

BOARD MEETING

Title	Board Committees Assurance Reports		
Paper Date:	25 June 2024	Meeting Date:	16 July 2024
Purpose:	Assurance and approval	Agenda Item:	16
Author:	Ros Kenrick, Business Manager – on behalf of Committee Chairs.	Exec Lead/ Senior Responsible Officer:	Catherine Mountford, Director of Governance
Executive Summary			
<p>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.</p> <p>The focus for these reports is:</p> <ul style="list-style-type: none"> • 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? <p>The following reports are attached:</p> <ul style="list-style-type: none"> • Audit and Risk Committee meeting held on 04 and 25 June 2024. <ul style="list-style-type: none"> ○ The Committee reviewed some proposed amendments to the Scheme of Reservation and Delegation (SoRD) to ensure the ICB was compliant with the Provider Selection Regime and recommend these changes for approval to the Board (see attached marked copy of SoRD an Annex 1). • ICB People Committee meeting held on 14 May 2024. • Place and System Development Committee meeting held on 11 June 2024. • Population Health & Patient Experience meeting held on 25 June 2024. <p>The report for the System Productivity Committee meeting held on 2 July 2024 had not been received at time of publication.</p>			
Action Required			
<p>The Board is asked to:</p> <ul style="list-style-type: none"> • Note the content of the Committee Escalation and Assurance Reports. • Approve the revisions to the SoRD. 			
Conflicts of Interest:	No conflict identified		

Board Committees Assurance Reports

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Audit and Risk Committee
Date of Meeting:	4 June 2024 and 25 June 2024
Committee Chair:	Saqhib Ali
Key escalation and discussion points from the meeting	
Alert:	
<ul style="list-style-type: none"> The Committee again noted the continued use of STWs and that some were retrospective. They reiterated the overall process must be improved. It was highlighted that the root cause was linked to our weaknesses in contract management, and this was being addressed as a priority though turnaround. The Committee reviewed some proposed changes to the Scheme of Reservation and Delegation (SoRD) to ensure the ICB was compliant with the Provider Selection Regime and recommend these changes for approval to the Board (see attached marked copy of SoRD). The Committee noted these changes were to the “steady state” SoRD but currently we had paused delegated authority whilst in Turnaround. A more thorough review of the SoRD will take place later in 2024/25. 	
Advise:	
<ul style="list-style-type: none"> Given the year end deficit and s30 referral to the Secretary of State the external auditors had matters to report by exception under the financial sustainability criteria of the Value for Money report. The committee received a report highlighting the review undertaken of the duplicated salary payments in March. The ICB was being supported by our counter fraud service to recover the small amount that had not yet been repaid. The ICB was following up with the payroll service to ensure that the issues highlighted had been addressed and to ask whether there was more the ICB should be doing. 	
Assure:	
<p>The Committee received reports providing assurance in the following areas:</p> <ul style="list-style-type: none"> The governance update provided assurance that conflicts of interest, information governance and legal expenditure were being managed and reported in line with agreed procedures. The ICB and external auditors (EY) had worked hard to ensure that the final Annual report and annual accounts had been prepared in line with agreed approach and national templates. External audit had given an unqualified opinion on the financial statements. Sign off and submission had occurred on 21 June, a week before the deadline of 28 June. KPMG as the newly appointed internal auditors presented a draft Internal Audit Plan that was approved by the committee. The plan considered the current financial pressures (so had a focus on financial controls) and ensured a balanced coverage across finance, governance, data and risk. Two reviews had already started. Risk management within the ICB was well developed and embedded within teams and directorates. BAF and CRR has been strengthened further to provide additional assurances including, risk assurance reports to each committee of the Board and deep dives across the organisation to embed risk management in all that we do. The committee were assured that wider risk is being factored into and considered as part of the turnaround programme. The 	

committee approved the revised Risk Management Framework.

Appendix B – Schedule of Matters Delegated to Officers

Introduction

1. General

This schedule of matters delegated to officers has been developed in conjunction with the organisation's standing Financial Instructions and standing orders and will provide guidance for both the BOB ICB and the SCW Commissioning Support Unit.

Delegated matters in respect of decisions which may have a far-reaching effect must be reported to the Chief Executive. The delegation shown below is the lowest level to which authority is delegated. Authority can be delegated upwards with no further action being required. However, delegation to lower levels is only permitted with written approval of the Chief Executive. Decision making with a financial impact must be carried out in accordance with the ICB's Standing Orders, Standing Financial Instructions, and detailed financial procedures. All financial limits in this schedule of matters delegated to officers are subject to sufficient budget being available.

2. Scheme of Delegation to Employees

Standing Orders (SOs) and Standing Financial Instructions (SFIs) set out in some detail the financial responsibilities of the ICB Chief Executive, the ICB Chief Finance Officer and other executive directors of the BOB ICB.

The Scheme of Delegation covers only matters delegated by the Board to the Chief Executive and Directors and certain other specific matters referred to in Standing Financial Instructions.

Further delegation may be approved.

- i. by the Board in approving specific management policies
- ii. by the ICB Chief Executive
- iii. as part of Financial Procedures approved by the ICB Chief Finance Officer

Each ICB Director will need to consider the arrangements for authorisation of expenditure against delegated budgets and further delegation of management/professional responsibilities.

3. Financial Control Environment

In accordance with Standing Financial Instructions, the Board exercises financial supervision and control by:

- a) Authorising the operational plan;
- b) Requiring the submission and approval of budgets within approved allocations / overall income;
- c) Defining and approving essential features in respect of important procedures and financial systems (including the need to obtain value for money); and
- d) Defining specific responsibilities placed on members of the Board, committees,

members and employees as indicated in the Scheme of Delegation

- e) Approving provision of shared services through the SCW Commissioning Support Unit (CSU).

Once the Board has reviewed and approved the Operating Plan and any supporting financial plan / budget the Board will delegate approval to the Chief Executive Officer, the Chief Finance Officer and other ICB Directors and employees to commit these resources for the purpose set out in the plan subject to the financial thresholds set out in this scheme of delegation.

For the avoidance of doubt this delegation (subject to the limits approved by the Board in the Scheme of Delegation) includes:

- Approval of business cases i.e. Tables 1 and 4
- Awarding of contracts including the signing of appropriate contract documentation i.e. Tables 2 and 5
- Agreement of contract variations and subsequent amendments to contract payments i.e. Tables 2 and 5
- Approval to vire (transfer) budgets within overall available financial resources and in line with the Operating Plan i.e. Tables 3 and 6
- Payment of sums due against approved contracts i.e. Table 7
- Budgetary delegation including approval of invoices, payroll expenditure and authorisation for the raising of invoices to debtors i.e. Table 7
- Operation of appropriate procurement processes within agreed financial thresholds, i.e. Table 8
- Approval of capital expenditure i.e. Table 9
- Approval of disposals, condemnations, losses and special payments i.e. Table 10
- Approval limits for Continuing Healthcare staff employed by Oxford Health NHS Foundation Trust i.e. Table 11

Financial Limits/Thresholds

Proposed Financial Limits/Thresholds

Description	Limit
Section 1 – Commissioning and contracting for health care services	
Approval of Business cases	See table 1 below
Authorisation of award of contracts	See table 2 below
Virements	See table 3 below
Section 2 – Non Health Care Services (Running Costs)	
Approval of Business cases	See table 4 below
Authorisation of award of contracts	See table 5 below
Virements	See table 6 below
Section 3 - General	
Approval of Invoices and Invoice Payment files	See table 7 below
Contract/ Procurement procedures	See table 8 below
Approval process and delegated limits for capital expenditure	See table 9 below
Disposals, condemnations, losses and special payments	See table 10 below
Continuing Health Care Staff employed by Oxford Health NHS FT	See table 11 below

Budget Administrator = team member with delegated authority for day-to-day budget management reporting to the Budget Manager (Head of Service)

Budget Manager = Head of Service reporting to the Budget Holder

Budget Holder = ICB Chief Officer/Executive Director

Section 1 – Commissioning and Contracting for Health Care Services

Table 1: **Resource allocations** (approval of **investment business cases**)

Change in value per annum +/- from current spend £	Authorised by	Final Approved by	Additional information
Up to and including £50,000	Head of Service and Head of Contracting/Procurement	Chief Officer/ Executive Director	Retrospectively reported to System Productivity Committee Decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the System Productivity Committee <i>Reference: Principles as outlined in SFI 7.1</i>
Over £50,000 ¹ up to and including £1,000,000	Chief Officer/ Executive Director	Chief Finance Officer	Retrospectively reported to System Productivity Committee Decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the System Productivity Committee <i>Reference: Principles as outlined in SFI 7.1</i>
Over £1,000,000 ¹ up to and including £5,000,000	Chief Officer/ Executive Director and Chief Finance Officer	Chief Executive Officer (or nominated deputy in their absence)	Retrospectively reported to System Productivity Committee Decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the Board. <i>Reference: Principles as outlined in SFI 7.1</i>
Over £5,000,001 and above, or where proposals below this value are considered to set precedent, or are novel, contentious or repercussive in nature.	Chief Executive Officer	Board	

Table 1.1: Resource allocations (approval of disinvestment business cases)

Change in value per annum +/- from current spend £	Authorised by	Final Approved by	Additional information
Up to £1,000,000	Chief Officer/Executive Director	Chief Finance Officer	Retrospectively reported to System Productivity Committee Decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the System Productivity Committee <i>Reference: Principles as outlined in SFI 7.1</i>
Over £1,000,001 up to and including £5,000,000	Chief Officer/Executive Director and Chief Finance Officer	Chief Executive Officer (or nominated deputy in their absence)	Retrospectively reported to System Productivity Committee Decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the Board. <i>Reference: Principles as outlined in SFI 7.1</i>
Over £5,000,001 and above, or where proposals below this value are considered to set precedent, or are novel, contentious or repercussive in nature.	Chief Executive Officer	Board	

Table 2: Authorisation of Award of Contract or Variation

Change in value versus the current spend of contract +/- per annum £	Authorised by	Final Approved by
Up to £50,000	Head of Service and Head of Contracting/Procurement	Executive Director Retrospectively reported to System Productivity Committee Decisions that are considered to set precedent, or are novel, contentious or

		repercussive in nature can be escalated to the System Productivity Committee
Over £50,001 up to £1,000,000	Chief Officer/Executive Director	Chief Finance Officer Retrospectively reported to System Productivity Committee Decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the System Productivity Committee
Over £1,000,001 up to and including £5,000,000	Chief Officer/Executive Director and Chief Finance Officer	Chief Executive Officer (or nominated deputy in their absence) Retrospectively reported to System Productivity Committee Decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the System Productivity Committee
Over £5,000,001	Chief Executive Officer (or nominated deputy in their absence)	Board

Table 3: Delegated Limits for Budget Virements

Budget Virement Value £	Authorised By:	Final Approved by
Up to £50,000	Budget Administrator	Chief Finance Officer or Deputy
Over £50,000 ¹ up to and including £100,000	Budget manager (Head of Service)	Chief Finance Officer or Deputy
Over £100,000 ¹ up to and including £1,000,000	Budget Holder (Chief Officer/Executive Director)	Chief Finance Officer
Over £1,000,000 ¹ up to and including £5,000,000	Budget Holder (Chief Officer/Executive Director) and Chief Finance Officer	Chief Executive
Over £5,000,000 ¹	Chief Executive Officer (or nominated deputy in their absence)	Board

NB Technical virements do not require formal approval e.g. such as arise following changes to the overall Resource Limit or changes to reflect contract agreement

Section 2 – Non Health Care Services (Running Costs)

Table 4: Approval of Business Cases

Change in value per annum +/- from current spend £	Authorised by	Final Approved by	Additional information
Up to and including £50,000	Head of Service	Chief Officer/ Director	Retrospectively reported to System Productivity Committee Decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the System Productivity Committee <i>Reference: Principles as outlined in SFI 7.1</i>
Over £50,001 up to and including £1,000,000	Chief Officer/Executive Director	Chief Finance Officer	Retrospectively reported to System Productivity Committee Decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the System Productivity Committee <i>Reference: Principles as outlined in SFI 7.1</i>
Over £1,000,001 up to and including £5,000,000	Chief Officer/Executive Director and Chief Finance Officer	Chief Executive Officer (or nominated deputy in their absence)	Retrospectively reported to System Productivity Committee Decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the Board. <i>Reference: Principles as outlined in SFI 7.1</i>
Over £5,000,001 and above, or where proposals below this value are considered to set precedent, or are novel, contentious or repercussive in nature.	Chief Executive Officer (or nominated deputy in their absence)	Board	

Table 5: Authorisation Of Award Of Contract or Variation

Change in value of contract +/- per annum £	Authorised by	Final Approved by
Up to £50,000	Head of Service	Chief Officer/ Executive Director
Over £50,000 ¹ up to and including £500,000	Chief Officer/Executive Director	Chief Finance Officer
Over £500,000 up to and including £1,000,000	Chief Officer/Executive Director and Chief Finance Officer	Chief Executive Officer Retrospectively reported to System Productivity Committee Decisions that are considered to set precedent, or are novel, contentious or repercussive in nature can be escalated to the System Productivity Committee
Over £1,000,000 ¹	Chief Executive Officer (or nominated deputy in their absence)	Board

Table 6: Delegated Limits for Budget Virements

Budget Virement Value £	Authorised By:	Final Approved by
Up to and including £50,000	Budget Manager (Head of Service)	Chief Finance Officer or Deputy
Over £50,000 ¹ up to and including £500,000	Budget Holder (Chief Officer/Executive Director)	Chief Finance Officer
Over £500,000 ¹ up to and including £1,000,000	Budget Holder (Chief Officer/Executive Director) and Chief Finance Officer	Chief Executive Officer
Over £1,000,000 ¹	Chief Executive Officer (or nominated deputy in their absence)	Board

NB Technical virements such as arise following changes to the overall Resource Limit do not require formal approval.

Section 3 – General

Table 7: Approval Of Invoices and Invoice Payment Files (Ipf)

Delegated To	Delegation Of Authority Approved By	Level of Authority
Non-Budget Managers who are requisitioners	Budget Manager against budgets they are responsible for, notified to the Chief Finance Officer	Up to £10,000
Prior Approvals Manager	Budget Manager against budgets they are responsible for, notified to the Chief Finance Officer	Up to £10,000
Budget Administrator	Budget Holder (Chief Officer/Executive Director), notified to the Chief Finance Officer	Up to £10,000
Budget Manager (Heads of Service)	Budget Holder (Chief Officer/Executive Director), notified to the Chief Finance Officer	Up to £100,000
Assistant Chief Finance Officer Head of Primary Care	Budget Holder (Chief Officer/Executive Director), notified to the Chief Finance Officer	Up to £200,000
Deputy Chief Finance Officer Budget Holders (Chief Officer/Executive Directors)	Chief Executive Officer (or nominated deputy in their absence)	Up to £5,000,000
Chief Executive Officer (or nominated deputy in their absence)	Board	Unlimited

The CCG ICB Chief Executive Officer may delegate authority, up to a maximum of £50,000, to an officer or employee who is not a Budget Manager. Such authority to be notified to the Chief Finance Officer.

In some instances, it may also be necessary to increase delegated limits for individual Chief Officers/Executive Directors in order to provide sufficient cover for absence of the Chief Finance Officer and Chief Executive Officer to ensure invoice payment performance is not jeopardised. Such authority to be approved by the Chief Finance Officer and Chief Executive Officer and its use recorded in a register. The Deputy Chief Finance Officers have unlimited approval in respect of Invoice Payment Files (IPF).

Table 8: Contract / Procurement Procedures

Contract Value	Method of Tendering	Form of Contract	Minimum Number Invited to Tender
Non-healthcare services (including running costs)			
Less than £5,000	No Quotations required	Official Order	No minimum
Over £5,000 up to £50,000	Quotations in writing	Official Order (with all Quotations attached if value in excess of £5,000)	At least three for quotes over £5,000
Over £50,000 up to £214,904	By competitive tender	As specified in tender	No minimum
Over £214,904	Full open (advertised) or closed (framework) tender required.	As specified in tender	No minimum
Healthcare Services			
Contract Value	Method of Tendering	Form of Contract	Minimum Number Invited to Tender
Applicable to all contract values	Provider Selection Regime	NHS Standard Contract	No minimum

There should be agreement in advance of any decision to waive the tender process in line with the approved process.

Table 8 also applies to contracts for all external consultants – details of all appointments of external contractors must be provided to People Committee for assurance with clear approval of the named Chief Officers/ Executive Director(s) with Chief Executive Officer endorsement if the contract is over £60,000.

CONTRACT VALUE: The term “Contract Value” is defined as the total cost to the ICB of the complete scheme or the total value of the items purchased or acquired during the contract period including payable VAT.

- Once awarded authority to sign the contract and for making payments is delegated to appropriate members of the Executive team.

Officers awarding contracts or subsequent contract variations will pay due regard to the approved procurement procedures.

Table 9: Approval Process and Delegated Limits for Capital Expenditure

Delegated To	Approval Level and Process	Level Of Authority £
Chief Officer/Executive Director and Chief Finance Officer/Deputy Chief Finance Officer	Business case – light touch	Up to £50,000
Executive team including Chief Executive Officer and Chief Finance Officer	Business case	over £50,000 up to £250,000
System Productivity Committee	Business case	over £250,000 up to £1,000,000
Board	Business case	over £1,000,000 up to £6,000,000
NHSE	Business case	Over £6,000,000

The annual capital plan will be approved by the Board.

Table 10: Disposals, Condemnations, Losses and Special Payments

Type	Approved by	Limit £
Approval of disposals & condemnations	Head of Service / Executive Director	Up to £5,000
	Chief Officer/Executive Director and Chief Finance Officer	Over £5,000 up to £100,000
	Chief Executive Officer (or nominated deputy in their absence)	Over £100,000 up to £1,000,000
	Board	Over £1,000,000
Losses & Special payments (except below)	Chief Finance Officer	Up to £1,000
	Audit & Risk Committee	Over £1,000
Special payments – special severance payments that exceed legal or contractual obligations	Any cases to be approved by Department of Health & Treasury	£0

All losses and special payments, including the write-off of debts, must be reported to the Chief Finance Officer, and are reported in the annual statutory accounts.

Please refer to detailed financial policy on Condemning and Disposals and Losses and Special payments.

Fraud cases over £15,000 must be referred to NHS Counter Fraud Authority.

Approval must be sought from NHSE for any loss or special payments which are defined by NSHE as special payments or are “novel, contentious or repercussive”. Where required these payments must be reported to the Department of Health.

Table 11: Continuing Healthcare Staff Employed by Oxford Health NHS Foundation Trust

Directorate/Service Area	Job Title	Grade	Authorisation Level
Oxford Health CHC	Head of service for Continuing Healthcare for BOB	8C	Up to £1,923 per week or £100k per annum and one-signatory for >£100k per annum
Oxford Health CHC	Service Manager	8B	Up to £1,923 per week or £100k per annum and one-signatory for >£100k per annum
Oxford Health CHC	Unit Manager	8A	Up to £1,923 per week or £100k per annum and one-signatory for >£100k per annum
Oxford Health CHC	Clinical Lead	7	Up to £1k per week or £52k per annum as second-signatory
Oxford Health CHC	Clinical Lead	7	Up to £1k per week or £52k per annum as second-signatory
Oxford Health CHC	Clinical Lead	7	Up to £1k per week or £52k per annum as second-signatory

The £100k or less authorisation level can be signed off by an 8C, 8B or 8A. If more than this, needs ICB approval by member of staff with appropriate approval limit.

Version	Date approved by the ICB	Effective date
V1.0	N/A	1 July 2022
V2.0	03 January 2023	17 January 2023
V3.0	<i>Draft for approval (comment received from EMC 10 June 2024 to inform Audit and Risk Committee)</i> <i>Minor amendments for clarification of thresholds; Business Case investment / disinvestment and Provider Selection Regime (PSR), and update to senior officer naming conventions</i>	TBC

FOOTNOTE:

1. Under section 65Z5 of the 2006 Act, the ICB may arrange with another ICB, an NHS trust, NHS foundation trust, NHS England, a local authority, combined authority or any other body prescribed in Regulations, for the ICB's functions to be exercised by or jointly with that other body or for the functions of that other body to be exercised by or jointly with the ICB. Where the ICB and other body enters such arrangements, they may also arrange for the functions in question to be exercised by a joint committee of theirs and/or for the establishment of a pooled fund to fund those functions (section 65Z6). In addition, under section 75 of the 2006 Act, the ICB may enter partnership arrangements with a local authority under which the local authority exercises specified ICB functions or the ICB exercises specified local authority functions, or the ICB and local authority establish a pooled fund. Where arrangements are made under section 65Z5 or section 75 of the 2006 Act the board must authorise the arrangement, which must be described as appropriate in the SoRD.

2. The Health and Care Act sets out that new regulations will make provisions in relation to the arrangement of healthcare services in England. This is known as the Provider Selection Regime. The Provider Selection Regime will be a new set of rules for arranging healthcare services, which is intended to give decision makers a flexible, proportionate decision-making process for selecting providers to deliver healthcare services to the public. The Provider Selection Regime replaces the existing procurement rules for healthcare services in line with the [Provider Selection Regime Regulations 2023](#).

Committee Escalation and Assurance Report – Alert, Advise, Assure

Report From:	ICB People Committee
Date of Meeting:	14 May 2024
Committee Chair:	Sim Scavazza

Key escalation and discussion points from the meeting

Alert:

- The themes from Freedom to Speak Up (FTSU) enquiries and staff networks indicated the scale of challenge and range of issues that are affecting staff in the organisation. This reinforced many of the issues that had been raised through the Staff Survey. Some of these are legacy issues which have been exacerbated by the Change Programme and consultation. Ensuring that the ICB had an effective Organisational Development Plan to address these issues was key and the Committee wished to review this in detail at a future meeting.

Advise:

- Progress with the Change Programme had been covered by the Remuneration Committee earlier in the day.
- An update on the Public Sector Equality duty action plan was reviewed.
 - The Committee were pleased to see progress being made with the establishment of staff networks and received confirmation that they all had an executive sponsor and staff leads were given time to undertake the role. Network chairs and executive sponsors will be invited to attend a future meeting.
 - The proposed Cultural Intelligence programme was supported with caution about timing.
- Whilst challenging the Committee we pleased to see that the FTSU process had been established and that the guardian had a proactive work plan agreed and were being well supported by the Chief Executive and executive lead.

Assure:

- The Committee were assured that the ICB was compliant with its health and safety requirements and noted the work in hand to ensure we developed this into a health, safety and wellbeing approach to support our staff.

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Place and System Development Committee
Date of Meeting:	11 June 2024
Committee Chair:	Aidan Rave
Key escalation and discussion points from the meeting	
Alert:	
No issues arising from this meeting.	
Advise:	
<p>Place ‘pulse’ updates</p> <p>Oxfordshire</p> <ul style="list-style-type: none"> • SEND plan approved – Department of Education to undertake a six-month review of effectiveness in due course. • Service provision for older adults' mental health is currently the focus of transformation with a goal of improving oversight and closer involvement for the VCSE. • The ongoing development of relationships and funding for business intelligence and analytics were raised. <p>Buckinghamshire</p> <ul style="list-style-type: none"> • Plan being developed to manage section 117 costs relating to long term aftercare – and options for cost recovery where appropriate. • Recent cyber-attack on NRS Healthcare has had an impact on capacity – ICB supported. <p>Berkshire West</p> <ul style="list-style-type: none"> • Activity relating to strategic place partners – again strategic imperative on the use of business intelligence to aid prevention. • Absolutely key to build an effective base for future planning – the focus remains on prevention – system needs to hold its nerve. <p>Acute Provider Collaborative (APC)</p> <ul style="list-style-type: none"> • Undertaken a reset and refresh of the governance of the APC. • Update on several initiatives demonstrating clinical collaboration driving better outcomes and efficiencies. 	
Assure:	
<p>Revised Terms of Reference</p> <ul style="list-style-type: none"> • Reiterated our commitment to add value as a committee without duplicating the effort of other committees. • Recognition and restatement of the importance of assurance role. 	

- There was a recognition that we are more advanced in terms of assurance around place than we are in relation to the system.
- The committee resolved to translate the concern about place oversight into more specific actions on the forward plan.

Committee Escalation and Assurance Report – Alert, Advise, Assure	
Report From:	Population Health and Patient Experience Committee
Date of Meeting:	25 June 2024
Committee Chair:	Margaret Batty
Key escalation and discussion points from the meeting	
Alert:	
<p>The committee were informed of the ICB’s statutory responsibility to offer Personal Health Budgets (PHB) across three pathways. PHBs are available to our population who are being cared for under the Section 117 of the health and care act, those requiring wheelchairs and our population who are in receipt of continuing health care. The ICB offer for PHBs varies across our system resulting in four of the nine services being compliant, with the ambition to increase this to seven by the end of the summer. Work is underway to develop further plans to reduce the gaps in compliance in the remaining two services. Potential risk has been identified from the organisational change programme, mitigated by a proposed substantive senior leadership for PHBs.</p> <p>The Health Inequalities Network Manager alerted the committee to the expiring health inequalities funding and the impact of delivering on priorities.</p> <p>The CNO alerted the committee to the work underway to review the quality and equality impact assessments of the financial turnaround programme. This will continue to be a focus for the committee and will be monitored via the system quality group.</p>	
Advise:	
<p>The committee noted the safeguarding annual report for 2023/24, recognising the work underway to implement the requirements of the changes to The Working Together to Safeguard Children (2023) and were advised by the chief nurse on the priorities across the health partnership for the next year.</p> <p>The committee supported, in principle, the proposal to adopt the Military Covenant pending further governance oversight, noting the positive impact that engaging in the Covenant will bring. The ICB, as an employer, will sign up to this and equally encourage our partners across primary care to sign up, complementing what is in place across our provider trusts already.</p>	
Assure:	
<p>The committee were advised of the work underway to deliver the requirements of the national dental programme and agreed to bring back further detail to a future meeting, focusing on the actions underway to address oral health across our</p>	

population. The committee noted the areas of focus which include the prevention programme and the leadership programme intending to address the workforce challenges that may be impacting on service provision and welcomed the details around the work underway to address this.

The committee took assurance from the primary care assurance report and noted the work completed by the primary care team in the last quarter.

The committee were assured by the introduction of Statistical Process Control charts which will align with NHSE performance metrics and will be visible in the refreshed quality and performance report from April 2024.

The committee took assurance from the work undertaken to improve CVD prevention and digital inclusion.

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