

## Integrated Care Board

<b>Date of meeting</b>	15 May 2024
<b>Title of paper</b>	Reporting from Committees: Escalation and Assurance Report
<b>Presented by</b>	Committee Chairs: <ul style="list-style-type: none"> <li>• Jim Birrell, Audit Committee</li> <li>• Sheena Cumiskey, Quality Committee</li> <li>• Jim Birrell, Finance and Performance Committee</li> <li>• Debbie Corcoran, Primary Care Commissioning Committee</li> <li>• Jane O'Brien, People Board</li> <li>• Debbie Corcoran, Public Involvement and Engagement Advisory Committee</li> </ul>
<b>Author</b>	Board Secretary and Committee Officers (on behalf of the Committee Chairs)
<b>Agenda item</b>	7
<b>Confidential</b>	No

### Executive summary

This report highlights key matters, issues, and risks discussed at ICB committee meetings held since the last report to the Board on 13 March 2024 to alert, advise and assure the Board.

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

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

### Recommendations

The Board is asked to:

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

### Which Strategic Objective/s does the report relate to:

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 March and April 2024		To provide the Board of committee business during this period.	
Conflicts of interest associated with this report				
Not applicable.				
Impact assessments				
	Yes	No	N/A	Comments
Quality impact assessment completed			✓	
Equality impact assessment completed			✓	
Data privacy impact assessment completed			✓	
<b>Report authorised by:</b>	Committee Chairs			

# Integrated Care Board – 15 May 2024

## Committee Escalation and Assurance Report

### 1.1 Introduction

1.2 This report highlights key matters, issues, and risks discussed at ICB committee meetings held since the last report to the Board on 13 March 2024 to alert, advise and assure the Board.

### 2.0 Committee Reports and Approved Minutes

#### 2.1 Audit Committee

<b>Date: 28 March 2024</b>		<b>Chair: Jim Birrell</b>
<b>Key Items Discussed</b>		
<b>Item</b>	<b>Issue</b>	<b>Action</b>
<b>Alert</b>		
<b>External Auditor's VFM Assessment</b>	Given the ICB's projected 2023/24 financial outturn, the external auditor is likely to highlight significant risks in terms of the organisation's financial sustainability and its approach to improving economy, efficiency and effectiveness. The auditor may also identify the significant risk regarding the 2024/25 financial plan as it is currently not forecasting a balanced position and is dependent on mitigations that in some cases require further development.	Board to note and continue the work underway to address the 2024/25 position.
<b>Advise</b>		
<b>Internal Audit and Anti-fraud Plans</b>	The Committee agreed both the 2024/25 Internal Audit Plan, (this will be the second year of a three-year plan) and the 2024/25 Anti-fraud Plan.	Board to note.
<b>Audit Committee's 2023/24 Annual Report</b>	The 2023/24 Annual Report of the Audit Committee was approved for consideration by the Board prior to members reviewing the ICB's Annual Report and Accounts.	Report to be submitted to the Board on 19 June 2024.
<b>Assure</b>		
<b>Completed internal audit reviews</b>	Three completed reviews were received: <ul style="list-style-type: none"> <li>• <i>HR/Payroll</i>, (moderate assurance)</li> <li>• <i>Key Financial Systems</i> (substantial assurance)</li> <li>• <i>Freedom To Speak Up</i> (substantial assurance).</li> </ul>	Board to note.

	In addition, the Committee received a largely positive final briefing note on the use of the BAF to support the overall assessment of governance, risk management and internal control.	
<b>Head of Internal Audit Opinion, (HoIAO)</b>	The latest draft HoIAO remains as 'Moderate Assurance'. (The opinion is unlikely to change but only becomes final when the ICB submits its final Annual Report and Accounts).	HoIAO will be referenced in the Annual Governance Statement.
<b>Mental Health Investment Standard</b>	The external assessment of the 2022/23 Mental Health Investment Standard confirms that the ICB met the required spending target.	Chief Executive to endorse the Compliance Statement.
<b>Information Governance</b>	The Committee was pleased and encouraged to learn of the range of work undertaken, processes strengthened and general progress made by the IG Team over the last twelve months.	Board to note.

**Appendix A** – Approved minutes of the Audit Committee meeting held on 25 January 2024.

## 2.2 Quality Committee

<b>Date: 20 March 2024</b>		<b>Chair: Sheena Cumiskey</b>
<b>Key Items Discussed</b>		
<b>Item</b>	<b>Issue</b>	<b>Action</b>
<b>Alert</b>		
<b>Quality and Safety Report</b>	Speech and Language Therapy [SLT] waiting times continue to remain a significant challenge with 396 children waiting over 52 weeks and the challenges also impact on the CYP Autism waiting times flagged below.	<ol style="list-style-type: none"> <li>1. Short term funding request (waiting initiative) for SALT has gone to CRG in March to mitigate risks.</li> <li>2. The end-to-end pathway review and re-design for CYP Neurodevelopment will address some of the challenges.</li> </ol> <p>The NHS workforce plan and ICB workforce strategy will focus on vulnerable services such as SLT where there are significant workforce challenges.</p>
<b>Quality and Safety Report</b>	Life expectancy figures were noted to have deteriorated across the patch and concerns were raised relating to growing health inequalities.	Directors of Public Health to lead a discussion at the Clinical Assembly in June 2024 on inequalities and life expectancy and consider what else the system may need to do to address this.
<b>Quality and Safety Report</b>	Variability in quantity and quality of Learning Disability health checks remains a risk.	Work to address this continues with the ICB LD&A team and primary care but we may need to consider additional actions.

<p><b>All Age Autism and ADHD Assessments</b></p> <p><b>SEND (Special Educational Needs and Disabilities) deep dive</b></p>	<p>Committee received two papers flagging inter-related risks to alert the Board.</p> <ol style="list-style-type: none"> <li>1. There are unacceptably long waits in both Childrens and adults for autism and ADHD assessments (over 2 years in CYP). The ICB has a statutory responsibility to organise an assessment (and post diagnostic care). This is a quality and financial risk as patients may deteriorate and come to harm whilst waiting &amp; we have had a Reg 28 for a child related to waiting for an assessment and patients can be referred through Right to Choose and this would be very expensive versus an ICB commissioned assessment. Historically investment in these pathways for both CYP and adults has been variable, and demand has risen exponentially in the last 2 years.</li> <li>2. Linked to the long waits and rising demand the ICB is not currently meeting the SEND Code of practice and committee were alerted to several risks, there is a high risk that written statements of action will be issued by CQC and Ofsted during a SEND inspection.</li> </ol>	<ol style="list-style-type: none"> <li>1. Additional waiting list funding is required in 2024-25 to mitigate the waiting times risks, paper has gone to CRG in March</li> <li>2. An end-to-end pathway re-design is underway for CYP and adults and this needs to consider different approaches to these pathways and conditions and discussions at QC will be incorporated to the design. A full business case will be ready by Autumn 2024</li> <li>3. Board to be asked to be clear on priorities to guide commissioning decisions in 2024-25 recognising statutory responsibilities for ASD assessment and SEND.</li> <li>4. Contingencies to support additional demand for health input into EHCPs need to be considered further.</li> </ol> <p>Board development session regarding responsibilities for SEND and safeguarding would be helpful, so board sighted on whole agenda.</p>
<p><b>Primary Care Monitoring and reporting Framework Update</b></p>	<p>Committee received a paper highlighting limited assurance in all areas of primary care in terms of quality this is mainly due to lack of capacity so that responses are reactive rather than proactive.</p>	<p>Quality team continue to work closely with primary care but need to consider further how to address demands in primary care and support quality improvement and assurance more proactively.</p>
<p><b>Update on formal response to the national Valporate Alert</b></p>	<p>In November 2023 the Medicines and Healthcare products Regulatory Agency (MHRA) issued a National Patient Safety Alert relating to Valporate, one of the asks in the alert is for a second specialist opinion / support when prescribing valproate for women of childbearing potential and at present this requirement isn't being met across LSC due to operational pressures.</p>	<p>Members recommended a risk of 16 to be added to the corporate risk register, which could be mitigated to 6 if the full action plan is implemented through involvement with primary care.</p>

<b>Risk and Escalation Report</b>	Report flagged two new Never Events to committee but reassured on immediate actions taken.	Oversight of learning through patient safety team.
<b>Advise</b>		
<b>Safeguarding children with disabilities and complex health needs in residential setting</b>	Members were advised of national recommendations and the current identified gaps in assurance against these recommendations and next steps required to address these gaps.	ICB teams to continue work and to mitigate risks but committee noted that more work is required including with other partners to address these challenges.  A further update to be provided in 3 months' time as to what actions must be taken and ensure that all settings are safe.
<b>Update on formal response to the national Valporate Alert</b>	Committee received a report outlining large amount of activity undertaken to respond to the national alert and risks	Work to continue and to report to CEG (Clinical Effectiveness Group).
<b>Research and Innovation Collaborative Plan on a Page</b>	Plan on a page had been developed with the input from members of the ICB Research and Innovation Collaborative with the aim to set out the priorities within this area.	To be formally taken to ICB Board in May 2024.
<b>Complaints Policy</b>	Amendments made to the ICB complaints policy.	Version 2, May 2024 was approved for ratification by the Board.
<b>Assure</b>		
<b>Maternity Update Report</b>	The Quarter 3 (2023-2024) report has demonstrated a positive position that no babies less than 27 weeks have been born in the wrong place and no unit is flagging for neonatal mortality and the report updated committee on MIS, workforce and Maternity Voices Partnership.	LMNS to continue work to oversee and assure maternity services.

<b>Date: 17 April 2024</b>		<b>Chair: Sheena Cumiskey</b>
<b>Key Items Discussed</b>		
<b>Item</b>	<b>Issue</b>	<b>Action</b>
<b>Alert</b>		
<b>Provider Reports</b>	Corridor Care and Boarding of patients (additional patients on a ward) remain an operational challenge in acute trusts and related incidents were discussed by committee members. Many steps are taken to ensure adequate nursing care is in place, but committee recognised this is not an acceptable situation and required a whole system response to address this.	Quality team to continue monitoring incidents related to corridor care and to seek assurance from trusts.  The draft ICB recovery plan describes an ambition and related actions to eliminate corridor care by 2025.

<b>Provider Reports</b>	The expansion to a 7-day Thrombectomy service (LTH) has not yet been commissioned and the Trust is unable to fully mitigate the risk associated with a limited thrombectomy provision, as when clinically appropriate thrombectomy is the gold standard treatment option.	ICB team to seek assurance from the trust that this is being managed and to add to risk register.
<b>Provider Reports</b>	Long waits for mental health patients in ED remain a challenge in one acute trust.	ICB mental health team to provide update to committee on actions being taken to reduce waits in this trust.
<b>Patient and Safety Report including risk and PSIRF</b>	Members were advised regarding 2 new never events and 1 potential never event and assured that immediate necessary action had been taken in all 3 cases and harm to the patients was minimal. Members were also updated that the backlog of Serious Incidents had been reduced significantly to 188 from over 300 and that none of the delays were now sat with the ICB.	Reporting by trusts was timely and transparent and immediate action taken.  The trusts involved have implemented early learning from both never events.
<b>Primary Care Quality Group AAA - March 2024</b>	Repeated themes relating to the increasing numbers of concerns, issues and incidents being raised to the quality team regarding primary care providers and the impact that this is having on the workforce for primary care assurance due to capacity.	To be placed on the corporate risk register.  To be discussed at an ICB Executive team meeting as to what measures can be implemented to support this work.
<b>Patient Story / Experience</b>	It was raised that there appears to be a lack of access to neurodiversity training for GPs / primary care colleagues.	MD to discuss with ICB medical directors regarding the availability of such training in primary care.  CNO to discuss with HealthWatch the provision of the Oliver McGowen training across the patch and report back to committee.
<b>Advise</b>		
<b>Aqua's Quality Management System (QMS) development for ICS</b>	A presentation was provided on work to develop a Quality Management System (QMS) framework for the ICS. The delivery of high-quality care requires organisations to have a consistent and coordinated approach to managing quality that is applied from frontline teams through to board level. There was a discussion on how a QMS	Further discussions to be undertaken with quality committee members in a dedicated session so that they can contribute to this work.

	could help quality committee and to think about the four quadrants of a QMS and what do we do well and what needs to improve.	
<b>Care Quality Commission (CQC) Inspection Readiness</b>	Following a previous presentation at QC on the new CQC inspection framework for ICBs, the quality team had commenced a desktop review to understand the preparation required for any future CQC inspections and the findings were presented to committee.	It was agreed that CQC inspection preparation was a corporate responsibility that would require input from relevant ICB teams such as quality. Director of Corporate Governance will consider the way in which this can be delivered on a system wide basis through working with partners and provide an update to back to committee in November 2024.
<b>Risk Management Update</b>	Members received the update and noted that ICB-028 had been closed further to agreement by the executive team and received the new risk management policy.	All mitigations for risks were asked to be reviewed when the risk requires an extension and to explore whether the correct mitigations were in place if the risk is not improving.
<b>Draft Quality Committee Business Plan 2024/25</b>	The business plan for 2024/25 for quality committee was approved with the alteration to maternity reporting being received bi-monthly.	Assurances were provided that should there be a requirement for any escalations that this would take place as necessary.
<b>Assure</b>		
<b>Maternity Update Reports</b>	Committee received a comprehensive assurance report outlining work on: Maternity & Neonatal Single Delivery Plan (SDP) Equity and Equality (E&E) Programme Maternity & Neonatal Independent Senior Advocate (MNISA) Quality Assurance Panel Committed noted the vast areas of activity and were assured by the actions and mitigations being taken.	To continue to receive maternity updates every other meeting.  CNO and Health Watch to continue to explore joint working on the MNISA work
<b>Managing Long Waiting Cancer Patients</b>	Committee were informed of new NHSE guidance and assured that LSC providers had adapted this but noted that some long waits remained a challenge in the system.	The guidance was approved with the inclusion of the VCSFE sector to be involved in the work to support and ensure that learning themes are threaded through.

**Appendix B** – Approved minutes of the Quality Committee meeting held on 21 February 2024.

**Appendix C** – Approved minutes of the Quality Committee meeting held on 20 March 2024.



## 2.3 Finance and Performance Committee

<b>Date: 25 March 2024</b>		<b>Chair: Jim Birrell</b>
<b>Key Items Discussed</b>		
<b>Item</b>	<b>Issue</b>	<b>Action</b>
<b>Alert</b>		
<b>2023/24 Financial Projections</b>	The latest financial projections suggest that the combined ICB/Lancashire and South Cumbria (L&SC) providers outturn position will deliver a figure that will be acceptable to NHS England (NHSE). However, this will be subject to achieving a range of challenging targets.	Ensure continuing efforts are made to achieve revised targets.
<b>2024/25 Financial Plan</b>	Discussions are continuing with NHSE regarding the projected 2024/25 financial plan. At this stage it looks unlikely that the L&SC system will deliver a balanced position without additional support.	Support the work of the System Recovery and Transformation Board to optimise the use of resources.
<b>Performance Targets</b>	Performance across the ICB generally compares reasonably well with national figures. Despite this, the ICB will miss some of the waiting time, cancer and emergency care standards.	Note position and monitor progress on work programmes designed to improve performance.
<b>Virtual Wards</b>	The usage of virtual wards is disappointingly low.	A review of usage is underway.
<b>Advise</b>		
<b>Primary Care Commissioning</b>	Whilst the Finance and Performance Committee will review most aspects of the ICB's commissioning programme, the Primary Care Commissioning Committee will continue to oversee primary care issues.	For noting.
<b>2024/25 Operational Plans</b>	The ICB's draft 2024/25 operational plans are largely compliant with national guidelines; discussions will be taking place regarding the remaining challenged areas.	Board to agree and disseminate plans.
<b>Finance and Performance Committee Committee's Terms of Reference</b>	The Committee is planning to review its Terms of Reference so that they better reflect the work of the group in providing assurance to the Board.	Board to note.

<b>Assure</b>		
<b>Delegated specialised services</b>	The draft 2024/25 financial plan was agreed.	Board to ratify agreement.
<b>Recovery and Transformation governance</b>	The Committee discussed and supported the proposed changes to the governance arrangements underpinning the Recovery and Transformation Programme. The proposals will improve both accountability and transparency.	Discussions ongoing, including with the Board.

<b>Date: 29 April 2024</b>	<b>Chair: Jim Birrell</b>
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<b>Key Items Discussed</b>		
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<b>Item</b>	<b>Issue</b>	<b>Action</b>
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<b>Alert</b>		
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<b>Projected 2024/25 financial position</b>	Discussions are continuing with NHS England (NHSE) regarding the projected Lancashire and South Cumbria (L&SC) NHS 2024/25 financial position. The situation remains very challenging but it is anticipated that the final agreed figure will be an improvement on 2023/24.	Monitor progress.
<b>ICB QIPP programme</b>	The ICB has a provisional QIPP target for 2024/25 of £220m.	Increase focus on the identification/delivery of planned savings.
<b>Palliative care</b>	There has been a reduction in the proportion of people identified and recorded as being in the last year of life at time of death and in the proportion of people that have died with a form of care planning in place.	Review programme to assess ways of improving both performance indicators.
<b>One LSC</b>	Whilst progress is being made on implementing the One LSC programme, the timetable for implementation has slipped.	Continue liaison with project leads.
<b>Sickness absence rate</b>	The rate of sickness absence in L&SC providers is higher than both regional and national averages.	Review options for improvement.

<b>Advise</b>		
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<b>System recovery and transformation</b>	The Committee welcomed the revised governance and oversight arrangements. At future meetings the focus will move to reviewing action plans, including the monitoring of timescales and targets.	For noting.
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<b>Urgent and emergency care pathway</b>	The ICB is setting the following ambitious improvement targets for 2024/25 <ul style="list-style-type: none"> <li>• Reduce attendances</li> <li>• Reduce emergency admissions</li> <li>• Reduce the numbers of patients defined as “Not meeting the criteria To reside”</li> <li>• Zero corridor days</li> <li>• Zero ambulance delays</li> <li>• Reduce length of stay for emergency admissions.</li> </ul>	Monitor progress.
<b>A&amp;E attendances and 12-hour waits</b>	The 2023/24 4-hour A&E target was met in March despite attendances being 13.3% higher than in the same period last year. Unfortunately, March also saw an increase in the number of patients waiting in excess of 12 hours.	For noting alongside the content of the previous point.
<b>New approach to contract management</b>	Commissioning and contracting discussions with providers will be combined with the aim of creating a single strategic partnership forum. The first set of meetings are planned for June 2024.	Finance and Performance Committee will monitor and advise the Board on the effectiveness of the arrangements.
<b>ICB volumetric data</b>	The performance report now includes a broader range of volumetric data that will enable the Committee to better monitor activity and referral levels.	Note enhancement to the reporting system.
<b>Reimbursement of expenses for volunteers, carers, etc</b>	The Committee ratified the draft ICB policy for reimbursing expenses incurred by members of the public, patients, carers and volunteers when contributing to the work of the ICB.	For noting.
<b>Proposed Finance and Performance deep dive</b>	In order to better understand budgetary variances and the scope, if any, for realignment, the Committee has requested that a more in-depth analysis be brought to the next Finance and Performance Committee meeting.	Work in progress.
<b>Assure</b>		
<b>2023/24 Financial outturn</b>	The combined L&SC NHS financial outturn is in line with figures agreed with NHSE. Efficiency savings totalling £240.7m were delivered in the year.	For noting.

**Appendix D** – Approved minutes of the Finance and Performance Committee meeting held on 29 January 2024.

**26 February 2024** - The meeting scheduled to take place on 26 February 2024 was stood down however, members of the committee received reports via an information pack.

**Appendix E – Approved minutes of the Finance and Performance Committee meeting held on 25 March 2024.**

**2.4 Primary Care Commissioning Committee**

<b>Date: 14 March 2024</b>		<b>Chair: Debbie Corcoran</b>
<b>Key Items Discussed</b>		
<b>Issue</b>	<b>Committee update</b>	<b>Action</b>
<b>Advise</b>		
<b>Local Enhanced Services and General Practice Quality Contracts 2024/25 and beyond</b>	Proposed approach to ICB commissioned General Practice Local Enhanced Services (LES) and General Practice Quality Contract (GPQC) for 2024/25 approved, pending Board approval of commissioning intentions on 10 April 2024.	Detailed implementation overseen by the PCCC Primary Medical Services Group (PMSG); revised Finance Report to include contract performance information for oversight of delivery.
<b>Special Allocation Scheme Contract</b>	Contract variation approved, in line with the Provider Selection Regime (PSR) 2023 to the current provider (FCMS) for a period of six months from 01 June 2024 until 30 November 2024, to allow for continued patient engagement to support options appraisal for long-term service delivery being received at a future meeting.	Continued engagement, and options appraisal to secure delivery from 1 Dec 2024 onwards
<b>Millom Primary Care Network Application</b>	Application approved from Waterloo House Practice to leave the Barrow and Millom Primary Care Network (PCN) and to establish a new PCN from the 01 April 2024 – following close review of the rationale, delivery against policy and local requirements, and consideration of support and strategic fit.	-
<b>Withnell Health Centre – Preferred Procurement Option</b>	Procurement options considered to secure future delivery at the practice, and agreement to a competitive procedure being progressed in accordance with the timeline previously agreed by the Committee – options were informed by additional legal advice, and engagement with NHS England’s national policy team. Based on full consideration of procurement routes and associated published guidance, the Committee approved to undertake a competitive procedure under the Provider Selection Regime (PSR).	Consideration of Procurement Evaluation Strategy (PES) at May Committee meeting; ongoing communications and engagement.

<b>Dental Commissioning Plan</b>	Dental Commissioning Plan for 2024/25 approved, pending Board approval of commissioning intentions on 10 April 2024. Plan will improve dental access and improve oral health for the population of Lancashire and South Cumbria – based on the dental access and oral health improvement programme approved by the ICB Board in November 2023, and aligned to and incorporating the recently published Dental Recovery and Reform plan.	-
<b>Assure</b>		
<b>Primary Care Monitoring and Reporting Framework Update</b>	Report considered on monitoring and reporting framework in place for Primary Care, and the Committee’s responsibility areas for oversight and assurance.	Framework to be received at May meeting, linked to development of Integrated Performance Report and reporting against Primary Care to other Committees to support clarity, oversight and assurance.
<b>PCCC Risk Management Report</b>	Consideration of risk management activity and strengthened approach in place at sub-Committee level (included risks specific to the business of the Committee since the last update in September 2023, and update on work delivered since Committee development session in November 2023). Noted that the Committee Escalation and Assurance report to the Board in November included an “alert” from the Quality Committee regarding primary care incident reporting and variation and need for further development of incident reporting in primary care, aligned to internal audit recommendations. Following the General Practice Care Delivery Workshop held in January 2024, the Committee was informed that work was underway to scope and define the risks arising as a result of this.	-

**1 May 2024 (rescheduled from 18 April 2024)** - A verbal update will be provided at the Board meeting.

**Appendix F** – Approved minutes of the Primary Care Commissioning Committee meeting held on 8 February 2024.

**Appendix G** – Approved minutes of the Primary Care Commissioning Committee meeting held on 14 March 2024.

## 2.5 People Board

<b>Date: 24 April 2024</b>		<b>Chair: Jane O'Brien</b>
<b>Key Items Discussed</b>		
<b>Item</b>	<b>Issue</b>	<b>Action</b>
<b>Alert</b>		
<b>Overview of staff survey findings for LSC NHS Providers</b>	On the cultural findings of the National Staff Survey results for all NHS providers in LSC.	Identify what further reporting from providers is required to provide assurance that cultural improvements are being made to colleagues' lived experience in the LSC workplace.
<b>Advise</b>		
<b>ICB Risk Management Update</b>	<p>Noted the work currently underway in relation to the full review of all Board Assurance Framework (BAF) risks being undertaken by the Executives and noted the new Risk Management Policy recently approved by the ICB Board.</p> <p>Noted the development of the overarching workforce risk aligned to the delivery of SO3.</p>	-
<b>Development of People Board Oversight Reporting and Metrics of the 10 ICB Mandated People Functions</b>	The People Board received a report.	The People Board was asked to define the necessary oversight reporting and assurance mechanisms and metrics needed to provide the ICB Board that the ten mandated ICB People Functions are being delivered across LSC in all sectors.
<b>Assure</b>		
<b>Proposed Revised Terms of Reference of the People Board</b>	<p>Following two development sessions, a review of the People Board terms of reference had been undertaken.</p> <p>Assurance that the business of the People Board continued to be in line with the proposed revised terms of reference.</p>	The People Board to recommend to the ICB Board the proposed changes to its terms of reference including a name change to People Committee and subject to agreement of the membership.
<b>LSC Five Year Workforce Strategy and Training and Education Plan</b>	Assurance that the Five-Year Strategy, a requirement for ICBs, had been developed. Further work had commenced on implementation. The process has involved widespread engagement with partners in the NHS, adult social care, voluntary, community, faith and social enterprise sectors.	The People Board recommend the strategy to the ICB Board for approval.

<b>Freedom to Speak Up</b>	Assurance of the processes developed and embedded for Freedom to Speak Up and advised on future plans.	The ICB Board to note that the quarterly report by the Freedom to Speak Up Team will be reported into the People Board.
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**Appendix H** – Approved minutes of the People Board meeting held on 22 November 2023.

## 2.6 Public Involvement and Engagement Advisory Committee

**25 April 2024** - A Development Session was held on 25 April 2024. The Committee Chair will provide a verbal update at the Board meeting.

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

<b>Committee</b>	<b>Item or Issue</b>	<b>Referred to</b>
<b>Quality Committee</b>	<b>Vaccination Update</b> - Members have concerns regarding the decline in uptake for vaccinations and how this can be addressed as a system. It was agreed that as we have a duty of care to protect ourselves to protect patients that a referral be made to the People Board with a request as to how ensure a consistent approach across LSC with a generic communication and possibly part of a professional appraisal approach.	<b>People Board</b>
<b>Primary Care Commissioning Committee</b>	<b>Finance and Performance Committee Terms of Reference</b> - Following any review/re-shaping of Finance and Performance Committee ToR, the Primary Care Commissioning Committee require clarity and assurance to understand where areas of concern are being discussed. <b>Update 25.03.24</b> – It was clarified that whilst the Finance and Performance Committee would continue to review most aspects of the ICB’s commissioning programme, the Primary Care Commissioning Committee would continue to oversee primary care issues.	<b>Finance and Performance Committee</b>
<b>Audit Committee</b>	<b>Transfer of specialist learning disability service to a new provider</b> - Tender waiver had been approved for a service provided to four specific individuals and would transfer from 1 March 2024. Recognising both quality and value for money aspects, Finance and Performance and Quality Committees to review, with Sarah O’Brien to oversee, including how it is reported to each of the Committees. Implementation of the review was scheduled to take place in Q2, a progress report to the Committees in or prior to October 2024 was requested by the Audit Committee.	<b>Finance and Performance Committee</b>  <b>and</b>  <b>Quality Committee</b>

## 4.0 Conclusion

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

## **5.0 Recommendations**

5.1 The Board is requested to:

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

## **Committee Chairs**

**May 2024**