

Integrated Care Board

Date of meeting	10 January 2024
Title of paper	Reporting from Committees: Escalation and Assurance Report
Presented by	Committee Chairs: <ul style="list-style-type: none"> • Sheena Cumiskey, Quality Committee • Roy Fisher, Finance and Performance Committee • Debbie Corcoran, Public Involvement and Engagement Advisory Committee and, Primary Care Commissioning Committee • Jim Birrell, Audit Committee • Jane O'Brien, People Board
Author	Board Secretary and Committee Officers (on behalf of the Committee Chairs)
Agenda item	7
Confidential	No

Executive summary				
<p>This report highlights key matters, issues, and risks discussed at committees since the last report to the Board on 8 November 2023 to alert, advise and assure the Board.</p> <p>Each summary report also highlights any issues or items referred or escalated to other committees or the Board.</p> <p>Minutes approved by each committee to date are presented to the Board to provide assurance that the committees have met in accordance with their terms of reference and to advise the Board of business transacted at their meetings.</p>				
Recommendations				
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the Alert, Advise and Assure committee reports. • Note the ratified minutes of the committee meetings. 				
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 November and December 2023			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:	Committee Chairs			

Integrated Care Board – 10 January 2024

Committee Escalation and Assurance Report

1. Introduction

- 1.1 This report highlights key matters, issues, and risks discussed at committee meetings since the last report to the Board on 8 November 2023 to alert, advise and assure the Board.

2. Committee Reports and Approved Minutes

2.1 Quality Committee

Committee: Quality Committee	Date: 15 November 2023	Chair: Sheena Cumiskey
Key Items Discussed		
Issue	Committee update	Action
Alert		
Waits Over 12 Hours in the Emergency Department and impact on patient safety	<p>The challenges of long waits within AED departments was discussed and the committee were updated regarding a number of actions being taken to address and mitigate this. However, patient safety, effectiveness and experience within AED remains a concern of the committee and it was acknowledged that both locally and nationally the number of reported harms linked to AED waits is rising.</p> <p>The impact of long waits on staff was also highlighted by the committee.</p> <p>A whole system response is required to improve outcomes, focusing on early intervention and prevention, discharge planning, involving housing and what bundles of care are required.</p>	<p>The 10 high impact changes which are a national directive to be implemented were suggested to be monitored through F&P Committee and for the Trust specific ones to be monitored at the monthly Improvement and Assurance Groups (IAGs) with escalation to ICB System Recovery and Transformation Board.</p> <p>ICB executive team to discuss to ensure a community centred approach, in partnership with the voluntary and third sector organisations.</p>
Children placed in inappropriate settings	<p>Committee received an update paper. Risks remain in the acute setting when a child or young person with complex needs are admitted and then discharge to an appropriate placement is delayed. This remains a risk and causes safety and experience challenges that need to be mitigated case by case.</p>	<p>To continue with transformational work described in the paper and for ICB CYP and Safeguarding teams to continue to work to support trusts on a case by case basis to mitigate risks.</p>

Risks and Escalations	Members were alerted to 2 new Never Events declared since the last report.	Reviews of both Never Events are underway.
Primary Care Quality	Members were alerted to an increasing number of incidents within primary care which are requiring the input of ICB staff. Particularly relating to the volume and complexity of the work and the need to understand the mitigation to ensure sufficient capacity for staff.	Consideration is required as to how resources are aligned to support immediate pressures. Monitoring of the risks will be undertaken through the Chief Nurse and Medical Director reported through to quality committee.
Advise		
Patient Story	Committee received a difficult patient story highlighting the health inequalities and challenges for a deaf patient accessing services and his difficulties gaining access to a qualified BSL interpreter.	Committee were advised of actions that have been taken to address some of the difficulties for deaf patients accessing services.
Waits Over 12 Hours in the Emergency Department	A series of UEC metrics is regularly reported within the Performance report at the Finance & Performance Committee, ICB Board meeting and more recently at the Collaborative Improvement Board.	No specific action for Quality Committee. F&P Committee to continue to monitor implementation of 10 High Impact Actions.
Children placed in inappropriate settings – update paper	The ability to find suitable placement accommodation remains challenging in some circumstances. Committee received an update on a number of schemes and initiatives and were advised of some good areas of work and progress. In relation to the new health and social care placement facility with Lancashire County Council, key task and finish groups are now in place to share learning from other projects.	Team to continue work on all initiatives outlined to committee. Work is being undertaken with the safeguarding team to review what provision is in place across the ICB and local authority.
Quality and Safety Report	Maternity Care. The planned mock CQC inspection visit of Blackpool Teaching Hospitals maternity unit scheduled for 10 November 2023 was deferred due to the level 2 critical incident (flooding with utilities impacted) which affected the unit.	A date will be rearranged for this mock CQC visit to take place.

<p>Quality Impact Assessment (QIA) position update</p>	<p>Committee received an update on progress within the ICB on the implementation of the QIA policy. There has been improvement in the number and quality of QIAs been received but more work is needed to fully embed policy and processes.</p> <p>Mersey Internal Audit Agency (MIAA) has been approached to provide staff training in the policy requirements. Organising this has been delayed but will be followed up before the end of the year</p>	<p>Quality Committee to continue to receive update reports on QIAs.</p> <p>That the training will be arranged by the end of the year.</p>
<p>East Lancashire Hospitals Trust revised local priorities for the Patient Safety Incident Response Framework.</p>	<p>Approval was provided noting the proposed new local priorities the Trust wish to implement (including the minor amendments to the PSIRF Plan):</p> <ul style="list-style-type: none"> • Safeguarding patients with Learning Difficulties where issues with Mental Capacity Act has been identified. • Medication Errors (review currently being undertaken to identify which type of medication areas). • Discharge planning problems from acute hospital beds to Care Homes and Intensive Home Support Service. 	<p>No specific committee action but to note that the level of scrutiny undertaken by the ICB Patient Safety team clearly aligns with the national expectation</p>
<p>Lancashire and South Cumbria ICB DRAFT Quality Governance Framework</p>	<p>Committee received a draft ICB quality governance framework which is aligned to NQB guidance/directives.</p>	<p>Comments have been requested from members and a final version will be presented to the committee once the comments have been included.</p>
<p>Assure</p>		
<p>Patient Safety Incident Response Framework – positional update</p>	<p>The implementation of PSIRF across LSC providers is currently on track to deliver by the end of 2023/24 for 4 out of 5 providers. UHMB had taken the decision that full roll out would be mid-February 2024, due to allowing time for gradual implementation and ensure that all staff are fully trained.</p> <p>Nine Hospices (adult and children) have reached an agreement for a collaborative approach for 1 PSIRF Policy and</p>	<p>Future work planned to ensure successes and challenges from implementation is shared to aid learning.</p> <p>Further work to be undertaken with the VCFSE sector to propose a collaborative approach as per the Hospice organisations.</p>

	<p>Plan being developed for adoption.</p> <p>Recognition is made to the positive position for secondary care providers in LSC and NWS who have all implemented PSIRF well ahead of the national deadline.</p>	
Quality and Safety Report	Infection, prevention and control - the review of CDI (CDif) cases in the community is now business as usual within the ICB.	No specific committee action assurance received.
Quality and Safety Report	Safety. Committee received assurance that the SUIs that remain open are being reviewed and closure will be monitored during transition to PSIRF.	ICB Patient Safety team to continue monitoring and reviewing SUIs that are open as the system transitions to PSIRF.
You Said We Did – Update on previous Patient Story	Committee received an update following a previous patient story that highlighted some issues accessing mental health support for a female patient from an Asian background .	Committee was assured by the update and the services in place.

Committee: Quality Committee	Date: 20 December 2023	Chair: Sheena Cumiskey
Key Items Discussed		
Issue	Committee update	Action
Alert		
Health Inequalities	<p>Committee received the Learning Disabilities Mortality Review [LeDeR] Annual Report and noted that mortality rates remain worse than national average. There is still a lot of work needed to address health inequalities in this group of people.</p> <p>Committee also flagged health inequalities for Children in Care and impact of AMR (antimicrobial resistance) on certain groups within our communities.</p>	<p>Alert board on health inequalities for LD&A population, Children in Care & AMR and ask for a system commitment to improve.</p> <p>Ask PCN clinical directors to support improvements in annual health checks & work on including in contracts for supported living providers responsibility for attendance at health checks</p>
Quality and Safety report	<p>ICB has statutory responsibilities regarding palliative care, but funding is not currently ring-fenced and current resources are sub-optimal.</p> <p>ICB has received another Regulation 28 in relation to an overdose death in GM, this has been sent to the three North West ICB and other partners.</p>	<p>Executives to review resource allocations as part of prioritisation work.</p> <p>Share response with quality committee for information and assurance of learning.</p>

Primary Care Quality	Part 2 discussion on quality concerns in some practices.	Alert board to growing number of primary care safety issues and resources required to respond. Consider future board seminar session / part 2 discussion on primary care quality.
Advise		
Quality and Safety report	<p>Committee noted the complex and ongoing risks to the viability of quality provision across the Adult Social Care Sector and the work being undertaken by the ICB Regulated Care team to mitigate this and work with providers.</p> <p>Learning Disability [LD] beds not available until 2025. ICB team and LSCFT working together to consider alternatives / mitigations whilst new beds are available.</p>	<p>Team to continue with work to support providers and mitigate risk, monitor through risk register and future reports to the Quality Committee.</p> <p>Update committee through LD&A reports</p>
Children in Care and Care Leavers Strategy	Committee received the strategy and noted good work and the need to keep supporting this agenda and to monitor the delivery plan.	Approved strategy and discussed need for NHS as an anchor institution to support care leavers proactively.
Quarterly AMR (Anti-microbial resistance report)	Committee received its first report on this matter and noted that this forum is now in place and also looks at infection control risks across system.	Forum needs to take learning through Place Partnerships. Alert the Board of health inequalities impact of AMR.
Feedback from SQG (System Quality Group)	Workshop held on 13 th December, reflection on year and agreed priorities for next year. QC noted that SQG meets national guidance and is well attended	QC to receive detail of SQG priorities for next year, all members to have open invite to attend SQG.
Assure		
Learning Disabilities Mortality Review [LeDeR] Annual Report	Committee received annual report and assurances regarding processes and governance for these reviews	Report to be shared with Place Partnerships and Directors Integrated Health and Care.
AACC (All Age Continuing Healthcare) and IPA (Individual Patient Activity) Update	Committee assured regarding progress and improvements to quality targets in relation to AACC.	Team to continue with operationalising model and quality improvement.

Appendix A – Approved minutes of the Quality Committee meeting held on 18 October 2023.

Appendix B – Approved minutes of the Quality Committee meeting held on 15 November 2023.

2.3 Finance and Performance Committee

Committee: Finance and Performance Committee	Date: 27 November 2023	Chair: Roy Fisher
Key Items Discussed		
Issue	Committee update	Action
Alert		
ICB Strategy	Whilst acknowledging the difficulties involved, the Committee felt it important to highlight the urgent need for an overarching strategy that incorporates affordability, clinical strategy and commissioning intentions.	-
Advise		
Primary care clinical measures	In order to better understand local variations, a request was made for an analysis of primary care clinical measures by place, sub-ICB, PCN and practice level.	-
Financial challenge	The scale of the financial challenge facing the NHS in Lancashire and South Cumbria in both the current year and 2024/25 was discussed at length. The importance of developing a recurrent cost reduction/saving plan to bridge the gaps was strongly supported by the Committee.	-
Assurance meetings with providers	It was agreed that a more structured link will be established between the Board's committees and the improvement and assurance meetings with providers.	-
Financial risk score	The Committee agreed to amend the risk score for "Meet financial targets and deliver improved productivity" from 20 to 25. This recognises that current forecasts suggest that the original 2023/24 target outturn will not be achieved.	-
Terms of Reference	The committee recognised the need for a member to bring the perspective of clinical and quality and agreed to co-opt the Chief Nursing Officer (or named deputy) to attend future committee meetings.	-

Assure		
Review of the block element of acute contracts	The Committee noted the progress on analysing the block elements of the acute contracts.	Consideration will now be given to the extent that 2024/25 contracts can be amended.
Committee: Finance and Performance Committee	Date: 18 December 2023	Chair: Roy Fisher
Key Items Discussed		
Issue	Committee update	Action
Alert		
Data Quality	The East Lancashire Hospitals NHS Trust continues to have problems extracting activity data from its new Electronic Patient Record system. However, it is understood that information is now starting to become available.	ICB to note the impact on performance monitoring and oversight.
2024/25 Financial Plans	Delivering a balanced financial position across the ICB in 2024/25 will be extremely challenging.	Financial plans are being drawn up and these will be discussed in commissioning meetings early in the New Year.
Advise		
Growth in workforce numbers	Whilst there has been a significant growth in workforce numbers since 2019/20, it is understood that a significant proportion of the posts are in non-clinical areas	Discussions are ongoing with Providers.
System Recovery and Transformation	As part of the work being undertaken on system recovery and transformation, a Models of Care Clinical Advisory Group, under the leadership of Dr David Levy, has been set up. Its initial aim is to articulate the vision and roadmap for clinical configuration and estates utilisation within the next six months.	Monitor progress.
Commissioning	As part of a major review of how the ICB undertakes commissioning, combined contracting and commissioning meetings will be introduced from next April. This should bring much greater clarity and cohesion to the process.	Note proposal.
Assure		
ICB's financial position	Whilst there remains much work to be done in order to deliver the current year's financial target, it is encouraging to note that the November performance suggests that the situation is stabilising.	Continue to monitor position and take remedial action if necessary.

Appendix C – Approved minutes of the Finance and Performance Committee meeting held on 30 October 2023.

Appendix D – Approved minutes of the Finance and Performance Committee meeting held on 27 November 2023.

2.4 Public Involvement and Engagement Advisory Committee

Committee: Public Involvement and Engagement Advisory Committee	Date: 12 December 2023	Chair: Debbie Corcoran
Key Items Discussed		
Issue	Committee update	Action
Alert		
-	-	-
Advise		
Citizens Health Reference Group	Recruitment to the Group has been successful, with new members receiving an initial induction and beginning an ongoing programme to support them to share their views and inputs as patient and public voice in key ICB and system priorities and projects.	-
Public Involvement and Engagement Policy	Policy received and approved, with the newly formed Citizens Reference Panel considering key sections moving forward to ensure clarity.	-
Public and Community Insights Report – October/November 2023	Assurance received on the wide range of approaches to capture public and patient insight in areas such as MP queries, complaints and freedom of information requests (FOIs). Topics for enquiries received during October and November were mostly focussed on primary care, urgent and emergency care, continuing health care and dentistry. Insight continues to show that members want to see quality and access to services improve, and programmes of improvement being delivered and demonstrated. There was a great deal of interest in the ICB’s engagement activities meaning there was a continued focus on delivery of engagement activity and a pressure for the team to assure the public. Proactive communication was driving increased traffic and conversations across the ICB online channels in areas relating to children and young people’s mental health and elective care services, for which	-

	feedback was positive or neutral in sentiment.	
Priority Wards	Deep Dive into Priority Wards approach, impact and future plans across the system and challenges.	Detailed programme of work and insight shared from the work, to be considered and integrated into the ICB and system approach. Future Engagement and Involvement reports will consider and reflect this work moving forward.
Assure		
Public engagement and involvement – October/November 2023	The committee were assured across a range of activities being delivered by the ICB and key system partners within the framework of the ICB's Working with People and Communities Strategy. Key themes included that planning and development was taking place to prepare for engagement to support clinical services transformation priorities, the Citizen's Health Reference Group had now held it's first meeting, a draft engagement report encompassing the experience and view of registered patients at Withnell Health Centre had been shared with the patient group for feedback and a bid to NHS England for funds to support targeted engagement with unpaid carers from minority ethnic communities in Lancashire had been successful.	-
Continuing Health Care – process for involvement and capturing patient experience	Assurance was received that public and patient engagement was within the all age continuing care and individual patient activity agenda, with programmes of work planned to embed this within teams. The new service model had been implemented from 1 October 2023, including a new quality hub incorporating public involvement and patient engagement into all age continuing care and continuing healthcare.	Further update to PIEAC in 6 months' time to review impact on service development and delivery
Complaints and Patient Experience	The committee were assured on the activity and plans of the complaints and patient experience team. The function was under significant pressure and identified risks had been mitigated and continue to the	Infogram of the oversight of PIEAC and Quality Committee in relation to complaints to be developed and shared

	managed. PALS (patient advice and liaison service) had restricted their service due to resource. A piece of work would be undertaken looking at continuing healthcare and compliments.	
Dental access and oral health improvement programme	Committee reviewed and assured on the robust communications and engagement plan developed, given dental access and oral hygiene is a key challenge throughout Lancashire and South Cumbria. The plan is linked to population health, place and other parts of the system, supporting the work of the health and social care professionals in their own health conversations with patients.	-

Appendix E – Approved minutes of the Public Involvement and Engagement Advisory Committee meeting held on 25 October 2023.

2.5 Primary Care Commissioning Committee

Committee: Primary Care Commissioning Committee		Date: 9 November 2023	Chair: Debbie Corcoran
Key Items Discussed			
Issue	Committee update	Action	
Alert			
-	-	-	
Advise			
Special Allocation Scheme – ongoing service provision	The committee approved to carry out a Request for Information (RFI) to support them to decide the best option to secure ongoing service provision to patients allocated to the scheme. A detailed RFI would be signed off by the Primary Medical Services Group prior to its publication in line with recent market engagement exercises.	Primary Care Medical Services Group to take forward the RFI - market analysis and engagement report will be presented to the Primary Care Commissioning Committee in January 2024 to inform the most appropriate procurement option.	
Assure			
-	-	-	

Committee: Primary Care Commissioning Committee		Date: 14 December 2023	Chair: Debbie Corcoran
Key Items Discussed			
Issue	Committee update	Action	
Alert			
-			
Advise			
Provider Selection Regime	Briefing received on the new Provider Selection Regime (PSR) intended to come into force on	Consideration and options for implementation of the	

	the 01 January 2024, subject to parliamentary scrutiny and agreement.	Regime in relation to PCCC from January 2024 onwards
General Practice Capital Investment	<p>The Committee approved:</p> <ul style="list-style-type: none"> ▪ Capital investment in GPIT for 2024/24 across the ICB. ▪ An improvement grant investment in the Healthcare Centre, Preston. <p>The Committee considered:</p> <ul style="list-style-type: none"> ▪ The revised Terms of Reference (ToR) for the Capital Working Group. 	Terms of Reference approved subject to them being aligned with those of the other groups reporting to the committee to ensure a consistent approach to managing risks. In addition, a read across would be undertaken across between the decision-making matrix within the ToR and the Scheme of Delegation to ensure they are cohesive.
Primary Care Budgets 2023/24 Quarter 2 (April-September)	The format of the report was discussed, and consideration given as to where assurance sits with the Finance and Performance Committee and what the PCCC needs to take account of when making decisions.	Committee Chair and Deputy Chair to meet with finance lead to discuss the format of future finance reports.
Assure		
Provider Selection Regime (PSR)	<p>The key principles of the PSR are acting transparently, fairly, and proportionately with a strong focus on the following:</p> <ul style="list-style-type: none"> ▪ Record keeping is essential ▪ Transparency is paramount ▪ Decisions need to be defensible 	Consideration to be given to holding a development session post January 2024 on the application of PSR. Ensure a supporting communications approach is in place.

Appendix F – Approved minutes of the Primary Care Commissioning Committee meeting held on 12 October 2023.

Appendix G – Approved minutes of the Primary Care Commissioning Committee meeting held on 9 November 2023.

2.6 Audit Committee

Committee: Audit Committee	Date: 23 November 2023	Chair: Jim Birrell
Key Items Discussed		
Issue	Committee update	Action
Alert		
Data Security and Protection Toolkit, (DSPT)	Whilst noting that the recommended actions from the recent internal audit are progressing, the Committee was concerned to note that some general practices have not updated their DSPT assessments since 2020/21.	IG Team to work with Primary Care and provide assistance if required.
Advise		
Financial Sustainability Checklist Update	The ICB's updated self-assessment of the effectiveness of its financial management systems and processes suggests that there has been a significant improvement since the original exercise twelve months ago. However, there are still areas requiring action	Board to note and Audit Committee to review again in twelve months.

	that the Finance Team plan to address over coming months	
Freedom To Speak Up	Whilst concern was raised regarding the ICB's capacity to expand the service into Primary Care, the Committee was pleased to note progress made in recent months. MIAA have been asked to review the effectiveness of the arrangements.	Committee to provide feedback to Board when review is complete.
Completed Internal Audits	Four completed reviews were received – Patient, Carer and Resident Engagement, (moderate assurance); Committee Assurance, (moderate assurance); Board Reporting – Data Assurance, (moderate assurance); and Conflicts of Interest, (substantial assurance).	Board to note and Audit Committee to oversee implementation of recommendations.
Vice Chair Appointment to the Audit Committee	It was proposed that both R Fisher and S Cumiskey be appointed Vice Chairs to provide greater flexibility regarding compliance with the committee's quoracy rules.	Board to note.
Anti-fraud, Bribery and Corruption Policy	Review of the policy undertaken, comments made and subsequently approved.	Board to note.
Assure		
Committee Effectiveness	Company Secretary has concluded that the Board's Committees are working effectively. Areas of good practice highlighted include compliance with and discharge of Terms of Reference, appropriate interaction between Committees and prompt follow-up of actions agreed at meetings.	Board to note

Appendix H – Approved minutes of the Audit Committee meeting held on 28 September 2023.

2.7 People Board

Committee: People Board	Date: 22 November 2023	Chair: Jane O'Brien
Key Items Discussed		
Issue	Committee update	Action
Alert		
Belonging Plan	People Board believe the integration of the plan across the system i.e., inclusion of ICB, providers, stakeholders and partners require further development to ensure 'buy-in' across the system.	AC to engage ICB Executives to assign supportive actions to help build system buy in.
Nursing workforce	There are significant difficulties locally and nationally in relation to recruiting to both undergraduate training programmes and then permanent posts especially around Learning Disabilities Nursing.	PB to have a future agenda item regarding Learning disabilities Nursing and challenges on patch and actions that system could take to mitigate the risks
Freedom to Speak Up	The ICB will be taking over responsibility for supporting Freedom to Speak Up across Primary Care in LSC from March 2024 and	LR to engage the ICB Medical Director and Director of Primary Care to

	there is currently a lack of resource and an implementation plan to achieve this requirement.	understand the approach to implementing this requirement and the recruitment of guardians.
Advise		
Place Based working in South Cumbria	The People Board received a presentation on place-based workforce issues in South Cumbria and will continue to consider questions around system and place.	-
Assure		
Recommendations of Audit Committee on the effectiveness of the People Board	The People Board acknowledged the recommendations from the Audit Committee on the gaps in effectiveness of the ICB People Board and will hold a development session in January 2024 to enhance the purpose and function of the People Board.	Chair and Acting Chief People Officer to design development session in January 2024.

Appendix I – Approved minutes of the People Board meeting held on 24 May 2023.

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

Committee	Item or Issue	Referred to
Audit Committee	Completion of the data security and protection toolkit by general practices (DSPT) to be referred to the Primary Care Commissioning Committee as a number of practices had not completed dating back to 2020/21 and 2021/22.	Primary Care Commissioning Committee

4. Conclusion

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

5. Recommendations

5.1 The Board is requested to note the contents of the report.

Committee Chairs

December 2023

Approved – 15 November 2023

**Minutes of the ICB Quality Committee Held on
Wednesday, 18 October 2023, 1:30pm - 3:30pm
Meeting Room 1, ICB Offices, County Hall, Preston**

Name	Title	Organisation
<u>Members</u>		
Sheena Cumiskey	Chair/Non-Executive Member	L&SC ICB
Jane O'Brien	Non-Executive Member	L&SC ICB
Roy Fisher	Non-Executive Member	L&SC ICB
Professor Sarah O'Brien	Chief Nursing Officer	L&SC ICB
Kathryn Lord	Director, Quality Assurance and Safety	L&SC ICB
David Levy	Medical Director	L&SC ICB
David Eva	Independent Lay Member	L&SC ICB
Geoff Jolliffe	Partner Member for Primary Medical Services	L&SC ICB
Katherine White	On behalf of Mark Warren, Local Authority Lead	Blackburn with Darwen Council
<u>Attendees</u>		
Bridget Lees	Executive Director of Nursing, Midwifery, AHP and Quality	Blackpool Teaching Hospitals NHS Foundation Trust (BTHFT)
Stuart Logan	Head of Quality Governance	Blackpool Teaching Hospitals NHS Foundation Trust (BTHFT)
Caroline Marshall	Associate Director of Patient Safety	L&SC ICB
Claire Lewis	Associate Director of Quality Assurance	L&SC ICB
Sarah Cullen	Nursing, Midwifery and AHP Director	Lancashire Teaching Hospitals
Anne Dunn	Director of Safeguarding	L&SC ICB
Rachel Melton	Deputy Associate Director CHC & IPA	L&SC ICB
Joseph Hannett	Voluntary, community, faith and social enterprise (VCFSE) Representative	VCFSE
Rakhee Jethwa	Associate Director Continuing Healthcare	L&SC ICB
Claire Moore	Head of Risk Assurance and Delivery	L&SC ICB
Katherine Wright	Named Deputy for Mark Warren – Deputy Executive Director of Adult Services	Lancashire County Council
Davina Upson	Business Manager	L&SC ICB
Louise Coulson (minutes)	Committee and Governance Officer	L&SC ICB

Item No	Item	Action
1.	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair welcomed Bridget Lees, Executive Director of Nursing, Midwifery, AHP and Quality and Stuart Logan, Head of Quality Governance both from Blackpool Teaching Hospitals NHS Foundation Trust (BTHFT), and Sarah Cullen, Nursing, Midwifery and AHP Director from Lancashire Teaching Hospitals Trust (LTH).</p> <p>The Chair's opening remarks requested that all present focus on what we are doing to impact positively whilst moving to a system approach. To consider how do we act as one organisation including all partners: the third sector, local authorities, social care and providers within the charitable and private sectors.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies have been received from Debbie Corcoran (standing apology for the current time due to Chairing Primary Care Commissioning Committee), Mark Warren (deputy Katherine Wright in attendance), Arif Rajpura, David Blacklock, Lindsay Graham, Andrew White and Peter Murphy. Please note Bridget Lees will now be attending future Quality Committees as the Acute Provider Representative in place of Peter Murphy. The Committee would like to thank Peter for all his input and support to committee.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>No declarations were raised.</p> <p>RESOLVED: That there were no declarations of interest relating to the items on the agenda.</p>	
4.	<p><u>(a) Minutes of the Meeting Held on 20 September 2023, Matters Arising and Action Log</u></p> <p>Minutes: The Minutes were approved subject to the following amendments: L Coulson to add an addendum under matters arising based on the comments emailed by J Hannett. Under Chair's introduction 'listening organisation' to be amended to 'learning organisation'.</p> <p>RESOLVED: That the minutes were approved subject to the two amendments described.</p> <p>Matters Arising: No matters arising to note.</p> <p>(b) Action Log: Action 1 – Complete Action 5.4 – The Maternity paper will be come to Quality Committee Feb 2024 Action 12. – Complete Action 13.2 – Amend name on action from Geoff Jolliffe to Jane Brennan Action 15 – Add David Levy as also responsible for this action.</p>	<p>LC</p> <p>LC</p>

<p>5.</p>	<p><u>Patient Story/Experience</u></p> <p>The patient story of a South Asian woman’s experience of mental health care was introduced by K Lord. The following comments were made:</p> <ul style="list-style-type: none"> - The need to manage the ‘So what?’ element of how we respond as a system, to make changes based on patient feedback. K Lords to liaise with D Rogers outside of the meeting to look at how this may be delivered from a communications perspective in order to bring these patient stories to life. - Agreed actions need to be supported by the NHSE VCSE Peer Support Network, and this needs to be brought to the ICB Board. - The need for culturally sensitive services needs to be essential. - K Lord to advise D Rogers regarding the reflection on the patient stories to occur at both a neighborhood, local and system level. 	<p>KL</p> <p>KL</p>
<p>6.</p>	<p><u>PSIRF Policy and Plans</u></p> <p>C Marshall introduced this agenda item and welcomed Sarah Cullen and Stuart Logan to present for their respective organisation, their plans and policies for the Patient Safety Incident Response Framework (PSIRF).</p> <p>a) Lancashire Teaching Hospitals Trust (LTHT) – Sarah Cullen b) Blackpool Teaching Hospitals Trust (BTHFT) – Stuart Logan</p> <p>Presentations from both hospital providers were received by the committee and the following comments were made:</p> <ul style="list-style-type: none"> - The ICB thanked all the secondary care providers and NWAS for their implementation plans for PSIRF. The work has been exceptional and as a system Lancashire and South Cumbria are leaders in the implementation. Mersey Internal Audit Agency (MIAA) identified in their review of patient safety, the risk relating to the transition from the current Serious Incident Framework to the implementation of PSIRF. The incidents currently in the system require a clear review and understanding of how these incidents are monitored. Working across the system the level of collaboration and learning needs development. - The ICB have representatives on all Trust panels where serious incidents and learning from these incidents are discussed. - Offers of PSIRF training had been kindly offered across the system by LTHT and this was being delivered in a collaborative manner with the improvement to patient treatment and pathways at the very center. - It was acknowledged that there is a gap in primary care however, Early Adopter pilots were underway nationally with Greater Manchester ICB leading this for the North West. - Many of the serious incidents are linked to external factors, there needs to be an ability to share with a wider system. - Preface to PSIRF applies to the standard contract, this needs to look at how a proportionate approach is used especially when including some of the much smaller providers. - The current arrangements focus on Mental Health, Acute Trusts, North West Ambulance Service (NWAS) and independent hospital, there are however 149 other providers within the system and how do we support this from a quality metrics view. - All executives from the nine hospices within the ICS (adult and children) had collaborated to develop the necessary Policy and Plan for PSIRF. <p>The Chair closed this segment giving thanks for their hard work in delivering these plans and policies.</p> <p>RESOLVED: The PSIRF Policy and Plan from both LTHT and BTHFT were approved by committee.</p>	

7.	<p><u>All Age Continuing Care (AACC) and Individual Funding Requests (IFRs)</u></p> <p>R Jethwa and R Melton presented to the committee the update on the quality and financial performance within AACC. The following comments were made:</p> <ul style="list-style-type: none"> - The quality achievement is very significant and the team are confident in delivery of the £21m QIPP - Secured investment from the ICB Board has enabled these improvements to be implemented. - However, despite the planned achievement of QIPP, there is a risk to the budget due to a number of factors including historical packages that hadn't been included in budgets, inflationary costs of packages and an increase in demand. - Workforce growth as a driver i.e., 1:1 and 1:3 nursing is a very expensive model. - The current financial pressures are a concern for the Finance and Performance Committee as the ICB are currently looking at an in-year overspend of 24 million. - The new model assists in improving quality and controls spend. - There is an opportunity to look at how to challenge restricted practice across the system and how we could join agendas i.e., PSIRF/CHC to improve patient care across the system. - K White offered support to look at joint priorities to work collaboratively with partners across the system. <p>The Chair stated that the ICB held its nerve over the development and service transformation, this demonstrates how quality improvement and value for money now forms the basis of this service.</p> <p>RESOLVED: That the committee noted the updates provided on AAAC and IFR.</p>	
8.	<p><u>Risks and Escalation</u></p> <p>C Marshall presented the report and drew particular attention to:</p> <ul style="list-style-type: none"> - A historical BTHFT legal case that had recently concluded with a guilty verdict. - St Mary's Hospice – Final report agreed and the hospice has shared an action plan that is under review by the ICB. - The ICB has a large number of RCAs (root cause analysis) investigations to process [from serious incidents] but there is a good process and learning from serious incidents is under review and assurance via 72 hour reports in place. - An inquest for the Lancashire and South Cumbria Foundation Trust (LSCFT) is opening this week regarding an unexpected death at The Harbour. <p>Action: C Marshall produce a document to demonstrate the learning from serious incidents for MIAA.</p> <p>K Lord raised the issue that the Patient Safety Team for the ICB is very small and that capacity and demand needs to consider when looking at prioritizing/allocating work.</p> <p>RESOLVED: That the committee noted the updates provided and the action agreed.</p>	LC / CM
9.	<p><u>ICB Risk Management Report</u></p> <p>C Moore introduced the report and asked the committee to consider, moving forwards how the agenda items could link to the risks. The following comments were made:</p> <ul style="list-style-type: none"> - The Committee should consider how they wish to focus on the quality function associated with risks, mapping risks to agenda items could prove to be problematic. - The risk pertaining to the adult ASD (Autistic Spectrum Disorder) treatment pathway as there are variations in the pathway available currently for patients in Lancashire 	

	<p>and South Cumbria, and long waiting times that the ICB has currently no additional funds to support a waiting list initiative, this creates a health inequality across the system.</p> <ul style="list-style-type: none"> - S O'Brien will escalate this to the Regional Lead that we have no additional funds to invest in this service. S O'Brien asked the committee to note there is an issue with funding for Learning Disability and Autism (LDA) pathways nationally. <p>The Chair asked the committee to consider the wider implications of patients not receiving support and services for ASD / ADHD, noting the waiting time for ASD/ ADHD diagnosis is impacting on a lack of holistic support for patients. Working with local authorities to support pupils with complex and neurodiverse needs is vital. With statistics supporting that many of the prison population have ADHD. G Jolliffe raised the issue of the wider impact for society on how prison populations are affected and how this is not just an issue for health but impacts on all areas of society.</p> <p>RESOLVED: That the committee noted the risk management report. S OB will update risk on the ASD risk and that S OB will also alert the ICB Board of these actions.</p>	<p>SO'B</p> <p>S OB</p>
<p>10.</p>	<p><u>MIAA Internal Audit Report (Patient Safety)</u></p> <p>The committee accepted the report, noting there was no mention of Primary Care in this report.</p> <p>RESOLVED: That the committee received the MIAA Internal Audit Report (Patient Safety).</p>	
<p>11.</p>	<p><u>Safeguarding Dashboard</u></p> <p>A Dunne introduced the report and talked through some of areas where improvement is required. The committee were asked to pay attention to the workforce element where ICB mandatory safeguarding training is an issue.</p> <p>S O'Brien requested that an Alert to Board would be made around the safeguarding training issue. The basic level is not being completed, with ESR (Electronic Staff Record) reminders not working properly which is causing an issue around staff training and appraisals.</p> <p>The Chair reviewed the dashboard and approved the recommendations.</p> <p>RESOLVED: That the committee received the safeguarding dashboard and noted where improvements are required.</p>	<p>SO'B</p>
<p>12.</p>	<p><u>Quality and Safety Report:</u></p> <p>C Lewis introduced a suite of reports. The following comments were made:</p> <p>a) Community Services Locality-specific wound care service is vulnerable but being mitigated whilst the ICB takes a wider review of the equity with which these are commissioned.</p> <p>Direct referrals process is being considered for additional services. Roll out will need consideration in terms of the improvements in outcomes and experience arising from this change.</p> <p>b) Primary Care A Dental Access and Oral Health Programme is commencing in the ICB. Primary Care access continues to be an issue.</p>	

	<p>The report suggests there is an inability to establish Acute Respiratory Infection Hubs at this time.</p> <p>c) Equality and Diversity The EDI partner is providing support and expertise to the recently re-started Clinical Policy Development Implementation Group.</p> <p>d) Urgent and Emergency Care The report provides operational detail about improvement plans and the high impact actions identified for each acute trust following a challenging summer of high volumes of activity. However how harms are to be captured in relation to long ED waits has not been reported and will be followed up by the Quality Assurance team.</p> <p>e) Meds Optimisation The report identifies ongoing medicines supply issues and the work the ICB team undertakes to support these challenges.</p> <p>R Fisher raised the issue of Quality Contracts with GPs and how this was now implemented across the system, and questioned whether there is a disparity between localities. K Lord offered assurance that Collette Walsh in Primary Care was looking to implement a standardised contract across the system. This is still under review and development.</p> <p>RESOLVED: That the committee received the Quality and Safety Report and noted the updates made</p>	
13.	<p><u>National Oversight Framework System organisations and the ICB</u> i) System Recovery and Transformation Plan</p> <p>Item deferred until January 2024 meeting.</p>	LC
14.	<p><u>CQC (Care Quality Commission) UHMBT Summary Report</u></p> <p>The CQC report has noted an improvement in the grading for Well Led. The Trust will also move from SOF 4 to 3 for the National Oversight Framework.</p> <p>RESOLVED: That the committee note the update to the CQC findings at UHMBT.</p>	
15.	<p>Committee Escalation and Assurance Report to the Board</p> <p><u>Alert</u></p> <p>All Age Continuing Care (AACC) and Individual Patient Activity (IPA) financial challenges. The financial position of the AACC and IPA service at month 6 is a concern, the challenge is related to historic packages that were not accounted for in budget setting and inflationary pressures on packages of care. New model launched on 1st October, and this will enable better oversight, grip and mitigations. Progress is being monitored through ICB sustainability meetings, Quality and Finance and Performance Committees.</p> <p>Cancer Performance Cancer performance remains challenged. All Trusts continue to be monitored by Cancer Alliance and have improvement plans.</p> <p>Primary Care incident reporting</p>	

Variation and underdevelopment of reporting of incidents within primary care was flagged to the committee and challenges for primary care in relation to the implementation of the Patient Safety Incident Reporting Framework [PSIRF]. Request the Primary Care committee to consider how to best support roll out of PSIRF and to consider the quality impact of access challenges.

Quarterly Safeguarding Update

The ICB continues to not meet statutory responsibilities in terms of Children in Care health reviews. This was a challenge across the 8 CCGs and remains a challenge in all four places. ICB staff safeguarding training remains below target. An options appraisal for an alternative delivery model will be presented to ICB executives in November. Staff to be reminded the importance of mandatory training and for this to be a key component of appraisals.

Autism Assessments

There continues to be long waiting lists for both children and adult autism assessments and there is currently no additional resource available to introduce waiting list initiatives for the adult waiting list. GPs to be advised that the ICB commissioned adult autism pathway is suspended for the rest of 2023-24 and to refer to alternative providers. For both children and adults, a full review of Autistic Spectrum Disorder pathways including post diagnosis support is underway.

Advise

All Age Continuing Care (AACC) and Individual Patient Activity (IPA)

The new service model has been implemented within the agreed timeframe. To continue to receive update reports at committee.

Quality Committee Risk Management Update Report

Quality Committee were advised of current risks and discussed requirements for future risk reports. To undertake detailed discussion on specific risks at future committees.

Mersey Internal Audit Outcome Report – Serious Incident and Patient Safety Incident Response Framework Management

Quality Committee were advised of the Moderate Assurance rating and the concerns raised including the Serious Incident Policy, Training, aged old cases, reporting into Committee. A robust action plan was presented and will be monitored, and updates received by Quality committee on plans for transition to PSIRF and plans to close open Serious Untoward Incidents.

University Hospitals of Morecambe Bay NHS Foundation Trust (UHMBT) Care Quality Commission Inspection - Summary Report

Quality Committee received a copy of UHMBT CQC inspection report which was published by CQC on 23rd August 2023. The overall Trust quality rating remains as 'requires improvement' but the well led domain has seen an improvement of position from 'inadequate' to 'requires improvement'. No specific action for committee, ICB continue to work with the trust on ongoing improvements.

Assure

Patient Safety Incident Response Framework

Committee received the plans and policies for PSIRF implementation at LTHT and BTH and were assured that all large NHS providers will implement PSIRF within the national time frame. To continue to monitor implementation and to support trusts and ICB staff during the transition from the existing framework to PSIRF and to report regularly to Quality Committee.

	<p>All Age Continuing Care (AACC) and Individual Patient Activity (IPA) financial challenges. Assure the committee on the improving quality premium performance and positive impact this is having on patients and families and robust mitigations to financial risk.</p> <p>Continue to embed new model and report progress and impact to committee.</p>	
16.	<p>Items referred to other committees.</p> <p>There were no items raised.</p>	
17.	<p>Any Other Business</p> <p>Update from Audit Committee (28 September 2023) for Quality Committee: Under the external audit item of their technical update, there was discussion around a CQC report and integrated care systems. Sam had sent Sarah the guidance referenced in the external report which dovetails with work that has been carried with Executives, FTSU etc. It was suggested that the document is taken through the Quality Committee. https://www.cqc.org.uk/sites/default/files/2023-03/20230320_interim_guidance_assessing_integrated_care_systems_March2023.pdf</p> <p>Action: S O'Brien, K Lord and K White (Mark Warren deputy- local authority) will work together to produce this paper for presentation at Quality Committee Jan 2024.</p>	SOB/ KL/CW
18.	<p>Items for the Risk Register</p> <p>There were no items raised.</p>	
19.	<p>Reflections from the meeting</p> <p>- Was the committee challenged?</p> <p>The Chair noted that there were challenging yet very rich discussions.</p> <p>- Have we made a difference?</p> <p>The Chair summed up by stating a lot of ground had been effectively cover this meeting and that some of the areas requiring further work would be covered in December's development session.</p>	
20.	<p>Date, Time, and Venue of Next Meeting</p> <p>The next meeting would be held on 15th November 2023 1:30pm – 3:30pm Meeting Room 1, ICB Offices, County Hall, Preston.</p>	

Approved – 20 December 2023

**Minutes of the ICB Quality Committee Held on
Wednesday, 15 November 2023, 1.30pm-3.30pm
in Lune Meeting Room 1, ICB Offices, Level 3 Christ Church Precinct,
County Hall, Preston, PR1 8XB**

Name	Job Title	Organisation
<u>Members</u>		
Sheena Cumiskey (SC)	Chair/Non-Executive Member	L&SC ICB
Roy Fisher (RF)	Non-Executive Member	L&SC ICB
Professor Sarah O'Brien (SO'B)	Chief Nursing Officer	L&SC ICB
David Levy (DL)	Medical Director	L&SC ICB
Kathryn Lord (KL)	Director, Quality Assurance and Safety	L&SC ICB
Mark Warren (MW)	Local Authority Lead - Strategic Director of Adults and Health	Blackburn with Darwen Council
David Eva (DE)	Independent Lay Member	L&SC ICB
<u>Attendees</u>		
Caroline Marshall (CM)	Associate Director of Patient Safety	L&SC ICB
Andrew White	Chief Pharmacist	L&SC ICB
Joseph Hannett (JH)	Voluntary, community, faith and social enterprise (VCFSE) Representative	VCFSE
Claire Lewis (CL)	Associate Director, Quality Assurance	L&SC ICB
Fleur Carney (FC) For Items 4c and 6	Director of Mental Health	L&SC ICB
Craig Frost (CF) For Item 6	Associate Director of urgent and emergency care	L&SC ICB
Vicky Webster (VC) For Item 8	Associate Director Childrens and Young People	L&SC ICB
Ann Dunne	Director of Safeguarding	L&SC ICB
Davina Upson	Business Manager	L&SC ICB

Item No	Item	Action
1.	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair welcomed colleagues to the November 2023 Quality Committee, noting that the meeting would not be quorate until Mark Warren arrived and therefore decisions could not be made.</p>	

	<p>The welcome was extended to Fleur Carney and Craig Frost who were in attendance for agenda items 4c and Item 6.</p> <p>Mark Warren joined the meeting which made the meeting quorate.</p> <p>The Chair conveyed her thanks to Jane O'Brien who has taken up the Chairs role of the ICB People Board, and therefore will no longer be a member of the ICB Quality Committee. The Chair acknowledged the range of knowledge and input to the committee which Jane had provided and wished her well and success in the new role. The committee register of interests will be amended to reflect this change in membership.</p>	DU ✓
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Arif Rajpura, David Blacklock, Geoff Joliffe, Bridget Lees, Debra Atkinson and standing apologies from Debbie Corcoran due to charring Primary Care Commissioning Committee.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>The declarations of interest were noted from the papers relating to:</p> <ul style="list-style-type: none"> - Item 8: <i>Deep Dive: Children and Young People – Children placed in inappropriate settings</i> as Angela Allen is the CEO at Spring North and this was referenced in the paper. Angela was not in attendance at the meeting. - Item 9: <i>Risk and Escalation</i> and Item 12: <i>Patient Incident Response Framework</i>: the conflict was noted as being Bridget Lees, Chief Nurse, Blackpool Teaching Hospitals with the committee acknowledging that this was not a concern as Bridget had sent her apologies to this meeting. <p>RESOLVED: That the above declarations of interest relating to the items on the agenda were noted with no action required.</p> <p>(a) Quality Committee Register of Interests.</p> <p>RESOLVED: That the register of interests was received and noted.</p>	
4.	<p><u>(a) Minutes of the Meeting Held on 18 October 2023, Matters Arising and Action Log</u></p> <p>J Hannett requested a change to Item 5 on the October 2023 minutes relating to the patient story as below:</p> <ul style="list-style-type: none"> - Agreed actions need to be supported by the VCSE Peer Support Network, and this needs to be brought to the ICB Board. <p>RESOLVED: That the minutes of the meeting held on 18 October 2023 were approved as a correct record with above amendment.</p> <p><u>(b) Action Log</u></p> <p>Risk regarding long waits for ASD/ADHD: An update is due to be taken to Quality Committee in March 2024.</p> <p>Medicines Optimisation: The Clinical Effectiveness Group will review policies. Action Closed.</p>	DU ✓

	<p>CYP Autism Assessment: The issue has been escalated to ICB Board through Alert report with work on going for a full pathway review and this will be reported through quality committee (January 2024).</p> <p>Contract Review for VCSFE: A meeting has taken place to take this work forward. Action closed.</p> <p><u>(c) They Said/We did (reflection from patient story in September 2023)</u> Fleur Carney spoke to a presentation which described actions undertaken further to a previous patient story being presented regarding a South Asian woman’s experience of mental health care, highlighting the following:</p> <ul style="list-style-type: none"> - Initial Response Service (IRS) and street triage - IRS is a ‘single front door’ for people who telephone the service and is in place across LSC. - Development of a mental health response vehicle for people in crisis with an anticipated commencement date March 2024. - Review undertaken to ascertain the capacity in place to support people in crisis in the community, the provision has been reviewed to prevent admission to hospital. - Early intervention psychosis team are seeing 85% of people within 2 weeks, which was noted as a significant achievement. - Talking therapies has seen a significant investment with a large transformation programme underway for talking therapies supported by a review by NHSE. - ICB linked with Lancashire BAME as part of a wider transformation programme to support improvements in access and recovery, supporting provision of translators, with engagement officers recruited. - Community Mental health transformation to provide wrap around care to keep patients in the community. Key element are patients, carers and stakeholder engagement and co-production to develop pathways. - Commissioning and Partnership working with a range of VCFSE services. <p>The Chair thanked Fleur for outlining the responses which have been made to address the need and the committee felt assured on the actions taken.</p> <p>The Chair requested further discussion relating to understanding the cultural competency of the response to people’s needs as this was a specific theme from the patient story. F Carney advised that engagement with the VCSFE will assist with this aspect as this work would be ‘place based’ to address the differing needs depending on where the patient lived and would seek to ensure the response is based on need of the communities through VCSFE.</p> <p>The slides would be shared with members further to the meeting.</p> <p>RESOLVED: That the Quality Committee note the actions being taken forward.</p>	DU ✓
5.	<p><u>Patient Story/Experience</u></p> <p>The patient story was circulated to the committee in advance of the meeting, in order that they could provide comments for themes to be formulated in readiness for the committee meeting. The story this month related to experiences of health services from a deaf person’s perspective.</p> <p>The Chair advised members that an element of the workshop planned for the morning of 20 December 2023 would be to focus on how the patient stories can be used more effectively.</p>	

	<p>K Lord provided the key themes from this story and noted the harrowing nature of this experience for both the family and patient, highlighting:</p> <ul style="list-style-type: none"> - The lack of accessible interpretation services across the board, as this was only provided in this instance when a link worker supported, with no process available to approach a GP or dentist. - Lack of planning to get an interpreter in the correct setting. - No urgency or apparent understanding of duty of care across the acute trust. - Primary Care did assess the need, but this response was very late in the care pathway. - Responses to communications were repeatedly not received from the patient, yet this was not highlighted and actioned as red flag within any service, with the case being closed as no response had been received. <p>K Lord advised she had taken the liberty to review what key actions had taken place noting:</p> <ul style="list-style-type: none"> - Louise Taylor, Director of health and care integration for Lancashire place, had met with 40 residents from the deaf community on 14 June 2023, with issues reflected across other shared experiences (collective themes). - HealthWatch and the engagement team are coordinating key work with the community and volunteers with detail being available in early 2024. - A volunteer has met with provider trust CEOs to establish learning across the organisations which will be taken through the provider collaborative board relating to access on a broader basis, as this doesn't just reflect health but housing as well. <p>The experiences contained within this story were discussed further. Members agreed that the lack of responses to communications and or DNAs (did not attend) is often a learning point in many serious case reviews / incidents and so for all services a potential alert for further alternative follow up mechanisms should be considered and or put in place.</p> <p>M Warren assured the committee that the local authority have taken this example through their impairment teams, with a focus being on each patient being an individual and making deaf awareness training mandatory.</p> <p>Members agreed that protocols need to be in place for any impairment suffered by patients.</p> <p>The Chair thanked K Lord for a clear review of this distressing patient story, noting the need for an update in February 2024 to understand coproduction on training and reflection and provide assurances on actions for patients with communication difficulties. D Upton to add to the workplan for the committee.</p> <p>RESOLVED: That the Quality Committee note the patient story and the actions being taken forward with a further update in February 2024.</p>	DU ✓
6.	<p><u>Waits Over 12 Hours in Emergency Department</u></p> <p>The Chair introduced the item noting that whilst a key focus of the committee related to the experience of patients with mental health difficulties, the request from members of the committee related to all patients experiencing long waits and what assurance can be provided whilst trying to change the system to meet the need.</p> <p>F Carney responded for mental health and advised that the paper provided details of a recent deep dive into the long waits patients are experiencing in Emergency Care</p>	

departments (ED) across the system.

Noting that over three-quarters of waits of over 12 hours are for patients who are subsequently admitted, supporting the view that many of these delays are due to lack of flow through the medical assessment unit and to the ward areas due to a lack of bed availability. With 1% of attendances in A&E being mental health patients with the number of mental health patients waiting over 12 hours having dropped from 5.5% to 2.4%.

- Community admissions are reviewed daily, and if escalated there is a system in place where patients are admitted on clinical priority.
- More beds are being opened to address the gap in provision and flow through the organisation with work being undertaken to ensure that all patients are seen at the point of admission.
- Earlier planning for discharge of mental health patients is required and work is being explored with local authority colleagues to manage this.
- Weekly Out of Area Placement (OAPs) SITREP.
- A 10-point discharge plan is being worked towards across the system.

M Warren reflected regarding 75% of patients being admitted and queried if this was due to a deterioration in symptoms which the long waits had contributed to and commented that data analysis on this would be welcomed.

Vicky Webster joined the meeting for Item 8.

F Carney assured members that if patients are waiting in primary care for admission that they would be supported by the community mental health teams until a bed became available.

C Frost took members through the main elements of the paper provided to the committee on patients waiting with predominately physical health needs. Advising that to build a sustainable and robust UEC system and improve against a range of UEC metrics, a strategic approach to re-design and implement improvements for the next five years is required. With a focus on winter planning at system and place levels which will be linked to the 10 high impact changes for both in and out of hospital provisions, e.g., the expansion of virtual wards.

The intention to develop a 5-year urgent and emergency care (UEC) strategy which links to UEC recovery and design opportunities for which the final draft is anticipated March 2024 was noted. Noting a key feature of the solution needs to be wider than UEC pathways alone with a whole system approach being required to invest as a system.

The Chair reminded members that the remit of the committee is the focus on safety, effectiveness, and experience.

J Hannett referenced that in order for the 5-year plan to be effective the VCSFE need to be involved to appropriately prevent attendances, which lead to the 75% admission rate, and would be keen to understand how the plan will support the ICS on whole system transformation to prevent admissions. C Frost to provide an update to J Hannett outside of the meeting further to work being undertaken over the Summer.

Members noted the updates provided but at this time did not have the assurance that more deaths and harms would not occur because of the long waits. Commenting that the single largest concern raised by Directors of Nursing currently relates to patient safety in A&E and assurance is required as to how this will be mitigated.

CF/JH

	<p>In relation to the 10 high impact changes the rating was noted to be amber when last presented to ICB board. These measures are evidenced based and NHSE view is that if implemented they would favorably affect flow and improve safety. SOB asked as to the progress with implementation of the 10 high impact measures and where this was being monitored.</p> <p>C Frost suggested revisiting the self-assessment to provide greater visibility against delivery of each through reports to the ICB board on the UEC recovery update.</p> <p>The Chair advised that assurances are required that the 10 high impact changes are being implemented and how this is being monitored, with a suggestion of the Improvement and Assurance Groups monitoring those measures attributable to the trusts and reporting to the ICB System Recovery and Transformation Board. Although prior to this there would need to be agreement as which actions belong to the trusts. D Levy to discuss further with Craig Harris. Overall, delivery of the 10 high impact changes would be monitored at F&P Committee.</p> <p>M Warren agreed to commence discussions surrounding a housing strategy for the local authority, to ensure that the right housing models are available further to patients being detained under the mental health act. This will require a review of demand and forecast demand to develop the correct capacity for the future.</p> <p>A system response is required to improve outcomes, focusing on early intervention and prevention, discharge planning, involving housing and what bundles of care are required. Further discussion would be required through the ICB executive team as to how this is taken forward ensuring a community centered approach and in partnership with the voluntary and third sector organisations.</p> <p>The Chair thanked members for the in-depth discussion which had taken place, recognising the major risk surrounding patient safety, effectiveness and experience of the population, staff and community. Further remarking how hard the staff are working daily in response to this situation whether this is acute or community settings.</p> <p>RESOLVED: That Quality Committee members note the content of the report recognising the further work required.</p> <p><i>Fleur Carney and Craig Frost left the meeting.</i></p>	<p>DL</p> <p>MW</p> <p>SOB/DL</p>
	<p>The agenda was taken out of order.</p>	
<p>8.</p>	<p><u>Deep Dive: Children and Young People – Children placed in inappropriate settings – update paper.</u></p> <p>Vicky Webster advised that a paper was brought to the committee in April 2023, in relation to children and young people becoming ‘stuck’ in an inpatient setting due to a lack of suitable provision to meet their specific and ongoing care or treatment needs.</p> <p>The paper circulated to members provided an update on the actions in place, initiatives undertaken and the current data relating to our children and young people.</p> <p>Vicky highlighted the following areas:</p> <ul style="list-style-type: none"> - Progressive implementation of the Response and Intensive Support and Risk Support Models of care, along with the positive evaluation of the in-reach support offer that was commissioned using VCFSE partners Spring North. Noting that teams are 	

reporting that enhanced in reach support and staff training (overall) has had a positive impact on the ward environment when caring for children with challenging emotional health and wellbeing needs.

- The Dynamic Support Database multidisciplinary team meetings and Care Education and Treatment Reviews which are helping our young people with a learning disability earlier on the pathway to prevent hospital admissions.
- The group have added the Hesley Report recommendations into the work programme with a baselining position against these recommendations being commenced. Working with the safeguarding team to review what is in place across the ICB and local authority.
- Work is progressing in relation to the new health and social care placement facility with Lancashire County Council, with key task and finish groups now in place.
- The teams are due to meet with partners in Wakefield who have undertaken a similar project. Any learning from this project will be taken into consideration as the placement facility progresses.
- Lancashire County Council are seeking to ensure priority is given for Lancashire children in new and existing private placement provision in Lancashire.

The Chair reflected on the vast progress which has been achieved to date and invited further comments from members.

S O'Brien commented on the learning from the Hesley Report which identified a gap between health and social care commissioning and this is a focus of the National SEND Implementation Board. This remains a local issue and has been highlighted with the current case of a child with complex needs within one of our NHS Trusts. The child has no acute medical need but staff in health and social care are having difficulties in agreeing where the responsibility to source a placement lies. This is an area where partners need to work together more effectively.

D Eva raised concerns surrounding the decision which has been made to discontinue the SAFE beds at The Cove in Heysham, which provides a specialist Tier 4 input for children with motional and well-being needs. Vicky will provide D Eva with an update outside of the meeting as to how these children will be supported elsewhere.

M Warren emphasised the importance of working together to have joined up commissioning to ensure that there is a level of control as to who the providers of care are. This would then guarantee that children have a connection to the area in which they are placed rather than out of area placements. Further referencing the facility in Chorley and whether this posed a risk/inequality to children in Blackpool or Blackburn with Darwen should they be unable to access. V Webster confirmed that an opportunity has been identified and advice is being sought from other areas and working closely with Wakefield who have experience of this. Noting that if the in-reach support is correct then this may mitigate the need for additional settings. Members agreed the need to share the learning and work together ensuring that the other 3 places in LSC are included.

The financial implications relating to the care settings was noted, especially the money being spent on inappropriate settings which have no agreements in place, therefore challenging whether costs are being appropriately attributed.

The Chair acknowledged the discussions and noted the amount of multi sector work which is required to provide solutions.

Vicky Webster left the meeting.

RESOLVED: That Quality Committee members receive the report, noting the work undertaken to date and the further multi agency work required.

<p>7.</p>	<p><u>Quality and Safety Report:</u></p> <p>C Lewis advised members that the report submitted provided an overview of the main providers' positions with specific focus on five subject areas, and attention was drawn to the following:</p> <p>Cancer The report showed learning from a couple of incidents, including one related to improving the adequacy rates for samples.</p> <p>The number of harms reviews outstanding was documented and C Lewis had requested that authors confirm the service improvements made arising from learning of previous harm reviews.</p> <p>Discussion ensued relating to whether the harms reviews the number of clinical reviews outstanding (within which the patient may have their priority changed) or whether the clinical reviews have been carried out but the review of the harm documentation has not been completed and reported within trust governance. C Lewis agreed to review this in order that this can be understood, and further mitigations introduced.</p> <p>D Levy commented that cancer mortality has not deteriorated in the last year.</p> <p>C Marshall advised that a subgroup had been established with an aim to reduce the variance in harm reviews and currently documentation is being reviewed with an intention to have one template for all reviews.</p> <p>RESOLVED: That quality committee members noted the report and that work will be undertaken surrounding harms reviews.</p> <p>Infection Prevention and Control (IPC) C Lewis advised that subject to the outcome of the quality committee workshop being held on 20 December 2023, the reporting cycle for IPC may need to change to reflect when the IPC data is published.</p> <p>It was noted that the review of CDI (CDif) cases in the community is now business as usual within the ICB.</p> <p>RESOLVED: That quality committee members noted the content of the report.</p> <p>Maternity Care C Lewis advised that the report relating to maternity care will be a stand-alone report at quality committee from next month, as per safeguarding and CHC.</p> <p>Members were advised that this month's report highlighted the external review of maternity governance undertaken at Lancashire Teaching Hospitals.</p> <p>It was noted that the planned mock CQC inspection visit of Blackpool Teaching Hospitals maternity unit scheduled for 10 November 2023 was deferred due to the level 2 critical incident (flooding with utilities impacted) which affected the unit.</p> <p>D Levy advised of a Freedom to Speak Up meeting which is taking place in Spring 2024 regarding maternity services which will provide an opportunity to discuss any concerns raised. It was agreed that D Levy would share any insight with C Lewis outside of the meeting.</p>	<p>CL</p>
-----------	---	-----------

	<p>RESOLVED: That members noted the content of the report and will receive a more focused report on maternity services from December 2023.</p> <p>Mental Health A previous report which was submitted to the quality committee had indicated a lower-than-expected satisfaction in patient feedback, this report was submitted to provide more context and detail. Members requested that this level of detail continues to be reported within the next mental health update report to the committee.</p> <p>D Eva expressed that it was disappointing to receive poor feedback relating to the initial response service for mental health, with C Lewis commenting that through the next quarterly update to the committee more detail will be available surrounding how service improvement has been applied.</p> <p>RESOLVED: That quality committee members noted the content of the report and requested to continue to receive this level of detail in future reports.</p> <p>Safety Members noted that as the provider trusts in Lancashire and South Cumbria have completed their roll out processes there is now engagement with a wider range of providers i.e., hospices, VCFSE and regulated care regarding the roll out of Patient Safety Incident Response Framework (PSIRF), which C Marshall is leading on.</p> <p>Discussion ensued relating to the number of SUIs which were highlighted in the report as remaining outstanding. C Marshall explained that this could be due to NHSE not closing these, but that she would explore this further as it was felt that the ICB is not performance managing these SUIs. This would be included in future updates.</p> <p>RESOLVED: That quality committee members noted the content of the report with a request for SUIs to be monitored.</p>	CM
9.	<p>Risk</p> <p>- Risks and Escalations</p> <p>C Marshall spoke to a circulated report which provided information on current and emerging escalation/risk concerns across Lancashire and South Cumbria. The report highlighted:</p> <ul style="list-style-type: none"> - Blackpool Teaching Hospitals declared a never event on 2 November 2023 under the category of misplaced NG Tube. Immediate action was taken with confirmation that the staff undertaking the procedure were competent and appropriately skilled to insert the NG tube. - University Hospitals of Morecambe Bay declared a never event on 26 October 2023 under the category of wrong prosthesis/implant inserted. A patient undergoing trauma surgery for a fractured right elbow olecranon had 3 stainless steel screws and 3 titanium screws inserted during surgery rather than 6 stainless steel screws that align with the stainless-steel plate. Immediate action has been taken in respect of the packaging of the screws, storage and how the equipment is transferred from the storeroom to the operating theatre. - Lancashire Teaching Hospitals Trust identified a system error in respect of the electronic system that shares in-hospital discharge information (IHDI) with GPs. The incident involves discharge letters to GP practices rather than relating to direct 	

	<p>patient care provided by LTHT. The discharge letters have been regenerated and sent including all required information.</p> <p>A White commented on several issues being identified in primary care, members discussed how quality in primary care can be supported. The Chair and S O'Brien to discuss further external to this meeting.</p> <p>RESOLVED: That Quality Committee members receive the report, noting the actions being taken to mitigate.</p> <p><i>Andrew White left the meeting.</i></p>	SC/SOB
10.	<p><u>Quality Impact Assessment (QIA) position update</u></p> <p>C Lewis advised that the ICB Quality Impact Assessment (QIA) Policy was approved on 19th July 2023 and that this report had been submitted to provide an update on the application of the policy to-date, which teams are actively engaged and the nature of the QIAs being supported by members of the ICB quality team, through the process to final executive approval.</p> <p>The policy is subject to a short review timescale, which is planned for late January 2024 and should further revisions be identified these will be brought back to committee as proposals for approval.</p> <p>S O'Brien commented that there is further work to be undertaken to embed the process as being routine into the workings of the ICB.</p> <p>C Lewis noted the comment regarding building the completion of QIAs, where appropriate, into Standard Operating Procedures for the ICB.</p> <p>Members requested that an update be brought back to committee in 6 months. D Upson to add to the work plan.</p> <p>RESOLVED: That members noted the content of the report and progress made, with an update provided in May 2024</p>	DU ✓
11.	<p><u>Lancashire and South Cumbria ICB Draft Quality Governance Framework</u></p> <p>K Lord informed members that the ICB quality team had commenced work on an ICB Quality Governance Framework, which reflects the ICB statutory accountabilities for quality and guidance/directives from the National Quality Board (NQB). Noting the purpose of the Quality Governance Framework sets out how the ICB governs and supports quality assurance and quality improvement.</p> <p>The first draft of the Quality Governance Framework had been shared with the papers for early Quality Committee awareness and comment, noting that further engagement within the ICB and with wider partners is required.</p> <p>The Chair requested that any comments are shared with Kathryn Lord by 18 December 2023.</p> <p>RESOLVED: That quality committee members provide comments to K Lord by 18 December 2023 in order that they can be incorporated.</p> <p><i>Sarah O'Brien left the meeting.</i></p>	All

12.	<p><u>Patient Safety Incident Response Framework – positional update</u></p> <p>The submitted report provided an update on the progress Lancashire and South Cumbria have made regarding PSIRF and outlined future plans now that all secondary care, mental health and ambulance service providers have implemented PSIRF.</p> <p>C Marshall advised members that University Hospitals of Morecambe Bay NHS Trust (UHMB) had planned for a soft launch for PSIs only with the intention for full implementation mid-November 2023. It was noted that further to this paper being written C Marshall had been advised that the board at UHMB had taken the decision that full roll out would be mid-February 2024, due to allowing time for gradual implementation and ensure that all staff are fully trained.</p> <p>C Marshall highlighted that across LSC there are 9 Hospice’s (adult and children) that, as a result of discussions with all 9 Chief Executives, an agreement had been reached for a collaborative approach. With 1 PSIRF Policy and Plan developed (by all the Hospices) which they will all adopt. Further work to be undertaken with the VCFSE sector to propose a collaborative approach as per the Hospice organisations.</p> <p>RESOLVED: That Quality Committee members receive the report, noting the ongoing discussions with other organisations and the delay to the full roll out at UHMB.</p>	
13.	<p><u>East Lancashire Hospitals Trust revised local priorities for the Patient Safety Incident Response Framework (PSIRF)</u></p> <p>This paper requested that members acknowledge the important role East Lancashire Hospitals NHS Trust (ELHT) has played in supporting the LSC Integrated Care System regarding PSIRF and requested approval of the ELHT revised Local Priorities and amendments to the PSIRF Plan.</p> <p>Due to time constraints of the meeting the paper was taken as read and the Chair requested any specific comments on areas which required clarification.</p> <p>Members did not require any points of clarification and the proposals were approved, noting that prior to leaving the meeting S O’Brien had provided her verbal approval.</p> <p>RESOLVED: That members noted the content of the paper and approved the ELHT revised Local Priorities and amendments to the PSIRF Plan.</p>	
14.	<p><u>NHS Lancashire and South Cumbria Integrated Care Board Children in Care and Care Leavers Health Strategy</u></p> <p>A Dunne advised members of the need for an ICB Strategy to outline strategic plans to deliver against statutory responsibilities and corporate parenting duties for children in care and care leavers. Noting that this had been developed in consultation with children in care and care leavers and the ICB children in care and care leavers health professionals’ network.</p> <p>Due to the time constraints of the meeting, it was agreed for this paper to be deferred to 20 December 2023, due to the level of consideration which is required for such an important area.</p> <p>The Chair requested for any initial comments to be provided to A Dunne outside of this meeting in order that they could be incorporated ahead of the December meeting.</p>	DU ✓

	RESOLVED: That this paper be added to the December 2023 for a fuller discussion.	
15.	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>The following was agreed with the committee Chair outside of the meeting and included in the report to the Board:</p> <p>ADVISE</p> <ul style="list-style-type: none"> • Item 5 - Patient Story • Item 8 - Children placed in inappropriate settings. • Item 7 - Quality and Safety Report – Maternity Care • Item 10 - Quality Impact Assessment (QIA) position update • Item 13 - East Lancashire Hospitals Trust revised local priorities for the Patient Safety Incident Response Framework. • Item 11 - Lancashire and South Cumbria ICB DRAFT Quality Governance Framework <p>ASSURE</p> <ul style="list-style-type: none"> • Item 12 - Patient Safety Incident Response Framework – positional update • Item 7 - Quality and Safety Report (IPC and Safety) • Item 4c – ‘You Said, We did’ – update on previous Patient Story <p>ALERT</p> <ul style="list-style-type: none"> • Item 6: Waits Over 12 Hours in the Emergency Department and impact on patient safety – Alert and Advise • Item 8 - Children placed in inappropriate settings • Item 9 - Risks and Escalations Alert (2 new Never Events declared since the last report). 	
16.	<p><u>Items referred to other committees</u></p> <p>There was nothing to refer to other committees.</p>	
17.	<p><u>Any Other Business</u></p> <p>There was no other business.</p>	
18.	<p><u>Items for the Risk Register</u></p> <p>No new items were reported.</p>	
19.	<p><u>Reflections from the Meeting</u></p> <p>Was the committee challenged?</p> <p>The Chair noted that there were challenging discussions especially relating to the concerns raised regarding the waits in the emergency departments.</p> <p>The chair thanked everyone for their hard work in pulling together the excellent papers which were discussed, specifically on the content of the AAA.</p> <p>RESOLVED: That the Quality Committee note the comments made.</p>	
20.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Wednesday, 20 December 2023 at 1.30pm, Lune Meeting Room 1, ICB Offices, County Hall, Preston.</p>	

Approved 27 November 2023

**Minutes of the ICB Finance and Performance Committee
Held on Monday, 30 October 2023 at 1.00pm
in Lune Meeting Room 1, County Hall, Preston, PR1 8XB**

Name	Job Title	Organisation
<u>Members</u>		
Roy Fisher	Chair/Non-Executive Member	L&SC ICB
Jim Birrell	Non-Executive Member	L&SC ICB
Sam Proffitt	Chief Finance Officer	L&SC ICB
Maggie Oldham	Chief of Transformation and Recovery/ Deputy Chief Executive	L&SC ICB
Asim Patel	Chief Digital Officer	L&SC ICB
Katherine Disley	Director of Operational Finance	L&SC ICB
Stephen Downs	Director of Strategic Finance	L&SC ICB
Roger Parr	Director of Performance and Assurance	L&SC ICB
Debra Atkinson	Company Secretary/Director of Corporate Governance	L&SC ICB
<u>Attendees</u>		
Craig Harris (left after Item 10)	Chief Operating Officer	L&SC ICB
David Flory (left after Item 8)	ICB Chairman	L&SC ICB
Sheena Cumiskey	Non-Executive Member	L&SC ICB
Kevin Lavery (left after Item 10)	Chief Executive	L&SC ICB
Sarah O'Brien	Chief Nursing Officer	L&SC ICB
Louise Talbot	Board Secretary and Governance Manager	L&SC ICB
<u>Observers</u>		
John Gaskins	Place and Programme Finance Lead	L&SC ICB
Paul Kingan	Programme and Place Finance Lead	L&SC ICB
Elaine Collier	Deputy Director of Operational Finance	L&SC ICB
Kirsty Hollis	Place and Programme Finance Lead	L&SC ICB

Item No	Item	Action
1.	<p><u>Welcome and Introductions</u></p> <p>R Fisher, Chair welcomed everybody to the meeting. He advised that on this occasion, as the agenda for the meeting covered items relating to the review of the financial plan and recovery, invitations had been extended to Board members who do not ordinarily attend the committee but in order that they could take part in and contribute to the discussion around those issues. Finance leads had also been invited to observe the meeting.</p>	

	The Chair advised that timings had been included on the agenda in order that there was a focus on the main issues. The triple A (advise, alert and assure) report to the ICB Board would be agreed directly after the meeting.	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Debbie Corcoran, Jane O'Brien, Dr David Levy, Dr Geoff Jolliffe and Andrew Harrison.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>(a) Finance and Performance Committee Register of Interests – Noted.</p> <p>RESOLVED: There were no declarations of interest relating to items on the agenda. Members were asked that if at any point during the meeting a conflict arose, to declare at that time.</p>	
4.	<p>(a) <u>Minutes of the Meeting held on 25 September 2023 and Matters Arising</u></p> <p>J Birrell referred to the discussion in respect of the Risk ICB-008: System Financial Sustainability commenting that in light of the deteriorating position, it was unlikely that the ICB would meet the planned targets, therefore, more detailed discussion would need to be held in respect of the risk score.</p> <p>J Birrell advised that he did not leave the meeting permanently and the minutes would be amended accordingly.</p> <p>RESOLVED: That subject to the amendment to be made, the committee approved the minutes of the meeting held on 25 September 2023.</p> <p>(b) <u>Action Log</u></p> <p>The action log was reviewed and the following was discussed:</p> <ul style="list-style-type: none"> • Item 3 – Performance Report – Children and Young People – There was a proposal to close the action however, J Birrell commented that it was being taken through the Quality Committee and to provide the Finance and Performance Committee of a more detailed understanding of the issues. R Fisher confirmed that the report was taken through the Quality Committee commenting that three of the acute Trusts were outliers in respect of neonatal stillbirths. S Cumiskey also advised that there was also discussion around the Local Maternity and Neonatal System (LMNS) having an implementation programme which would be taken through the Quality Committee for further review, likely to be January 2024. J Birrell commented that given the national focus on this item, it was important to continue to monitor the position as discussion had been taking place for approximately six to nine months and questions may be asked in the future as to why it had not been addressed much quicker. S Cumiskey gave assurance that work was being undertaken and actions were being put in place however, she welcomed a further view as to what other assurances were required. S O'Brien advised that a maternity update would be provided at the 8 November 2023 ICB Board. She also advised that a specific Neonatal Improvement Board was in place to oversee implementation and actions. It was agreed that the action would remain open and further information would be submitted to the committee. <p>Item 7 – Finance Report – Action completed and closed. Item 8 – Performance Report – A&E Performance – Agreed to close this action.</p>	<p>SP</p> <p>LJT (✓)</p>

5. Key Messages and Overview of Agenda

S Proffitt advised the committee of the following key messages and overview of the agenda:

- The ICB submitted a plan at the start of the year with an £80m deficit
- This comprised ICB at breakeven and the providers having the £80m deficit
- The committee reports show how we are performing against the above at the end of September (M6) by having:
 - Month 6 ICB report
 - Month 6 Provider report
- The risk trajectory has reduced slightly due to providers stabilising from Month 5 to Month 6 and a summary was provided showing that the ICB is £50m off plan (Month 5 = £37m) and Trusts £22m off plan (Month 5 = £20m), therefore, £72m off plan in total.
- The year to date actual system deficit is £159m, (ICB £50m and Providers £109) which extrapolates to a £300m year-end risk against a planned £80m deficit
- The biggest risk is within the ICB followed by Lancashire Teaching Hospitals but all Trusts other than NWS have a high level of risk
- Reports submitted showed how we are mitigating the risks with:
 - ICB recovery plans – feedback from Sustainability Group
 - System wide recovery
- There was a section on assurance and governance where key items are reported from the provider assurance meetings and the performance report
- The last part of the agenda provided reports for information and standing items.

S Proffitt took the committee through the current position and risk at month 6 for both the ICB and providers. She was mindful of the difficult financial position the system was in and that a number of actions would need to be taken to pull the position back. There needed to be a focus on the ICB finance report followed by the provider report and to have discussion in respect of recovery in the ICB and across the system.

S Proffitt advised that the main cost improvement programme (CIP) schemes were delivering and remained on track. They were struggling with the stretch target which was profiled in the last nine months largely and required the recovery work around clinical reconfiguration, shared services and moving capacity to deliver. There was also an impact on the inflated costs of industrial action (£11m year to date).

The ICB had started the year with over £200m of risk and mitigated this to £172m and schemes were developed to address this.

A lot of work had been undertaken at some Trusts and whilst some improvement had been made, it was not across all providers. S Proffitt indicated that providers could reduce this further to approximately £150m.

S Proffitt referred to the pressures which were £197.5m comprising of the following and advised that work was taking place to address the reasons behind those pressures:

- Slippage against the QIPP - £30m
- Slippage against the Planning Assumptions - £54m
- Prior year (mainly CHC) of £27m
- Inflation on CHC and Prescribing - £49.5m
- Other new packages - £37m

The ICB was off plan by £50m at month 6 and the rise was expected to be £100m by the year-end. Further discussion would be held later in the meeting via a presentation from K Lavery.

	<p>S Proffitt commented that if we were to reach the £100m deficit position, we will have delivered £172m of mitigations because the £100m reflects new in-year pressures.</p> <p>R Fisher advised that discussion had been held at the Quality Committee and he had raised concerns in respect of the CHC financial position. Discussion had been held with S O'Brien as to what mitigations could be put in place. She advised that the CHC model went live on 1 October 2023 which has a discharge to assess team within it. She anticipated having a better picture of the position over the coming weeks. It was acknowledged that provider costs were an issue and there did not appear to be any challenge on the Trusts and discharge to assess pathways. In terms of learning disabilities it was acknowledged that there were challenges with local authority partners on transforming care and that there were packages of care dating back to 2018 in respect of children's pathways.</p> <p>S O'Brien further commented that the position was very different in comparison to the previous year and work would take place to track and put in mitigations. There had been a 30% increase in packages, costs had increased for smaller care providers, it was a very challenged care market and inflationary pressures were also increasing.</p> <p>S Cumiskey commented there needed to be strategic oversight from a population perspective at place and the wider system work being taken forward by M Oldham in respect of system transformation. Consideration needed to be given as to how we best meet the population health need to ensure we take a much more place and system view.</p> <p>S O'Brien advised that there were more teams in the model who were overseeing and scrutinising any inappropriate fast-track referrals. She further commented that there may be people on discharge to assess pathways for a longer period than required as they may not have a care package in place.</p> <p>RESOLVED: The Finance and Performance Committee note the key messages and overview.</p>	
6.	<p><u>ICB Finance Report – Month 6</u></p> <p>The committee received a report which provided the financial position as at month 6 which was a year-to-date deficit position of £50.4m against a breakeven plan.</p> <p>The ICB was currently forecasting to deliver its planned full year £0.5m surplus position, which included the assumption that the current residual risk was mitigated in full.</p> <p>The month 6 deficit position was being driven by prior and in-year cost pressures and undelivered Quality, Innovation, Productivity and Prevention (QIPP)/mitigation plans. A full review of the residual risk position had been undertaken during month 6 with £106.9m being identified which was the driver of the current deficit position. Additional mitigations were required in order to achieve the current forecast outturn position, which would be overseen by the ICB Sustainability Group.</p> <p>At this juncture the committee Chair advised that the advise, assure and alert section within the reports was for the committee to understand the position and not necessarily for the ICB Board.</p> <p>K Disley took the committee through the report which included substantial detail in</p>	

	<p>comparison to the report submitted to the Board. She advised that there was a time lag in receiving data to inform the financial position. K Disley referred to the income and expenditure overview and appendix explaining how it translated into the forecast. She also referred to the summary statement of the financial position and in particular, highlighted that as at month 6, the ICB's cash drawdown was £63.5m over target, having utilised 51.5% of the cash limit compared to the target of 50% which equated to £63.5m in value. When small value contracts and grants paid upfront were deducted at the start of the year, the balance of £51.8m correlates with the month 6 reported deficit position with the current run-rate being in excess of allocation.</p> <p>K Disley referred to the risk position which had been described in the ICB recovery plan report and information in respect of the residual risk position was noted.</p> <p>D Flory sought clarification in respect of the overspend of £35m on community services and £33m relating to primary care. K Disley advised that of the £35m in respect of community services, £22m related to under-delivery on QIPP and mitigations at month 5. The majority of the primary care overspend related to prescribing which was inflation and activity in terms of what was forecast.</p> <p>RESOLVED: That the Finance and Performance Committee:</p> <ul style="list-style-type: none"> • Note the report. • Express concern at the projected ICB and provider forecasts. • Agree that a packet of measures would be developed to address both the 2023/24 and 2024/25 positions. 	
7.	<p><u>Provider Position – Month 6</u></p> <p>S Downs spoke to a circulated report which provided the committee of the year-to-date position at month 6 which was a deficit of £109.1m and was £21.5m worse than plan. The year to date deficit of £109m was £29m higher than the year-end forecast, meaning the provider sector must trade with a £29m surplus over the period month 7 to month 12, which was a significant risk.</p> <p>The committee noted that £62.5m of efficiencies had been delivered against the month 6 plan of £69m which was an adverse variance of £6.5m. Of the £62.5m, £35.8m was recurrent and £26.8m was non-recurrent.</p> <p>S Downs referred to table 5 within the report which showed the risk profile of Trust savings plans compared to the profile at month 5. It was noted that high risk schemes had reduced by £22.8m whilst low and medium risk schemes had increased by £21.3m and £1.5m respectively. Delivered schemes had increased by £20m in month primarily driven by a number of high value schemes which have now been implemented at East Hospitals Lancashire Trust. The increase in delivered schemes had seen a corresponding reduction in plans in progress (£15.7m) and unidentified schemes (£5m). This highlighted that good progress had been made on CIP delivery during month 6.</p> <p>In terms of the provider capital envelope, it was noted that any slippage would be more difficult to spend because of the provider cash position. For 2023/24 it was £113.9m and a plan was set of £114.9m on the basis this would be manage down to £113.9m in year. At month 6, providers had spent £29.4m, which was £13.3m behind plan. As with previous years, the spend profile does accelerate. Due to cash availability, Blackpool Teaching Hospitals had reduced the capital forecast by £1.7m at month 4 meaning there was now a forecast underspend of £0.4m against the envelope. North</p>	

	<p>West Ambulance Service had increased their forecast at month 6 to reflect an allocation which would be transferred from another ICB at month 7. A mid-year stocktake was in progress to ascertain the likely forecast position so any potential underspend could be reallocated between the providers to ensure the full capital envelope was spent.</p> <p>S Downs advised that information in respect of agency costs had been introduced into the report which showed Trust performance against agency budgets. A total of £60.3m had been spent against a plan of £45.3m which was an overspend of £15m primarily driven by Blackpool Teaching Hospitals, Lancashire and South Cumbria Trust and Lancashire Teaching Hospitals. This was broadly £10m on agency nurses and £5m on agency medical staff.</p> <p>It was noted that the forecast agency spend was £109m against an annual plan of £75m which was an overspend of £34m. NHSE set the system an agency ceiling of £90.4m and the current forecast was £19m more than this ceiling. It was noted that if there was no change to the current run rate, agency costs could total £121m for the year, which was £4m more than was spent in 2022/23.</p> <p>S Downs took the committee through the next steps as contained within the report.</p> <p>R Fisher referred to paragraph 5.2 within the report in respect of Blackpool Teaching Hospitals noting that assurance had been transferred to the ICB with the first assurance meeting scheduled to be held on 1 November 2023. It was noted that all provider Trusts have monthly improvement and assurance group meetings with ICB Executives.</p> <p>D Flory was mindful of being half way through the financial year and being in a worse second half of the year position than the first half of the year. S Downs advised that there was no change in forecast month 9 and that the main delivery action for providers was the CIP. S Proffitt advised that they had seen some differences at provider Trusts in terms of stretch targets and that there was work to be undertaken at UHMB on a month by month basis. Both UHMB and BTH were holding on to their positions respectively.</p> <p>K Lavery referred to the CIPs commenting that there was a level of maturity in comparison to the previous year.</p> <p>RESOLVED: That the Finance and Performance Committee note the report.</p>	
8.	<p><u>ICB Recovery Plan</u></p> <p>S Proffitt spoke to a circulated report which highlighted the pressures identified in the financial position at month 6. It reported on the current forecast delivery against QIPP and planning mitigations and outlined what will be required to achieve a breakeven position for the year.</p> <p>The report also set out a range of decisions required to deliver the existing assumptions, a range of options for consideration and asked the committee to agree actions to close the residual gap.</p> <p>It was noted that the forecast position on the ledger for month 6 was forecasting delivery of £39m against the £97m QIPP plan. The October review with scheme leads identified delivery plans for £67m, a potential improvement of £28m. This still left a full</p>	

year gap of £30m, most of which related to the plan to reduce contracts. A full review of contracts was undertaken on 18 July 2023 and a star chamber was held with the Chief Executive and Chief Operating Officer on 27 July 2023, which only identified £0.45m of the £30m target. The QIPP position was included in the report.

In addition, it was noted that the assumptions made against the £75.5m planning opportunities were only forecast to deliver £1m. The October review with scheme leads identified delivery plans for £21m, a potential improvement of £20m which still left a full year gap of £54m.

Reference was made to the information regarding the potential delivery against the September Board mitigations along with other potential mitigations.

K Lavery advised that there needed to be a focus on the short term for 2023/24 and 2024/25. He gave a presentation which covered:

- Key messages
- Eliminating the underlying deficit – what does a 10% reduction look like?
- Best possible position for 2023/24 for both the ICB and providers
- Intervention areas for consideration
- Next steps

K Lavery also reminded the committee of the delegated arrangements for specialist commissioning from 2024 which would provide more opportunities for consideration. He commented that there needed to be a focus on the 'big ticket items' and to move away from the previous commissioning approach to a financial envelope for each provider Trust and what they can do within that financial envelope. He further commented that ICBs in London were taking this forward now.

In terms of the best possible position for 2023/24, K Lavery shared a presentation that looked at different scenarios for the year-end and options to reduce the deficit further.

K Lavery highlighted the intervention areas for consideration:

- Put ourselves forward for intervention
- For the ICB
 - Support for commissioning and recommissioning
 - External review of packages of care
 - Review of prescribing
 - Review of local authority and health integrated working
 - Repurpose our manpower resources
- For Providers
 - Targeted turnaround in certain providers
 - Clinical leadership to support recovery programme
 - 2023/24 and 2024/25 around rightsizing provision whilst continuing medium to long term recovery plans
- We need the right lead for intervention

The committee was advised that ICB Executives would be meeting with NHSE on 3 November 2023 and it was anticipated that formal conversations would commence in respect of interventions.

R Fisher thanked K Lavery for the presentation and acknowledged the difficult discussions and actions to be taken forward. He referred to 2024/25 and the discussion at the previous meeting regarding commissioning intentions which had been delivered. C Harris had drawn up a high level strategic intent and letters had been issued. Early indications from Trusts was that they were looking for an increase.

	<p>J Birrell welcomed the update commenting that it would be helpful to know how our proportionate spend across other areas was relative to other ICBs further commenting that applying a blanket reduction on everything might not be right. He was mindful that quality services needed to be provided suggesting that a review be undertaken that was least damaging. In terms of contracts, he suggested that consideration could be given to affordability claw back. J Birrell commented that there did not appear to be much focus on productivity advising that a lot could be gained around this. In respect of the integration agenda, his view was that it was a lower priority; essential versus desirable.</p> <p>S Cumiskey commented that a lot of money was being spent on agency which does not drive good quality of care. There needed to be a framework and consideration would need to be given as to what it looks like and whether it marries up with the ICB's strategic objectives and where we would see the greatest impact. She commented that the headline proposals made sense however, we would need to be very clear on the framework and the quality impact which was very important.</p> <p>M Oldham welcomed the comments made and provided feedback from a recent meeting with the NHSE North Regional Director. She also commented that we should not shy away from external intervention. She referred to the System Recovery and Transformation Board which had met twice over the past two months and had agreed to amalgamate workstreams. She commented that if external intervention provided us with levers, it was a positive step forward.</p> <p>Reference was made to the work being undertaken in respect of fragile services and the potential for serious implications as to whether it can continue. An event would be held on 17 November 2023 with Medical Directors and Lead Nurses to aggregate what can be done differently.</p> <p>J Birrell commented that there was much variation between organisations, there was a lot to look at in terms of productivity however, primary care indicators were not good. He further commented that the performance report provides a lot of variance and suggested that the information be analysed in more detail in order to achieve some quick wins.</p> <p>A Patel commented that there needed to be a focus on the areas that were immediately important and to look at a small set of metrics. Increased focus would lead to understanding.</p> <p>K Lavery welcomed the valuable discussion advising that a report would be taken through the Part 2 Board meeting and consideration would be given as to whether an extraordinary meeting of the ICB Board or the Finance and Performance Committee would need to be held in December or January depending on progress. It was likely that NHSE will ask for a plan on the forecast and discussions would need to be held with Trusts on the financial envelope in terms of what they can and cannot deliver. A quality impact assessment would need to be carried and the process element would need to be properly mapped out.</p> <p>RESOLVED: That the committee note the report and the actions being taken forward.</p> <p><i>David Flory left the meeting.</i></p>	
9.	<u>System Recovery and Transformation Update</u>	

	<p>M Oldham spoke to a circulated report which provided the committee with an update on the system recovery and transformation programme.</p> <p>The paper consisted of the monthly Alert, Advise, Assure (AAA) messages produced by each of the recovery and transformation programmes for the month of October 2023, as reported to the System Recovery and Transformation Board on 17 October 2023. The report submitted to the committee was similar to the regular report presented to each System Recovery and Transformation Board meetings, which has met twice. The AAA programme reporting approach would continue to develop in the coming weeks. It was commented that in terms of the triple A from existing workstreams, it had been agreed that all schemes would come through one portfolio.</p> <p>The Q2 ICB assurance meeting with NHSE would be taking place on 3 November 2023 at which an update on the system recovery and transformation programme would be provided and would consist of:</p> <ul style="list-style-type: none"> • A RAG assessment of each of the programmes based on defined weighting criteria to determine confidence in delivery and governance. • A summary of the key risks and mitigations • A clear roadmap for accelerating delivery and implementing corrective action. <p>It was noted that the roadmap would be presented to the next System Recovery and Transformation Board on 21 November 2023 and would be linked to the financial plan which was due to be submitted in January 2024.</p> <p>J Birrell commented that there needed to be a formal two-way process from the Finance and Performance Committee to the System Recovery and Transformation Board and back. He asked if it would be possible to have a link between what happens in other committees. M Oldham welcomed this suggestion and she would discuss further with S O'Brien and D Atkinson.</p> <p>It was suggested that a flowchart could be produced showing a clear process as to how outputs feed in elsewhere. M Oldham would give this further consideration.</p> <p>K Lavery commented that it was about processes coming together recognising that there was a cultural issue in the system. It was commented that lengthy discussion had been held at the System Recovery and Transformation Board in respect of one of the better performing transformation programmes.</p> <p>RESOLVED: That the committee note the report.</p>	<p>MO/ SO'B/ DA</p> <p>MO</p>
<p>10.</p>	<p><u>Provider Assurance Summary</u></p> <p>RESOLVED: That as earlier discussion captured the provider assurance, the report be noted.</p> <p><i>K Lavery and C Harris left the meeting.</i></p>	
<p>11.</p>	<p><u>Performance Report – Month 6</u></p> <p>The month 6 performance report was provided for information. Due to time constraints, the committee was asked to direct any questions or comments to R Parr outside of the meeting. Mid-month performance information would be circulated to the committee in the usual way. Thanks were conveyed to R Parr for the report.</p>	

	<p>RESOLVED: That the committee note the month 6 performance report.</p> <p>J Birrell sought clarification as to when a representative from the national team would be attending a committee meeting in respect of urgent and emergency care performance and M Oldham advised that she was looking at securing a date.</p>	MO
12.	<p><u>System Finance Group Minutes</u></p> <p>RESOLVED: That the minutes of the meeting held on 22 September 2023 be noted.</p>	
13.	<p><u>L&SC Provider Collaboration Board Minutes</u></p> <p>(a) 20 July 2023 (b) 21 September 2023</p> <p>RESOLVED: That the minutes be noted.</p>	
14.	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>RESOLVED: That the committee escalation and assurance report to the Board be agreed directly after the meeting and included in the report to the Board.</p>	RF/SP/ JB/DA/ LJT (✓)
15.	<p><u>Items Referred to Other Committees</u></p> <p>RESOLVED: That it was noted that work continued in respect of the neonatal services and that a report on maternity services would be presented to the Board in November.</p>	(✓)
16.	<p><u>Any Other Business</u></p> <p>There were no matters raised.</p>	
17.	<p><u>Items for the Risk Register</u></p> <p>Consideration would need to be given in respect of the risk relating to the financial deficit. D Atkinson advised that the Board Assurance Framework would be submitted to the November meeting of the ICB Board and suggested that the risk relating to the financial deficit be included in the triple A committee escalation report in order that there was a formal link of the discussion held. The committee agreed to this proposal.</p> <p>RESOLVED: That the committee note the action as outlined in respect of the risk relating to the financial deficit.</p>	SP/DA (✓)
18.	<p><u>Reflections from the Meeting</u></p> <p>The committee covered and challenged some difficult areas.</p> <p>The Chair thanked everybody for their contributions to the meeting.</p>	
19.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Monday, 27 November 2023 at 1.00pm in Coniston</p>	

	Meeting Room 2, ICB offices, County Hall, Preston.	
--	--	--

Approved 18 December 2023

**Minutes of the ICB Finance and Performance Committee
Held on Monday, 27 November 2023 at 1.00pm
in Lune Meeting Room 1, County Hall, Preston, PR1 8XB**

Name	Job Title	Organisation
<u>Members</u>		
Roy Fisher	Chair/Non-Executive Member	L&SC ICB
Debbie Corcoran (from item 3)	Vice Chair/Non-Executive Member	L&SC ICB
Jim Birrell	Non-Executive Member	L&SC ICB
Sam Proffitt	Chief Finance Officer	L&SC ICB
Asim Patel	Chief Digital Officer	L&SC ICB
Katherine Disley	Director of Operational Finance	L&SC ICB
Stephen Downs	Director of Strategic Finance	L&SC ICB
Andrew Harrison	Director of Place and Programme Finance	L&SC ICB
Roger Parr	Director of Performance and Assurance	L&SC ICB
Debra Atkinson	Company Secretary/Director of Corporate Governance	L&SC ICB
<u>Attendees</u>		
Sarah O'Brien	Chief Nursing Officer	L&SC ICB
Glenn Mather	Associate Director of Performance and Assurance	L&SC ICB
Sandra Lishman	Committee and Governance Officer	L&SC ICB

Item No	Item	Action
1.	<p><u>Welcome and Introductions</u></p> <p>R Fisher, Chair, thanked everybody for attending the meeting, including Glenn Mather, ICB Associate Director of Performance and Assurance, who would be presenting the performance report today. It was noted the meeting was quorate.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Maggie Oldham.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>(a) Finance and Performance Committee Register of Interests – Noted.</p> <p>RESOLVED: There were no declarations of interest relating to items on the agenda. Members were asked that if at any point during the meeting a conflict arose, to declare at that time.</p> <p><i>Debbie Corcoran joined the meeting.</i></p>	

4.

(a) Minutes of the Meeting held on 30 October 2023 and Matters Arising

The Chair explained that this was a special meeting of the committee in terms of meeting with ICB Board members. The minutes reflected part of that meeting and confidential minutes had also been recorded.

Following discussion, members agreed to remove the 2nd paragraph on page 8 of the draft minutes as this was meaningless. Within the last paragraph, item 11, it was agreed to add the words 'urgent and emergency care' to ensure clarity that a representative from the national team would be invited to a committee meeting in respect of urgent and emergency care performance.

RESOLVED: That subject to the amendments to be made, the committee approved the minutes of the meeting held on 30 October 2023.

(b) Action Log

The Chair expressed concern that some of the actions had been ongoing for some time with no resolution, acknowledging and understanding pressures and capacity issues.

The action log was reviewed and the following was discussed:

1. **Draft Terms of Reference** – On hold. The action was around performance including both quality and finance elements.

Sarah O'Brien was welcomed to the meeting to provide a quality and clinical aspect.

RESOLVED: That the committee co-opt S O'Brien onto the membership to provide a quality and clinical aspect.

2. **Performance highlight report: position and plans for improvement** – It was reported that the performance report now captured more primary care information, and the dashboard was still being looked at. G Mather highlighted that further development of Aristotle was currently going through data testing, this would produce heat maps against practice population. Other tools would also be used to triangulate the information required. Members noted that this update now superseded the issues within the action log.

Discussion was held as to the performance role of the Finance and Performance Committee and the Primary Care Commissioning Committee and it was clarified that the Primary Care Commissioning Committee's remit covered performance in relation to primary care commissioning decisions.

Members requested more detail to be reported at the next committee meeting on primary care clinical measures and the significant variation at place, sub-ICB, PCN and practice level, for committee understanding. It was noted that a significant number of metrics would infer quality aspects, which would impact on other things being looked at. D Corcoran confirmed that the Primary Care Commissioning Committee looked at quality and strategic items, and how these fit with the Primary Care Network, however, this was not looked at holistically across the sector. At a recent Primary Care Commissioning Committee development session, the strategic picture was discussed for clarity on the context and ICB Board assurance. It was noted that there was a gap in terms of strategic oversight for primary care variation as this was owned by the ICB

DA

	<p>Board. The primary care balanced scorecard continued to be developed to ensure meaningful data was being received in future.</p> <p>S O'Brien highlighted that the challenge with primary care reporting was that there may be generic primary care measures and long-term condition management in the patch that was poor, which would affect outcomes. A Patel confirmed that variation across PCN/GP practice level could be shown on future reports. S Proffitt confirmed that since COVID, there had been a rolled over position where targets were not set around money or QOF and variation was currently being looked.</p> <p>G Mather explained that work was underway to produce a heat map identifying different areas of primary care performance, however, this would not be ready prior to the next committee meeting. A Patel would share detail around primary care with J Birrell, D Corcoran and A Harrison prior to the next meeting.</p> <p>3. Review of performance indicators – Concern was raised around timescales in taking this work forward. A Patel reported there was national expectation for a health inequality lens across metrics in future and confirmed that this would be seen in future committee reports.</p> <p>4. Trajectory mapping – It was confirmed that work was underway to produce a process flow chart setting out how work from the System Recovery Board and other meetings refer areas of work to each other and ensure there was no duplication in work.</p> <p>5. Risk ICB 008: System financial sustainability – Item on this meeting agenda. S Proffitt highlighted a gap in control on the risk. For assurance, milestones, trajectories and deliverables would be reported to this committee by January 2024, to ensure this was included in the financial plan for 2024/25. Item closed.</p> <p>6. System Recovery and Transformation Board update – It was confirmed that work was underway to produce a process flow chart setting out a clear process on how work be referred and monitored from and to the System Recovery and Transformation Board and the Finance and Performance Committee.</p> <p>S Proffitt continued that the ICB Board had previously asked for the production of a plan on how the ICB would deliver strategic objectives up to 2034. S O'Brien reported that the plan had not been drafted to date, however, there was a 5-year Forward Plan that all system organisations were signed up to. The ICB Board had signed up to an ICS Strategy, and the Provider Collaborative had signed up to a clinical strategy. The system should come together to agree large commissioning items that could be worked differently in 2024/25 to reduce cost, and it was felt that the System Recovery and Transformation Board was bringing this type of work together. Following discussion, S Proffitt took an action to create a plan which would provide the Finance and Performance Committee with assurance on the finance and performance impact for 2024/25, recovery and transformation contribution in terms of outcomes and impact, including costings and clinical elements.</p> <p>7. Representative from the national team to attend a Finance and Performance Committee meeting – Maggie was liaising with Christopher Green to secure a date.</p>	<p>GM/AP</p> <p>SP</p>
--	--	--------------------------------------

	<p>8. Performance Report – Children and Young People – It was confirmed that discussion had taken place at the Quality Committee meeting. S O'Brien would provide J Birrell with up to date data. It was understood Blackpool was an outlier in neonatal deaths.</p> <p>9. Dying Well – Lindsey Dickinson had provided an engagement update to dying well at the October Public Involvement and Engagement Advisory Committee where Lindsey was asked to present to the Finance and Performance Committee for consideration of resourcing, as the service was not meeting the performance targets and ambitions. It had been arranged for the presentation to take place at the December meeting. <i>Post meeting note: Timeline for presentation to the Committee postponed until resourcing model finalised.</i></p>	SO'B
5.	<p><u>Key Messages and Overview of Agenda</u></p> <p>S Proffitt advised the committee of the following key messages and overview of the agenda:-</p> <ul style="list-style-type: none"> - The ICB submitted a plan at the start of the year with an £80m deficit, compromising the ICB at breakeven and the providers having the £80m deficit - The month 7 performance, provider and ICB finance reports at today's committee meeting show performance against that at the end of September - The ICB year to date deficit was held at £50m - The Trusts were £29m off plan, with the ICB being £79m off plan in total - The year to date actual system deficit was £168m, which extrapolates to a £300m year end risk against a planned £80m deficit - A resubmitted plan had been made to NHS England to achieve £198m by year end - The biggest risk was within the ICB, followed by Lancashire Teaching Hospitals. All Trusts, other than North West Ambulance Services, had a high level of risk - The Business Sustainability Group and review of acute contract updates show how risks were being mitigated, along with the 2024/25 operational planning letter from NHS England and the ICB response, which had been circulated with meeting papers - The Provider Assurance Summary item will report key items from the provider assurance meetings and the performance report. <p>S Proffitt continued that the ICB would meet with Julian Kelly, NHS England's Chief Financial Officer, on 1 December 2023 when achievements in financial pressures would be highlighted, with a focus on why the ICB were outliers for packages of care and discharge costs, Trusts with highest deficits and actions that reduce the run rate and recovery plan.</p> <p>The ICB struggled to reach an £80m deficit position this year and were at £170m by month 7. A resubmitted plan had been submitted with £198m deficit, with risks, based on a number of assumptions, the ICB was currently £50m off plan, with Trust's being £118m in deficit and £29m off plan. This totalled £168m in deficit against an £80m plan. Acute contracts were being reviewed to rebalance. Providers were working together to get a robust plan around 2024/25 planning. This year started with a £172m deficit, with £97m set as a QIPP plan and £67m being delivered. Assumptions had been set, however, with the significant amount of inflation, historical invoices from local authorities and continuing health care costs, delivery had not been met.</p> <p>In relation to continuing care, the ICB were outliers for growth. S Proffitt explained the risks around recharging transforming care in relation to continuing care. Commissioning</p>	

	<p>leads had been asked to look at positions.</p> <p>S Proffitt continued that a plan for impacting the rest of the year and recurrently was required, along with a commissioning and recovery plan. All assumptions had been shared with providers. It was confirmed that the financial pressures were on the risk register.</p> <p>The Chair thanked S Proffitt and the team working on recovery, highlighting that it was recognised how hard the team had been working.</p> <p>S O'Brien raised concern for 2024/25 due no continuing healthcare clinical re-commissioning plan. There was confidence that the continuing health care team would be successful in the delivery of the service, however, an agreement was required with local authorities in order for this to be successful. There were no shared risk arrangements with Lancashire County Council on packages of care. It was highlighted that a plan was required in January in order to take finances forward in a robust way for 2024/25 and the ICB Board must be clear on the statutory services that must be delivered.</p> <p>D Corcoran expressed that the committee need to be aware whether the actions to be taken would deliver and if this was unlikely, asked what could the committee do to escalate, challenge and support. J Birrell agreed that this was an uncomfortable position, whilst acknowledging work in progress. The committee was unable to provide any assurance to the ICB Board at this time and further work was required in order to meet targets.</p> <p>RESOLVED: The Finance and Performance Committee note the key messages and overview.</p>	
6.	<p><u>ICB Performance Report – Month 7</u></p> <p>The committee received a report which provided an update against the latest published performance data. G Mather thanked colleagues across the ICB for supporting and producing the report. Members were asked to note that East Lancashire Hospitals data was missing from the report following the introduction of a new electronic patient record system. Since the production of the report, the H2 submission to NHS England took place and included within that were a number of key headline metrics, supporting metrics, and with agreement and sign off from acute providers, updated metrics for the year.</p> <p>The following key points were highlighted:-</p> <p><i>Elective Care</i> – Updated from the meeting report, there were no 104-week waiters currently. 78-week waiters had reduced. 65-week waiters had increased, influenced by industrial action, and at this stage, no further industrial action had been announced. 52-week wait had increased, being driven by some specific specialities including gastroenterology, gynaecology, trauma and orthopaedics; conversations were taking place for mutual aid. The total waiting list had risen to 244,029 since being reported to the ICB Board. Performance and day cases were above average both nationally and from a North West perspective, performance in utilisation was strong. Community waiting lists showed numbers waiting were higher than planned with waiting lists for the continence and podiatry service being highest, both also being in the vulnerable service cohort. The waiting list for children was growing; actions were underway to reduce.</p> <p><i>Diagnostics</i> - Diagnostic test performance had improved in month, however, there was</p>	

<p>variation across providers.</p> <p><i>Children and Young People</i> – Local data on stillbirth and neonatal deaths would in future be reported within the performance report; members were asked to be mindful as numbers would be very small. Latest published data showed that stillbirth and neonatal deaths were above the North West and national levels, however, latest intelligence showed this position had improved with ongoing work to improve the position further.</p> <p><i>Cancer</i> – Remained challenged. Some areas were performing better than the rest of the North West in the national position. The number of patients waiting over 62-days for cancer treatment had decreased from the September position. Multiple pathway and other pieces of work through the Cancer Alliance were being taken forward.</p> <p><i>Urgent and Emergency Care</i> – On entering the winter period, a deterioration had been seen in performance against the 4-hour target, reporting at 74.9% for October. Variability was being seen across Lancashire and South Cumbria, with Blackpool Teaching Hospitals being the highest performing provider in October. 12-hour waits remained within expected levels. A detailed report had recently been received by the ICB Quality Committee, looking at reasons why patients wait more than 12-hours and the detail around this. The report also included detail around actions to improve the position of people waiting in A&E whilst awaiting mental health services. Actions going forward were predominantly the development of the urgent care strategy and improvement plans. Category 2 response times had decreased slightly, being reported on a North West basis - planned response time was now 32 minutes and was being monitored closely.</p> <p><i>Mental health</i> – Out of area placements in mental health beds remained over plan. Assurance on plans were being sought at the improvement assurance group (IAG) meetings over the next couple of weeks.</p> <p><i>Primary care</i> – Metrics within the meeting report were predominantly around access, with a decrease of 6% from the previous month on general practice appointments being offered within 2 weeks. The rate of general practice appointments per 10,000 population was below the national average, and higher than the North West average in October.</p> <p>In summary, there was deterioration in performance, which was expected at this time of the year entering into winter. Details had been received of plans underway across organisations. Reporting on equity and understanding performance on investment would be built into performance meeting reports going forward.</p> <p>The Chair conveyed that going forward, exception reporting would be useful with reference to data, adding that from a contextual point of view it would be helpful to understand workforce and for a clear perspective it would be helpful to know the number of beds in the system. Asim confirmed that workforce data would be included within future reports. Once signed off, performance on the 10 high impact indicators would be shared with members outside of the meeting.</p> <p>J Birrell expressed the following comments and requests for future reporting:-</p> <ul style="list-style-type: none"> - More detail to understand patients waiting over 65 weeks to start treatment which was 94% above target - Type 1 A&E performance to be built into dashboards separately for clarity as to numbers - Up to date workforce figures. It was noted that Jane O'Brien, ICB Non-Executive Director, was the Chair of the People Board and Lee Radford, Acting Chief People Officer, was lead for workforce. Assurance was required without 	<p>GM/AP</p> <p>GM</p> <p>GM</p> <p>GM</p>
--	--

<p>duplicating the work of the People Board.</p> <ul style="list-style-type: none"> - Total patients waiting to start consultant led treatments had grown by around 10,000 per month since February - Commentary within reporting should to be more focused reflecting what has been done since the last report to rectify problems/concerns - More information was required on work being undertaken around waiting lists, along with outcomes - Winter plans should have been looked at this month on behalf of the Board; concern was noted that providers would have difficulty coping if there was no capacity over the winter period, however, additional input would not be financially affordable to the ICB - Numbers of smoking at time of delivery was frustrating. It was recognised that work was being undertaken on more indicators for children and young people which would be helpful - Figure for patients not meeting criteria to reside for Morecambe Bay was 32.5%, nearly doubling from the September figure. It was recognised that Morecambe Bay had the lowest level of occupancy and the highest numbers of patients discharged to home, which would need to be understood. Feedback was requested from assurance meetings. <p>In response, S O'Brien reported that discussion from a quality and safety perspective had been held at the last Quality Committee meeting around the 12-hour waits for mental health and in general. The Quality Committee were not assured on safety within A&E departments around 12-hour waits and questions were asked on how delivery impacted actions. Due to concern, the Quality Committee would report this as an alert to the ICB Board. The committee were also not assured on other basic issues that NHS England had requested. Nationally, in relation to children and young people indicators, teams were working on areas they were being asked. The issue regarding figures for Morecambe Bay not meeting criteria to reside was discussed with the Trust at the improvement assurance group (IAG) meetings; Jane Scattergood had sent an email this morning highlighting work taking place in the South Cumbria place. In terms of flow, Morecambe Bay was the most challenged part of the system. R Parr reported that place leaders came to the last IAG meeting to describe the situation around Morecambe Bay criteria to reside, which now had a third of the bed base blocked. At the next IAG meeting, place directors were expected to report on future expectations. Delays had been analysed by pathway and reason. More work was being undertaking in terms of recording data. Asim explained that work was ongoing to build up reporting of metrics. Key lines of enquiry from the IAG would be included within future performance reports.</p> <p>R Parr confirmed that the IAG Terms of Reference formalised 2-way communication between the Finance and Performance Committee and the IAG, to enable the committee to feed through to the ICB Board.</p> <p>S Downs raised that providers undertake a return of staff in post which was significantly different from the plan submitted. Work was being undertaken with providers to reach establishment; the challenge was to reduce the head count.</p> <p>D Atkinson expressed that conversations need to take place around what the Finance and Performance Committee requested to see in its remit. Clarity was required as to what work goes through various groups, ie, Finance and Performance Committee, Quality Committee, including sight of who attends/cross attends meetings, being a 2-way process. D Atkinson to take forward.</p> <p>RESOLVED: That the Committee note the performance report.</p>	<p>GM</p> <p>GM</p> <p>GM/RP</p> <p>DA</p>
---	--

<p>7.</p>	<p><u>ICB Finance Report – Month 7</u></p> <p>The committee received a report which provided the financial position as at month 7 which was a year-to-date deficit position of £50.4m against a breakeven plan.</p> <p>The ICB was currently forecasting to deliver its planned full year £0.5m surplus position, which included the assumption that the current residual risk was mitigated in full.</p> <p>The month 7 deficit position was being driven by prior and in-year cost pressures and undelivered quality, innovation, productivity and prevention (QIPP)/mitigation plans. A full review of the residual risk position had been undertaken during month 7 with £128.2m being identified which was the driver of the current deficit position. Additional mitigations were required in order to achieve the current forecast outturn position, which would be overseen by the ICB Business and Sustainability Group.</p> <p>K Disley highlighted the worsening risk position from month 6 which was driven by overestimation and mitigation. A number of forums had discussed the issue, resulting in human error. In the background, methodology had been tidied up to ensure this would not transpire in future months.</p> <p>RESOLVED: That the Finance and Performance Committee note the report.</p>	
<p>8.</p>	<p><u>Provider Position – Month 7</u></p> <p>The committee received a report which provided the year-to-date position at month 7, being a deficit of £117.7m and was £28.8m worse than plan. The risk adjusted forecast was £150m, £70m above plan.</p> <p>The committee noted that £79.3m of efficiencies had been delivered against the month 7 plan of £88.2m which was an adverse variance of £8.9m. Of the £79.3m, £35.8m was recurrent and £26.8m was non-recurrent.</p> <p>It was highlighted that agency costs were included within this report.</p> <p>RESOLVED: That the Finance and Performance Committee note the report.</p>	
<p>9.</p>	<p><u>Review of Acute Contracts</u></p> <p>S Downs presented a report explaining the review of “block” items as part of community and mental health service contracts, held with major acute service providers by the ICB. The review would help the ICB to understand what was being paid for and setting out next steps. An update to corporate knowledge of the contracts would be provided to the Committee at its January meeting. Growth had not been included within the financial envelope for 2022/23, and all Trusts had reported overperformance. A Harrison made members aware that the elective recovery fund would continue to exist next year and if Trusts overperform, it would cost less than tariff resulting in the Trust readjusting their margins.</p> <p>RESOLVED: That the Finance and Performance Committee note the report.</p>	
<p>10.</p>	<p><u>Business Sustainability Group Update</u></p> <p>A Harrison provided an update on the work of the Business Sustainability Group, which</p>	

	<p>was tracking progress to assure delivery of the actions to achieve the requests of the NHS England letters around addressing the significant financial challenges faced by industrial action during the second half of 2023/24 (H2), which had largely influenced focus of the committee during that time. The group also focussed on the mitigation of delivery of plans in order to move to the provider target of £49m. The slides circulated with the meeting papers showed a factual statement of what had taken place, describing movement in the position.</p> <p>S Proffitt added that she and S O'Brien jointly chaired the Business and Sustainability Group meetings. The meetings are wider than finance and how to support the group with planning over the next few months was being looked at. Carl Ashworth, Director of Planning and Andrew Bennett, Director of Population Health, were both working with the group. The group was felt to be a good mechanism to engage the whole senior leadership team and utilise people's strengths where there were gaps.</p> <p>All SDF resources were being reviewed. Analysis had been identified and additional areas which could be looked at were currently being realised. Virtual Wards would be considered if more occupancy was not taken up.</p> <p>RESOLVED: That the committee note the Business Sustainability Group update report.</p>	
10a.	<p><u>Review of Risk ICB-008 System Financial Sustainability</u></p> <p>S Proffitt reminded members of the discussions held earlier in this meeting in relation to risks around system financial sustainability and assured members that gaps had been strengthened around the commissioning plan and strategy. Members were asked to approve the suggested revised risk score of 25.</p> <p>S O'Brien and D Atkinson had previously discussed how to manage the risk as it also impacted on delivery of the strategic objective to improve quality and safety and possibly to meet performance standards. Members discussed how to manage this risk as it crossed over various objectives. D Atkinson suggested that as S O'Brien was now the clinical and quality representative on this committee, part of the focus could go to the Quality Committee if the risk of quality and population health was built in as one risk. D Atkinson would take forward managing the risk.</p> <p>Discussion was held in relation to revising the risk score to 25 and whether the score reflected scoring of other risks; it was agreed that this risk was catastrophic for finance and the score should be raised to 25.</p> <p>A Harrison expressed that it was the responsibility of leads to define how the risk could be recovered, without spending additional money. It was noted that the rest of the north of England were not projecting the same financial problems, even though had they same/similar health inequalities. The resource allocation formula was not working for Lancashire and South Cumbria, however, other North West ICBs were not reporting this. S Proffitt circulated benchmarked data to Non-Executive Directors on the committee.</p> <p>RESOLVED: That the Committee:-</p> <ul style="list-style-type: none"> - Reviewed the risk ICB-008 which relates to the work of the committee - Reviewed the revised content of the risk to ensure it reflected the position reported in the associated finance reports and at the extraordinary board meeting held on 20 November 2023 - Approved the revised risk score of 25. 	<p>DA</p> <p>DA</p>

11.	<p><u>2024/25 Planning – NHS England Response</u></p> <p>The letter from NHS England regarding 2024/25 operational planning and the ICB response had been circulated with the meeting papers for information. 6 areas on planning were covered within the letter for the ICB to provide assurance on. The Chair thanked Carl Ashworth, Director of Planning, for coordinating the response.</p> <p>RESOLVED: That the Committee note the contents of the report.</p>	
12.	<p><u>Provider Assurance Summary</u></p> <p>R Parr reported that common themes coming out of the Improvement Assurance Group meetings were pressures at the front door of all organisations and discussions around organisation’s winter plans. The next meeting would focus on urgent and emergency care and 10 high impact changes according to harm, approaches to waiting list management would also be looked at in relation to inequalities. Lancashire and South Cumbria Foundation Trust had raised concern around the level of delayed discharges due to a mixture of mental health, learning disability and lack of housing. It was confirmed that finances were driving out of area placements, however, a new 30 bed facility was expected to open in Walney on 30 November which would make small savings.</p> <p>RESOLVED: That the Committee note the update report.</p>	
13.	<p><u>Lancashire and South Cumbria Provider Collaboration Board Minutes</u></p> <p>19 October 2023 - J Birrell asked for an update on the following comment at the top of page 6 of the minutes ‘Mr Hodgson commented that there was a clinical agreement that vascular services needed to move’.</p> <p>RESOLVED: That the Committee note the minutes.</p>	SL
14.	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p><i>Advise</i> – Primary care clinical measures, financial challenge, assurance meetings with providers, financial risk score, Terms of Reference <i>Alert</i> – ICB strategy <i>Assure</i> – Review of block element of acute contracts.</p>	
15.	<p><u>Items Referred to Other Committees</u></p> <p>There were no items referred to other committees.</p>	
16.	<p><u>Any Other Business</u></p> <p>There were no matters raised.</p>	
17.	<p><u>Items for the Risk Register</u></p> <p>RESOLVED: That the committee approved to raise the risk score for risk 008 to 25.</p>	

18.	<u>Reflections from the Meeting</u> The Chair thanked everybody for their contributions to the meeting.	
19.	<u>Date, Time and Venue of Next Meeting</u> The next meeting would be held on Monday, 18 December 2023 at 1 pm by MS Teams.	

Approved 12 December 2023

**Minutes of the meeting of the
ICB Public Involvement and Engagement Advisory Committee (PIEAC)
held on Wednesday, 25 October 2023 at 10:00am to 12:30pm in the Lancashire and South Cumbria
Integrated Care Board (LSCICB) Offices, Lune Meeting Room 1,
County Hall, Preston**

Position on Committee	Name	Title/Role
Members	Debbie Corcoran	Non-Executive Member of the ICB (Committee Chair)
	Roy Fisher	Non-Executive Member of the ICB (Committee Vice Chair)
	Professor Sarah O'Brien	Chief Nurse
	Neil Greaves	Director of Communications and Engagement
	David Rogers	Head of Communication and Engagement (Insight)
	Dr Lindsey Dickinson	Associate Medical Director
	Heather Woodhouse	Place representative for Lancashire (Integrated Place Leader - North Lancashire)
	Pauline Wigglesworth	Place representative for Blackpool
	Dr Victoria Ellarby	Place representative for South Cumbria (Program Director – System Reform)
Participants	Naz Zaman	Representative of Voluntary, Community, Faith and Social Enterprise (VCFSE)
	Andrew Bennett	Director of Population Health
	David Brewin	Head of Patient Experience
In attendance	John Barbour	Head of Communications and Engagement (Corporate Communications)
	Peter Tinson	Director of Primary Care
	Beth Martin	Healthwatch
	Louise Talbot	Corporate Governance Manager
	Chantelle Bennett	Communications and Engagement Manager
	Jeremy Scholey	Communications and Engagement Specialist
	Shelley Whittle	Communications Officer
	Louise Coulson (Minutes)	Committee and Governance Officer

No	Item	Action
1.	<p>Welcome and Introductions</p> <p>The Chair opened the meeting and welcomed everybody.</p>	
2.	<p>Apologies for Absence</p> <p>Apologies had been received from Tricia Whiteside, Lindsay Graham, Steph Cordon and Tracey Ingham.</p>	
3.	<p>Declarations of Interest (a) Public Involvement and Engagement Advisory Committee Register of Interests – Noted</p> <p>A declaration of interests form would be sent to V Ellarby and N Zaman for completion in order that the information can be captured on the committee register of interests. H Woodhouse would also receive a form for updating relating to her change of surname.</p> <p>RESOLVED: That the committee note the register and the actions to be undertaken as highlighted above.</p> <p>The Chair asked to be informed should any conflicts arise during the meeting.</p>	LJT (✓)
4.	<p>(a) Minutes from the previous meeting held on 6 September 2023 and Matters Arising</p> <p>The Chair requested that thanks be sent to Sam Plum for her input and support at the PIEAC and that the minutes be updated to reflect this addition.</p> <p>The minutes will be updated to include the vote of thanks and recognition proposed by T Whiteside and agreed by the Committee for the ICB communication and engagement teams continued development of the insight and engagement reports which continue to drive improvements in reporting and richness in feedback and understanding.</p> <p>RESOLVED: Subject to the update as highlighted above, the minutes of the meeting held on 6 September 2023 were approved as a correct record.</p> <p>(b) Action Log</p> <p>Updates for Action Log: Ref: (23/24)06Sept2023-01 - Priority wards project to be an item for a future PIEAC agenda – action completed – close.</p> <p>Ref: (23/24)06Sept2023-02 - N Greaves to circulate the engagement checklist internal assessment for comment by committee members – close.</p> <p>Ref: (23/24)28June2023-02 - Overview of Advocacy Services from Healthwatch – D Brewin thanked L Graham. Advocacy to be included on the PIEAC workplan and the website to be updated. N Greaves stated the joint working was useful, the connection with provider organisations in relation to advocacy etc. Request the minutes capture thanks for both Healthwatch and specifically L Graham - close.</p> <p>Action(s) for other committees:</p>	<p>LC (✓)</p> <p>LC (✓)</p> <p>LC (✓)</p> <p>LC (✓)</p> <p>NG/LC (✓)</p> <p>NG/LC (✓)</p>

	<p>Ref: ICB Quality Committee – March 2023 - PIEAC has been requested by the ICB’s Quality Committee to explore issues relating to advocacy D Brewin will update Quality Committee – close.</p>	DB
5.	<p>(a) Public Engagement and Involvement Assurance Report – August to September 2023</p> <p>D Rogers introduced the assurance report, highlighting the good work that had taken place to support the engagement and involvement for the ICB between August and September.</p> <p>As part of the communications and engagement structure, engagement coordinators were in place in the ICB for Lancashire, Blackburn, and Blackpool. The engagement coordinators were working with colleagues to support the delivery of local priorities and developing local engagement plans. Subject to HR checks, an engagement coordinator had been appointed for South Cumbria.</p> <p>D Rogers highlighted the executive summary of engagement activities and key themes to the committee.</p> <p>D Rogers described how the communications and engagement team have been working closely together to co-produce tool kits and guidance for ICB staff.</p> <p>The Chair thanked Dr Rogers for the report and opened the floor for comments and questions.</p> <p>S O’Brien referred to item 7 <i>Children in care leavers’ health review</i>, noting that the ICB Quality Committee monitors Children in Care Health Reviews, which, to note, were not performing well. S O’Brien raised concerns that the plan to improve appeared to be disjointed. D Rogers advised that it was a very hard to reach group and that the ICB was working with the three local authorities, children in care and safeguarding leads to develop a comprehensive engagement approach.</p> <p>R Fisher thanked D Rogers and the communications and engagement team for the engagement work undertaken. D Rogers advised that the team had learnt much from engagement work over the past six months which had enhanced the listening aspect and open conversations to support said engagement work.</p> <p>P Wigglesworth asked the committee to note the excellent work by the group established to work closely with general practice and the many experienced young people contributing to, <i>Active into Autumn</i>.</p> <p>N Greaves highlighted section 5 <i>Formal consultations and service change</i>, the potential areas of consultation in West Lancashire around the Shaping Together Strategy, which are being developed this with Cheshire and Merseyside ICB and how this links to other transformational programmes. N Greaves also described the engagement to support clinical service transformation work. It was commented that when connecting with</p>	

members of the public there is a need to ensure we reach out to more diverse communities and assurance given that this is the approach being taken.

D Rogers stated expressions of interests have been received from the public to join a Citizen Health Reference Group and discussion was underway for a Chair/Deputy Chair with representatives to feed into PIEAC which was currently being worked through.

N Greaves referred to the report relating to the New Hospitals Programme, and how he is working with the programme team to adapt a more joined up approach with a view to feeding into clinical service re-design. It was likely to be May 2024 before the pre-consultation engagement is commenced.

The Chair reflected on the number of workstreams in place and the joined up work under the remit of the Primary Care Commissioning Committee (PCCC), particularly the work with the patient groups. D Rogers reiterated the commitment to engagement with Withnell Health Centre and how the data had fed into the production of the report.

S O'Brien asked the committee to note the National ICB Survey produced by Ipsos Mori in relation to general practice, primary care and the extraction of data. It was noted that the data was being produced by the Business Intelligence Team and adheres to Information Governance principles. D Rogers is currently working on the production of a planner for data capture to be launched in January 2024.

V Ellarby asked when the results would be published and whether they would include a place level breakdown or just the overarching system level data. D Rogers advised that a steering group was in a place to disaggregate the data.

The Chair noted the approach by PCCC and Quality Committee which needed to be consistent in their reporting mechanisms and that there was a real richness to the reports. The ICB approach and New Hospitals Programme was noted by the committee. The committee await the developments from the Citizens Health Reference Group and how they will link to and report into the PIEAC.

RESOLVED: That the committee note the report.

(b) Public and Community Insights Report – August to September 2023.

D Rogers and D Brewin spoke to the report which highlighted the headline trends and key themes including primary care, urgent and emergency care, continuing healthcare and dentistry which all continue to be a focus of interest and concern in relation to patient complaints.

The Chair expressed concern as to the continued increase in complaints and requested an explanation around this. D Brewin advised that there had been a change in commissioning arrangements i.e., NHSE was previously responsible for primary care complaints which had transferred to the ICB. It was noted that some staff had transferred to support the change but it was not enough to meet current demand and this

	<p>was impacting on both performance and quality of responses to complaints. L Dickinson enquired if the complaints were received by the ICB as a first point of call. Clarification was provided that patients have a choice to approach either the ICB or the GP practice but not both.</p> <p>L Talbot advised that the contact form on the ICB website for members of the public to submit questions/request attendance at the Primary Care Commissioning Committee meetings in public may have also generated complaints.</p> <p>N Greaves asked the committee to note that despite primary care complaints to the ICB increasing, likely due to the public awareness of the new organisation, it is important not to lose sight of other increasing areas even if they are lower in number. N Greaves enquired about want ICB categorized complaints are made up of.</p> <p>D Brewin advised that the change to the regional complaints team for the North West had impacted and that the national data set was due to be published the following day which may help to highlight the issues nationally and give context. It was noted that biggest issue was mainly around prescribing complaints. It was commented and welcomed by the Committee that in terms of a deep dive, NHSE would work with the ICB to produce a joint piece of work around the data.</p> <p>B Martin stated that Healthwatch had noted that there is a perception by patients that primary care is still closed since Covid-19. A Bennett gave an overview of the situation from a public health perspective asking the committee to note that there had been various changes implemented by GP practices as to how patients can access services. Work was taking place to try and resolve many issues locally.</p> <p>In summary, the Chair requested that a deep dive into complaints be brought to the next PIEAC in December. An alert to the ICB Board would be issued in relation to the increase in patient complaints received. In relation to the rise in PALS (Patient Advice and Liaison Service) enquiries to Trusts, clarification was sought as to whether it warranted quality visits be undertaken by the ICB. It was suggested that work takes place in having a standardised consistent quality response for Trusts to issue. The Chair also noted that the primary care access plan was scheduled to be taken to the next ICB Board meeting in November 2023 and it was noted that patient engagement would form part of the plan. The Chair asked the committee to consider how it is triangulated with the dentistry plan, which was also scheduled to be submitted to the November meeting of the ICB Board.</p> <p>Action: The Chair requested a deep dive into complaints to be brought to PIEAC in December 2023.</p> <p>RESOLVED: The committee note the report and the actions to be undertaken.</p>	DB
6.	<p>Deep Dive: Engagement in Blackpool Place</p> <p>P Wigglesworth spoke to the report highlighting elements for the committee. The presentation detailed the breadth of representation across the range of engagement and</p>	

involvement activity in the Blackpool Place. There had been good investment in communications for Blackpool enabling the development of the principles of practice; How we behave, How we work and How we think.

In conjunction with Healthwatch, Blackpool Council and the ICB, there had been many engagement and communication activities that had been undertaken at Place in Blackpool. For example, the Right Care Right Time Right Place, which involved paid co-production sessional workers enabling work with patients in the Emergency Department (ED) to explore the drivers of non-emergency presentations in ED leading to priorities and potential solutions detailed in the slide deck.

B Martin went into detail around the phases for priority wards, including social prescribing. Introducing the engagement developed around vaping by young people the findings noting that 27% of buy vapes from corner shops and newsagents, 36% of children are given vapes by peers, 55% of young people's parents/carers vape or smoke to highlight a few of the report's findings. The focus group comprised of 638 young people in the Blackpool area.

The Chair thanked the team for their presentation and asked how the committee could facilitate the learning across Places and within the ICB around this. A Bennett stated that the information was still being worked up and further slides would be produced to evidence development.

S O'Brien was not aware of this level of engagement and found it helpful, enquiring if it was happening everywhere across the system, at Place level. She asked, for example, how would we apply such learning to the crisis with young people and vaping and how could we have an ICB wide focus on this.

A Bennett stated that Priority Wards in each locality were working systematically to link workstreams such as medications management, mental health work programmes with a focus on Priority Wards for December 2023.

N Greaves thanked Healthwatch for the insights and how they had been replicated in other Place based areas, for example, The Public and Community Insights report captured the key findings from the workstreams in Blackburn with Darwen re: Priority Wards with details of the next steps and actions taken. N Greaves requested the committee note the priority ward engagement at a local level having had the most impact for patients and provider organisations.

The Chair asked the committee to note how it linked with the MIAA (Mersey Internal Audit Agency) recommendations and that the ICB approach to integration across the system should be a systematic approach.

N Zaman remarked learning needs to turn into action, [in relation to vaping] many of these devices were being used for other substances such as Spice and Cannabis. B Martin acknowledged that it was part of the findings and had been picked up by public health.

R Fisher commented that from a welfare and wellbeing perspective he believed funding preventative schemes in primary care rather than funding being spent in secondary care would be more beneficial and successful in certain key issues. The diagnostics agenda in community care was more successful at improving access to services offering support.

The Chair thanked everybody for a rich discussion, in particular the team for a comprehensive presentation.

	<p>RESOLVED: The committee was assured of the work taking place, noted the challenges across the system and looked forward to receiving the updates from the other Place Based Teams.</p>	
7.	<p>Lancashire and South Cumbria Winter Communications and Engagement Strategy and Plan</p> <p>J Barbour introduced the report noting its purpose to outline the NHS communication teams engagement plan across Lancashire and South Cumbria in relation to the Winter Plan, and the key areas of partnership working [for the communications teams] including the collective approach to managing ten months of industrial action and planning for winter pressures and demands. This joint planning facilitates the consistent broadcast of common key messages across the region for maximum impact to keep our populations and communities informed with limited to no additional budget for using external paid-for marketing channels.</p> <p>The Chair thanked J Barbour for the report and asked the committee if they were assured by the plan. The Chair raised the feedback from MIAA in relation to learning and support, and if the committee believed the framework to be robust.</p> <p>S O'Brien asked if the 'So what?' element of scrutiny had been applied to understand if this would work, in relation to the winter plan and communications. S O'Brien was unsure that the plan had the impact needed believing it may not land with most of the ICB populace, young people particularly. It was discussed that the communications plan will not be able to resolve the transformation needed across services and it was agreed it is a good communications plan and expectations need to be managed.</p> <p>L Dickinson raised the question of how the plan fits with primary care, how are we communicating with patients as to what could have been done better i.e., discharges, right care etc. N Greaves reassured that Amanda Bate is the link into the primary care team relating to winter messaging.</p> <p>N Zaman commented that it appeared to meet a certain target audience, for example, this leaflet (provided by NHSE) would not land well with groups that were termed as hard to reach or disengaged.</p> <p>D Rogers thanked the team for their work on the plan responded to the point around reaching health inclusion groups through the work undertaken in places, providing an example of the work of the Blackburn with Darwen team in conjunction with Healthwatch and Age UK in creating toolkits to assist in working with volunteers. It was noted in the previous year there was a communication in local trusts however, it did not match up across the system. The new plan included branding that would be used by Trusts and primary care across the footprint which will maximise the impact of the campaign work and reach into communities.</p> <p>The Chair thanked J Barbour and team for the report and asked the committee to note that some parts of the plan offered assurance however, it was varied.</p> <p>Action: The Chair requested a summary report of the Lancashire and South Cumbria Winter Communications and Engagement Strategy and Plan to be brought back to PIEAC. Update and evaluation of impact to be provided to the committee at February's PIEAC.</p> <p>Action: N Greaves and team to connect with the teams from Primary Care, L</p>	<p>JB</p> <p>NG/ NZ/ LD</p> <p>NG / PW</p>

	<p>Dickinson and N Zaman of the VCFSE (Voluntary, Community, Faith and Social Enterprise) alliance to discuss in further detail the communications plan to further strengthen it, considering Committee feedback.</p> <p>Action: J Barbour and P Wigglesworth to connect teams and key messages in place relating to the winter campaign.</p> <p>RESOLVED: That the committee note the report which offered partial assurance.</p>	
8.	<p>Dying Well Engagement Update</p> <p>L Dickinson introduced the slide deck to the committee highlighting that Lancashire and South Cumbria ICB has a 'good' CQC (Care Quality Commission) rating for Palliative and End of Life Care (EoLC). The ICB had joined the national programme 'Getting to Outstanding,' for Palliative and EoLC as this is the ICB's aspiration. The Health & Care Act (2022) places statutory responsibilities for ICB's to commission palliative care services to meet the needs of their population. Working with system partners we are building compassionate communities to ensure we are catching the conversations. This includes increasing the number of staff and volunteers across our Partnership who have completed training in palliative and end of life care; personalised care and support planning – with staff and volunteers reporting improved confidence, knowledge, and skills. A public health approach to future care planning is being taken and a localised version is currently being built for across L&SC ICB and into Place.</p> <p>The Chair thanked L Dickinson for the presentation and asked for comments and questions from the committee.</p> <p>S O'Brien raised the issue that the ICB has a key statutory responsibility and leadership role in this agenda, and that she was concerned that practice had 'moved backwards' since Covid-19.</p> <p>L Dickinson discussed how the EoLC service was fragmented and noted the situation is better for patients with long-term illnesses as they are already engaged with specialist services and would likely have District Nurses supporting EoLC at home. There is place based support but it was not working at the same level in all place based localities.</p> <p>R Fisher noted that the service was not meeting the performance targets and ambitions, and suggested that L Dickinson delivered the same presentation to Finance and Performance Committee, noting the present situation relating to data and performance as is currently. This would allow consideration of whether there is sufficient and appropriate resourcing to deliver on the ICB and systems ambitions and commitments.</p> <p>RESOLVED: That A Bennett declared an interest in this item as his wife is a nurse and works with patients at the End of Life within the L&SC system. This was noted and he remained in the meeting. The Board Secretary would be asked to include the declaration in the committee log.</p> <p>The Chair asked that an alert to the ICB Board be raised given this was a statutory responsibility of the ICB, and while the Committee had received insight and assurance of the approach to involving and engaging communities, there needed to be consideration of the performance position and deliverability, with consideration by the ICB's Finance and Performance Committee.</p> <p>V Ellarby stated from a Place Based perspective there is a need and opportunity for work across boundaries in the system to be better joined up in this area – as well as</p>	<p>RF/LD</p> <p>LC/LJT</p>

	<p>unwarranted variation. South Cumbria for example does not have a 7 day service and the previous CCG (Clinical Commissioning Groups) services were very different. There needed to be equal access to services, currently this was not offered.</p> <p>RESOLVED: That the committee note the report and that the matter would be referred to the Finance and Performance Committee, and included as an alert to the ICB Board.</p>	<p>DC</p> <p>DC / RF</p>
<p>9.</p>	<p>Engagement and Involvement Approach to Support a Primary Care Procurement Evaluation Strategy</p> <p>P Tinson (role) was welcomed into the meeting.</p> <p>N Greaves introduced the paper, which set out as how engagement and involvement had informed and supported the development of a new Lancashire and South Cumbria Procurement and Evaluation Strategy (PES), which had recently been approved by the Primary Care Commissioning Committee (PCCC).</p> <p>P Tinson spoke to the report outlining the key purpose and context. The paper outlined the Procurement Evaluation Strategy (PES) for the procurement of primary care services initially but will be used to support other services. A Procurement Evaluation Strategy (PES) is developed following a decision to procure a service. The development and agreement of a PES is a critical part of the wider procurement process. The ICB has reviewed the current inherited Primary Care PES and applied learning from recent procurement exercises.</p> <p>The Primary Care PES review and development has been independently led by NHS Shared Business Services (SBS) and has involved senior representatives from all ICB Directorates and current procurement support partners. The review and development has been significantly informed by patient feedback.</p> <p>This paper aims to outline the engagement and involvement approaches which underpin the PES and aligns to the ICB strategy for working in partnership for people and communities.</p> <p>The Chair thanked both N Greaves and P Tinson for the presentation. The Chair asked the committee to note that after the re-focus the approach to engagement and involvement had been strengthened and will support a more robust approach to procurement. It specified a more open and honest approach and brings clarity to what can and cannot be achieved due to procurement.</p> <p>D Brewin highlighted the difficulties around Liverpool House and the ICB's decision not to procure but to disperse the list, and that the message locally and centrally had not been fully aligned, which had resulted in a difficult to manage situation.</p> <p>The Chair raised the question as to how learning had been considered and if it had changed our approach in similar situations.</p> <p>N Greaves advised reassured that the approaches of engagement and involvement did effectively support this situation and there was support implemented from the system to support this change and local communications were delivered acknowledging that listening to patients had been implemented. N Greaves stated public meetings were held to assure the public and this is common practice for the ICB in responding quickly to</p>	

	<p>manage issues.</p> <p>P Tinson added that the procurement and engagement needed to occur at the very beginning of the procurement journey so the initial focus from the patient’s perspective is captured and is critical to the location of practice.</p> <p>The Chair summed up by stating that where unpopular decisions have to be made, there needed to be clarity and clear communication as to why the decision had been made.</p> <p>RESOLVED: The committee received assurance noted the report and received assurance on the consideration of engagement and involvement in development and implementation of the PES.</p> <p>P Tinson was thanked for the report and joining for the item and left the meeting.</p>	
10.	<p>ICB Audit of Engagement with Public, Patients and Carers, MIAA (Mersey Internal Audit Agency)</p> <p>N Greaves spoke to the report outlining the context to the audit of ICB engagement with public, patients and carers conducted by MIAA. At the Public Involvement and Engagement Advisory Committee in September 2023, members were invited to contribute to a draft internal assessment of ICB public, patient and carers engagement. This was used as part of an audit undertaken by Mersey Internal Audit Agency (MIAA) which aimed to provide assurance on the methods deployed for engagement and consultation with patients, carers and residents, including hard to reach groups, and that such engagement is clearly linked to changes in healthcare provision.</p> <p>The report provided an outcome of the audit and included a series of actions for improvement. Overall, the review identified that the ICB was developing effective governance arrangements over the delivery of its ‘Strategy for Working in Partnership with People and Communities 2023-2026’, engaging with stakeholders on matters of commissioning and redesign of service delivery in line with statutory requirements. The overall outcome of the report was that there is ‘moderate’ assurance which reflected the stage of the journey to develop a fuller engagement programme, which is in turn linked to the development of the ICB’s place-based delegation and reflects the areas of improvement identified.</p> <p>N Greaves went on to summarise some of the key points raised and asked the committee to consider the implementation and development of the action plan. For example, how the impact of engagement needed to be better demonstrated. Deputisation should be improved for members unable to attend PIEAC, and the Public Involvement and Engagement Policy requires updating. The Committee welcomed and noted the areas for strengthening, and also reflected that there were many positives to taken away from this audit such as, how the ICB reached into the seldom heard and protected characteristic groups in its engagement activities. A key improvement was the need to ensure analysis was routinely provided through the engagement assurance reports of actual versus desired or target reach. Strengthening of the analysis will help to move this to the desired target, members and attendees of PIEAC will assist in developing this further with the inclusion of lessons learned reflection. Updating the Public involvement and Engagement Policy and considering whether the examples provided an engagement evaluation framework and an independent scrutiny panel might be of relevance to the ICB. The policy was being worked up currently with a view to it being presented at PIEAC at the January 2024 committee meeting.</p> <p>N Zaman believed there was a difficulty when working with limited budgets and for this to</p>	

	<p>be acknowledged. A deep dive into the demographics of the system would be very useful to reflect the socio-economic footprint. How have patients and the public been approached and invited to engage with programmes, do the early stages of this engagement require more investment? Measuring the impact of the complete approach, needs to come back to the committee for scrutiny and where pertinent adjustments made to capture the analysis of the effectiveness of engagement.</p> <p>N Greaves commented that the type of engagement would need to be considered, for place and the priority wards workstreams the full demographic should be captured. The ICB approach of transformation and engagement aims to reach diverse communities and considers the characteristics of local populations and context for the work. For example, the populace of Withnell, e.g., 98.9% white British. With the system running on a footprint capturing demographics from both urban, semi-rural and population variations in between there is a wide disparity and richness to capture. D Rogers referred to the demographic insight report and suggested that demographics could be included as part of the evaluation of engagement. He offered to share this with committee members in due course.</p> <p>P Wigglesworth asked how 'good' was being measured and whether it was clear to the ICB Board what was sufficient and important to outline what sufficient looks like in this instance.</p> <p>The Chair noted that the full system reflection was an excellent way of testing where there were areas for improvement within the system. An action plan to take forward the internal audit recommendations with continuous review and reflection would assist in ensuring the committee can support and contribute to continuous improvements.</p> <p>Action: N Greaves, D Corcoran and S O'Brien to formulate an action plan for the committee to monitor, with milestones and timeframes, policy, framework and audit to enable an embedding in practice.</p> <p>RESOLVED: The committee noted the audit report and was assured by the committee's approach to ensuring recommendations were captured and monitored through the committee.</p>	<p>DR</p> <p>NG / DC / SOB</p>
11.	<p>Committee Highlights Report to the Board Advise / Alert / Assure</p> <p><u>Alert</u></p> <ul style="list-style-type: none"> - Dying well - ICB's Finance and Performance Committee to receive and consider the forward strategy and plan against the ICB's contribution to 'Dying Well', and any associated commissioning considerations. - Public and Community Insights Report – August to September 2023 - Deep Dive to be delivered jointly by the ICB and NHSE at the December PIEAC meeting into the higher than expected volume of complaints in relation to Primary Care since July 2023, when the service transferred into the ICB – in liaison with Quality Committee. <p><u>Advise</u></p> <ul style="list-style-type: none"> - Engagement and Involvement Approach to Support a Primary Care Procurement Evaluation Strategy 	

	<ul style="list-style-type: none"> - Internal Audit of Engagement with Public, Patients and Carers - Relevant actions to be embedded in PIEAC’s work programme, and an action plan to progress the recommendations and agreed actions in the internal audit to be received by PIEAC in six months’ time. To include cross-ICB actions such as strengthening of the focus on and recording of impact measures against involvement and engagement - Place Based Showcase – Blackpool, To deepen understanding and to support the sharing of best practice across Places in engagement and involvement, PIEAC has introduced a ‘Showcase’ item for each Place at future meetings. <p><u>Assure</u></p> <ul style="list-style-type: none"> - Public Engagement and Involvement Assurance Report – August to September 2023 - Lancashire and South Cumbria Winter Communications and Engagement Strategy and Plan - Evaluation of the approach and its impact to return to PIEAC, recommendations made to refine reach into priority and hard to reach groups and to further strengthen shared approaches with the voluntary community and faith sectors, plus primary care. <p>RESOLVED: That the committee note the escalations to the Board.</p>	
12.	<p>Items referred to other committees:</p> <p>Finance and Performance Committee</p> <p>Dying Well to receive and consider the forward strategy and plan against the ICB’s contribution to ‘Dying Well’, and any associated commissioning considerations.</p> <p>Quality Committee</p> <p>Public and Community Insights Report – August to September 2023 Deep Dive to be delivered jointly by the ICB and NHSE at the December PIEAC meeting into the higher than expected volume of complaints in relation to Primary Care since July 2023, when the service transferred into the ICB – in liaison with Quality Committee.</p> <p>Children and Young People Link with Place Based Teams and Public health in relation to the work carried out around children and young people in relation to vaping.</p>	
13.	<p>Any Other Business</p> <p>No items raised under any other business.</p>	
14.	<p>Items for the Risk Register</p> <p>No items highlighted for the risk registers.</p>	
15.	<p>Reflections from the meeting</p> <p>The Chair requested reflections from the committee on the subjects raised and discussed.</p> <p><i>Was the committee challenged?</i></p>	

	<p>N Zaman believed the committee allowed challenge and constructively receives feedback even though at times this may be contentious and difficult to hear. There is an ability for the committee to measure the impact and differences the committee is making.</p> <p><i>Have we made a difference?</i></p> <p>H Woodhouse commented that with the inclusion and representation of Place Based Teams more prominent at PIEAC, it enabled feedback to the Place Based Teams to acknowledge the work that is happening across the system and the discussions enable an approach to improve communications across the 4 areas to move towards creating a more cohesive system approach.</p> <p>RESOLVED: The Chair noted the discussion throughout and asked the committee to continue considering together ways of testing actions and suggestions, specifically on capturing lessons learned.</p>	
16.	<p>Date, Time and Venue of Next Meeting Wednesday 13 December 2023 (10 am – 12 noon, Meeting Room 1, ICB offices, County Hall, Preston, PR1 8XJ)</p>	

Approved – 9 November 2023

**Minutes of the ICB Primary Care Commissioning Committee Held in
Public on Thursday, 12 October 2023 at 10am
in Lune Meeting Room 1, ICB Offices, County Hall, Preston**

Name	Job Title	Organisation
Members		
Debbie Corcoran	Chair/Non-Executive Member	L&SC ICB
Ian Cherry	Vice Chair/Co-opted Lay Member	L&SC ICB
Dr Geoff Jolliffe	ICB Partner Member for Primary Medical Services	L&SC ICB
Peter Tinson	Director of Primary Care	L&SC ICB
Dr David Levy	Medical Director	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
John Gaskins	Finance Lead for Primary Care	L&SC ICB
Kathryn Lord	Director of Quality Assurance and Safety	L&SC ICB
Corrie Llewellyn	Primary Care Nurse	L&SC ICB
Participants		
Professor Craig Harris	Chief Operating Officer	L&SC ICB
Amy Lepiorz	Associate Director Primary Care - Blackpool, Lancashire (North), South Cumbria	L&SC ICB
Donna Roberts	Associate Director Primary Care – Lancashire (Central)	L&SC ICB
Collette Walsh	Associate Director Primary Care – Blackburn with Darwen and Lancashire (East)	L&SC ICB
Umesh Patel	Clinical Advisor for Pharmaceutical Services	NHS England
David Bradley	Clinical Advisor for Dental Services	L&SC ICB
Greg Reide (up to item 8)	Procurement Assurance Procurement Manager	NHS Shared Business Services
Phil Hargreaves (up to item 7c)	Head of Estates	L&SC ICB
David Rogers (up to item 7b)	Head of Communication and Engagement (Insight)	L&SC ICB
In Attendance		
Debra Atkinson	Company Secretary/Director of Corporate Governance	L&SC ICB
Sarah Mattocks	Head of Governance	L&SC ICB
Wayne Kirkham	Senior Primary Care Manager	L&SC ICB
Sandra Lishman	Committee and Governance Officer	L&SC ICB
Observers	3 members of the public in attendance	-

No	Item	Action
Standing items		
1.	<u>Welcome, Introductions and Chair's Remarks</u> The Chair, D Corcoran declared the meeting open and quorate and welcomed everybody to the meeting held in public.	

	<p>Three members of the public had submitted questions and the Chair advised that following review, all questions would be answered outside of the meeting, with one question relating to Withnell on today's agenda, and the others not relating directly to today's agenda items.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Andrew White, David Blacklock, Dr Peter Gregory, Lisa Rogan and Lindsey Dickinson.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That there were no declarations made relating to the items on the agenda.</p> <p>The Chair asked that she be made aware of any declarations that may arise during the meeting.</p> <p>(a) Primary Care Commissioning Committee Register of Interests – Noted.</p>	
4.	<p>(a) <u>Minutes of the Meeting Held on 14 September 2023 and Matters Arising</u></p> <p>Two amendments were highlighted:</p> <ul style="list-style-type: none"> - Item 6d, Haverthwaite Practice Premises, paragraph 5, should read 'G Jolliffe suggested undertaking an assessment as to whether in addition to the practice needs, a relocation could add value to the delivery and approach of the Primary Care Network and neighbourhood teams in that area' - Lindsey Dickinson's name had been misspelt within the minutes. <p>RESOLVED: That subject to the above amendments, the minutes of the meeting held on 14 September 2023 were approved as a correct record.</p> <p>There were no matters arising.</p> <p>(b) <u>Action Log</u></p> <p>Committee Membership/Regular Participants:</p> <ul style="list-style-type: none"> - Membership – Head of Delivery Assurance – The current position was noted. Item to remain on the action log. - Regular Participants – Clinical Advisor for Ophthalmic Services – The current position was noted. Item to remain on the action log. <p>Dental Access and Oral Health Improvement Programme – A further update to the Committee was scheduled for February 2024, to enable the Committee to contribute in relation to responsibilities.</p> <p>It was confirmed that the risk had been re-written and shared with the clinical</p>	<p>SL (✓)</p>

	governance team. This part of the item to be closed.	
Governance and Operating Framework		
5.	<p><u>Primary Care Commissioning Committee Terms of Reference</u></p> <p>S Mattocks advised that the Terms of Reference (ToR) of the Primary Care Commissioning Committee had previously been approved by the ICB Board on 29 March 2023. Any approved amendments to the ToR would be submitted to the ICB Board in November 2023 for formal approval via the committee escalation report submitted to that meeting. The amendments suggested were:-</p> <ul style="list-style-type: none"> - To include the Chief of Strategy, Commissioning and Integration, to the committee membership - To highlight where individuals were clinically qualified on the list of membership, with quoracy to be two clinically qualified members to ensure clinical input and - A correction had been made in section 4.4 regarding pharmaceutical input with members. <p>Following discussion, at the next committee meeting, S Mattocks would provide an update with regard to the progress of additional core activity to the Primary Care and Integration Programme Group and around risk being considered at different ways by committees and focus groups, to complete assurance around the Terms of Reference. Risk would also be an area of development at the next committee meeting, which would be a development workshop.</p> <p>RESOLVED: That the committee support the updates to the Terms of Reference and recommended for ICB Board approval via the ‘Alert, Assure, Alert’ report submitted to that meeting.</p>	SM
6.	<p><u>Delegated Services Assurance Framework</u></p> <p>The committee received a report which provided assurance on compliance with the NHS England expectations from the ICB in relation to the commissioning of delegated primary care services. The paper contained the completed section of the assurance framework for dental, pharmaceutical, optometric and medical services for the quarter ending September 2023. Amy Lepiorz highlighted that dentistry was currently highlighted as amber, and a mapping tool was in place highlighting access rates. The primary care team were able to access data to understand access rates, however, a dashboard allowing more sophisticated manipulation of the data would be available shortly. Members noted an error in the meeting paper that 2 PNAs had been engaged with, not 1 as listed in the report.</p> <p>Members raised queries around the use of RAG ratings, scorings against that, and whether numbers were cumulative or separate. The committee asked that the format of the report be reviewed, and assurance within it strengthened. It was noted that the Mersey Internal Audit Agency (MIAA) internal audit of primary care contracting would be reviewing the report and approach, and may offer valuable insight for consideration. In response, A Lepiorz would review</p>	AL

	<p>and agree with the Chair outside of this meeting, whilst considering how to include this detail within future reports.</p> <p>RESOLVED: That the Primary Care Commissioning Committee note the local delegated services assurance framework and reporting process.</p>	
Commissioning Decisions		
7.	<p><u>Decisions made/direct/remit of Primary Care Commissioning Committee</u></p> <p>(a) Update on the Withnell Health Centre Engagement – D Rogers introduced the item which provided the committee with an update regarding the engagement on the Withnell Health Centre to support a procurement process. The engagement had taken place during September until 8 October 2023. A large number of responses had been received to the survey which had been shared both online and also through interaction at engagement events. It was hoped that the engagement had allayed some of the concerns people had around the future of the practice. An evaluation of the engagement and insights would be presented to the Committee at the December meeting to support forward decision-making.</p> <p>C Harris had previously met with the Withnell Group and a public meeting was being held later that day to discuss the next steps of the ICB's procurement process. A request for information (RFI) had been approved by the committee at its previous meeting and the outcome of this would come through this committee for decision. It was noted that due process, procurement and the procedure policies must be followed.</p> <p>Challenge was made as to whether the practice patient groups significant contribution into the procurement process was allowed in procurement guidance and did not prejudice other providers being considered. C Harris assured members that advice had been sought from NHS England and legal teams, confirming that this was around the community engagement. A procurement bidding process would be held, designed impartially and be objective in view of a fair conclusion.</p> <p>N Greaves advised that the engagement approach and model used in Withnell had also been used in other procurement exercises and is line with the ICB's broader approach to engagement across the whole organisation. The purpose of engagement was about understanding detail from members of the public. Work had taken place with the Withnell Group to ensure no information had been missed and was responded to.</p> <p>The Chair reported that the Public Involvement Engagement Advisory Committee (PIEAC) was also looking at quality of engagement, how this was conducted, learning, etc, and other similar pieces of work which had been excellent practice and there had been real improvement around work at Place.</p> <p>Members were made aware that an audit of public patient care engagement across the ICB had recently been undertaken and completed by Mersey</p>	

Internal Audit Agency, which was expected to be published shortly. The outcome included actions to build on, and good practice had been recognised. The Chair thanked N Greaves, C Harris and their teams for ensuring an effective approach to public engagement and involvement in this area.

RESOLVED: That the Primary Care Commissioning Committee:-

- **Note the update to the Withnell Health Centre engagement**
- **Receive a further update at the December 2023 meeting**
- **Note the ongoing work to inform and engage local people in Withnell in relation to the procurement process.**

NG

D Rogers left meeting.

(b) Haverthwaite Practice Premises Relocation Application – A Lepiorz reported that Haverthwaite practice in Backbarrow, South Cumbria, had submitted a relocation application to ensure that they met their contractual requirements of having suitable premises, highlighting that the patient population was supportive of a relocation and that a new premises would help support national and local strategic requirements. Phil Hargreaves confirmed that the application had been submitted in line with regulations and policy guidance and the proposed new site was approximately 200 yards from the existing site. The proposed new premises were planned to be slightly larger than as current, and the committee assured that this increase in size may support helping to meet growing needs of the primary care network and delivery of the neighbourhood development model. Extensive patient engagement had taken place and a high number of patients had responded in support of the new build. The proposal would result in an increase to revenue cost of £20,000 per year and it had been confirmed that this would be affordable for the ICB. The local landlord would fund all capital costs.

Following challenge to the increase in revenue, P Hargreaves explained that the replacement building was planned to be approximately 35% larger than the existing premises, partly driven by new regulations where certain facilities that currently were not available would be provided, along with an enhanced specification. A refurbishment to the current building would not be to the standard of the proposed development. Dr D Levy queried a risk around planning permission and in response, A Lepiorz confirmed that planning permission had been submitted with local support adding that there would be both a degree of risk and a degree of confidence. P Hargreaves continued that the site chosen was brown field, being a primary target for development, and was confident that this project could be delivered.

Comments received from the extensive public engagement included that there were strong views to keep the service local, with around 90% of people living under a 20-minute travelling distance from the practice and that the

current building required upgrade.

Following a visit from the infection prevention team, K Lord confirmed that from a quality perspective, the proposal was fully supported and the team felt a new premises would be future proofing, providing the ability to deliver.

J Gaskins reported that the senior finance team had discussed the costs associated with the proposal and were in agreement that this would require to be budgeted for. J Gaskins confirmed that the process for this type of application, to ensure clarity of funding required over a number of years, had been taken.

The Chair asked each individual voting member of the committee if they were in support of the application, and they confirmed they were.

RESOLVED: That the Primary Care Commissioning Committee approve the application from Haverthwaite Surgery to relocate the practice, to ensure they meet their contractual requirements of having suitable premises.

P Hargreaves left the meeting.

(c) **Primary Care Procurement Evaluation Strategy (PES)** – G Reide from NHS Shared Business Services introduced the report highlighting that the committee had previously received the PES recommendations and explained that a PES is developed by the ICB following a decision to procure a service. The previous PES, inherited by predecessor organisations, had been reviewed with learning from recent procurement exercises, independently led by NHS Shared Business Services and engagement had been made with functional colleagues and the procurement department. The revised PES had been designed within the context of the existing ICB governance rules and, in particular, recognising that the ICB has an obligation to treat any bidding organisations equally and in a transparent way. Principles in the design of the framework including focusing scoring on areas of greatest value and differentiation of quality for better service delivery and outcomes for patients and the public. Greg continued that questions within the PES were set out in a way that bidders could respond, providing space to understand and suggest solutions. An evaluation panel would score against tenders and the scoring methodology had been revised and amended. There were recommendations in terms of an evaluation panel with the appropriate level of support and training. It was explained that the previous version of the PES was restrictive which would preclude many bidders. It was confirmed that the criteria presented could be used for the procurement and commissioning of a new service not currently being delivered, and it was noted this was not clear in the document version shared with members.

C Harris added that the same strategy approach would be used for any procurement of primary care in future.

	<p>Dr G Jolliffe welcomed this piece of work which had moved the process forward substantially. There was a keenness for a further review to the PES once it had been used a few times to ensure improvement continued to be made.</p> <p>P Tinson advised that staff and committee training would be available in relation to the new PES.</p> <p>RESOLVED: That the Primary Care Commissioning Committee approve the revised PES, subject to an explanatory statement being included in relation to the scope of procurement of new services, as well as existing services, and that further work would take place to develop a consistent approach to the composition of evaluation panels, including consideration of patient involvement.</p> <p><i>G Reide left the meeting.</i></p>	
8.	<p><u>Group minutes and any recommendations via Alert, Assure and Advise:</u></p> <p>(a) Group Escalation and Assurance Report – The report was presented highlighting key matters, issues and risks discussed at the Service Group meetings. A Lepiorz highlighted that formal notice had been served to terminate Safehand's Dental Practice in Thornton Cleveleys, with effect from 1 December 2023. As part of the dental access and improvement programme, resource would be relocated. An update would be provided to committee in December for oversight.</p> <p>Peter Tinson confirmed that recommendations were expected from the national review on updating and reviewing the special allocation service, and a proposal on recommissioning the service would be submitted to a future meeting.</p> <p>RESOLVED: That the Committee receive and note the Alert, Assure, Advise reports from the four delegated primary care groups.</p>	
Other Items for Approval		
9.	<i>None to be considered.</i>	
Items to Receive and Note		
10.	<i>None to be considered.</i>	
Standing Items		
11.	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>The Chair would liaise with the Committee and Governance Officer outside of the meeting to populate the report for the ICB Board.</p>	DC/SL (✓)

12.	<p><u>Items Referred to Other Committees</u></p> <p>No items.</p>	
13.	<p><u>Any Other Business</u></p> <p>No issues raised.</p>	
14.	<p><u>Items for the Risk Register</u></p> <p>RESOLVED: There were no new items for the risk register.</p>	
15.	<p><u>Reflections from the Meeting</u></p> <p>The Chair asked that she receive any comments outside of the meeting. All colleagues were thanked for attending.</p>	
16.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Thursday, 14 December 2023 at 10.00am-11.30am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.</p> <p><i>Post meeting update:</i> <i>A meeting would be held in public on 9 November 2023 (single item agenda) commencing at 10.00 to 10.30am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.</i></p>	

Approved 14 December 2023

**Minutes of the ICB Primary Care Commissioning Committee
Held in Public on Thursday, 9 November 2023 at 10am
in Lune Meeting Room 1, ICB Offices, County Hall, Preston**

Name	Job Title	Organisation
<u>Members</u>		
Debbie Corcoran	Chair/Non-Executive Member	L&SC ICB
Ian Cherry	Vice Chair/Co-opted Lay Member	L&SC ICB
Peter Tinson	Director of Primary Care	L&SC ICB
Dr David Levy	Medical Director	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
John Gaskins	Finance Lead for Primary Care	L&SC ICB
Corrie Llewellyn	Primary Care Nurse	L&SC ICB
<u>Participants</u>		
Professor Craig Harris (from item 3 onwards)	Chief Operating Officer	L&SC ICB
Sarah Danson	Senior Delivery Assurance Manager	L&SC ICB
Amy Lepiorz	Associate Director Primary Care - Blackpool, Lancashire (North), South Cumbria	L&SC ICB
Donna Roberts	Associate Director Primary Care – Lancashire (Central)	L&SC ICB
David Bradley	Clinical Advisor for Dental Services	L&SC ICB
Lisa Rogan (named deputy for Andrew White)	Strategic Director of Medicines, Research and Clinical Effectiveness	L&SC ICB
Jodie Carney (on behalf of David Blacklock)	Healthwatch Representative	Healthwatch
Lindsey Dickinson	Associate Medical Director	L&SC ICB
<u>In Attendance</u>		
Sandra Lishman	Committee and Governance Officer	L&SC ICB
Viv Prentice	Business Manager to ICB Chief Operating Officer	L&SC ICB

No	Item	Action
<u>Standing items</u>		
1.	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair, D Corcoran declared the meeting held in public and welcomed everybody.</p> <p>Prior to the meeting, no questions had been submitted from members of the public in relation to the meeting agenda and there were no members of the public observing.</p>	

2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Dr Geoff Jolliffe, Andrew White, David Blacklock, Kathryn Lord, Debra Atkinson, Collette Walsh and Dr Peter Gregory.</p> <p>The meeting was quorate.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That there were no declarations made relating to the items on the agenda.</p> <p>The Chair asked that she be made aware of any declarations that may arise during the meeting.</p> <p>(a) Primary Care Commissioning Committee Register of Interests – Noted.</p> <p><i>Craig Harris joined the meeting.</i></p>	
4.	<p>(a) <u>Minutes of the Meeting Held on 12 October 2023 and Matters Arising</u></p> <p>RESOLVED: That the minutes of the meeting held on 12 October 2023 were approved as a correct record.</p> <p>There were no matters arising.</p> <p>(b) <u>Action Log</u></p> <p>Dental Access and Oral Health Improvement Programme – C Harris advised that discussion had been held at the ICB Board meeting the previous day around the size and scale of challenges faced with dental services. Engagement and communication work would be undertaken around what people could do to support their own oral health. There was concern around provision. The service receives funding for 60% of the population, therefore, it was thought this would always be challenging. Workforce also provided challenge and it was felt that the current contract was not an attractive incentive. An extensive oral health programme, along with communications and engagement was planned to take place in the very near future. Dissatisfaction from members of the public was expected for some time. The ICB Board had been receptive, with a lot of concern and worry around the way forward. Item to be included in the committee workplan, linked to the ICB Board linked for oversight.</p> <p>Committee Terms of Reference – Currently under review. D Corcoran and I Cherry recently met with committee chairs to discuss the review. Linkage would be explored at the committee development session to be held later today.</p> <p>Delegated Services Assurance Framework – The Chair to liaise with A Lepiorz and P Tinson. Item to remain open.</p>	<p>LJT (✓)</p>

Commissioning Decisions

5. Decisions made/direct/remit of Primary Care Commissioning Committee

(a) Special Allocation Scheme – Market Engagement - It was explained that the special allocation scheme was a service commissioned for patients who had been removed from a practice register where staff had been concerned for their safety or where a patient had been unable to maintain a relationship with the GP practice. S Danson spoke to a previously circulated paper advising that following a direct award by the Primary Care Contracting Group in March 2023, the contract for the special allocation scheme service remained within the current provider Fylde Coast Medical Services (FCMS) Limited until 31 May 2024. It was noted that ‘Compass’ was the name of the medical practice, being part of FCMS. In order to ensure continued provision to general medical services for patients currently allocated to the scheme, it was proposed that a market engagement exercise be undertaken. Prior to the current direct award being made, a market engagement exercise had been undertaken and one provider had responded. Due to the timelapse, a further exercise would be conducted to explore any interest.

J Gaskins highlighted that the financial value quoted within the meeting paper would not be the final value as the service had been commissioned under an APMS contract, therefore by June 2024, financial uplifts would have been added. S Danson continued that the current provider was expected to submit a bid. An engagement plan had been put together for the 259 patients who utilise the service. Given the complexities of the patients involved, consideration had been made to different ways of engaging, ensuring being really accessible, looking at different ways to capture detail, being easy to read and understand and accessible. It was the intention to write to patients and ask to undertake a survey, comment on the service plus convey any additional information from an improvement perspective. The Chair encouraged S Danson and the team to reflect how quality was measured in follow up activity to take into account a slightly different approach of quality in terms of the needs and expectations of patients.

RESOLVED: That the Primary Care Commissioning Committee:-

- **Approve the proposed action to carry out a Request for Information to support the committee to decide the best option to secure ongoing service provision to patients allocated to the Special Allocation Scheme**
- **Approve that the detailed Request for Information be signed off by the Primary Medical Services Group prior to its publication in line with recent market engagement exercises**
- **Agreed that the Primary Care Reference Group be asked to take forward and manage the process and terms of reference.**

Standing Items		
6.	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>Advise the actions being taken forward in respect of the special allocation scheme.</p>	
7.	<p><u>Items Referred to Other Committees</u></p> <p>No items.</p>	
8.	<p><u>Any Other Business</u></p> <p>N Greaves reported that an updated Dentistry and Oral Health Communications and Engagement Plan would be presented to the Patient Involvement and Engagement Advisory Committee at their December meeting.</p>	NG (✓)
9.	<p><u>Items for the Risk Register</u></p> <p>RESOLVED: The Committee agreed that there was a risk in terms of procurement being a sole provider of the service. Further discussion would be held at the Committee Development Session to understand where the risk sits and how it would be managed.</p>	PT
10.	<p><u>Reflections from the Meeting</u></p> <p>All colleagues were thanked for attending.</p>	
11.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Thursday, 14 December 2023 at 10.00am-11.30am in Lune Meeting Room 1, ICB Offices, County Hall, Preston.</p>	

Approved – 23 November 2023

**Minutes of the ICB Audit Committee
Held on Thursday, 28 September 2023
in Lune Meeting Room 1, ICB Offices, County Hall**

Members		
Jim Birrell	Chair/Non-Executive Member	L&SC ICB
Sheena Cumiskey	Non-Executive Member	L&SC ICB
Roy Fisher	Non-Executive Member	L&SC ICB
Co-opted Member		
Ian Cherry	Co-opted Lay Member	L&SC ICB
Attendees		
Sam Proffitt	Chief Finance Officer	L&SC ICB
Asim Patel (left during Item 12a)	Chief Digital Officer	L&SC ICB
Katherine Disley	Director of Operational Finance	L&SC ICB
Debra Atkinson	Company Secretary/Director of Corporate Governance	L&SC ICB
Louise Cobain	Executive Director of Assurance	MIAA
Lisa Warner	Senior Internal Audit Manager	MIAA
Jauden Patel	Audit Intern	MIAA
Paul McGrath (up to Item 10)	Anti-fraud Specialist	MIAA
Debra Chamberlain	Director	KPMG
Louise Talbot	Board Secretary and Governance Manager	L&SC ICB

No	Item	Action
1.	<p><u>Welcome, Introductions and Chair's Remarks</u></p> <p>The Chair, Jim Birrell, welcomed everybody to the meeting, in particular Jauden Patel, intern at MIAA for 12 months completing his degree.</p> <p>The Chair referred to the committee annual report for 2022/23 submitted to the extraordinary meeting held in June commenting that the report overall reflected the reactive nature of most of the work undertaken in the period. He anticipated that for 2023/24, the committee would be able to demonstrate a more proactive approach as the committee's agenda and collective knowledge evolved.</p>	
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Tim Cutler and Kirsty Hollis.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>RESOLVED: That there were no declarations made relating to the items on the agenda.</p> <p>(a) Audit Committee Register of Interests – It was noted that Ian Cherry is also Deputy Chair of the Primary Care Commissioning Committee.</p>	
4.	<p><u>Minutes of the Extraordinary Meeting Held on 21 June 2023</u></p> <p>RESOLVED: That the minutes of the Extraordinary meeting held on 21 June 2023 be approved as a correct record.</p>	

<p>5.</p>	<p><u>Matters Arising and Action Log</u></p> <p>Freedom to Speak Up – The annual report was submitted to the September meeting of the Board and an update was scheduled to be included on the September Audit Committee agenda however, there was no availability of colleagues to attend the meeting. The committee asked that the Executive Team be made aware of this and ensure that a representative attends the committee meeting in November. S Proffitt had raised the matter previously and would make a formal request for attendance and update. In the meantime, the committee was informed that there were no untoward issues highlighted at the Board meeting, the system was functioning and whilst take up was slow, issues had started to be raised.</p> <p>HFMA Final Accounts Questionnaire/Checklist – The outstanding information had since been received.</p> <p>ICB Scheme of Delegation (SoD) – As agreed by the ICB Board on 13 September 2023, the SoD to be updated to reflect titles on new committees and further work to be undertaken in respect of Executive Team limits versus Board limits. Also, amendments to be made to reflect the changes in respect of the Primary Care Commissioning Committee business element. The final document was in progress.</p> <p>Contract Management Meetings – A report had been considered by the Finance and Performance Committee and it was acknowledged that matters were more complex than originally thought, therefore, required further work to be undertaken. Colleagues were mindful that the commissioning intentions needed to be issued as a matter of urgency. A ‘round the table’ discussion would be held to ascertain the way forward. It was likely that a progress report would be taken through the Finance and Performance Committee and consideration would need to be given as to how it fits into the Board and committee structure. Consideration is being given to establishing a formal committee to oversee commissioning.</p> <p>S Proffitt posed a question as to whether there was a need to develop the commissioning process is an area missing from the ICB’s risk register. Whilst recognising that the commissioning intentions letter had been issued, from a clinical commissioning perspective, S Proffitt asked how we drive the conversation in order to determine what we should be commissioning. She would take the item to the Executives Group so they can review what has and has not worked well.</p>	<p>SP</p> <p>SP</p>
<p><i>The agenda was taken out of order.</i></p>		
<p>6.</p>	<p><u>Information Governance Update</u></p> <p>A Patel provided a verbal update and advised the committee of the following:</p> <ul style="list-style-type: none"> • The ICB’s first Data Security Protection Toolkit (DSPT) submission for 2022/23 was successfully submitted on 30 June 2023 and all 30 mandatory assertions had been met. • Internal DPST audit by MIAA - The ICB received a rating of moderate – 9/10 data standards were marked substantial, with one standard relating to the ICB’s continuity planning marked moderate. • The DSPT certificate had been received. <p>In respect of current risks, A Patel referred to the ICB’s new starters and leavers process and it was noted that a robust process needed to be in place for line managers to follow.</p> <p>A Patel advised that in going forward there would be changes to the DSPT and he would submit a plan to the committee in due course.</p>	

	<p>R Fisher referred to information governance (IG) training and asked that information be included in reports indicating the percentage of staff who have undertaken/received IG training. A Patel advised that consideration was being given as to whether the figures should be submitted within the report to the Finance and Performance Committee.</p> <p>RESOLVED: That the Audit Committee receive the update on the DSPT.</p>	
7.	<p><u>Internal Audit</u></p> <p>(a) Progress Report – L Cobain spoke to a circulated report which provided an update on progress made in respect of the closure of the 2022/23 internal audit plan and progress against the internal audit plan for 2023/24. Since the previous committee meeting, there had been a focus on the following:</p> <ul style="list-style-type: none"> • Data Security and Protection Toolkit – Substantial assurance on self assessment; Moderate assurance – on assessment against National Data Guardian Standards • Assurance Framework Phase 1 – Two recommendations implemented • Risk Management – Moderate assurance • Serious Incidents – Moderate assurance • Assurance Mapping – Assurance rating not applicable <p>The following reviews were at draft report stage:</p> <ul style="list-style-type: none"> • Patient, Carer and Resident Engagement • Board Reporting <p>The following reviews were currently in progress:</p> <ul style="list-style-type: none"> • Committee Effectiveness (Fieldwork concluding) • Primary Care Contracts (Fieldwork) • Cyber Security (Fieldwork) • IT Critical application review – CHC Adam system (planning) • Key Financial Systems (planning) • Cost Improvement programme (planning) <p>In respect of the DSPT audit, a number of recommendations had been made and points raised, which led the committee to question the overall outcome of the audit as moderate assurance. L Cobain would ask the specialist team who undertook the audit to provide the detail and update against each point giving the independent assurance and scoring. A Patel was also mindful of the assurance level given, advising that it was independent assessment on the self-assessment and recognised that the previous CCG processes had been inherited and were not yet in place. He anticipated an improved assurance level next time. The Chair asked A Patel to provide a position statement on each bullet point raised.</p> <p>S Proffitt sought clarification as to whether there were any other areas in respect of DSPT that the committee needed to be aware of. In the event of an incident, A Patel was mindful of the ICB’s ability to deal with this from a business continuity perspective, suggesting that more work needed to be undertaken around this including contingency planning and disaster recovery planning. It was felt to be a high priority and a request was made for a detailed position statement to be submitted to the next meeting.</p> <p>I Cherry expressed concern in terms of IT provision should there be a major incident and sought clarification as to what was in place in respect of recovery business continuity planning. He asked what the current position was and what assurances could be provided to the Audit Committee that the ICB would be able to continue to function. A Patel referred to the two elements, ie, business continuity which was not related to technology but more to the response to the system as an organisation. He acknowledged that there was a lack</p>	<p>LC</p> <p>AP</p> <p>AP</p>

<p>of confidence as it had not come together as an organisation to be able to test scenarios – system response then ICB response. The Chair would include as an alert in the committee escalation report. The committee was reminded of the EPRR report that had been taken through the Board in respect of systems and processes.</p>	JB (✓)
<p><i>A Patel left the meeting.</i></p>	
<p>Serious Incident Framework – L Warner advised that whilst there were robust arrangements in place, some incidents on the StEIS system had not been closed down due to various reasons. S Cumiskey referred to the Patient Safety Incident Reporting Framework (PSIRF) which is regularly taken through the Quality Committee and she would raise serious untoward incidents with S O’Brien and take through the Quality Committee. The Chair referred to the harm element and the need to ensure incidents do not recur. L Warner advised that work takes place with providers to ensure lessons are learnt.</p>	SC (✓)
<p>Risk Management – Overall, moderate assurance had been given. The control framework had improved and there were a number of areas of good practice however, there were some other areas requiring further development which were highlighted. It was noted that further discussion on risk appetite would be held at the ICB Board Development Session on 4 October 2023. I Cherry expressed concern that risk management did not appear to be as cohesive as it should be. L Cobain advised that as part of the follow-up on the audit, very robust discussion had been held with D Atkinson. Significant progress had been made in terms of the control framework and that the process currently was about embedding risk management across the ICB and having quality of information. Cover reports to the Board and the committees include linkages to risk and the six strategic objectives of the ICB. S Proffitt welcomed the progress and was mindful of the work to be undertaken to embed risk across the organisation. She sought comments from external audit colleagues on the progress being made and to advise of any areas where they see any gaps in order that they can be addressed. D Chamberlain advised that they were kept up to date via Board minute reviews and having sight of full papers. She would be meeting with D Atkinson over the coming weeks to discuss in more detail.</p>	
<p>In light of the update, I Cherry was more assured and that sufficient progress was being made to have an embedded system before year end. He sought clarification as to when the risk management system would need to be fully functional for MIAA to be fully satisfied and he also asked why it had taken a long time to define the ICB’s risk appetite. L Cobain advised that they had had sight of the quality of the papers taken through all of the committees in one cycle. They require sight of two full cycles and are scheduled to undertake further work in March and were mindful this took place prior to the final accounts period but leave it as late as possible to review. In the meantime, regular meetings are held with D Atkinson and MIAA were confident that the systems would be fully embedded. L Cobain further advised that the ICB was not an outlier on risk appetite.</p>	
<p>The committee was advised that further briefings on the Board Assurance Framework (BAF) would be issued and that a BAF benchmarking exercise would be carried out nationally to look at scorings. Work was also taking place across the L&SC system for both the ICB and providers.</p>	
<p>Request for Change to the Audit Plan – L Warner advised that there was one proposed change to the audit plan. They had received a request to undertake an audit in quarter 4 of the ICB assurances for the Single Oversight Framework (SOF) exit criteria for Trusts and ICB. Following discussion with the S O’Brien, it had been agreed that they could utilise the audit days allocated for the quality governance audit. The committee was advised that K Lavery and S Proffitt were supportive of the request.</p>	
<p>Assurance Update on Key Areas (Appendix E) – It was commented that this section of</p>	

<p>the report was informative. Clinical audit will be removed from the section because it is not a significant business item for the ICB.</p> <p>L Cobain provided a summary and advised that good progress was being made with the audit plan advising that there were a number of planned audits taking place in Q3. As a general comment, members felt that the ICB was in a much better position re assurances than it was twelve months ago.</p> <p>RESOLVED: That the Audit Committee:</p> <ul style="list-style-type: none"> • Note the internal audit progress report. • Expressed concern that three completed Internal Audit Reports provided only moderate assurance and a request was made that recommendations be implemented as soon as possible. • Was encouraged by the work undertaken to develop the ICB's risk management systems and processes. • Approve the change to the Audit Plan as outlined above. • Agree that any further changes to the Audit Plan be agreed by K Lavery and S Proffitt before submitting the request to the Audit Committee for approval. <p>(b) MIAA Assurance Mapping Report – L Cobain spoke to a circulated report which was a briefing on the current position in respect of assurance mapping. The completed version would be submitted to the next meeting of the committee. D Atkinson advised that the report outlined the work on what is being delivered against the six strategic objectives and would continue to work with L Cobain to ascertain whether the ICB is delivering each strand of work and if not, to pick up areas to address as appropriate. The Chair commented that it would be helpful for the Board to see the final version as it may shape where deep dives may need to be undertaken.</p>	
<p>S Proffitt welcomed the work undertaken to date which was a 'work in progress'. It was acknowledged that some of the language used needed to be clear. Consideration would need to be given in respect of key areas under financial objectives around recovery and QIPP and how they feed into the immediate term and then the longer term. It was suggested that D Chamberlain provides a view on the work carried out to date.</p>	DC
<p>Members of the committee found the report helpful and were pleased to see the process in one place. It was suggested that there be a focus at the November meeting to undertake a complete exercise to determine areas where they need to be more proactive.</p>	DA
<p>RESOLVED: That the Audit Committee note the report and the progress to date.</p>	
<p>(c) The Internal Audit Network Insight Report – Provided for information.</p>	
<p>RESOLVED: That the Audit Committee note the report.</p>	
<p>Executive Attendance at the Audit Committee - The Chair commented that where internal audits result in limited or no assurance that the relevant Executive should attend the Audit Committee to discuss in more detail. It was suggested that this be extended to when results are moderate assurance. The committee was reminded that all Executives have the committee meetings in their diaries in the event they are required to attend. S Proffitt and D Atkinson would review and ensure attendance accordingly. It was also commented that the intention is to have two Executives attending the Audit Committee however, consideration was given as to whether attending the full meeting was a good use of A Patel's time. Further consideration would be given to this. In order to protect Executives' time in attending meetings, times would be included on future agendas.</p>	SP/DA LJT (✓)

<p>8.</p>	<p><u>Anti-fraud</u></p> <p>(a) Progress Report – P McGrath spoke to a circulated report which provided the committee with information relating to anti-fraud work undertaken during the period 1 April 2023 to 30 August 2023. In particular, he drew out the key messages in relation to strategic governance, counter fraud activities, National Fraud Initiative and Hold to Account. He also advised that the anti-fraud plan was progressing.</p> <p>S Proffitt advised that they were seeing some activity through continuing healthcare (CHC) not previously seen before and work was taking place to understand the issues around this. P McGrath advised that work would take place to carry out a local perspective exercise in respect of CHC. Consideration would need to be given in terms of what the 'red flags' are and whether staff were aware of them. He advised that intelligence was being shared with the three ICBs in terms of best practice and 'red flags'. The committee was advised that 150 CHC staff would be transferring to the ICB at the beginning of October.</p> <p>The Chair asked if the Counter Fraud Champion could be invited to attend an Audit Committee meeting. K Disley would liaise with Judith Williams.</p> <p>RESOLVED: That the Audit Committee note the anti-fraud progress report.</p>	<p>KD (✓)</p>
<p>9.</p>	<p><u>External Audit</u></p> <p>(a) Technical Update – D Chamberlain spoke to a circulated report and highlighted the amber RAG status in respect of:</p> <ul style="list-style-type: none"> • Principal changes proposed in the draft Group Accounting Manual 2023/24 (proposed updates). • NHS England: Fit and Proper Person Test Framework for Board Members (FPPT). <p>S Proffitt referred to the publications issued in respect of Financial Management in Government: Enablers of success (NAO publication) and the System Risk Management Key Considerations for Evolving Arrangements (HfMA publication) which provide a good tone and feature lessons learned.</p> <p>The Chair referred to the CQC publication, Interim Guidance on our approach to assessing Integrated Care Systems and whether it needed to be looked at in more detail. S Proffitt had forwarded to S O'Brien as it dovetails with the work undertaken with Executives and Freedom to Speak Up. It was suggested that the review of this document be taken through the Quality Committee.</p> <p>RESOLVED: That the Audit Committee note the report.</p> <p>(b) Mental Health Investment Standard Audit 2022/23 Proposal – S Proffitt had liaised with T Cutler regarding the proposal commenting that the fee was estimated based on a number of unknowns and he would work with the team to assess this. It was suggested that discussion also be held with the Audit Committee Chair outside of the meeting.</p> <p>RESOLVED: That the Audit Committee note the report, also noting that further consideration and discussions would be held in respect of the proposal.</p> <p>(c) Annual Auditor Reports:</p> <ul style="list-style-type: none"> - ICB 2022/23 (KPMG) - Legacy CCGs (1 April 2022-30 June 2022) 	<p>SC/LJT (✓)</p> <p>JB/SP/ TC</p>

	<p>The final 2022/23 Annual Auditor Reports were received and it was noted that the content was in line with the drafts discussed at the Extraordinary Board meeting held in June.</p> <p>D Chamberlain advised that discussions were being held nationally in respect of systems and further consideration would be given as part of the planning work over the coming months and discussions with S Proffitt.</p> <p>S Proffitt had discussed the latest financial position with T Cutler and explained that work was taking place to mitigate the pressures. It was noted that should there be a requirement to change the forecast, KPMG has a duty to write to the Secretary of State for Health.</p> <p>K Disley advised that there was a requirement to publish the auditor's annual reports (KPMG and Grant Thornton) on the ICB website by 30 September 2023 and she would action accordingly.</p> <p>RESOLVED: That the Audit Committee note the report and confirmed that both auditor annual reports could be published on the ICB website.</p>	<p>KD (✓)</p>
<p><i>The agenda reverted back to order with the remaining items.</i></p>		
<p>10.</p>	<p><u>Board Assurance Framework (BAF) and Risk Management Report</u></p> <p>D Atkinson spoke to a circulated report which described the progress made since the last update to the committee in March 2023 and included a full review of the BAF aligned to the ICB's six strategic objectives and progress with the implementation of the annual cycle of risk reporting as agreed by the Board in July which had been implemented through its assurance committees. She further advised that actions were underway to further improve and strengthen the ICB's systems and processes for risk management in conjunction with the work undertaken through internal audit reviews during the period March to August 2023. It was noted that a Board development session would be held on 4 October 2023 at which risk appetite would be discussed in detail.</p> <p>The Chair highlighted that there were a number of links to the BAF and risk management across the Audit Committee agenda which he welcomed.</p> <p>S Proffitt had read the Audit Committee papers with a 'risk head on' and gave consideration as to what may be missing. There were a number of actions around Freedom to Speak Up, transferring 150 CHC staff and the transfer of the HR function. Areas that she was not seeing in the risk register included the HR function, commissioning, one of the worse staff surveys we had received and she sought clarification as to how we ensure these areas are incorporated and who could reflect this. The Chair commented that whilst difficult to do, there needs to be a differentiation between operational and risk issues. Consideration needed to be given as to whether there were people missing from the operational function. Also whether there were reports included on the meeting agenda that were not being reflected on the risk register. S Proffitt commented that there was an element within the organisational structure that was weak. She advised that in terms of the staff survey results, the Chief Executive had a clear plan on leadership development and was working with the Executives around this.</p> <p>S Cumiskey commented that there appeared to be a duplication of risks under the Quality Committee and it was suggested that the BAF be taken back through the Quality Committee for further discussion to review.</p> <p>RESOLVED: That the Audit Committee note the contents of the report and the significant work undertaken in the development of the ICB's systems and processes for risk management since the last report provided to the Audit Committee in March 2023.</p>	<p>SC/LJT (✓)</p>

<p>11.</p>	<p><u>Managing Conflicts of Interest (including Gifts and Hospitality)</u></p> <p>D Atkinson spoke to a circulated report which provided assurance and an update on the progress made since the March meeting of the committee with the management of ICB's Policy for Managing Conflicts of Interest (including gifts and hospitality) and also provided assurance of the ongoing work to ensure the ICB's registers are fully refreshed and updated.</p> <p>D Atkinson advised that a significant amount of work had been undertaken since previously reported as staff had transferred into the ICB, other new starters and leavers. She also referred to the transfer of 150 CHC staff into the ICB and the increased workload falling on the corporate governance team. The Audit Committee noted the comments and conveyed their thanks for the work carried out.</p> <p>S Cumiskey commented on the focus for existing staff and whether reminders are issued to them. D Atkinson advised that routine reminders are issued via the usual communications route. She also advised that registers of interest for decision-makers (8d and above) are published on the public facing website along with registers in respect of procurement decisions made. Registers of interest for other staff are held internally.</p> <p>D Atkinson advised that when CCGs were disestablished, all statutory guidance relating to training on conflicts of interest was stood down. She is a member of a national group with NHSE and advised there had been concerns from ICBs around training. Work was taking place internally to determine how the training could be reinstated and undertaken, looking at some consistent training modules and NHSE had indicated that the Level 1 training module (relevant to all staff) would be re-launched in October 2023 with the expectation that modules 2 and 3 will follow for Board members/decision-makers.</p> <p>RESOLVED: That the Audit Committee note the report, the significant work undertaken to date in the maintenance of the ICB's registers of interests and note the activity carried out in relation to the management of the ICB's registers.</p>	
<p>12.</p>	<p><u>Fit and Proper Persons Test Framework – MIAA Checklist</u></p> <p>D Atkinson spoke to a circulated report which provided the committee with an update on the actions underway to support the ICB's arrangements for compliance with the Fit and Proper Persons Test (FFPT) framework, coming into effect from 30 September 2023. The report also included an initial self-assessment against the Mersey Internal Audit Agency's Checklist Series "Fit and Proper Persons Framework".</p> <p>S Proffitt commented that in light of the discussion held whether there was a requirement for a stock take to be undertaken in order to check on the appropriateness of information held in files as evidence. Clarification was sought as to whether there was sufficient staffing to undertake the stock take and the committee was advised that a risk had been identified in respect of HR provision. However, there was confidence in the current position in terms of where we would expect the ICB to be currently in respect of FFPT and mindful that the statutory requirement doesn't come into force until 30 September 2023. From 1 October 2023, the ICB will be monitored from a CQC perspective and S Proffitt would ask internal audit colleagues to provide support with a stock take and D Atkinson would provide an update in respect of the HR function. In light of this, the internal audit plan would be reviewed to accommodate this piece of work.</p> <p>RESOLVED: That the Audit Committee:</p> <ul style="list-style-type: none"> • Note the report and supporting self-assessment checklist. • Note the work undertaken to date to prepare for the 	<p>SP/LC DA</p>

	<p>implementation of the new FPPT Framework within the ICB with effect from 30 September 2023.</p> <ul style="list-style-type: none"> • Note that ongoing comprehensive monitoring would take place. • Agree that a stock take be undertaken with internal audit. 	
13.	<p><u>Draft Audit Committee Workplan</u></p> <p>The Audit Committee workplan had been drawn up via the committee's terms of reference, in line with statutory responsibilities and the Audit Committee Handbook's recommendations for template workplans. Comments on the draft workplan for 2023/24 had been received by members and officers outside of the meeting.</p> <p>The following comments were noted:</p> <ul style="list-style-type: none"> • Audit Plan – Draft outline to be submitted to the January meeting and final plan to the March meeting. • Draft Head of Internal Audit Opinion – Interim opinion to be submitted to the January meeting. • Extraordinary Meeting - Final Accounts – For 2023/24, one annual report and accounts will be submitted. Consideration would be given nearer the time to have a shorter agenda for that meeting. • Invitation of the ICB Chair – The Audit Chair would liaise directly with the ICB Chair inviting him to attend an Audit Committee meeting with a view to it not coinciding with the invitation of the Chief Executive. <p>RESOLVED: That subject to the amendments to be made, the Audit Committee approve the Audit Committee workplan for the period April 2023-June 2024 (including approval of the annual report and accounts).</p>	<p>LJT (✓)</p> <p>JB</p>
14.	<p><u>Review of Audit Committee Terms of Reference</u></p> <p>The Audit Committee Terms of Reference had been approved by the ICB Board in July 2022. D Atkinson advised that the Terms of Reference had been submitted for review by the committee. She made specific reference to the membership, commenting that in addition to the three Non-Executive Members, also included would be one Co-opted Lay Member. The quorum would remain the same with two Non-Executive Members of the Board.</p> <p>Reference was made to paragraph 4.1.4.2 - <i>The Chair of the Committee shall be independent and therefore may not chair any other committees other than in exceptional circumstances. In so far as it is possible, they will not be a member of any other committee.</i> It was highlighted that the Audit Chair is also a member of the ICB's Finance and Performance Committee (FPC). There was an issue about having independent financial representation on the Board and the FPC hence the requirement for the Audit Chair also being a member of the FPC. L Cobain was mindful of this and suggested retaining the wording in the ToR. NHSE was also mindful of this requirement.</p> <p>RESOLVED: That subject to the inclusion of the Co-opted Lay Member, the Audit Committee approved the Terms of Reference for recommendation to the ICB Board via the committee escalation report.</p>	
15.	<p><u>Audit Committee Effectiveness Review</u></p> <p>D Atkinson spoke to a circulated report advising that given the relative infancy of the ICB and its committees, a 'light touch' effectiveness review had been undertaken on each committee to seek individual views of members across a number of themes.</p>	

	<p>The review illustrated that there is evidence of effective operations in all of the committees, and also identified some development areas for the committees to consider in areas such as membership, content and relationships between committees.</p> <p>The committee received summary of the main findings of the review and key learning in relation to the Audit Committee.</p> <p>It was proposed that a further review would be undertaken in Q1 of 2024/25 to fully review committee effectiveness for the full 2023/24 financial year.</p> <p>The Chair conveyed his thanks to the members for responding to the survey. He asked that future reviews include all regular attendees of the committee as it would be helpful to have a wider range of views.</p> <p>RESOLVED: That the Audit Committee note the findings of the report and the actions being taken forward.</p>	
16.	<p><u>Audit Insights Report</u></p> <p>At an early Audit Committee, it was highlighted that there were a number of helpful documents, guidance and publications shared with the ICB through finance networks, audit partners or other external routes. The committee asked that a process be put in place to provide assurance that these were brought to the attention of relevant officers within the ICB with, and where appropriate, onward action undertaken. The report presented to the committee described the process that had been put in place and the regular communication that is sent to the ICB Executive and senior leadership team, sharing and making them aware of the documentation.</p> <p>The Chair welcomed the report which provided assurance that documents coming into the organisation had been actioned accordingly.</p> <p>L Cobain made reference to two HFMA reports in respect of system governance and decision-making and, system risk management which would be shared with the committee and would also be submitted to the committee at the appropriate time.</p> <p>RESOLVED: That the Audit Committee note the report.</p>	LC (✓)
17.	<p><u>Financial Management Report</u></p> <p>K Disley spoke to a circulated report which provided an update on each of the publicly available corporate registers. In addition, was a report in relation to a breach of the ICB's scheme of delegation/standing financial instructions in respect of securing interim HR support.</p> <p>(a) Losses, Write-offs and Special Payments Register – Noted.</p> <p>(b) Single Tender Waivers Register – Six new tender waivers had been approved and the report provided detail around each waiver. Reference was also made to the end to end support services value of £145m and K Disley advised that it was a CSU contract and that discussion had been held at the Audit Committee meeting in April. S Proffitt advised that C Harris was taking the lead on a whole review of contracts</p> <p>(c) Procurement Decisions Register – Noted.</p> <p>(d) NHSE Protocol Breaches – Nil.</p>	

	<p>(e) Breach of Scheme of Delegation/Standing Financial Instructions – It was noted that there had been a breach of the ICB's Scheme of Delegation and Standing Financial Instructions in relation to securing interim HR support. New systems had been put in place to prevent future recurrences. Staff will be reminded of the need for compliance with the ICB's governance arrangements.</p> <p>RESOLVED: That the Audit Committee note the report.</p>	
18.	<p><u>Lancashire and South Cumbria Audit Chairs' Forum – Notes - 15 September 2023</u></p> <p>The committee received the latest notes of the LSC Audit Chairs' forum.</p> <p>The Audit Committee Chair advised that the Audit Chairs had asked to share audit outcomes in a way that does not impinge on local confidentiality matters.</p> <p>In respect of the Board Assurance Framework, it was noted that the ICB was planning to consider a new approach to the subject that would place greater emphasis on the delivery of strategic objectives and make a clearer distinction between strategic and operational risks. It was noted that in an enhancement to Lancashire Teaching Hospitals risk management system, they had compiled a confidential risk register that captures items that are either too sensitive for inclusion in the Datix system or are just at the “bubbling-up” stage. This was noted by the ICB Audit Committee and more detailed consideration would need to be given, particularly around what would and would not be deemed as confidential. Also, consideration about undertaking system-wide audits is underway and discussions are taking place with Chief Finance Officers to agree potential topics.</p> <p>RESOLVED: That the Audit Committee note the minutes and the actions being taken forward.</p>	
19.	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>The Chair provided a verbal summary of the items for inclusion on the committee escalation report to the Board and would liaise with the Board Secretary to finalise the report to the Board.</p> <p>RESOLVED: That the Audit Committee note the verbal summary provided by the Chair.</p>	<p>JB/LJT (✓)</p>
20.	<p><u>Items Referred to Other Committees</u></p> <p>The following items would be referred to the Quality Committee:</p> <ul style="list-style-type: none"> • Serious Incidents/PSIRF audit – Received moderate assurance. Request that the Quality Committee review this in more detail. • External audit report – Reference to CQC report and integrated care systems – link to guidance issued to be taken through the Quality Committee: https://www.cqc.org.uk/sites/default/files/2023-03/20230320_interim_guidance_assessing_integrated_care_systems_March2023.pdf • Board Assurance Framework (BAF) and Risk Management Report – There appeared to be a duplication of risks under the Quality Committee and it was suggested that the BAF be taken back through the Quality Committee for further discussion to review. <p>RESOLVED: That the Audit Committee note the items listed above to be referred to the Quality Committee.</p>	<p>SC/LJT (✓)</p>
21.	<p><u>Any Other Business</u></p> <p>No issues raised.</p>	

22.	<p><u>Items for the Risk Register</u></p> <p>The Chair sought views as to whether there were any areas the Audit Committee considered that required development and/or a strategic review.</p> <p>S Proffitt reminded the group of earlier conversations regarding commissioning and the ask of the HR. It was suggested that these two areas could be used as case studies to see how they fit within the ICB's strategic objectives.</p> <p>At a future meeting the Committee could consider how they can be assured that the right risks have been identified, how they transmit to the BAF and where mitigation/moderation is undertaken.</p> <p>RESOLVED: That the Audit Committee note the comments made for further consideration.</p>	
23.	<p><u>Reflections from the Meeting</u></p> <p>Consideration would be given in having a short break during future meetings. The Board Secretary would liaise with the Audit Committee Chair when agreeing meeting agendas.</p>	<p>JB/LJT (✓)</p>
24.	<p><u>Date, Time and Venue of Next Meeting</u></p> <p>The next meeting would be held on Thursday, 23 November 2023 at 9.30am-12noon in Lune Meeting Room 1, ICB offices, County Hall, Preston.</p>	<p>LJT (✓)</p>

Ratified 22 November 2023

Minutes of the ICB (Integrated Care Board) People Board Held on Wednesday, 24 May 2023 in Boardrooms 1 and 2, Chorley House, Leyland

Name	Job Title	Organisation
<u>Members</u>		
Professor Ebrahim Adia (EA)	Chair/Non-Executive Member	L&SC ICB
Professor Jane O'Brien (JO'B)	Deputy Chair/Non-Executive Member	L&SC ICB
James Fleet (JF)	Chief People Officer	L&SC ICB
Professor Sarah O'Brien (SO'B)	Chief Nursing Officer	L&SC ICB
Kate Quinn (KQ)	Provider Collaborative Workforce/People Director	NHS East Lancashire Hospital FT
Sam Baron (SB)	Local Authority Workforce/People Director	Westmorland and Furness Local Authority
Dr Peter Gregory (Also acted as named deputy for David Levy)	Primary Care Workforce Lead	L&SC ICB
Emma Davies (ED)	Director of Workforce Delivery	L&SC ICB
Aisha Chaudhary (AC)	Director of Culture and Inclusion	L&SC ICB
Andrea Anderson (AA)	Director of People - Place and Programmes	L&SC ICB
Lee Radford (LR)	Director of Organisational Development and Education	L&SC ICB
<u>Attendees</u>		
Mike Burgess (MB)	Northwest Head of Workforce Transformation	NHSE and Health Education England
Fiona Ball (FB)	Health Education England - Workforce Transformation Lead for Lancashire and South Cumbria	Health Education England
Joe Hannett (JH)	Voluntary Sector Workforce Lead - Partnership Manager	Community Futures
Lisa Ward (LW)	Director of People	Northwest Ambulance Service NHS Trust
Rebecca Lumberg (RL)	Staff Side Representative	UNISON
Kate Smyth (KS)	Provider Non-Executive Director representing disability inclusion	Lancashire Teaching Hospitals NHSFT
Stephen Sandford (SS)	Chief Allied Health Professions Officer	L&SC ICB
Anonymous member of staff provided a staff story (Item 6)	-	-
Louise Ludgrove (LL)	Workforce Priorities Senior Responsible Officer	Blackpool Teaching Hospitals NHS FT
Bernadette Miller (BM)	Staff side representative - Royal College of Nursing	Lancashire Teaching Hospitals NHS FT
Lorna Krisson (LK)	Associate Director - Clinical and Primary Care	Northwest Leadership Academy

Ruth Mullin	Head of Talent	NHS England
Joel Burchett (Deputy for Cath Whalley)	People Management Advisor	Westmorland and Furness Local Authority
Louisa Graham	Deputy Director for Workforce and Organisational Development	Lancashire Teaching Hospitals NHS FT
Professor Craig Harris (CH)	Chief of Health and Care Integration	L&SC ICB
Louise Talbot (LJT)	Corporate Governance Manager	L&SC ICB
Louise Coulson (LC)	Committee and Governance Officer	L&SC ICB

Item No	Item	Action
1.	<p><u>Welcome and Introductions</u></p> <p>The Chair welcomed everybody to the meeting of the People Board and welcomed new members of staff. The Chair outlined the attendees and protocols.</p> <p>Changes to Terms of Reference (ToR) - The Chair asked all present to note that Claire Richardson, Director of Health, and Care Integration - Blackburn with Darwen would be invited to the People Board Membership and requested the ToR reflect this change.</p> <p>Update to Terms of Reference (ToR) - The Chair sought approval for two Directors of Health and Care Integration to be members of the People Board.</p> <p>Post meeting note: A recommendation would also be made for the Freedom to Speak Up (FTSU) Guardian to be a participant on the People Board and the Chair would take to the ICB Board and report back to the People Board in July.</p> <p>RESOLVED: That the People Board recommend the updates to the ICB Board via the committee escalation report.</p>	<p>LC (completed)</p> <p>LC (completed)</p> <p>EA</p>
2.	<p><u>Apologies for Absence</u></p> <p>Apologies for absence had been received from Julia Owen, Debbie Corcoran, David Levy, Trish Armstrong-Child, Paula Roles, Cath Whalley, Louise Taylor, Robert Cragg and Alison Balson.</p>	
3.	<p><u>Declarations of Interest</u></p> <p>No declarations at the meeting.</p> <p>(a) People Board Register of Interests – A register of interests of members of the People Board was appended with the papers. As the register related to members only, if those in attendance at meetings had a declaration to make, to advise the Chair either at the beginning or during the meeting as relevant.</p>	
4.	<p><u>Minutes of the Previous Meeting Held on 22 March 2023</u></p> <p>RESOLVED: The minutes of the meeting held on 22 March 2023 were approved as a correct record.</p>	
5.	<p><u>Matters Arising and Action Log</u></p> <p>The updates to the action log were noted and those highlighted for closure were</p>	

	<p>agreed.</p> <p>The Chair raised that a representative from Higher Education is still to be appointed and asked for an update on this for the next meeting.</p>	
6.	<p><u>Staff Story – Focus on Health Care Support Workers</u></p> <p>Due to technical difficulties the staff story was not presented at the meeting. The link to the staff story pre-recorded video was circulated to attendees and E Davies requested that any comments and/or feedback is relayed to her so she may share this with the staff member.</p>	
7.	<p><u>Northwest Regional Talent Highlight Report</u></p> <p>R Mullin Presented an overview of the NHSEI Northwest Talent Report; NHSEI have developed a range of Northwest regional talent initiatives, initially focusing on senior talent pipelines.</p> <p>NHSEI are finalising plans for the next 6 to 12 months which focus on creating visibility of Chief Executive Officers. Currently, there are 393 Chief Executives and Executive Directors in the talent pool and their progress over the next 18 months will be monitored and recorded.</p> <p>General discussion was had around succession planning and the use of talent pools. S O'Brien relayed personal experience of the programme and the difficulty in getting Trusts to identify individuals to join the programme. S O'Brien suggested that the success of the programme might be improved by introducing guaranteed interviews for roles for those on the programme.</p> <p>K Smyth will link in with R Mullin to provide information about the work that is being undertaken with disabled candidates and a pilot that is being planned.</p> <p>L Radford thanked R Mullin for all the work on the programme and highlighted the work of the Talent Collaborative and the development at an organisational level. K Quinn stated the sparse numbers of representatives from diverse backgrounds is a challenge to Trusts and asked attendees to consider how we create a more democratic environment to create opportunities for staff in the 4 - 7 pay bands. By aligning with the Local Authority Leadership Collaborative approach re: career coaching could provide a more cohesive system approach. J Fleet discussed the how the Leadership element is the 'tip of the iceberg' regarding staff succession planning and how the golden thread [of succession planning] should run throughout the workforce. James F and Lee Radford assured the People Board that succession and talent planning are priorities for the 2023/24 system workforce programmes and for the 5 Workforce Strategy.</p> <p><i>R Mullin left the meeting.</i></p>	
8.	<p><u>ICS Workforce Priorities – Update and Project Initiation Documents (PIDs)</u></p> <p>1. Delivering Sustainable Workforce Capacity</p> <p>J Fleet highlighted the 2023/24 programmes of work, noting the priorities set and recognising the ambitious recovery agenda. He also advised that the priorities had been tested with the regional People team and positively received.</p>	

K Quinn, described the system challenges and pressures i.e. bank and agency staff; meeting demands in 2023/24 for Surgery and Elective Care etc. The Chair noted the challenges facing the system to reduce workforce costs, whilst addressing some acute workforce pressures (nursing/primary care/pharmacy) and delivering major workforce transformation (new ways of working, workforce integration between health and social care, productivity and re-design, place based workforce capacity and resilience). K Quinn stated that Place based workforce models are going to be vital going forwards, therefore it is critical that a system approach ensures the inclusion of partners in primary care, social care etc.

J Fleet emphasised that this forms part of the 5-year workforce strategy capturing the 3–5-year road map.

Action: Deep dive report on Priority 1: Delivering sustainable workforce capacity to be presented at People Board in July

KQ

2. Belonging

Covered in agenda item 10.

3. People digital

E Davies gave an update and overview of this workstream with a breakdown of phases 1, 2 and 3.

4. Health and Wellbeing

L Ludgrove introduced the HWB priority and highlighted areas for further work and consideration.

L Ludgrove identified that not all partners around the table had been part of the work to date, noting the significance of how this is addressed in terms of the implementation as Health and Wellbeing is priority for all partners in the system. The priority includes collaborative Occupational Health Services, Flexible working, Staff survey joint working, using population health data to support absence as well as the future of Mental Health hubs. L Ludgrove also highlighted the importance of building on best practice, including examples of where systems have introduced a triage system for the reporting of staff absence by a health and care specialist. Evidence demonstrated that this approach was likely to reduce staff absence, therefore this piece of work will be added to the Health and Wellbeing workstream once agreed.

E Davies highlighted the need to link the system violence reduction work into the Health and Wellbeing priority.

5. Optimise Workforce Productivity and Transformation

S Baron: An understanding of the workforce in social care and the voluntary sector is key to working collectively and to align data sets; there is a level of staff engagement due to previous workstreams.

- Recruitment pathways
- Multi-professional groups

S O'Brien noted there is no identification of any specific theme and this needs to be linked into the work being done through nursing.

Action: L Radford and S O'Brien to connect – a deep dive on providers is required and this will be monitored through People Board.

LR &
SO'B

<p>9.</p>	<p><u>Implementation of the Lancashire and South Cumbria Integrated Care Strategy</u></p> <p>C Harris introduced the strategy and gave background to how this has been developed.</p> <p>C Harris highlighted the following areas to members:</p> <ul style="list-style-type: none"> • Section 3 Implementation of the integrated care strategy through the ICB People and initial reviews related this was work well. • Appendix C Integrated care strategy – C Harris invited feedback on this section. <p>The Chair congratulated C Harris on the paper and requested further presentations from the Place Based Directors at future People Board meetings. J Fleet confirmed that the South Cumbria Place team are presenting at the next meeting of the People Board on the developments of the people strategy for their Place area.</p> <p><i>C Harris left the meeting.</i></p>	
<p>10.</p>	<p><u>Belonging Workstream Update</u></p> <p>A Chaudhary introduced the deep dive on the Belonging programme highlighting:</p> <ul style="list-style-type: none"> • Strategic alignment, legal and quality standards • NHS People Plan / People promise / Equality, Diversity, and Inclusion (EDI) implementation plan and the golden thread throughout all sectors of the health economy • Working with partners and what this means and how this happens • Feedback has been implemented • Timeframe – positive feedback received for content of the plan • Next iteration of the plan will look in further detail at a place-based approach and look at inequalities within the workforce • Local Authorities feedback has proven particularly useful and is starting to align with the vision of one workforce • A digital version of the plan needs to ensure that it is truly accessible • A completed version will be presented at the July People Board <p>J Fleet thanked A Chaudhary and asked if the Belonging Plan could be presented at the September Integrated Care Board for final approval.</p> <p>Joel Burchett of Westmorland and Furness Local Authority had not received and/or been consulted as part of this plan. J Fleet responded that this engagement was planned.</p> <p>K Quinn asked if there was anything that may be added from the Freedom to Speak Up (FTSU) data capture. A Chaudhary responded that engagement with key partners such as staff side colleagues, as well as FTSU data had supported this. A Chaudhary shared the challenges of implementing a belonging plan at system level and that all partners had been committed to supporting this. A Chaudhary also highlighted that Lancashire and South Cumbria as a system are advanced in this area of work compared with other Integrated Care Boards across the Northwest with Greater Manchester and Cheshire and Mersey looking to Lancashire and South Cumbria Integrated Care Board (LSCICB) for guidance.</p> <p>R Lundberg raised the issue of wealth knowledge and would like to see a link in with data from different unions. J Hannett added that work with the Independent Race Equality Partnership (IREP) around agreement with the voluntary sector had been</p>	

	<p>helpful and is keen to see how delivery will work.</p> <p>Resolution: Belonging plan will be presented at the September Board meeting.</p>	AC
11.	<p><u>Update on Staff Survey Results / Provider Action Plans</u></p> <p><i>Louisa Graham joined the meeting for item 11.</i></p> <p>J Fleet introduced the item and its 3 components:</p> <ul style="list-style-type: none"> • Lancashire and South Cumbria ICB 2022 NHS Staff Survey Trust Overview Report for L&SC People Board • Trust Response to Staff Survey Lancashire and South Cumbria Provider Collaborative • Team Engagement and Development (TED) Lancashire Teaching Hospitals <p>M Burgess had recently presented the LSCICB NHS Staff Survey Trust Overview and highlighted areas of improvement, no movement and decline. The report has been presented to NHS providers and HR Directors across the system.</p> <p>K Quinn provided an overview of the individual Trust responses to their survey results, highlighting the similarities in approach adopted.</p> <p>L Graham introduced the TED tool to the group, highlighting its journey since its conception in 2016. L Graham explained that the tool has evolved since first implemented and aligns with the national People Plan.</p> <p>L Krisson discussed how NHSE had commissioned TED and highlighted the toolkit and questionnaire, building capabilities using a quality assurance method. Over 30 organisations have implemented TED including, private health care and universities and this is feeding into national research.</p> <p><i>L Krisson left the meeting.</i></p> <p>J Fleet sought assurance as to how TED is used across all the providers and how this links to local authorities.</p>	
12.	<p><u>Lancashire and South Cumbria Social Care Partnership Forum (SPF) Update</u></p> <p>Update report noted.</p>	
13.	<p><u>ICB Workforce Insights Report</u></p> <p>Update report noted.</p>	
14.	<p><u>ICS/Systems Workforce Insights Report</u></p> <p>Update report noted.</p>	
15.	<p><u>Committee Highlights Report to the Board</u></p> <p>The Chair raised the issues around the risk register, risk items for consideration staff pay (especially relating to primary care staff and recruitment), key 5 priorities:</p>	

	<p>Alert: Covid-19 and Flu vaccinations 2023 - Low uptake by staff was concerning. Further discussion to be held at the People Board.</p> <p>Workforce succession planning for primary care and social care - Work to date has focused predominantly on hospital provider organisations and less on primary and social care. Further discussion at the People Board in July and risks to be addressed through the workforce sustainability workstream (delivering the 2023/24 operational plan), working closely with the ICB Primary Care team.</p> <p>Risk to delivering the 2023/24 operational plan - Risks (quality and sustainability) identified in delivering the total system FTE reductions in the 2023/24 operational plan. Deep dive scheduled for the July People Board, to include risk impact assessment.</p> <p>Advise: Committee membership (ToRs) - Recommendation for two Place Directors on the People Board as members. To recommend to the Board via this report</p> <p>Post meeting note: Committee membership (ToRs) - Recommendation for Freedom to Speak Up Guardian to join the People Board as a participant. To recommend to the Board via this report</p> <p>Assure: Belonging Plan - Update presented and well received. Draft report to be presented at the People Board in July for recommendation to the Board in September.</p> <p>2023/24 Workforce Priority Programmes - First programme updates presented for all five work programmes. Project initiation documents approved for all five work programmes. Strong progress demonstrated and well received by the People Board. Future updates to be taken to all People Board meetings with regular deep dives scheduled.</p> <p>Five-year Workforce Strategy - People Board supported the plans to develop a five-year workforce strategy, working with all system partners. NHSE has awarded the ICB workforce development funding to engage external support/capacity to take forward this work. A paper would be taken to the ICB Executive. People Board fully supported the plans to develop the five-year workforce strategy for the system.</p>	
16.	<p><u>Items for the Risk Register</u></p> <p>Deferred until July.</p>	
17.	<p><u>Review of the meeting</u></p> <p>Deferred until July.</p>	
18.	<p><u>Any Other Business</u></p> <p><u>Covid-19 and flu vaccinations – low uptake</u></p> <p>The Chair noted an update from Sarah O'Brien, raised initially at Quality Committee</p>	

	<p>regarding the low uptake of Covid and Flu vaccinations. A request for discussion at July's meeting.</p> <p>Please note link supplied by J Hannett detailing achievements related to Belonging: https://www.healthierlsc.co.uk/application/files/5916/8433/9665/VCFSE_partnership_agreement_signed.pdf</p>	
<p>19.</p>	<p><u>Date, Time, and Venue of Next Meeting</u></p> <p>The next meeting will be held on Wednesday, 26 July 2023 at 1 pm - 3.30 pm in Meeting room 01, County Hall, Preston.</p> <p>POST MEETING NOTE as at 15 November 2023 Due to unforeseen circumstances, the meeting scheduled to take place on <i>26 July 2023</i> was postponed. Unfortunately, due to matters relating to quoracy, the meeting scheduled to be held on <i>27 September 2023</i> was cancelled.</p> <p>The next meeting would be held on Wednesday 22 November 2023, 1 pm – 3.30 pm, in the Lune meeting room 1, County Hall, Preston.</p>	