members and Deloittes regarding strategic risks, and a further tentative date was being held in early October for another workshop if needed.</p> <p>Helen Dillistone reported that she was in discussion with Kevin Watkins as to whether he should also attend the workshops.</p>	
<p><b>FOR INFORMATION</b></p>		
<p><b>AG/2223/035</b></p>	<p><b>Committee Meeting Log</b></p> <p>Helen Dillistone explained that the purpose of this paper was to inform the Audit and Governance Committee of the discussions and decisions made at NHS Derby and Derbyshire ICB Committees.</p> <p>The Committee meeting log defined the arrangements for oversight of each of the Committees and allowed any areas of concern or escalation to the ICB Board. This ensured the organisation adhered to good governance and internal audit best practice.</p> <p>The purpose of this paper was to inform the Audit and Governance Committee of the discussions and decisions made at the following NHS Derby and Derbyshire ICB Committees:</p> <ul style="list-style-type: none"> <li>• Finance &amp; Estates</li> <li>• People &amp; Culture</li> <li>• Population Health &amp; Strategic Commissioning</li> <li>• Quality &amp; Performance</li> </ul> <p>It was noted that the Public Partnerships Committee held a pre-meet prior to their August meeting, and this facilitated a discussion on the CCG Engagement Committee handover, role, and purpose of the Committee (the meeting was not minuted).</p> <p><b>The Audit and Governance Committee NOTED the Committee Meeting Log.</b></p>	

<p><b>AG/2223/036</b></p>	<p><b>Non-Clinical Adverse Incidents</b></p> <p>Chrissy Tucker gave a verbal update on a Non-Clinical Adverse Incident and highlighted the following:</p> <ul style="list-style-type: none"> <li>• There had been an outage of some third-party software, and this had been a national incident.</li> <li>• At the beginning of August, we were made aware that a third-party software supply had been subject to an external cyber incident.</li> <li>• Our software called Aداstra was plugged into that software supplier. Aداstra was a clinical patient management system used by DHU 111 providers and EMAS.</li> <li>• It was a ransomware attack; this information was kept confidential initially but was now in the public domain.</li> <li>• All services using the software were taken offline while it was investigated, but it was believed that there was no cyber security threat to the NHS, and NHS organisations had ensured they had got all the sufficient cyber security measures in place to protect our own data and the National Cyber Security Centre were supporting the incident.</li> <li>• This was being treated as a national incident under EPRR management of the Regional Team.</li> <li>• The incident was ongoing; we had regular regional calls to find out what the position was. It had been slow to get things back online, and testing was ongoing to see if systems were ready to start to ensure there were no issues before they switched on properly.</li> <li>• It was noted that DHU had been switched on yesterday, and they had been checking the DOS, which was the mechanism by which all the pathways were logged and highlighted to ensure all those were still correct.</li> <li>• There was to be a debrief of the incident in due course, which would be brought to a future meeting of this Committee.</li> <li>• The main impact of the outage was that DHU 111 and EMAS had not been able to electronically book patients into appointments eg urgent care centres, GP practices or ED and so NHS 111 had been having to use paper records. There was going to be quite a lot of catching up for them to put all those paper records back into the electronic system.</li> <li>• It was hoped that there may be some national help around that in terms of financial resources.</li> <li>• The Chair asked whether there had been any patient harm as a consequence of this incident?</li> <li>• Chrissy Tucker reported it had been more of an administrative problem; NHS 111 had still managed to divert patients, but probably not as effectively as they could have done with the software working.</li> <li>• Dr Dhadda reported that the patient safety aspect of it was difficult to determine now because GP practices relied on electronic correspondence from DHU for patients that were seen out of hours and treated accordingly, this link had been</li> </ul>	
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	<p>broken. Clinicians relied on that paperwork being received in a timely manner to know what had been done with a patient during the night or over the weekend.</p> <p><b>Audit and Governance Committee NOTED the Non-Clinical Adverse Incidents Update given by Chrissy Tucker.</b></p>	
<b>MINUTES AND MATTERS ARISING</b>		
<b>AG/2223/037</b>	<p><b>Minutes from the Audit and Governance Committee meeting held on 19 July 2022</b></p> <p>The minutes from the meeting held on 19 July 2022 were agreed as a true and accurate record.</p>	
<b>AG/2223/038</b>	<p><b>Action Log from the Audit Committee meeting held on 19 July 2022.</b></p> <p>The action log was reviewed.</p>	
<b>AG/2223/039</b>	<p><b>Any Other Business</b></p> <p>No other business was raised.</p>	
<b>CLOSING ITEMS</b>		
<b>AG/2223/040</b>	<p><b>Assurance Questions</b></p> <ul style="list-style-type: none"> <li>• Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? Yes.</li> <li>• 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.</li> <li>• Were papers that have already been reported on at another committee presented to you in a summary form? Yes.</li> <li>• Was the content of the papers suitable and appropriate for the public domain? Not entirely.</li> <li>• 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? Yes.</li> </ul>	

	<ul style="list-style-type: none"> <li>• 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.</li> <li>• What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting?  None.</li> </ul>	
<b>DATE AND TIME OF NEXT MEETING</b>		
<b>Date:</b> Tuesday 13 September 2022		
<b>Time:</b> 9.30am		
<b>Venue:</b> MS Teams		

Signed: ..... Dated: .....  
(Chair)

**MINUTES OF THE AUDIT AND GOVERNANCE COMMITTEE**

**HELD ON 13 SEPTEMBER 2022 VIA MS TEAMS AT 9.30AM**

<b>Present:</b>		
Sue Sunderland	SS	Non-Executive Director/Audit Chair
Richard Wright	RW	Non-Executive Director
<b>In Attendance:</b>		
Andrew Cardoza	AC	Audit Director, KPMG (part attendance)
Joanna Clarke	JC	360 Assurance
Helen Dillistone	HD	Executive Director of Corporate Affairs
Chloe Foreman	CM	Acting Senior Finance Manager
Lucinda Frearson	LF	EA to Helen Dillistone (Admin)
Darran Green	DG	Acting Operational Director of Finance
Keith Griffiths	KG	Chief Finance Officer
Lisa Innes	LI	Associate Director of Procurement, Arden & GEM (part attendance)
Donna Johnson	DJ	Acting Assistant Chief Finance Officer
Usman Niazi	UN	Client Manager, 360 Assurance
Fran Palmer	FP	Corporate Governance Manager
Suzanne Pickering	SP	Head of Governance
Chrissy Tucker	CT	Director of Corporate Delivery (part attendance)
Kevin Watkins	KW	Business Associate, 360 Assurance
<b>Apologies:</b>		
Dr Buk Dhadha	BD	GP

<b>Item No.</b>	<b>Item</b>	<b>Action</b>
<b>AG/2223/041</b>	<p><b>Welcome, introductions and apologies</b></p> <p>Sue Sunderland (SS) as Chair welcomed all members to the meeting along with Usman Niazi (UN) who was attending for the first time.</p> <p>Apologies were received from Dr Buk Dhadha.</p>	
<b>AG/2223/042</b>	<p><b>Confirmation of quoracy</b></p> <p>The Chair declared the meeting quorate.</p>	
<b>AG/2223/043</b>	<p><b>Declarations of Interest</b></p> <p>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 Integrated Care Board (ICB).</p> <p>Declarations declared by members of the Audit and Governance Committee are listed in the ICB's Register of Interests and included with the meeting papers. The Register is also available either via</p>	

	<p>the Executive Assistant to the Board or the ICB website at the following link: <a href="http://www.derbyandderbyshire.icb.nhs.uk">www.derbyandderbyshire.icb.nhs.uk</a></p> <p>No declarations of interest were made at today's meeting.</p>	
<b>FOR DECISION</b>		
<p><b>AG/2223/044</b></p>	<p><b>Audit and Governance Policies</b></p> <p>Helen Dillistone (HD) presented 3 policies, and a strategy for assurance and information: -</p> <p><b>Violence Prevention and Reduction Policy and Strategy:</b> Committee were advised there were no significant material changes to this Policy. These were a lift and shift ICB review from the Clinical Commissioning Group (CCG).</p> <p><b>Audit and Governance Committee APPROVED the Violence Prevention and Reduction Policy and Strategy.</b></p> <p><b>Commercial Sponsorship and Joint Working with the Pharmaceutical Industry Policy:</b> This policy had been reviewed and updated with the following material changes:</p> <ul style="list-style-type: none"> <li>• <u>Terminology:</u> <ul style="list-style-type: none"> <li>○ definition of Medical and Educational Goods and Services (MEGS) expanded to include donations [ref: ABPI 2021 Code of Practice, clause 23].</li> <li>○ requirements for certificatory and instances where certification is required [ref: ABPI 2021 Code of Practice, clause 8].</li> </ul> </li> <li>• <u>Sponsorship</u> – no payment may be offered or paid to individuals to compensate merely for the time spent in attending events/meetings [ref: ABPI 2021 Code of Practice, clause 10.2].</li> <li>• <u>Medical and Educational Goods and Services</u> – addition of requirements of 'medical and educational goods and services' [ref: ABPI 2021 Code of Practice, clause 23].</li> <li>• <u>Educational meetings and training arranged by the ICB</u> – requirement for written agreement and breakdown of costs added [ref: ABPI 2021 Code of Practice, clause 10.3].</li> <li>• <u>Collaborative Working</u> – requirement for certification of all materials related to joint working added [ref: ABPI 2021 Code of Practice, clause 8].</li> <li>• <u>Best Practice recommendations</u> – quick start reference guide replaced by ten step process (awaiting confirmation from ABPI/ PMCPA re superseded document); and</li> <li>• <u>Agreement for donations and grants</u> – added to Appendix 4.</li> </ul> <p>The following comments and questions were raised:</p>	



	<p><b>Audit and Governance Committee APPROVED the Media and Social Media Policy.</b></p>	
<p><b>FOR DISCUSSION</b></p>		
<p><b>AG/2223/045</b></p>	<p><b>Draft Derby and Derbyshire CCG Annual Accounts Month 3 – April to June 2022/23</b></p> <p>Donna Johnson (DJ) presented this report the purpose of the report being to assure the Audit and Governance Committee of the current progress of the CCG's annual accounts April to June 2022/23.</p> <p>Only detailed numbers so far had been submitted to NHS England the draft accounts and annual report have not yet been submitted. The annual report was due to be submitted early October excluding the accounts. There were some anomalies located within the report which shall be amended, and a revised draft circulated following the meeting, with that version being audited by KPMG.</p> <p>Highlights from the presentation: -</p> <ul style="list-style-type: none"> <li>• There had been no changes to the accounting policies presented to the Committee in July 2022. Changes to the accounting policies following the Committees recommendation will be Prescribing as a Source of uncertainty.</li> <li>• All financial performance duties have been met in the year with the CCG having a breakeven position.</li> <li>• Better Payment Practice Code due to teams continued efforts have passed targets with over 99% of NHS and non-NHS invoices being paid within 30 days of receipt.</li> <li>• Operating Revenue saw some national funding in year to 31 March and not continued into Q1.</li> <li>• Numbers are largely consistent for employee benefits with a small increase in permanent staff and reduction in agency staff and is reflected in consistent value of staff costs seen on the net expenditure.</li> <li>• Operating Expenses, largely numbers are comparable which reflects the continued financial regime in Q1 compared to that in 2021/22. Movements over 10% were: -             <ul style="list-style-type: none"> <li>○ Other CCGs and NHS England increase of £1.1m in extrapolated position and mainly around primary care.</li> <li>○ Social Care – decrease of £9.6m primarily due to the BCF which received an additional £10m in the previous year and not repeated.</li> <li>○ Supplies and Services – increase of £4.5m consisting of £5.4m of aging well programme spent in 22/23 2.2m for long covid clinics 22/23 and offset by 2.7m non-recurrent programme support received in 21/22.</li> <li>○ Establishment – decrease of 1.8m aligned with primary care.</li> </ul> </li> </ul>	<p><b>DJ</b></p>

	<ul style="list-style-type: none"> <li>○ Premises decrease relates to capitalisation of HQ buildings under IFS16 those rental payments go to reduce the liability on the balance sheet and also in 21/22 there was back dated invoices for subsidies the CCG were not aware of at that time.</li> <li>● Leases are a new note for this year due to the adoption of IFS16. Capitalised our headquarter leases and the payment for 3 years has been introduced as an asset and liability. Monthly invoices for these headquarters' buildings reduce our liability.</li> <li>● Trade and other receivables have increased by £4.4m largely driven by pre-payments for GP premises of £1.7m, GP quality schedule pre-payment of £0.6m hospices care co-ordination of £1.8m and accrued income of £1.87 mainly relates to a £1.7m negative creditor balance with Derbyshire County Council.</li> <li>● Receivables show there are almost no balances over 3 months which highlights the key working to recover debts and supports assertion that our debts are recoverable and need not be written off.             <ul style="list-style-type: none"> <li>○ NHS debt Includes a single invoice for £350k for NECS CSU</li> <li>○ Non-NHS balance includes £118k for Derbyshire County Council for CHC and LD charges.</li> </ul> </li> <li>● Trade and other payables – Overall increased by £17.2m which represents a 17% increase on prior years despite having only one quarter of expenditure. NHS revenues decreased by £1.8m, in contrast NHS accruals increased by £24.5m. non-NHS payables decreased by £3.3m due to cash availability at the end of the period.</li> <li>● Provisions – A breakdown was provided on each division to make up the balances.             <ul style="list-style-type: none"> <li>○ Dilapidation is the longer-term provision to restore our headquarters should we leave these buildings with no change in the period.</li> <li>○ Mills &amp; Reeves aware in 2021/22 and has a corresponding contingency of £107k.</li> <li>○ CHC relates to the retrospective claims some cases have been concluded hence £377k utilisation.</li> <li>○ Other balances brought forward have had minimal movement as only 3 months into the year however new provisions include increase in PCN, roles and redundancy of one of the CCG Exec Directors (details of the later is in exit package note within the report. (APP).</li> <li>○ ETTF is the estates tech transformation fund with a small amount of spend.</li> </ul> </li> <li>● Related Party Transactions – based on declarations made by Board members – this is one of the account areas that requires updating. Shows payments made, what is owed to related party as of 30 June what CCG has received and what the CCG is owed as of 30 June.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Annual report – does not require copy of annual a/c nor the staff remuneration report and will be worked up for September ready for KPMG audit. Note that the NHS business services authority will not be releasing the pension valuation and calculations for the 3-month period for the remuneration reports.</li> <li>• Next Steps: <ul style="list-style-type: none"> <li>○ There is still much to be confirmed, external audit will start October 22 a definitive date is still yet to be confirmed with KPMG.</li> <li>○ It was hoped KPMG would have the ISA 260 prepared by the end of November, early December as they are hoping to do on a national basis to give consistency.</li> <li>○ Audited Accounts – tbc</li> <li>○ General Ledger re-opens (audit Adjustments) – tbc</li> <li>○ Confirmation that General Ledger agrees to approved accounts - tbc</li> <li>○ Issue of signed audit opinions – tbc</li> <li>○ Audited accounts submitted to NHS England before 27 June – tbc</li> <li>○ Publication of accounts - tbc</li> </ul> </li> </ul> <p>JD noted her thanks to the finance team emphasising the difficulty in moving from one set of accounts to another alongside the transition and their commitment and continued hard work to deliver these set of accounts, which was echoed by the Committee.</p> <p>The following comments and questions were raised:</p> <ul style="list-style-type: none"> <li>• RW asked how Covid income and expenditure were trending compared to last year. JD explained Covid income had reduced but Covid pressures continue, which as a system was being highlighted nationally. NHS England had requested Covid costs not to be included.</li> <li>• Regarding the Primary Care network roles, SS enquired whether the delays were due to the money being claimed from PCNs. DJ advised that there had been a Memorandum of Understanding (MOU) with NHS England to appoint additional posts within primary care and that had been delayed due to Covid with a commitment to still deliver.</li> <li>• SS queried the treatment of ICB designate members payments and whether they were included in the accounts and if they would come out in the remuneration report. DJ was not expecting to include new ICB members at this stage but something that would be considered. Costs were included but whether they are disclosed as individuals DJ did not think that would be the case.</li> <li>• RW wished to know whether the closing accounts were forming the opening accounts for the ICB accounts and</li> </ul>	
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	<p>what changers were anticipated going forward reflecting the role of an ICB. The annual accounts follow reporting standards so would not look different, but the annual report may do moving from commissioner to integrated care.</p> <ul style="list-style-type: none"> <li>• Keith Griffiths (KG) noted thanks to DJ for her work, leadership and contribution and also noted thanks to the team that she had led to complete the work which was echoed by the Committee.</li> <li>• KG reminded colleagues that the deficit currently sits on the ICB books and wished to keep people sighted on. A resolution was required for the system deficit from provider organisations.</li> </ul> <p><b>The Audit and Governance Committee ACCEPTED the Draft Derby and Derbyshire CCG Annual Accounts Month 3 – April to June 2022/23.</b></p>	
	<p>Audit and Governance Committee took a 15-minute break at 10.15am to enable members to join in a remembrance session for her Majesty Queen Elizabeth II following her death.</p>	
<p><b>AG/2223/046</b></p>	<p><b>Draft CCG Annual Report and Governance Statement Month 3 – April to June 2022/23</b></p> <p>Suzanne Pickering (SP) informed members the purpose of the paper was to assure the Audit and Governance Committee of the current progress of the CCG's Annual Report and Governance Statement 2022/23, April to June 2022. The draft final CCG Annual Report had been produced in accordance with the guidance and template as directed by NHS England. Submission date was the 05 October 2022 and will be reviewed and approved by Dr Chris Clayton, Chief Executive Officer, prior to the submission.</p> <p>The following comments and questions were raised:</p> <ul style="list-style-type: none"> <li>• SS commented that although the report covered a small period of time it gave a good picture of the work focused on and suggested the following changes: - <ul style="list-style-type: none"> <li>– Pg 8: Performance during the year which should read 3 months.</li> <li>– Pg 21: Cancer, the first sentence was difficult to understand and suggested relooking at the wording.</li> <li>– Pg 22: Mixed sex accommodation, talks about 10 breaches of the standard which seemed a lot for 3 months and suggesting checking the figure.</li> <li>– Pg 27: Integrated Community Care, was there anything specific that could be added for this quarter.</li> </ul> </li> <li>• RW commented that there were areas that highlighted activities that had been implemented but felt what was</li> </ul>	

	<p>missing was whether these succeeded or not and their outcomes.</p> <p><b>The Audit and Governance Committee DISCUSSED and NOTED the report.</b></p>	
<p><b>AG/2223/047</b></p>	<p><b>Internal Audit</b></p> <p><b>Head of Internal Audit Opinion (April to June 2022)</b></p> <p>Kevin Watkins (KW) informed Committee that his interim report was provided to the organisation in advance of the final Head of Internal Audit Opinion. The report contains details of KW's indicative opinion and a summary of the delivery of Derby and Derbyshire CCG's internal audit service for the period 1 April to 30 June 2022. The opinion is provided in the context that the CCG was in the process of transitioning to an ICB and relates to the internal audit work undertaken in Quarter 1 of 2022/23 only.</p> <p>The report provides an interim opinion of significant assurance that there is a generally sound framework of governance, risk management and control designed to meet the organisation's objectives, and that controls are generally being applied consistently.</p> <p>The key message was, appropriate arrangements continue to be in place across the 3-month period which has led to an interim significant assurance opinion being issued. An interim opinion has to be issued with a final being issued closer to the date of the actual submission of accounts as guidance indicates. At this stage no significant changes are anticipated but there is an obligation to keep open.</p> <p>The following comments and questions were raised:</p> <ul style="list-style-type: none"> <li>• SS felt comfortable with the level of assurance given and appreciated the approach taken.</li> <li>• RW highlighted sustainability which will be quite different going forward.</li> </ul> <p><b>The Audit and Governance Committee ACCEPTED the Head of Internal Audit Opinion (April to June 2022).</b></p> <p><b>Counter Fraud 2022-23 Plan</b></p> <p>JC presented the Counter Fraud Plan which had been developed through consideration of the former Derby and Derbyshire CCG's identified fraud, bribery and corruption risks and the requirements of Government Functional Standard 013: Counter Fraud ('the Counter Fraud Functional Standard' or 'CFFS'), implemented within the NHS from April 2021.</p>	

	<p>Key issues highlighted were that all is risk based. Risk workshops will be run and from there consider what actions need to be done proactively from a counter fraud perspective working alongside internal audit colleagues to ensure no crossovers and work together on joint initiatives.</p> <p>The following comments and questions were raised:</p> <ul style="list-style-type: none"> <li>SS believed it would be helpful to find out about the risk assessment process in more detail. <b>Action: JC to arrange a meeting with SS/CT</b></li> </ul> <p><b>The Audit and Governance Committee APPROVED the Counter Fraud 2022-23 Plan</b></p>	<p><b>JC</b></p>
<p><b>FOR CORPORATE ASSURANCE</b></p>		
<p><b>AG/2223/048</b></p>	<p><b>Risk Register Report</b></p> <p>SP presented the report requesting Audit and Governance Committee to <b>RECEIVE</b> and <b>DISCUSS</b> the 8 ICB corporate risks for which the committee is responsible: -</p> <p><b>Risk 4:</b> Risk of cyber threat to ICB banking and other sensitive information loss from the ICB through phishing attempts by malevolent agents which allows them to access compromised NHSmail accounts. It is proposed that this risk is decreased to a moderate score of 4 due to lack of evidence of ongoing attack.</p> <p><b>Risk 5:</b> If the ICB does not sufficiently resource EPRR and Business Continuity functions and strengthen emergency preparedness policies and processes it will be unable to effectively act as a Category 1 responder which may lead to an ineffective response to local and national pressures. It was recommended to increase from a high 8 to a high 12 due to the impact to reflect the ICB being categorised as a Category 1 Responder.</p> <p><b>Risk 7:</b> Failure to hold accurate staff files securely may result in Information Governance breaches and inaccurate personal details. Following the merger to the former Derby and Derbyshire CCG this data is not held consistently across the sites. This risk is scored at a high 9.</p> <p><b>Risk 11:</b> If the CCG does not prioritise the importance of climate change it will have a negative impact on its requirement to meet the NHS's Net Carbon Zero targets and improve health and patient care and reducing health inequalities and build a more resilient healthcare system that understands and responds to the direct and indirect threats posed by climate change. This risk is scored at a high 9.</p> <p><b>Risk 12:</b> There is a risk that the ICB NHS Mail container includes NHS Mail accounts for individuals who are not directly employed by the ICB, but by other clinical services. Employees external to</p>	

	<p>the ICB are potentially accessing NHS Mail services (including MS Teams and One Drive) to which they may not be entitled. This generates a cost to the ICB for each additional user. It was recommended to decrease from a very high 16 to a high 8 due to projects taking place that have already reduced a number of accounts. It was felt this was being managed.</p> <p>3 further risks have been transferred from the CCG System Transition risk register and the CCG Transition risk register and are the responsibility of the Audit and Governance Committee: -</p> <p><b>Risk 14:</b> The various governance processes that are in place across the system might be duplicated in some areas</p> <p><b>Risk 15:</b> The ICB may not have sufficient resource and capacity to service the functions to be delegated by NHSEI.</p> <p><b>Risk 16:</b> Risk of increased anxiety amongst staff due to the uncertainty of ICB structures and the impact on well-being.</p> <p>The information section of the report sets out the process for the closure of the CCG risks relating to other registers of transition of which there are 19 risks, these are not the responsibility of the Audit and Governance Committee but shown for audit trail purposes.</p> <p>The following comments and questions were raised:</p> <ul style="list-style-type: none"> <li>• RW questioned why n/a had been placed on coversheets in the quality and diversity sections of the reports for the meeting as he felt that some of the risks did have implications. SP replied that more consideration would need to be given moving forward for each of the papers.</li> </ul> <p><b>The Audit and Governance Committee ACCEPTED the risks presented and APPROVED the process for closure of the 19 risks relating to other registers of transition.</b></p> <p><b>The Audit and Governance Committee APPROVED the recommendation to DECREASE the score for RISK 4.</b></p> <p><b>The Audit and Governance Committee APPROVED the recommendation to INCREASE the score for RISK 5.</b></p> <p><b>The Audit and Governance Committee APPROVED the recommendation to DECREASE the score for RISK 12.</b></p>	
<p><b>AG/2223/049</b></p>	<p><b>Conflicts of Interest Report</b></p> <p>Fran Palmer (FP) presented this report the purpose was to assure the Audit and Governance Committee of the activity that the ICB had undertaken since its inception in July 2022, in regard to managing its conflicts of interest. Since July work has been carried out on the policy but also the completion of the forms from Board,</p>	

	<p>Committee members and decision makers to ensure transparency to the public. Employee conflicts of interest forms are also being collated, these are kept locally and not published.</p> <p>The plan is to ensure Committee members are completing the manging COI training following discussion at July's Committee meeting when the policy had been reviewed. An update will be provided within the next quarterly report.</p> <p>The Procurement Policy is being finalised due to changes to the public contract regulation thresholds which will have an impact on the ICB's scheme of delegation which will also require updating.</p> <p><b>The Audit and Governance Committee NOTED the Conflicts of Interest Report</b></p>	
<p><b>AG/2223/050</b></p>	<p><b>Mandatory Training Compliance Report</b></p> <p>SP explained the purpose of the report was to provide assurance to the Audit and Governance Committee of the ICB compliance in relation to mandatory training. The figures shown are as of the 1 September 2022 with no concerns as all training figures were currently over 75%. A report will be produced every 6 months and brought to Committee.</p> <p><b>The Audit and Governance Committee APPROVED the Mandatory Training Compliance Report</b></p>	
<p><b>AG/2223/051</b></p>	<p><b>Policy Management Framework Report</b></p> <p>FP advised the report was to assure the Audit and Governance Committee on the progress being made on the management of policies for the ICB. As a Public Sector organisation, the ICB has a duty to ensure that its resources are utilised effectively, that it has policies in place to ensure compliance with laws and regulations, and guidance is available for its employees and members.</p> <p>A joint transition project plan covering all necessary tasks to establish the ICB as a statutory organisation was implemented in 2021/22 and included the need to understand which mandatory and essential CCG policies were to be developed into ICB policies. Some policies were deemed necessary for the establishment of the ICB as they were classed as statutory documentation that organisations legally had to have in place or are best practice to ensure the ICB can function effectively and safely.</p> <p>The following comments and questions were raised:</p> <ul style="list-style-type: none"> <li>• RW noted that there was not a Lone Worker Policy listed. SP advised there was a policy in development in the CCG and would work closely with security specialist at 360 Assurance around this policy and as this is linked to HR policies also HR.</li> </ul>	

	<p><b>The Audit &amp; Governance Committee RECEIVED the Policy Management Framework Report</b></p>	
<p><b>AG/2223/052</b></p>	<p><b>Emergency Planning Resilience and Response (EPRR) and Business Continuity Update</b></p> <p>SP reported that this item was presented to provide the Audit and Governance Committee with an update of key issues and events in relation to the Business Continuity and EPRR. The ability to respond to a business continuity and or EPRR event is crucial to ensure both continuity of service delivery for the ICB and the wider health economy. The ability to work collaboratively and effectively with system partners is essential to minimise the impact of adverse events and provide mutual aid and assistance when required.</p> <p><b>Business Continuity:</b> The ICB is currently working at level 3 Covid 19 response and being managed on a regional basis. The ICB is working in its hybrid working model which is green phase 1 model of working and is being reviewed and worked through.</p> <p>The business continuity plan and policy were approved at the July Committee and are reviewed regularly.</p> <p>The business impact assessments per directorate will be reviewed over current months once ICB structures have been determined and be brought back to Committee at a later date.</p> <p><b>EPRR:</b> In June the ICB received a letter from NHS England setting out that the Derby and Derbyshire ICB were ready to take on the responsibilities under Category 1 responder for EPRR. In July the annual EPRR core standards process 22/23 were distributed from NHS England and since then the ICB have been working closely with Derbyshire provider organisations to complete their self-assessments along with the ICB's assessment. These were submitted to NHS England on the 7 September 2022 together with action plans and evidence related to the core standards.</p> <p>The next step is the scrutiny process of those core standards and supporting evidence. The ICB has taken on new responsibilities from NHSE and are required to evaluate each Derbyshire provider self-assessment prior to being reviewed by NHS England. This will be followed by a confirm and challenge process. Final positions will go through the Local Resilience Forum and reported to the Audit and Governance Committee and in turn to the ICB Board and all compliance levels will be reported in the first ICB Annual Report.</p> <p>The Incident Response Plan was approved at the last meeting this is a live document and the work of the core standards is reflected in this incident response plan. The ICB is expected to test the plan externally, and this will be carried out in the coming months. Learning from this will be included in the incident response plan.</p>	

	<p>All on-call staff, exec officers and on-call directors have received principles of command training to give a better understanding of Category 1 additional responsibilities.</p> <p><b>The Audit &amp; Governance Committee NOTED the EPRR and Business Continuity Update</b></p>	
<b>AG/2223/053</b>	<p><b>Health and Safety Assurance Report</b></p> <p>SP presented this report which provides a summary of the work undertaken in terms of health and safety to provide assurance during the first Quarter and supported by the health and safety action plan at appendix 1. There are many actions but are all in progress and rag rated green.</p> <p><b>The Audit &amp; Governance Committee NOTED the Health and Safety Assurance Report.</b></p>	
<b>AG/2223/054</b>	<p><b>Freedom to Speak Up and Whistleblowing Update</b></p> <p>Margaret Gildea (MG) provided a report, noting that the ICB was in the early stages as an organisation and no whistleblowing incidents had been reported during the period. MG gave reassurance that within her role she was aware of her responsibilities and would be available for contact if anyone had concerns.</p> <p><b>The Audit &amp; Governance Committee NOTED the Freedom to Speak Up and Whistleblowing Update</b></p>	
<b>AG/2223/055</b>	<p><b>Procurement Highlight Report</b></p> <p>Lisa Innes (LI) joined the meeting to present the procurement report and provide Committee with key highlights: -</p> <p><b>In-progress:</b></p> <p><u>Audiology AQP</u> – Process likely to occur in December 2022 and the service is likely to be split into 2 lots. Progressing as planned. Waiting on confirmation from commissioners.</p> <p><u>Vasectomy Services</u> – Direct award being discussed with the incumbent provider and will look to additional capacity with other providers across the market. Waiting on final decision from commissioners and progressing as planned.</p> <p><u>Historic Proof of Concept for Derby Initial Accommodation Centres (IAC)</u> – The process has concluded with one response, who was the incumbent provider and award notices have been sent.</p> <p><b>Future Projects:</b></p> <p><u>Mobile Phones Service</u> – The services are to continue; the process has now been resolved.</p>	

	<p><u>Occupational Therapy Service</u> – Waiting on action from the ICB and are in contact with the customers.</p> <p><u>One Medical Derby Urgent Care Centre</u> – Forming part of the UTC review and paper will be presented at Governance Committee in October for marked engagement to occur in November.</p> <p><u>GP Streaming Services</u> – Due to go into block contract as of 01 April 2023 waiting confirmation this has happened or to see if this will form part of a future urgent care review.</p> <p>The following comments and questions were raised:</p> <ul style="list-style-type: none"> <li>• RW questioned what happens when a price is received above the plan. LI advised a threshold was normally set and if above that threshold they are excluded if there is no threshold the provider will be asked to provide clarification.</li> <li>• RW wished to know what happens if a service cannot be procured for the money that it was proposed to procure it for. LI would then look at what was essential services and other options, looking at referral and eligibility criteria but the final decision sits with the commissioners and the ICB.</li> <li>• KG gave example of a service provider who did not take part in the procurement process but had recently set themselves up and the ICB were having to pay for any patients they see. The ICB have taken legal advice and they are correct. KG highlighted the huge financial and ethical implications.</li> <li>• SS pointed out Ophthalmology was rated green but with a lot of work still to be done and asked to what extent do those risks impact on the assessment or were they moved to green due to the contract extension being moved. LI advise all were within low-risk limits and as the contract end gets closer it will then move to amber. There is regular contact with commissioners and a plan in place.</li> </ul> <p><b>The Audit &amp; Governance Committee NOTED the Procurement Highlight Report</b></p>	
<b>FOR INFORMATION</b>		
<p><b>AG/2223/056</b></p>	<p><b>Draft Pre-Delegation Assessment Framework</b></p> <p>HD explained the purpose of the paper was to provide information and assurance on the process for the approval of the Pre-Delegation Assessment Framework (PDAF) in relation to the transfer of delegated functions from NHS England to ICBs from April next year. These include Pharmacy, Optometry, and dental functions.</p>	

	<p>The framework has been completed as a collective where the response is from a Derbyshire perspective but as it's a joint piece of work there could be hosting arrangements within the region discussions are still being had around either how it may look on a whole region footprint or east and west footprint with a hosting ICB. In order to oversee the process a Programme Board has been established with representation from each of the functions across the organisation covering the main areas of the programme.</p> <p>The score is currently amber as there are no particular areas of concern. Dr Chris Clayton has now signed the document and it is ready for submission tomorrow (14 September 2022).</p> <p>The following comments and questions were raised:</p> <ul style="list-style-type: none"> <li>• SS supported the overall rating but would challenge around finance and capacity, both are being projected as green at the end of March. SS asked was that achievable and are we being optimistic. HD felt this was a helpful challenge and would take into account.</li> </ul> <p><b>The Audit and Governance Committee NOTED the Committee Meeting Log.</b></p>	
<p><b>AG/2223/057</b></p>	<p><b>Non-Clinical Adverse Incidents</b></p> <p>SP gave a verbal update highlighting the big incident last week with Operation London Bridge.</p> <p>CT had been involved in the discussions via the Local Resilience Forum (LRF) the focus was mainly on events which maybe happening around the patch whether they were appropriate to go ahead, books of condolence and then information about the funeral began to come through.</p> <p>The Midlands regional EPRR team had regular calls around health-related matters, the prime one being around the bank holiday. The funeral is confirmed for 19 September and organisations have been left to decide themselves how to manage the bank holiday. It is a standard bank holiday in terms of staff terms and conditions however there will be work providers need to do for non-elective and emergency care.</p> <p>GP practices can close contractually so cover will be required for these. System Operational Resilience Group (SORG) are focusing on preparations before and after the bank holiday such as which services will continue to be provided and what services will be paused, along with comms that require to go out to patients.</p> <p><b>Audit and Governance Committee NOTED the Non-Clinical Adverse Incidents Update.</b></p>	

MINUTES AND MATTERS ARISING		
<b>AG/2223/058</b>	<p><b>Minutes from the Audit and Governance Committee meeting held on 25 August 2022</b></p> <p>The minutes from the meeting held on 25 August 2022 were agreed as a true and accurate record of the meeting.</p>	
<b>AG/2223/059</b>	<p><b>Action Log from the Audit Committee meeting held on 25 August 2022.</b></p> <p>The action log was reviewed and updated during the meeting.</p> <p><b>Action AG/2223/014:</b> HD informed members a paper was to be presented to the executive team recommending a reduction in the overall corporate estate. The recommendation will come to Audit and Governance Committee once agreed. KG questioned whether the decision needed to be presented to Committee and proposed approval virtually if it did require Committee oversight, due to the financial savings.</p> <p>SS was happy for delegation arrangements to be checked but if Committee needed to sign off due to delegation arrangements already set up then Committee could progress virtually.</p> <p><b>Action: DJ to check Scheme of Delegation arrangements</b></p>	<b>DJ</b>
CLOSING ITEMS		
<b>AG/2223/060</b>	<p><b>Forward Planner</b></p> <p><b>Audit and Governance Committee ACCEPTED the Forward Planner.</b></p>	
<b>AG/2223/061</b>	<p><b>Any Other Business</b></p> <p>RW highlighted the importance of the Risk Management Workshop in terms of developing the management of risk as an ICB rather than a CCG or provider Trust, it is going to be very different managing risk as coordinator rather than a commissioner.</p>	
	<p><b>Assurance Questions</b></p> <ul style="list-style-type: none"> <li>• Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? <b>Yes.</b></li> <li>• Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? <b>Yes.</b></li> <li>• Were papers that have already been reported on at another committee presented to you in a summary form? <b>Yes.</b></li> <li>• Was the content of the papers suitable and appropriate for the public domain? <b>Yes</b></li> </ul>	

	<ul style="list-style-type: none"> <li>• 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? <b>Yes.</b></li> <li>• 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? <b>No.</b></li> <li>• What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting? <b>Committee questioned whether the delegations were set at the right level and supportive of those being reviewed to allow empowerment of Executives appropriately.</b></li> </ul>	
<b>DATE AND TIME OF NEXT MEETING</b>		
<b>Date:</b> Tuesday 27 October 2022		
<b>Time:</b> 2.00PM		
<b>Venue:</b> MS Teams		

Signed: ..... Dated: .....  
(Chair)

**MINUTES OF THE PUBLIC PARTNERSHIPS COMMITTEE**

**HELD ON 02 AUGUST 2022, 10:00 – 12:00**

**VIA MS TEAMS**

<b>Present:</b>		
Julian Corner	JC	Non-Executive Member ICB ( <b>Chair</b> )
Steven Bramley	SB	Lay Representative
Helen Dillistone	HD	Executive Director of Corporate Affairs DDICB
Beth Fletcher	BF	Strategy and Engagement Manager, Healthwatch Derby
Kim Harper	KH	Chief Officer, Community Action Derby
Karen Lloyd	KL	Head of Engagement Joined Up Care Derbyshire
Tim Peacock	TP	Lay Representative
Margaret Rotchell	MR	Lead Governor Chesterfield Royal Hospital
Jocelyn Street	JS	Lay Representative
Maura Teager	MT	Lead Governor University Hospitals of Derby and Burton NHS Foundation Trust
Lynn Walshaw	LW	Deputy Lead Governor Derbyshire Community Health Services NHS Foundation Trust
<b>In Attendance:</b>		
Lucinda Frearson	LF	Executive Assistant DDICB (Admin)
Chris Burton-Fisher	CBF	Commissioning Manager for Children and Young People's Mental Health, DDICB
Hannah Morton	HM	Engagement Specialist, DDICB
Katy Hyde	KHy	Involvement Manager, DDICB
<b>Apologies:</b>		
Chris Mitchell	CM	Public Governor Derbyshire Dales and High Peak Derbyshire Healthcare NHS Foundation Trust
Harriet Nicol	HN	Engagement & Involvement Manager, Healthwatch Derbyshire
Beverley Smith	BS	Director of Corporate Strategy and Development, DDICB
Sue Sunderland	SS	Non-Executive Member ICB
Sean Thornton	ST	Deputy Director Communications and Engagement DDICB and Joined Up Care Derbyshire

<b>Item No.</b>	<b>Item</b>	<b>Action</b>
<b>PPC/2223/01</b>	<p><b>Welcome, Introductions and Apologies</b></p> <p>Julian Corner (JC) as Chair welcomed all to the meeting and introductions were made around the virtual room.</p> <p>Apologies were noted as above.</p>	
<b>PPC/2223/02</b>	<p><b>Confirmation of Quoracy</b></p> <p>The meeting was confirmed as quorate. Quoracy was clarified as 1 Non-Executive Member, either the Chair or Vice Chair, plus at least 2 representatives drawn from the lay members and Foundation Trust (FT) Governors, and 1 Executive Director or Deputy.</p>	

<p><b>PPC/2223/03</b></p>	<p><b>Declarations of Interest</b></p> <p>JC 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 Integrated Care Board (ICB).</p> <p>Declarations declared by members of the Public Partnerships 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: <a href="http://www.derbyandderbyshire.icb.nhs.uk">www.derbyandderbyshire.icb.nhs.uk</a></p> <p><u>Declarations of interest from today's meeting</u> No declarations of interest were made.</p>	
<p><b>FOR DECISION</b></p>		
<p><b>PPC/2223/04</b></p>	<p><b>Terms of Reference (TORs) for Sign off</b></p> <p>Members were informed the TORs presented were interim whilst the committee was in the process of being established and developed within the system.</p> <p>Noted missing was representation from the Local Authority with strong appetite that they should be brought into this committee. Sean Thornton (ST) had previously made the point that only reporting into the ICB Board made us very NHS centric but that was not how citizens experience the system, therefore, they require bringing together.</p> <p>The Committee offered the following questions and comments: -</p> <ul style="list-style-type: none"> <li>• Helen Dillistone (HD) highlighted timescales. The Integrated Care Partnership (ICP) a joint partnership of NHS partners, local authorities, and other sectors, such as the voluntary sectors, the timescale for more formally developing was indicated towards the end of the calendar year and proposed the committee would then be in a better position to review their TORs. In August the ICP is meeting, and ST is due to present the Engagement Strategy giving them sight of the work done.</li> </ul> <p>The Public Partnerships Committee <b>ACCEPTED</b> as interim the Terms of Reference.</p>	
<p><b>PPC/2223/05</b></p>	<p><b>Eating Disorders Procurement</b></p> <p>The Public Partnerships Committee are recommended to:</p> <ul style="list-style-type: none"> <li>• <b>DISCUSS</b> the All-Ages Early Intervention and Prevention Service for Eating Disorders – A Case for Change</li> </ul> <p>Chris Burton-Fisher (CBF) presented the paper and providing a PowerPoint presentation which highlighted key points and the public engagement process activity.</p>	

	<p>There are currently 2 Voluntary Community and Social Enterprise (VCSE) providers, First Steps ED and Freed Beeches. Both provide early intervention and prevention as part of a wider offer, both contracts come to an end March 2023 and with no option to extend there is a need to go to procurement.</p> <p>Both are providing very similar services but are working to different specifications leading to slight differences in the services provided. This being due to the original scope of contract or due to growth. Whilst both services are accepting referrals from across the county with the variations the options vary depending on location and ability to travel.</p> <p>There is a wish to ensure the future provision is in line with the need and expectation of the people receiving the service. The Invitation to Tender (ITT) will go live 21 September 2022. The engagement initiative went live on the 4 July 2022 and an online engagement platform had been created, along with a survey which has just closed. An engagement workshop is due to be held in September 2022 and in early September 2022 there will be some adult focus groups held.</p> <p>The key areas for engagement are: -</p> <ul style="list-style-type: none"> <li>• Information and visibility</li> <li>• Access and experience and outcomes</li> <li>• Support options</li> <li>• Working better together.</li> </ul> <p>The survey was also circulated to BAME, rural groups, VCSE, Schools, Colleges, LGBT+ and organisations for older adults. As the feedback is received the team will explore the emerging themes and recommendations.</p> <p>The Committee offered the following questions and comments: -</p> <ul style="list-style-type: none"> <li>• JC asked what was required from the Committee as he felt the ask was after the event as the process was well underway. CFB believed guidance as it was important to know that nothing had been missed.</li> <li>• Jocelyn Street (JS) commented that it was much easier to get feedback from the users and the general public but with so many eating disorders it was important to reach out to the general public to enable the signs to be recognised and available services be known and wished the engagement to take account of both these issues.</li> <li>• Margaret Rotchell (MR) asked if there was any crossover between ICSs as this was a specialised service, were we engaging with those people on the boundaries. CBF confirmed it was something that required looking at within the process.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• Tim Peacock (TP) highlighted the consultation would influence the specification and asked if the strength of feeling would be allowed to influence the evaluation criteria. CBF confirmed this was the case. He also asked if the feedback would be summarised to enable people to see the general themes etc. Hannah Morton (HM) advised a full analysis of the feedback would be fed into a report and made available on the online platform.</li> <li>• Beth Fletcher (BF) felt there was a good spread of methodologies of engagement and asked regarding the demographic data comparison, was this done with the general public or service users. HM advised all project leads complete a Quality and Equality Impact Assessment (QEIA) which sets out all aspects of equalities, who is using the service, potential users and is used as a basis so the correct groups are being engaged with.</li> <li>• Lynn Walshaw (LW) felt the principles were fantastic and good to see developing. The 2 main things were the methodology used and the level of assurance and evaluation which the Committee ought to see. LW asked regarding education and the actual system approach, both being separate providers was there a chance for them to in reach into each other. Regarding education this was not an area primary care understood when early intervention would help.</li> <li>• CJ was not clear of the service to be provided for the future and asked if there would be a single provider in the future, what was possible in terms of geographical spread and was the intention for both providers to be involved. CFB was in discussion with procurement and contracting around different ways of approach.</li> <li>• Kim Harper (KH) questioned the involvement in the process of black, ethnic minorities and community organisations and going back to a point raised by JC, as a member of the committee she would be keen to help shape or input as well as give assurance.</li> <li>• Steve Bramley (SB) highlighted concern raised by the provider that they were unsure why there was a procurement process happening and emphasised contract writers should ensure providers understood, which highlights a problem in procurement. It should not be assumed that the current providers will be the next providers. CFB advised when clarified the confusion was due to changes in procurement laws which may allow a direct award and continue with the contracts. From the providers point of view, they believed ICBs were extending and although the laws are coming in, we are not at that place at the moment.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• JS asked around lay involvement in the tendering process.</li> <li>• HD clarified this was clearly about the engagement in developing the specification which is going out to ITT in September 2022 and whoever is awarded that contract how do we build into that contract once awarded, what continuous engagement will that provider continue to do with parents and young people accessing the service and would we wish to see evidence of that during the process.</li> </ul> <p><b>Action: A briefing on reprocurement process to be brought back to the Committee.</b></p> <p><b>Action: JC asked to be logged for future meeting: What are the methodologies of understanding, effectiveness of consultations, as we wish to see consistency.</b></p> <p><b>Action: KL to circulate completed Governance Guide and bring update to the next Committee.</b></p> <p>The Committee <b>NOTED</b> the engagement process and was <b>SUPPORTIVE</b> but would have liked to have been involved earlier but satisfied a good process was in place.</p> <p>Maura Teager (MT) left the meeting during this topic.</p>	<p>CFB/ HM</p> <p>LF</p> <p>KL</p>
<b>FOR DISCUSSION</b>		
<p>PPC/2223/06</p>	<p><b>Integrated Care Strategy Engagement – Draft Principles</b></p> <p>The Public Partnerships Committee are recommended to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> this update on progress towards securing meaningful citizen engagement in the development of the Integrated Care Strategy and Joint Forward Plan</li> <li>• <b>NOTE</b> the status of this paper as being for discussion and not decision, as this agenda develops in line with guidance and Integrated Care Partnership conversations</li> <li>• <b>NOTE</b> the legal requirements of ICPs and ICBs in developing strategic plans in collaboration with communities</li> <li>• <b>DISCUSS</b> the principles and approached proposed within this paper, to inform an onward proposal to the Integrated Care Partnership at its meeting in August.</li> </ul> <p>KL presented this paper, following discussions it was clear that the Public Partnerships Committee requires sight right from the beginning of the process and that is why the governance guide has been produced, to put this Committee at the beginning of the process. People must go to the Public Partnerships Committee for oversight of their case for change and their approach to involvement.</p> <p>The guidance is very permissive and very flexible around how the engagement will take place but states the priority of the strategy</p>	

	<p>needs to be co-produced with people in local communities, voluntary sector and a wide range of stakeholders and refers to the new statutory guidance on engagement with people and communities released recently.</p> <p>There will be only one engagement paper as people may struggle to understand the difference between the ICB and ICP.</p> <p>The Committee offered the following questions and comments: -</p> <ul style="list-style-type: none"> <li>• JS read the paper and legislation quoted but felt confused over engage, involve, and consult and asked for a clearer definition of when each has to be done and the difference between them. KH advised what was in the governance guide would be used which will involve coproduction and involvement to get people's views.</li> <li>• HD clarified it was important to make the distinction but legally it did not matter if there was a challenge between engagement and consultation, they are technically one of the same but we would need to demonstrate that we had engaged and consulted people and used consultation if in statutory consultation.</li> <li>• SB highlighting the list of community groups pointed out a number of groups that could be added, these were groups that are difficult to access such as the deaf, deaf blind community, etc who are regularly overlooked.</li> <li>• JC raised that the principles did state not to start from scratch but analyse what had already been said to the system and analyse previous consultation responses. One thing that may have worked was a summary of what had been heard so far and informing the public of these, also, a timed session with members of the public. Sending out more questionnaires would not go deep enough.</li> </ul> <p>The Public Partnerships Committee <b>DISCUSSED</b> and <b>NOTED</b> the paper.</p> <p>KL left the meeting.</p>	
<p>PPC/2223/07</p>	<p><b>Future Meetings and Ways of Working to Enable Development Time</b></p> <p>JC proposed to Committee alternating the use of the committee between a business committee and a development committee to assist in gaining clarity around how to progress points made and manage time. The development committee would discuss process as there are legal responsibilities so there is a need to ensure processes are developing well.</p> <p>The Committee offered the following questions and comments: -</p>	

	<ul style="list-style-type: none"> <li>• SB stated that if there were to be subgroups there may be a challenge due to the low numbers of lay members.</li> <li>• JS highlighted the fact that there are meant to be lay members from each PLACE so that is perhaps a vehicle to get more people involved increasing representation.</li> <li>• LW supported the idea of having a strategy focused meeting with some development time.</li> </ul> <p>The Public Partnerships Committee <b>SUPPORTED</b> the proposal to alternate the use of meetings.</p> <p>HM left the meeting.</p>	
<b>FOR CORPORATE ASSURANCE</b>		
<p><b>PPC/2223/08</b></p>	<p><b>PPI Assessment Log (Formerly S14Z2 Log)</b></p> <p>The Public Partnerships Committee are asked to:</p> <ul style="list-style-type: none"> <li>• Take <b>ASSURANCE</b> that decision making process through a review of the current Patient and Public Involvement Assessment (formerly S14Z2) forms is robust, that forms are being completed appropriately and that engagement is fair and appropriate for each project.</li> </ul> <p>The number of projects coming through was increasing along with more service transformation taking place. Attention was drawn to the Urgent Treatment Centre (UTC) which had already been through this Committee. There was a risk due to the many tangents and different parts involved and trying to ensure that any engagement, and if required move to formal consultation, was fully covered.</p> <p>It was noted that there were columns missing from the report. <b>Action: LF to check the report and circulate with the minutes.</b></p> <p>The Public Partnerships Committee <b>NOTED</b> and was <b>ASSURED</b> forms were being completed appropriately and process was being followed.</p>	<p><b>LF</b></p>
<p><b>PPC/2223/09</b></p>	<p><b>Risk Report July 2022</b></p> <p>The Public Partnerships Committee are recommended to:</p> <ul style="list-style-type: none"> <li>• <b>DISCUSS</b> and <b>APPROVE</b> the opening risk responsible to the Committee.</li> </ul> <p>This paper was taken as read. The risk had been transferred from the Derbyshire Engagement Committee to the Public Partnerships Committee due to the risk still existing which was around the resources to deliver the programme of work which sits within the communications and engagement team.</p>	

	The Public Partnerships Committee <b>APPROVED</b> the risks responsible to the Committee.	
<b>MINUTES AND MATTERS ARISING</b>		
<b>PPC/2223/10</b>	<p><b>Minutes from the meeting held on:</b></p> <ul style="list-style-type: none"> <li><b>Derbyshire Engagement Committee - 21 June 2022</b></li> </ul> <p>The minutes from the meeting held on 21 June 2022 were agreed as a true and accurate record following the below amendments within Item EC/2223/046, Enhanced Access in PCNs: -</p> <ul style="list-style-type: none"> <li>Tim Peacock (TP) asked for particular names of PCNs, Claire Haynes (CH) responded this was not the right approach at this time.</li> <li>The Committee stated they had concerns around the PCN levels of engagement.</li> </ul> <p>Steve Bramley (SB) highlighted that any comments made by the Lay Members had not been included within the minutes.</p> <p>It was requested a recording of the meeting be circulated with the minutes; this was not possible due to data protection as the recording is deleted.</p> <p>The Public Partnerships Committee <b>AGREED</b> to the two amendments being included within the minutes.</p>	
<b>PPC/2223/11</b>	<p><b>Action Log from the meeting held on:</b></p> <ul style="list-style-type: none"> <li><b>Derbyshire Engagement Committee – 21 June 2022</b></li> </ul> <p>The action log was reviewed and is to be updated for the next meeting.</p>	
<b>CLOSING ITEMS</b>		
<b>PPC/2223/12</b>	<p><b>Forward Planner 2022/23</b></p> <p>The Forward Planner was <b>ACCEPTED</b> by the Committee.</p>	
<b>PPC/2223/13</b>	<p><b>Assurance Questions</b></p> <ul style="list-style-type: none"> <li>Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? <b>YES</b></li> <li>Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? <b>YES</b></li> <li>Were papers that have already been reported on at another committee presented to you in a summary form? <b>YES</b></li> <li>Was the content of the papers suitable and appropriate for the public domain? <b>YES</b></li> </ul>	

	<ul style="list-style-type: none"> <li>• 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? <b>YES</b></li> <li>• 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? <b>Not at this time.</b></li> <li>• What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting? <b>Not recommendations to put forward.</b></li> </ul>	
<p><b>PPC/2223/14</b></p>	<p><b>Any Other Business</b></p> <p>The Public Partnerships Committee was requested to:</p> <ul style="list-style-type: none"> <li>• <b>NOTE</b> the Feedback from NHSE on the Integrated Care Board (ICB) strategies for working with people and communities.</li> </ul> <p>The Committee <b>NOTED</b> the feedback for information.</p>	
<b>DATE AND TIME OF NEXT MEETING</b>		
<p><b>Date:</b> Tuesday 20 September 2022 (Development Meeting)</p>		
<p><b>Time:</b> 10:00 – 12:00</p>		
<p><b>Venue:</b> MS Teams</p>		

**DRAFT MINUTES OF THE ICB PEOPLE & CULTURE COMMITTEE (ICB PCC)**

**HELD ON FRIDAY 17 JUNE 2022, VIA MICROSOFT TEAMS, 1330-1530**

<b>Present:</b> <i>[Those who are in attendance and a part of the Committee's membership]</i>		
Gildea, Margaret	MG	ICB Non-Executive Manager and Chair of ICB PCC and Non-Executive Director DCHS
Bayley, Susie	SB	General Practice Taskforce Derbyshire – Medical Director
Blackwell, Penelope	PB	Place Board Chair and NHS Derby and Derbyshire CCG Governing Body GP
Burnett, Kaye	KB	DCHS Non-Executive Director and Chair of PCC
Campbell, Tony	TC	DHU Healthcare Deputy Chief Executive and Director of Strategy, People & Partnerships
Crapper, Emma	EC	Derbyshire County Council, Director of OD and Policy
Dhadda, Bukhtawar	BD	NHS Derby and Derbyshire CCG, Non-Executive Director and ICB Non-Executive Member Quality & Performance
Garnett, Linda	LG	JUCD Workforce and OD Lead
Knibbs, Ralph	RK	DHFT Non-Executive Director and Chair of PCC
Lowe, Jaki	JL	DHFT Director of People & Inclusion
Majid, Ifti	IM	DHFT Chief Executive
Moore, Liz	LM	Derby City Council, Head of HR
Rawlings, Amanda	AR	ICB and UHDB Chief People Officer
Street, Joy	JS	UHDB Non-Executive Director and Chair of PCC
Tidmarsh, Darren	DT	DCHS Chief People Officer / Deputy Chief Executive
Wade, Caroline	CW	CRH Director of HR & OD
Wight, Jeremy	JW	CRH Non-Executive Director and Chair of PCC
<b>In Attendance:</b> <i>[(Those who are in attendance and <u>not</u> a part of the Committee's membership)]</i>		
Thompson, Helen	HT	Executive Assistant to Amanda Rawlings
<b>Apologies:</b>		
Gulliver, Kerry	KG	EMAS, Director of Human Resources & Organisational Development
Sharma, Vijay	VS	EMAS, Non-Executive Director
Smith, Beverley	BS	NHS Derby and Derbyshire CCG, Director of Corporate Strategy & Development

Item No.	Item	Action
<b>PCC/2223/01</b>	<b>Welcome, introductions and apologies</b> Attendees were welcomed to the meeting, introductions were made and apologies were noted as above.	
<b>PCC/2223/02</b>	<b>Confirmation of quoracy</b> The meeting was confirmed as quorate.	
<b>PCC/2223/03</b>	<b>Declarations of Interest</b> MG 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.	

	No declarations were made at this meeting, but HT was asked to circulate the form for completion by committee members for review.	HT
<b>FOR DECISION</b>		
PCC/2223/04	<p><b>ICB People &amp; Culture Committee Terms of Reference (ToR)</b> ICB PCC members discussed the ToR and the following comments were noted :-</p> <ul style="list-style-type: none"> <li>• Point 3.3 – remove the word ‘and’ in between the words ‘health’ and ‘inequalities’.</li> <li>• ICB Board – remove reference to ‘board’ after ICB as ICB stands for Integrated Care Board.</li> <li>• Membership and reporting in – how can ensure read across with finance. The biggest risks in system are people and money. All to take away to review and forward any thoughts on how best done to HT.</li> <li>• Point 6.1.1 – suggestion that the wording should say ‘confirmed’ or ‘approved’ rather than ‘appointed’ by the ICB.</li> <li>• Point 6.1.3 – Membership - need to think about the ' Primary Care Leader' as believe its Independent PC Provider leadership.</li> <li>• AR confirmed that representatives of East Midlands Ambulance Service (EMAS) have been invited to join the ICB PCC – need to include on ToR.</li> <li>• Point 6.2 – Chair and Vice Chair - there is reference to a vice-chair but nowhere does it describe how a vice-chair will be appointed – need to specify how will be chosen.</li> <li>• Noted that the ToR have been slotted into the standard template and may need to be adjusted for this committee. Any suggestions can be discussed after the meeting or via email.</li> <li>• Need to ensure have inclusive involvement in ICB PCC. Have the opportunity to be creative about how that is undertaken. Need to make sure have got appropriate representation as making decisions on behalf of community. Need to ensure have appropriate BME representation on the group and can augment if needed.</li> <li>• Noted that reference is made within the ToR to accountability to ICB/ICS throughout and noted concern that ICB PCC will be making decisions that do not only impact on the ICB but to sovereign organisations. Suggestion that the ToR drift into executive responsibility when need to be more about gaining assurance. AR asked to review wording.</li> <li>• Point 2.1 – there needs to be some link to people and culture within sovereign organisations / committees.</li> <li>• Agreed that visibility and engagement of Primary Care and Local Authorities is crucial to the transformation required to deliver JCUD vision</li> <li>• Point 7.1 – committee members suggested that bi-monthly would be too frequent and twice a year too little. Suggestion to hold quarterly meetings was agreed.</li> </ul>	<p>All</p> <p>All</p>

	<p>If committee members had any further comments, they were asked to forward directly to AR as soon as possible please.</p> <p>ICB PCC agreed that the terms of reference would be amended and circulated via email for virtual approval.</p>	<p>All</p> <p>AR</p>
<b>FOR DISCUSSION</b>		
<p><b>PCC/2223/05</b></p>	<p><b>People Services Collaborative 2022/23 Work Plan</b></p> <p>ICB PCC received the slides circulated within the meeting pack which provided the developing work plan for how providers across Derbyshire plan to work in a People Services Collaborative. The aim was to provide assurance that are using people resources in an effective way to support the ICB and to review how to collaborate to achieve that aim.</p> <p>The slides had been updated just prior to the meeting and AR presented the updated slides, the contents of which included :-</p> <ul style="list-style-type: none"> <li>▪ Why collaborate?</li> <li>▪ NHS Programmes of work</li> <li>▪ One Workforce</li> <li>▪ NHS People Services Today</li> <li>▪ 2022 Work Programmes including Workforce Intelligence &amp; Planning, Resourcing &amp; Recruitment, Workforce Development &amp; Transformation, Digital, Data &amp; Information, Equality, Diversity &amp; Inclusion, Health, Safety &amp; Wellbeing and Leadership Development &amp; Talent Management</li> <li>▪ Principles of Collaboration</li> <li>▪ Operating Model</li> <li>▪ Governance</li> <li>▪ Risks and Mitigations</li> <li>▪ Next Steps</li> </ul> <p>AR thanked all for collaborating to get presentation together.</p> <p>The following comments were received :-</p> <ul style="list-style-type: none"> <li>▪ Need to ensure collaboration with local authority to ensure can extend offer across system.</li> <li>▪ Need to ensure with shared workforce, that share training opportunities as well, including leadership development for new employees.</li> <li>▪ How will outcome measures be recorded.</li> <li>▪ Need greater clarity about the ICS ambitions and strategic objectives, which will be helpful in shaping the outcomes required.</li> <li>▪ Ambition for One Workforce was supported, but noted that the slides are more NHS focussed and do not include primary care and local authority.</li> <li>▪ The term "One Workforce" is an aspirational, national NHSEI construct and it will be interesting to see how national and local health and local government policy will impact on what this means in practice.</li> </ul>	

	<p>AR confirmed that within Derbyshire there is a combined resource of approximately 351 staff within people services and unfortunately there are limitations on obtaining additional resources due to financial limits. The major risk as a system is for workforce planning and resources and programme are challenging. There may be access to some resources for benchmarking and other parts of country are looking at other ways of collaboration.</p> <p>ICB PCC were advised that retention of staff is another key risk for both the NHS, primary care and local authorities. Huge amounts of time are being spent on retention and engagement and pay continues to be the key reason people leave. Suggestion was made that if the ICS could look creatively at creating new and innovative career paths and opportunities, this would really add value across the whole ICS.</p> <p>ICB PCC members also noted that issues regarding pensions was seen as a significant issue and also a threat for the future, and in particular for the over 55s.</p> <p>ICB PCC asked AR in collaboration with peers to take away and review incorporation of any comments made.</p>	AR
<p><b>PCC/2223/06</b></p>	<p><b>Derbyshire Staff Survey Results 2021/22</b> ICB PCC received the report which provided the findings from staff survey results for the Derbyshire NHS providers.</p> <p>AR advised that it is difficult to undertake any like for like comparisons due to the size, sector comparisons but the side by side view is useful and identifies there is one key theme that all providers need to prioritise which is staff retention.</p> <p>ICB PCC were informed that HEE and NHSI team had reached out and have produced dashboard which should be available for future meetings.</p> <p>ICB PCC further discussion retention and suggested that need a particular focus on retention within the workstream / work plans.</p>	
<p><b>PCC/2223/07</b></p>	<p><b>Leadership for a Collaborative and Inclusive Future “The Messenger Review”</b> ICB PCC received the report which provided information on the findings and recommendations of the Messenger Review into leadership and management in health and social care. The report summarises the findings and recommendations and considers the implications are for the ICS.</p> <p>ICB PCC were informed that the Messenger Review was commissioned in October 2021 by the Secretary of State for Health and Social Care to examine the state of leadership and management in the health and social care sector.</p> <p>ICB PCC were advised that whilst the specific recommendations will be taken forward by the nation land regional reams, hopefully</p>	

	<p>with involvement from systems and organisations, there are a number of themes which will want to build into thinking and work.</p> <p>In the proposed work plan for 2022/23 for the People Services Collaborative, Leadership Development &amp; Talent Management and EDI have been identified as two workstreams. It is intended that the work programmes for both these reflect the findings of the review and support the implementation of the recommendations as they are rolled out.</p> <p>The wider observations about culture, collaboration and understanding health and social care as an adaptive system are areas for consideration as part of a System OD plan, which will be discussed by ICB PCC at a future meeting.</p> <p>JL reiterated the core of this is that we all have to take responsibility to integrate into everything we do. Discussions have already taken place in HR group and are contained within the slides shared earlier and in addition have already made link and all work programmes have an inclusion aspect within.</p>	
<b>MINUTES AND MATTERS ARISING</b>		
<b>PCC/2223/08</b>	<p><b>Minutes from the P&amp;C Strategic Oversight Group – February 2022</b></p> <p>The minutes from the meeting were taken as read – for noting only.</p>	
<b>PCC/2223/09</b>	<p><b>Minutes of JUCD People &amp; Culture Board – February 2022</b></p> <p>The minutes from the meeting were taken as read – for noting only.</p>	
<b>CLOSING ITEMS</b>		
<b>PCC/2223/10</b>	<p><b>Forward Planner and Future Meeting Dates</b></p> <p>ICB PCC were advised that the forward planner would come from the work plan shown earlier and the ToR.</p> <p>ICB PCC members suggested that quarterly meetings would be best, with further meetings in September and December 2022. ICB PCC members were advised that meetings would need to take place in the first week of the month to align with reporting back to ICB. HT to canvass for dates.</p>	HT
<b>PCC/2223/11</b>	<p><b>Meeting Assurance</b></p> <ul style="list-style-type: none"> <li>• Was the meeting found to be useful? <i>Yes – any suggestions for improvement please email MG.</i></li> <li>• Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes? <i>Yes – attendance from EMAS was missing but had been invited.</i></li> <li>• Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations? <i>Yes.</i></li> </ul>	

	<ul style="list-style-type: none"> <li>• Were papers that have already been reported on at another committee presented to you in a summary form? <i>Not yet – but will mature.</i></li> <li>• Was the content of the papers suitable and appropriate for the public domain? <i>Yes.</i></li> <li>• 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? <i>Yes.</i></li> <li>• 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? <i>No to separate meeting with an Executive Director. Retention, risk and BAFs for next agenda.</i></li> <li>• What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting? <i>ICB this committee does wish to be accountable to ICS and sovereign organisation and work through boundaries with Las – will take time.</i></li> </ul>	
<p><b>PCC/2223/12</b></p>	<p><b>Any Other Business</b> ICB PCC members queried where would responsibility lie within the ICS/ICB to manage patient demand and expectation due to the changes in services. Advised that this should be picked up as part of performance metrics at strategic ICB level and system partners and unified approach discussed.</p>	
<b>DATE AND TIME OF NEXT MEETING</b>		
<b>Date :</b>	meeting dates to be confirmed in September and December 2022	
<b>Time:</b>	to be confirmed	
<b>Venue:</b>	via Microsoft Teams	

**MINUTES OF THE ICB QUALITY & PERFORMANCE COMMITTEE HELD ON  
THURSDAY 28<sup>TH</sup> JULY 2022, MS TEAMS, AT 09:00AM**

<b>Present:</b>		
Dr Buk Dhadda (Chair)	BD	GP and Chair
Brigid Stacey	BS	CNO & Deputy Chief Exec - ICB
Zara Jones	ZJ	Exec Director Of Strategy And Planning – ICB
Chris Weiner	CW	Chief Medical Officer – ICB
Christine Fearn	CF	Non-Exec Director - UHDBFT
Jayne Stringfellow	JS	Non-Exec Director – CRHFT
Richard Wright	RW	Non-Exec Director – ICB
Margaret Gildea	MG	Non-Exec Director – ICB
Sheila Newton	SN	Non-Exec Director – ICB
<b>In Attendance:</b>		
Jo Pearce (minutes)	JP	EA to Brigid Stacey - ICB
Jackie Carlile	JC	Head Of Performance And Assurance - ICB
Helen Wilson	HW	Deputy Director of Contracting and Performance
Helen Hipkiss	HH	Director of Quality - ICB
Rosalie Whitehead	RW	Risk management & legal assurance manager - ICB
<b>Apologies:</b>		
Robyn Dewis	RD	Director of Public Health – Derby City Council
Kay Fawcett	KF	Non-Exec Director – ICB
Simon Stevens	SS	Director of Public Health – Derbyshire County Council

<b>Item No.</b>	<b>Item</b>	<b>Action</b>
<b>Q&amp;P/2223 /001</b>	<b>Welcome, Introductions And Apologies</b>	
<b>Q&amp;P/2223 /002</b>	<b>Confirmation Of Quoracy</b>  It was noted that the meeting was not quorate due to there being no representation from the Local Authorities.	
<b>Q&amp;P/2223 /003</b>	<b>Declarations Of Interest</b>  BD 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 ICB Quality and Performance 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: <a href="https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/?cn-reloaded=1">https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/?cn-reloaded=1</a>	

	<p><u>Declarations of interest from sub-committees</u> No declarations of interest were made.</p> <p><u>Declarations of interest from today's meeting</u> No declarations of interest were made.</p>	
<b>FOR DECISION</b>		
	No Items	
<b>FOR DISCUSSION</b>		
<p><b>QP/2223/ 008</b></p>	<p><i>The sequence of the agenda items was adjusted to enable the Committee to form discussions around the development of the meeting.</i></p> <p><b>Draft ToR For Approval</b></p> <p>The draft ToR were taken as read. BD asked the Committee for comments and questions.</p> <p>There was a detailed discussion around the draft ToR, and the following points were raised.</p> <ul style="list-style-type: none"> <li>○ Wording should be more specific in terms of outcomes, experience, and access, due to the importance of the ICB agenda.</li> <li>○ quoracy states 2 x Non-Exec Directors, CF asked for clarification on whether these were ICB NEDs or constituent NEDs.</li> <li>○ JS asked for clarification on provider representatives and asked if they would be expected to be held to account.</li> <li>○ JS queried why this Committee is a NED only Committee whilst the other Committees have Executive membership.</li> <li>○ JS asked for clarification on the focus of this Committee, noting that there is Executive attendance at the provider Quality and Performance Committees and highlighted the need to avoid duplication.</li> <li>○ RW suggested focussing on delivering the quality and performance aspects of the ICB strategy. This is not clear in the ToR.</li> <li>○ ZJ referred to section 9.3 – Equality And Diversity Statement - and how this should be in the forefront of all decision making.</li> <li>○ SN highlighted the challenges for the Committee to not revert to previous working practices. A different way of thinking is required. Reviewing pathways to identify how the ICB can improve working together. Focusing on prevention, community, health inequalities and patient experience.</li> <li>○ MG commented that it would be logical to explore pathways and identify gaps in handovers.</li> </ul> <p>BD noted the comments raised by the Committee and explained that his aim and ambition for the Quality And Performance Committee is to move away from duplication and reporting to ensuring the correct areas are discussed. BD also explained that he will include an additional</p>	

	<p>assurance question around whether the Committee members feel they are achieving change and if the meeting is evolving as planned.</p> <p>In summary the Draft ToR were reviewed. Comments were received and noted from the Committee members. The draft ToR will be amended with alterations following the discussions and brought back for further review and approval. <b>ACTION</b></p>	<p>RW / JP</p>
<p><b>Q&amp;P/2223 /004</b></p>	<p><b>System Quality and Performance Committee Assurance Report</b></p> <p>The paper was taken as read. HH pulled out the key headlines from the final CCG Quality and Performance Committee held on 30<sup>th</sup> June 2022 and asked Committee members to note the assurance that came from the meeting.</p> <p>There has been significant discussion in the CCG Quality and Performance Committee around performance particularly the system pressures in A&amp;E which is a deteriorating position.</p> <p>Cancer waits are being monitored and there has been a significant reduction in the 104-week waiters.</p> <p>UHDBFT have an increasing sickness rate and it is key that GP retention policy is included within that discussion.</p> <p>There is concern around the information and advice that is issued to patients whilst they are on a waiting list for treatment. Further work is being carried out in this area and HH noted the key part that GPs play in terms of ensuring patients are not forgotten and are progressing up the waiting list.</p> <p>HH confirmed that the integrated report had been noted and approved by the CCG Quality and Performance Committee.</p> <p>HH referred to the Risk Register and explained that a number of risks had been transferred to the MH and LDA Delivery Board. The remaining risks are due to be discussed on the agenda at this meeting.</p> <p>The Safeguarding Adults report was noted.</p> <p>The annual quality accounts were received, and the CCG Quality and performance Committee were assured that the reports are overseen by the CCG Chief Nurse.</p> <p>There was a recommendation to look at elective waiting list times in terms of health inequalities and it was agreed that this would be a priority and further work would be done in this area.</p> <p>HH informed the Committee there were 4 priorities that came out of the CCG Quality and performance meeting as listed below, HH suggested that these are discussed further in the development session.</p>	

	<ul style="list-style-type: none"> <li>○ Maternity</li> <li>○ CRHFT Stroke Services</li> <li>○ Health inequalities</li> <li>○ System performance</li> </ul> <p>There were no questions raised by the Committee members.</p> <p><b>The Quality and Performance Committee NOTED the System Quality and Performance Committee Assurance Report.</b></p>	
<p><b>Q&amp;P/2223 /005</b></p>	<p><b>Draft Integrated Performance Report</b></p> <p>The paper was taken as read.</p> <p>HW explained that the paper shows the direction of travel and the thought process in developing the integrated performance report.</p> <p>The report now focuses on system performance rather than provider performance. The report moves away from traditional performance metrics and now looks at the connections and impacts across the system to ensure the system is assured it is focussing on the areas that will deliver the most value. HW continued to explain that the report will also include the outcome of activity which has been delivered and a translation into pathway value. HW suggested a discussion around a feedback loop between the Finance and Estates Committee and Quality and Performance Committee to look at outcomes versus investment.</p> <p>HW noted the developing nature of the system in terms of governance and areas of responsibility. HW suggested the inclusion of benchmarking against peers in the report. How health inequalities and healthy life expectancy fits into the integrated report is still very much in development and HW is working with the local authorities to bring this together in a coherent program for the whole system.</p> <p>HH pointed out that the integrated report is a joint report produced by performance and quality colleagues. The quality section talks about system issues that are areas of concern and HH asked members to consider what they would like to see reported moving forward.</p> <p>RW stated that he would like to see a balanced scorecard across multi organisations as well as looking at how the system is performing at a PLACE level, suggesting that this Committee should act as a system coordinator and have oversight. BS explained that DCHS are developing a system dashboard which looks at particular issues within pathways.</p> <p>CW raised a point around stepping back to gain clarity around the priority areas of focus so the system can assess how well it is protecting its community from potential harms to their health.</p> <p>CF asked about the practicalities of getting to the desired position before the end of the financial year and what steps need to be taken to achieve said position.</p>	

	<p>BS suggested taking the comments made by Committee members away for consideration and action and to bring back the agenda item to the meeting in August along with a realistic timeline of the evolution of the integrated report. It is hoped that by November there will be a report that all parties have agreed, and which can be tested over the subsequent months. <b>ACTION</b></p> <p><b>The Committee noted and reviewed the Draft Integrated Performance Report and put forward recommendations.</b></p>	<p>HW / JC</p>
<p>Q&amp;P/2223 /006</p>	<p><b>Opening Risk Report – July 2022</b></p> <p>As at 1<sup>st</sup> July 2022, the Quality and Performance Committee are responsible for five risks:</p> <p><b>Risk 01:</b> The Acute providers may breach thresholds in respect of the A&amp;E operational standards of 95% to be seen, treated, admitted or discharged within 4 hours, resulting in the failure to meet the ICB constitutional standards and quality statutory duties. The current risk score is a very high 20</p> <p><b>July update:</b> The SORG have reviewed and updated the OPEL dashboard to support their operational discussion and to give a full picture on their operational resilience, which supports the system to understand where the pressures are, the impact this has and actions required to support.</p> <p><b>Risk 02:</b> Changes to the interpretation of the Mental Capacity Act (MCA) and Deprivation of Liberty (DoLs) safeguards, results in greater likelihood of challenge from third parties, which will have an effect on clinical, financial and reputational risks of the ICB. The current risk score is a high 12</p> <p><b>July update:</b> The government has set no date for the implementation of Liberty Protection Safeguards (LPS).</p> <p><b>Risk 08 (formerly CCG risk 25):</b> Patients diagnosed with COVID 19 could suffer a deterioration of existing health conditions which could have repercussions on medium- and long-term health. The current risk score is a high 9.</p> <p><b>July update</b> CRH North Hub has 137 patients on the caseload and UHDB South Hub has 113 patients on the case load.</p> <p>The assessment clinic waiting list has increased to 14 weeks caused by workforce leave and sickness. The clinical model is being reviewed to include an Advanced Clinical Practitioner (ACP) to support follow-ups.</p> <p>A proposal is being developed to appoint an Operations Manager to lead the assessment clinic and two Hubs.</p> <p><b>Risk 09 (formerly CCG risk 33):</b> <i>There is a risk to patients on waiting lists as a result of their delays to treatment as a direct result of the</i></p>	

	<p>COVID 19 pandemic. Provider waiting lists have increased in size and it is likely that it will take significant time to fully recover the position against these. The current risk score is a very high 16</p> <p><b>July update</b> The required reporting is now incorporated in the Quality Schedule so will be a quarterly formal report presented to the Provider Clinical Quality Review Groups (CQRGs).</p> <p><b>Risk 10 (formerly CCG risk 37):</b> <i>The Royal College of Physicians identified that there is a risk to the sustainability of the Hyper Acute Stroke Unit at CRHFT and therefore to service provision for the population of North Derbyshire.</i> The current risk score is a high 12</p> <p><b>The risk is now proposed to be increased to a very high score of 16 (probability 4 x impact 4).</b></p> <p><b>July update:</b> The reason for the proposed increase in risk score:</p> <p>A locum has handed in their notice with immediate effect, increasing the vulnerability of the service. In addition, the remaining locum is taking leave for two months over the summer period (1st July to 1st September), and the substantive consultant is on leave for a week at the end of July. Capacity-wise this leaves CRH with currently only two consultants, only one consultant between 1st July to 1st September, and with no consultant cover for the final week in July.</p> <p>In response, a weekly meeting has been called between key stakeholders. CRH have identified internal mitigations so that the Contingency Plan is not required to be enacted at this stage leading to a patient divert. Key mitigations include consultant support provided by Kings Mill and Nottingham to cover the final week in July where there is no consultant cover. Also Emergency Department will support additional thrombolysis and additional CNS bank staff opportunities will be provided.</p> <p>The services remain fragile, and the risk is escalated to Quality and Performance Committee and NHSE Midlands Clinical Director.</p> <p>CF asked about the BAF in respect of risks. RW explained development sessions are taking place to articulate the BAF which will be presented at the October ICB Board meeting.</p> <p>The Committee were asked to review and agree the risk description for the risks, as detailed in Appendix 1 and articulate the risk description in relation to the wider System/Integrated Care Partnership environment. BS proposed that the risks which are being transferred from the CCG Quality and Performance Committee are reviewed in detail at the System Quality Group and the output of that work be brought back to this Committee for assurance and approval. <b>ACTION</b></p> <p><b>The Committee noted the risks and agreed with the increase of Risk 10.</b></p>	<p>JH</p>
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<p><b>Q&amp;P/2223 /007</b></p>	<p><b>Discussion Around The Development Of The ICB Quality And Performance Committee</b></p> <p>BD asked Committee members if there were any other areas of development in addition to what had been discussed at this meeting. JS gave an example of the CRHFT HASU issue in terms of how this Committee needs to think in broader terms.</p> <p>There was a discussion around how the Committee will select which priorities to focus on and the Committee members echoed the same thoughts in terms of pathways, outcomes, and health inequalities.</p>	
<b>FOR CORPORATE ASSURANCE</b>		
	<p>No items</p>	
<b>FOR INFORMATION</b>		
	<p>No items</p>	
<b>MINUTES AND MATTERS ARISING</b>		
<p><b>Q&amp;P/2223 /009</b></p>	<p><b>Minutes from the meeting held on 12<sup>th</sup> May 2022</b></p> <p>The minutes from the meeting held on 12<sup>th</sup> May 2022 were agreed as a true and accurate record.</p>	
<p><b>Q&amp;P/2223 /010</b></p>	<p><b>Action Log from the meeting held on 12<sup>th</sup> May 2022</b></p> <p>The action log was reviewed.</p>	
<b>CLOSING ITEMS</b>		
<p><b>Q&amp;P/2223 /011</b></p>	<p><b>Forward Planner</b></p>	
<p><b>Q&amp;P/2223 /012</b></p>	<p><b>Any Other Business</b></p> <p>No other business was raised.</p>	
<p><b>Q&amp;P/2223 /013</b></p>	<p><b>Assurance Questions</b></p> <ul style="list-style-type: none"> <li>• Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes?</li> <li>• Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations?</li> <li>• Were papers that have already been reported on at another committee presented to you in a summary form?</li> <li>• Was the content of the papers suitable and appropriate for the public domain?</li> </ul>	

	<ul style="list-style-type: none"> <li>• 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?</li> <li>• 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?</li> <li>• What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting?</li> </ul>	
<b>DATE AND TIME OF NEXT MEETING</b>		
<b>Date:</b> 25 <sup>th</sup> August 2022		
<b>Time:</b> 9:00am to 10:30am		
<b>Venue:</b> TBC		

APPROVED

**MINUTES OF THE ICB QUALITY & PERFORMANCE COMMITTEE HELD ON  
THURSDAY 25<sup>TH</sup> AUGUST 2022, MS TEAMS, AT 09:00AM**

<b>Present:</b>		
Dr Buk Dhadda (Chair)	BD	GP and Chair
Jo Hunter	JH	Director of Quality - DDICB
Zara Jones	ZJ	Exec Director Of Strategy And Planning – DDICB
Chris Weiner	CW	Chief Medical Officer – DDICB
Richard Wright	RW	Non-Exec Director – DDICB
Margaret Gildea	MG	Non-Exec Director – DDICB
Sheila Newton	SN	Non-Exec Director – DDICB
Gemma Poulter	GP	Assistant Director Adult Social Care – Derbyshire County Council
<b>In Attendance:</b>		
Jo Pearce (minutes)	JP	EA to Brigid Stacey - ICB
Jackie Carlile	JC	Head Of Performance And Assurance - DDICB
Helen Wilson	HW	Deputy Director of Contracting and Performance
Fran Palmer	FP	Corporate Governance manager - DDICB
<b>Apologies:</b>		
Brigid Stacey	BS	CNO & Deputy Chief Exec - ICB
Robyn Dewis	RD	Director of Public Health – Derby City Council
Kay Fawcett	KF	Non-Exec Director – ICB
Christine Fearn	CF	Non-Exec Director - UHDBFT
Simon Stevens	SS	Director of Public Health – Derbyshire County Council
Jayne Stringfellow	JS	Non-Exec Director – CRHFT

<b>Item No.</b>	<b>Item</b>	<b>Action</b>
<b>Q&amp;P/2223 /0014</b>	<b>Welcome, Introductions And Apologies</b>	
<b>Q&amp;P/2223 /015</b>	<b>Confirmation Of Quoracy</b> It was noted that the meeting was .	
<b>Q&amp;P/2223 /016</b>	<b>Declarations Of Interest</b> BD 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 ICB Quality and Performance 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: <a href="https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/?cn-reloaded=1">https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/?cn-reloaded=1</a>	

	<p><u>Declarations of interest from sub-committees</u> No declarations of interest were made.</p> <p><u>Declarations of interest from today's meeting</u> No declarations of interest were made.</p>	
<p><b>QP/2223/ 017 018</b></p>	<p><b>Integrated Performance Report Progress On The Integrated Performance Report</b></p> <p>The paper was taken as read. HW explained that this new System Performance report is designed to support the System Quality and Performance Committee in reviewing the delivery of health services throughout the system and to provide assurance on the actions being taken across all providers to deliver access to high quality, well-performing services which improve the health outcomes of the population of Derbyshire.</p> <p>As a new and developing report feedback is welcomed on the format and content of the report and whether it provides the right information to meet the objectives of the System Quality and Performance Committee. Views are welcomed on the current gaps in the report and whether these are the right priority areas to develop for reporting. We would like to develop benchmarking against other systems for areas of this report.</p> <p>Public Health colleagues are reviewing the requirement for high level Health Inequalities reporting and will agree an approach for the ICB. We hope to be able to align this approach with this report to ensure that health inequalities are considered as an integral part of system performance.</p> <p>HW showed the cancer pathway as an illustrative example and explained that the report shows a holistic view across the system. What has been identified is that the delays in secondary care are fairly small and the biggest delays are happening in areas that are not currently measured. If finances were factored in, then around 98% of the costs sit within the acute sector, however in terms of priorities and the ability to impact on the outcome of patients and overall performance HW suggested there should be reinvestment and refocus in the earlier stages to get people to present earlier and progress more quickly through Primary Care. HW continued to say that it has been difficult to obtain data on all areas of the pathway however this will be pursued.</p> <p>SN noted the great services in the system but highlighted the fact that services do not communicate with each other, for example hospital to community. There is work to be done to ensure the services are able to deliver as they were doing pre pandemic in terms of the softer factors including patient experience.</p> <p>CW noted the need for the report to be developed over time and noted one of the key areas that he is keen to understand is whether quality is</p>	

	<p>improving across the system over time, what is driving quality, both high and low in the system.</p> <p>RW expressed how pleased he was with the development of the report and the fact that it is looking across whole pathways which is highlighting where the constraints lie. RW also noted his support into looking at the Delivery Boards as it is a means of understanding the patients experience from start to finish.</p> <p>GP observed that there is no reference to adult social care within the report. The two Local Authorities in Derbyshire have significant influence in terms of outcomes and quality and performance of other partners. GP asked if this is due to the report being in development or because the report is health focused. HW took this on board and confirmed that she will make links with LA in the future.</p> <p>ZJ noted her satisfaction on how the report is developing and raised a question around the role of this Committee versus the role of other groups in the wider system and how it ensures there is boundaries on what subjects are discussed.</p> <p>SN added that this Committee has a role in influencing the cultural change that is needed to enable urgent care to ensure patients are receiving the appropriate advice, in the most appropriate place and time. This is a significant cultural change which this Committee can be a part of.</p> <p>JH referred to the Delivery Boards and how the communication between those boards and this Committee will develop over time. JH then spoke about patient experience and noted there is little focus on patient experience in the quality meetings with providers and this is something that she wants to pursue as part of her role.</p> <p>BD highlighted that the production of the integrated report is an evolutionary process which will include ongoing discussion by the Committee to agree the level of data which is included.</p> <p>ZJ asked the Committee if they would like to focus on one area of discussion for the next meeting to give the opportunity to look at the real persistent issues.</p> <p>RW referred to page 50 of the integrated report and commented that he felt progress was slow around Ockenden. JH confirmed progress is slow and steady, there are senior leadership issues withing maternity at both trusts. The issues are being carefully monitored and regular meetings take place around progress against Ockenden. Royal Derby Hospitals FT and Burton Hospital have both had an NHSE Oversight visit and the report from the visits is awaited. JH gave assurance to the Committee that maternity services are being carefully monitored and supported.</p> <p>BD Referred to mental health performance and noted downward trends in a number of areas relating to mental health service provision and asked if this was an area for consideration and discussion. ZJ agreed with the suggestion and showed the committee that teams home</p>	
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	<p>monitoring and working through the immediate day-to-day bed pressures trying to aid flow. ZJ suggested hey more detailed conversation around mental health at the next meeting.</p> <p>BD took the opportunity to thank HW for all the work she has done for the CCG and ICB and the population of Derbyshire over the years as she moved into a new role with NHSE.</p> <p>The comments and suggestions around the developing integrated report were noted. The Integrated Report was approved by the Committee.</p>	
<p><b>Q&amp;P/2223 /019</b></p>	<p><b>Update On Risk Register Development</b></p> <p>JH explained that System Quality Group received a presentation of the system risk register at the meeting on 2nd August 2022. The register contained over 200 risks which were rated at 12 or above. Due to the amount of risks that had been submitted the decision was made to revisit the risk register and present another paper at System Quality Group on 6th September 2022.</p> <p>The Board Assurance Framework for NHS organisations in Derbyshire have been reviewed to identify any themes, and in conjunction with the Senior Nurse Deputies Group any risk which is rated at 15 and above will be reviewed with the aim of developing a system risk register around quality, clinical quality, and quality aspects. JH confirmed that the data from DHU will be included once it has been through their internal processes.</p> <p>JH confirmed that conversations have taken place with the corporate directorate who are supportive of the work that is taking place. It is hoped that the relevant risk register will be presented to this committee at the meeting in November.</p>	
<p><b>Q&amp;P/2223 /020</b></p>	<p><b>Board Assurance Framework</b></p> <p>The purpose of this report is to assure the Quality and Performance Committee on the process for developing the Strategic Risks and Board Assurance Framework.</p> <p>The ICB Board Assurance Framework (BAF) provides a structure and process that enables the organisation to focus on the strategic and principal risks that might compromise the ICB in achieving its corporate objectives. It will map out both the key controls that should be in place to manage those objectives and the associated strategic risks and confirms that the ICB has sufficient assurance about the effectiveness of the controls.</p> <p>The opening Board Assurance Framework position was agreed by the ICB Board on the 1<sup>st</sup> July 2022. Initially, there are ten strategic risks that the ICB, in its opening BAF have adopted. Six of these are</p>	

	<p>strategic risks for transfer from the CCG, two are residual risks from transitional groups and the remaining two are emerging risks.</p> <p>The ICB will develop and agree its strategic aims and objectives during August and September as part of the ICB Board Development Sessions led by Deloitte. A full ICB Board development session take place early September and a specific session to develop the strategic risks and Board Assurance Framework will take place with the Executive Officers and Non-Executive Members mid- September.</p> <p>The aim is to present the BAF at the SQG each month and SQG will report back to the quality and performance Committee.</p> <p>FP noted the three risks responsible to the quality and performance Committee are detailed in the report and asked the Committee for any comments. CW referred to risk 6 around the vaccination programme and queried whether it should be included due to it being very specific. Other members of the Committee agreed, and FP was unable to give a reason for the risk being included on the Risk Register but agreed to investigate and circulate an explanation to Committee members.</p>	
<b>Q&amp;P/2223 /021</b>	<p><b>Ongoing Development Of The Q&amp;P Committee - Follow Up From Last Meeting</b></p> <p>There was significant discussion during the quality and performance meeting around the future development of the meeting and the reports that will be submitted for assurance and discussion. BD asked members is there was anything further to raise and agreed that this will be an open agenda item for the next few months. <b>ACTION – JP to add to the forward planner.</b></p>	
<b>Q&amp;P/2223 /022</b>	<p><b>Terms Of Reference For Approval</b></p> <p>The ToR were formally approved by the Quality and Performance Committee.</p>	
<b>MINUTES AND MATTERS ARISING</b>		
<b>Q&amp;P/2223 /023</b>	<p><b>Minutes from the meeting held on 28<sup>th</sup> July 2022</b></p> <p>The minutes from the meeting held on 28<sup>th</sup> July 2022 were agreed as a true and accurate record.</p>	
<b>Q&amp;P/2223 /024</b>	<p><b>Action Log from the meeting held on 28<sup>th</sup> July 2022</b></p> <p>The action log was reviewed and updated as necessary.</p>	
<b>CLOSING ITEMS</b>		
<b>Q&amp;P/2223 /025</b>	<p><b>Forward Planner</b></p>	

<p><b>Q&amp;P/2223 /026</b></p>	<p><b>Any Other Business</b></p> <p><b>System Oversight Framework – Jo Hunter</b></p> <p>The System Oversight Framework and the need to determine ratings as a system has been discussed at JUCD SLT and the ICB Executive Team meeting. Following discussion, it is suggested that the ICB take the view that the system rating should remain at 2 (rating is between 1 – 4, 1 being good and 4 being poor). Currently there are three providers at a level 2 and one provider at a level 3. JH confirmed that work will continue to progress this and that a pragmatic view has been taken based on the information to date. It is possible that the rating will change as the ICB moves through the self-assessment process.</p> <p>The Quality And Performance Committee approved the System Oversight Framework rating of 2.</p>	
<p><b>Q&amp;P/2223 /027</b></p>	<p><b>Assurance Questions</b></p> <ul style="list-style-type: none"> <li>• Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes?</li> <li>• Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations?</li> <li>• Were papers that have already been reported on at another committee presented to you in a summary form?</li> <li>• Was the content of the papers suitable and appropriate for the public domain?</li> <li>• 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?</li> <li>• 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?</li> <li>• What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting?</li> </ul>	
<b>DATE AND TIME OF NEXT MEETING</b>		
<p><b>Date:</b> 29<sup>th</sup> September 2022</p>		
<p><b>Time:</b> 9:00am to 10:30am</p>		
<p><b>Venue:</b> Florence Nightingale Room, Cardinal Square, DE1 3QT</p>		

**MINUTES OF THE ICB QUALITY & PERFORMANCE COMMITTEE HELD ON**

**29<sup>TH</sup> SEPTEMBER 2022 MS TEAMS, AT 09:00AM**

<b>Present:</b>		
Dr Buk Dhadda (Chair)	BD	GP and Chair
Kay Fawcett	KF	Non-Exec Director – DDICB
Christine Fearn	CF	Non-Exec Director - UHDBFT
Chris Weiner	CW	Chief Medical Officer – DDICB
Richard Wright	RW	Non-Exec Director – DDICB
<b>In Attendance:</b>		
Jackie Carlile	JC	Head Of Performance And Assurance - DDICB
Jo Hunter	JH	Director of Quality - DDICB
Jo Pearce (minutes)	JP	EA to Brigid Stacey - DDICB
<b>Apologies:</b>		
Robyn Dewis	RD	Director of Public Health – Derby City Council
Margaret Gildea	MG	Non-Exec Director – DDICB
Zara Jones	ZJ	Exec Director Of Strategy And Planning – DDICB
Sheila Newton	SN	Non-Exec Director – DDICB
Brigid Stacey	BS	CNO & Deputy Chief Exec - DDICB
Simon Stevens	SS	Director of Public Health – Derbyshire County Council
Jayne Stringfellow	JS	Non-Exec Director – CRHFT

<b>Item No.</b>	<b>Item</b>	<b>Action</b>
<b>Q&amp;P/2223 /029</b>	<b>Welcome, Introductions And Apologies</b>	
<b>Q&amp;P/2223 /030</b>	<b>Confirmation Of Quoracy</b> It was noted that the meeting was .	
<b>Q&amp;P/2223 /031</b>	<b>Declarations Of Interest</b> BD 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 ICB Quality and Performance 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: <a href="https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/?cn-reloaded=1">https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/?cn-reloaded=1</a>  <u>Declarations of interest from sub-committees</u> No declarations of interest were made.  <u>Declarations of interest from today's meeting</u> No declarations of interest were made.	

<p><b>QP/2223/032</b></p>	<p><b>Integrated Performance Report</b></p> <p>The paper was taken as read. The Committee were asked to review the report and agree its contents for assurance purposes.</p> <p>JC noted the changes that had been made to the report this month and then went on to explain on more detail the contents of the report which included the following points.</p> <p><b>Urgent and Emergency Care</b></p> <p>The number of people attending A&amp;E is no greater than expected. Craig Cook will be looking at all the available data including Community and Primary Care data and work with the performance team to identify what can be incorporated into the performance report in the future.</p> <p>Post discharge delays are in the P1 pathway, and this is due to issues with care home occupancy and agency carers. JH added that the care system is under extreme pressure and confirmed that ICB Health colleagues are meeting with the Director Of Adult Social Care and Chief Executives of the Local Authority to discuss how they can be supported.</p> <p>Long turnaround times in the Ambulance service continue however they are lower than they were earlier in the year. There is still approx. 38 hours of crew time being lost every day due to delays in the trusts.</p> <p>Community response performance has been improving over the last 12 months and it is hoped that this will continue over the winter period.</p> <p><b>Planned Care and Cancer</b></p> <p>JC explained that the patients on the 62+ week waiting list include all patients on the list who have not yet been treated for cancer. JC further explained that these patients could still be in the diagnostic stage of the pathway and could also be patients who have been told that they do not have a diagnosis of cancer but have not yet been removed from the tracking. UHDBFT are currently experiencing a backlog in terms of tracking and a funding request has been submitted to NHSE to help with this problem. Derbyshire cancer services are on Tier 2 with NHSE and weekly calls are taking place with the regional team to review the backlog.</p> <p>Cancer referrals continue to increase, for instance cancer referrals at CRHFT are 20% higher and UHDBFT are 42% higher than pre pandemic levels. Meetings are planned to discuss referral management as well as work around lower GI and FIT testing.</p> <p>CW noted the following points: UHDBFT are raising concerns around the number of patients being referred through the 2-week urgent referral for lower GI related issues and it has been identified that only around 40% have had a FIT test</p>	

	<p>completed prior to referral. Evidence shows that the FIT test can be used to better diagnose the patient to the correct diagnostic pathway. There is the opportunity to ease the pressure in the lower GI pathway. Work is taking place between Primary Care and the Primary Care Network, and a letter is being circulated from the LMNC, UHDBFT and Chris Weiner to encourage more consistent use of FIT tests going forward and embed a process of best practice.</p> <p>CF added that whilst the ED attendance graphs are helpful, they do not take into account the changes in acuity of the patients that the trusts are seeing, as well as taking into account patients that may be positive for Covid. CW raised the question around where the ICB Quality and Performance Committee should focus the time and resource. It is clear that there are issues with flow which means longer stays in hospital for patient which then results in deconditioning and in turn an increased need for social care support.</p> <p>CW then spoke about the ambulance service and the delays, there is focus on the front door of the hospitals and improving handover times however the control charts show that little improvements are being made. CW asked if the focus should be at the A&amp;E front door or elsewhere in the system. There seems to be a fixed capacity in terms of the social care system which can be increased for short periods of time however this is relatively fixed at this moment in time.</p> <p>The Committee noted the contents of the Integrated Performance Report. JC noted the comments that had been made about the development of the report and future amendments.</p>	
<p><b>Q&amp;P/2223 /033</b></p>	<p><b>Progress of the Integrated Performance Report</b></p> <p>There was discussion around the role of the ICB Quality and Performance Committee and the priorities that it should be focusing on as well as how the information that is discussed at ICB Quality and Performance Committee is presented to the ICB Board members.</p> <p>Point raised by the Committee members were:</p> <ul style="list-style-type: none"> <li>• Pathway information has been lost from the report and this needs to be incorporated again.</li> <li>• Where does this committee direct its resource and time in order to address its concerns and issues.</li> <li>• Increase in acuity is being talked about however there is no evidence. Is the narrative correct?</li> <li>• Data does not reflect the talk about increase of demand at the front door.</li> <li>• Need to get to the nub of where the major problems are and how we solve them collectively.</li> <li>• Length of stay shows consistent increase in length of stay which points to a potential flow issue and could be related to outflow from the hospital or the acuity of people inside hospital.</li> <li>• Look at where the system is in relation to the interventions that have been talked about.</li> </ul>	

	<ul style="list-style-type: none"> <li>• How can the work that is done by this Committee align the work on improvement. Can see the data but cannot see the story behind the data.</li> <li>• Where would we want to focus to protect or increase resource to deliver on some of these issues that have been outlined.</li> <li>• Priorities need to be agreed and incorporated into the 5-year plan.</li> <li>• This Committee role is to highlight the issues that are identified as part of the assurance process.</li> <li>• How do we focus on the key areas?</li> <li>• Need a breakdown of the age group for length of stay.</li> <li>• Need to include readmission rates.</li> <li>• What can we do to stop people getting to the front door? DCHS have been hidden waits associated with chronic illness.</li> <li>• What are we doing about the revolving door patients</li> <li>• Not currently managing to look after people with chronic wounds, ulcers or weight management and obesity challenges, all of which are precursors to people ending up in hospital. Do we need to look at some of the preventative work to stop people entering the health system. This needs to be incorporated into the integrated performance report.</li> <li>• GP's who are experts in their own field do not have the time to spend with patients health complexities who are more likely to end up in hospital as they are dealing with patient with less serious health issues. Is this a piece of work for the system to look at?</li> <li>• Need to look at every opportunity around how we are partnering across the system and the options for better coordinated care across the acute and community sector.</li> <li>• Conversations around the common truth are not sitting with this committee however there is a role to discuss the implications for quality and safety for the groups of patients that we are concerned about. The quality metrics could be improved to reflect that so that we get the common truth across the system from all partners.</li> <li>• Where are solutions to the issues which have been identified discussed and how are they taken forward from a leadership point of view.</li> <li>• BD clarified that it is the role of the ICB quality and performance Committee to escalate these matters to the ICB board.</li> <li>• More detail is needed on inflow in terms of Primary Care and general practice data, outflow, and length of stay.</li> <li>• If capacity for social care provision cannot be increased, we must do all we can to prevent the need for social care.</li> <li>• What type of prevention do we need that drives quality and performance on a shorter times scale – secondary and tertiary prevention.</li> <li>• Would like to see a shift from managing the immediate issues to prevention of the issues.</li> <li>• Mental Health needs to be built into the preventions.</li> <li>• What are the top 5-10 issues that need to be put forward from this Committee would recommend needs to be focused on?</li> <li>• Demand management is not clear across the system.</li> </ul>	
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	<ul style="list-style-type: none"> <li>• How do we get total patient vision. How does the system capture the systemic assessment if the patient in its care.</li> </ul> <p>RW asked what are the specifics that have come out of the conversations that have taken place today. Will it lead to a recommendation to the Board and what are the timescales, being conscious of the moving timescale and the 5-year plan. BD replied to say that he would like to obtain the Primary Care data and fine tune the data currently in the integrated performance report in terms of inflow, outflow, length of stay and looking upstream and once there is a clearer picture of the whole pathway this Committee can approach the ICB Board.</p> <p>CW spoke about the 100-day challenge pushed by NHSE and the focus is to improve flow within hospital settings. An element of the 100-day challenge is that a delayed discharge is a potential serious harm event and this needs to be recognised.</p> <p>CF asked if there is any log or document of the top priorities that are being worked on as a system which can be shared. The other Committee members were not aware of any such document. BD noted that the ICB Board have resisted the temptation to bring across priorities from the CCG and are instead, reflecting and taking a fresh look.</p> <p>CW expressed his wish to have virtual wards included in the top priorities. There is the potential to improve performance across the system and health outcomes for the community.</p> <p>JH raised the independent and LDA hospitals. There are no issues in Derbyshire but for the cohort that are living out of county there is a constant risk of the homes that they are living will close due to CQC inadequate ratings or financial sustainability. This results in the challenge posed to find a suitable placement for those who are settled in their placements. Destabilisation of their living conditions is detrimental to their care. RW asked which Risk Register this risk would sit on. JH confirmed it is on both DHcFT and DCHS Risk Register and the MH Delivery Board are sighted. Constant monitoring of this current risk is low, but it is increasing and may have to be escalated onto the system Risk Register.</p> <p>BD asked if the next report could include information and a further breakdown on inflow, outflow, and length of stay. There is a need to work with the Primary Care team around the accuracy of the Primary Care data. Once the report is developed it will be taken to the ICB Board to advise their members around how this Committee plan to review the integrated report and details of the escalation process.</p>	
<p><b>Q&amp;P/2223 /034</b></p>	<p><b>Update On Risk Register Development</b></p> <p>JH gave a verbal update on the development of the System Risk Register. The process of getting a System Risk Register on clinical quality and safety was approved at the SQG. A first report is hoped to be available in December. All risks over 15 have been submitted by</p>	

	<p>providers. Social Care are not part of the Risk Register at this point; however, this will come in the future. JH is looking at how we reflect risks in general practice and this work will be done in conjunction with the Primary Care team. Once the risks have been received from the providers, they will be collated into one overarching risk, in the ICB format and details and reference to the providers risk will be detailed within the report as well as being aligned to the system BAF.</p> <p>A process is being developed through the CQRG for each provider, so each risk is regularly updated.</p>	
<b>Q&amp;P/2223 /035</b>	<p><b>Development of the Q and P Committee</b></p> <p>This was discussed earlier in the meeting.</p>	
<b>MINUTES AND MATTERS ARISING</b>		
<b>Q&amp;P/2223 /036</b>	<p><b>Minutes from the meeting held on 25<sup>th</sup> August 2022</b></p> <p>The minutes from the meeting held on 25<sup>th</sup> August 2022 were agreed as a true and accurate record.</p>	
<b>Q&amp;P/2223 /037</b>	<p><b>Action Log from the meeting held on 25<sup>th</sup> August 2022</b></p> <p>The action log was reviewed and updated as necessary.</p>	
<b>CLOSING ITEMS</b>		
<b>Q&amp;P/2223 /038</b>	<p><b>Any Other Business</b></p> <p>No other business matters raised.</p>	
<b>Q&amp;P/2223 /039</b>	<p><b>Forward Planner</b></p>	
<b>Q&amp;P/2223 /040</b>	<p><b>Assurance Questions</b></p> <ul style="list-style-type: none"> <li>• Has the Committee been attended by all relevant Executive Directors and Senior Managers for assurance purposes?</li> <li>• Were the papers presented to the Committee of an appropriate professional standard, did they incorporate detailed reports with sufficient factual information and clear recommendations?</li> <li>• Were papers that have already been reported on at another committee presented to you in a summary form?</li> <li>• Was the content of the papers suitable and appropriate for the public domain?</li> <li>• 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?</li> <li>• Does the Committee wish to deep dive any area on the agenda, in more detail at the next meeting, or through a separate meeting</li> </ul>	

	<p>with an Executive Director in advance of the next scheduled meeting?</p> <ul style="list-style-type: none"> <li>• What recommendations do the Committee want to make to the ICB Board following the assurance process at today's Committee meeting?</li> </ul>	
<b>DATE AND TIME OF NEXT MEETING</b>		
<b>Date:</b> 27 <sup>th</sup> October 2022		
<b>Time:</b> 9:00am to 10:30am		
<b>Venue:</b> Florence Nightingale Room, Cardinal Square, DE1 3QT		

Approved

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

**HELD ON THURSDAY 21<sup>ST</sup> JULY 2022**

**VIA MICROSOFT TEAMS**

<b>Present:</b>		
John MacDonald	JM	ICB Chair (Chair)
Tracy Allen	TA	Chief Executive DCHS & Place Partnerships (NHS Trust & FT Partner Member)
Dr Chris Clayton	CC	ICB Chief Executive Officer
Julian Corner	JC	ICB Non-Executive Member
Dr Buk Dhadda	BD	ICB Non-Executive Member / Vice Chair of the ICB Board
Helen Dillistone	HD	Executive Director of Corporate Affairs
Margaret Gildea	MG	ICB Non-Executive Member
Keith Griffiths	KG	ICB Executive Director of Finance
Zara Jones	ZJ	Executive Director of Strategy & Planning
Ifti Majid	IM	Chief Executive DHcFT & Provider Collaborative at Scale (NHS Trust & FT Partner Member for Mental Health)
Dr Andrew Mott	AM	GP Amber Valley (Partner Member for Primary Medical Services)
Andy Smith	AS	Strategic Director of People Services, Derbyshire County Council (Local Authority Partner Member)
Sue Sunderland	SS	ICB Non-Executive Member
Dr Chris Weiner	CW	ICB Chief Medical Officer
Richard Wright	RW	ICB Non-Executive Member
<b>In Attendance:</b>		
Tracy Burton	TB	Assistant Chief Nurse Officer (deputising for Brigid Stacey)
Chlinder Jandu	CJ	Administration
Frances Palmer	FP	Corporate Governance Manager
<b>Apologies:</b>		
Dr Avi Bhatia	AB	Clinical & Professional Leadership Group participant to the Board
Suzanne Pickering	SP	Head of Governance
Amanda Rawlings	AR	Chief People Officer
Brigid Stacey	BS	Chief Nursing Officer & Deputy Chief Executive Officer
Dean Wallace	DW	Director of Public Health, Derbyshire County Council (Local Authority Partner Member)

Item No.	Item	Action
<b>Introductory Items</b>		
<b>ICBP/2223/018</b>	<p><b>Welcome and apologies</b></p> <p>John MacDonald (JM) welcomed Tracey Burton, who was deputising for Brigid Stacey, Chief Nurse Officer.</p> <p>Apologies were noted as above.</p>	

Item No.	Item	Action
ICBP/2223/019	<p><b>Confirmation of quoracy</b></p> <p>It was confirmed that the meeting was quorate.</p>	
ICBP/2223/020	<p><b>Declarations of Interest</b></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: <a href="https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/">https://joinedupcarederbyshire.co.uk/derbyshire-integrated-care-board/integrated-care-board-meetings/</a></p> <p>No declarations of interest were noted.</p>	
ICBP/2223/021	No questions were received from members of the public.	
<b>Strategy and Leadership</b>		
ICBP/2223/022	<p><b>Chair's Report</b></p> <p>JM acknowledged that the past few months and particularly the last few weeks have been difficult for the NHS and recognised and thanked the efforts of staff in trying to handle some very difficult and challenging situations from ambulances, all the way through to Community Primary Care.</p> <p>JM congratulated Tracey Cunningham on her Community Heroes Award for her role as First Contact Rough Sleeper Paramedic, and thanked her on behalf of the Board, as the work being carried out can make a huge difference to people's lives. Tracey is funded by the ICB but employed by East Midlands Ambulance Service NHS Trust.</p> <p><b>The Board NOTED the Chair's report</b></p>	
ICBP/2223/023	<p><b>Chief Executive's Report</b></p> <p>Dr Chris Clayton (CC) presented the Chief Executive Officer's report, which provided an update on key messages and developments relating to work across the ICB and Integrated Care System (ICS). The report provided a helicopter view both regionally and nationally and included items that would not necessarily be discussed on the agenda otherwise.</p>	

Item No.	Item	Action
	<p>CC requested feedback on the approach, usefulness and content of the report and also the balance between the Chair and Chief Executive reports.</p> <p>CC highlighted the following points:</p> <ul style="list-style-type: none"> <li>• CC expressed his gratitude to colleagues working tirelessly in terms of the Critical Incident Response.</li> <li>• Yesterday's Covid-19 figures showed a slight reduction in cases, but it is too early to tell if this will be significant, and the wider impacts need to be thought about.</li> <li>• CC congratulated Gary Marsh on his appointment as Chief Nurse at UHDB and Tracey Cunningham on her award for her role as First Contact Rough Sleeper Paramedic.</li> <li>• CC highlighted the Health Watch survey, which is being undertaken in general practices and will aid the Board's understanding on the importance of the general practice access position, and also the public's view on this locally.</li> <li>• Now we are no longer part of any joint committee structure outside of Derbyshire, CC would like to build into this report a border situational report, particularly in regards to Greater Manchester, South Yorkshire, Nottinghamshire and East Midlands. CC will work with colleagues about how to factor intelligence in about wider Derbyshire collaboration cross-border working.</li> </ul> <p><b>Comments</b></p> <p>Ifti Majid (IM) suggested considering having a conversation in public regarding the changes to the Mental Health Act and the impact across the whole of the system and how it is going to be managed across the ICB.</p> <p><u>Critical Incidence Response</u></p> <p>Tracy Allen (TA) reported that yesterday a Gold Command meeting was called in response to very high levels of demand and constrained capacity in terms of the number of calls that EMAS were receiving, the number of ambulances and patients presenting outside Emergency Departments, the pressures on EDs and throughout the Acute Trusts in terms of the number of people they were caring for as in-patients. It was agreed that the pressures were such that there were critical patient safety issues. The Gold Command meeting was merited for three main reasons:</p>	

Item No.	Item	Action
	<ul style="list-style-type: none"> <li>• to formalise the requirement for all organisations to move out of their business as usual processes;</li> <li>• by calling it a critical incident across the NHS, we moved into managing the incident through the emergency preparedness, resilience and response format, which provided a helpful structure to ensure decisions were made, recorded and challenged in the right way; and</li> <li>• enabled public communication across Derby and Derbyshire, and to be open and transparent with our citizens and communities around the pressures and what else they could do.</li> </ul> <p>TA praised the collaborative working across the system during the incident. General Practice both in-hours and through Derbyshire Health United were working to try to increase clinical capacity at EDs. Derbyshire Community Health Services NHS Foundation Trust and Local Authorities are asking very senior decision-makers in the integrated discharge teams to challenge themselves, patients and their families in regards to the basis of discharging people. Derbyshire Health Care NHS Foundation Trust are putting in extra capacity to access ED and provide additional support to patients presenting with mental health interventions. There is also work commencing with EMAS and 111 to look at whether there would be a benefit in obtaining more senior clinical decision makers into 111 and EMAS call centres. There was also a significant decision made at the meeting following an ask from the System Operational Resilience Group (SORG) to spot purchase some additional care home beds, which was agreed in order to try and decompress the acute Trusts. SORG and Chief Nurses are also working on the potential to open and staff any other extra beds, which may not be possible due to the short time span.</p> <p>Dr Chris Weiner (CW) highlighted the point about the possibility of a rising-tide event. The evidence which has been seen from international sources suggests that for every 1 degree rise in ambient temperature above 29 degrees Celsius, you might see up to a four and a half percent increase in hospital admissions, and there is a delay of between three and six days between the rise in temperature and those hospital admissions. This is an area we need to monitor and review.</p> <p><b>Comments</b></p> <p>CW thanked TA for stepping in at short notice and chairing the meeting. Everyone engaged across all partnerships, and organisations within Derby and Derbyshire.</p>	

Item No.	Item	Action
	<p>Helen Dillistone (HD) briefed the Board on the process and status of the critical incident as it is not something that has been done before as a whole system, and it does add a level of formality around the process and decisions that are taken. There are systems and processes already in place through the System Escalation Call (SEC), which now formally becomes the Gold Command, and the System Operational Resilience Group, who meet daily, is the Silver Command. There is an important connectivity formally now between these two groups. In terms of the status, the current plan is that it is a temporary status. One of the purposes of the Gold Command is to have key actions to de-escalate the situation as quickly and safely as possible and that work in part will be done by SEC in partnership with partner organisations through planning. NHS England were on the call and were very supportive of the approach that was taken to call the critical incident.</p> <p>Buk Dhadda (BD) thanked colleagues in the escalation meeting and reinforced CW's earlier point about delayed presentation of certain illnesses with increasing temperatures. BD paid tribute to all the colleagues in Primary Care and Community Services who are out in the heat visiting housebound patients who were getting quite unwell, as there was a big spike in trying to ensure housebound, elderly, frail patients who were presenting with acute illnesses were kept at home.</p> <p>Zara Jones (ZJ) pointed out that a Silver Command meeting will be held at 10am to take stock as to what happened overnight and a further meeting at 2pm, followed by a Gold Command meeting at 3:30pm to see whether we are still in a critical incident status.</p> <p><b>The Board NOTED the Chief Executive's Report</b></p>	
<b>Items for Decision</b>		
<p><b>ICBP/2223/024</b></p>	<p><b>Joined Up Care Derbyshire ICS Green Plan</b></p> <p>HD presented the above paper which detailed the new Joined Up Care Derbyshire (JUCD) ICS Green Plan and set out the system's ambition to reduce the carbon footprint of the local NHS.</p> <p>In 2020, the NHS launched the campaign "For a Greener NHS" and an Expert Panel, chaired by Sir Simon Stevens, set out a practical, evidence-based and quantified path to a 'Net Zero' NHS. In response to this call, the ICS were required to develop a regional-level approach to sustainability. The Derbyshire ICS Greener NHS Delivery Group was established and chaired by</p>	

Item No.	Item	Action
	<p>Helen Dillistone, Senior Responsible Officer for Net Zero, and have worked together with support from an external consultancy to develop this ICS Green Plan.</p> <p>Each member organisation has its own individual Trust Green Plan, however this joint ICS Green Plan identifies elements which are better undertaken together, where co-ordination is required across organisations or where additional value can be brought to the system by working together.</p> <p>The Plan details the drivers for change, the significant contributing factors which the NHS has in its carbon footprint and what this looks like for the Derbyshire system. It also sets out what our current contribution is to the CO<sub>2</sub> emissions and determines our baseline to help inform our approach and strategy going forward. Following analysis, there are a number of common themes within each organisation which included:</p> <ul style="list-style-type: none"> <li>• how we engage, educate and train our staff on the Green Plan, and how this links in with the Anchor Institutions;</li> <li>• how we can ensure the drive for transformation includes sustainable care models;</li> <li>• how might organisations who rely on travel and logistics reduce their carbon footprint;</li> <li>• how are we best using our energy efficiency programme and how this links in with our estate strategies;</li> <li>• adaptation planning for any changes we have to make;</li> <li>• how we monitor and evaluate our carbon and greenhouse gases;</li> <li>• what our corporate approach will be towards sustainability; and</li> <li>• sustainable use of resources, through waste management.</li> </ul> <p>HD highlighted the Action Plan within Appendix A which supports the strategy and details timeframes for achieving the system's contribution to the Plan. It details the visions and intervention levels for these timeframes, how we can develop policies to drive change and how we connect with estate groups.</p> <p>HD recommended for the Board to formally adopt the JUCD ICS Green Plan on behalf of the ICB.</p> <p><b>Comments/Questions</b></p> <p>Julian Corner (JC) asked how the ICB will contribute to an overall integrated approach rather than making it all about the</p>	

Item No.	Item	Action
	<p>NHS, due to the scale and interdependency of this project, we ought to be contributing to a much bigger effort than just our own.</p> <p>HD stated that in terms of the bigger effort the Health and Wellbeing Board is starting to bring together not just the NHS organisations but some of the wider partners across the Health and Care System, and there is good evidence of broader thinking around reducing our carbon footprint and the importance of this in reducing health inequalities. We also have a link into the Anchor Institutions and the work and approach that is happening there, which takes a much broader social and economic approach to development.</p> <p>JM commented that working with our key partners in terms of demonstrating a commitment to move on this at pace is something that is absolutely critical. We do have a role in working with other organisations and supporting the work of the Anchor Institutions in ensuring that we are giving a real public commitment to this work.</p> <p>Sue Sunderland (SS) welcomed the plan and was pleased to see the depth of coverage that it is going to encompass. SS queried how challenging we have been to ourselves around some of the targets we have adopted and whether there will be an ongoing challenge to reach them sooner. SS also asked about joining up with D2N2, which is not scheduled until 2030. This is already a well-established network and SS asked what was holding it back until 2030 as it seems like an area which we could action quickly and a good opportunity to link up with our partners given it is a local authority-led scheme.</p> <p>HD shared that 2030 is a target that is being worked towards and part of the complexity is to gain an understanding of where the greatest gains are, even if it is a small incremental change, as combination of these smaller incremental changes could make a big difference. Data is collected quarterly and we will be able to start to see the differences that are being made, which interventions are helping the most and whether we can push some of the targets when evidence is available and understanding is gained of the difference being made.</p> <p>Richard Wright (RW) commented on the implications of this and the consideration needed from signing up to the Green Plan and reaching the 100% carbon-neutral targets. For example, alternatives such as electric power should be considered now when purchasing any more vehicles.</p>	

Item No.	Item	Action
	<p>Margaret Gildea (MG) queried how we can make this real, what the role of the Board is and the role of the specific committees, and how this plan was going to be embedded within the Trusts and wider.</p> <p>HD shared that the group meet each month and the single biggest immediate priority has been around staff engagement. Some of the individual organisations have done huge amounts of work on this already internally but there is something about that broader system strategic approach. We are starting to work with the communications team about how we may network this across the system, particularly clinical engagement because some of this might require quite different clinical practices. HD also acknowledged how NHS England have been helping in this area.</p> <p>CC updated the Board on the wider Anchor approach. CC thanked IM for leading the NHS and Andy Smith for leading the local authority galvanisation of a broader partnership around the institution approach. CC is now supporting IM with the NHS leadership for Anchor Institutions and suggested this being brought back to a Board session in the future. CC also asked Board members to send any strategic items they want on the Board agenda to him.</p> <p>JM recognised the work of the Anchor Institutions across Derbyshire and that this provides a good platform in moving this forward.</p> <p>Keith Griffiths (KG) supported the paper and recognised the effort that had gone into it. KG referred to the air quality and greenhouse gases piece and wanted to emphasise the fact that there are communities in deprived areas that live with the poorest air quality, have the poorest health outcomes and potentially educational attainment.</p> <p>Andrew Mott (AM) shared that he was not sure how visible this plan has been at General Practice and queried what GP involvement there is currently. AM offered to be involved in a working group and stated that the inhaler switch project is underway, but the issue of general practice premises having a mix of leases and owner occupation. Being a large part of the system will be able to push forward with this plan.</p> <p>TA commented with regard to staff engagement that in her experience colleagues are challenging us. By agreeing to this plan we are setting ourselves up for some very challenging discussions and decisions given the capital constraints we are</p>	

Item No.	Item	Action
	<p>currently working under. The Board is going to be held to account by communities and the workforce, for delivering this and meeting expectations.</p> <p>BD asked how we benchmark ourselves against other systems across the country. HD informed the Board that we have data through our regulatory colleagues who on behalf of the region holds a whole system benchmark. We are at middle ground currently and can share this information with the Board if needed. HD also attends the regional group where good practice is shared.</p> <p>JM in summarising confirmed there is strong support for the Green Plan and that we need to play our role in the wider agenda. There are going to be some difficult decisions to be made but these will be needed if we are serious about the plan. JM also reiterated TA's point on staff actually pushing us and we need to build on their desire for this and energise the whole system. JM also thanked AM for his offer of support.</p> <p>With regards to the outcomes, JM stated that we need to know what is happening with our carbon footprint and suggested that the Board receives an update twice a year to be sighted on this work.</p> <p><b>ACTION:</b> HD to bring back progress updates on the Green Plan to the Board bi-annually.</p> <p><b>The Board APPROVED the Joined Up Care Derbyshire ICS Green Plan</b></p>	<p>HD</p>
<b>Corporate Assurance</b>		
<p><b>ICBP/2223/025</b></p>	<p><b>Finance Report – Month 2</b></p> <p>KG gave a verbal financial report for this month based on month 2, which is the period ending 31<sup>st</sup> May when the ICB was functioning as a CCG. The NHS nationally was still completing its financial planning for 2022/23 and this was not concluded until the end of June. An interim plan was set up for the first two months which have been planned against the CCG's position rather than the totality of the Derby and Derbyshire ICB organisation.</p> <p>KG reported that the ICB was £128,000 better off than we expected to be at the end of May, which also implies that primary care co-commissioning running costs are equally where they should be in terms of their planned expenditure levels, and similarly, if they are in the right place then also the</p>	

Item No.	Item	Action
	<p>cash is going to be in the right place as well. The cash draw-down was on plan and 95% of suppliers were paid within 30 days on contract terms.</p> <p>There were some pressures expected on prescribing, some of the other central efficiencies and regarding the cost of continuing healthcare which will be discussed at the next Finance Committee. The committee will also be looking at the quarter one position and the plan that we have now signed off and what the inherent risks are for us all as an ICB in delivery and break even for the system by the 31<sup>st</sup> March. KG will provide a full report around the 3% efficiency targets that apply to all organisations and will be reviewing any investment decisions.</p> <p>KG highlighted the income which is associated with elective activity recovery. More Covid-19 patients have been seen in the first quarter than expected which will have impacted the bed base and our ability to get elected patients in, which means the income that we would normally get for those elective patients is behind plan for the first quarter. There are also extra costs associated with Covid-19 which provider colleagues are modelling and calculating for us. Hopefully the Covid-19 situation has plateaued and we will be able to see those costs behaving differently in the future, but certainly being higher than expected in the first quarter.</p> <p>KG pointed out that the cost of living is a lot higher than what was expected when the national allocations to the NHS were determined back in January.</p> <p>RW clarified that the interim plan discussed at the last ICB Board was a deficit plan which was submitted and further updated. This has been accepted as a break even plan for the NHS Derbyshire system.</p> <p>RW highlighted the challenges within the breakeven plan, which included:</p> <ul style="list-style-type: none"> <li>• Covid-19 is still with us despite what possibly was hoped for when the plan was put together in its initial stages; and</li> <li>• the increase of inflation, which was 9.4% yesterday, however it is recognised as being a higher percentage in the construction sector and estates.</li> </ul> <p>One positive decision that was made by the Directors of Finance is that cash as a system will be used correctly to</p>	

Item No.	Item	Action
	<p>minimise any cost of cash. We have in excess of £2.6 billion and the focus will need to be on how we use this correctly against all the pressures to achieve a break even. RW also highlighted the importance of collaborative working across the system to ensure we place contracts to the actual finances available. This is going to be one of the big management issues for the Executive team, in tying up spend expenditure capacity on a daily basis.</p> <p>JM noted that pay awards are currently not funded nationally and that there is no provision for this. There is therefore a need to ensure that the Board are fully sighted on this to aid in the management and decision making.</p> <p><b>The Board NOTED the Finance Report – Month 2</b></p>	
<p><b>ICBP/2223/026</b></p>	<p><b>Audit and Governance Committee Assurance Reports</b></p> <p><u>Inaugural Audit and Governance Committee meeting – 19.07.2022</u></p> <p>SS spoke about the recent Audit and Governance Committee and that it primarily focused on the ICB as an organisation and its role within the system. The following things were highlighted:</p> <ul style="list-style-type: none"> <li>• the Terms of Reference were reviewed and approved;</li> <li>• the forward plan was discussed and recognised that there is going to be a heavy forward plan around the agreement of various policies in relation to the ICB and also the inherited CCG ones which need to be adapted and refreshed to reflect responsibilities and focus. There was a key area of focus in regards to EPRR and business continuity. It was recognised that whilst the draft policy we had been presented with was fine for the immediacy, it also needed to be reviewed to recognise the ICB's role as a Category 1 responder and will be presented to the committee in six months' time;</li> <li>• a detailed finance report was received and the committee were not assured that the current ICB plans would deliver the current financial requirements for the rest of the year. However it was recognised that the plan was a work in progress and was something the committee would continue to monitor;</li> <li>• the opening Risk Register and Board Assurance Framework were reviewed and the committee was assured that the opening position reflected the inherited risks from the CCG and that all the risks had been</li> </ul>	

Item No.	Item	Action
	<p>managed across and been allocated either to the appropriate committee to manage or closed down as they were no longer applicable. The committee agreed that significant further work was required to ensure that the Risk Register and Board Assurance Framework reflected the ongoing risks of the ICB. The committee was reassured that individual committees would be actively considering these as they move into their normal cycle and would seek further assurance as to the processes for developing the Board Assurance Framework and agreed that whilst the strategic objectives of the ICB were still under development, there is actually sufficient clarity as to the focus of those objectives to enable the Board Assurance Framework development to proceed.</p> <p>The Auditor Panel met following the Audit and Governance Committee to approve the appointment of the external auditors for the ICB. The CCG had previously led a tender process to procure external auditors for all ICB partners before its demise, in which only one bid was received from the incumbent auditors. Currently the external audit market is very fragile. This had been discussed by all partner organisations and agreed that as each came to the end of their contract they would join this new contract and the CCG, along with Chesterfield Royal Hospital NHS Foundation Trust, joined immediately. However further guidance was received from NHS England that the ICB would have to formally appoint external auditors. As an Auditor Panel everything was reviewed relating to the original tender process and the Panel were satisfied. SS highlighted the benefits of all partners ultimately having the same external auditors and requested the Board to approve the appointment of KPMG as external auditors for a three plus two-year period with immediate effect.</p> <p><b>The Board APPROVED the appointment of KPMG as external auditors for a three plus two-year period, and NOTED the Audit and Governance Committee Assurance Report</b></p> <p><u>Closing CCG Governance Committee Assurance Report – 23.06.2022</u></p> <p>The closing CCG Governance Committee Assurance report was taken as read.</p> <p><b>The Board NOTED the closing CCG Governance Committee Assurance Report</b></p>	

Item No.	Item	Action
<p><b>ICBP/2223/027</b></p>	<p><b>Finance and Estates Committee Assurance Report – 30.6.2022</b></p> <p>RW noted that at the last combined meeting of the System Finance and Estates Committee and the CCG Finance Committee, members were satisfied that the CCG's finances had been closed down. The committee also discussed a number of contracts that had been approved within the CCG. Further discussion took place in regards to the closure of the CCG's Finance Risk Register and the transfer of these risks. Subject to this Board, the final business cases of the 'making room for dignity mental health bigger project' were approved. The ICB is investing in acute buildings for Derbyshire Healthcare NHS Foundation Trust as we have a national requirement to remove all dormitory accommodation and currently Derbyshire does not have a psychiatric intensive care unit which is not ideal in terms of level of service to our patients. The full project is six separate but interrelated projects – two of which have already commenced and will see two new 54-bed units in the North and South of Derbyshire at Kingsway and Chesterfield. RW highlighted the impact of inflation on this project, which has risen since the project began. Whilst the further four projects were approved, we cannot now proceed until national funding has been identified due to the inflation pressures.</p> <p>JM stated that this is an important development and offered any support the ICB can give to ensure this project moves forward quickly.</p> <p><b>The Board NOTED the Finance and Estates Committee Assurance Report</b></p>	
<p><b>ICBP/2223/028</b></p>	<p><b>People and Culture Committee Assurance Committee Report – 17.6.2022</b></p> <p>MG reported that the first meeting of the People and Culture Committee was held on the 17<sup>th</sup> June despite not being formally instituted at that point. Time was spent on drafting the committee's terms of reference, and discussion took place in regards to a collaborative operational plan, collaboration as a system on a single workforce plan, what programs of work already exist in the NHS, and how we could add value to a concept of a one-workforce across the system.</p> <p>The Derbyshire staff survey results were reviewed and it was clear that retention is one of the big pressures for people. The committee also reviewed a report which looked at a collaborative and inclusive future, the messenger review –</p>	

Item No.	Item	Action
	<p>'How Best to Lead', and took some of their findings on the best way to lead and manage health and social care.</p> <p>The proposed work plan for 2022/23 identified:</p> <ul style="list-style-type: none"> <li>• collaborative leadership developments and talent management; and</li> <li>• equality, diversity, inclusion as two of the major work streams that were going to be looked at by the committee.</li> </ul> <p>There were some wider observations about culture, collaboration and understanding health and social care as an adaptive system, and there will be a systems organisational development plan.</p> <p><b>The Board NOTED the People and Culture Committee Assurance Committee Report</b></p>	
<p><b>ICBP/2223/029</b></p>	<p><b>Population Health and Strategic Commissioning Committee Assurance Report</b></p> <p><u>Inaugural Population Health and Strategic Commissioning Committee meeting – 14.07.2022</u></p> <p>JC reported that the committee's terms of reference were agreed, the forward plan was looked at and the risks that transferred from the precursor committees were reviewed. JC highlighted that there are plans to boost the capacity of the Committee in terms of primary care and Allied Health Professionals.</p> <p>Discussion took place which focused on what the committee represents compared to its precursors, e.g. differences in mindset and approach. It was agreed that the overall role is to develop and oversee plans and work to reduce inequity and morbidity for our population; moving from shorter term organisational commissioning to longer term planning for our populations, which is a significant shift in ways of working from the past, and as such looking at working up delegation frameworks and approaches over the next few months. It is therefore critical that we integrate our work with the wider work of the system and bring in the strategic intent function with a helicopter view on data to really start to think about where/how money is spent. Furthermore, the committee's partnership with the Finance Committee is going to be critical to the delivery of this.</p>	

Item No.	Item	Action
	<p>JC also reported that the committee now has delegated responsibility for primary medical care services and from next year this will also include pharmacy, optometry and primary care dental services. A primary care sub-committee has been established, which has delegated responsibilities in that area and will directly report into the Population Health and Strategic Commissioning Committee at each meeting.</p> <p><b>The Board NOTED the Population Health and Strategic Commissioning Committee Assurance Report</b></p>	
<p><b>ICBP/2223/030</b></p>	<p><b>Derbyshire Engagement Committee Assurance Report – 21.6.2022</b></p> <p>JC reported that the committee discussed the shift from the Derbyshire Engagement Committee to the new Public Partnership Committee. The focus is currently on ensuring the ICB is compliant with its statutory duties. It was also noted that the ICB has significantly enhanced responsibilities for public engagement on strategy. The terms of reference therefore balance statutory duties with a renewed focus on service transformation and the role that continuous engagement in co-production will play in that. Co-production could potentially have significant implications for how we do commissioning, which relates to the roles and responsibilities of the Population Health and Strategic Commissioning Committee.</p> <p>The next phase the committee will be working through is public engagement on service transformation and an Engagement Strategy is with NHSE at the moment for review. The main risk that was noted at the committee is the new responsibilities on public engagement and ensuring that the ICB has the capacity to deliver on this work.</p> <p>JM commented that a lot of this engagement is going to happen at local level and experience has shown that people are not particularly interested in engaging in issues which are at Derbyshire level; they want to know about what is happening in their area. JM suggested putting our effort into local engagement.</p> <p><b>The Board NOTED the Derbyshire Engagement Committee Assurance Report</b></p>	
<p><b>ICBP/2223/031</b></p>	<p><b>CCG Quality and Performance Committee Assurance Report – 30.06.2022</b></p> <p>BD presented the CCG Quality and Performance Committee Assurance Report from the meeting held on the 30<sup>th</sup> June. BD</p>	

Item No.	Item	Action
	<p>expects the ICB report going forward to evolve and develop over time and would value any input from board members outside of this meeting as to how they would like to see this report presented at future meetings. The general structure of the report will:</p> <ul style="list-style-type: none"> <li>• summarise the quality and performance challenges across the system;</li> <li>• summarise the statutory duties which offer assurance to the Board; and</li> <li>• highlight key items which are presented to the committee and any areas which require escalation to the Board.</li> </ul> <p>BD reported that the committee reviews a lot of data and asked the Board what data would be useful to them in order to gain assurance without it receiving too much information.</p> <p>BD spoke about the health inequalities work which has commenced to look at elective care backlog. It will review the whole elective pathway from point of referral, to first appointment, treatment, follow-up and what the impact of this will be on different parts of our population across the Derbyshire.</p> <p>BD made the Board aware that the first System Quality and Performance meeting is next week and a large proportion of time at the meeting has been dedicated to allow committee members to determine how the committee will function going forward. It is anticipated that it will be different to what it has been like for the CCG.</p> <p>JM commented that this is one of the most difficult committees to get the balance between in regards to the individual organisations and the system, and welcomed discussions with other members of the committee in terms of shaping the agenda and how the committee fulfils its role.</p> <p><b>The Board NOTED the Quality &amp; Performance Committee Assurance Report</b></p>	
<b>Items for Information</b>		
<i>The following items are for information only and will not be individually presented</i>		
<p><b>ICBP/2223/032</b></p>	<p><b>Ratified minutes of CCG / ICB Committee Meetings</b></p> <ul style="list-style-type: none"> <li>• CCG Audit Committee – 18.5.2022</li> <li>• CCG Engagement Committee – 17.5.2022</li> <li>• CCG Primary Care Commissioning Committee – 25.5.2022</li> <li>• CCG Quality and Performance Committee – 26.5.2022</li> </ul>	

Item No.	Item	Action
	The above papers were NOTED	
<b>Minutes and Matters Arising</b>		
ICBP/2223/ 033	<p>Minutes from the meeting held on 1<sup>st</sup> July 2022</p> <p>The ICB accepted minutes from the previous meeting as a true and accurate record</p>	
ICBP/2223/ 034	<p>Action Log from the meeting held on 1<sup>st</sup> July 2022</p> <p>No actions noted</p>	
<b>Closing Items</b>		
ICBP/2223/ 035	<p><b>Any Other Business</b></p> <p>No items for discussion</p>	
<b>Date and Time of Next Meeting</b>		
<b>Date:</b>	Thursday 15 <sup>th</sup> September 2022	
<b>Time:</b>	9am to 10.45am	
<b>Venue:</b>	via MST	

**ICB BOARD ACTION LOG 2022-23**

Item No.	Item Title	Lead	Action Required	Action Implemented	Due Date
21.7.2022 ICBP/2223/024	Joined Up Care Derbyshire ICS Green Plan	Helen Dillistone (HD)	HD agreed to bring back progress updates on the Green Plan to the Board bi-annually.	Added to the Forward Plan	January 2023

## NHS Derby and Derbyshire Integrated Care Board

### Meeting in Public Forward Planner 2022/23

Please Note: All reporting timeframes are currently indicative and subject to review and confirmation.

ICB Key Areas	2022/23									2023/24	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
<b>Introductory Items</b>											
Welcome / Apologies and Quoracy	x		x		x		x		x		x
Questions from Members of the Public	x		x		x		x		x		x
Declarations of Interests <ul style="list-style-type: none"> <li>• Register of Interest</li> <li>• Summary register of interest declared during the meeting</li> <li>• Glossary</li> </ul>	x		x		x		x		x		x
<b>Strategy and Leadership</b>											
ICB Chair's Report	x		x		x		x		x		x
ICB Chief Executive Officer's Report	x		x		x		x		x		x
NHS Derby and Derbyshire ICB Annual Report and Accounts			x								
Annual General Meeting ( from previous CCG arrangements)			x								

ICB Key Areas		2022/23									2023/24		
		Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	
	Exec Lead (s)												
ICP New arrangements TORs	HD					x							
Integrated Care Strategy	ZJ							x					x
Planning for Winter (Operational/Care/Finance/Workforce)	ZJ/BS/KG/AR					x							
NHS Joint Forward View, Operational and Financial Plans and priorities for 2023 and beyond	KG/ZJ							x		x			
Workforce and People Plans	AR							x					
Amended Constitution	HD							x					
<b>Corporate Assurance</b>													
Integrated Performance								x					x
Audit and Governance Committee Assurance Report		x		x		x		x		x			x
Finance and Estates Committee Assurance Report		x		x		x		x		x			x
People and Culture Committee Assurance Committee						x		x		x			x
Population Health and Strategic Commissioning Committee Assurance Report		x		x		x		x		x			x

ICB Key Areas	2022/23									2023/24	
	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May
Public Partnerships Committee Assurance Committee	x		x		x		x		x		x
Quality and Performance Committee Assurance Report	x		x		x		x		x		x
ICB Corporate Risk Register Report	x		x		x		x		x		x
Strategic Objectives and Strategic Risks					x						x
New Board Assurance Framework and Updates							x				x
Corporate Committees' Annual Reports											x
Update and review of Committee TORs									x		
Derbyshire ICS Green Plan	x						x				
<b>For Information</b>											
Ratified Minutes of ICB Corporate Committees	x		x		x		x		x		x
Minutes of the previous meeting	x		x		x		x		x		x
Action Log	x		x		x		x		x		x
Forward Planner	x		x		x		x		x		x