

Approved 20 May 2025

Minutes of the ICB Finance and Contracting Committee Held on Tuesday 15 April 2025 by MS Teams

Members		
Steve Igoe	Chair/Non-Executive Member	L&SC ICB
Debbie Corcoran	Non-Executive Member	L&SC ICB
Jim Birrell (up to item 10 25/26)	Non-Executive Member	L&SC ICB
Sam Proffitt	Chief Finance Officer	L&SC ICB
Andy Knox	Medical Director (Estates and net Zero)	L&SC ICB
Regular Participants		
Andrew Harrison	Director of Finance/Deputy Chief Finance Officer	L&SC ICB
Gareth Jones (for Stephen Downs)	Deputy Director of Strategic Finance	L&SC ICB
Jackie Moran (for Craig Harris)	Integrated Place Lead	L&SC ICB
Debra Atkinson	Director of Corporate Governance/Company Secretary	L&SC ICB
Neil Greaves	Director of Communications and Engagement	L&SC ICB
Alistair Rose	Director of Strategic Estates, Infrastructure and Sustainability	L&SC ICB
Elaine Collier	Deputy Director Operational Finance	L&SC ICB
Attendees		
Simon Gilmore (to observe)	Deputy Director of National Recovery Support Team	NHS England
Sandra Lishman	Committee and Governance Officer	L&SC ICB

No	Item	Action
01 25/26	<p><u>Welcome, Introductions and Chair's remarks</u></p> <p>The Chair welcomed everyone to the meeting and introductions were made.</p> <p>Simon Gilmore from the National Recovery Support Team had joined to observe the meeting, as part of the ICB governance review. Also, Jackie Moran had joined the meeting to represent Craig Harris and Gareth Jones, representing Stephen Downs.</p> <p>Members were made aware of general housekeeping rules that apply on Teams meetings and that a Copilot transcription would be used at this meeting.</p>	
02 25/26	<p><u>Apologies for Absence/Quoracy of Meeting</u></p> <p>Apologies for absence had been received from Prof Sarah O'Brien, Prof Craig Harris, Asim Patel, Stephen Downs and Peter Tinson.</p> <p>Members were made aware that Jim Birrell would leave the meeting at around 11 am and from that time, the meeting would not be quorate. In order to manage the meeting, the agenda would be taken out of order to ensure the meeting was quorate for items that requiring approval.</p>	
03 25/26	<p><u>Declarations of Interest</u></p> <p>(a) Finance and Performance Committee Register of Interests – Noted.</p>	

	<p>RESOLVED: There were no declarations of interest relating to items on the agenda. Members were asked that if at any point during the meeting a conflict arose, to declare at that time.</p>	
04 25/26	<p>(a) <u>Minutes of the Meeting held on 12 March 2025 and Matters Arising</u></p> <p>RESOLVED: That the committee approve the minutes of the meeting held on 12 March 2025.</p> <p>(b) Action Log</p> <p>Ref 24 – System Finance Report Month 10 – A Harrison explained that the primary care reconciliation is largely around a restricted and mandated reporting mechanism. In-year budgets are accrued to in many areas where practices are able to claim up to the end of the year. The reconciliation schedule is now included in the forecast outturn. Regular reconciliation on reserves would in future be incorporated into 2025/26 high level committee reporting, showing movement in and out of reserves for all items coming in.</p> <p>S Proffitt reported that reserve reconciliation had been reported through the Improvement Assurance Groups (IAGs). This action was around primary care and acute, and consideration would be made in how to make reporting more transparent. A Harrison would circulate relevant detail to J Birrell in due course.</p> <p>Ref 25 – Activity growth, demand management and underutilisation of services relating to ERF funding – It was confirmed that workforce was reported within the month 11 system and provider finance and workforce report at item 9 in this meeting. Action to close.</p> <p>Ref 11 C to C – Transfer of specialist learning disability service to a new provider – It was noted that this had been deferred to be presented at the May Quality and Outcomes Committee meeting, and to the Finance and Contracting Committee thereafter.</p> <p>Ref 14 C to C – All age continuing care (AACC) QIPP schemes/recovery and turnaround reporting to committees – It was noted that part of this action was around how financial information is considered by the committee. S Proffitt updated members that this would be looked at with the turnaround director and a number of plans would pick up actions from the PWC grip and control report (the AACC turnaround director is likely to be the PWC director). It was stressed that this committee must have oversight on financial aspects in this area, and the committee requested financial information on an ongoing basis.</p> <p>A Harrison explained that due to the way the national ledger system is coded, continuing healthcare is a subset of AACC, therefore numbers will alter on reporting.</p> <p>The Chair summarised that reporting at this meeting was historic and asked that going forward, the committee seek to understand the plan, how it will be managed and how the committee will support the executives as they make decisions to reach a position at the end of the year to deliver. A more pro-active role was required by the committee going forward, managing cost rather than reporting numbers.</p>	<p>AH</p>
<p><i>The agenda was taken out of order.</i></p>		

<p>05 25/26</p>	<p><u>2024/25 Annual Accounts Going Concern Assessment</u></p> <p>S Proffitt explained that the committee is annually asked to consider whether the ICBs accounts can be prepared as a going concern organisation. Month 12 accounts had now closed, meeting the projected position with no significant risks in the position, despite ongoing All Age Continuing Care pressures. With deficit support of £87m, the position had been met on plan and within the resource limit. S Proffitt continued that going forward the ICB's plan to meet the resource limit in the next financial year included a £134 QIPP plan, £84m already being worked up linking to All Age Continuing Care. The ICB Board had committed to deliver a balanced plan for the ICB.</p> <p>The Chair expressed that this was consistent with policies and processes within the NHS.</p> <p>RESOLVED: That the Finance and Contracting Committee:-</p> <ul style="list-style-type: none"> - Note the ICB's assessment of its going concern status - Approve the recommendation that the Accounts for the 2024/2025 financial year are prepared on a going concern status. 	
<p><i>The agenda reverted to its original order</i></p>		
<p>06 25/26</p>	<p><u>Committee terms of reference and business plan 2025/26 draft</u></p> <p>D Atkinson reminded members that as part of a full review of the ICB committee structure, the committee Terms of Reference (ToR) had been approved by the ICB Board at its meeting on 19 March 2025. The draft business plan for the committee for 2025/26 had been developed based on the terms of reference and it was acknowledged that other areas/business would need to be incorporated/added throughout the year, including a revised plan around the ICB's net zero target.</p> <p>Members discussion included:-</p> <ul style="list-style-type: none"> - That it would be helpful to look at the plan and reflect on language, ensuring this was reflected in terms of pace and oversight - To strengthen the business plan, including timelines for committee reporting. - Membership included 8 members of the committee, with 3 being non-executive members. Concern was raised around voting issues with executives outnumbering non-executive members. <p>The committee also requested assurance on financial movements, particularly cost and improvement in efficiency reductions on a monthly basis.</p> <p>It was confirmed that comments made at today's meeting would be incorporated into the business plan, for review in 6 months. D Atkinson highlighted that a review was currently underway in terms of the executive portfolios which may subsequently change the membership of this committee.</p> <p>In response to the comment raised on membership, D Atkinson expressed that the membership was far more balanced in terms of the reduced number of executive/director members than the previous finance committee and quoracy of meetings was also a consideration. The Chair asked that the membership be reviewed in 6 months time as part of a committee effectiveness review.</p> <p>D Atkinson would present the revised business plan to the committee at its next meeting, with the ToR being reviewed in 6 months.</p>	

	<p>RESOLVED: That the committee:-</p> <ul style="list-style-type: none"> - Note the terms of reference - Note the draft committee business plan 2025/26 and provide any amendments ahead of the committee being asked to approve the plan at its meeting in May 2025. 	
07 25/26	<p><u>Risk Management Report</u></p> <p>D Atkinson spoke to a previously circulated report presenting activity undertaken on Board Assurance Framework (BAF) risks that relate to the business of the Finance and Contracting Committee. As part of the review of the committee and terms of reference, alignment of risks to committees had also been reviewed. Two risks previously reporting to the Finance and Performance Committee were now assigned to the Quality and Outcomes Committee and to the Executive Committee. Four risks currently on the BAF impacted the business of this committee. It was explained that any risks on the operational risk register deemed to score 20 or above, were reported and highlighted to each committee; there were no current risks for this committee with that scoring.</p> <p>S Proffitt reported that the BAF was continuously reviewed and this included one finance risk, with a separate risk on All Age Continuing Care (AACC). As an ICB and system, the biggest financial risks were AACC and around the commissioning and contracting operating model. A lot of controls and mitigations that needed to be addressed were linked to the contracting and commissioning risk. In order to deliver the plan, strong commissioning systems must be in place; although this was not showing as a separate risk, it was embedded as a financial risk with key focus. It was confirmed that contracting information was now included within the committee terms of reference.</p> <p>Members noted that the AACC risk stated January as the last review date. D Atkinson assured the committee that she was confident the risk had been reviewed since and this was a reporting error. D Atkinson would confirm that the narrative had been updated.</p> <p><i>Post meeting minute:</i> <i>D Atkinson checked the reference to the January review date and confirmed that this was an administrative error.</i></p> <p>It was highlighted that reporting was underway in various places around AACC and it was confirmed that an integrated action plan would be produced and the detail would be simplified and streamlined in the future meeting reports. A correlation between the risk register and plan was required, to ensure the ICB was meeting its requirements.</p> <p>S Proffitt updated that a grip and control action plan was being produced by PWC and this would be monitored through the Improvement Assurance Groups (IAG). The IAG process would feed into this committee.</p> <p>The committee agreed that as a matter of course it would undertake a deep dive into one risk per meeting, the first being those risks associated with AACC; it was felt this was timely particularly given the current issues in this area. For committee assurance, the report should look at risk, early indicators and notional identifiers, how it was being managed and mitigations. Recommendations relating to each BAF risk would be included as part of the deep dive reporting.</p> <p>It was noted that the digital and data strategy would be presented to this committee in future; progress reports on deliverables should also be reported.</p> <p>The Chair summarised that two areas of risk should be the focus of the committee on</p>	<p>SP</p> <p>Executive Lead</p>

	<p>an ongoing basis given their fundamental impact on the ICB's agreed financial outcomes for 2025/26, specifically:-</p> <ul style="list-style-type: none"> • The achievement of cost reductions related to AACC • Successful achievement of commissioning outcomes on a timely basis. <p>The committee asked for more clarity in relation to the risk around monitoring and delivery of commissioning intentions and that this should be a separate risk.</p> <p>RESOLVED: That the committee:-</p> <ul style="list-style-type: none"> - Note the contents of the report - Note the re-alignment of risks to the new Finance and Contracting Committee - Note the risk management activity undertaken during the Q4 reporting period and review the risks relating to the business of the committee (Appendix 1) - Note for information the high-level summary dashboards of all risks currently held on the BAF and ORR (Appendix 2). 	SP/CH
08 25/26	<p><u>Month 11 System Finance Report</u></p> <p>A Harrison provided the following summary to a previously circulated meeting report:-</p> <ul style="list-style-type: none"> - At month 11, system reporting showed that the ICS was £127.3m behind the year-to-date plan, forecasting £129.9m deficit for the year - Month 12 had closed at a system deficit of £355m, having taken out deficit support funding - There was a current shortfall of £130.3m on system year-to-date delivery of efficiency savings - The acute contract had been managed largely by capping contracts for elective and non-elective care - Mental health package underspends were offset by the OAPS risk share, managed by Lancashire and South Cumbria Foundation Trust - A separate report would be required around continuing healthcare in future; volume growth on packages and QIPP under delivery contributed to the overspend - There was an over delivery on QIPP reserves on the basis of allocations that had been coming in-year and had not been released to be spent on the innovation - Significant underspend was seen in specialised commissioning that had rolled forward into 2025/26 - There was £3m underspend against running costs, however, more recent publications describe aspects of 2025/26 sitting against the need for a £35m reduction - Cash issues were seen during 2024/25, however, a significant number of large allocations had been received towards the end of the year. This meant the ICB could pay NHS suppliers in line with expectations. <p>S Proffitt thanked the team for the hard work in writing this meeting report and for their work throughout the year. At the start of 2024/25, a £270m QIPP plan needed to be delivered, additional to this, there was a further £64m overspend in continuing health care. The plan was de-risked due to the national team giving grace on the year end position. A strong legal case continued to pursue £22m of historical transforming care invoices. Although the ICB was able to meet its position, non-recurrent elements need to change.</p> <p>In relation to All Age Continuing Care (AACC), E Collier reported that a slight</p>	

	<p>improvement had been seen on month 12 information, however, reporting had not been completed. The small improvement was part of the reason there was flexibility to increase accruals, this would protect the ICB in-year against any prior year charges that might be seen. It was expected that the reporting position year-end spend would be close to £564m, as originally predicted. £32m QIPP had been set around AACC for 2025/26, £20m of which has been worked up in detail. A lot more work was being undertaken currently in this area and there are opportunities.</p> <p>D Corcoran recognised the amount of good work teams had undertaken to get the ICB to this point. She requested that in order to provide assurance to the committee, future reporting should present the current position, being clear around mitigations in place, areas of the largest spend or risk and also the finer grain around QIPP, including the forecast if rigour is realistic.</p> <p>A Harrison reported an indication that there was a small reduction in the Adam database of forecast packages, however, this had not been validated.</p> <p>The Chair expressed the committee's thanks to the team for their hard work throughout the year. He recognised the position was due to a number of non-recurrent items and deficit support. It was requested that the May meeting report identifies close-down, confirming information in terms of numbers already reported, along with an open and honest analysis of what helped us to reach the position. In terms of 2025/26, it was suggested that the 2024/25 outturn be used as a basis for discussion which would hopefully give transparency going forward.</p> <p>RESOLVED: The Finance and Contracting Committee is asked to note the content of the month 11 system finance report.</p>	
<p>09 25/26</p>	<p><u>Month 11 System and Provider Finance and Workforce Report</u></p> <p>G Jones provided the following update, reporting that the system had reached the predicted forecast, and confirming that all the Trusts had met their forecast; a slight improvement was expected when the draft accounts are submitted. Trusts were now reporting normalised (excluding any one-off events, seasonal effects and fluctuation) run rates, being led by the One LSC Programme Board, which is chaired by Simon Worthington.</p> <p>The normalised run rate slide was highlighted showing a £5.5m improvement from month 10, an overall deficit of £6.2m, which was better than the month 1 to month 10 average. The pay run rate had reduced for 4 consecutive months, now being £4.7m less per month than at month 7 and equating to £56m for a full year. These figures follow extra controls and more rigour at looking at normalised run rates. The acute trust pay run rate was £6m less than the peak, equating to £72m for a full year. The month 12 draft data showed the run rate being stable and not increasing. Detail of trust forecast versus the previous month's forecast were highlighted. A key enabler in the reduction in the pay run rate had been a lower agency spend. Spare capital had been managed, and it was predicted to end the year with around £25,000 underspend. Cash continued to be a daily struggle, particularly for trusts.</p> <p>In response to a member's question, G Jones explained that in order to balance, run rates should be zero or at break-even, confirming that trusts would submit break-even plans. CIP in plans would effectively return to break-even position. It was highlighted that although there was an improving position, a large deficit remained. S Proffitt confirmed that much of the run rate discussion with providers takes place in the Improvement Assurance Groups (IAGs) and there were clear targets for delivery for 2025/26. The CIP plan continued with run rates needing to reduce, monitoring would</p>	

	<p>be through IAGs. The focus this year had largely been around variable pay.</p> <p>J Birrell reflected that at the end of 2024/25, providers had delivered their projected plan and asked whether the year-end adjustments would be made recurrent. This could improve their starting positions for 2025/26. S Proffitt confirmed that this had been part of the process and a detailed review of all non-recurrent actions had been looked at for every trust.</p> <p>G Jones continued that the system had a good understanding of the exit run rate compared to other ICBs in the North West. Every adjustment going through had been reviewed at the start of the year and it was agreed that very little should be non-recurrent. Trusts were reviewing their non-recurrent run rate and working towards a forecast for month 1.</p> <p>The Chair reflected that the capital plan was £135m, with 28% delivered in month 12. It was felt that this seemed reactive spend and the system should look towards longer term planning. A Rose responded that a longer-term plan, called SR2, was moving to be like a 3-year rolling plan, working with trusts for a more strategic view. There was a tendency to back end some of the equipment purchases, etc, when larger plans were clearer. It was acknowledged that tighter reporting was needed throughout the year.</p> <p>RESOLVED: That the ICB Finance and Contracting Committee note the content of the month 11 system and provider finance and workforce report.</p>	
<p>10 25/26</p>	<p><u>Development and Delivery of the ICB Annual Budget and Operational Plan for 2025/26</u></p> <p>S Proffitt provided a verbal update, focussing on risk in the plan and the recent plan review meeting with region. It was noted that the ICB Board had a lot of information around the plan. A slide was shared highlighting the plan going forward by each trust, looking at what the deficit position would be at the end of the year in terms of plans that had been submitted. The Improvement Assurance Groups (IAG) had agreed some changes and some use of the deficit. The ICB was holding £44m deficit, mainly due to commissioning. On completion of the commissioning work, it was hoped that the £44m the ICB were holding as a deficit would go out to trusts along with the deficit support funding. East Lancashire Hospitals Trust and University Hospitals of Morecambe Bay had gaps where they had not been through their respective Boards; the ICB had put a compensating position of circa £13m against that in the ICB plan. By the end of the month all trusts would be at zero and in a break-even position.</p> <p>A further slide presented showed 7% system efficiency. The ICB CIP position was £84m, with a further £50m to be further identified. Each trust had worked up to almost £240m, with £143m remaining to be worked up. In terms of delivering the plan going forward, each organisation has been asked to provide a detailed deliverable equating £237m to the IAGs by the end of April 2025; Simon Worthington had brought in 4 tests in terms of quantifiable detail. The PIDs would be linked to whole time equivalents, with a timescale and require clinical sign off. Detailed PIDs with trajectories would then be put together totalling almost £400m, by the end of May. The current regional and national ask is that the unidentified £143m be profiled across 12 months of the year, rather than the full amount at the end of the financial year. The ICB has agreed that profiling can take place when there is confidence around completed detailed plans.</p> <p>Risk was identified in terms of the ICB QIPP plan, with £84m efficiency. A slide was shown summarising productivity areas for the plan delivery of the ICB Waster Reduction Programme (WRP) and their compliance towards WRP definition. PIDs had been worked up, and it was expected that in the next 2 weeks plans would be in place to</p>	

	<p>reach the £84m required. The level of risk had been flagged and this committee would provide oversight; the ICB Board needs confidence that the plan will be delivered. S Proffitt expressed that a lot of work was required, including commissioning intentions and contracting work.</p> <p><i>J Birrell left the meeting. From this point, the meeting was not quorate.</i></p> <p>S Proffitt continued that ideally, deliverables would be worked up prior to the end of May, however, this was unrealistic.</p> <p>Going forward, the committee would receive a regular position update, including timescales, risk profile and how this was being managed going forward.</p> <p>Concern was raised around the NHS reform currently underway and the impact this would have on staff and the committee acknowledged this was a big risk. S Proffitt assured the committee that it was recognised that the staff were extremely anxious and the communications team had arranged listening events and other briefings to keep staff briefed and involved as much as possible. Communication would be open, honest and transparent. It was felt that staff need to help shape the restructure to ensure it works in the future. The ICB employed a lot of senior level staff due to the ICB being unable to offer any redundancy type arrangements when the 8 CCGs came together into 1 organisation. A feedback page had been opened for staff to give their ideas or thoughts on what might work in terms of a restructure going forward.</p> <p>The Chair summarised that the plan had been explained and the system organisations were aware of the work that needs to be undertaken and produced.</p> <p>RESOLVED: That the committee note the update and the work that needs to be undertaken and produced within respective timescales.</p>	
<p>11 25/26</p>	<p><u>2025/26 Financial Plan: Contracts Position Update</u></p> <p>A Harrison confirmed that the contract offers within the meeting report were within the ICB's affordability range, however, there was a £134m gap in the plan, meaning that the contract offers were £134m too high due to there being no commissioning/decommissioning asks aligned to this.</p> <p>The previously circulated meeting report showed the current ICB contract position at the end of March 2025, describing how different areas had been constructed. A Harrison highlighted that continuing health care (CHC) contracts had not been included in the report as a separate uplift paper was expected to be presented to the executive team; this area requires a complexity of working with local authorities alongside uplifts in the market. There was provision in the plan for an uplift on this basis. There was also a set of non-PbR, non-tariff spend areas, which were up for debate around what the uplift is; a task and finish group was required to take this forward. This is part of the risks and next steps which will be reported to this committee when established. The delay in signing was due to the ongoing consultation for contracts; the NHS standard contract consultation finished a few weeks ago, then opened up again last week for a further consultation on the basis of the widely reported shift from a capped contract into a potential PBR contract for elective activity.</p> <p>A Harrison continued that an area of concern highlighted within the report was around the risk associated with finalising contract discussions with Lancashire and South Cumbria Foundation Trust (LSCFT) to ensure they were within current planning assumptions; it was confirmed that since writing the meeting report, the ICB and LSCFT were now aligned in terms of finances. There was opportunity around mental health</p>	

	<p>investment standards. The ICB would look to signing off the contracts as soon as possible, however, the committee were asked to note that the values would be £130m above the affordability level; there was a QIPP requirement to that and it was confirmed that when decommissioning/commissioning intentions were agreed, money could then be taken out.</p> <p>The proposed next steps included:-</p> <ul style="list-style-type: none"> - Decision on unsigned contracts from 2024/25 – outstanding disputes relating to the application of the in-year uplifts relating to Agenda for Change pay awards not applied to all non-NHS non national tariff contracts - Review outcome of the NHS Payment Scheme consultation on the planning assumptions - Consider impact of accreditation of new contracts regarding patient choice, ie, accreditation of ADHD providers. - Confirm uplifts for 2025/26 for non-NHS payment scheme tariff, non-contract uplifts - Contract signatures for 2025/26 once NHS standard contract agreed. <p>A Rose asked to be mindful of not doubling or undercounting cost in the assumptions around contracting commissioning and decommissioning, eg, building costs which are an additional cost to the ICB. J Moran added that it had been hoped that the caps could help the ICB around elective activity. If this was to be removed, it was proposed that a referral management centre would be looked at; more interventions and policies could be made within that to have a bigger impact. A business case was being worked up for approval as soon as possible as it was thought this would be the mitigation to the growth in electives that was being seen.</p> <p>In response to the point raised around doubling or undercounting costs in the assumptions, A Harrison confirmed that this was around cross-referencing CIP, QIPP, workforce reduction and waste reduction programmes to ensure there was no double or under counting. In response to the point raised around elective activity, A Harrison reported that we must not lose sight that the waiting lists currently held by trusts are large enough to not receive any referrals for some time. Therefore, the lag must be managed carefully.</p> <p>S Proffitt confirmed that bigger plans need to be worked up by the end of April with a further review by the end of May. System savings plans and the contracting/commissioning work being undertaken would drive the gap; PWC were very engaged with this work. From a contractual position, the ICB had been clear about with trusts, and it was explained that segment 0 was £44m of areas the ICB were paying for. Segment 1 is what the trusts are doing that they want the ICB to pay for. Segment 2 could save the ICB and trusts money but from areas that the ICB want to commission differently, recommission or decommission; this area would be revisited. Work would be reported to the ICB Board at its meeting next week.</p> <p>The Chair summarised that there was a lot of work to take place, resulting in a list of what the ICB wants to do and the things the ICB is not going to do.</p> <p>RESOLVED: That the committee note the content of this report and agree next steps.</p>	
12 25/26	<p><u>Lancashire and South Cumbria Provider Collaboration Board Minutes</u></p> <p>The approved minutes of the Lancashire and South Cumbria Provider Collaboration Board had been circulated to members in advance of the meeting, for information.</p>	

	RESOLVED: That the Finance and Contracting Committee note the Provider Collaboration Board minutes of the meetings held on 13 February 2025.	
13 25/26	<p><u>System Finance Group Minutes</u></p> <p>The approved minutes of the System Finance Group had been circulated to members in advance of the meeting, for information.</p> <p>Members agreed there should be flow through some of the items discussed at the Provider Collaboration Board and the System Finance Group meeting to the Finance and Contracting Committee meetings.</p> <p>RESOLVED: That the committee note the System Finance Group minutes of the meetings held on 28 February 2025</p>	
14 25/26	<p><u>Committee Escalation and Assurance Report to the Board</u></p> <p>Members noted the items which would be included on the committee escalation and assurance report to the Board.</p> <p>RESOLVED: That the Finance and Contracting Committee noted that a report will be taken to ICB Board.</p>	
15 25/26	<p><u>Items Referred to Other Committees</u></p> <p>There were no items referred to other committees.</p> <p>The Chair reminded members that the focus of this committee was the forward view and how this would be managed and reported. The Finance and Contracting Committee was an assurance committee for the ICB Board on the financial outcome for the ICB people.</p>	
16 25/26	<p><u>Any Other Business</u></p> <p>At members request, outside of this meeting, the dates provided for the risk update would be checked, and if the narrative had not been updated, a revised report would be brought back to the next committee meeting.</p>	
17 25/26	<p><u>Items for the Risk Register</u></p> <p>There were no new items.</p> <p>The committee asked for more clarity around the commissioning risk going forward, for committee oversight and monitoring.</p>	
18 25/26	<p><u>Reflections from the meeting</u></p> <p>The Chair thanked members for their contributions and time at this meeting.</p>	
19 25/26	<p><u>Date, time and venue of next meeting</u></p> <p>20 May 2025, 10 am – 12 noon by MS Teams.</p>	