

Integrated Care Board

Date of meeting	11 September 2024
Title of paper	Reporting from Committees: Escalation and Assurance Report
Presented by	<p>ICB Committee Chairs:</p> <ul style="list-style-type: none"> • Jim Birrell, Audit Committee • Sheena Cumiskey, Quality Committee • Jim Birrell, Finance and Performance Committee • Debbie Corcoran, Primary Care Commissioning Committee • Jane O'Brien, People Committee • Debbie Corcoran, Public Involvement and Engagement Advisory Committee <p>North West Specialised Services Committee:</p> <ul style="list-style-type: none"> • Craig Harris, Senior Responsible Officer/Jim Birrell, Non-Executive Member
Author	Board Secretary and Committee Officers (on behalf of the ICB Committee Chairs and the North West Specialised Services Committee Senior Responsible Officer)
Agenda item	7
Confidential	No

Executive summary

This report highlights key matters, issues, and risks discussed at ICB committee meetings held since the last report to the Board on 17 July 2024 to alert, advise and assure the Board.

Each summary report also highlights any issues, items referred or escalated to other committees or to the Board.

Minutes approved by each committee to date are presented to the Board to provide assurance that they have met in accordance with their terms of reference and to advise the Board of business transacted at their meetings.

This report also includes an update from the North West Specialised Services Joint Committee.

Recommendations

The Board is asked to:

- Note the Alert, Advise and Assure within each committee report and approve any recommendations as listed.
- Note the summary of items or issues referred to other committees of the Board over the reporting period.
- Note the ratified minutes of the committee meetings.
- Note the update from the North West Specialised Services Joint Committee.

Which Strategic Objective/s does the report relate to:		Tick
SO1	Improve quality, including safety, clinical outcomes, and patient experience	✓
SO2	To equalise opportunities and clinical outcomes across the area	✓
SO3	Make working in Lancashire and South Cumbria an attractive and desirable option for existing and potential employees	✓
SO4	Meet financial targets and deliver improved productivity	✓
SO5	Meet national and locally determined performance standards and targets	✓
SO6	To develop and implement ambitious, deliverable strategies	✓

Implications				
	Yes	No	N/A	Comments
Associated risks		✓		
Are associated risks detailed on the ICB Risk Register?			✓	
Financial Implications			✓	

Where paper has been discussed (list other committees/forums that have discussed this paper)

Meeting	Date	Outcomes
Various committee meetings as listed within the report.	During July and August 2024	To provide the Board of committee business during this period.

Conflicts of interest associated with this report
Not applicable.

Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	

Report authorised by:	ICB Committee Chairs/North West Specialised Services Committee Senior Responsible Officer/Non-Executive Member
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Integrated Care Board – 11 September 2024

Committee Escalation and Assurance Report

1. Introduction

- 1.1 This report highlights key matters, issues, and risks discussed at ICB committee meetings held since the last report to the Board on 17 July 2024 to alert, advise and assure the Board.
- 1.2 Each summary report also highlights any issues, items referred or escalated to other committees or to the Board.
- 1.3 Minutes approved by each committee to date are presented to the Board to provide assurance that they have met in accordance with their terms of reference and to advise the Board of business transacted at their meetings.
- 1.4 This report also includes an update from the North West Specialised Services Joint Committee.

2.0 Committee Reports and Approved Minutes

2.1 Audit Committee

Date: 25 July 2024		Chair: Jim Birrell
Key Items Discussed		
Item	Issue	Action
Alert		
Assurance Mapping Exercise	Seven key deliverable priority areas were assessed as offering limited assurance: <ul style="list-style-type: none">• Clinical strategy, (acute and community transformation)• Transforming intermediate care• Long term workforce plan• People plan and 10 people functions• Procurement strategy• Development of effective BI and performance management function• Out of hospital care model/intermediate care.	Executive Directors to provide action plans for each of the seven key deliverable priority areas assessed as having limited assurance to the December meeting of the Audit Committee

Advise		
Committee Effectiveness	The report on Committee Effectiveness noted that the People Board had only met once between October 2023 and March 2024, (a situation that had previously been raised in two separate MIAA internal audit reports.) However, it was noted that a review of the Committee's Terms of Reference was approved by the Board in May at which point it was renamed the People Committee, with its first meeting scheduled for 31 July 2024.	Committee is planning to meet quarterly during 2024/25.
Completed internal audit reviews	Four completed reviews were received: <ul style="list-style-type: none"> • CHC Adam IT System - limited assurance • Completion of Data Security and Protection Toolkit self-assessment – substantial assurance on veracity of submission; moderate assurance on meeting standards • Interim CHC analytical Analysis Review – assurance rating not applicable • Continuing Healthcare Audit follow-up – interim feedback provided. 	Board to note.
Proposed Deep Dive	Following a review of potential topics, the Committee asked for an overview report on the functioning of the All Age Continuing Care service.	Committee may consider more in-depth review(s) depending upon information presented.
Assure		
Financial Policies	The Committee ratified the adoption of the amended Debt Management Policy and the new Budget Virement Policy.	Board to note.
Outstanding Internal Audit Recommendations	MIAA have made 105 recommendations, of which 70 have been actioned, 13 are in progress and 22 are in the process of being followed up or are not due for follow-up.	Board to note.

Appendix A – Approved minutes of the Extraordinary Audit Committee meeting held on 19 June 2024: [Extraordinary ICB Audit Committee Minutes-19.6.24.pdf](#)

2.2 Quality Committee

Date: 24 July 2024		Chair: Sheena Cumiskey
Key Items Discussed		
Item	Issue	Action
Alert		
Lancashire Teaching Hospital (LTH) rate of Clostridium difficile (Cdiff) Infection.	Position for Clostridium difficile remains challenging at LTH and the organisation is an outlier for the region and nationally.	<ul style="list-style-type: none"> • Full Improvement Plan in place with weekly internal monitoring. • Regional Infection, prevention and Control Nurse involved in actions. • Senior NHSE conversations taking place on estate and future actions to be taken. • Lack of compliance to the national cleaning standards is on the organisation risk register.
Capacity to meet the growing demand for Education, Health and Care Plans (EHCP) and limited assurance of systems ability to consistently meet SEND responsibilities	The requests for EHCPs have doubled without a matched rise in capacity to meet the need and this will potentially impact on Childrens/Families outcomes. Recent Benchmarking has indicated inconsistency of delivery of SEND responsibilities across health system.	<ul style="list-style-type: none"> • Streamlining of EHCP process underway. • In-Housing of DCO role to support delivery took place on 1 July • New SEND policy under development • Agreement for the ICB to be a pilot site for new QA framework
Thrombectomy	The delivery of a weekend service is not yet in place at LTH with no timeline for when it will be implemented. This is a service gap.	<ul style="list-style-type: none"> • Medical Director (MD) to MD meetings taking place on a weekly basis. • Specialised Commissioning meetings in place. Rapid Quality review taking place on 4 September 2024. • LTH MD in discussion with the consultants to establish an on-call rota. This will need wider multi-disciplinary staff involvement as well.
Sodium Valproate reviews based on current guidance not yet implemented.	Lack of delivery to ensure that women of childbearing age are reviewed in line with current guidance at LTH.	Timelines and plans being requested via the Medicine Management Team, this is a high-risk drug and there is a working group focused on this.
Lack of capacity in the Quality Committee due to time constraints.	The agenda for the quality committee is large as the agenda is multi-faceted and covers a number of statutory functions that have to be reported to committee. The agenda items are at times rushed due to the lack of time. This puts pressure on all members and the chair.	The chair to discuss with colleagues about the possibility of returning to a monthly committee. This has now been agreed

Advise		
UK Health Security Agency (UKHSA)	UKHSA have praised the ICB for the responsiveness and processes put in place across multidisciplinary teams to manage outbreaks across the ICB footprint.	To continue to deliver in this way and to share this best practice with other ICB's locally via the regional meetings.
MIAA are currently undertaking a review of safeguarding governance in the ICB	The audit is currently underway to assess the safeguarding governance across the ICB and the ability to work in a robust manner with all statutory partners and wider.	The safeguarding team are currently providing all the evidence and will work with MIAA to ensure a robust audit can be undertaken.
The LFPSE (Learning from Patient Safety Events) system is not fit for purpose.	The LFPSE is not fit for purpose and the impact is that providers and ICB are having to dual report. This is known by the national team who own the system. The LSC ICB team are working with local providers to try and ensure that all elements of learning and incident management is captured effectively.	National working groups are set up to work through all the issues.
Assure		
Annual report for safeguarding	The Annual report for Safeguarding demonstrated that the ICB is delivering on its statutory functions on behalf of the population of LSC.	Work to ensure that systems and processes in place continue to develop are outlined in the report.

Appendix B – Approved minutes of the Quality Committee meeting held on 22 May 2024:
[Quality Committee Minutes-22.5.24.pdf](#)

2.3 Finance and Performance Committee

Date: 28 August 2024		Chair: Jim Birrell
Key Items Discussed		
Item	Issue	Action
Alert		
Month 4 financial performance	Both the ICB and NHS Providers are reporting that they are on target to deliver the 2024/25 Financial Plan. However, the planned savings are significantly weighted towards delivery in the second half of the year and not all organisations have fully identified how their targets will be met.	Ongoing close monitoring of situation and development of alternative measures should slippage occur.
Urgent and emergency care	The 2024/25 improvement plans designed to improve quality and release £80m of costs are underway but largely still at the pre-implementation stage.	The ICB, Trusts and place-based teams have been asked to enhance resources to enable acceleration of plans.

Advise		
Investigation and intervention	The ICB is working closely with the external support provided to assist the ICB in delivering its financial control target. The committee welcomed the early findings, which include the need to rapidly address overspending budgets, reduce pay costs and limit spend on non-pay items. The need for greater pace and grip was highlighted and it was stressed that substantial progress needs to be demonstrable by the end of September.	Board needs to ensure that prompt action is taken, with particular emphasis placed on the urgent need to demonstrate that the system is implementing the measures required to deliver the control target.
Improvement and Assurance Groups (IAGs)	The ICB's IAGs that were established to work with Trusts on the delivery of the System Oversight Framework will henceforth report their findings to the Quality Committee and the Finance and Performance Committee; the committees will report items of significance/concern to the Board via AAA reports.	Board to note.
Assure		
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Appendix C – Approved minutes of the Finance and Performance Committee meeting held on 1 July 2024: [Finance and Performance Committee Minutes-1.7.24.pdf](#)

2.4 Primary Care Commissioning Committee

Date: 29 August 2024		Chair: Debbie Corcoran
Key Items Discussed		
Item	Issue	Action
Alert		
-	-	-
Advise		
Decision-Making Matrix	Review completed of decision-making matrix for the 5 supporting Committee sub-groups, with changes approved relating to the Primary Medical Services Group.	-
Q1 Finance Report	Refined report received, and position noted against budgets delegated to the PCCC.	-
Lancaster Medical Practice – Scale Hall Branch Closure Application	Approval of 2 applications for branch closure, following assurance of the applications being in line with current processes, including consultation and engagement with the public affected.	-
Adlington Medical Centre – Application to Close a Branch Surgery (Medicare Unit Surgery, Lostock Hall)		

Options Appraisal for the Special Allocation Scheme (SAS)	Following market engagement and Committee consideration of procurement options, approval of the Most Suitable Provider (MSP) process under the Provider Selection Regime (PSR) to ensure continued access to primary medical services for patients through the SAS for when the current contract ends on 31 November 2024.	Progression of the MSP approach, including further due diligence on the staffing model of the current incumbent provider.
Assure		
Committee Escalation and Assurance Report	Received and assurance noted from the 5 supporting Groups on meetings and decisions, in the Triple A format, with a supporting review of the PCCC Risk Register.	-
Community Pharmacy Assurance Framework (CPAF) –Annual Visit Summary Report	Overview of, and assurance through, the Community Pharmacy Assurance Framework (CPAF) process for 2023/24, in line with NHS England Policy Book requirements. No pharmacies failed their 2023-2024 CPAF visit, with most visits sharing small improvements to the overall running of the pharmacy to ensure safe and competent provision of services to patients.	-
Delivery Assurance End of Year Report 2023/24	Committee assured via the first annual Delivery Assurance Report 2023/24 since budgets were delegated to the ICB from NHSE, on the contractual management of primary care contracts (undertaken by the delivery assurance team within the primary care and community care commissioning team) in line with the Delegation Agreement for these services with NHSE.	Next year's report to outline comparative position from 2023/24 and continue to include trends/volumes/patterns.

Appendix D – Approved minutes of the Primary Care Commissioning Committee meeting held on 13 June 2024: [Part 1 PCCC Minutes-13.6.24.pdf](#)

2.5 People Committee

Date: 31 July 2024		Chair: Jane O'Brien
Key Items Discussed		
Item	Issue	Action
Alert		
VCFSE Capacity	Workforce voluntary sector numbers were reducing. If additional involvement from the voluntary sector was required to help develop the workforce strategy, this sector would struggle with capacity.	To be taken forward through the sub-groups of the committee.
Social Care Training Investment	Funding for social care training hub due to end.	To explore options for future funding.
Advise		
Risk around primary care workforce	Risk around primary care workforce and funding. Practices struggling to employ GPs due to funding.	People Committee to look at the primary care workforce in more detail.
Terms of Reference	Membership had now been clarified by the Committee and the Terms of Reference updated along with the specification that equality, diversity and inclusion will sit within the remit of this committee.	Board to approve.
Assure		
Freedom to Speak Up	The committee received a report around Freedom to Speak Up, around staff survey results and linking to staff speaking up.	-
Committee Sub-Groups	Three People Committee sub-groups were being established to look at focussed areas of work, reporting to the committee at each meeting: <ul style="list-style-type: none"> • Organisation Development and Education Steering Group • Culture and Inclusion Steering Group • Workforce Insights, Planning and Transformation Steering Group. 	-
Anti-Racism Framework	All NHS system partners had committed to achieving against the Anti-Racism Framework. The framework focussed on being unapologetically anti-racist driving meaningful and measurable change around racism. There was a real drive to roll this out across other sector organisations.	-

Appendix E – Approved minutes of the People Board (renamed People Committee) meeting held on 24 April 2024: [People Board Minutes-24.4.24.pdf](#)

2.6 Public Involvement and Engagement Advisory Committee

2.6.1 The next meeting will be held on 25 September 2024.

2.7 North West Specialised Services Joint Committee

2.7.1 As the next meeting will be held on 5 September 2024, a verbal update will be provided by Craig Harris, Senior Responsible Officer and Jim Birrell, Non-Executive Member.

3.0 Summary of items or issues referred to other committees or the Board over the reporting period

Committee	Item or Issue	Referred to
Quality Committee	Consider whether the ICB Belonging Plan would be more aligned to the People Committee or whether it spans both Quality and People. Update: The People Committee agreed at its meeting on 31 July 2024 that the Belonging Plan was the remit of the People Committee.	People Committee
Quality Committee	The agenda item of Equality and Diversity to be considered by the Chairs of the People Committee and the Quality Committee along with the Executive Leads to ensure that the agenda is captured robustly in each of the committees and that both committees are very clear on their responsibility and remit.	People Committee

4.0 Conclusion

4.1 Each of the committees has conducted their business in line with their terms of reference and associated business plans.

5.0 Recommendations

5.1 The Board is requested to:

- Note the Alert, Advise and Assure within each committee report and approve any recommendations as listed.
- Note the summary of items or issues referred to other committees of the Board over the reporting period.
- Note the ratified minutes of the committee meetings.
- Note the update from the North West Specialised Services Joint Committee.

**Committee Chairs
September 2024**