Lancashire and South Cumbria Integrated Care Board

Subject to approval at the next meeting

Minutes of the meeting of the Integrated Care Board
Wednesday, 7 December 2022 at 9.30am to noon
St Catherine's Hospice, St Catherine's Park, Lostock Lane, Lostock Hall, Preston, PR5 5XU

	Name	Job Title
Members	David Flory	Chair
	Jim Birrell	Non-Executive Member
	Sheena Cumiskey	Non-Executive Member
	Roy Fisher	Non-Executive Member
	Dr Geoff Jolliffe	Partner Member – Primary Medical Services
	Kevin Lavery	Chief Executive
	Dr David Levy	Medical Director
	Kevin McGee	Partner Member – Trust / Foundation Trust (Acute and Community Services)
	Professor Jane O'Brien	Non-Executive Member
	Professor Sarah O'Brien	Chief Nurse
	Chris Oliver	Partner Member – Trust/Foundation Trust – Mental Health
	Samantha Proffitt	Chief Finance Officer
	Angie Ridgwell	Partner Member – Local Authorities
Participants	James Fleet	Chief People Officer
	Maggie Oldham	Chief Planning, Performance and Strategy Officer/Deputy Chief Executive
	Debbie Corcoran	Public Involvement and Engagement Advisory Committee Chair
	Tracy Hopkins	Chief Executive Officer – Citizens Advice, Blackpool representing Voluntary, Community, Faith and Social Enterprise sector
	Abdul Razaq	Director of Public Health
	Asim Patel	Chief Digital Officer
	Professor Craig Harris	Chief of Health and Care Integration
In attendance	Lindsay Graham	Advocacy and Engagement Director - Healthwatch
	Mike Thomas	Chair of University Hospitals of Morecambe Bay NHS Foundation Trust and Chair of the Provider Collaboration Board (for agenda item 7)

	Pam Bowling	Corporate Office Team Leader (minute taker)
Apologies for Absence	Ebrahim Adia	Non-Executive Member
	David Blacklock	Healthwatch Chief Executive
	John Readman	Director of Adult and Social Care Services

Item	Note
66/22	**Welcome and Introductions** The Chair, David Flory, welcomed everyone to the meeting and thanked those observing the meeting for their interest in the business of the ICB. The Chair welcomed Mike Thomas, Chair of University Hospitals of Morecambe Bay NHS Foundation Trust and Chair of the Provider Collaboration Board who was attending the meeting for agenda item 7. The Chair also welcomed Lindsay Graham, who was attending the meeting on behalf of David Blackpool. It was confirmed that no questions had been received relating to items on the agenda.
67/22	**Apologies for Absence** Ebrahim Adia, John Readman and David Blacklock
68/22	**Declarations of Interest** 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.
69/22	**Minutes of the last meeting held on 2 November 2022, actions and matters arising** The minutes of the last meeting held on 2 November 2022 were approved as a correct record. The action sheet was reviewed and all actions were noted to be complete or in progress. David Levy responded to the request received at the last meeting regarding uptake of Covid-19 vaccination by different ethnic groups and reported on uptake of the booster as follows: over 75 years of age - over 81% (care home residents - 85%); 70 – 74 years of age - over 78%; 65 - 70 years of age - 71%. It was noted that younger eligible adults are less likely to come forward for vaccination and 42% of people aged 55 – 59 years have had their autumn booster which is consistent across all ethnicities. Those in the most deprived deprivation quintiles are less likely to take up the vaccine than those in the least deprived quintiles. This is consistent across the age ranges and ethnicities. Uptake of the booster in some of communities with non-white ancestry tracks the age-related likelihood to accept the offer of vaccine, but tracks at a level below that of white British citizens. For citizens over 75 years: uptake amongst the white British is 83%, amongst those of

	Asian ancestry 57%, amongst those of Black ancestry 55% and those of Chinese ancestry 63%. This is consistent with the position across England. The Lancashire and South Cumbria (LSC) vaccination programme continues to integrate and work in collaboration with partners in local government, in particular the public health and the community engagement teams to tackle this inequity and promote local engagement and vaccination uptake. Vaccinations have been provided from over 170 community venues across LSC, in addition to roving buses, hyperlocal pop-ups, vaccine at home on request and a joint venture with local authority colleagues focusing on areas of low take-up. Healthwatch have also been commissioned to undertake a piece of engagement.
70/22	**Chief Executive's Report** Kevin Lavery presented his report highlighting areas of outstanding innovation and high performance and expressed his thanks to staff across the system for delivering great service in challenging circumstances. Areas highlighted included the roll out of Virtual wards across the system; reductions in waiting times for treatment due to innovations such as Chatbot; and implementation of a Falls Lifting Service as part of winter resilience plans to reduce pressure on the emergency services. The Mutually Agreed Resignation Scheme (MARS) was launched on 15 November 2022 and there has been a good take up. NHSE issued guidance on registering and managing conflicts of interest which the ICB has followed. In November, ICBs were requesting to undertake a self-assessment of their local register of interests and management of conflicts of interest including some questions which go over-and-above the current guidelines. The ICB is therefore reviewing and updating its register and will report to the Audit Committee and provide training for Board members in the new year. Kevin McGee updated the Board in terms of operational pressures across the system and advised that provider organisations were working together providing mutual aid and that 'winter reporting' to the regional office had begun in terms of performance. There was also a lot of activity in paediatrics around Strep A and this was being monitored closed. Chris Oliver also referred to pressures in mental health and learning disability services and to joint working between Executive Teams to alleviate pressures on waiting times for mental health patients within the system's Emergency Departments. Geoff Jolliffe referred to Strep A and the current anxiety amongst the public and the need for GPs to have clear guidance. Abdul Razaq confirmed that the Directors of Public Health have been issuing communications including letters to schools and further guidance for primary care. Abdul agreed to feedback Dr Jolliffe's comments to the UK NHSA colleagues. Lindsay Graham raised an anomaly in the report with regard to Chatbot in terms of the figures quoted in the CEO report ie, 22% required an appointment sooner, whereas in the Performance Report it quotes 2%. The Chair agreed that this be clarified outside the meeting.

	POST MEETING NOTE: The 22% quoted, related to the proportion of 'inpatients' only in relation to the overall patients validated. The 2% quoted in the Performance report relates to all patients validated. **RESOLVED:** **That the Board note the updates provided.**
71/22	**Patient Story / Citizens Voice** Sarah O'Brien introduced the video which explored the value of outreach in engaging with and improving the uptake of vaccinations for the harder to reach members of the community. The video showed the vaccination outreach bus run by FCMS in Blackpool, commissioned by Blackpool Council, which has helped to successfully reach a significant and large number of people across the Blackpool and Fylde areas. Sarah highlighted that LSC is an exemplar across all areas with award winning work under the leadership of Jane Scattergood and the Directors of Public Health. The 'patient story' included interviews with people who have experienced the benefit of the bus, including members of the Gypsy, Romany and Traveller community who have previously used the mobile vaccination service. Thanks were extended to those who took part in the video. Kevin Lavery commended the work done in LSC on the vaccination programme, reaching all parts of the community under the leadership of Jane Scattergood. There was recognition from the Board of the need to build on this success, standardise it across the patch and learn from the experience. Angie Ridgwell commented that the success was due to a combination of NHS skills and local community knowledge provided by Directors of Public Health and there was a real opportunity with place-based partnerships to build and capitalise on this bringing a standard framework of offer. Abdul Razaq confirmed that there will be ongoing conversations between the NHS, Local Government and VCFSE and taking opportunities to work with community organisations as they have ability to reach and communicate with the population. Jane Scattergood, who was observing the meeting was invited to speak, and commented that the experience of working with partners to tailor a bespoke service was very important and expressed her thanks to all partners.
72/22	**Provider Collaboration Joint Committee and Delegation of Powers** Mike Thomas, Chair LSC Provider Collaboration Board (PCB) joined the meeting. Kevin McGee introduced the paper and informed the Board of the PCB plans to form a Joint Committee and of the revision to the PCB terms of reference. The Chairs and Chief Executives of the NHS Providers across LSC had agreed to support a proposal to be put to all the Boards for the formation of a Joint Committee of the Providers. The Terms of Reference for the Joint Committee had been approved by all the LSC NHS Provider Boards and would now be presented to NHSE's Regional Office.

	Mike Thomas provided context to the proposal in that the 5 Trusts had decided that Lancashire and South Cumbria should be their joint catchment area and through collaboration could develop a joint strategy and meet the needs of the population better by a single collective view taking a whole person approach. The Joint Committee would provide an accountability and governance framework allowing each Board to delegate powers. A discussion ensued and Members expressed their support for this approach. During the discussion comments and requests for clarification were made which Mike Thomas responded to as follows. It was recognised that public consultation on service change is a statutory responsibility of the ICB and confirmed that the PCB's intent is to plan, consult and take advice and there would be dialogue with ICB. The ToRs will fit in with the ICB's operational framework and will be reviewed annually and can be adapted to suit this. The PCB has two sub-groups: corporate services; and clinical engagement and pathways; and will connect with the place-based partnerships around clinical pathways. It was confirmed that there are already good links in place regarding border issues around the clinical pathways and clinical integration work. In terms of reporting to the Boards, the PCB agenda is split into two parts: the first is for PCB general business and the second is for joint business. The minutes of the PCB are received by each individual Trust Board so they are kept informed on decisions made. Subsidiarity is important and the PCB's view is that this is a place-based initiative and the PCB will play its part. The next steps are to operationalise some of the priorities, to look at the financial planning across the 5 Trusts and where resources can be shared, where savings in procurement can be made and prioritise clinical pathways. With regard to evaluation, it was confirmed that there are outcomes and measures in place. In response to a question from the Chair about clinical engagement with these potentially different clinical models and changes to working practices, it was confirmed that the majority of clinicians recognise this as a better care system for patients and their families and support this joint work, joint pathways and joint committee and the need to provide the highest level of equalised care across Lancashire and south Cumbria. Kevin Lavery congratulated everyone involved for their work in getting to this stage and confirmed that the ICB will work with providers to make this work going forward. Kevin added that the ICB has high ambitions for transformation in clinical services, in productivity across the system and in community services and this provides the mechanism to do this faster with less risk. Kevin advised that implementation of the joint work should not be delayed by the ICB's work on development of an operating framework as there is a need to have a collective way to make decisions quickly and effectively. **RESOLVED:** **That the Board note the report and the Terms of Reference in relation to the formation of the Provider Collaboration Board Joint Committee and the delegation of powers.**

73/22	**Finance Report: Month 7** Sam Proffitt presented the paper on the month 7 (October) financial performance for the Lancashire and South Cumbria system and updated the Board on activity since the last Board meeting. The ICB is reporting a system deficit at the end of October of £62m which is £47.6m worse than plan. This represents a current pressure of £19m for the ICB and £28.6m across the provider trusts. It was noted that this position has stabilised over the last month and there is a need to continue to reduce this over the remainder of the year. A deep dive was undertaken at month 6 across all organisations with each provider, including the ICB, producing a recovery plan by 25 November. A forensic review of the financial position in each provider organisation has been undertaken and the drivers, risks and recovery approach were set out in the report. Two important deliverables for 2022/23 were highlighted. Firstly, all savings plans to be delivered recurrently and it was noted that there has been a shift towards this during the last month with 50% of CIPs delivering recurrently. Secondly, there has been a lot of non-recurrent temporary funding to support pressures but there are opportunities to do things differently and to make these actions recurrent. It was noted that Nationally, an additional £3.3bn has been agreed for the next two years to fund inflation. There is also a social care fund of £2.8bn new investment in 2023/24 rising to £4.7bn and a 2.25 %efficiency target for 2023/24. At the start of the year the risk was £177m and in the report this states that the risk is down to £70m, however Sam advised that this is more likely to be at around £55m with potential to reduce it to £40m. There is also a 'get well' plan for the ICB to be delivered by ICB executive team. It was emphasised that in terms of recurrent plans there is a need to take a system wide approach, drive out costs through waste and duplication, improve productivity, without impacting patient care and activity levels and to ensure that the five big programmes of work start to make an impact. In summary Sam reported a better position and expressed her thanks to everyone for their hard work. Recognising the operational pressures on Trusts, Jim Birrell questioned how realistic these figures are as running costs are continuing to increase, the CIP is short of target and the recurrent figure remains low. Jim also suggested that the ICB position which had remained at £19m deficit for the last 3 months, required more attention. Sam referred to £40m risk for the ICB and to a plan of CIP/QIPP delivery and actions to recover the ICB position and achieve year-end break-even, which were starting to take effect. The Finance and Performance Committee are due to meet in January 2023 and will be discussing plans and deliverables in terms of risks to achieve break even at year end. Significant pressures in Continuing Healthcare packages of care were noted and whilst work is being done to address this, savings will not be achieved in the short term. In the longer term, work is being done on a new CHC model of care which will have an impact.

	David Levy advised that the ICB had appointed a Chief Pharmacist - Medicines Optimisation, who would be leading work around the Medicine Optimisation QIPP plan and opportunities around cheaper alternatives. Roy Fisher referred to a report on financial monitoring of the Better Care Fund received by the Blackpool Health and Wellbeing Board which refers to the adult social care discharge fund to be given in 2 tranches, 40% in December and 60% in January and highlighted the need for the ICB Board to be kept updated on this. Angie Ridgwell commented that the report related to the NHS element of the system budget and referred to the need to start looking at whole system budget. Angie also referred to work ongoing with upper tier Local Authority to avoid cost shunting. In response, Sam Proffitt confirmed that members of the ICB Executive Team are linked to each of the Health and Wellbeing Boards and that meetings are taking place with CEOs and Finance Directors to avoid cost-shunting and a joint session of partners has taken place on making better use of the Better Care Fund. Sarah O'Brien added that cost-shunting can be an unintended consequence of CHC packages of care and the new model proposed is an integrated model with shared budgets. It was also suggested that future finance reports could give specific assurance around cost shunting. The Chair welcomed the additional £500m as announced in the autumn statement and asked how this money was going to be used. Sam Proffitt advised that the system's share should be considered as recurrent and the Place-based Partnership Directors will have an important role in using this funding to make a difference. Kevin McGee added that this funding will help to build resilience out of hospital and discharge quicker, reduce unfunded capacity in hospital and reduce agency staffing costs. Kevin Lavery commented that the ICB cannot have a deficit and currently has significant risks with expectation of targets on running costs. Over the coming weeks the risks on running costs should reduce alongside the launch of the Mutually Agreed Resignation Scheme, voluntary redundancy of senior staff, freeze on vacancies and a tight grip of discretionary spend which will provide a recurring position into next year. A similar grip and control approach has been agreed with providers. Whilst there are lots of challenges, there are also positives and the risks are falling. In conclusion the Chair supported the progress being made and continuation of the work taking place. **RESOLVED:** **That the Board note the contents of the report and the actions required to mitigate the financial risk.**
74/22	**Performance Report** Maggie Oldham updated the Board on performance of the LSC health care system and confirmed that work has commenced to further develop the ICB performance framework and to develop the Integrated Performance Report with appropriate balanced scorecards. There had been some marginal progress against 78-week

	waits and long cancer waits. It was noted that performance is monitored daily by local Trusts, by the Provider Collaborative Board and at regional performance meetings with efforts made to avoid duplication. All improvements are predicated on improving productivity, clear use of staff and broader resources, work with primary care around appropriate referrals and good use of outpatients, diagnostics and theatre utilisation. Reference was made to discussions at previous meetings about variation across providers, more information on which will be brought back to the Board at a future meeting. It was noted that efforts are being made to make LSC the most productive and efficient NHS system in England. Good monitoring systems are already in place which can pick up changes in trends and enable timely actions. Support from the 'Get It Right First Time (GIRFT)' team is progressing and being consolidated at local level. It was noted that the LSC Provider Collaborative is working on a bid as part of the national provider collaborative innovators scheme which is an opportunity to learn from and share best practice across England. A comment was made about Annual Health Checks for people with Learning Disabilities and the significant variation in performance within LSC and a request for information on actions being taken to improve the position. Discussion took place and it was confirmed that this is a primary care responsibility and Lancashire and South Cumbria NHS Foundation Trust (LSCFT) facilitation team are fully recruited and actively supporting GP practices. However, it was recognised that more work needs to be done including raising awareness of Health Checks. Craig Harris agreed that the Place-based Partnership Leads would undertake some work on the root cause analysis of the issues, working with clinical lead colleagues in primary care. The Chair asked that this work be reported on to the Chairs of the Quality Committee and the Finance and Performance Committee. Lindsay Graham highlighted the significance of this data and the links to the findings of the LeDeR Report and offered the support of Healthwatch in taking forward this action. **Action: David Levy** The Chair drew attention to the charts on page 7 of the report relating to incomplete referral to treatment pathway waiters and asked about the impact of addressing the backlog of patients waiting on inequalities. It was noted that good progress was being made in reducing the number of patients waiting over 78 weeks, however the number of patients waiting over 52 weeks was rising significantly. Kevin McGee responded that there would be no patients waiting over 78 weeks by the end of March 2023 which will allow a focus on the over 52-week waiters and confirmed that waiting lists are risk stratified. Kevin advised that there is a focus on inequalities and a view on good practice being undertaken elsewhere in the country and if appropriate this will be applied in LSC. In response to a question as to whether the electronic patient information systems are good enough to monitor the impact on long waiters, Asim Patel confirmed that whilst provider Trusts have a lot of information available to them, there are some gaps in the recording of protective characteristics at source and an immaturity of clinical systems which may hinder the provision of this information. The Chair concluded that he would like to get into more of this discussion with the best data that is available in the future.

	Chris Oliver advised that the Provider Collaboration Board were doing some work looking at mental health waiting lists, as well as acute, in order to get parity and transparency across the two and provide added depth to the report. Abdul Razaq referred to a piece of work being undertaken across the Pennine footprint, between East Lancashire Hospitals Trust and public health colleagues who have set up the Pennine Health Equity Alliance with partners including primary care and the wider academia and have developed a work programme on waiting lists and health equity. Abdul recommended other parts of the system looking at this early work. **RESOLVED:** **(1) That the Board note the summary of key performance metrics for Lancashire and South Cumbria.** **(2) That the Board support the actions being undertaken to improve performance against identified high risk metrics.** **(3) That the Board note the ongoing work to further develop the performance framework and reporting, in particular the board workshop.** **(4) That the Board support the continuation of the Task and Finish Groups work with the input of Non-Executive Members**
75/22	**Deep Dive on Cancer** David Levy presented a deep dive on cancer and updated members on current performance; presented data on performance against the 62-day target and the ambition to reduce 62-day backlogs to February 2020 levels (407) by March 2023; the challenges and actions taking place to address, with information relating to colorectal and dermatology; addressing inequalities through engagement and outreach; and plans for delivering sustainable cancer services in 2023 and beyond. Dr Levy undertook to update the Board again in quarter 4 on the progress being made. Jane O'Brien referred to reports of women dying earlier in deprived areas and asked how this was being addressed. Sarah O'Brien referred to the Women's Health Strategy, developed by NHSE in terms of women's health more widely, and advised that a women's health group is being set up in LSC to look at the strategy and through that group could look at how to connect to cancer pathways. The ICB is also planning to have some dedicated sessions for a clinical lead around women's health. Reference was also made to the ambition to reduce 62-day wait backlogs back to 407 and a suggestion that this should be more ambitious and to missed appointments and the need to gain a better understanding of the reasons for this. Geoff Jolliffe referred to a number of points in the pathway where GPs could intervene to make improvements, such as direct access to diagnostics, and the need to look at all interactions a patient has with primary care to make it slicker and speedier without additional cost. Attention was drawn to additional responsibilities of an ICB from April 2024 with regard to Section 7A health services screening and immunisation and the opportunities this would bring and also to population health outcomes and whether survival rates are improving, stable or decreasing and a need for more focus on

	survivors. David Levy responded to the comments and agreed that the ambition should be greater and advised that there will be a new national target of 75% of patients to be diagnosed within 28 days of referral. David agreed that it was important to understand the reasons for missed appointments and reported that there are plans for more community diagnostic centres and a need to ensure access to these centres by primary care. There is also a need to ensure that tele-dermatology is available across hospital sites. David also referred to mortality rates of colo-rectal cancers and agreed with the need to focus on survivor ship.
76/22	**Resilience and Surge Planning/** **Urgent and Emergency Care Assurance Framework** Maggie Oldham provided an update on the status and progress of the Urgent and Emergency Care (UEC) Business Assurance Framework 'Going further on our winter resilience plans' and local resilience and surge schemes. It was noted that the framework is used to monitor progress monthly against combined system capacity plans, actions, good practice and improvement priorities. Maggie referred to the usual seasonable winter pressures, but in addition to the current cold snap, the energy challenges and the impact of this on health and communities in particular the frail and elderly community. In addition, there are plans for industrial action and whilst LSC are not impacted directly in December, subsequent actions are being announced and LSC will be offering mutual aid for colleagues. The system is also being encouraged to have plans in place for disruption to energy supplies. Maggie confirmed that there was nothing adverse currently to report in terms of plans for winter pressures, the Board would be kept updated. In terms of the requirement to establish a 24/7 System Control Centre, it was confirmed that the ICB will be in a position to comply with this with clinical operational and executive level supporting rotas and will work collaboratively across the system to provide a comprehensive and pragmatic approach to a 24/7 response, should this be required. The Chair noted the use of the word 'partial' in terms of the status of each action and that this didn't reflect if this was good in terms of achievement. The Chair suggested that this be reflected upon as to whether it could be presented differently. **RESOLVED** **(1) That the Board note the content of the report** **(2) That the Board accept the report as assurance that oversight of all associated requirements will be via the Resilience & Surge Planning Group, UEC Network and local A&E Delivery Boards and for the ICB Board to receive updates on a monthly basis.**
77/22	**Assurances to the Board:** **(a) Reading the signals Maternity and Neonatal Services in East Kent – the Report of the Independent Investigation**

(b) Quality of Mental Health, Learning Disability and Autism Inpatient Services – Response to National Director

Sarah O'Brien presented the two reports to the Board: the first report summarised the findings of the East Kent report and outlined the actions being taken across Lancashire and South Cumbria; the second report summarised the actions requested by the National Director for Mental Health and assured the ICB Board that all five of the NHS Trusts in LSC have undertaken these actions with reports going to Trust Boards in November and December 2022. It was noted that there is also an independent inquiry of Maternity Services ongoing at Nottingham University Hospitals.

Sarah reported that the East Kent report signified poor care, a dangerous culture, poor team working, a lack of openness and a lack of transparency in terms of learning lessons. There was a specific ask to Trusts and the ICB to highlight and discuss the report at public board meetings in terms of the actions required and the Trust/ICB response. It was noted that there is a strong maternity and neonatal forum in Lancashire and South Cumbria. The lead for the LMNS is an ICB Director and an associate director of maternity has been appointed who will work closely with the maternity leads at the 5 provider Trusts. The LMNS will report to the ICB Quality Committee. Sarah advised that whilst complete assurance of compliance cannot be given, all necessary systems and processes are in place, working through the LMNS, with adequate expertise in the system and continued improvement is a matter of high priority for all trusts with maternity services.

Sarah continued to describe the second report which related to the abuse of vulnerable patients. As a result of these findings, the Clinical Director for mental health services wrote out to all providers asking for some immediate actions and Sarah confirmed that all five of the NHS Trusts in LSC have undertaken these actions

Kevin McGee provided assurance to the Board in terms of the actions taken in Trusts across LSC in response to the two reports.

Jim Birrell commented that the report on Maternity Services highlighted a problem in teamwork and interface between medical and nursing staff and suggested that there should be an obstetrician on the committee to ensure a rounded view. Jim also highlighted that the Performance Report to the Board does not include any information on maternity.

Debbie Corcoran highlighted the importance of capturing local patient experience of maternity services and referred to the Local Maternity Alliance Networks which were established via CCGs and to bring these into this work.

Chris Oliver advised that LSCFT were asked to undertake a review of patients in the Edenfield Centre and this is being presented back to GMMH Board. Chris added that whilst as a provider you can never be complacent that this is not happening, the Trust have taken significant tangible assurances from both internal services and those services which it commissions via the Specialist Lead Provider Collaborative.

Asim Patel commented on the use of intelligence and the way data was presented as a key theme coming from the Maternity Services report and highlighted the need to be

	inquisitive and understand what is behind the data. There was also information available from the staff survey but a lack of triangulation and consideration of early warnings. The ICB Board should reflect on this in terms of its performance reporting and the importance of making data count. Angie Ridgwell asked how the Board assures itself that there is a culture where people will raise concerns, will be taken seriously and feel protected. James Fleet confirmed that the ICB had recently launched its Freedom to Speak Up (FtSU) campaign across the system, with links to provider organisations and nominated FtSU Champions to complement the robust arrangements already in place at provider organisations. Sheena Cumisky confirmed that reporting on maternity services will be through the Quality Committee and LMNS to enable the Quality Committee to have oversight and provide assurance or escalation to the Board as required. It was noted that from September 2023 there is a new patient safety improvement framework, further information on which will be brought back to the Board in due course. *Angie Ridgwell left the meeting.* **RESOLVED:** **1) That the Board note the content of the report and the actions being taken by the LSC Maternity and Newborn Alliance (as the maternity arm of the ICB) to ensure quality and safety oversight of the 4 maternity service providers, to enable early identification of problems, provide support and collaboration and ensure a culture of shared learning and understanding.** **2) That the Board note the actions requested by the National Director for Mental Health in response to the BBC Panorama programme exposing poor care in an NHS Trust.** **3) That the Board is assured that the five NHS Trusts in LSC took immediate action and each board has received assurance of these actions.** **4) Note the ongoing quality assurance work required by each Trust and the ICB to ensure sustainable high quality, safe care in inpatient settings.** **5) Note the need to improve how we listen and engage with all patients and especially those with a learning disability and or autism.**
78/22	**Risk Management Report including the ICB's proposed Strategic Objectives and Board Assurance Framework** **(a) Risk Management Strategy and Policy** The Board received the report which provided an overview of the work undertaken to date in the development of the LSC ICB risk management strategy and policy. The report included a proposed set of strategic objectives for the transitional year 2022/23 and the Board Assurance Framework (BAF) which supports the board to focus on the delivery of the strategic objectives. It was noted as work in progress and the Board would be given the opportunity of a fuller discussion at the next meeting.

	RESOLVED: **(1) That the Board note the contents of the report and the work undertaken to date** **(2) That the Board approve the ICB risk management strategy and policy.** **(3) That the Board approve the ICB's Strategic Objectives and Board Assurance Framework** **(4) That the Board note the work underway to review the ICB's systems and processes for risk management**
79/22	**Section 106 Monies/Community Infrastructure Levy Policy and Procedure for Health Facilities** The Board received the Section 106 Monies and Community Infrastructure Levy Funding Policy and Procedure for Health Facilities for approval. **RESOLVED:** **That the Board approve the Section 106 Policy and Procedure and note the consequential actions by the Strategic Estates Team**
80/22	**Use of ICB Seal** The Board received the report on the use of the ICB Seal. **RESOLVED:** **That the Board note the use of the Seal.**
81/22	**Summary Report of Committee Business** The Board was provided with a summary of key business, decisions and progress updates for committees/groups held during November 2022. The report provided a summary of the discussion and key decisions taken at the Primary Care Contracting Group on 8 November 2022; the Quality Committee held on 16 November 2022; the People Board held on 22 November 2022; and the Finance and Performance Committee held on 28 November 2022. Each of the Chairs highlighted the key points discussed at each of the meetings and Roy Fisher provided a verbal update from the inaugural meeting of the Finance and Performance Committee. The Chair highlighted that further work was ongoing around the framework for the Advise/Assure/Alert process to ensure effective and consistent reporting across all committees. **RESOLVED:** **That the Board note the highlight reports for those committees that have met since the last Board meeting.**
82/22	**Any Other Business** There was no further business.
83/22	**Date and Time of Next Meeting** • Wednesday, 1 February 2023 • 9.30am to noon • ICB Headquarters, Chorley House, Lancashire Business Park, Centurion Way, Leyland, Preston, PR26 6TT