

Approved at the 15 October 2025 meeting

## Minutes of the ICB People and Culture Committee Held on Wednesday, 16 July 2025 at 9.30 am to 12 noon by MS Teams

<b>Members</b>		
Jane O'Brien	Chair/ICB Non-Executive Member	LSC ICB
Roy Fisher	ICB Non-Executive Member	LSC ICB
Debbie Eytayo	ICB Chief People Officer	LSC ICB
Andy Knox	ICB Medical Director	
<b>Regular Participants</b>		
Stephen Sandford	ICB Chief Allied Health Professional	LSC ICB
Ruth Keeler	ICB Associate Director of OD and Education	LSC ICB
Angela Allen	Lancashire and South Cumbria Voluntary, Community, Faith and Social Enterprise representative	VCFSE
Joe Hannett	Lancashire and South Cumbria Voluntary, Community, Faith and Social Enterprise representative	VCFSE
Aisha Chaudhary	ICB Director of People and Inclusion	LSC ICB
Asim Patel	ICB Chief Digital Officer	LSC ICB
<b>Attendees</b>		
Sarah Mattocks	ICB Head of Governance	LSC ICB
Michelle Quigley (for item 30)	Interim LMNS Workforce Lead	LSC ICB
Sandra Lishman (Minutes)	Committee and Governance Officer	LSC ICB

Item No	Item	Action
22 25/26	<p><b><u>Welcome, introductions and Chair's remarks</u></b></p> <p>The Chair welcomed all to the meeting of the People and Culture Committee, and expressed the importance of maintaining continuity and momentum of the work of this committee throughout and following the system changes currently underway.</p> <p>Members were made aware of general housekeeping rules that apply with Teams meetings and that a Copilot transcription would be used at this meeting.</p> <p>It was noted that Stephen Sandford would cover the role of Chief Nursing Officer at this meeting until an Acting Chief Nursing Officer is appointed. Michelle Quigley, LMNS Workforce Lead, would join the meeting for the local maternity and newborn system workforce report.</p>	
23 25/26	<p><b><u>Apologies for absence / Quoracy of meeting</u></b></p> <p>Apologies for absence had been received from Claire Richardson, Joel Burchett, Bernie Miller, Sam Doherty, Andrea Anderson and Chris Cutts.</p> <p>The meeting was quorate.</p>	
24 25/26	<p><b><u>Declarations of Interest</u></b></p> <p>(a) <b>People Board Register of Interests</b> - Noted.</p>	

	<p><b>RESOLVED: That there were no declarations of interest relating to the items on the agenda. Members were asked that if at any point during the meeting a conflict arose, to declare at that time.</b></p>	
<p><b>25 25/26</b></p>	<p><b>(a) <u>Minutes of the meeting held on 16 April 2025 and matters arising</u></b></p> <p><b>RESOLVED: That the minutes of the meeting held on 16 April 2025 be approved as a correct record.</b></p> <p><b>Matters arising</b> – Discussion had been held at the 16 April 2025 committee meeting around the impact of reductions in staffing numbers on placements for students. S Sandford updated that this was raised at the Strategic Training Education Committee at its meeting last week. At that meeting, discussion was held around the risk assessment that NHS England workforce, training and education were undertaking relating to the balance of placement activity, local and national challenges around the impact of workforce freezes in provider organisations and opportunities for new graduates. NHS England were looking at this from a regional perspective using risk management methodology. It was hoped that more evidential data to support this would be available in the near future. The committee requested a further update at the next meeting.</p> <p><b>(b) <u>Action Log</u></b></p> <p><b>Ref 1 Committee ToR and Business Plan 2025/26</b> – ToR and business plan had been updated. Agreed to close.</p>	<p><b>SS</b></p>
<p><b>26 25/26</b></p>	<p><b><u>Risk Management Report</u></b></p> <p>S Mattocks introduced the quarterly risk management update, highlighting that the meeting report described BAF (Board Assurance Framework) risks pertaining to the committee, an overview of all risks held by the ICB and oversight of the corporate risk register. Members were reminded that the BAF was in a transitional phase. Feedback was currently being collated following a workshop held with ICB Board members, with a view that the updated BAF would be presented to the ICB Board at its September meeting. Work was being undertaken to ensure BAF risks were reflective, particularly from a workforce and ICB transition perspective.</p> <p>Linked to the overall review of all BAF risks, D Eytayo was reviewing the descriptor relating the transition of the role of the ICB part of the committee’s risk. D Eytayo reflected that the external facing role of the ICB people directorate was transitioning, and some roles and responsibilities were moving to NHS England or provider organisations. Collective discussions around this theme were being held by the ICB executive team relating to the risks on the BAF.</p> <p>J Hannett expressed concern that due to NHS reform, the ICB focus was on the current time rather than the future, as well as the work of the People and Culture Committee being potentially moved away from Lancashire and South Cumbria. It was felt that further work needs to be undertaken on the volunteering policy/ strategy, which leads to apprenticeships and careers in health and care, as this would potentially limit any negative impact during this time of change across the system. Recruitment to roles in deprived areas was difficult and it was thought the only solution was for people to train in the area. Members acknowledged the risk raised and that this work must be progressed.</p> <p>In response, R Keeler recognised that this was a huge risk across the system, reporting that career teams in trusts were currently fragile and a number of staff had been lost in these teams. Resilience was being built across the system, escalated</p>	<p><b>RK</b></p>

	<p>through NHS England, widening conversations around fragility and how Lancashire and South Cumbria determines work and future work around this. Education and training is part of the potential transfer into region and it was envisaged that this would have an effect for the hard to reach/support in communities, due to lost relationships. D Eytayo confirmed this as a system risk as it was reliant on partnership working; the new design of risks will be around thinking ahead whilst continuing to maintain business as usual.</p> <p>The Chair thanked all for their contributions to the discussion, confirming that the ICB Board would be alerted to committee concerns around key workstreams, areas of progress and that relationships may be lost if this area of work is moved outside of the ICB. The committee were asked to be mindful and monitor this risk with the changes to the ICB and roles.</p> <p><b>RESOLVED: That the People and Culture Committee:-</b></p> <ul style="list-style-type: none"> <li>- <b>Note the contents of the report</b></li> <li>- <b>Note the risks currently held on the BAF that relate to the business of the committee</b></li> <li>- <b>Note the significant work underway through the EMT to review and where necessary re-frame, the risks held on the BAF</b></li> <li>- <b>Note for information the high-level summary dashboard of all risks currently held on the BAF and Operational Risk Register which meet the threshold for corporate oversight</b></li> <li>- <b>Strategic Education and Training Committee to consider system actions around the volunteering strategy leading to career opportunities in Lancashire and South Cumbria.</b></li> </ul>	
<p><b>27 25/26</b></p>	<p><b><u>Transition Plan Update</u></b></p> <p>D Eytayo reported that the ICB had been asked to reflect a reduction of 47% in its running and programme costs by December 2025/26; guidance/arrangements were very dynamic and fluid. Work had not progressed at pace, mainly due to delays in NHS England national team confirming a number of matters. The re-design of the organisation aligned with the ICB blueprint and the 10-year plan. Due to a number of outstanding matters, including around funding of a voluntary redundancy scheme, the ICB has been unable to start consultation with staff to date. It is likely that the redesign would result in redundancies. It was planned that July would be used for engagement with staff and stakeholders, to consider design and operating model thinking in detail. Staff have been kept engaged in the process to date. NHS England regional colleagues were still awaiting the regional blueprint, which would determine how some of the regional responsibilities would transfer from the ICBs; work was ongoing with NHS England North West in the background.</p> <p>Progress was being made with the information available, with consideration around how the ICB would hold its space within the system whilst recognising a lot of dependencies were out of the ICB's control. A reduction of circa 400 whole time equivalent was likely to be required, undertaken in phases.</p> <p>The Chair acknowledged the difficulties, and recognised the difficulties for staff during the whole process.</p> <p><b>RESOLVED: That the People and Culture Committee note the update.</b></p>	
<p><b>28 25/26</b></p>	<p><b><u>People Plan Update</u></b></p> <p>D Eytayo reminded members that in April 2025 the committee had approved the 12 month People Plan, highlighting that as it had been developed prior to the</p>	

<p>significant organisational change and ICB reforms. The plan reflected a wider programme of work to support the 5-year Workforce Strategy for Lancashire and South Cumbria Health and Care. The 7 key priority areas within the plan remained relevant but were refocused in order that actions to support an organisation in transition were prioritised. The report set out activities completed and those underway. It was highlighted that a number of actions within the plan were internal focused, recognising and demonstrating the current position. NHS England had started to take the lead on some of the actions that the ICB would have previously routinely undertaken with system partners.</p> <p>J Hannett raised concern that given the scale of the proposals, contacts with people the voluntary sector have been working with or organisational history, would be lost. It was suggested that at an appropriate time, communication be shared which includes who to speak to around certain areas of work.</p> <p>In terms of recognition of the impact of external partners, A Allen raised whether resilience and health and wellbeing support for staff within the ICB could be externalised to other partners, showing a strong message of the impact on partners that sit outside of the ICB.</p> <p>In response, A Patel confirmed that following recent discussion at executive level, engagement events would be arranged. A document was currently being pulled together around the relationship and fragile nature of some relationships in this process. There were a number of stakeholder groups that the ICB would engage with on this matter, including the VCFSE, where an ongoing dialogue would be maintained. A Chaudhary reflected that the impact of the change across the system into communities and neighbourhoods was huge and this was seen through the work being undertaken with the ICB's career transition support officer. Employers have a duty to try to find suitable alternative employment for people at risk of compulsory redundancy. Part of this work is to forge relationships with other employers, looking at job roles, vacancies, other avenues, etc. Opportunities were welcomed to share this work across communities and potential employers, stakeholders, forums, etc.</p> <p>R Fisher shared that a lot of work had been undertaken with the voluntary sector over the years and it was vital that control is maintained over how the ICB engages with this sector. He expressed disappointment that Healthwatch had recently been decommissioned, and it was acknowledged that Healthwatch had provided good support, providing 'eye-opening' reports, along with representation on various committees and within organisations, and their work would be missed. It was felt important that, work should continue with health, local authorities and the voluntary sector working together in deprived communities .</p> <p>It was confirmed that engagement sessions were in the process of being arranged due to the importance of engaging all details around the reform and change to stakeholders. J Hannett, A Allen and R Keeler would meet outside of the committee meeting to discuss how the ICB could offer health and wellbeing support to volunteers and the voluntary sector. It was confirmed that the ICB was linking with local authorities, etc, and relationships need to be maintained. Risk of relationships was being escalated to NHS England colleagues to ensure this was not lost.</p> <p>To ensure mitigations were considered formally around this part of the re-design process, risk around the loss of organisational knowledge and memory would be captured as part of the organisational transformation risk register.</p> <p><b>RESOLVED: That the People and Culture Committee note:</b></p> <ul style="list-style-type: none"> <li>- <b>Progress on delivery of the People Plan</b></li> <li>- <b>Some areas have commenced early due to changing needs</b></li> </ul>	<p><b>JH / AA / RK</b></p> <p><b>DE</b></p>
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	<p style="text-align: center;"><b>and requirements</b></p> <ul style="list-style-type: none"> <li>- <b>Take action to incorporate potential risk of ICB redesign on work with the VCFSE sector.</b></li> </ul>	
<p><b>29 25/26</b></p>	<p><b><u>Lancashire and South Cumbria System and ICB Staff Surveys Update</u></b></p> <p>R Keeler presented the update providing feedback from the recent ICB staff surveys conducted to assess the overall health, wellbeing and engagement of staff. The following were highlighted:</p> <ul style="list-style-type: none"> <li>- Nearly 82% of people felt well supported within teams. This was an increase from July 2024 and 6.3% higher than other ICBs</li> <li>- Support for health and wellbeing was shown to be 7% higher than other ICBs, however, had slightly dropped from July 2024</li> <li>- The ICB scored between 15 and 22.9% higher in 3 flexible working questions compared to other ICBs nationally</li> <li>- Colleague mood had dropped by 6% since July 2024. Being cognisant of some of the reasons why a reduction had been seen, this was being mitigated by additional support programmes, offered individually to all staff. Resilience programmes with wellbeing support were also being offered</li> <li>- Some colleagues felt well supported within their teams but not necessarily across the wider ICB, which showed disparity. Figures compared positively to other ICBs at 3.5% higher</li> <li>- Fewer than 50% of staff in January 2025 looked forward to going to work and through the reforms currently underway, this was expected to reduce further</li> <li>- Figures showed that the approach to flexible working was inconsistent across the organisation</li> <li>- A lot of work was being undertaken to promote civility, linked to the ICB values; compassion, respect, engagement, inclusion and integrity</li> <li>- Additional work was being undertaken in terms of staff at risk. A robust resilience programme was currently running including leading through change, communications through change, and self-leadership through change. There was potential that support could be offered in terms of system wide delivery and the voluntary sector</li> <li>- A task and finish group were looking to improve support work with group coaching for senior leadership, linking with the North West Leadership Academy offer</li> <li>- A lot of work had been made to the ICB intranet, signposting to other roles and training opportunities, sessions and external organisations, ie, money matters, to support with health and wellbeing during this time.</li> </ul> <p><b><i>Michelle Quigley joined the meeting.</i></b></p> <p>Members discussion included:</p> <ul style="list-style-type: none"> <li>- A request for consideration to be made around training for people working across organisational boundaries</li> <li>- Concern around the low figure in terms of the standard of care if a friend or relative needed support. This figure was low compared to other ICBs in both 2024 and 2025</li> <li>- Concern around staff being comfortable about raising concerns. Over the past few months there had been an heightened awareness around raising concerns. S Mattocks asked if there was an ability to tailor future surveys with this question to ensure staff were comfortable in raising concerns</li> <li>- A Knox asked members to be mindful of the context of questions asked in this current climate, eg, he was pleased staff were feeling supported which demonstrated values, however, recognised that it was unlikely that anyone would recommend this organisation as a good place to work as the ICB was reducing staff numbers at this current time</li> </ul>	

- Credit was given to team leaders that people were feeling well cared for in teams and it was recognised that some people may feel a bit lost in an organisation of this size.

In response, R Keeler confirmed that the development of partnership and collaboration skills would be looked at, being cognisant of the right timing; supporting staff through the current journey was priority. In autumn into the New Year more focus would be seen on developing capabilities of partnership working and collaboration, with colleagues co-creating conversations. System leadership work and approaching shared problems rather than working in silo would be referenced as part of this work. Members were asked to note that the results. Alongside ensuring service was delivered with quality, being safe and effective, staff felt finance led conversations was the ICB's priority at this time. Further work would be undertaken and it was felt that if staff were asked now how they felt about working in this organisation, there would be a mixed response as many people are fearful, and many concerned about their future.

In relation to staff feeling comfortable around raising concerns, it was confirmed that there was no option to add questions to the staff survey as this was a national survey, however, in relation to the ICB, additional polls would be held throughout engagement for reform when this would be included.

Members were asked to be mindful that team leaders were working hard with teams to ensure they are supported, whilst at the same time were struggling with their own wellbeing. Survey results in relation to support within teams was not consistent across the organisation and this would be considered going forward.

D Eytayo reflected on the good discussion. She highlighted that the report covered system national staff survey results as well as the ICB's Pulse survey results. ICB Pulse survey results in January 2025 highlighted positive staff engagements and significant areas of improvement, reflecting the journey of the ICB since October 2024 when the values were set and a commitment was made to reset the culture of the organisation. Feedback from staff during that time placed the ICB scores positively higher than some of the national averages, however, there had been a decline in staff mood and engagement in the surveys thereafter, correlating with the national announcement of the ICB reform. Since that time, health and wellbeing resilience support had been developed and made available for staff. D Eytayo continued, commenting that the responses to the most recent Pulse survey reflected where people were at that time.

The committee were asked for views as to whether the ICB should participate in the NHS staff survey for this year, recognising that the survey was not mandatory for ICBs. The ICB had opted out in 2025 to allow for the opportunity to implement actions, address staff feedback already captured and to introduce local organisation specific pulse surveys. It was explained to the committee that prior to the ICB reform announcement, the ICB had committed to participate in 2025. It was noted that generally ICB colleagues would find it difficult to answer some of the questions in the staff survey as this is set out predominantly for provider organisations, particularly the question around whether staff would recommend treatment in the area, and that section 1.8 reflected responses from system partners and provider organisations, not the ICB. Comments made around Freedom to Speak Up were specifically around provider organisations; work had been undertaken with organisations and trade unions around findings of the survey and how the ICB can support. It was noted that providers were also in organisational change, and was reflected in the results. It was stated that whilst the timing of conducting a survey during a period of organisational change may not be ideal, however, it may provide an opportunity for staff to provide helpful feedback for the ICB to take into account as part of reformation. It was agreed

	<p>that staff would be polled again to confirm their views regarding the completion of the national staff survey. The committee confirmed that they would be content to proceed on the basis of staff opinion.</p> <p>It was recognised that the ICB executive team were in a period of transition for their own roles and their commitment to the reform work was acknowledged. Staff feedback reflected a gratefulness for how interim senior leaders were working to their roles.</p> <p>The committee were assured that actions were being taken and tracked, being fed through appropriately.</p> <p><b>RESOLVED: That the People and Culture Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Note that actions from staff surveys are being addressed and that assurance is provided to the ICB People and Culture Sub-Committee on a regular basis</b></li> <li>- <b>Approve the planned approach to the 2025 national staff survey, including to poll staff in relation to proceeding with the national staff survey in the Autumn 2025.</b></li> </ul>	
<p><b>30 25/26</b></p>	<p><b><u>Local Maternity and Newborn System (LMNS) Workforce Report</u></b></p> <p>M Quigley spoke to a presentation, supplementing the previously circulated meeting report. The report informed members of workforce initiatives and projects currently running and new plans within the Local Maternity, Neonatal System (LMNS). The following points were highlighted:</p> <ul style="list-style-type: none"> <li>- A number of systems were in place to assure safe staffing, including quarterly Maternity Incentive Scheme (MIS) visits and daily staffing calls. 10 safety actions sit within the MIS visits, ensuring safe staffing in accordance to the birth rate plus assessments</li> <li>- Daily staffing calls monitor staffing within the units. This was peer to peer support to ensure the correct staff were in place on a daily basis, with mitigations put in place to ensure this was consistent. Within this, a national data system holds the PWR data, which was recognised but continued to be an inconsistent data source and a national concern</li> <li>- The Lancashire and South Cumbria team created a new workforce tracker, encompassing the birth rate plus assessments, which trusts have agreed to. This monitors vacancy rates, ensuring that there is no deficit within the requirements of the birth rate plus</li> <li>- University Hospitals of Morecambe Bay currently have a surplus of 7.17 whole time equivalent (wte) due to extra funding that came through from a variety of different areas over the past few years</li> <li>- Lancashire Teaching Hospitals is currently in deficit, however, following an influx of applications for recruitment; assurance had been received that once recruited to, the vacancy rate will be at 0%</li> <li>- Blackpool Teaching Hospitals have a deficit of 5.03 wte, due to vacancies. R Fisher queried why the figure in the report was over 10, and whether they have a vacancy drive to reduce this. In response, M Quigley explained that birth rate plus is an assessment on professional judgement. At the time, the result came through as 10 wte, however, a triangulation was undertaken on birth rates and they are falling. As a result, Blackpool Teaching Hospitals Board of Directors agreed that this should be a deficit of 5.03. Assurance has been received that the ratio of midwives to birth is in accordance with birth rate plus. Daily staffing calls continue to monitor whether staffing is in accordance with birth rate plus and whether they are within assurance in terms of beds, along with a variety of other checks. Quarterly visits further support monitoring</li> <li>- East Lancashire Hospitals were awaiting their new birth rate plus assessment,</li> </ul>	

	<p>which was on a 3-year rolling assessment; reporting shows that vacancies were filled in line with birth rate plus.</p> <ul style="list-style-type: none"> <li>- Monitoring is broken down in terms of clinical and specialist midwives. The new tracker also monitors maternity support workers, including the medical workforce and neonatal nurses, across the unit</li> <li>- A number of other workforce initiatives were being undertaken, including an introduction to midwifery 2-day course, a 2-year pilot for T-level maternity degree apprenticeships and a 3-year registered maternity degree apprenticeship (RMDA). 9 students were currently undertaking the RMDA having to date a 100% attendance and pass rate. These initiatives had been introduced to try to reduce 'drop-outs' from midwifery degrees</li> <li>- Significant progress had been made in workforce development, including training programs and employee engagement.</li> </ul> <p>The Chair commended the work undertaken by the team to date.</p> <p>A Knox highlighted this work dovetailed with population health work in tackling health inequalities, improving diversity, being a brilliant demonstration of how working in a different way can make a difference in terms of recruitment, diversity and ensuring teams are established. He asked what was in place to ensure the new recruits were made to feel welcome within the team.</p> <p>R Keeler reported that ongoing work had taken place with midwifery colleagues to support preparation in work placements and it was important to join this up to ensure people want to receive a placement and see this as a gift to support future talent and the future workforce.</p> <p>The committee were assured of the work taking place, however, were unable to approve the continuation of the RMDA cohort without financial assurance. R Keeler would invite a representative of the LMNS workforce team to a future system apprenticeship meeting, to link learning with other apprenticeship leads and discuss the continuation of the RMDA.</p> <p><b>RESOLVED: That the People and Culture Committee:</b></p> <ul style="list-style-type: none"> <li>- <b>Note the contents of the report.</b></li> <li>- <b>Note the risks associated with not continuing workforce projects.</b></li> </ul> <p><i>Angela Allen left the meeting.</i></p>	
<p><b>31 25/26</b></p>	<p><b><u>Equality, Diversity and Inclusion Annual Report 2024-25</u></b></p> <p>Item 31 Equality, Diversity and Inclusion (EDI) Annual Report 2024-25, item 32 Equality Delivery System (EDS2022) Grading Assessment Report 2024/25 and item 33 Anti-Racism Policy and Guidance Document were discussed as one item as the EDI Annual Report captures all of the work.</p> <p>A Chaudhary reported that the EDI annual report provided assurance to the committee that the ICB was meeting its statutory and mandatory equality duties. As part of the Equality Act, the public sector equality duty is for the ICB to produce and publicly publish the EDI annual report. Part of the report captures the work that has been undertaken over the last year, as well as system wide work in terms of addressing health inequalities, showcasing the ICB workforce demographic.</p> <p>The following points were highlighted:</p> <ul style="list-style-type: none"> <li>- The staff networks had been stood up last year – disabled, LGBT Plus, race equality and the womens network. Staff networks provide a voice for views to</li> </ul>	

be heard and lived experiences to be shared of what it looks and feels like to work in the ICB. Membership and activity were steadily growing. A development leadership programme had recently been held for network chairs

- The LGBT staff network has advocated for the NHS Rainbow Badge scheme and celebrated a number of engaging events in line with Pride month
- There has been a large focus on anti-racism, from the work that had been stood up by the North West region on the back of the Michelle Cox tribunal case, and also the Southport riots. The BAME assembly was supported and the antiracism framework was introduced, being a 3-stage accreditation scheme; 3 out of 4 provider trusts had achieved bronze status and the ICB was working towards achieving this status. An anti-racism statement and policy had been developed and the next step was to embed this work and bring it to life in becoming an antiracism organisation
- In understanding the workforce demographic, it was recognised that there was a high number of 'unknowns' being declared for their characteristics on ESR; campaigning to encourage completion would continue. It was not possible to capture trans on ESR and almost a third of people chose not to share their sexual orientation
- EDS2022 is a tool designed to measure NHS equality performance, with a view to improving the outcomes for people and workforce. Outcomes are evaluated, scored and rated. The 3 domains are commissioned or provided services - workforce, health and wellbeing and inclusive leadership. Scoring results show that all 3 domains require improvement. Domain 1 assessed maternity services and A Chaudhary would work with the Local, Maternity and Neonatal System group in relation to this
- The health and wellbeing domain saw a dip from 'achieving' to 'developing' last year, reflecting conversations earlier in this meeting
- Inclusive leadership had also dropped from 'achieving' to 'developing' this year. Further work was required in this area in terms of organisational development interventions, looking at inclusive leadership
- Slow progress had been seen in developing the diversity of the workforce and levelling out under representation across pay grades, which is measured through the workforce race and equality standard (WRES). This needs focus and improvements had been seen, however, it had been difficult to make progress with the challenges of the organisation, particularly around recruitment and vacancy holds, limiting opportunities for new talent and career projection. Going forward, focus would be through organisational change and consultation, ensuring intention with efforts for fairness, transparency and being bias in processes particularly in the recruitment and selection stages. Diversity in the workforce was expected to be lost given the number of reductions in staffing required; this would be tracked and monitored at each stage of the consultation process through people impact assessments and it was recognised there would be some negative impact where this could not be mitigated.

A Patel reflected the importance to look at much of this work in the context of transition, and to de-bias some of the current processes would prove difficult. He stated an HSJ article relating to the restructuring of PCTs, having a disproportionate effect on ethnic minorities and women being bullied and discriminated against, highlighting the importance to learn from previous experiences. It was felt engaging with the staff networks would be critical to understand perception and feedback. A Patel, as the executive lead for the race network, had received an email from the network around people's feelings at this current time and it was imperative that there were fair processes moving forward. It was highlighted that around EDS22 Domain 1, there was overlap with the performance report with the quality and finance agenda; measures need to be looked at from this perspective so that the committee can contribute to this.

J Hannett made members aware that there was an applied research collaborative in the North West which may be able to link up to help around the absence of ethnic minorities in senior roles in trusts and the wider landscape. A Chaudhary committed to following up with J Hannett outside of the meeting. Linked to the BAF control gap, it was noted that deprived communities sometimes map with ethnic minorities and this should be considered. Members were asked to be mindful of sexual orientation and suicide risk that we need to be aligned to.

A Knox commented that reflective work was required by the ICB Board around the uncomfortable challenges this raises for the ICB around diversity and racism. It was highlighted that the more diverse a Board is, the better outcomes are as things are seen from different angles. It was recognised that currently the ICB Board and executive team were not diverse or reflective of the local population it serves and could not continue in this way. Members agreed that monitoring the experience of people from diverse backgrounds during the reform changes was required, particularly due to the number of people at risk. The committee concluded that positive recruitment was required around these areas. It was noted that some religious or cultural backgrounds would prevent people from sharing their sexual orientation, as well as some people not feeling psychologically safe; people's choice needs to be respected if they do not wish to declare as this can have profound implications in life for people.

D Eytayo reflected that the papers had been well written with a connection between all 3, as well as other matters on the agenda. It was noted that the EDI agenda could not be disassociated with the culture of the organisation, which would enable people to feel like they belong and be able to speak up. The importance of not seeing these documents in isolation was emphasised. It was confirmed that EDI and anti-racism is included as part of the 2025/26 ICB Board development programme.

R Fisher queried under-representation of a specific protected characteristic within the meeting report and whether this was due to under-reporting. A Chaudhary confirmed that this was impacted due to under declaration, however, information had been provided in terms of workforce data, cut by pay grades then looking at protected characteristics under each pay grade. It was noted that the graph rises with more senior pay grades, then drops off where under representation is seen. This was prevalent across all NHS organisations. There was a peak around bands 6 or 7, with a significant drop after that; the more senior the workforce, the lesser diverse workforce representation was seen. Difficulties were acknowledged due to the inability to attract new talent and the pause on recruitment and limited career progression opportunities.

The Chair acknowledged this important area and was pleased to see that diversity would be tracked as the ICB moved through transition. It was recognised that diverse Boards make better decisions, so there is a business case for diversity as well as a moral one. The team were thanked for their contributions to this work.

J Hannett raised that that the ability to look at diversity in different bands was limited in the voluntary sector and that institutional racism had been seen in the voluntary sector also. Intelligence would be shared wider, where appropriate.

S Sandford reflected that in terms of the broader perspective of this work in relation to diversity and the absence of trans colleagues and allies, there was vulnerability in this space as many parents of trans people were in the ICB workforce and colleagues have been open about concerns and experiences for their young people.

The Chair thanked A Chaudhary and colleagues for the useful conversation and the committee looked forward to updates as the organisation goes through the next

	<p>phase of transition.</p> <p><b>RESOLVED: That the People and Culture Committee</b></p> <ul style="list-style-type: none"> <li>- Note the contents of the Equality, Diversity and Inclusion Annual Report 2024-25</li> <li>- Escalate to ICB Board for formal approval and publication on the ICB website.</li> </ul>	
<p><b>32</b> <b>25/26</b></p>	<p><b><u>Equality Delivery System (EDS2022) Grading Assessment Report 2024/25</u></b></p> <p>This item was discussed as part of item 31 25/26.</p> <p><b>RESOLVED: That the People and Culture Committee:</b></p> <ul style="list-style-type: none"> <li>- Note the content of the report</li> <li>- Accept the EDS grading of ‘Developing’ for the 2024–2025 cycle</li> <li>- Approve the proposed actions, including: <ul style="list-style-type: none"> <li>o Broader stakeholder engagement across all domains</li> <li>o Targeted actions to address workforce satisfaction and organisational culture</li> <li>o Strengthened leadership accountability and inclusive practices</li> <li>o Continuous monitoring and iterative improvements for future assessments.</li> </ul> </li> </ul>	
<p><b>33</b> <b>25/26</b></p>	<p><b><u>Anti-Racism Policy and Guidance Document</u></b></p> <p>This item was discussed as part of item 31 25/26.</p> <p><b>RESOLVED: That the committee note the update and that the Anti Racism Policy, Guidance and Anti Racism Statement has been released on the Lancashire and South Cumbria ICB internal intranet as well as outward facing internet sites.</b></p>	
<p><b>34</b> <b>25/26</b></p>	<p><b><u>Freedom to Speak Up</u></b></p> <p>The previously circulated meeting report provided a quarterly update on themes and trends related to speaking up and against progress made in this area. S Mattocks shared the following key updates:</p> <ul style="list-style-type: none"> <li>- Numbers for the last quarter remained consistent with the previous quarter</li> <li>- A recurrence in trend had seen small numbers raising concern against workforce number</li> <li>- Profile continued to be heightened around raising concerns</li> <li>- Policy would undergo minor changes, which should help to raise awareness of the policy and the importance to raise concerns</li> <li>- Trend continued to be seen in the number of cases being received as anonymous or where the individual is known to the guardian and wishes to remain confidential across a number of organisations.</li> </ul> <p>Additional to this, a review of patient safety across a number of organisations took place on 7 July 2025, one of these being the National Guardians Office and there was a commitment that the functions of the National Guardians Office should be more aligned with those in commissioner and provider organisations; this would result in significant national change for the Guardians office, including structural change. This links to the 10-year plan that was now published and supports reform within speak up structures, highlighting the importance of the service and link to patient safety.</p> <p>S Mattocks would monitor the changes.</p>	

	<p>The Chair thanked S Mattocks for the meeting report and the important work being undertaken.</p> <p><b>RESOLVED: That the committee note the update.</b></p>	
<p><b>35 25/26</b></p>	<p><b><u>Research and Innovation Update</u></b></p> <p>S Sandford provided members with an update on the progress across the system, setting out the proposed direction of travel in response to national ICB reform and regional opportunities. System research and innovation was at a point where consideration needs to be made around how to sustain the breadth and depth of research and innovation activity which would be essential to help the system with some of the very big challenges in Lancashire and South Cumbria, as well as real opportunities, given the uniqueness of the area.</p> <p>In line with other ICB directions of travel for other functions, a regional collaborative opportunity was being looked at with initial discussions with Greater Manchester and Cheshire and Merseyside colleagues; all were looking at the same direction with regard to benefits of this type of arrangement. However, there was recognition within the ICBs research and innovation collaborative space that this was a unique area, with unique challenges and any regional arrangements would need to support this.</p> <p>The paper provided assurance to the committee of the direction of travel, aiming for a September stakeholder engagement piece of work to bring key stakeholders into conversations around what a regional approach could look like in relation to a new type of infrastructure.</p> <p>It was noted that the VCFSE sector was critical in this work and conversations had taken place with J Hannett around how partners felt in this agenda.</p> <p>The Chair reflected the importance of looking at sustainability in this area, thinking that from a cultural perspective, successful organisations invest in workforce and in research and innovation.</p> <p>A Knox thanked S Sandford for his leadership in this good work. Consideration would need to be made to funding work with the academic sector and the ICB needs to ensure its institutions are protected, partnering with them to effectively putting research on the map for Lancashire and South Cumbria. Consideration would to be made as to how to drive this as an ICB Board and executive team to give power, as this would be beneficial to tackling inequalities, etc. The profile needs to be raised in this area and the ICB Board needs to empower teams to be working with academia.</p> <p>J Hannett confirmed that research was taking place in the VCFSE sector and this may influence the way research and innovation is approached going forward.</p> <p>S Sandford continued that the focus on the 10-year plan was around genomics and the wider North West was a leader in that space.</p> <p>The committee were in support of regional collaboration to ensure sustainability, being mindful of the need to protect the uniqueness of the Lancashire and South Cumbria area for research.</p> <p><b>RESOLVED: To note with further updates required as transitional work progresses in line with ICB reform planning and implementation aligned to region.</b></p>	

<p><b>36</b> <b>25/26</b></p>	<p><b><u>People and Culture Sub-Committee</u></b></p> <p>The Triple A report of the People and Culture Sub-Committee identified key issues escalated to the People and Culture Sub-Committee.</p> <p><b>RESOLVED: The committee note the Triple A report and meeting notes circulated.</b></p>	
<p><b>37</b> <b>25/26</b></p>	<p><b><u>People and Culture Health and Care Sub-Committee</u></b></p> <p>The Triple A report of the People and Culture Health and Care Sub-Committee identified key issues escalated to the People and Culture Sub-Committee.</p> <p>D Eytayo reported that it was planned to stand down the Health and Care Sub-Committee due to the changing role of the organisation. A hand-over to NHS England was being worked up.</p> <p><b>RESOLVED: The committee note the Triple A report and meeting notes circulated.</b></p>	
<p><b>39</b> <b>25/26</b></p>	<p><b><u>Strategic Training and Education Collaborative (STEC)</u></b></p> <p>The meeting report circulated provided an update from the STEC, focusing on workforce supply, education and training aligned with the 5-year workforce strategy.</p> <p><b>RESOLVED: The committee note the report.</b></p>	
<p><b>40</b> <b>25/26</b></p>	<p><b><u>Committee Escalation and Assurance Report to the Board</u></b></p> <p>Members noted the items which would be included on the committee escalation and assurance report to the Board.</p> <p><b>RESOLVED: That the People and Culture Committee note that a report will be taken to ICB Board.</b></p>	
<p><b>41</b> <b>25/26</b></p>	<p><b><u>Items referred to other committees</u></b></p> <p>The committee asked that the following 2 items be referred to the Quality and Outcomes Committee:</p> <ul style="list-style-type: none"> <li>- Equality Delivery System (EDS2022) Grading Assessment Report 2024/25, relating to domain 1, maternity services, graded as requires improvement. Referred for monitoring and oversight.</li> <li>- Consideration of patient advocacy and how this is considered and utilised going forward.</li> </ul> <p><b>RESOLVED: That the committee refer the above two items to the ICB Quality and Outcomes Committee.</b></p>	
<p><b>42</b> <b>25/26</b></p>	<p><b><u>Any Other Business</u></b></p> <p><b>Healthwatch</b> – The disestablishment of Healthwatch had recently been announced. J Hannett raised significant concern to the voluntary sector organisations as part of advocacy space and a lack of an independent patient voice in future, as well as the Dash review. There was focus in the system around patient experience and Healthwatch performed an important role, linking with the Quality and Outcomes Committee. A Knox confirmed that engagement with communities would continue as this is written into the ICB’s frameworks and VCFSE would be involved.</p>	

	<b>RESOLVED: That the committee note the concern raised and refer to the Quality and Outcomes Committee for consideration.</b>	
<b>43 25/26</b>	<p><b><u>Items for the Risk Register</u></b></p> <p>Members acknowledged the risk raised around the transition. Challenges to recruit and retain a stable workforce continued in a number of fragile health services including volunteering, and losing key relationships in deprived communities. Functions being transferred to other organisations and the loss of knowledge/communication was acknowledged.</p> <p>To ensure mitigations were considered formally around the workforce and volunteering element of the NHS re-design process, risk around the loss of organisational knowledge and memory would be captured as part of the organisational transformation risk register.</p> <p><b>RESOLVED: That there were no items identified for the risk register.</b></p>	
<b>44 25/26</b>	<p><b><u>Reflections from the Meeting</u></b></p> <p>Good discussion was held.</p>	
<b>45 25/26</b>	<p><b><u>Date, Time, and Venue of Next Meeting</u></b></p> <p>15 October 2025, 1.00 pm – 3.30 pm, Lune meeting room, ICB offices, County Hall, Preston.</p>	