

## BOARD MEETING

<b>Title</b>	Board Committees Assurance Reports		
<b>Paper Date:</b>	04 March 2025	<b>Meeting Date:</b>	11 March 2025
<b>Purpose:</b>	Assurance / Approval	<b>Agenda Item:</b>	14
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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:

- Audit and Risk Committee meeting held on 25 February 2025.
- ICB People Committee meeting held on 18 February 2025
- Place and System Development Committee held on 18 February 2025.
- Population Health and Patient Experience Committee held on 25 February 2025.
- System Productivity Committee meeting held on 27 February 2025.

### 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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## Board Committees Assurance Reports

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Audit and Risk Committee
Date of Meeting:	25 February 2025
Committee Chair:	Saqhib Ali
Key escalation and discussion points from the meeting	
<b>Alert:</b>	
<ul style="list-style-type: none"> <li>The External Audit Planning document was presented for review summarising the external auditor's assessment of the key issues which drive the development of an effective audit for BOB ICB. External auditors expressed thanks to the finance team for their support. It was noted that within future audits there will be an increased focus on financial sustainability across the sector, with questions around leveraging national programs and ensuring organisational readiness.</li> </ul>	
<b>Advise:</b>	
<ul style="list-style-type: none"> <li>An internal audit progress report on the 2024/25 plan was provided for members to review. Notification was given that the assignment report was not yet available and would be discussed at the April meeting.</li> <li>The committee received the single tender waiver report for the reporting period March 2024 to January 2025. The committee also received seven single tender waivers which have been approved since the last meeting.</li> <li>The Chair was keen to ensure that the committee were sighted on how the ICB is capturing the highest level of system risk and the possibility of including systematic issues from Trusts within our risk review processes in order to triangulate and ascertain any shared pressures and opportunities and will be progressing meeting with Trust Audit Chairs across the system during Q2 with support and attendance from the Chair of the ICB.</li> </ul>	
<b>Assure:</b>	
<p>The Committee received reports providing assurance in the following areas:</p> <ul style="list-style-type: none"> <li>The Board Assurance Framework is being strengthened further to support Chief Officer presentation at committee meetings.</li> <li>The information governance policies and FOI policy were presented and endorsed by the committee</li> <li>The policy process document and inclusion of a controlled document review group was presented and endorsed by the committee</li> <li>An early draft of the Head of Internal Audit Opinion was presented – a final report will be received in April 2025.</li> <li>The committee received the final audit-crime service progress report for 2024/25.</li> </ul>	

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	ICB People Committee
Date of Meeting:	18 February 2025
Committee Chair:	Sim Scavazza
Key escalation and discussion points from the meeting	
<b>Alert:</b>	
<p><b>Change Programme</b></p> <p>The Committee received an update on the ICB Change Programme noting that:</p> <ul style="list-style-type: none"> <li>• 14 staff members are due to leave by the end of March 2025 under voluntary redundancy.</li> <li>• The number of compulsory redundancy cases has decreased as many staff have found or been offered suitable alternative employment. The final number of CR cases stands at 11 individuals, with 2 of them likely to secure alternative roles, reducing the cases to fewer than 10 individuals.</li> </ul>	
<b>Advise:</b>	
<p><b>OD Plan</b></p> <p>The Committee welcomed the progress update; noting the next focus will be on improving connections, strengthening leadership through a facilitated leadership development programme for the Chief Officers. Members also noted the impact that Joe Smart and Usman Malik have had since joining the ICB.</p>	
<b>Assure:</b>	
<p><b>Public Sector Equality Duty Annual Report</b></p> <p>The <a href="#">ICB Public Sector Equality Duty Annual Report</a> for 2024/25 highlighted the work the ICB was funding to support inclusion for staff and in the services we commission. The Board will be asked to approve this report.</p> <p><b>Policies</b></p> <p>The Committee endorsed four policies noting that three of the policies are NHS Framework policies that have been adopted by the ICB.</p>	

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Place and System Development Committee
Date of Meeting:	18 February 2025
Committee Chair:	Aidan Rave
Key escalation and discussion points from the meeting	
<b>Alert:</b>	
<p>Committee risks: the committee discussed significant risks associated with the effects on services, particularly the VCSE sector, from the financial situation and the potential impact of local authority devolution. The committee also acknowledged that discipline in the updating of risks and actions was lacking and more scrutiny of this was needed.</p> <p>The voluntary sector was concerned about the effects of the new Oxfordshire Adult Mental Health contract – there being concerns over increases.</p>	
<b>Advise:</b>	
<p>The committee had a long conversation about where the discussion of issues at Place would be held when this committee was dissolved.</p> <p>While updates to the Board are welcome, we need to ensure that sufficient assurance of the impact of services in communities is being achieved.</p> <p>There was also a lengthy discussion about the role of the VCSE in oversight of the system and how that would be fed into Board discussions.</p> <p>The Board may wish to maintain a close view of these issues as the new arrangements come into place.</p>	
<b>Assure:</b>	
<p>The committee discussed updates from the work being done in the three Places, being assured that they were beginning to mature well.</p> <p>They noted that it was important to define the Place Executive Sponsor roles well and the key areas for focus for the Place-based Partnerships.</p>	

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Population Health and Patient Experience Committee
Date of Meeting:	25 February 2025
Committee Chair:	Margaret Batty
Key escalation and discussion points from the meeting	
<b>Alert:</b>	
<p><b>2025/26 Planning Submission:</b> The Committee are alerting the Board to the potential quality, and equality, risk that delivering the mandated operational and financial planning requirements of 2025/26 and achieving a break-even financial position will have across the System. This potential risk was discussed in detail and the Chief Nursing Officer and Chief Delivery Officer talked through the proposed governance process in place. The governance and oversight of this process will be monitored and overseen by the system Chief Nursing and Medical Officers and will report back through to Board with the final submission in March.</p> <p><b>Clinical Alerts Update:</b> The Committee are alerting the Board to the ten clinical programmes that have unresolved alerts reporting to PHPEC:</p> <p><u>Cardiac services</u> – The Committee received a report from the Integrated Cardiac Delivery Network, which noted the risk for patient access to routine electrocardiograms (ECGs): eight practices within Buckinghamshire have not signed up to provide the primary care enhanced service to provide routine ECGs for their patients. Therefore, there is a risk of missed identification of ill health and impacts the ability to onward refer to specialist services to the detriment of our community. FedBucks are well placed to cover this gap in provision and in seven months they have agreed to provide an alternative provision of a weekly clinic in a central Wycombe location; however, due to staffing challenges the FedBucks service has not mobilised. There continues to be regular communications to practices informing of the urgent care pathway for patients that require urgent access. Additionally, an EQIA is in place to assess impact of this gap in service and recording numbers of patient backlog awaiting a routine ECG. The teams are exploring other options for service provision.</p> <p><u>Patient Transport Services (PTS)</u> – the Committee received a report from the System Quality Group (SQG) highlighting concerns about PTS and the challenges faced by South Central Ambulance Service (SCAS), specifically relating to the non-emergency transportation of patients. The way in which PTS is commissioned has provided a number of challenges; the model was designed to carry multiple people in the same vehicle. This no longer works for providers as there are multiple places of pick up and drop off. An Equality Quality Impact Assessment (EQIA) was presented to the EQIA Panel identifying the clinical mitigations in place; this was accepted as reasonable</p>	

evidence. There is an escalation route in place and there has been an increase in outpatient appointment attendance. Urgent requests can be made by calling the PTS booking line or by emailing the PTS eligibility inbox. Discharges are part of the ringfenced activity so where possible they will always be accepted.

Sodium Valproate – the Committee received a report from the System Quality Group (SQG) noting that confusion remains regarding the new safety regulations and highlighting that providers struggle with capacity to incorporate the second specialist signature. It was noted that easy-read information booklets have been provided for patients and translated into 30 languages.

Enteral Feeds – the Committee received a report from the System Quality Group (SQG) noting that gaps in nursing support for enteral feeds have been identified. Noted that there will be a phased implementation to the new contract provider and that programme support is in place to track and monitor actions. Work is also underway to look at how the ICB can support the out-of-hours gaps specifically.

Stroke Recovery services – stroke recovery services were piloted for 12-months in Oxfordshire following the successful bid for SQuIRE Catalyst funding from the NHSE South-East region; however, the funding and thus the service has now finished. With no funding plans in place by Oxfordshire providers, stroke patients within Oxfordshire have an inequitable disadvantage in their stroke recovery care. The Integrated Stroke Delivery Network (ISDN) continues to pursue alternative funding avenues to reinstate the service, enabling equitable access to Life After Stroke Services (LASS) and six-month reviews for stroke survivors across all of the BOB geography.

Diabetes services – the Integrated Diabetes Delivery Network (IDDN) Clinical Lead Community post remains vacant due to a recruitment freeze. As a result, several workstreams have been halted or are unable to start, including HCP education and guidance, which has an impact on the type 2 diabetes Locally Commissioned Service (LCS) delivery. The vacancy will also cause a significant gap and a potential delay to the community nursing services review. The Medicines Optimisation Team (MOT) is picking up the pathway work as much as possible, but they do not have the full skill set nor diabetes specialist knowledge within the team.

Palliative and End of Life Care – non-NHS funding contribution has not been identified in the contract budgets. The charitable sector is seeing flash cash funding. Discussions are ongoing with providers to capture monies for services that fall within the NHS remit.

Personalised Care – Personal Health Budgets (PHBs) are not delivered in three out of nine statutory areas (Berkshire West wheelchair, Oxfordshire S117 pathway, and the Berkshire West S117 pathway). The teams are working to embed processes.

Local Maternity and Neonatal System – there are ongoing interface challenges with primary care regarding access and prescribing. A System-wide approach is to be discussed with ICB primary care, medicines optimisation, clinical leads, as well as with

LMC colleagues. It was also noted that a second Horton dossier of women's experiences is expected shortly, and the ICB will support OUHFT when this is published.

Weight Management (Tier 3 medications pathway under NHS right to choose framework) – there is significant demand for Oviva tier 3 remote services (including prescribing GLP-1) under the NHS right to choose framework, which poses a financial risk to the ICB. The ICB is negotiating a local contract to control service quality and outcomes.

(Tier 3 Buckinghamshire face-to-face services) – the service is significantly over capacity with a two-year waiting list, and previous efforts to support the service in managing the waiting list have not been successful. The ICB is now exploring next steps, including discussions with RBFT to determine if they can accept appropriate patients from the waiting list for surgery.

### Advise:

**Risk and Assurance Report Update:** the Committee are advising the Board that discussions took place on the items in the risk and assurance report that have remained red for 1-2 years, while assuring on those with a decreased risk.

**Getting It Right First Time (GIRFT) Diabetes Gateway Review:** the Committee are advising the Board that on 2 October 2024 NHSE's GIRFT team carried out the first system-wide Gateway Review of Adult Diabetes Services. The review took an in-depth look at how our Trusts perform against certain markers or best practice indicators which have been set nationally. The Committee received a paper which set out the recommendations and subsequent actions taken from the review.

It was noted that a review of Children & Young Adult (CYA) diabetes services was carried out on 2 December 2024 however, the ICB have not yet received the outcome recommendations from the GIRFT team for that review. Therefore, an update on this work is expected at the April Committee meeting.

### Assure:

**Primary Care Assurance update:** the Committee received the quarter three Primary Care Assurance Report, highlighting the positive achievements in Primary Care. Notably, the 24/25 Primary Care Audit, conducted by PWC, assessed the design of controls for completing and approving the annual self-declaration form for Delegated Primary Care Functions. A rating of 'significant assurance' was provided.



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

Report From: System Productivity Committee (SPC)

Date of Meeting: 27 February 2025

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 10 Finance position

- At M10, BOB ICS aggregate deficit for the system is -£53.4m YTD. The Full Year outturn is -£31.1m deficit.
- The underlying position for the ICB has improved month-on-month whilst deteriorating for two Providers, mainly due to a combination of slippage in CIPs & non-pay overspends.
- The unexpected national ERF cap introduced in January has adversely affected the headline numbers driven by increased 65 WW backlog clearance in Q4 to minimise breaches by 31<sup>st</sup> March
- Pressures continue to be seen on prescribing budgets, Sec.117 Mental Health packages of care and High-Cost Drugs & Devices.
- M10 position has been closely analysed to ensure recurrent and non-recurrent commitments are reflected in the 25/26 plan appropriately

#### Run rates for challenging areas of ICB performance

- CHC: good work has taken place with a much-improved grip on spend and processes but underlying demand growth remains a challenge
- Section 117: we would still benefit from further grip/control and consistency across our 3 Places. This can be more challenging as it involves detailed work with our multiple LA partners. Mental Health Collaborative is eager to assist; a good example of system working.
- HCDD: improve clarity and gripping control in this area - an example of improved ways of working (e.g. Nice TAs) but we remain on a journey with our Providers across the system
- Prescribing: always difficult to be confident on run rates given the two-month time lag in acquiring data. However, there is no reason to believe they are fundamental problems. Performance this year was adversely affected by GP industrial action and the capture of data in Switching systems

#### M10 Operational Performance

- UEC performances generally satisfactory.
- Elective performance generally quite good with the exception of OUH
- Cancer 62-day performance improved from 61% of 66% however still below target of 70% for the end of March; BHT performance of particular concern and TVCA will be running a deep dive session to develop a strategies to get the System back to plan

#### Risk Reporting

- Need to establish better grip and control around management of Risk.
- Restructure of risk reporting and categorisation to be undertaken in parallel with adoption of new Committee structure.



### **Advise:**

SPC is seeking further assurance & continuing to monitor carefully:

- CASH, for noting that this is currently a challenge for RBFT and while there are no immediate issues for February and March, April and beyond remain a concern.
- RBFT Frontline IT Business case rejection. Further assurance required around current position, and if there is a risk around the management of RBFT digital service.

### **Assure:**

#### **DDAT Dashboard M10 update**

- Committee was assured by strong cyber security Audit performance with the cyber security strategy now agreed by all ICS trusts including SCAS.
- Digital maturity, currently 90% of Adult Social care providers have now move to digital care plans which exceeds the current national target.
- OUH data feed into the shared care record is now resolved.
- BOB focused project – segmentation tool into primary care to classify patients into green, amber and red categories according to their risk profile. This enables practices to triage and signpost them more effectively to the right level of care.