BOARD MEETING

Date of Meeting: 21 March 2023	**Agenda item:** 14

Title of Paper: Board Committees Assurance Report

Paper is for: (Please ✓)	**Discussion**		**Decision**	✓	**Information**	✓

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 following reports are attached:
- Audit and Risk Committee meeting held on 28 February 2023
- People Committee meeting held on 14 February 2023
  - The Terms of Reference (ToR) have been agreed by the Committee and are presented to the Board for approval. These ToR are not in the standard template and the Governance Team will work with the People Committee Chair and Lead Director to ensure all content is retained.
- Place and System Development Committee held on 14 February 2023
- Population Health and Patient Experience Committee held on 28 February 2023
- System Productivity Committee held on 7 February 2023

Action Required

The Board is asked to
- Note the contents of the Committee Escalation and Assurance Reports
- Ratify the People Committee Terms of Reference

Author: Lesley Corfield, Governance Manager and Catherine Mountford, Director of Governance on behalf of Committee Chairs

Executive Lead/Senior Responsible Officer: Catherine Mountford, Director of Governance

Date of Paper: 9 March 2023

Conflicts of Interest	
No conflict identified	✓
Conflict noted: conflicted party can participate in discussion and decision	
Conflict noted, conflicted party can participate in discussion but not decision	
Conflict noted, conflicted party can remain but not participate in discussion	
Conflict noted, supported paper withheld from conflicted party e.g. pecuniary benefit	
Conflicted party is excluded from discussion	

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Audit and Risk Committee
Date of Meeting:	28 February 2023
Committee Chair:	Saqhib Ali

Key escalation and discussion points from the meeting

Alert:

Advise:

- The draft statutory accounts for the three CCGs for April – June are currently being audited. NHSE adjusted Q1 revenue allocates to match net expenditure to achieve a breakeven position for each CCG. The amount of testing required because of the levels of materiality were discussed.
- Agreement to revise reporting of single tender waivers to the committee to include full details for those above £50,000 and a register for all below this value.
- A draft 2023/24 Internal Audit Plan was agreed, and the auditors will now work with the executive team to firm this up.
- The Committee agreed to use the NHS Audit Committee Handbook self-assessment checklist to undertake their review of effectiveness.

Assure:

The Committee received reports providing assurance in the following areas:
- Development of Board Assurance Framework (BAF)and Corporate Risk Registers. The scoring, controls, and assurances for the BAF principal risks were reviewed and noted that these are all assigned to a Board Committees for detailed scrutiny.
- Timelines and plans for development of annual reports and annual accounts were shared giving assurance that the Committee members will have time for review submission deadlines will be met.
- The work of the Information Governance Steering Group to ensure evidence collated and submitted for the Data Security and Protection Toolkit addresses the requirement and to ensure that all requests for information were owned and would be met.
- Internal Audit reported on progress in delivery of the 2022/23 Audit Plan. It was confirmed that all audits were in hand. On current work the draft Heads of Internal Audit Opinion for 2022/23 (one for each CCG and one for the ICB) would be positive.
- The Counter Fraud workplan is progressing with a focus on proactive work and completion of a provisional assessment against the NHS counter fraud requirements.

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	People Committee
Date of Meeting:	14 February 2023
Committee Chair:	Sim Scavazza
Key escalation and discussion points from the meeting	

Alert:
The following revisions have been made to the People Committee Terms of Reference (ToR):   1. Membership of the group is broadened out to benefit from system wide engagement, including more partner representation.   2. That the committee reports direct to the ICB board and not a separate People Board. This is in line with the majority of ICBs People Governance, and clearer.   3. Task and Finish Groups are not defined but the Committee has the remit to agree such groups as appropriate.   The Committee recommends the ToR for Board approval.
Advise:
The February People committee meeting received several updates on a range of issues. These included: • The initial report on the 20/21 Workplace Race Equality Standard (WRES) and a presentation focusing on our NHS equalities work.   • Presentation from VSCE and discussion on the Voluntary sector.
Assure:
• Three committee meetings have now taken place with future meetings arranged bi-monthly.   • The Committee examined and discussed the status of Project Simul and gained assurance on the project.   • Work continues to progress with the ICS People Plan with a draft due to be finalised end of March.

NHS Buckinghamshire, Oxfordshire, and Berkshire West
People Committee
Terms of Reference
V2.0. March 23

Version	Author	Approved by	Review	Type of Changes
V1.0	Sonya Wallbank	TBC- Board of ICB	Annually	Create of ToR – draft V1.0 for review
V1.1	Sim Scavazza	Board of ICB	Annually	Amendments to ToR
V1.2	Sonya Wallbank		Annually	Amendments to ToR for review
V2.0	Claire Zaffin		Annually	Amendments to ToR for review

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1. Introduction

1.1 NHS leaders and organisations are expected to work together to deliver 10 outcome-based functions with their partners in the ICS.

	Outcome	What this looks like
1	Supporting the health and wellbeing of all staff:	People working and learning in the ICS feel safe and supported in their physical and mental health and wellbeing and are therefore better able to provide high-quality, compassionate care to patients
2	Growing the workforce for the future and enabling adequate workforce supply:	The system is retaining, recruiting and, where required, growing its workforce to meet future need. The 'one workforce' across the ICB is representative of the local communities served
3	Supporting inclusion and belonging for all, and creating a great experience for staff:	People working and learning in the ICS can develop and thrive in a compassionate and inclusive environment. Issues of inequality and inequity are identified and addressed for all people working in the system. The workforce and leaders in the ICS are representative of the diverse population they serve
4	Valuing and supporting leadership at all levels and lifelong learning;	Leaders at every level live the behaviours and values set out in the People Promise and make strides so this is the experience of work for all of their 'one workforce'
5	Leading workforce transformation and new ways of working:	Service redesign is enabled through new ways of working, which make the most of staff skills, use of technology and wider innovation, to meet population health needs and drive efficiency and value for money
6	Education, training and developing people, and managing talent:	Education and training plans and opportunities are aligned and fit for the needs of staff, patients and citizens, including to enable new ways of working and support meaningful and personalised career journeys
7	Driving and supporting broader social and economic development:	Leaders ensure that their organisations leverage their role as anchor institutions and networks to create a vibrant local labour market, promote local social and economic growth in the wider community, support all ICS partners to 'level up', address wider health determinants and inequalities at the heart of poor health
8	Transforming people services and supporting the people profession:	High-quality people services are delivered by a highly skilled people profession to meet the future needs of the 'one workforce', enabled by technology infrastructure and digital tools.
9	Leading coordinated workforce planning	Integrated and dynamic workforce, activity and finance planning meets current and future population, service, and workforce needs, across programme, pathway and place.

	using analysis and intelligence:	
10	Supporting system design and development	The system uses organisational and cultural system design and development principles to support the establishment and development of the integrated care board (ICB), and the integrated care partnership (ICP). The organisational development approach creates a system-wide culture that is: driven by purpose; enables people, places, and the system to fulfil their potential; is connected to the people served by the system and those delivering services; harnesses the best of behavioural, relational, and structural approaches; and nurtures collaboration.

2.   Constitution

2.1   The People Committee is established by the Integrated Care Board (the ICB) as a committee of the Board in accordance with its Constitution. The Committee has no executive powers other than those specifically delegated in these Terms of Reference.

2.2   These Terms of Reference (ToR) will be published in the Governance Handbook which can be accessed on the ICB website. They set out the membership, remit, responsibilities, and reporting arrangements of the Committee and may only be changes with the approval of the Board. The Terms of References will be subject to an annual review.

2.3   The Committee is a non-executive committee of the ICB Board, all Committee members, including those who are not members of the ICB Board, are bound by the standing orders and other policies of the ICB.

3.   Authority

The Committee is authorised by the Board to:

- Investigate any activity within its Terms of Reference.

- Seek any information it requires within its remit, from any employee or member of the ICB (who are directed to co-operate with any request made by the committee) within its remit as outlined in these Terms of Reference.

- Commission any reports it deems necessary to help fulfil its obligations.

- Obtain legal or other independent professional advice and secure the attendance of advisors with relevant expertise if it considers this is necessary to fulfil its functions. In doing so the committee must follow any procedures put in place by the ICB for obtaining legal or professional advice.

- Create task and finish sub-groups in order to take forward specific programmes of work as considered necessary by the Committee. The Committee shall determine the membership and Terms of Reference of any such task and finish sub-groups in accordance with the ICB's Constitution, Standing Orders and Scheme of Reservation and Delegation but may not delegate any decisions to such groups.

3.1 For the avoidance of doubt, the Committee will comply with, the ICB Standing Orders, Standing Financial instructions and the scheme of Reservation and Delegation (SoRD).

4. Purpose

4.1 The Committee is responsible for assuring the strategic development of the health and care workforce across the ICS, considering issues and risks relating to the implementation of the ten functions as set out in the introduction above and as described in the ICS People Plan. On behalf of the ICB, the Committee will review workforce-related strategic risk, whilst giving assurance to the Board around the management of such risks and review key strategic workforce performance and development issues.

4.2 In carrying out its responsibilities and in its decision making, the committee must have regard to the wider effect of decisions, in relation to the health and wellbeing of people in England and the need to address inequalities, the quality of services provided by different bodies, and the efficiency and sustainability in relation to the use of resources.

5. Responsibilities of the Committee

5.1 The responsibilities of the People Committee will be authorised by the ICB Board. The Committee's duties are set out below.

5.1.1 **Outcome based functions –** oversee the delivery of the ten outcomes-based functions with their partners in the ICS.

5.1.2 **System Oversight Framework** – review assurance regarding the arrangements for discharging, and implications of, the ICB's responsibilities in respect of the following themes under the NHS System Oversight Framework:

a) People

b) Leadership and Capability

5.1.3 **Workforce**

a) Receive assurance on workforce recruitment, development, and retention plans across the integrated care system.

b) Receive assurance on the risks in the implementation of the People Strategy and determine the approach to providing effective oversight of the mitigation of those risks.

c) Consider future national developments which could impact on the ICB's strategic workforce objectives.

d) Receive assurance on ICB workforce matters, such as compliance with requirements related to Equality, Diversity and Inclusion, Health and Safety, Workforce policies, and all other workforce matters.

5.1.3   Risk Management

a) To review relevant risks on the ICB's Corporate Risk Register to receive assurance that risks are being managed appropriately.

b) In conducting the duties set out above, seem assurance that risks have been correctly identified and are being managed appropriately.

c) Highlighting any gaps in assurance of concerns about key risks to the Board as part of the committee's report.

6.   Membership

6.1   The committee members shall be appointed by the Board in accordance with the ICB constitution.

6.2   The Board will appoint no fewer than four members of the Committee including one who is an Independent Member of the Board. The Committee's members may include co-opted members of the Board.

6.3   Members will possess knowledge, skills, and experience in:

- Equality, Diversity and Inclusion
- Strategic workforce planning, development, and transformation
- Leadership, Culture, Talent, and Organisational Development
- System dynamics and development

6.4   When appointing members to the Committee, active consideration will be made to promoting diversity across the membership.

6.5   Committee members will include:

- Committee Chair: Independent Non Executive Director (NED) of the ICB
- Committee Vice-Chair – Independent NED of the ICB
- Independent Non-Executive Chair of a major system Provider partner
- ICB Chief Nursing Officer
- ICB Chief Medical Officer

- ICB Chief People Officer
- ICB Director of Primary Care
- Local Authority Director responsible for workforce
- Academic Institution sector Member
- Health Education England Member
- Provider Trust / Foundation Trust Chair of a workforce committee
- Provider Trust / Foundation Trust Director responsible for workforce
- Voluntary, Community and Social Enterprise sector Member

6.6 **Chair and Vice Chair**

The Chair of the Committee shall be an Independent Non-Executive Member of the ICB. Committee members may appoint a Vice Chair from its members.

The Chair will be responsible for agreeing the agenda and ensuring matters discussed meet the objectives as set out in the ToR in consultation with the Chief People Officer.

6.7 **Attendees and other Participants**

Only members of the Committee have the right to attend committee meetings.

The ICB Chair and CEO may attend any meetings of the committee.

Other individuals may be invited to attend all or part of the any meeting as and when appropriate to assist with its discussion on any matter including representatives from workforce related ICS working groups, secondary, mental health and community providers and primary care subject matters experts. Such attendees will not be eligible to vote.

6.8 **Attendance**

Where an attendee of the Committee (who is not a member of the Committee) is unable to attend a meeting, a suitable alternative may be agreed with the Chair.

6.9 The Chair of the ICB may also be invited to attend one meeting each year in order to gain an understanding of the Committee's operations**.**

7. **Quoracy**

7.1 For a meeting to be quorate a minimum of 50% membership attendance is required. Including at least one Non-Executive member, at least the Chief People Officer (or deputy), and at least the Chief Nursing Officer (or deputy).

7.2 If any member of the Committee has been disqualified from participating in any item on the agenda, by reason of declaration of a conflict of interest, then that individual shall no longer count towards quorum.

7.3   If the quorum has not been reached, then meeting may proceed if those attending agree, but decisions will need to be made when quorum has been reached.

8.   Conflicts of interest

Conflicts of interests must be considered, recorded and managed.

Committee members should have regard to both ICB's policies and national guidance on managing conflicts of interest.

All potential conflicts of interest must be declared and recorded at the start of each meeting. A register of interests must be maintained by the Governance Team, submitted with the People Committee papers annually to the ICB Board.

If the Chair considers a conflict of interest exists then the relevant person must not take part within that item, and the Chair may require that the affected member withdraw at the relevant point.

9.   Voting and decision making

9.1   The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

9.2   Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter. Where there is a split vote, with no clear majorly the Chair of the Committee will hold the casting vote.

9.3   If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis using telephone, email, or other electronic communication. Where any such action has been taken between meetings, then these will be reported to the next meeting.

10.   Frequency and notice of meetings

10.1   The People Committee will meet at least four (4) times a year and the typical cycle will be a quarterly meeting. Additional meetings may take place as required.

10.2   The Board, Chair or Chief Executive may ask the People Committee to convene further meetings to discuss issues on which they want the Committee's advice.

11.   Committee Secretariat

11.1   The committee shall be supported with a secretariat function provided by the Corporate Governance Team. The Governance team shall ensure that the agenda and papers are prepared and distributed in accordance with the Standing Orders of at least five working days before the meeting, having been

agreed by the Chair with the support of the relevant Executive Lead – Chief People Officer.

11.2   Attendance by members of the committee is monitored and reported annually as part of the Annual Governance Statement contained with the Annual report. Members are expected to attend a minimum of 75% of the meetings per year.

11.3   Records of members' appointments and renewals dates and the Board is promoted to renew membership and identify new members, as necessary.

11.4   Good quality minutes are taken and agreed with the Chair and that a record of matters arising, action items and issues to be carried are kept and monitored.

11.5   The Chair is supported to prepare and deliver reports to the Board.

11.6   The Committee is updated on pertinent issues/areas of interest/policy developments.

11.7   Action points are taken forward between meetings and progress against those actions is monitored.

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Place & System Development Committee
Date of Meeting:	14 February 2023
Committee Chair:	Aidan Rave
Key escalation and discussion points from the meeting	

Alert:

PBP (Placed-Based Partnership)
- The need for investment in the development of the BOB system remains paramount and its urgency is underlined by the challenges of developing an effective placed-based partnership. The board needs to be alive to this challenge as it embarks on further development activities.

Bucks deep dive
- There needs to be considerable transformation in the patch to deliver a sustainable discharge and intermediate care provision. This requires transformation of workforce, digital, the creation of a transfer of care, addressing workforce capacity challenges (particularly across less senior staff) and addressing the inequalities issues around areas of Buckinghamshire.

VCSE (Voluntary, Community and Social Enterprise) overview
- William Butler and Katie Higginson gave an excellent overview of the current state of the voluntary and community sector across the system, in particular emphasising the need to create a genuine co-production environment to achieve better outcomes and address the power imbalance between service providers and people with lived experience

Advise:

PBP
- The board will receive an update on PBP at the meeting today
- Priorities within the PBP will be closely calibrated with the Integrated Care Strategy (ICS) and other system priorities.
- The distinctiveness of each place must be upheld and where possible the balance be tipped towards place rather than the centre – the details of this approach have been further developed in advance of today's meeting.

Bucks deep dive
- Presentation by the Buckinghamshire Place Director, Phillipa Baker, covering three main themes:
- context for Buckinghamshire 2) challenges and opportunities for partnership working and 3) progress on place-based partnerships.

VCSE overview

- The sector is robust but always vulnerable to short-term funding and cashflow issues. This has the potential to create massive problems in the system should things go wrong.
- The system and the ICB in particular need to take a more systematic and thorough approach to formalising the relationship with the VCSE and ensuring it is thriving, particularly in relation to preventative aspirations.
- We need to see the sector as a critical partner – on the same terms we see other partners.

Assure:

PBP
- The process for developing place-based partnerships will follow an iterative three-stage process:
  I. In the first instance, place directors will build relationships with partners and places, articulating the arrangements and setting out a paper that broadly reflects the priorities of the area.
  II. This will be communicated to key partners across place for feedback.
  III. Feedback will be integrated until a broad consensus exists – this process will be subject to regular review.

Bucks deep dive
- This was an excellent presentation from the Buckinghamshire Place Director who has a good grasp of the issues. There is clearly a huge amount of work still to do in shifting the balance of health investment towards prevention, but the foundations are in place.

VCSE overview
- The sector is a critical element of our work. It is robust and well-led but perennially vulnerable to funding shortages and other challenges. The ICB must continue to take a close interest in its prospects.

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Population Health & Patient Experience Committee
Date of Meeting:	28 February 2023
Committee Chair:	Margaret Batty

Key escalation and discussion points from the meeting

Alert:

The Committee noted the ongoing, partially mitigated, risk in managing our population who are seeking asylum. The Committee was informed this remains a priority, with plans in place to further develop the governance architecture and leadership function to oversee the ongoing care needs of this population. Risk to be escalated through to regional system quality group by CNO.

The Committee noted the risk highlighted in the Respiratory deep dive relating to the impact of the General Practice Nursing (GPNs) workforce who are approaching retirement with no clearly identified pipeline for new and developing GPNs. The Committee has asked for this to be considered and reviewed as part of the People Plan priorities and to be monitored through the People Committee.

Advise:

Board Assurance Framework risks (1153 and 1158) aligned to the PHPEC were discussed in detail. The Committee noted the updates and mitigation and requested a review of the Performance and Activity Restoration risk aligned to PHPEC at the next Committee in April 2023. The CNO was asked to ensure the top three new/escalated risks aligned to the PHPEC were clearly highlighted to the Committee in each risk report.

The committee noted the Q3 quality report and welcomed the discussion around the work that the interim director of quality is leading to further develop and strengthen the quality processes and policies across the system. Members were informed of the work to engage partners in, and to codesign, a quality assurance and improvement framework. A final draft will be reviewed by the PHPEC in April 2023.

PHPEC noted that there will be an updated quality reporting dashboard in use from April 2023 and confirmed that the wider Board would be advised of this progress.

The Committee received a 'deep dive' presentation from Dr Amar Latif, Respiratory Network clinical lead for the NHS BOC.

Assure:

Safeguarding Q 3 Assurance report was noted and the PHPEC was assured of the actions in place to demonstrate progress against the Safeguarding Accountability and Assurance Framework (SAAF) recognising that this remains a priority for the CNO and the safeguarding team.

The PHPEC was assured by the verbal evidence provided which demonstrates the South Central Ambulance Service (SCAS) is making progress towards its improvement plan. Draft exit criteria for stepping it down from System Oversight Framework (SOF) four to three has been agreed and progress will be monitored through the Trust Assurance meetings that the CNO, CMO and CDO attend. The Committee noted the improvements to safeguarding processes and procedures as demonstrated at the recent quality assurance visit.

The Committee was assured by the progress being made across the Urgent and Emergency Care (UEC) pathway at Buckinghamshire Healthcare Trust (BHT) further noting the excellent work on both elective care recovery and cancer care.

The Committee asked for further assurance on the approach to gathering intelligence, and what triggers are in place for monitoring when trusts, partners or organisations are not meeting their regulatory or statutory standards. The CNO will bring this back through the Committee for discussion at the next meeting in April 2023.

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	System Productivity Committee (SPC)
Date of Meeting:	Tuesday 7 February 2023
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 9 Finance position.

- Overall System position continues to improve but remains challenging:
- Projected full year (FY) 2022/23 deficit for BOB ICS has reduced to £44.0m. This will release an additional £8m in funding from NHSE so the final out-turn should be a deficit of £36m
- The ICB itself is still projected to break even for FY 2022/23
- Chief Finance Officer (CFO) will be giving further information re the Month 10 position at the March Board Meeting

Budget 2023/24 & the Operational Plan

- The SPC was given an overview of the budget and operational planning process methodology & assumptions.
- CFO gave an update of current progress with Provider CFOs & some indications of early draft numbers which would require the ICS to make significant efficiency improvements.
- The Committee noted that a great deal of discussion with System partners is still required, the numbers are like to change significantly, and this is an area where both the Committee and Board will need to be actively involved and updated in the coming weeks.

Advise:

SPC is seeking further assurance & continuing to monitor carefully:
Overall ICS Capital Plan

- It is important for future capital allocations that the ICS spends in line with its capital budget in FY 2022/23 (the ICB itself spends very little capital (c. 2% of the ICS budget).
- Current forecast is for the ICS to spend £142.7m (an overspend of £5.8m) However YTD spend at M9 is at only £41.6m which is 37% of plan.
- The SPC remains concerned about this trajectory but is being assured by Providers that forecasts remain robust.
- SPC is also concerned about the full year projection of -£5.8m vs budget but have received Provider assurance that actions will see the ICS achieve target by year end.

Continuing Healthcare (CHC) provision across the ICS
- The Committee received a good update paper relating to what is clearly a complex & challenging area with historically quite diverse practices across BOB
- The Chief Nursing Officer's new team & program have a clear plan in place to improve matters for 2023/24.
- However, costs are likely to remain c£14m over budget for 2022/23 - this is being managed within the ICB's overall financial position & is comparable to other ICBs in the region.

Assure:

SPC received has been assured by the reports presented to it relating to:
- Virtual Ward performance and plans across the ICS
- The plans & structure being put in place to identify & manage productivity improvement schemes for 2023/24