

## NHS DERBY AND DERBYSHIRE ICB BOARD

### MEETING IN PUBLIC

22<sup>nd</sup> May 2025

Item: 019

<b>Report Title</b>	ICB Committee Annual Reports 2024/25						
<b>Authors</b>	Fran Palmer, Corporate Governance Manager ICB Committee Chairs						
<b>Sponsor</b>	Helen Dillistone, Chief of Staff						
<b>Presenter</b>	Helen Dillistone, Chief of Staff						
<b>Paper purpose</b>	Decision	<input type="checkbox"/>	Discussion	<input type="checkbox"/>	Assurance	<input type="checkbox"/>	Information <input checked="" type="checkbox"/>
<b>Appendices (reports attached)</b>	Appendix 1 – ICB Committee Annual Reports 2024/25						

<b>Recommendations</b>			
The ICB Board are recommended to <b>NOTE</b> the ICB Committee Annual Reports for 2024/25.			
<b>Report Summary</b>			
It is an annual requirement for Committees of the ICB to produce an Annual Report, as set out in the Committee's Terms of Reference.			
Committee Annual Reports for 2024/25 (see Appendix 1) are provided to the ICB Board for information and include a review of the work that each Committee has completed during the period 1 <sup>st</sup> April 2024 to 31 <sup>st</sup> March 2025. A conclusion has also been provided by each Committee Chair.			
<b>How does this paper support the 3 shifts of the NHS 10-Year Plan?</b>			
From hospital to community	<input checked="" type="checkbox"/>	From analogue to digital	<input checked="" type="checkbox"/>
		From sickness to prevention	<input checked="" type="checkbox"/>
<b>Integration with Board Assurance Framework and Key Strategic Risks</b>			
<b>SR1</b>	Safe services with appropriate levels of care	<input checked="" type="checkbox"/>	<b>SR2</b> Reducing health inequalities, increase health outcomes and life expectancy <input checked="" type="checkbox"/>
<b>SR3</b>	Population engagement	<input checked="" type="checkbox"/>	<b>SR4</b> Sustainable financial position <input checked="" type="checkbox"/>
<b>SR5</b>	Affordable and sustainable workforce	<input checked="" type="checkbox"/>	<b>SR7</b> Aligned System decision-making <input checked="" type="checkbox"/>
<b>SR8</b>	Business intelligence and analytical solutions	<input checked="" type="checkbox"/>	<b>SR10</b> Digital transformation <input checked="" type="checkbox"/>
<b>SR11</b>	Cyber-attack and disruption	<input checked="" type="checkbox"/>	
<b>Conflicts of Interest</b>		None identified.	
<b>Have the following been considered and actioned?</b>			
Financial Impact	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Impact Assessments	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Equality Delivery System	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Health Inequalities	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
Patient and Public Involvement	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>
ICS Greener Plan Targets	Yes <input type="checkbox"/>	No <input type="checkbox"/>	N/A <input checked="" type="checkbox"/>

# **AUDIT & GOVERNANCE COMMITTEE ANNUAL REPORT**

**1<sup>st</sup> April 2024–31<sup>st</sup> March 2025**

## **1. INTRODUCTION AND BACKGROUND**

- 1.1 This report reviews the work of the Audit & Governance Committee and covers the period from 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025.
- 1.2 The report provides the ICB Board and Accountable Officer with evidence relevant to their responsibilities in relation to the Assurance Framework and Governance Statement. The production of an annual report is recommended good practice for all UK based audit committees and is included in the NHS Audit Committee Handbook.
- 1.3 The operation of the Audit & Governance Committee is a central means by which the ICB Board ensures effective internal control arrangements are in place which comply with the principles of good governance, whilst effectively delivering the statutory functions of the ICB.

## **2. CONTEXT**

- 2.1 The Audit & Governance Committee is accountable to the ICB Board and is constituted in line with the provisions of the NHS Audit Committee Handbook and the guidance issued by the UK Financial Reporting Council. It has overseen internal and external audit plans and the risk management and internal control processes (financial and quality), including control processes around counter fraud.
- 2.2 The work of the Audit & Governance Committee is driven by the strategic objectives identified by the ICB, and their associated risks. It operates a programme of audit assignments, agreed by the ICB, which is flexible to new and emerging priorities and risks. The Audit & Governance Committee also monitors the integrity of the financial and other disclosure statements of the ICB and any other formal reporting relating to the ICB's statutory performance.

## **3. MEMBERSHIP**

- 3.1 The Audit & Governance Committee is constituted in accordance with statute, and membership comprised of Non-Executive Members of the ICB Board, in line with the Committee's terms of reference. A minimum benchmark of five meetings per year, at appropriate times in the reporting and audit cycle is suggested.
- 3.2 The Committee formally met six times during 2024/25 and also met twice extraordinarily. All meetings were fully quorate. The quorum necessary for the transaction of business was two members. The full membership attendance can be found at Appendix 1.

## **4. INTERNAL AUDIT SERVICE**

- 4.1 360 Assurance carry out a range of activities to provide an independent and objective opinion to the Accountable Officer, the ICB Board, and the Audit &

Governance Committee on the degree to which risk management, control and governance support the achievement of the organisation's objectives. The activities are conducted against a work plan and in accordance with the 360 Assurance contract.

- 4.2 Following the conclusion of its 2024/25 work programme, 360 Assurance issued a draft Head of Internal Audit Opinion of 'significant assurance'. A summary of completed assignments is at paragraph 6.3.

## **5 EXTERNAL AUDIT SERVICE**

The statutory external audit service is provided to the ICB by KPMG. The service has included the preparation of various reports, including a risk assessment, value for money conclusion, and planning in preparation for the year-end audit of financial statements.

## **6. OUTPUTS OF THE AUDIT & GOVERNANCE COMMITTEE**

The main outputs of the Audit & Governance Committee are summarised below:

### **6.1 Financial Reporting**

During the year the Audit & Governance Committee has overseen the preparation and planning for the 2024/25 Annual Report and Accounts audit in accordance with the published NHS timetable.

This includes not only the specific year-end audit requirements but also in year review of the ICB's financial position and projections and mitigations in relation to the planned outturn. This year has been particularly difficult across the whole system and the ICB has played a fundamental role in leading and managing the system towards financial sustainability as well as managing its own finances.

### **6.2 Counter Fraud**

- 6.2.1 The ICB engaged with the Counter Fraud Specialist via 360 Assurance and used their input to ensure that appropriate policies and procedures were in place to mitigate the risks posed by Fraud, Bribery and Corruption.

- 6.2.2 The Accredited Counter Fraud Specialist regularly attended the Committee meetings and provided comprehensive updates on progress towards completion of the Annual Work Plan and compliance with the Standards for Commissioners.

- 6.2.5 Any instances of fraud have been reported to the committee throughout the year, and the Counter Fraud Specialist has continued to brief ICB staff on developments in fraud prevention. At the 31<sup>st</sup> March 2025 there were no areas of concern to report to the ICB Board.

### 6.3. Internal Controls

The following Audit Reports from the 2024/25 programme were considered by the Committee, together with the Head of Internal Audit Opinion:

Audit Assignment	Assurance Level/Comments
Accounts Receivable	Substantial
Appraisals	Moderate
Budget Setting, reporting and monitoring	Significant
Board Assurance Framework	Significant
Data Security and Protection Toolkit	Moderate Assurance (NHSE rating)
Elective Recovery Fund	In progress
Pay Expenditure	Significant
Provider Selection Regime	In progress
Quality Governance Framework	Limited
Risk Management Workshop (Stage 1)	Advisory
Risk Management Workshop (Stage 2)	Advisory
Section 117 Governance	In progress
System-wide review: MSK Community triage and service provision	In progress

Any actions highlighted within the reports are managed by the corporate governance team and presented to the Audit & Governance Committee at each meeting for assurance.

### 6.4 Risk Management

The Committee has a specific role within the risk management framework of the ICB to not only oversee the mitigation and management of risks for which the Committee has specific oversight but also to review and assess the effectiveness of the wider risk management arrangements within the ICB. To that end the Committee receives regular reports throughout the year which outline significant changes relating to each of the strategic risk areas including proposed changes in risk scores, reviews of the underlying threats including any new or emerging threats as well as reviews of the impact of mitigating actions.

In order to add value to this process the Committee has also received a planned programme of deep dives into each of the strategic risk areas within the Board Assurance Framework. This enables the Committee to make a more focused assessment as to the way in which individual risks are being managed.

### 6.5 Freedom to Speak Up

The ICB has a Raising Concerns at Work (Whistleblowing) Policy and Freedom to Speak Up Policy, which supports employees in reporting genuine concerns about wrongdoing at work. The Freedom to Speak Up Guardian and Ambassadors

support employees to speak up when they feel that they are unable to do so by any other means.

A Freedom to Speak Up report is presented to the Committee on a quarterly basis, to highlight any concerns that have been raised. During 2023/24 the ICB had 12 concerns raised through the freedom to speak up process.

## 6.5 **Corporate Governance**

The Committee discharged the ICB's responsibilities in respect of the following functions:

- Business Continuity;
- ICB Complaints and PALS;
- Business Continuity;
- ICB Complaints and PALS, including Pharmaceutical, Ophthalmic, Dental and General Practice Services;
- Digital Development and ICT Assurance, including Cyber Security;
- Emergency Preparedness Resilience and Response;
- ICB Estates;
- Fit and Proper Person Test;
- Freedom of Information;
- ICS Green Plan;
- Health, Safety, Fire and Security;
- Information Governance;
- Organisational Development including ICB Staff Survey;
- Procurement and assurance on compliance with procurement regulations; and
- Research Governance.

The Committee Chair provided a corporate assurance report to the ICB Board, following each meeting of the Audit & Governance Committee.

Procurement has been a particular focus of the Committee during 2024/25 and as a consequence improvements have been made in terms of the quality of reporting to the Committee and also in the liaison between procurement teams within the ICB and CSU.

## 7. **AUDIT COMMITTEE PERFORMANCE**

- 7.1 The Audit & Governance Committee is committed to operating in a manner which is effective and efficient, continuing to provide best value return on time and resources invested in it. Specifically, its agenda has been designed to provide adequate consideration of the financial and other risks to the achievement of the ICB's strategic objectives whilst acknowledging the monthly operational cycle of other ICB Corporate Committees.
- 7.2 The Committee continues to monitor compliance with the requirements of the NHS Audit Committee Handbook and has reviewed its terms of reference within the constitution of the ICB.

## **8. ISSUES ARISING FROM THE COMMITTEE'S WORK**

The end of year financial report preparation and audit certification was accomplished on time and the audit certification identified no issues of concern. Risks identified in the external audit plan have been satisfactorily mitigated.

## **9. ASSURANCE QUESTIONS**

At the end of each agenda is a set of assurance questions, to ensure the committee reviews the performance of the meeting regarding attendance by Executive Directors/Senior Management, the quality and timing of the papers, risk management, future deep dives and escalations to the ICB Board. Analysis of these assurance questions for 2024/25 showed no indication of any issues the committee raised in regards to the performance of the meetings.

## **10. CONCLUSION**

The Audit & Governance Committee has previously confirmed to the ICB Board, based on its work between the 1<sup>st</sup> April 2024 and 31<sup>st</sup> March 2025, that it considers the internal control framework to be appropriate and effective.

The Committee notes and commends the quality of the annual report and accounts, recognising the tight timescales for preparation.

The committee extends its appreciation to the Finance and Corporate Delivery teams for their hard work and support to the committee's agenda.

**Sue Sunderland**  
**Audit & Governance Committee Chair**

## Appendix 1

### Audit & Governance Committee Attendance Record 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025

Audit and Governance Committee Member		2 May 2024	19 Jun 2024	8 Aug 2024	10 Oct 2024	12 Dec 2024	13 Feb 2025
<b>Sue Sunderland</b>	Chair – Non-Executive Member	✓	✓	✓	✓	✓	✓
<b>Jill Dentith</b>	Non-Executive Member	✓	✓	✓	✓	✓	X
<b>Margaret Gildea<sup>1</sup></b>	Non-Executive Member and Senior Independent Director	✓	✓	X	✓	✓	✓
<b>Nigel Smith</b>	Non-Executive Member (from 1 <sup>st</sup> January 2025)						✓

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<sup>1</sup> 'By invitation' in accordance with the Committee's workplan

# SYSTEM FINANCE, ESTATES & DIGITAL COMMITTEE ANNUAL REPORT

1<sup>st</sup> April 2024–31<sup>st</sup> March 2025

## 1. INTRODUCTION AND BACKGROUND

- 1.1 This report reviews the work of the System Finance, Estates & Digital Committee and covers the period from 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025.
- 1.2 The report provides the ICB Board and Accountable Officer with evidence relevant to their delegated responsibilities of providing oversight and assurance to the ICB Board in the development and delivery of robust, viable and sustainable system financial, estates and digital plans and processes which meet the health and care needs of the citizens of Derby and Derbyshire, and aid the implementation of the Joined Up Care Derbyshire (JUCD) vision and strategy.

## 2. MEMBERSHIP AND QUORACY

- 2.1 In accordance with the terms of reference the membership of the committee during the reporting period comprised of:

### Core Members

- ICB Non-Executive Member of Finance and Estates
- ICB Non-Executive Member of Audit and Governance
- ICB Chief Finance Officer
- ICB Operational Director of Finance
- ICB Chief Strategy and Delivery Officer
- ICB Chief People Officer
- Foundation Trust Non-Executive Director – Acute
- Foundation Trust Non-Executive Director – Community
- 5 x System Director of Finance
- 2 x Chief Operating Officers

### System Members

- System Estates Officer
- System Digital Officer
- System Continuous Improvement Officer

### Participant Members by invite only

- General Practice Representative
- Local Authority Representative Derby City
- Local Authority Representative Derby County
- Third Sector/Voluntary Sector Representative

- 2.2 The quorum necessary for the transaction of business was one ICB Non Executive Member, one provider Non-Executive Director, and three Executive Directors, of which one was to be the ICB Chief Finance Director or nominated deputy and one a

System Director of Finance or their nominated deputy. Following a governance review of the Committee's membership, and to ensure the Committee remained fit for purpose in undertaking the statutory duties and associated activities delegated to them, the quorum changed to three members, which included one Non-Executive Members and two ICB Executive Directors, of which one should be the ICB Chief Finance Officer or nominated deputy. This was agreed by the ICB Board on the 16<sup>th</sup> January 2025.

2.3 All meetings were fully quorate, except the meetings on the 23<sup>rd</sup> July 2024 and 25<sup>th</sup> March 2025.

### 3. FREQUENCY OF MEETINGS

The Committee formally met 11 times during the reporting period. The full membership attendance can be found at Appendix 1.

### 4. KEY AREAS OF REVIEW

Throughout the reporting period, the Finance, Estates & Digital Committee reviewed, monitored and had oversight of finance in relation to work in the following areas:

Roles and Responsibilities	Reporting mechanism
<b>Delivery</b>	
Delivery of the single system-wide finance, digital and estates plan built around a re-defined way of delivering care.	<ul style="list-style-type: none"> <li>• Monthly system financial position reports</li> <li>• Annual Plan</li> <li>• JUCD Digital and Data Strategy</li> <li>• ICS Transformation Programme</li> <li>• Financial Allocations, Planning and Sustainability</li> <li>• Capital Plans and Prioritisation</li> <li>• Local Estates Strategy</li> <li>• Productivity and Efficiency</li> <li>• Delivery of 5-Year Plan</li> <li>• Infrastructure Strategy</li> <li>• Resource Distribution</li> </ul>
Providing oversight of the framework and strategy for finance, digital and estates planning to ensure that each of the system partners have plans which are compatible with and compliment the system approach.	
Oversight of the management of the system financial target.	
Overseeing development of a 5-year rolling system financial projection which demonstrates ongoing efficiency and value improvements/impacts of longer term investments.	
Overseeing development of the JUCD future financial regime and recovery to address our known financial pressures and to provide assurance to the ICB Board.	
Ensuring effective oversight of future prioritisation and capital funding bids.	
Oversight and monitoring of financial, digital, estates and continuous improvement performance and delivery in order to give the ICB Board confidence that JUCD is implementing its strategic outcomes.	

Roles and Responsibilities	Reporting mechanism
<b>Statutory Oversight</b>	
Considering full business cases for material service change or efficiency schemes.	<ul style="list-style-type: none"> <li>• Pharmacy, Optometry and Dental Delegation</li> <li>• System Risks</li> <li>• Primary Care Services Growth Deep Dive</li> <li>• I&amp;I Regime</li> </ul>
Reviewing exception reports on any material breaches of the delivery of agreed efficiency improvement plans including the adequacy of proposed remedial action plans.	
Reviewing exception reports on any material in-year overspends against delegated budgets, including the adequacy of proposed remedial action plans.	
Identifying and allocating resources where appropriate to improve performance of identified schemes or ad-hoc finance and performance related issues that may arise.	
Considering significant investment or disinvestment decisions.	
Ensuring that suitable policies and procedures are in place to comply with relevant regulatory, legal and code of conduct requirements.	
Reviewing the adequacy and effectiveness of relevant policies and procedures for ensuring compliance and related reporting.	
Having oversight of the system Recovery and Restoration work related to finance and efficiency and receive assurance regarding progress.	
<b>Corporate Assurance</b>	
Agreeing and regularly reviewing the Risk Register and Board Assurance Framework for its area of remit, considering the adequacy of the submissions and whether new risks needed to be added to the Risk Register; or whether any risks required immediate escalation to the ICB Board.	<ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• Risk Register</li> <li>• Finance, Estates &amp; Digital Committee Assurance Report presented to ICB Board following each meeting</li> <li>• The Committee's register of interest was provided within the papers at each meeting</li> </ul>
Producing and presenting to the ICB Board a Committee Assurance Report, following each meeting.	
Managing conflicts of interest.	

## 5. ASSURANCE QUESTIONS

At the end of each agenda is a set of assurance questions, to ensure the committee reviews the performance of the meeting regarding attendance by Executive Directors/Senior Management, the quality and timing of the papers, risk management, future deep dives and escalations to the ICB Board.

Analysis of these assurance questions for the year highlighted that papers were regularly sent to committee members less than five working days in advance of the meeting, as per the Terms of Reference. The delay was because of the timing of several reports which enable the Committee to have the most up to date information. It was therefore agreed by members that this was acceptable in these circumstances, noting that members would have a limited period within which to review the papers.

## **6. CONCLUSION**

The final meeting of the Strategic Finance, Estates and Digital Committee was held on 25 March 2025.

I have been very impressed with the knowledge across the Derbyshire system and the constructive challenge and input from members of the committee. This input has enabled us to collectively get to, what we hope is, the right place to deliver at the close of 2024-25 and the work to get an agreed position for submission as part of the 2025-26 plan. Committee members have been vital to this process.

I wanted to take this opportunity to thank all members of the committee, not only for this financial year, but for those who have served on the committee from its inception for the hard work and dedication that they have shown.

I look forward to working with colleagues on this challenging agenda in different ways as we move forward into 2025-26.

**Jill Dentith**

**Chair of System Finance, Estates & Digital Committee**

## APPENDIX ONE

### System Finance, Estates & Digital Committee Attendance Record 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025

Finance, Estates and Digital Committee Member		23 Apr 2024	28 May 2024	25 Jun 2024	23 Jul 2024	27 Aug 2024	24 Sep 2024	22 Oct 2024	26 Nov 2024	28 Jan 2025	25 Feb 2025	25 Mar 2025
<b>Jill Dentith</b>	Chair – Non-Executive Member	✓	✓	✓	✓	X	✓	✓	✓	✓	✓	✓
<b>Sue Sunderland</b>	Non-Executive Member	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Keith Griffiths</b>	Chief Finance Officer, ICB (up to 30 <sup>th</sup> November 2024)	✓	✓	✓	✓	✓	✓	✓	✓			
<b>Claire Finn</b>	Director of Finance, UHDBFT (from 24 <sup>th</sup> September 2024 and up to 30 <sup>th</sup> November 2024) Interim Chief Finance Officer (from 1 <sup>st</sup> December 2024)						✓	✓	✓	✓	✓	X
<b>Jason Burn</b>	Interim Director of Finance - Operations & Delivery (up to 16 <sup>th</sup> August 2024)	✓	✓	X	✓							
<b>David Hughes</b>	Director of Finance (from 1 <sup>st</sup> August 2024)					✓	✓	✓	X	✓	✓	✓
<b>Jennifer Leah</b>	Director of Finance - Strategy & Planning, ICB (from 22 <sup>nd</sup> July 2024)				✓	X	X	✓	✓	X	X	✓
<b>Michelle Arrowsmith</b>	Chief Strategy and Delivery Officer, and Deputy Chief Executive	✓	✓	X	X	✓*	✓	✓*	X	✓*	X	✓*
<b>Ian Lichfield</b>	Non-Executive Director, UHDBFT	X	X	X	X	X	✓	X	X	X	X	X
<b>Stuart Proud</b>	Non-Executive Director, DCHSFT	✓	✓	✓	X	✓	✓	✓	✓	✓	✓	X
<b>Steve Heppinstall</b>	Executive Director of Finance, UHDBFT	✓	X	✓	✓	✓	✓	X	✓	✓	✓	X
<b>Simon Crowther</b>	System Estates Lead/Executive Director Finance & Performance/Interim Deputy CEO, UHDBFT (up to 23 <sup>rd</sup> September 2024)	✓*	✓*	X	✓	X						
<b>Chris Sands</b>	Director of Finance, UHDBFT (from 26 <sup>th</sup> November 2024)								✓	✓	X	X
<b>Peter Handford</b>	Chief Finance Officer, DCHSFT	X	✓	✓	✓	✓	✓*	X	✓	X	✓	X
<b>James Sabin</b>	Chief Finance Officer, DHcFT	✓	X	X	X	✓	✓	✓	✓	✓	✓	X

Finance, Estates and Digital Committee Member		23 Apr 2024	28 May 2024	25 Jun 2024	23 Jul 2024	27 Aug 2024	24 Sep 2024	22 Oct 2024	26 Nov 2024	28 Jan 2025	25 Feb 2025	25 Mar 2025
<b>Mike Naylor</b>	Director of Finance, EMAS (up to 22 <sup>nd</sup> October 2024)	✓	✓	✓	X	✓	✓	✓				
<b>Stuart Poynor</b>	Director of Finance, EMAS (from 26 <sup>th</sup> November 2024)								✓	✓	X	✓
<b>Transitional Members</b>												
<b>James Austin</b>	Chief Digital Information Officer, ICB (up to 1 <sup>st</sup> August 2024)	✓		✓*								
<b>Dawn Atkinson</b>	Programme Director, ICS Digital Programme, DCHSFT (from 1 <sup>st</sup> August 2024)					✓		✓		X		✓
<b>Tamsin Hooton</b>	Programme Director, Provider Collaborative, JUCD	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Susan Whale</b>	Director of System PMO & Improvement, UHDBFT	✓		✓	✓	X	✓	✓		✓	✓	✓

For those items with \* above please note that a deputy was present to ensure quoracy.

# PEOPLE & CULTURE COMMITTEE ANNUAL REPORT

1<sup>st</sup> April 2024–31<sup>st</sup> March 2025

## 1. INTRODUCTION AND BACKGROUND

- 1.1 This report reviews the work of the People & Culture Committee and covers the period from 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025.
- 1.2 The report provides the ICB Board and Accountable Officer with evidence relevant to their responsibilities of:
- promoting education and training of existing and future health care staff;
  - delivering the commitments of the NHS People Plan across the system;
  - overseeing plans to develop, support and retain the health and care workforce, adopting a "one workforce" approach with all partners across the ICS;
  - ensuring the appropriate workforce capacity and capability to deliver the ICS objectives together with an organisational development plan; and
  - overseeing the demonstration of equality, diversity and inclusion in its plans and their implementation.

## 2. MEMBERSHIP AND QUORACY

- 2.1 In accordance with the terms of reference the membership of the committee during the reporting period comprised of:
- Non-Executive Member for People and Culture;
  - Non-Executive Member for Finance and Estates;
  - ICB Chief People Officer;
  - System Non-Executive Directors/Chairs of Trust People Committees;
  - Chief People Officers/HRDs from Provider Trusts;
  - Programme Director of the Provider Leadership Collaborative Board
  - Chair of the Integrated Place Executive;
  - Local Authorities HRD (or nominated Representative) and Service Lead;
  - Independent Primary Care Provider leader.
  - East Midlands Ambulance Service NHS Trust representation;
  - Derbyshire Health United 111 (East Midlands) Community Interest Company representation.
- 2.2 The quorum necessary for the transaction of business was six members, to include one ICB Non-Executive Member, one System Non-Executive Member, one ICB Executive Member and three other members. Following a governance review of the Committee's membership, and to ensure the Committee remained fit for purpose in undertaking the statutory duties and associated activities delegated to them, the quorum changed to five members, which included one ICB Non-Executive Member, one ICB Executive Officer and three other members. This was agreed by the ICB Board on the 16<sup>th</sup> January 2025.
- 2.3 All meetings were fully quorate.

### 3. FREQUENCY OF MEETINGS

- 3.1 The Committee formally met four times during the reporting period. The full membership attendance can be found at Appendix 1.
- 3.2 The Committee met before ICB Board meetings to ensure all information submitted to the ICB Board was properly scrutinised and to develop an agreed view on any future issues arising.

### 4. KEY AREAS OF REVIEW

The People & Culture Committee ensured that arrangements were in place to deliver on their duties and achieve the expectations that are set for the ICB people function (as set out within NHS England guidance), which included the review and approval of work in the following areas:

Roles and Responsibilities	Reporting mechanism
<b>One Workforce Plan</b>	
Ensuring that the Derby and Derbyshire ICS has an ambitious Health and Care Workforce Strategy and overseeing the development and delivery of the work programme to grow our system leadership capacity, capability, talent, and culture across our ICS.	<ul style="list-style-type: none"> <li>• Workforce Oversight, including annual plan and agency spend target</li> <li>• Derbyshire Academy</li> <li>• Operational Plan</li> <li>• Agency Reduction Plan</li> <li>• National and Local Workforce Context</li> <li>• System Culture and Organisational Development</li> </ul>
Ensuring analysis and intelligence is used to coordinate our ICS workforce plan that integrates workforce, activity and finance planning where appropriate across health and care to meet current and future population, service and workforce needs, across programmes, pathways and Place.	
Overseeing the development and progress of a system wide approach to delivering People Services; ensuring the ten People Functions for the ICS are in place to make Derby and Derbyshire a better place to live and work for the ICS people.	
Promoting integrated system-working and to support collaborative working at scale.	
<b>Anchor Institutions</b>	
Ensuring the People and Culture strategy supports the ICS and its partners to achieve the ambition to be an Anchor Institution.	–
<b>Workforce Health and Wellbeing</b>	
Improving equality, diversity, and inclusion for our current and future workforce; maximising our potential as employers to reduce health inequalities and to improve the health and wellbeing of our communities.	<ul style="list-style-type: none"> <li>• System Culture and Organisational Development</li> </ul>
Ensuring there is a robust package of support and focus on the wellbeing of the workforce including health and safety, safeguarding and security management across our ICS.	

Roles and Responsibilities	Reporting mechanism
<b>Recruitment and Retention</b>	
Promoting a positive culture to enable the system to be an agile, inclusive, and modern employer to attract, recruit and retain the people we need to deliver our plans.	<ul style="list-style-type: none"> <li>• Workforce Oversight, including annual plan and agency spend target</li> <li>• Agency Reduction Plan</li> </ul>
Ensuring plans are in place to develop, support and retain the health and care workforce, adopting a "one workforce" approach with all partners across the ICS, promoting collaborative recruitment, education and training of existing and future health and care staff where appropriate.	
<b>Corporate Assurance</b>	
Agreeing and regularly reviewing the Risk Register and Board Assurance Framework for its area of remit, considering the adequacy of the submissions and whether new risks needed to be added to the Risk Register; or whether any risks required immediate escalation to the ICB Board.	<ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• Risk Register</li> <li>• People &amp; Culture Committee Assurance Report presented to ICB Board following each meeting</li> <li>• The Committee's register of interest was not provided within the papers at each meeting</li> <li>• People Services Delivery Board Assurance Report</li> </ul>
Producing and presenting to the ICB Board a Committee Assurance Report, following each meeting.	
Managing conflicts of interest.	

**5. ASSURANCE QUESTIONS**

At the end of each agenda is a set of assurance questions, to ensure the committee reviews the performance of the meeting regarding attendance by Executive Directors/Senior Management, the quality and timing of the papers, risk management, future deep dives and escalations to the ICB Board. Analysis of these assurance questions for 2024/25 showed no indication of any issues the committee raised in regards to the performance of the meetings.

**6. CONCLUSION**

During the year the committee has worked hard to ensure that there is effective triangulation between the people and finance numbers and operational performance. This work will continue. It has concentrated on those people issues which are relevant to the system as a whole, with an emphasis on developing a 'one workforce' approach with a focus on diversity and inclusion. System partners have made a valuable contribution to the committee throughout the year.

**Margaret Gildea**  
**Chair of People & Culture Committee**

APPENDIX ONE

People & Culture Committee Attendance Record 1<sup>st</sup> April 2024–31<sup>st</sup> March 2025

People and Culture Committee Member		25 April 2024	27 Jun 2024	11 Dec 2024	27 Feb 2025
<b>Margaret Gildea</b>	Chair – Non-Executive Member (People & Culture) and Senior Independent Director	✓	✓	✓	✓
<b>Jill Dentith</b>	Non-Executive Member (Finance, Estates & Digital)	✓	✓	✓	X
<b>Linda Garnett</b>	Interim Chief People Officer (up to 31 <sup>st</sup> July 2024)	✓	✓		
<b>Lee Radford</b>	Chief People Officer (from 1 <sup>st</sup> July 2024)			✓	✓
<b>Janet Dawson</b>	Non-Executive Member, DCHSFT	✓	✓	✓	X
<b>Ralph Knibbs</b>	Non-Executive Member, DHcFT	X	✓	X	X
<b>Billie Lam</b>	Non-Executive Member, UHDBFT	✓	✓	X	X
<b>Atul Patel</b>	Non-Executive Member, CRHFT (up to 15 <sup>th</sup> January 2025)	X	✓	✓	X
<b>Amanda Rawlings</b>	Chief People Officer, UHDBFT	✓	X	✓*	X
<b>Darren Tidmarsh</b>	Chief People Officer, DCHSFT	✓	✓	✓	✓
<b>Rebecca Oakley</b>	Deputy Director of People & Inclusion, DHcFT	X	X	X	✓
<b>Kerry Gulliver</b>	Director of HR & Organisational Development, EMAS	X	X	X	X
<b>Caroline Wade</b>	Director of HR & Organisational Development, CRHFT	✓	✓	✓	✓
<b>Penelope Blackwell</b>	Chair of Integrated Place Executive	X	X	X	✓
<b>Jen Skila</b>	Assistant HR Director, Derbyshire County Council (up to 14 <sup>th</sup> November 2024)	✓	✓		
<b>Lorraine Booth</b>	Interim Assistant HR Director, Derbyshire County Council (from 15 <sup>th</sup> November 2024)			✓	X
<b>Liz Moore</b>	Head of HR, Derby City Council	✓	✓	✓	✓
<b>Susie Bayley</b>	Medical Director, General Practice Taskforce Derbyshire	✓	✓	X	✓
<b>Zahra Leggatt</b>	Derbyshire Health United 111 (East Midlands) Community Interest Company representation	✓	X	✓*	✓

# POPULATION HEALTH & STRATEGIC COMMISSIONING COMMITTEE ANNUAL REPORT

1<sup>st</sup> April 2024–31<sup>st</sup> March 2025

## 1. INTRODUCTION AND BACKGROUND

- 1.1 This report reviews the work of the Population Health & Strategic Commissioning Committee and covers the period from 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025.
- 1.2 The report provides the ICB Board and Accountable Officer with evidence relevant to their delegated responsibilities of:
- ensuring that the ICB complies with the principles of good governance whilst effectively delivering the statutory functions of the ICB;
  - overseeing the provision of health services in line with the allocated resources across the ICS through a range of activities; and
  - in accordance with its statutory powers under section 65Z5 of the NHS Act, NHS England has delegated the exercise of the following functions in the delegation agreement to the ICB relating to:
    - primary medical services;
    - primary dental services and prescribed dental services;
    - primary ophthalmic services;
    - pharmaceutical services and local pharmaceutical services.

## 2. MEMBERSHIP AND QUORACY

- 2.1 In accordance with the terms of reference the membership of the committee during the reporting period comprised of:

### Core (Voting) members

- (a) ICB Non-Executive Member for Population Health and Strategic Commissioning and Public Partnerships (Chair)
- (b) Two ICB Non-Executive Members
- (c) Two System Non-Executive Directors
- (d) Representative for Provider Collaborative at Scale
- (e) Representative for Provider Collaborative at Place
- (f) Chief Strategy and Delivery Officer
- (g) Chief Medical Officer

### Ordinary members:

- (a) Representative for Clinical and Professional Leadership Group – Clinician(s)
- (b) GP Clinical Lead
- (c) Secondary Care Doctor
- (d) Allied Health Professional Representative
- (e) Two Directors of Public Health
- (f) Chief Nursing Officer

- (g) Chief Finance Officer
- (h) Director of Primary Care
- (i) Chief Pharmacy Officer
- (j) Chief People Officer
- (k) Director of Strategy and Planning
- (l) Voluntary, Community and Social Enterprises Representative

1.2 The quorum necessary for the transaction of business was one ICB Non-Executive Member, one System Non-Executive Director, one ICB Executive Director and four other members, including two clinical. Following a governance review of the Committee's membership, and to ensure the Committee remained fit for purpose in undertaking the statutory duties and associated activities delegated to them, the quorum changed to four members, which included one Non-Executive Members, two ICB Executive Officers and one other member, including two clinical. This was agreed by the ICB Board on the 16<sup>th</sup> January 2025.

1.3 All meetings were fully quorate, except the meeting on the 24<sup>th</sup> October.

## 2. FREQUENCY OF MEETINGS

2.1 The Committee formally met nine times during the reporting period. The full membership attendance can be found at Appendix 1.

2.2 The Committee met before ICB Board meetings to ensure all information submitted to the ICB Board was properly scrutinised and to develop an agreed view on any future issues arising.

## 3. KEY AREAS OF REVIEW

The Population Health & Strategic Commissioning Committee ensured that arrangements were in place to deliver on their duties, which included the review and approval of work in the following areas:

Roles and Responsibilities	Reporting mechanism
<b>Delegated Functions</b>	
<p>In accordance with its statutory powers under section 65Z5 of the NHS Act, NHS England has delegated the exercise of the following functions in the delegation agreement to the ICB relating to:</p> <ul style="list-style-type: none"> <li>• primary medical services;</li> <li>• primary dental services and prescribed dental services;</li> <li>• primary ophthalmic services;</li> <li>• pharmaceutical services and local pharmaceutical services.</li> </ul>	<ul style="list-style-type: none"> <li>• Primary Care Access Recovery Plan</li> <li>• Pharmacy, Optometry and Dental Services updates</li> </ul>

Roles and Responsibilities	Reporting mechanism
<b>Strategic Commissioning &amp; Transformation</b>	
Ensuring strategic, long-term and outcome-based contracts and agreements are in place to secure the delivery of the ICB's commissioning strategy and associated operating plans.	<ul style="list-style-type: none"> <li>• 2024/25 and 2025/26 Strategic Planning</li> <li>• All Age Continuing Care</li> <li>• Cardiovascular Disease Prevention Plan</li> <li>• Clinical and Professional Leadership Group updates</li> <li>• Clinical Policy Advisory Group updates</li> <li>• Commissioning &amp; Procurement Sub-Group updates</li> <li>• Commissioning and Procurement Intentions</li> <li>• Derbyshire Prescribing Group updates</li> <li>• Gender Dysphoria</li> <li>• General Practice Strategy</li> <li>• Health Protection Board</li> <li>• Integrated Performance Report</li> <li>• IVF Services review</li> <li>• Joint Area Prescribing Group updates</li> <li>• Joint Forward Plan</li> <li>• NHS Operational Plan</li> <li>• Population Data Insights</li> <li>• Primary Care Sub-Group updates</li> <li>• Provider Selection Regime</li> <li>• Research Strategy</li> <li>• Respiratory services</li> <li>• Seasonal Plan</li> <li>• Tier 3 Weight Management</li> <li>• Women's Health Hubs</li> </ul>
Overseeing the preparation and publication of the ICB's commissioning strategy and associated operating plans, aligned to the Health and Wellbeing Boards and Integrated Care Partnership strategies.	
Ensuring commissioning decisions are underpinned and informed by communications and engagement with the membership and local population as appropriate.	
Driving a focus on reducing health inequalities, improved outcomes and quality, and ensuring that the delivery of the ICB's strategic and operational plans are achieved within financial allocations.	
Supporting providers (working both within the Integrated Care System and Integrated Care Partnership) to lead major service transformation programmes to achieve agreed outcomes, including through joining-up health, care and wider support.	
Overseeing the implementation of ICB commissioning policies, within the financial envelope to help secure the continuous improvement of the quality of the services commissioning by the ICB.	
Working alongside councils to invest in local community organisations and infrastructure and, through joint working between health, social care and other partners including police, education, housing, safeguarding partnerships, employment and welfare services, ensuring that the NHS plays a full part in social and economic development and environmental sustainability.	
<b>Operational Planning</b>	
Overseeing the development of savings plans and services as detailed in the ICB's Operational Plan, approving the appropriate business cases and mobilisation plans, subject to appropriate evidence being provided (with particular reference to statutory equality and engagement duties) to support the decisions made.	<p><u>Procurements</u></p> <ul style="list-style-type: none"> <li>• Clinical health service to support children with physical health needs in education</li> <li>• Community Orthotics Service</li> <li>• Derbyshire Community Orthotics Service</li> <li>• Talking Therapies</li> </ul>
Prioritising service investments/disinvestments arising from strategic and operational plans, underpinned by value-based decisions and against available resources, and ensuring that appropriate evaluation is in place for new and existing investments.	<p><u>Contract Awards</u></p> <ul style="list-style-type: none"> <li>• Derbyshire Wheelchair Services</li> <li>• Living Well VCSE Service for Derby City</li> <li>• Provider Selection Regime Contract Awards</li> </ul>

Roles and Responsibilities	Reporting mechanism
<b>Corporate Assurance</b>	
Agreeing and regularly reviewing the Risk Register and Board Assurance Framework for its area of remit, considering the adequacy of the submissions and whether new risks needed to be added to the Risk Register; or whether any risks required immediate escalation to the ICB Board.	<ul style="list-style-type: none"> <li>• Board Assurance Framework</li> <li>• Risk Register</li> <li>• Population Health &amp; Strategic Commissioning Committee Assurance Report presented to ICB Board following each meeting</li> <li>• The Committee's register of interest was provided within the papers at each meeting</li> </ul>
Producing and presenting to the ICB Board a Committee Assurance Report, following each meeting.	
Managing conflicts of interest.	

#### 4. ASSURANCE QUESTIONS

At the end of each agenda is a set of assurance questions, to ensure the committee reviews the performance of the meeting in regards to attendance by Executive Directors/Senior Management, the quality of the papers, risk management, future deep dives and escalations to the ICB Board. Analysis of these assurance questions for 2024/25 showed no indication of any issues the committee raised in regards to the performance of the meetings.

#### 5. CONCLUSION

Over the last year the Committee has moved gaining assurance around short term contract arrangements to focussing on the longer term strategic procurement with the ultimate goal of transitioning to a Strategic Commissioning and Integration committee. Progress has been made by dividing the agenda into Business as Usual and Strategic Development, usually covering the latter in separate development meetings. There is still more to do to ensure that our strategic decisions move us towards addressing the three shifts required of an ICB.

**Maragaret Gildea**  
**Chair of Population Health & Strategic Commissioning Committee**

**APPENDIX ONE**

**Population Health & Strategic Commissioning Committee Attendance Record 2024/25**

Population Health and Strategic Commissioning Committee Member		11 Apr 2024	9 May 2024	13 Jun 2024	8 Aug 2024	24 Oct 2024	14 Nov 2024	9 Jan 2025	13 Feb 2025	13 Mar 2025
<b>Core Members</b>										
<b>Richard Wright</b>	Chair, Non-Executive Member (Population Health & Strategic Commissioning) (from 9 <sup>th</sup> May and up to 8 <sup>th</sup> November 2024)		✓	✓	✓	✓				
<b>Maragaret Gildea</b>	Chair (from 9 <sup>th</sup> November 2024) and Non-Executive Member (People & Culture) and Senior Independent Director	✓	✓	✓	X	✓	✓	✓	✓	✓
<b>Dr Adedeji Okubadejo</b>	Clinical Lead Member and Vice ICB Board Chair, ICB	✓	✓	✓	✓	X	X	✓	✓	✓
<b>James Reilly</b>	Non-Executive Director, DCHSFT	X	✓	✓	✓	X	✓	✓	✓	X
<b>Sardip Sandhu</b>	Non-Executive Director, UHDBFT	✓	X	✓	✓	X	X	X	✓	X
<b>Mark Powell</b>	Chief Executive Officer, DHcFT (up to 8 <sup>th</sup> August 2024)	X	X	X	X					
<b>Dr Penny Blackwell</b>	Representative for Provider Collaborative at Place	X	X	✓	X	X	✓	✓	X	✓
<b>Michelle Arrowsmith</b>	Chief Strategy and Delivery Officer, and Deputy Chief Executive, ICB	✓	✓	✓	✓	✓	X	✓	✓	✓
<b>Dr Chris Weiner</b>	Chief Medical Officer, ICB	✓	✓	✓	✓	✓	X	✓	✓*	✓
<b>Ordinary Members</b>										
<b>Dr Avi Bhatia</b>	Representative for Clinical & Professional Leadership Group	✓	✓	X	✓	X	✓	✓	✓	✓
<b>Dr Emma Pizzey</b>	GP Clinical Lead	X	✓	X	✓	✓	X	✓	✓	✓
<b>Dr Suneeta Teckchandani</b>	Secondary Care Doctor	✓	✓	✓	✓	✓	✓	X	✓	✓
<b>Lucy Smith</b>	Allied Health Professional Representative (from 1 <sup>st</sup> April 2024)	X	X	X	X	X	✓	✓	X	X
<b>Robyn Dewis</b>	Director of Public Health, Derby City Council	X	✓	✓	✓	✓	✓	✓	✓	X
<b>Ellie Houlston</b>	Partner Member – Derbyshire County Council	✓	✓	X	X	✓	X	✓	✓	✓
<b>Prof Dean Howells</b>	Chief Nurse Officer, ICB	✓	X	X	X	✓*	✓	X	X	✓
<b>Keith Griffiths</b>	Chief Finance Officer, ICB (up to 30 <sup>th</sup> November 2024)	✓	✓	✓	X	X	X			
<b>Claire Finn</b>	Interim Chief Finance Officer (from 1 <sup>st</sup> December 2024)							✓	X	✓
<b>Clive Newman</b>	Director of GP development, ICB	✓	X	✓	✓	✓	✓	✓	X	X
<b>Steve Hulme</b>	Chief Pharmacy Officer, ICB	✓	X	✓	X	✓	X	X	✓*	✓
<b>Linda Garnett</b>	Interim Chief People Officer, ICB (up to 31 <sup>st</sup> July 2024)	✓	✓	✓						
<b>Lee Radford</b>	Chief People Officer (from 1 <sup>st</sup> July 2024)				✓	✓	X	X	X	X
<b>Wynne Garnett</b>	VCSE Representative (from 1 <sup>st</sup> April 2024)	✓	✓	✓	✓	✓	✓	X	✓	✓

*For those items with \* above please note that a deputy was present to ensure quoracy.*

# PUBLIC PARTNERSHIP COMMITTEE ANNUAL REPORT

1<sup>st</sup> July 2024–31<sup>st</sup> March 2025

## 1. INTRODUCTION AND BACKGROUND

- 1.1 This report reviews the work of the Public Partnership Committee and covers the period from 1<sup>st</sup> July 2024 to 31<sup>st</sup> March 2025.
- 1.2 The report provides the ICB Board and Accountable Officer with evidence relevant to their delegated responsibilities of:
- ensuring appropriate engagement and consultation with patients and the public for new or changing services;
  - assessing levels of assurance and risk in relation to the delivery of statutory duties in public and patient involvement and consultation, as defined within the Health & Social Care Act 2012;
  - retaining a focus on the need for engagement in strategic priorities and programmes, ensuring the local health system is developing robust processes in the discharging of duties relating to involvement and consultation; and
  - seeking assurance that the Derbyshire system is following defined processes to take due regard when considering and implementing service changes as defined by the Equality Act 2010 and delivered through targeted engagement.

## 2. MEMBERSHIP AND QUORACY

- 2.1 In accordance with the terms of reference the membership of the committee during the reporting period comprised of:
- Voting Members
    - Chair, ICB Non-Executive Member for Audit and Governance
    - Patient Lay Members
    - NHS Foundation Trust Governor Members
      - Chesterfield Royal Hospital NHS FT
      - Derbyshire Community Health Services NHS FT
      - Derbyshire Healthcare NHS FT
      - University Hospitals of Derby and Burton NHS FT
    - Voluntary Sector Representative
    - ICB Diversity & Inclusion Network representative
  - Non-voting Members
    - Chief Executive, Healthwatch Derby
    - Chief Executive, Healthwatch Derbyshire
    - ICB Chief of Staff
    - ICB Chief Strategy and Delivery Officer
    - ICB Deputy Director of Communications and Engagement
    - Community engagement representative, Derbyshire County Council
    - Community engagement representative, Derby City Council
    - ICB Head of Engagement

2.2 The Committee met 7 times during the reporting period. All meetings were fully quorate. The quorum necessary for the transaction of business was 1 ICB Non-Executive Member, to include the Chair or Vice Chair, plus at least 2 representatives drawn from the lay members and FT Governors, and 1 Executive Director or Deputy. The full membership attendance can be found at Appendix One.

### 3. FREQUENCY OF MEETINGS

The Committee met before every ICB Board meeting to ensure assurance could be provided to and to develop an agreed view on any future issues arising.

### 4. KEY AREAS OF REVIEW

The Public Partnership Committee ensured that arrangements were in place to deliver on their duties, which included the review and approval of work in the following areas:

Roles and Responsibilities	Reporting mechanism
<b>Patient and Public Engagement</b>	
Champion patient and public engagement across the Derbyshire health and care system, providing a watchful eye in scrutinising service developments.	<ul style="list-style-type: none"> <li>• Long Covid-19 Service</li> <li>• Integrated Care Experience Survey</li> <li>• General Practice Mergers and Closures</li> <li>• Learning Disabilities Short Breaks</li> <li>• Derby Health Inequalities Partnership</li> <li>• Lay Reference Group Establishment</li> <li>• East Midlands Fertility Policy</li> <li>• Stroke Rehabilitation</li> <li>• Women's Health Hub</li> <li>• Tobacco Insight</li> <li>• Making Room for Dignity</li> </ul>
Champion the routine principles of continuous engagement and co-production when assessing all public engagement activity, challenging and escalating findings where standards and principles have not been met.	
Seek assurance that the ICB and wider system are meeting statutory duties relating to Patient and Public Engagement, as laid out in the Health & Care Act 2022, including those relating to Local Authority Scrutiny.	
Seek assurance, through reports, reviews and presentations that the public are an integral part of designing, commissioning, transforming and monitoring services.	
Oversee the development and delivery of a robust infrastructure of engagement mechanisms including, but not limited to, place-level engagement, reference groups to provide insight on emerging issues, a citizen's panel from which can be drawn individuals across a matrix of geography/conditions/protected characteristics, project-specific lay representation and other mechanisms as required.	
Seek assurance that the system has robust mechanisms for training relevant staff on statutory duties relating to Patient and Public Engagement, as laid out in the Health & Care Act 2022.	
Ensure due process and appropriate methodologies have been followed in terms of involving the public in system projects, including providing constructive advice and challenge on proposed methods.	

Roles and Responsibilities	Reporting mechanism
<b>Transformation, innovation and improvement</b>	
Ensure that the development and delivery of the Derby and Derbyshire Integrated Care Strategy is driven by the insight and opinions gathered from local people.	<ul style="list-style-type: none"> <li>• Hypertension identification</li> <li>• Co-Production Framework</li> <li>• Insight Strategy</li> <li>• People and Communities Strategy</li> <li>• Community and Same Day Urgent Care</li> </ul>
Make recommendations for improvements and innovations in the way the system works with patients and the public.	
Respond to external reviews and National Lessons Learnt reviews and bulletins especially with regards to the way patients and the public are engaged	
Act as an advocate for the engagement work being carried out for the future of health and social care in Derbyshire through appropriate networks.	
<b>Equality and Diversity</b>	
Seek assurance of work to reach seldom-heard groups and that this is being coordinated across partners and agencies, ensuring that all voices are being heard.	<ul style="list-style-type: none"> <li>• The Committee ensures that due regard is given to Equality &amp; Diversity throughout all reports and work carried out</li> <li>• Equality Delivery System</li> </ul>
Seek assurance that the system has processes to ensure that adherence to the Equality Act duties of due regard is informing engagement programmes accordingly.	
Ensure that all voices are heard at committee and programme meetings and that all groups are given appropriate opportunity to shape local services.	
<b>Corporate Assurance</b>	
Make recommendations on the 'phase 2' responsibilities of the Committee, likely from autumn 2022, concurrent with the confirmation of the scope of the Integrated Care Partnership, specifically relating to the scope, reporting arrangements and membership of this committee.	<ul style="list-style-type: none"> <li>• PPI Assessment Log</li> <li>• Board Assurance Framework</li> <li>• Risk Register</li> <li>• Public Partnership Committee Assurance Report presented to ICB Board following each meeting</li> <li>• The Committee's register of interest was provided within the papers at each meeting</li> </ul>
Sign off the approach to all formal consultation programmes, either with delegated authority from the ICB Board or prior to their final sign off at those meetings.	
Agreeing and regularly reviewing the Risk Register and Board Assurance Framework for its area of remit, considering the adequacy of the submissions and whether new risks needed to be added to the Risk Register; or whether any risks required immediate escalation to the ICB Board.	
Producing and presenting to the ICB Board a Committee Assurance Report, following each meeting.	
Managing conflicts of interest.	
Oversee the development, completion and action planning of any internal or external audits relating to public engagement.	

## **5. CONCLUSION**

The Committee has played an important role in the formative years of the ICB's existence in ensuring that public participation and engagement has remained at the forefront of the ICB's decision making processes. The Committee has been effective in its' role overseeing the development of key frameworks such as the co-production and in-sight processes which help support public participation and engagement in the ICB's work.

These frameworks will continue to inform decision making in the future, whilst the remit of this committee will be shared between the Board and the Strategic Commissioning and Integration Committee going forward.

**Sue Sunderland**  
**Chair of Public Partnership Committee**

APPENDIX ONE

Public Partnership Committee Attendance Record 1<sup>st</sup> July 2024–31<sup>st</sup> March 2025

Public Partnership Committee Member		30 Apr 2024	25 Jun 2024	30 Jul 2024	24 Sep 2024	26 Nov 2024	28 Jan 2025	25 Feb 2025
<b>Voting Members</b>								
<b>Richard Wright</b>	Chair (up to 30 <sup>th</sup> April 2024) Non-Executive Member (from 1 <sup>st</sup> May 2024 to 8 <sup>th</sup> November 2024)	✓	✓	✓	✓			
<b>Sue Sunderland</b>	Non-Executive Member	✓	✓	✓	✓	✓	✓	✓
<b>Steven Bramley</b>	Lay Representative	✓	✓	X	✓	✓	✓	✓
<b>Tim Peacock</b>	Lay Representative	✓	X	✓	✓	✓	✓	✓
<b>Jocelyn Street</b>	Lay Representative	✓	X	✓	✓	✓	✓	✓
<b>Patricia Coleman</b>	Lay Representative	X	✓	✓	X	✓	✓	✓
<b>Carol Warren</b>	Lead Governor, CRHFT	✓	✓	✓	X	✓	✓	✓
<b>Val Haylett</b>	Public Governor, UHDBFT	✓	X	X	X	✓	✓	X
<b>Lynn Walshaw</b>	Deputy Lead Governor, DCHSFT	✓	X	✓	✓	X	✓	✓
<b>Hazel Parkyn</b>	Public Governor, DHcFT	✓	✓	X	✓	X	✓	✓
<b>Neil Woodhead</b>	Service Manager – Locality Working, Derby City Council	✓	X	X	✓	✓	✓	X
<b>Kim Harper</b>	Chief Officer, Community Action Derby	X	X	✓	✓	✓	X	X
<b>Non-Voting Members</b>								
<b>Amy Salt</b>	Engagement and Involvement Manager, Healthwatch Derbyshire	✓	✓	X	✓	X	✓*	✓
<b>Helen Dillistone</b>	Chief of Staff, ICB	✓	✓	✓	✓	X	✓	X
<b>Sean Thornton</b>	Deputy Director Communications & Engagement, ICB/JUCD	✓	✓	✓	✓	✓	✓	✓
<b>Karen Lloyd</b>	Head of Engagement, ICB/JUCD	✓	✓	✓	✓	✓	✓	✓

For those items with \* above please note that a deputy was present to ensure quoracy.

# QUALITY & PERFORMANCE COMMITTEE ANNUAL REPORT

1<sup>st</sup> April 2024–31<sup>st</sup> March 2025

## 1. INTRODUCTION AND BACKGROUND

- 1.1 This report reviews the work of the Quality & Performance Committee and covers the period from 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025.
- 1.2 The report provides the ICB Board and Accountable Officer with evidence relevant to their delegated responsibilities of ensuring:
- the system organisations discharge their statutory duties in relation to the achievement of continuous quality improvement;
  - quality and outcome information against key performance trajectories is received and quality issues identified, ensuring they are acted upon;
  - delivery against the Constitution, NHS Long Term Plan, Public Health Outcomes Framework, and associated NHS performance regimes, agreeing any action plans or recommendations as appropriate;
  - continuous improvements in quality and outcomes of clinical effectiveness, safety and patient experience are secured;
  - processes are in place to interpret and implement local, regional and national policy (e.g. Quality Accounts, Safeguarding etc.) and provide assurance that policy requirements are embedded in services; and
  - considerations relating to safeguarding children and adults are integral to services and robust processes are in place to deliver statutory functions of all Health and Social Care Organisations within the ICS.

## 2. MEMBERSHIP AND QUORACY

- 2.1 In accordance with the terms of reference the membership of the committee during the reporting period comprised of:
- ICB Board Clinical (Other) Member;
  - ICB Non-Executive Member for Finance and Estates;
  - ICB Chief Nursing Officer;
  - ICB Chief Medical Officer;
  - ICB Chief Strategy and Delivery Officer;
  - Provider Non-Executive Directors, with responsibility for Quality; and
  - Primary Care Representative.
- 2.2 The quorum necessary for the transaction of business was one ICB Non Executive Member, to include the Chair or Vice Chair, plus at least the Chief Nurse Officer, or Chief Medical Officer from the ICB (or deputy), and two provider representatives (to include one provider Non-Executive Director, with responsibility for Quality). Following a governance review of the Committee's membership, and to ensure the Committee remained fit for purpose in undertaking the statutory duties and associated activities delegated to them, the quorum changed to three members, which included one Non-Executive Members, one ICB Executive Director (or

deputy) and one provider representative (or deputy). This was agreed by the ICB Board on the 16<sup>th</sup> January 2025.

2.3 All meetings were fully quorate, except the meetings on the 30<sup>th</sup> May, 27<sup>th</sup> June, 25<sup>th</sup> July and 29<sup>th</sup> August 2024, and the 27<sup>th</sup> March 2025.

### 3. FREQUENCY OF MEETINGS

3.1 The Committee formally met 10 times during the reporting period. The full membership attendance can be found at Appendix 1.

3.2 The Committee met monthly before every ICB Board meeting to ensure all quality and performance information submitted to the ICB Board had been properly scrutinised and to develop an agreed view on any future issues arising.

### 4. KEY AREAS OF REVIEW

The Quality & Performance Committee ensured that arrangements were in place to deliver on their duties, which included the review and approval of work in the following areas:

Roles and Responsibilities	Reporting mechanism
<b>Collaboration</b>	
Ensuring a collaborative approach to promote multi-professional leadership and a shared vision for quality and performance within the System.	<ul style="list-style-type: none"> <li>• System Integrated Performance Report</li> <li>• Risk Stratification and Harm Review</li> <li>• Operational Plan</li> </ul>
Ensuring a culture of learning and improvement to ensure provision of high-quality sustainable services.	
Quality oversight is maintained in relation to public health outcomes and the wider determinants of health; and take appropriate action as required to support the reduction in health inequalities.	
Quality and performance oversight is maintained in relation to the performance of Health and Social Care organisations within the ICS in terms of the Care Quality Commission (CQC) and any other relevant regulatory bodies.	
<b>Systems</b>	
Ensuring clear roles and accountabilities in relation to quality and performance oversight	
Ensuring that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered by providers and place	
Ensuring effective improvement mechanisms are in place, including peer review and external support.	
Ensuring there are processes to effectively identify early warning signs that there is a quality or performance issue.	

Roles and Responsibilities	Reporting mechanism
Processes are established to identify, resolve and escalate risk emerging from poor quality as a result of poor performance against performance indicators.	<ul style="list-style-type: none"> <li>• Ambulance Handover Delays</li> <li>• Blood Spot Testing Services</li> <li>• Contract Awards</li> <li>• Infection Prevention and Control</li> <li>• Learning Disabilities</li> <li>• Mental Health</li> <li>• Patient Safety</li> <li>• Primary Care Early Warning System</li> <li>• Quality of Care</li> <li>• Quality Accounts</li> <li>• Quality Framework</li> <li>• Local Maternity and Neonatal Services</li> <li>• Safeguarding Adults and Children</li> <li>• Stroke Services</li> <li>• Virtual Wards</li> </ul>
Implementation of the Patient Safety Strategy, including process and compliance in relation to PSIRF; being informed of all Never Events and informing the key partners of any escalation or sensitive issues.	
Processes are in place to interpret and implement local, regional and national policy (e.g. quality accounts, safeguarding, infection control etc.) and provide assurance that policy requirements are embedded in services.	
Receiving assurance from the System Quality Group on the approval of nursing and quality policies.	
Considerations relating to safeguarding children and adults are integral to services and robust processes are in place to deliver statutory functions of all Health and Social Care Organisations within the ICS.	
Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from death (including coronial inquests and PFD report);	
Equality Impact Assessments are undertaken and reviewed by System Quality Group for proposed service changes using the established mechanisms with any matters of concern escalated.	
Learning and Insight	
Establishing systems to draw from intelligence in order to inform quality and performance improvement, and to act on early warning signs.	<ul style="list-style-type: none"> <li>• Care Quality Commission</li> <li>• National Patient Safety Strategy and Learning</li> <li>• Nursing and Midwifery Excellence</li> </ul>
Maintaining oversight in terms of variation and risk across clinical pathways and to provide a view on the quality aspects of clinical pathways, care journeys and Transformation Programmes.	
Ensuring that quality and performance assurance data is used to inform commissioning decisions and drive improvements.	
Ensuring that processes are in place to provide assurance and oversight that services are high quality; meaning that they are safe, effective, caring, responsive and well-led and provide patients, service users and carers with positive experiences of care.	
Liaising with appropriate external bodies such as the CQC or professional regulatory bodies.	

Roles and Responsibilities	Reporting mechanism
<b>Improvement</b>	
Scrutinise structures in place to support quality, performance, planning, control and improvement, to be assured that the structures operate effectively and timely action is taken to address areas of concern.	Deep Dives into: <ul style="list-style-type: none"> <li>• Breaches and Long Waits Harm</li> <li>• Right Care Right Person</li> </ul>
Oversee and seek assurance on the effective and sustained delivery of the ICB Quality Improvement Programmes.	
At every service level there is a consistent set of meaningful “measures that matter” which can be used to inform improvement.	
Data and intelligence are effectively utilised in order to identify and prioritise the most important quality and performance issues, enabling corrective action to be taken.	
Action is taken where required to investigate any quality, safety or patient experience concerns, noting action is taken to ensure that improvements in quality are implemented where necessary.	
<b>Corporate Assurance</b>	
Agree and put forward the key quality priorities that are included within the ICB strategy/annual plan, including priorities to address variation/inequalities in care.	<ul style="list-style-type: none"> <li>• System Quality Group Assurance Report</li> <li>• Board Assurance Framework</li> <li>• Risk Register</li> <li>• Quality &amp; Performance Committee Assurance Report presented to ICB Board following each meeting</li> <li>• The Committee's register of interest was provided within the papers at each meeting</li> </ul>
Oversee and monitor the delivery of the ICB key statutory requirements.	
Oversee and scrutinise the ICB’s response to all relevant Directives, Regulations, national standard, policies, reports, reviews and best practice as issued by the Department of Health and Social Care, NHSEI and other regulatory bodies/external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained.	
Agreeing and regularly reviewing the Risk Register and Board Assurance Framework for its area of remit, considering the adequacy of the submissions and whether new risks needed to be added to the Risk Register; or whether any risks required immediate escalation to the ICB Board.	
Producing and presenting to the ICB Board a Committee Assurance Report, following each meeting.	
Managing conflicts of interest.	

## 5. ASSURANCE QUESTIONS

At the end of each agenda is a set of assurance questions, to ensure the committee reviews the performance of the meeting in regards to attendance by Executive

Directors/Senior Management, the quality of the papers, risk management, future deep dives and escalations to the ICB Board. Analysis of these assurance questions for 2024/25 showed no indication of any issues the committee raised in regards to the performance of the meetings.

## **6. CONCLUSION**

The committee has worked hard to fulfil its responsibilities and provide assurance to the ICB board on the quality of the services provided to the population. There are areas of strength as well as aspects of clinical service provision that are challenging but demonstrating ongoing engagement and improvement.

The Quality and Performance committee will become the Quality, Safety and Improvement committee from 01 April 2025. I am very grateful to the members that have supported the committee especially the non-executive members of partner organisations with responsibility for quality who will not be key members of the Quality, Safety and Improvement committee going forwards but will remain key partners in assuring the delivery of good quality clinical services to the population.

**Dr Adedeji Okubadejo**  
**Chair of Quality & Performance Committee**

APPENDIX ONE

Quality & Performance Committee Attendance Record 2024/25

Quality and Performance Committee Member		25 Apr 2024	30 May 2024	27 Jun 2024	25 Jul 2024	29 Aug 2024	31 Oct 2024	28 Nov 2024	30 Jan 2025	27 Feb 2025	27 Mar 2025
<b>Dr Adedeji Okubadejo</b>	Chair – Clinical Lead Member	✓	✓	✓	✓	✓	✓	✓	✓	✓	✓
<b>Jill Dentith</b>	Non-Executive Member	✓	✓	✓	✓	X	✓	✓	✓	✓	✓
<b>Prof Dean Howells</b>	Chief Nurse Officer	✓	✓*	✓	✓	✓*	✓*	✓*	✓	✓	✓
<b>Dr Chris Weiner</b>	Chief Medical Officer	✓	X	✓	✓*	✓	✓	✓	✓*	✓	✓
<b>Michelle Arrowsmith</b>	Chief Strategy and Delivery Officer, and Deputy Chief Executive	✓	✓	✓	✓*	X	✓	✓	✓*	✓*	X
<b>Chris Harrison</b>	Non-Executive Director, UHDBFT	X	X	X	X	X	X	X	X	X	X
<b>Nora Senior</b>	Non-Executive Director, CRHFT	X	X	X	X	X	X	X	X	X	X
<b>Lynn Andrews</b>	Non-Executive Director, DHcFT	✓	X	✓	✓	X	✓	✓	X	✓	X
<b>Kay Fawcett</b>	Non-Executive Director, DCHSFT	✓	✓	X	X	✓	✓	✓	X	X	X
<b>Robyn Dewis</b>	Director of Public Health, Derby City Council	✓	X	✓	✓	X	✓	✓	✓	✓	X
<b>Gemma Poulter</b>	Assistant Director Adult Social Care, Derbyshire County Council	X	X	X	X	X	X	X	X	X	X

For those items with \* above please note that a deputy was present to ensure quoracy.

# REMUNERATION COMMITTEE ANNUAL REPORT

1<sup>st</sup> April 2024–31<sup>st</sup> March 2025

## 1. INTRODUCTION AND BACKGROUND

- 1.1 This report reviews the work of the Remuneration Committee and covers the period from 1<sup>st</sup> April 2024 to 31<sup>st</sup> March 2025.
- 1.2 The report provides the ICB Board and Accountable Officer with evidence relevant to their responsibilities of:
- determining and approving:
    - all aspects of remuneration, including but not limited to salary;
    - arrangements for termination of employment and other contractual terms and non-contractual terms;
    - arrangements for termination payments and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate;
    - the ICB pay policy;
  - overseeing contractual arrangements;
  - the nomination and appointment of ICB Board members;
  - performance review/oversight for directors/senior managers;
  - succession planning for the ICB Board;
  - assurance in relation to ICB statutory duties.

## 2. MEMBERSHIP AND QUORACY

- 2.1 In accordance with the terms of reference the membership of the committee during the reporting period comprised of:
- Non-Executive Member of Remuneration;
  - Non-Executive Member of Population Health and Strategic Commissioning;
  - ICB Board Clinical (Other) Member.
- 2.2 The Committee met eight times during the reporting period and all meetings were fully quorate. The quorum necessary for the transaction of business is two of the members. The full membership attendance can be found at Appendix 1.

### 3. KEY AREAS OF REVIEW

Throughout the reporting period, the Remuneration Committee reviewed, monitored and had oversight of the following areas:

Roles and Responsibilities	Reporting mechanism
Salary (including any performance-related elements) bonuses, pensions and cars for Chief Executive, Directors and other Very Senior Managers.	<ul style="list-style-type: none"> <li>• Executive Director Appointments and Remuneration</li> <li>• Director Appointments</li> <li>• ICB Restructure and Redundancy Notice</li> <li>• VSM Pay Award, Banding and Recruitment</li> </ul>
Termination of employment and other contractual matters for Chief Executive, Directors and other Very Senior Managers, and all staff.	
ICB pay policy (including the adoption of pay frameworks such as Agenda for Change), contractual and termination arrangements for all staff.	
Arrangements for termination payments and any special payments following scrutiny of their proper calculation and taking account of such national guidance as appropriate.	
Nomination and appointment of (some or all) ICB Board members.	
Performance review/ oversight for directors/senior managers.	
Succession planning for the ICB Board.	
Assurance in relation to ICB statutory duties.	
Corporate Assurance	
Producing and presenting to the ICB Board a Committee Assurance Report, following each meeting.	<ul style="list-style-type: none"> <li>• Remuneration Committee Assurance Report verbally presented to ICB Board following each meeting</li> <li>• The Committee's register of interest was provided within the papers at each meeting.</li> </ul>
Managing conflicts of interest.	

### 4. CONCLUSION

The Remuneration Committee has worked effectively over the year to gain assurance that all the areas above are dealt with fairly, in line with our policies, and take full account of Equality, Diversity and Inclusion. We have made two shared Executive appointments with Nottingham and Nottinghamshire ICB to attract the highest calibre applicants and share knowledge, resources and best practice between the two ICBs. We believe that these be of value as we move into the next phase of restructuring

I would like to thank the members of the committee and the executives who have prepared papers for oversight, for their contribution to effective assurance.

**Margaret Gildea**  
**Chair of Remuneration Committee**

