

## BOARD MEETING

<b>Title</b>	Board Committees Assurance Reports		
<b>Paper Date:</b>	06 November 2024	<b>Meeting Date:</b>	19 November 2024
<b>Purpose:</b>	Assurance / Approval	<b>Agenda Item:</b>	13
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### Executive Summary

Each Committee will provide an Escalation and Assurance Report to the Board with a summary of key points and to inform the Board of the extent to which the Committee was able to take assurance from the evidence provided and where additional information was required. A report will be provided for every meeting, although due to timing of meetings and publication dates for Board papers, there will be occasions where a verbal report will be provided with the written report presented to the subsequent Board meeting.

The focus for these reports is:

- To what extent are we assured we understand the position?
- To what extent are we assured by the ICB/Provider mitigations presented?
- To what extent are we assured by the System response to the issue?

The following reports are attached:

- System Productivity Committee meeting held on 05 November 2024.
- Audit and Risk Committee meeting held on 22 October 2024.
- ICB People Committee meeting held on 09 October 2024.
- Place and System Development Committee held on 08 October 2024.
- Population Health and Patient Experience Committee held on 22 October 2024.

### Action Required

The Board is asked to:

- Note the content of the Committee Escalation and Assurance Reports.

<b>Conflicts of Interest:</b>	No conflict identified
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## Committee Escalation and Assurance Report – Alert, Advise, Assure

Report From: System Productivity Committee (SPC)

Date of Meeting: 5 November 2024

Committee Chair: Tim Nolan

### Key escalation and discussion points from the meeting

#### Alert:

SPC sees it as important to update the Board re items which are high risk in particular:

#### Month 6 Finance position

- Overall, BOB ICS is reporting a £40.6m deficit at M6.
- This is an adverse variance of £17.4m against a YTD plan of £23.2m, and a month-on-month improvement of £1.6m from M5. The position also includes £30m non-recurrent deficit funding received in M6 from NHSE to relieve the planned deficit that was reported at M5.
- At M6, the net in-month position improved by £1.6m compared to the previous month
- ICB reported a (Month 6) YTD deficit position of £2.1m against a deficit plan of £0.2m
- Need to establish grip on HCDD across the Acutes.  
Formal challenges have been raised around coding and costing.

#### I&I Process

- Phase 1 I&I report for ICB and whole of System now circulated.
- Scope and planning from PwC being established with Phase 2 due to start imminently.

#### Risk Reporting

- Need to establish better grip and control around Risk and management.
- Proposed Deep Dive at the SPC December workshop.

#### Advise:

#### System Recovery and Transformation (SRTB)

##### M6 BOB operational summary

- Planning process, committee requires more assurance around a robust and structured plan.
- Support the work with Carnal Farrar to strengthen and outline the forward plan.

#### Section 75 arrangements

- Better Care Fund Plans for each Health and Wellbeing Board must be governed by a Section 75 NHS Act 2006 pooled budget agreement between the relevant Local Authority and Integrated Care Board. As described in the Chief Executive Report, the Section 75 arrangements received full assurance and were supported by SPC subject to ratification of the Board. Members were also asked to give the Chief Delivery Officer delegated authority to conclude the risk share element of the Reading Better Care Fund and this was supported.

## **Assure:**

### **DDAT Dashboard M6 update**

- Board was assured by clear updates and outline planning with demonstrates good grip across all areas, including focused areas for improvement.
- Currently delivering on track/to plan.

## Board Committees Assurance Reports

### Committee Escalation and Assurance Report – Alert, Advise, Assure

Report From: Audit and Risk Committee

Date of Meeting: 22 October 2024

Committee Chair: Saqhib Ali

#### Key escalation and discussion points from the meeting

#### Alert:

##### Risk Management

The Committee noted the Risk Management update and discussed mechanisms for improved triangulation of risk reporting and assurance into Committees (supporting the Committee Effectiveness Review recommendations), with regards to the ICB ensuring it is accurately reflecting the System risk view and capturing the concerns and issues raised from our partner organisations.

The Committee were also informed of a request to consider an additional risk to the Board Assurance Framework in relation to Strategic workforce. The narrative to support this is being progressed through the appropriate governance routes and will be presented in full to the next Audit and Risk Committee in January for consideration of Board approval.

#### Advise:

##### Audit and Risk Committee Effectiveness Review

The Committee received the Audit and Risk Committee Effectiveness Review 2024/25 and supported the subsequent actions and recommendations to Board including the review of its terms of reference through the independent governance review.

The Committee were informed of two new emerging **corporate risks** within the risk management update which are being progressed through the appropriate governance routes. These included:

- System Development – lack of common alignment with system priorities.
- Public Engagement

##### Cyber Assurance Framework

Cyber Assurance Framework (CAF/ DPST): The Committee received assurance in relation to the rationale of the changes and specifically reasons why both Trusts and ICBs will not be able to receive “significantly assured” status for the next submission of the Cyber Assurance Framework (CAF). A baseline submission is required by 30 December 2024 instead of end of February 2025. All organisations undertaking the CAF DSPT (not limited to ICBs) have until 2030 to achieve all the outcomes. The new CAF DSPT has several outcomes where the expectation is for organisations to Partially Achieve, and some are set at Not Achieve. Standards Exceeded is not an option for the 2024/25 submission but might be considered for the 2025/26.

##### Register of Seals

The Register of Seals was submitted to ARC noting one application of the seal regarding the Grant of funding relating to ancillary elements of the Great Western Park (GWP) from community infrastructure levey.

## Assure:

The Committee received reports providing assurance in the following areas:

- Audit and Risk Committee Effectiveness Review 2024/25 report (and recommendations)
- Risk Management Update report – BAF and CRR: continues to develop with improved ways of presenting risk to Committee. The new Vertical Summary risk report was received for feedback. Comments were given regarding integrating more robust articulation and visibility of gaps in controls and assurances.
- Cyber Assurance Framework- Assurances received regarding the work to date, to address upcoming changes in the Cyber Assurance Framework (CAF).
- Register of Seals- A register of seals report will be submitted to the first meeting of ARC in 2025/26 for completeness of the full year and thereafter will be submitted annually with alignment to the Audit and Risk Committee forward planner.
- Single Tender Waivers (STW)- The amount received is low and were noted as predominately relating to software packages or to continuity of established relationships.
- Counter Fraud Progress Report.
- Internal audit progress report (Annual Contracting) and Insights update.
- The Anti-Crime Progress Report for 2024/25 highlighted ongoing work regarding Section 12 Assessment Forms and also for Anti-crime awareness specific training for GP practices.

## Committee Escalation and Assurance Report – Alert, Advise, Assure

Report From:	ICB People Committee
Date of Meeting:	10 September 2024
Committee Chair:	Sim Scavazza

### Key escalation and discussion points from the meeting

#### Alert:

##### Change Programme

Significant feedback was received with over 400 pieces from the workforce and 27 from system partners, resulting in some modifications, especially around place-based leadership and UEC (Urgent and Emergency Care). Key focus areas include ensuring the consultation process was meaningful, clarifying changes in roles, and addressing staff concerns, especially regarding the 79 staff without confirmed roles. There will be further governance updates to ensure the correct naming and structure of committees related to the change programme are clear.

#### Advise:

##### Hybrid Working Framework

Directorate level meetings are being explored to understand how the framework will work in practice, considering the diverse needs of teams. There is a strong focus on clear communication, collaboration, and understanding as we move through this transition, despite high anxiety among staff due to upcoming job-related communications. The committee endorsed the hybrid working framework and are supportive of the next steps.

##### Health and Safety Policy

The Health and Safety Policy covers key elements such as reasonable adjustments, agile working, and other related policies. The committee requested additional assurance on practical matters like fire safety training, the condition of workspaces, and who is responsible for first aid and fire wardens in different locations. The committee members expressed a need for clearer processes and monitoring to ensure the safety of employees across various buildings.

The committee recommended adoption of NHS England templates for policies, where possible, and only focus on significant differences – this will be shared with Audit and Risk Committee who assure the ICB of the policy process.

#### Assure:

##### Gender Pay Gap

The committee commended the gender pay gap report, with positive feedback on the action plan. The committee emphasised the importance of capacity planning for fully implementing the action plan and looked forward to updates on progress.

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Place and System Development Committee
Date of Meeting:	8 October 2024
Committee Chair:	Aidan Rave, Non Executive Director
Key escalation and discussion points from the meeting	
<b>Alert:</b>	
No issues arising from this meeting.	
<b>Advise:</b>	
<p>Place ‘pulse’ updates</p> <p><b>Oxfordshire</b></p> <p>Oxfordshire has been vocal about its stance on the new operating model, proposing a leadership structure, funded and hosted locally, with joint management by Oxfordshire County Council and the ICB. This model is under negotiation, with challenges around delegating authority and coordinating responsibilities.</p> <p>The board emphasised the importance of transparency in decision-making, particularly concerning funding for health inequalities. There is a call for detailed discussions at executive meetings and updates on how funds will be allocated to ensure alignment with one of the ICB's core missions of improving health outcomes and tackling inequalities.</p> <p><b>Buckinghamshire</b></p> <p>There is a need for vigilance over performance as winter approaches, given the direct impact on spending in an already financially constrained environment. Efforts are being made to address challenges in commissioning for children’s services and improve cost recovery in the community equipment service.</p> <p>The committee suggested that the board could review the effectiveness of joint commissioning across the system, exploring its benefits and potential areas for improvement. This is seen as a critical but complex area that could unlock more value from integrated efforts.</p> <p><b>Berkshire West</b></p> <p>Efforts are being made with the Berkshire Healthcare Foundation Trust (BHFT) to address a backlog of Section 117 patient reviews, aiming to improve processes and find cost savings.</p> <p>The committee noted the progress and challenges in implementing a new operating model for the Berkshire West place-based partnership. Berkshire West is less advanced in developing its partnership model compared to Oxfordshire and</p>	

Buckinghamshire, and further discussions are needed to refine its role in the new structure. It is important to receive timely feedback from partners to understand what aspects of the new approach are working and which need adjustment.

### **Mental Health Provider Collaborative**

The mental health provider collaborative has made significant strides in fostering partnerships, engaging stakeholders, and creating a foundation for transformative change. However, to accelerate progress, the committee emphasised the need for clearer metrics to track key goals, such as reducing out-of-area placements and addressing inequalities across regions. They also highlighted the importance of transparency to visibly demonstrate the impact on residents.

While strong alignment has been achieved between NHS providers and the voluntary sector, further integration at an operational level and clearer guidance from the Integrated Care Board (ICB) are essential to deepen collaboration, especially with local authorities and primary care. Oxfordshire's example highlighted challenges in embedding collaborative priorities within NHS trusts and aligning them effectively with place-based governance.

Additionally, the committee stressed the need to more explicitly include children and young people in the collaborative's agenda, recognising their vital role in preventative mental health efforts. Addressing these concerns will support the collaborative's mission to deliver meaningful, sustainable change across the mental health system.

### **Assure:**

The future of the committee is subject to the governance review currently underway. There is therefore a degree of uncertainty about whether the committee will continue in its current form, but its core purpose – ensuring integration and collaboration in the care system – remains critical. The committee recognises the importance of providing regular updates relating to both system and place to the board, highlighting both progress and challenges in achieving strategic goals at system level.



Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Population Health and Patient Experience Committee
Date of Meeting:	22 October 2024
Committee Chair:	Margaret Batty
Key escalation and discussion points from the meeting	
<b>Alert:</b>	
<p><b>Mental Health Outreach Services</b></p> <p>The Committee was not assured by the Mental Health Assertive Outreach Services. The report outlined the requirement and process for the ICB to review its policies and practices regarding the care of people with severe mental illness, who require treatment, but where engagement is a challenge. The committee noted that there are gaps in assurance that services offered across the ICS are able to identify, maintain contact; and meet the needs of people who may require intensive and assertive community care and follow-up. A report will be delivered to the committee, highlighting the robust monitoring framework to address the gaps in assurance in December 2024. The CNO and CDO to ensure that these gaps in assurance are reflected in the risk register process.</p> <p><b>Clinical slowdown in progress in some areas</b></p> <p>The Committee noted a slowdown in a number of clinical services, which included end of life care, Oxfordshire stroke recovery and cancer coordination post and the personalised health budgets. There is concern that end-of-life care funding for the charity sector will impact service sustainability. The committee were keen to ensure that the Board were alerted to the quality and performance impact that this may have going forward.</p> <p><b>Specialised Commissioning Arrangements</b></p> <p>An area of significant risk was identified in relation to the intended transfer timeline of specialised commissioning arrangements, from April 2025. Risks associated with the delay in the transfer of specialised commissioning staff from NHS England was noted, with potential staffing gaps that could impact service delivery. (Risk – CRR: JPF0001)</p> <p><b>Cancer</b></p> <p>Oxford University Hospitals is unlikely to meet its March 2025 target for 62-day cancer waits, with ongoing concerns about the impact of health inequalities. Individuals from deprived areas are more frequently diagnosed with cancer at later stages, highlighting the need for a focus on early diagnosis. There is potential for Tier 1 national oversight, with weekly or fortnightly calls to support backlog reduction. Mutual aid efforts are underway to help manage capacity, particularly for benign non-cancer work.</p>	

(Risk – CRR: PLA0004)

### Weight Management

Tier 3 weight management services are currently overwhelmed with in excess of 24 months waiting list due to the release of NICE technical appraisals for weight loss medications which can only be prescribed in specialist weight management services. The tier 3 services do not currently offer medications and the ICB have delayed the implementation of a pathway for this as this comes with a substantial financial risk. The Oviva Right to Choose service offer was acknowledged as a significant risk to ICB financial turnaround, however they were assured that teams are working together to discuss options around contracting and gaining control of the demand. There is noticeable variation of service provision across BOB, a system-wide strategy would be useful.

There are also risks tied to the absence of a Tier 2 weight management service in specific areas, alongside challenges with new providers and weight loss medication funding. Continued monitoring and periodic board review were recommended by the committee, as well as a strong emphasis on ensuring strategic communication to manage public expectations. The Committee noted the variation in service provision across the System and would welcome a system wide strategy which would require substantial transformation across services to address the demand, with an ongoing dialogue with national bodies suggested to align on expectations and resource support.

(Risk: PHP0023)

### Paediatric Audiology

The NHS England's national paediatric hearing improvement program identified systemic issues within newborn hearing screening, leading to a national improvement initiative. RBH and OUH (acute) are rated high assurance. BHT and OUH (community) are rated low assurance, with significant risk. With a target completion date by March 2025, there is significant work required, particularly in Oxfordshire, where 500 cases may potentially require recall.

### Advise:

#### Risk and Assurance

Committee members emphasised the need for greater transparency and accountability in how risks are flagged, tracked, and escalated. The committee recommended explicit references to risks within board reports, ensuring better visibility of ongoing issues. The committee called for enhanced scrutiny of risks by improving the flow of detailed information, aligning reports with actual risk mitigation work, and ensuring ongoing risks are escalated and addressed effectively. The overall feedback from the refreshed risk and assurance report highlighted the need for more coherent and dynamic risk management and reporting processes that align cross-cutting risks (e.g., finance, quality, and performance) across committees and boards which supports the output from the Audit and Risk Committee effectiveness review.

### Never Events

The Never Event Annual Report, presented at the System Quality Group, escalated an alert to the committee. There were 11 never events declared across BOB and the most frequent occurrences relate to safer surgery. The committee's scrutiny focused on ensuring appropriate communication, clarity of context, and adequate assurance that actions are being taken, while avoiding unnecessary alarm at the board level. The committee recommended that instead of issuing an alert, which may imply significant risk, the board should be advised of the issue. The focus is to ensure the board is aware that there is support and oversight in place, but improvement is needed. The Committee noted the plans to develop a safer surgery improvement collaborative across the ICS to focus on reducing the number of never events across the System.

### **Inequalities**

Whilst cancer screening in some areas need improvement, the committee acknowledged support by community leaders. There is ongoing work by the Thames Valley Cancer Alliance to improve screening uptake in deprived communities. The national focus on 62-day cancer targets does not recognise that people from deprived areas and marginalised groups are more likely to have cancers detected at much later stages. Initiatives include engaging community and faith leaders to promote awareness of screening programs, such as for bowel and breast cancer. This approach features a shift toward a focused strategy, aiming to ensure impactful and measurable progress across regions.

(Risk – BAF: BOB0001)

### **Urgent and Emergency Care**

The committee received a deep dive into Urgent and Emergency Care service as winter approaches. The system coordination centre will oversee winter escalations from November to Easter, with a focus on daily reporting of key metrics such as ambulance delays and emergency wait times.

(Risk – BAF: BOB0004)

### **Assure:**

#### **Maternity – Smoking Prevention**

There is positive progress in maternity care, particularly around smoking prevention, which is a critical factor in reducing perinatal mortality. The committee would like to assure the board of the effective interventions in maternity health.

#### **Primary Care**

The committee took assurance from the primary care update and will receive a broader presentation at the December meeting.

#### **Clinical Prioritisation and Individual Funding Requests**

The Clinical Prioritisation and Individual Funding Requests (CPI) function was transferred in-house from the Commissioning Support Unit (CSU) for Berkshire West and Bucks as of 1 September 2024. Oxfordshire had already been handling these tasks directly. During the transition, 162 open cases from the CSU were discovered, causing clinical risks and delays. Through intensive effort, the backlog was cleared and processing times returned to the 48-hour standard. The committee

were assured that the team is conducting a harm review to assess any negative impact from delays, with results to be shared with the committee if material harm is found.

**Health Inequalities**

Committee is assured that the health inequalities funding of £4m pa has been ring-fenced for health inequalities work in the three BOB places.

**Clinical Programme Board**

The Committee is assured by the work being undertaken across all the Clinical Programmes reporting into the Committee, noting the points for alerting, advise and assurance from each programme.