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| **Meeting Title** | **Leicester, Leicestershire and Rutland (LLR) Integrated Care Board meeting** (meeting held in public) | **Date** | **Thursday, 8 June 2023** |
| **Meeting no.** | **8** | **Time** | **Meeting in public: 9:00am – 10:45am**<br>**Confidential meeting: 10:50am – 11:30am** |
| **Chair** | **David Sissling**<br>**Independent Chair, ICB** | **Venue / Location** | **Via MS Teams** |

| REF | AGENDA ITEM | ACTION | PRESENTER | PAPER | TIMING |
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| ICB/23/53 | Welcome and Introductions | To receive | David Sissling | **Verbal** | 9:00am |
| ICB/23/54 | Apologies for Absence:<br>• Martin Samuels | To receive | David Sissling | **Verbal** | 9:00am |
| ICB/23/55 | Notification of Any Other Business | To receive | David Sissling | **Verbal** | 9:00am |
| ICB/23/56 | Declarations of interest relating to agenda items<br>*Members are reminded of their obligation to declare any interest they may have on any issues arising at the meeting which might conflict with the business of the NHS LLR ICB* | To receive | David Sissling | **Verbal** | 9:00am |
| ICB/23/57 | To consider **written questions received in advance** from the Public in relation to items on the agenda | To receive | David Sissling | **Verbal** | 9:05am |
| ICB/23/58 | Minutes of the meeting held on 13 April 2023 | To approve | David Sissling | **A** | 9:15am |
| ICB/23/59 | Matters arising and actions for the meeting held on 13 April 2023 | To receive | David Sissling | **B** | |
| ICB/23/60 | Update from the Chair | To receive | David Sissling | **Verbal** | 9:20am |
| ICB/23/61 | Update from ICB, Acute Sector and Mental Health and Community Sector | To receive | Andy Williams /Angela Hillery / Richard Mitchell | **Verbal** | 9:25am |
| **SHARING CASE STUDIES AND PATIENT STORIES** | | | | | |
| ICB/23/62 | LLR Learning Disabilities and Autism Collaborative | To receive | David Williams | **C**<br>**Presentation (to follow)** | 9:35am |
| **STRATEGY AND SYSTEM PLANNING** | | | | | |
| ICB/23/63 | Addressing health equity in our Five Year Plan | To receive | Sarah Prema / Prof Azhar Farooqi | **D** | 9:50am |
| **OPERATIONAL** | | | | | |
| ICB/23/64 | ICB and System operational performance report | To receive | Rachna Vyas | **E** | 10:00am |

| REF | AGENDA ITEM | ACTION | PRESENTER | PAPER | TIMING |
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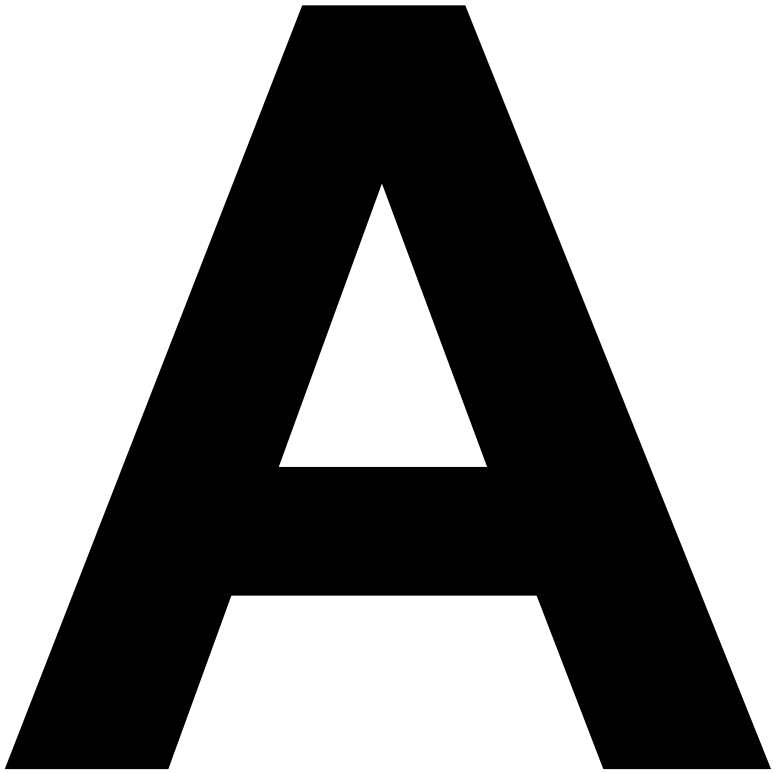
| ICB/23/65 | LLR System Finance monthly report (month 12) | To receive | Caroline Gregory | **F** | 10:10am |
| **ASSURANCE** | | | | | |
| ICB/23/66 | Assurance report from the Finance Committee | To receive | Cathy Ellis | **G** | 10:20am |
| ICB/23/67 | Assurance report from the System Executive Committee (April 2023 and May 2023) | To receive | Andy Williams | **H** | |
| ICB/23/68 | Assurance report from the Quality and Safety Committee and terms of reference | To approve | Pauline Tagg | **I** | |
| ICB/23/69 | Assurance report from the Audit Committee and terms of reference | To approve | Darren Hickman | **J** | |
| ICB/23/70 | Assurance report from the Health Equity Committee and terms of reference | To approve | Prof Azhar Farooqi | **K** | |
| ICB/23/71 | Summary report from LLR Health and Wellbeing Partnership | To receive | David Sissling | **L** | |
| **GOVERNANCE** | | | | | |
| ICB/23/72 | ICB Governance Handbook update | To approve | Caroline Gregory | **M** | 10:35am |
| **ANY OTHER BUSINESS** | | | | | |
| ICB/23/73 | Items of any other business and review of meeting | To receive | David Sissling | **Verbal** | 10:45am |

The next meeting of the LLR Integrated Care Board meeting will take place on **Thursday 10 August 2023**, 9:00am to 11:30am, meeting to be held in public via MSTeams. ***Please note: an additional meeting in public is expected to be scheduled on 13 July 2023.***

**Where applicable** - motion for private session - the Chairman to move, that members of the public be excluded from the remainder of the meeting, owing to the confidential nature of the business to be transacted, which is related to the commercial affairs of the ICB.



# Minutes of the NHS LLR Integrated Care Board ("the ICB" or "the Board")
# Held in Public, Thursday 13 April 2023
# 9:00am – 11:30am, Via MS Teams

**Members present:**

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| Mr David Sissling | NHS LLR ICB Independent Chair and Chair of the meeting |
| Mr Andy Williams | Chief Executive, NHS LLR ICB |
| Dr Caroline Trevithick | Chief Nursing Officer, NHS LLR ICB |
| Ms Caroline Gregory | Interim Chief Finance Officer, NHS LLR ICB |
| Ms Sarah Prema | Chief Strategy Officer, NHS LLR ICB |
| Dr Nil Sanganee | Chief Medical Officer, NHS LLR ICB |
| Professor Azhar Farooqi | Non-Executive Member, NHS LLR ICB |
| Mr Darren Hickman | Non-Executive Member, NHS LLR ICB |
| Ms Pauline Tagg | Non-Executive Member, NHS LLR ICB |
| Mr Richard Mitchell | Partner Member - acute sector representative (Chief Executive, University Hospitals of Leicester NHS Trust) |
| Ms Angela Hillery | Partner Member - community/mental health sector representative (Chief Executive, Leicestershire Partnership NHS Trust) |
| Mr Mike Sandys | Partner Member – local authority sectoral representative (Director of Public Health, Leicestershire County Council and Rutland County Council) |
| Mr Martin Samuels | Partner Member - local authority sectoral representative (Strategic Director, Partner Social Care and Education, Leicester City Council) |
| Dr Nainesh Chotai | Primary Care Sector representative |
| Sir Mayur Lakhani | Clinical Executive Lead, NHS LLR ICB |

**Participants:**

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| Ms Alice McGee | Chief People Officer, NHS LLR ICB |
| Ms Rachna Vyas | Chief Operating Officer, NHS LLR ICB |
| Ms Cathy Ellis | Chair of Leicestershire Partnership NHS Trust |
| Cllr Louise Richardson | Chair of Leicestershire Health and Wellbeing Board |
| Dr Janet Underwood | Chair, Healthwatch Rutland |

**In attendance:**

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| Mrs Daljit Bains | Head of Corporate Governance, NHS LLR ICB |
| Ms Tamara McCabe | Corporate Governance Officer, NHS LLR ICB (Minute Taker) |
| Ms Jenny Robinson | Client Manager, 360 Assurance (observing) |
| Ms Fran Oloto | Personalised Care Nurse, NHS LLR ICB (shadowing Dr Caroline Trevithick) |
| Mr Shaun Cropper | Equality and Inclusion Business Partner, NHS Midlands and Lancashire CSU *(for item ICB/23/39)* |
| Mr Mayur Patel | Head of Integration and Transformation, NHS LLR ICB *(for item ICB/23/36)* |
| Mr John Dunning | CYP Portfolio Change Lead (interim), NHS LLR ICB *(for item ICB/23/35)* |
| Mr Jacob Brown | CYP Engagement Officer, NHS LLR ICB *(for item ICB/23/35)* |

8 members of the public joined to observe the meeting.

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| **ICB/23/26** | **Welcome and Introductions**<br>The ICB Independent Chair welcomed colleagues and members of the public to the meeting. The meeting was held in public and was quorate. It was noted that a confidential meeting would take place following the meeting in public. | |
| **ICB/23/27** | **Apologies for absence from Members and Participants**<br>Apologies were received from the following Members and Participants: | |

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| | • Mr Mark Andrews, Partner Member – Local Authority Sectoral representative (Chief Executive, Rutland County Council)<br>• Ms Simone Jordan – Non-Executive Member, NHS LLR ICB<br>• Councillor Vi Dempster, Chair, Leicester City Council Health and Wellbeing Board<br>• Councillor Sam Harvey, Chair, Rutland Health and Wellbeing Board | |
| **ICB/23/28** | **Notification of Any Other Business**<br>No additional items of business have been notified. | |
| **ICB/23/29** | **Declarations of Interest on Agenda Items**<br>The register of interests was published on the ICB website and would continue to be reviewed and updated. Ms Rachna Vyas and Ms Alice McGee were directly conflicted with the recommendation detailed in "Paper L – Assurance report from the Remuneration Committee", it was agreed they would remain in the meeting but they would not participate in the discussion. | |
| **ICB/23/30** | **Consider written questions received in advance from the Public in relation to items on the agenda**<br>Mr Sissling thanked members of the public for their attendance. No written questions were received in advance of the meeting. | |
| **ICB/23/31** | **Minutes of the meeting held on 9 February 2023 (Paper A)**<br>The minutes of the meeting held on 9 February 2023 were confirmed as an accurate record.<br><br>**It was RESOLVED to:**<br>• **APPROVE** the minutes of the ICB Board meeting held on 9 February 2023. | |
| **ICB/23/32** | **Matters Arising and actions for the meeting held on 9 February 2023 (Paper B)**<br>The Board noted the outstanding actions acknowledging the progress made to date and supported the requests to close appropriate actions.<br><br>**It was RESOLVED to:**<br>• **RECEIVE** any matters arising and actions for the meeting held on 9 February 2023 | |
| **ICB/23/33** | **Update from the ICB Chair**<br>Mr Sissling thanked partner members for their reflection on how the ICB and its Board is performing. A summary of outcomes had been distributed to Board members and would be discussed at a forthcoming development session.<br><br>Mr Sissling thanked Dr Nainesh Chotai who hosted a visit at his Glenfield Medical Practice for him and non-Executive members.<br><br>Mr Sissling referenced the recently published Hewitt Review report and advised that this would be considered at a future Board development session.<br><br>He also reflected on a productive meeting which had taken place with the University of Leicester's Vice Chancellor and senior colleagues to identify opportunities for collaboration in terms of medical and clinical education and research. | |

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| | Mr Sissling thanked the ICB staff and partners for the outstanding work over the intense winter period. Significant improvements in care delivery standards had been achieved as a consequence of effective system working.<br><br>**It was RESOLVED to:**<br>• **RECEIVE** the update. | |
| **ICB/23/34** | **Update from ICB, Acute Sector and Mental Health and Community Sector**<br>Mr Williams provided an update for the ICB highlighting the following areas:<br><br>Emergency Planning and Preparedness Exercise – "Mighty Oaks". Mr Williams had attended the Mighty Oaks exercise, which was designed to test local, regional and national resilience in the event of a major national power outage. Mr Williams thanked colleagues who were involved in this exercise. The exercise highlighted the challenges that LLR as a system could experience in the event of a national power outage. It indicated that an additional oversight level may be added to the usual Command and Control arrangements with a Tier 4 response which would be applied in extreme situations. Alongside this there was also clear requirements for effective local, decentralised arrangements.<br><br>Mr Williams reflected on key developments. Work is underway at a locality level looking at how joint care teams can support Primary Care, PCNs and integration at a very local level. He anticipated the evolution of a range of formal collaborative arrangements.<br><br>Mr Williams highlighted the ongoing work to explore strategic alliances with neighbouring ICBs and, in particular, Northamptonshire.<br><br>Mr Williams described the approach being progressed in respect of the delegated commissioning functions from NHS England for pharmacy, optometry and dental primary care services. Key sub-regional resources are hosted by Nottingham and Nottinghamshire ICB. He described the governance arrangements supporting the new delegated functions and advised that Mr Sissling chaired the inaugural meeting of the East Midlands ICBs' joint committee.<br><br>Cllr Richardson suggested that a discussion in relation to any proposed collaboratives take place at the LLR Health and Wellbeing Partnership where all partners could contribute.<br><br>Mr Mitchell provided an update from the Acute Sector perspective highlighting the following:<br>• Industrial Action – 96 hours of industrial action by the Junior Doctors began on 11 April 2023. Mr Mitchell expressed his thanks to colleagues working at this pressured time.<br>• Inequalities in the workplace – Mr Mitchell described a series of listening events in March 2023 at the African Caribbean Centre in Leicester City Centre. The events aimed to look at the experiences of staff working in UHL who have unfortunately had variable experiences at work. Mr Mitchell expressed his regret that this had occurred and highlighted the determination of the Trust to learn and take responsive action. | |

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| | • Positively, three UHL colleagues were recently invited to attend the Institute for Healthcare Improvement International Conference for Health Equity with UHL being the only NHS representation.<br>• In March 2023, Dr Ruw Abeyratne, Director of Health Equity and Inclusion for UHL was invited to attend the NHSE All Staff Brief to talk about her work as a Core20PLUS5 Ambassador.<br>• In terms of outcomes, Mr Mitchell explained that UHL and LLR have historically been one of the weakest performers for ambulance handovers. However, since the middle of December 2022, UHL have sustained a very significant reduction in ambulance waiting times outside the LRI Emergency Department and virtually eliminated all long waits. Mr Mitchell thanked colleagues involved in this improvement and highlighted the ongoing work to deliver further improvements.<br>• In the last twelve months, UHL have treated over 50k people who would have otherwise been waiting over a year and a half for their elective care. This was associated with a substantial reduction in the overall waiting list size. The first patients are due to be treated at the new East Midlands Planned Treatment Centre from next month.<br>• Since November 2022, the number of patients waiting over 62 days for their cancer treatment has more than halved.<br>• UHL are continuing to explore collaborative options beyond LLR including joint working arrangements with Northampton and Kettering Acute Trusts.<br>• UHL have won two awards at the HSJ Partnership Awards 2023 for Environmental Sustainability Project of the Year and Best Pharmaceutical Partnership.<br>• UHL have recently held a graduation event for 8 Princes Trust students who have been working in placements across UHL in order to celebrate their hard work. Mr Mitchell advised that UHL work in conjunction with Ellesmere College who are a local special education needs college and that the next group of interns are due to start. Through this work, placements have been secured with local employers.<br>• On 17 April 2023, Long Service Awards will be given to staff at UHL.<br><br>Ms Hillery provided an update from the Mental Health and Community Sector perspective highlighting the following:<br>• LPT have recently led on a system wide recruitment event which took place on 11 March 2023. There were 1400 people in attendance and there are positive signs that this high level of interest will translate into good recruitment outcomes.<br>• Ms Hillery advised that LPT recently undertook their staff survey and improvements were made on 87 out of 101 indicators. There were five areas which were above the national average:<br>  ○ Compassion<br>  ○ Inclusivity<br>  ○ Being safe and healthy<br>  ○ Always learning<br>  ○ We are a Team.<br>• In terms of diversity, LPT continue to support the LLR Academy and are focussing on the experiences of ethnically diverse staff in the workplace setting. A series of creative workshops have been scheduled to explore this further.<br>• Collaboratives – LPT and Northamptonshire Healthcare NHS Foundation Trust have been selected as 1 of 9 participants in a national innovator | |

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| | scheme for provider collaboratives. The scheme will provide opportunities to accelerate the collaborative work with national enabling support.<br>• World Autism Week 27 March 2023 – LPT have launched an Autism Space which is a safe online area providing people with clear, reliable advice and information about autism related topics. In addition, the Autism Space offers a directory of support services which are available across LLR.<br>• The Rutland Memorial Hospital inpatient ward has been reopened following a £1.5m refurbishment. Ms Hillery offered the Board the chance to view a short film about the refurbishment of the facility.<br><br>In regard to the LLR Academy, Ms Tagg asked whether this was open to Third Sector colleagues and if not, could this be considered. Ms Hillery advised that she take will clarify this but presumed that Third Sector colleagues should be able to access the Academy.<br><br>**It was RESOLVED to**:<br>• **RECEIVE** the updates from the ICB, Acute Sector and Mental Health and Community Sector. | **Angela Hillery / Alice McGee** |
| **ICB/23/35** | **Children and Young People (CYP) patient story (Presentation C)**<br>Dr Sanganee introduced the Board to a 17-year-old patient who kindly agreed to be interviewed on her experiences with chronic conditions and her challenges in getting access to relevant services. Dr Sanganee advised the Board that he would introduce the patient and then proceed to ask her questions by way of patient interview. The patient requested to remain off camera throughout the interview and for the purpose of these minutes, her name is omitted to protect her confidentiality.<br><br>Dr Sanganee began by describing relevant CYP services and highlighted the complex range of individual needs which they were seeking to address.<br><br>Dr Sanganee proceeded to ask the following questions:<br><br>**1. Can you provide a summary of your conditions and the different services you are involved in?**<br>*The CYP patient told the Board of her condition which is known as Ehlers-Danlos Syndrome. The condition, which is a connective tissue disorder, affects the entire body and causes other complications such as Vasovagal Syncope, Postural Orthostatic Tachycardia Syndrome (POTS), Chronic Regional Pain Syndrome, Sacroiliac Joint Dysfunction and Autism. In addition, the patient experiences depression and anxiety and is under the treatment of Paediatric Psychology and CAHMS. She is also under the care of Rheumatology, the Pain Team, Physiotherapy, Occupational Therapy and Cardiology.*<br><br>Dr Sanganee summarised. The patient has a complex range of mental and physical health conditions and as a result, the patient is seeking support from a wide variety of services in the system.<br><br>**2. Can you describe how these conditions impact on your day-today life?**<br>*The CYP patient explained the debilitating impact the condition and associated complications have on her day-to-day life. She told the Board* | |

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| | *of her struggle to get out of bed in the morning, the fact that she cannot go outside without supervision in order to ensure she is safe. She experiences frequent fainting episodes and joint dislocations which causes considerable pain. She is on a lot of medication, and this can cause brain fog. As a result of her conditions, she is not in education and has been rejected by multiple colleges who are unable to provide her the one-to-one support she requires despite her keen interest in learning and education, thus further adding to her depression and mental health difficulties*.<br><br>**3. What was your experience of getting diagnosed, being referred into the system, accessing the system and the ongoing care you have received?**<br>*The CYP patient told the Board that she was diagnosed ten years ago in Sheffield however this was only due to her mother fighting to get her diagnosis with her GP. She was originally told she had nothing wrong with her and was frequently dismissed until her mother did her own research and came across other CYP who had Ehlers-Danlos Syndrome. From getting her diagnosis, the patent was referred to the Pain Team, Physiotherapy, Occupational Therapy but often had to experience long waiting times and was sent to different places in different regions. The patient also advised that she often carried out her own research into the clinics and would then go directly to them rather than waiting for a referral*.<br><br>Dr Sanganee summarised by highlighting the challenges in patients getting their initial diagnosis and access to key services. Dr Sanganee recognised that this was often unacceptable, but the complexity of the presenting symptoms and underlying conditions did create complicated referral and response processes.<br><br>**4. Continuity of care and ongoing access to care is important as your conditions are life-long. Can you describe this?**<br>*The CYP patient explained that she has had good access to her care providers especially her Pain Nurse with whom she has direct contact in the event of a flare-up of her pain. She also has the ability to contact her Physiotherapist, Occupational Therapist and Rheumatologist in order to bring forward her appointments when she is experiencing a flare-up of her condition which is often sporadic in nature.*<br><br>**5. You are a very articulate individual, but you have mentioned that you have had experiences of healthcare professionals speaking directly to your mother rather than directly to you are the patient in question. You are on the UHL Youth Forum so can you share your experiences and those of your friends and peers about the way healthcare professionals interact with CYP?**<br>*The CYP patient explained that the majority of her friends and peers on the UHL Youth Forum with life-long conditions such as hers have had the same experience where the healthcare professionals speak directly to the parents/guardians rather than the CYP which can feel very dehumanising as they feel they are being ignored. This can cause trust issues between the CYP and the care provider.* | |

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| | **6. Through the work of the UHL Youth Forum, you are involved in helping design and redesign services for CYP. Can you explain a bit about the issues you have faced?**<br>*The CYP patient explained that one of the biggest problems is that the areas within the hospitals and some other healthcare settings are not neurodivergent friendly at all. Because of their conditions and as there are few safe spaces around the hospital, people with sensory issues who are placed in A&E can find it very loud and chaotic which can then cause panic attacks.*<br><br><u>Summary of interview</u><br>Dr Sanganee summarised by explaining that when preparing for this interview, there were some themes which seemed to be clear. The interview had underlined many of these. Firstly, it was important to recognise the complexity of the presenting conditions and the need to connect relevant services. Secondly the individual receiving care should have as much control and influence as possible into their distinctive care arrangements. Thirdly the importance of environmental issues such as noise, ease of access and clear information should not be underestimated. And finally, the design of relevant services should be based on extensive engagement with service users.<br><br>Dr Sanganee thanked the CYP patient for her time today and opened up to questions from the Board:<br><br>Mr Samuels introduced himself to the CYP patient as the Director of Childrens Services for Leicester City Council. He thanked her for the powerful session. Mr Samuels commented on the importance of hearing the voice of children and young people directly. In hearing this interview, Mr Samuels was reminded of relevant work in Leicester City Council, referring, in particular, to the Lundy Model of Child Participation which has been transformational with very significant positive impact.<br><br>Cllr Richardson thanked the CYP patient for her interview. She asked whether there was one person who coordinated her care. The CYP patient advised that her Pain Nurse coordinated her care as she sees her most frequently. The Pain Nurse also coordinates her care plan as generally her conditions fall back to her ongoing pain. However, co-ordination is, at times, difficult in light of the number of professionals involved, some of whom work in different locations. This can be a challenging, particularly when the Pain Nurse has to ensure the messages are cascaded across all her other care providers which are often located across different cities.<br><br>Ms Tagg thanked the CYP patient for her interview. She would strongly support the Board prioritising CYP services to a greater extent. Ms Tagg asked the CYP patient about her educational arrangements. The CYP patient explained that she has been out of education for the past two years and has been rejected from three colleges as they were unable to commit to providing the required one-to-one support. This has had considerable consequences for her mental health as she feels discriminated against which further adds to her depression and anxiety. The CYP patient added that she loves to learn and would like to be in education and so finds it very frustrating to not be able to attend a college. | |

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| | Mr Mitchell commented on the importance of some of the basic, environmental factors such as recognising neurodiversity in paediatric ED and access to parking. He acknowledged that there was more to do at UHL and advised he would take the action to speak with relevant teams on these aspects.<br><br>Sir Mayur Lakhani asked whether there was a support group for children and young people who have these long-term conditions. The CYP patient advised that the UHL Youth Forum has been helpful in enabling patients to speak to others with similar conditions. She explained that there used to be an Ehlers-Danlos Syndrome support group in Leicestershire, however this was no longer active as were a number of other similar groups.<br><br>Mr Sissling asked whether there were any reflections on the transition from children to adult services. The patient explained that there were issues, and the transition was often quite difficult. Dr Sanganee added that this is a common issue and that we ought to move away from the transitioning at arbitrary ages as often it can be appropriate for children and young people ~~CYP~~ to transition at a later stage rather than from 18-years-old.<br><br>Dr Sanganee thanked the CYP patient for her honesty and contribution to the wider youth forum across the system. Mr Sissling echoed his thanks also adding that the system would be prioritising this area in its strategic planning work.<br><br>**It was RESOLVED to**:<br>• **RECEIVE** the Childrens and Young People patient story. | |
| **ICB/23/36** | **Primary Care Strategy 2022-2025 (Paper D)**<br>Dr Sanganee and Ms Vyas introduced the item. The Primary Care Strategy 2022-2025 was presented as an evolving document which will change as a result of feedback from the national team and partners across the system.<br><br>Ms Vyas explained that the strategy aims to place Primary Care as a force for improvement and integration across LPT, UHL, local authorities and our wider partnerships.<br><br>The Strategy has been developed using the Fuller Stock-take principles through a Steering Group. In addition, the development has utilised the findings from the *Hewitt Review* and drawn on local expertise of partners and partnerships. Ms Vyas expressed her hope that the strategy demonstrated the commitment to subsidiarity with its emphasis on practices and PCNs.<br><br>Ms Vyas reiterated that the strategy is pragmatic, realistic and agile and is linked to the Five Year Forward Plan.<br><br>Dr Sanganee commented that the strategy will develop further over the next twelve months given the delegation of pharmacy, optometry and dental primary care services to ICBs. There will also be a continuing need to refresh the plans to make sure they reflect the developing importance being given to primary and secondary prevention. The priority given to the delivery of consistent standards of care and the mobilisation of appropriate responsive action should unwarranted variated be identified would however remain firm. | |

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| | Mr Sissling thanked Dr Sanganee and Ms Vyas for their summary of the Primary Care Strategy for 2022-2025 and opened up the item to questions and comments noting the request for approval from the Board.<br><br>Professor Farooqi observed that whilst recognising that Primary Care contracts are nationally driven, the report highlights an approximate spend of 16% of the budget across Primary Care and general practice with an ambition to increase capacity. Professor Farooqi asked what the ambition was in terms of percentage over the next five years. Professor Farooqi also asked whether there was any learning from other ICBs where Acute Trusts and community Trusts have had more involvement with GPs in delivering care.<br><br>Dr Sanganee responded. He described relevant characteristics of the national contract. He particularly reflected on the opportunities to enable allocative equity within primary care and between primary care and other sectors as the 5 year strategy developed. This would be actively pursued as would learning from the experiences of other ICBs where different delivery models had emerged.<br><br>Mr Hickman asked the main risks to delivery. Dr Sanganee advised the risks were mainly around workforce, estate and digital enablement.<br><br>Ms Ellis enquired about the readiness of pharmacy colleagues to play an extended role in meeting patient and public demand. Dr Sanganee responded by describing some of the challenges faced by pharmacists but highlighted the opportunities for a greater contribution in a number of areas including the management of Long-Term Conditions if provided with the right support.<br><br>Cllr Richardson queried whether the strategy had been received by the Health and Wellbeing Boards. Ms Vyas advised that the subgroups of the Health and Wellbeing Boards had contributed to the development of the strategy. She would ensure the full strategy is now presented to the full Boards.<br><br>Sir Mayur Lakhani advised that the strategy should explain that general practice is more than treatment of separate episodes of illness but is a significant part of the continuous integration of care and should moreover support programmes of prevention.<br><br>Dr Sanganee advised that LLR are only one of a few systems that has an interface group known as Transferring Care Safely Programme. This group continues to evolve but does offer a forum where interface issues and difficulties can be discussed and resolved.<br><br>Finally, Dr Chotai expressed his anxiety that a move to working more at scale will bring the risk of a loss of continuity of care at practice level, the bedrock of general practice. This could de-personalise care.<br><br>Mr Sissling thanked Dr Sanganee and Ms Vyas and asked the Board for their approval of the Primary Care Strategy 2022-2025 noting the dynamic nature of the document.<br><br>**It was RESOLVED to:** | |

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| | • **APPROVE** the LLR Primary Care Strategy 2022-2025 with updates provided at future meetings. | |
| **ICB/23/37** | **Update on the Development of the LLR ICB 5 Year Joint Forward Plan (Paper E)**<br>Ms Prema reminded the members of the previous discussion that took place at the Board development session in March 2023. She described the ongoing refinement of the plan and commented on the positive progress which was being achieved.<br><br>She advised the Board of the next steps in the development of the Plan. The emphasis would be on engagement with the public, partners and stakeholders. The Board would be presented with a further version in May with final approval in July. NHS England were satisfied with current progress.<br><br>Ms Prema informed the Board that she has attended the LPT Trust Board and is due to attend the UHL Board shortly and will continue with Health and Wellbeing Board engagement in the post-election period.<br><br>**It was RESOLVED to:**<br>• **NOTE** the update on the development of the LLR ICB Five Year Joint Forward Plan and next steps. | |
| **ICB/23/38** | **LLR ICB Board Assurance Framework 2022/23 and 2023/24 (Paper F)**<br>Ms Gregory reminded members of the next steps agreed during the Board development session in March 2023 and drew attention to the actions that had been taken forward in developing the ICB's Board Assurance Framework (BAF) for 2023/24, including a review by the Executive Management Team.<br><br>Ms Gregory advised that the ICB BAF for 2022/23 was transitioned from the previous LLR CCG BAF and appended to the report. The Board was requested to approve the closing position of the 2022/23 BAF as reflected within paper E.<br><br>For 2023/24, the BAF has been simplified to enable alignment of the strategic risks with the ICS overarching objectives. Each risk will have a named executive lead and be assigned to a committee. It was acknowledged that the BAF would be reviewed further once the 5 Year Joint Forward Plan is approved.<br><br>In relation to BAF 4, Ms Cathy Ellis commented that the risk description states "information" as opposed to "transformation" and noted more work is needed on system wide transformation schemes.<br><br>In response a query raised by Mr Mitchell, Ms Gregory advised that the most significant risk to the ICB as identified in the draft BAF relates to health inequalities. Mr Mitchell reflected on this, particularly as this was not the highest risk for UHL.<br><br>Ms Tagg raised a query in relation to "system risks" and where these would be captured. Ms Gregory explained that system risk related to those which involved collaborative working across different organisations. The intention was to identify respective responsibilities to manage risk or to designate lead organisational responsibility. | |

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| | Mr Hickman commented on the progress which had been made to transition the CCG BAF to an ICB BAF and applauded colleagues for the difficult task.<br><br>Mr Williams responded to Mr. Mitchell's observations about inequalities. He felt it was entirely appropriate for this to be the ICB's highest strategic risk, reflecting the distinctive role of the ICB. The strategic risks of the Trusts may well be different, but tacking inequalities should be a priority for action on a system wide basis. Mr Mitchell welcomed the clarification and supported the comments made.<br><br>The Board approved the closing position of the BAF for 2022/23 and noted the risks being carried forward to 2023/24. The Board also approved the ICB BAF for 2023/24 on the basis that a further review would take place when the Five-year Plan was finalised with a report back to the Board in July.<br><br>**It was RESOLVED to:**<br>• **RECEIVE the report.**<br>• **APPROVE** the closing position of the ICB Board Assurance Framework 2022/23 (as at Appendix 1).<br>• **APPROVE** the new ICB Board Assurance Framework 2023/24 (as at Appendix 2) which incorporates some of the existing risks from 2022/23 with a further update in July. | **Caroline Gregory / Daljit Bains** |
| **ICB/23/39** | **Equality, Diversity and Inclusion Annual report (Paper G)**<br>Ms McGee and Mr Cropper introduced the Equality, Diversity and Inclusion Annual Report, advising of the statutory requirement for ICBs to review compliance with the Equality Act 2010, the Public Sector Equality Duty (PSED) 2011 and NHS Mandated Standards. As this is the first year of the LLR ICB, this would be the first report highlighting the activities that have taken place.<br><br>Mr Cropper explained the ICB will be using appropriate processes to demonstrate 'due regard' to the Public Sector Equality Duty and ensure that consideration is given prior to policy and commissioning decisions being made by the Board. This work was reviewed at the LLR ICB Health Equity Committee on 18 April 2023. In addition, the ICB will be producing one policy for equality and quality impact assessments as the processes for these needed to be aligned.<br><br>The ICB will be refreshing its equality objectives under the PSED to align to the new Equality Delivery System (EDS). The EDS will comprise of 11 outcomes which are spread across:<br>• Commissioned or provided services<br>• Workforce health and wellbeing<br>• Inclusive Leadership<br><br>Evidence is being collected and assessment will take place on three system pathways to test the proposed approach- Maternity, Respiratory and Virtual Wards.<br><br>Board members approved the LLR ICB Equality, Diversity and Inclusion Annual Report. | |

| ITEM | | LEAD RESPONSIBLE |
|---|---|---|
| | Mr Sissling thanked colleagues for the report and progress being made in relation more generally to equity, diversity and inclusion.<br><br>**It was RESOLVED to:**<br>• **APPROVE** the LLR ICB Equality, Diversity and Inclusion Annual Report. | |
| **ICB/23/40** | **Emergency Preparedness, Resilient and Response (EPRR) Annual Update (Paper H)**<br>Ms Vyas presented the EPRR Annual Report setting out the ICB's responsibilities as a Category 1 responder under the Civil Contingencies Act 2004 and NHSE Core Standards for EPRR. These require reviewing on an annual basis. Ms Vyas also described the work underpinning the development of the EPRR plan for 2023/24. Attention was drawn to the three appendices relating to the Core Standards Action Plan, the Work Plan and the ICB Lessons Learned Log. The report was provided for assurance and approval was sought from the Board for the 2023/24 plan.<br><br>In reference to the Core Standards Action Plan, Ms Tagg raised concern about the indicated level of compliance in relation to specific domains. Ms Vyas advised a very strict approach had been adopted when the plan was assessed. Ms Vyas assured the Board that responsive action had been taken to address any weaknesses in the plan and advised that an internal audit review was currently in progress.<br><br>Mr. Hickman observed the report would benefit from an overall RAG status. Ms Vyas agreed to this request going forward adding the reason for not including the overall RAG status in this report was in acknowledgment that the internal review is currently underway.<br><br>Mr. Sissling thanked Ms Vyas for the report and confirmed the Board approval of the EPRR Annual Update and EPRR plan for 2023/24.<br><br>**It was RESOLVED to:**<br>• **RECEIVE for assurance t**he LLR ICB overall EPRR annual update and the key ICB priorities for the next 12 months relating to EPRR.<br>• **APPROVE** the EPRR plan for 2023/24. | |
| **ICB/23/41** | **LLR System Finance monthly report (Month 11) (Paper I)**<br>Ms Gregory provided the overall year-to-date system position as at month 11 and the forecast for year end. The Board were reminded that in February decision was made to move away from a breakeven position to a forecast £20m deficit.<br><br>During March 2023, UHL received a further £5.1m to cover additional costs that were incurred in reducing ambulance handover delays and elective backlog. This £5.1m will be used to reduce the UHL deficit to £12.6m meaning that the overall system position will be working to a revised control total deficit of £14.9m. Ms Gregory assured the board that strong plans were in place to enable delivery of this outturn position.<br><br>Ms Gregory highlighted specific areas of overspend including agency costs. She explained the underlying factors and emphasised the requirement for action to contain these costs in 2023/24. | |

| ITEM | | LEAD RESPONSIBLE |
|---|---|---|
| | Mr Sissling acknowledged the very challenging financial environment and recognised the work at an organisational and system level which was enabling the achievement of the agreed control total for 2022/23.<br><br>**It was RESOLVED to:**<br>• **RECEIVE** and **NOTE** the financial position as at month 11 and the forecast performance.<br>• **RECEIVE** the report for assurance. | |
| **ICB/23/42** | **Assurance report from the Finance Committee and approval of the Terms of Reference (Paper J)**<br>Ms Ellis presented the discussions from the February 2023 and March 2023 meetings of the Finance Committee. She noted the position as described in the previous item by Ms Gregory and drew the Boards attention to the assurance ratings decided by the Committee. Ms Ellis highlighted the assessment of the effectiveness of relevant winter schemes. A full evaluation has shown a positive impact on both capacity and value for money.<br><br>It was noted there were no changes to the Terms of Reference for this Committee and the Board was asked to approve the current version.<br><br>**It was RESOLVED to:**<br>• **RECEIVE** the report for assurance.<br>• **APPROVE** the terms of reference (as at Appendix 1) noting that there are no amendments. | |
| **ICB/23/43** | **Assurance report from the System Executive Committee and approval of the Strategic Commissioning Group Terms of Reference (Paper K**)<br>Mr Williams presented the main outcomes from the February 2023 and March 2023 meetings of the System Executive Committee.<br><br>Mr Williams drew attention to the request to approve the proposed amendments for the Strategic Commissioning Group Terms of Reference. The proposed amendments will extend the Group's remit to support the new delegated functions from NHS England with financial delegation from the Board for commissioning decisions up to a value of £10m.<br><br>Ms Sissling requested that the Board receive periodic assessment of relevant spend to understand the scale and utilisation of this financial delegation. Ms Prema advised, that in her capacity as the Chair of the Strategic Commissioning Group, she would ensure she takes this action forward through the System Executive Committee.<br><br>**It was RESOLVED to:**<br>• **RECEIVE** the report for assurance.<br>• **APPROVE** the updated terms of reference of the Strategic Commissioning Group (as at Appendix 2) noting specifically the request to include delegated authority from the ICB Board aligned to the new delegated commissioning functions from NHS England. | |
| **ICB/23/44** | **Assurance report from the Remuneration Committee and approval of the Terms of Reference (Paper L)**<br>In the absence of Ms Simone Jordan, Mr Sissling presented the discussions from the Remuneration Committee held in March 2023. | |

| ITEM | | LEAD RESPONSIBLE |
|---|---|---|
| | The Board were requested to agree to a revised Terms of Reference which places the oversight of the ICB People Agenda with the Remuneration Committee.<br><br>The Board were asked to agree to a recommended change to the composition of the Board and extend the voting membership to include the Chief People Officer (Ms Alice McGee) and the Chief Operating Officer (Ms Rachna Vyas)<br><br>Board members approved the recommendations and the necessary amendments to the ICB's Constitution to reflect the change in Board composition.<br><br>**It was RESOLVED to:**<br>• **RECEIVE** the report for assurance.<br>• **APPROVE** the proposed changes to the terms of reference as at Appendix 1.<br>• **APPROVE** the request for inclusion of the Chief Operating Officer and the Chief People Officer as voting members of the ICB Board and **APPROVE** amendments to the ICB Constitution to reflect the change in Board composition. | |
| **ICB/23/45** | **Assurance report from the Quality and Safety Committee (Paper M)**<br>Ms Tagg presented the main outcomes from the Quality and Safety Committee held in March 2023 as summarised in paper M. She advised on the assurance ratings determined by the Committee and the associated responsive action.<br><br>**It was RESOLVED to:**<br>• **RECEIVE** the report for assurance. | |
| **ICB/23/46** | **Assurance report from the Audit Committee (Paper N)**<br>Mr Hickman presented the report from the Audit Committee held in February 2023. There was in general a satisfactory level of assurance in respect of matters discussed. However, the need to further develop key risk management processes and the Board BAF had been agreed at the meeting.<br><br>**It was RESOLVED to:**<br>• **RECEIVE** the report for assurance. | |
| **ICB/23/47** | **Assurance report from the Health Equity Committee (Paper O)**<br>Professor Farooqi presented the outcomes and assurances from the Health Equity Committee held in February 2023. He explained that health inequalities are becoming an increasing focus for the ICB and partners and welcomed the recognition of the key risks as set out within the BAF.<br><br>He highlighted examples of positive work across the learning disabilities and autism collaborative which is recognised nationally.<br><br>A Health Inequalities Support Unit has been established. The unit will be a source of expertise and advise for all working in LLR. It will network into relevant teams including the public health groups within our Local Authorities. A steering group has been set up and resources established for the unit including the appointment of a Data Analyst. An initial work programme has also been identified focusing on childhood immunisations and cancer | |

| ITEM | | LEAD RESPONSIBLE |
|---|---|---|
| | screening. Professor Farooqi confirmed the requirement for secure funding for the unit.<br><br>**It was RESOLVED to:**<br>• **RECEIVE** the report for assurance. | |
| **ICB/23/48** | **ICB Register of Interests and Register of Gifts and Hospitality 2022/23 (Paper P)**<br>The updated ICB Register of Interests and the Register of Gifts and Hospitality for 2022/23 was presented for approval. Any further amendments to be sent to Mrs Bains. The content of the Registers was approved.<br><br>It was RESOLVED to:<br>• **APPROVE** the ICB's Register of Interests 2022/23 as of 31 March 2023 (Appendix 1), subject to any further amendments / additions identified during the meeting.<br>• **APPROVE** the gifts and hospitality register 2022/23 as at March 2023 (Appendix 2). | |
| **ICB/23/49** | **Forward Planner 2023/24 (Paper Q)**<br>The Board forward planner was received and approved.<br><br>**It was RESOLVED to:**<br>• **APPROVE** of the updated ICB Board forward planner for 2023/24. | |
| **ICB/23/50** | **Update on delivery of a safe Winter through 2022/23 (Paper R)**<br>Paper R was taken as read and the Board asked to receive assurance of delivery of the LLR winter plan.<br><br>**It was RESOLVED to:**<br>• **RECEIVE for assurance** the briefing relating to delivery of the LLR winter plan.<br>• **NOTE** the impact of the delivery of the LLR winter plan, on both the ambulance handover and the 104-week trajectories. | |
| **ICB/23/51** | **Delegation of Primary Pharmacy, Optometry & Primary and Secondary Dental Services (PODs) from NHSE to NHS Leicester, Leicestershire and Rutland Integrated Care Board (Paper S)**<br>Paper S was taken as read and the Board was asked to receive and note the update regarding the delegation of PODs to LLR ICB.<br><br>**It was RESOLVED to:**<br>• **RECEIVE and NOTE** the update on the delegation of PODs services with effect from 1 April 2023. | |
| **ICB/23/52** | **Items of any other business and review of meeting**<br>Mr Sissling thanked the Board and colleagues for their contributions to a productive Board meeting | |
| **Date and Time of next meeting:**<br>The next meeting of the NHS LLR Integrated Care Board will take place on **Thursday 8 June 2023** at 9:00am via MS Teams. The meeting will be held in public. | | |

# B

# NHS Leicester, Leicestershire and Rutland (LLR) Integrated Care Board

## Action Log

Key

| Completed | On-Track | No progress made |
|---|---|---|

| Minute No. | Meeting Date | Item | Responsible Officer | Action Required | To be completed by | Progress as at June 2023 | Status |
|---|---|---|---|---|---|---|---|
| **ICB/23/14** | 9 February 2023 | Delegation of NHS England functions to ICBs | Ms Sarah Prema | A report be presented to a future LLR ICB meeting on the commissioning plans and strategy for the services being delegated (once hosting arrangements had embedded). | October 2023 | Item added to the forward planner.<br><br>**Request that action be closed.** | **Amber** |
| **ICB/23/34** | 13 April 2023 | Update from the ICB, Acute Sector and Mental Health and Community Sector | Angela Hillery / Alice McGee | To check whether the LLR Academy was open to Third Sector colleagues. | June 2023 | The LLR academy is open to all VCSE sector colleagues supporting or delivering health and care. Representatives are on the working group to develop and embed the LLR Academy work and share information into the sector.<br>**ACTION COMPLETE** | **Green** |
| **ICB/2338** | 13 April 2023 | LLR ICB Board Assurance Framework 2022/23 and 2023/24 | Caroline Gregory / Daljit Bains | To review the BAF in line with the Five Year Joint Forward Plan and to sense check the strategic risks against the strategic priorities. | July / August 2023 | Work in progress for consideration by the Board in July / August 2023. | **Amber** |

# C

# To follow

# D

NHS
Leicester, Leicestershire and Rutland
Integrated Care Board

# Leicester, Leicestershire and Rutland Integrated Care Board

## Addressing health equity in our Five Year Plan

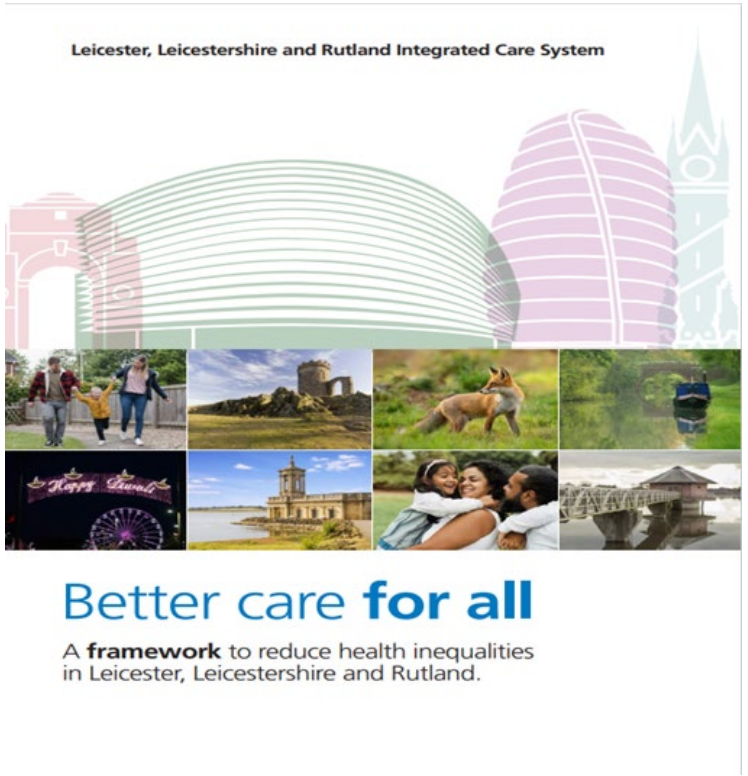
A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

# Introduction

The Plan is underpinned by '*Better care for all*' – our system wide health inequalities framework

We employed a proactive, constructive and iterative approach, both within and across our partner organisations, to collectively ensure improving health equity is **the** key theme running through our Five Year Plan (5YP/the Plan).




The Plan includes both specific interventions to improve health equity, as well as prominence within each of our key delivery priorities.

# Addressing health equity in our 5YP - A summary (1/5)

The Plan provides an overview of health and wellbeing across LLR, describing current health inequalities across the four life courses.

The Plan commits to our purpose as an ICS, being to:

- **improve outcomes in population health and healthcare**
- **tackle inequalities in outcomes, experience and access to health and care**
- use the resources available for health and care services to get the most from them
- help the NHS support the broader social and economic development in an area

The Plan takes account of insights from local people regarding health equity, for example:

- Learning from Covid19 vaccine hesitancy in specific communities has informed how interventions are targeted to meet community needs; and
- The '*Step up to Great Mental Health*' consultation has resulted in a stronger focus on joined-up mental support in local communities.

# Addressing health equity in our 5YP - A summary (2/5)

## Our Pledges to local people

The first of our 13 *Pledges* directly addresses health equity:

- Pledge 1: ***Improve the health*** *of our most deprived communities and* ***narrow the gap*** *between those who have the best and the worst health*

Other Pledges make specific reference to improving health equity:

- Pledge 10: Reduce **inequity in access to mental health services** across each of our neighbourhoods
- Pledge 11: Improve access to, experience of, and outcomes for **children and young people** - with a special focus on driving up health equity

All other Pledges carry the theme of improving health equity, for example:

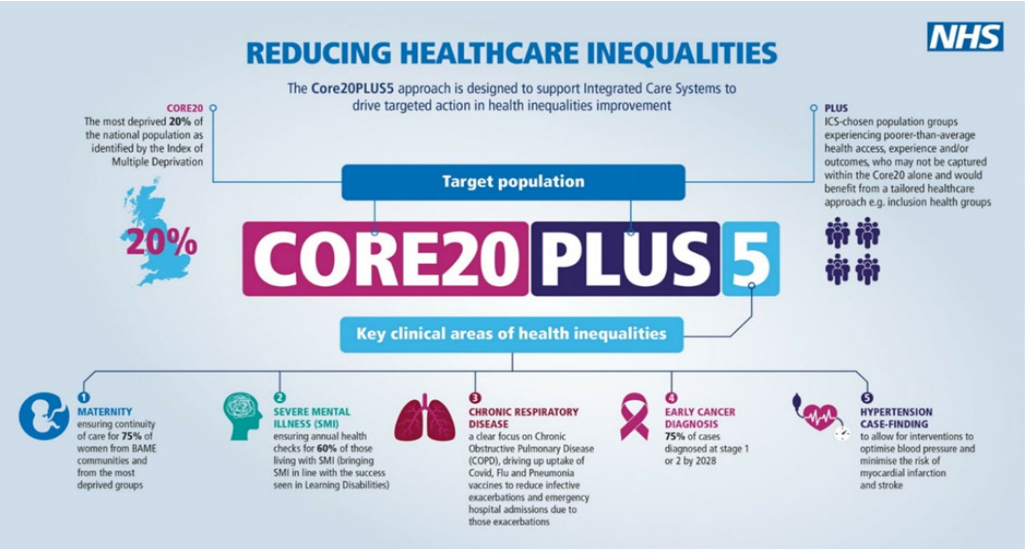
- Pledge 9:  Increase the percentage of people on GP **learning disability** registers who receive an annual health check and health action plan

All Pledges are underpinned by outcome measures and against which progress will be monitored.

# Addressing health equity in our 5YP - A summary (3/5)

The 5YP is guided by the principles set out in our Clinical Strategy, which include a strong focus on prevention, population health management and Improving health equity.

| LLR Clinical Strategy: Guiding Principles |
| --- |
| **Population Health**<br>**Our focus will be on:** |
| Prevention of disease and promotion of health and wellbeing |
| Aims of Population Health Management |
| The broader social determinants of health |
| Improving health equality |
| Public health risks |
| Community Engagement |




The Plan describes our system-wide approach to improving health equity (Core20PLUS5), and sets out interventions we will make to achieve this. These interventions are underpinned by actions, timelines and anticipated impacts/outcomes.

# Addressing health equity in our 5YP - A summary (4/5)

## Across all our delivery priorities…

| Our Delivery Priorities | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|
| Improve Health Equity | Preventing Illness | Keeping People Well | Right care right time right place | Health and wellbeing Hubs | Elective Care | Learning Disabilities and Autism | Mental Health | Children and Young People | Women's Health and Maternity | Our People |

## …we have included an explanation of how we expect the planned interventions to contribute to improving health equity, for example:

- Women's Health, including Maternity

| How the interventions will contribute to improving health equity |
|---|
| The establishment of a Women's Health Collaborative and undertaking a needs assessment will support focused improvement programmes to address avoidable and unfair variation in access, experience and outcomes, both between women and their male peers, and between women from different ethnic and socio-economic groups. We know that LLR is an outlier in some key areas, such as maternal health amongst women from minority ethnic backgrounds, as well as some CORE20 and Inclusion groups. Specific work to improve this position is included in the above interventions. |

- Mental Health

| How the interventions will contribute to improving health equity |
|---|
| The above interventions will make mental health support much more accessible and delivered in a way that breaks down barriers to engagement for those from the CORE20Plus cohorts, including for children and young people. The focus on better physical health for those with Serious Mental Illness (SMI) and the move to ensure mental and physical health needs are dealt with in an integrated model of care will directly address a known disparity in life expectancy and healthy life expectancy between this group and their peers without SMI. The Neighbourhood model will make services more culturally sensitive. |

# Addressing health equity in our 5YP - A summary (5/5)

Finally, we have included case studies to demonstrate how we can successfully improve health equity and apply the learning.

**Case Study**

Preventing illness – Tackling health inequalities in cancer screening


**Bowel cancer screening** (easy-read)

### What was the issue?

There is poorer uptake of cancer screening by people from communities where health inequalities are greatest, for example, Bangladeshi, Polish, the homeless, travellers, sex workers and carers.

### Intervention

Public Health staff and community groups set up a project in Charnwood to explore the reasons behind poor uptake of cancer screening.

A series of focus groups explored the barriers people faced and the things that would make it easier for them to attend.

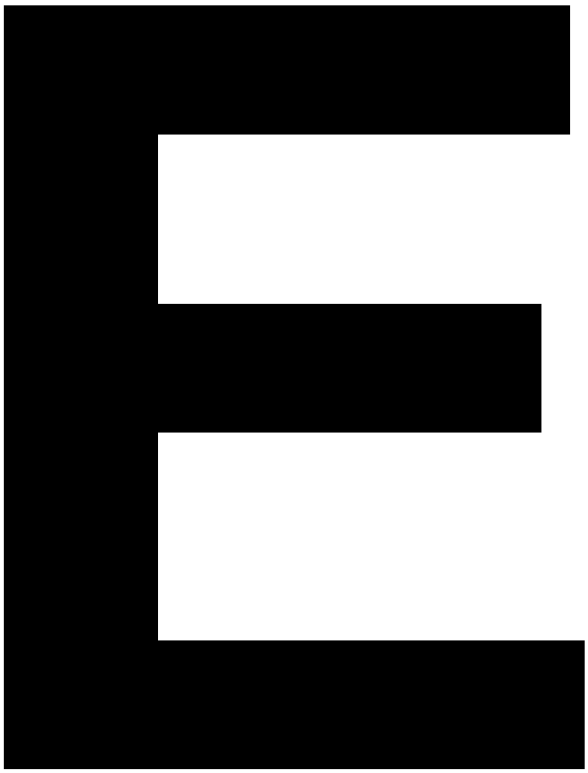
### Impact

The results of the project are being used to make changes to services and help improve uptake across these communities. For example, some practices are offering:

- Extra clinics
- Extended hours of access
- Outreach support
- Information in different formats and languages.

### Applying the learning

The team are now working with UHL to adopt a similar approach to engaging with people who miss respiratory appointments, in order to fully understand the barriers they face. Further plans to explore other key priority areas in the community are also being considered.



| | | | |
|---|---|---|---|
| **Name of meeting:** | **Leicester, Leicestershire and Rutland ICB System Executive** | | |
| **Date:** | **June 2023** | **Paper:** | **E** |
| **Report title:** | **LLR Delivery plan and performance report** | | |
| **Presented by:** | Rachna Vyas, Chief Operating Officer, LLR ICB | | |
| **Report author:** | Programme leads, LLR ICB and partners | | |
| **Executive Sponsor:** | Andy Williams, Chief Executive, LLR ICB | | |

| **To approve** ☒ | **For assurance** ☒ | **To receive and note** ☐ | **For information** ☐ |
|---|---|---|---|
| *Recommendation or particular course of action.* | *To assure / reassure the Board that controls and assurances are in place.* | *Receive and note implications, may require discussion without formally approving anything.* | *For note, for intelligence of the Board without in-depth discussion.* |

**Recommendations:**

The LLR ICB System Executive is asked to:

- **NOTE the revised infrastructure in place for delivery of the Operational Plan 23/24, including oversight of performance**
- **RECEIVE and NOTE the interim performance report for May 2023**

**Purpose and summary of the report:**

The final LLR Operational Plan for 23/24 was submitted and accepted by NHS England in May 2023. Whilst formal feedback is yet to be received, early indications suggest that there will be minimal changes to the activity, performance and financial trajectories submitted as the vast majority submitted remain in line with the mandate outlined in the planning guidance for the year.

In order to deliver this plan efficiently and effectively, the governance in place has been streamlined. The April System Executive mandated the formation of the LLR Delivery Partnership to coordinate delivery of the plan itself, working symbiotically with each of the programme areas within the plan.

With this in mind, the system now has a single delivery plan, covering each programme area within the operational plan, outlining key actions, governance, quality, safety and performance metrics.

This paper provides the ICB with a draft outline of the reporting mechanism from June 2023 and provides the latest performance report for May 2023 for assurance in the interim.

As we seek to reduce duplication and maximise delivery, the complexity of aligning a new structure to the statutory function of each organisation and the requirements of an overarching ICS have had to be balanced. In recognition of this, there may be further adaptations as we evolve as a system.

| | |
|---|---|
| **Appendices:** | • Appendix 1 – LLR performance report (interim) |
| **Report history** (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting): | • Various partnerships / collaborative leads, clinical leads and programme teams |

| **The report is helping to deliver the following strategic objective(s) –** *please tick all that apply*: | | |
|---|---|---|
| **1. Improve outcomes** | Improve outcomes in population health and healthcare. | ☐ |
| **2. Health inequalities** | Tackle inequalities in outcomes, experience and access. | ☐ |
| **3. Value for money** | Enhance productivity and value for money. | ☐ |
| **4. Social and economic development** | Help the NHS support broader social and economic development. | ☐ |
| **5. NHS Constitution** | Deliver NHS Constitutional and legal requirements. | ☒ |

| **Conflicts of interest screening** | | **Summary of conflicts** *(detail to be discussed with the Corporate Governance Team)* |
|---|---|---|
| ☐ | No conflict identified. | |
| ☒ | Conflict noted, conflicted party can participate in discussion and decision | Many of the programme budgets cover multiple providers across LLR |
| ☐ | Conflict noted, conflicted party can participate in discussion but not in decision | |
| ☐ | Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision. | |
| ☐ | Conflict noted, conflicted party to be excluded from the meeting. | |

| **Implications:** | |
|---|---|
| **a) Does the report provide assurance against a corporate risk(s) e.g. risk aligned to the Board Assurance Framework, risk register etc?** *If so, state which risk and also detail if any new risks are identified.* | BAF 01 - Quality of care provided by acute providers.<br>BAF 02 - Quality of care provided by non-acute providers.<br>BAF 03 – Quality of care and service provided by emergency patient transport services.<br>BAF 04 - Quality of care provided by non-emergency patient transport services<br>BAF 07 - EPRR arrangements. |
| **b) Does the report highlight any resource and financial implications?** If so, provide which page / paragraph this can be found within the report. | It is recognised that to deliver the operational plan in the way described, people resources may need to move around the system |
| **c) Does the report highlight quality and patient safety implications?** If so, provide which page / paragraph this is outlined in within the report. | None |
| **d) Does the report demonstrate patient and public involvement?** If so, provide which page / paragraph this is outlined in within the report. | None |
| **e) Has due regard been given to the Public Sector Equality Duty?** If so, how and what the outcome was, provide which page / paragraph this is outlined in within the report. | All service design / delivery / change will be made win line with the PSED and the LLR IDMF |

# LLR Delivery plan and performance report

## June 2023

### Introduction

The final LLR Operational Plan for 23/24 was submitted and accepted by NHS England in May 2023. Whilst formal feedback is yet to be received, early indications suggest that there will be minimal changes to the activity, performance and financial trajectories submitted as the vast majority submitted remain in line with the mandate outlined in the planning guidance for the year.

In order to deliver this plan efficiently and effectively, the governance in place has been streamlined. The April System Executive mandated the formation of the LLR Delivery Partnership to coordinate delivery of the plan itself, working symbiotically with each of the programme areas within the plan. This paper outlines how the 23/24 Operational Plan will be delivered and governed and provides an interim performance report for May 2023.

### Move from design groups to Partnerships to Collaboratives

In 22/23, the LLR transformation programme was designed and delivered through 'design groups'. These groups had no formal mandate nor standing but had been requested to deliver a transformation programme largely focussed on performance improvement. However, performance was reported separately to finance and to quality, meaning that often interdependent links were missed for assurance purposes.

The only exception to this was the LDA programme, where a formal MOU had been agreed between the ICB and LPT as a lead provider. This group therefore had a formal mandate and was labelled a 'collaborative'. Given the success of this model, the LLR system has been selected as an early adopter site for development of further formal collaboratives, with UEC and planned care being worked up in quarter one of 23/24.

Moving all programmes to collaboratives will take time and headspace, notwithstanding the cultural changes required to successfully transition to these arrangements. As an interim measure and to prevent confusion, the following nomenclature has been suggested as best practice:

| Term | Status | Notes |
|---|---|---|
| Design Group | Defunct | |
| Partnership | A group mandated to deliver the Operational Plan and associated requirements | All programme areas except LDA |
| Collaborative | A formal group mandated to deliver the Operational Plan and associated requirements through a lead provider arrangement, with a formal MOU in place | Only applicable to LDA |

Through 23/24, more partnerships will be moved to a collaborative status, starting in Q1 with urgent and emergency care.

As a reminder, the key areas of focus for the system continue to be the following programme areas:


**Programme structures**

Each programme area has set up its own sub-structure, with a multi-disciplinary group of colleagues from across the LLR system. As 23/24 has started, the membership and terms of reference for most of the partnerships and sub-structures have been reviewed as a measure of good practice and ongoing commitment to efficiency. Each of these Partnerships meets at least monthly, with their remit being to deliver the LLR Operational Plan, the LLR five-year joint plan and any associated strategic programmes agreed through the ICB or organisational Trust Boards.

The **LLR Delivery Partnership** will take a monthly feed of information from each of the Partnerships and coordinate a single report into the System Executive, System Quality Group (covering performance) and the System Finance Committee, with specific areas of concern escalated for resolution. The Chairs of each of these sub-committees of the ICB have been consulted on this process.

A key driver of enacting this process is to reduce duplication of provider level reporting into system level groups. It is envisaged that each of the Partnerships will assess the level of financial, performance and quality reporting already conducted through statutory provider functions and use this to provide assurance to the ICB sub-committees, with relevant links to assurance papers provided as required. This will create capacity at system level to focus much more on areas requiring a system-wide lens, enabling partnerships to tackle many of the issues noted through 22/23.

That said, as we seek to reduce duplication and maximise delivery, the complexity of aligning a new structure to the statutory function of each organisation and the requirements of an overarching ICS have had to be balanced. In recognition of this, there may be further adaptations as we evolve as a system.

**Delivery Plan by Partnership**

The first step in this process has been to understand the delivery plan for each partnership. The system executive received this plan for assurance in May 2023. This begins to bring together the outline action plans, performance trajectories, activity trajectories and financial plans for each programme area. Whilst these contain the majority of the programmes detailed above, there remain some gaps and the full plan will be completed by the end of May.

Using this plan, the Delivery Partnership will bring a monthly report against these trajectories to the system executive for assurance that each facet of Operational Plan 23/24 is on track to deliver the ask. Where assurance cannot be provided, the report will outline the risk to delivery with specific mitigating action(s) for support.

This cycle of continuous improvement will support delivery of the Operational Plan, support programme teams to unlock wicked issues and evidencing delivery will further encourage clinical engagement for better outcomes.

**Interim report for May 2023**

Whilst this process is put into place, the original performance report put together for the ICB is attached as Appendix 1.

A sub-group of system colleagues is working in collaboration to produce the single report from the Delivery Partnership. This work is being led by David Baxter (ICB) in partnership with MLCSU and colleagues from partnerships. The first report is expected to be ready for June 2023.

**Recommendations:**

The LLR ICB is asked to:

- **NOTE the revised infrastructure in place for delivery of the Operational Plan 23/24**
- **RECEIVE and NOTE the interim performance report for May 2023**

# Appendix 1

NHS
Leicester, Leicestershire and Rutland

# LLR ICB
# Performance Overview

## May 2023

NHS
Midlands and Lancashire
Commissioning Support Unit

NHS Leicester, Leicestershire and Rutland is the operating name of Leicester, Leicestershire and Rutland Integrated Care Board

A proud partner in the:

Leicester, Leicestershire and Rutland
Health and Wellbeing Partnership

# PERFORMANCE OVERVIEW

## Key metrics for the LLR system

The aim of this PowerPoint is to provide a high-level overview and focuses on:

- Ambulance Handovers
- Six Winter Plan Urgent Care Metrics
- Discharges
- Primary Care
- Elective Long Waiters
- Cancer
- Learning Disabilities & Autism
- Maternity
- LLR performance of the System Oversight Framework 22/23

# Report Summary – Improvement

## Areas of Improvement :

**Primary Care :** Number of GP appointments & face-to-face appointments

- *ICB ranks 2/42 for number of GP appointments per 10,000 weighted patients however 36/42 for a "good" experience of making an appointment.*

**Elective:** Long waiters (52+ weeks)

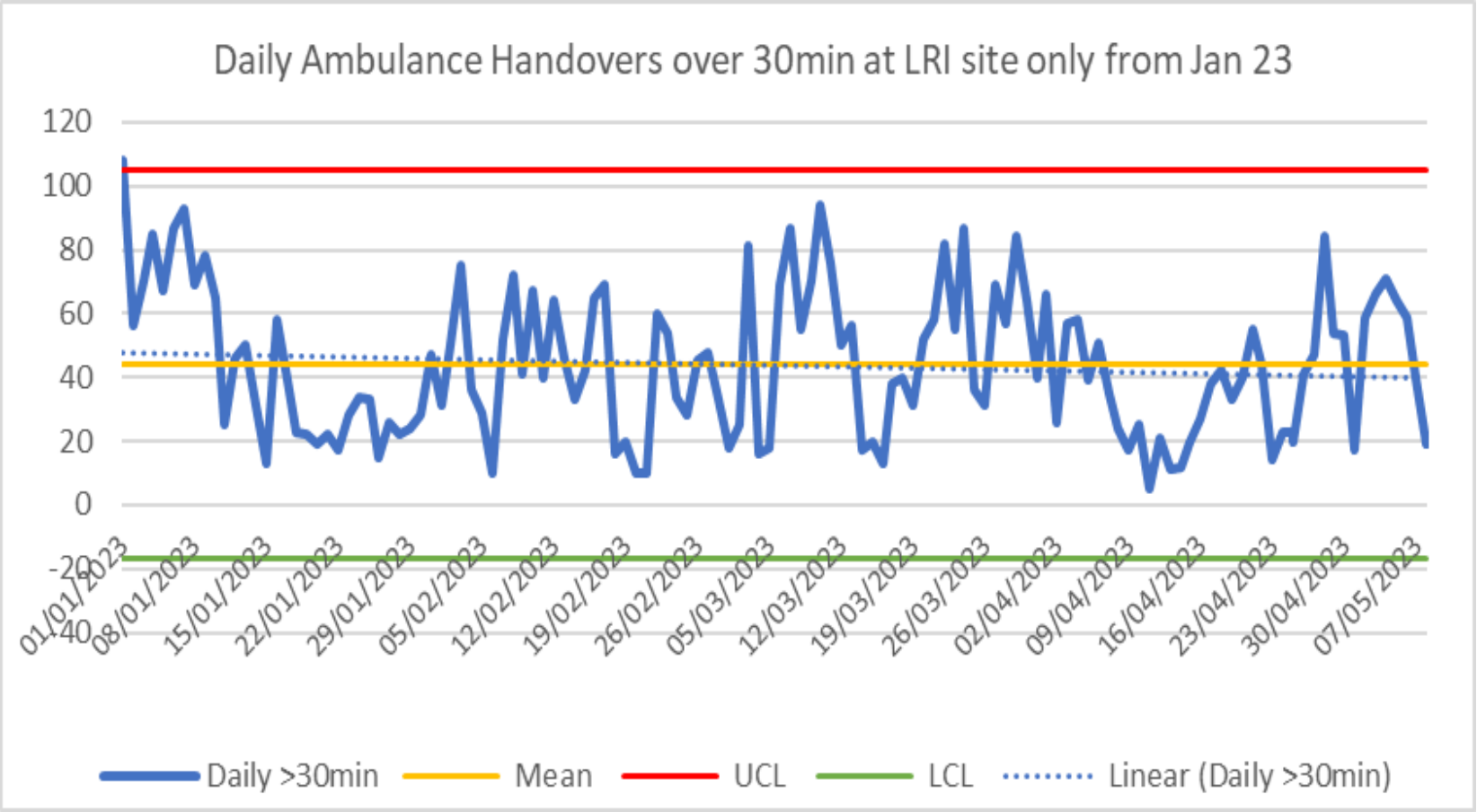
*There has been a reduction in the number of patients waiting over 52weeks, 78 weeks and 104weeks*

- *52+ weeks - ICB ranks 38/42 for the number of patients currently waiting for care*
- *78+ weeks -ICB ranks 41/42*
- *104+ weeks - ICB ranks 37/42*

**Cancer:** Improvement in performance for 2WW

- *There has been a marginal improvement in performance for the 2ww standard, however remains under national target of 93%.*

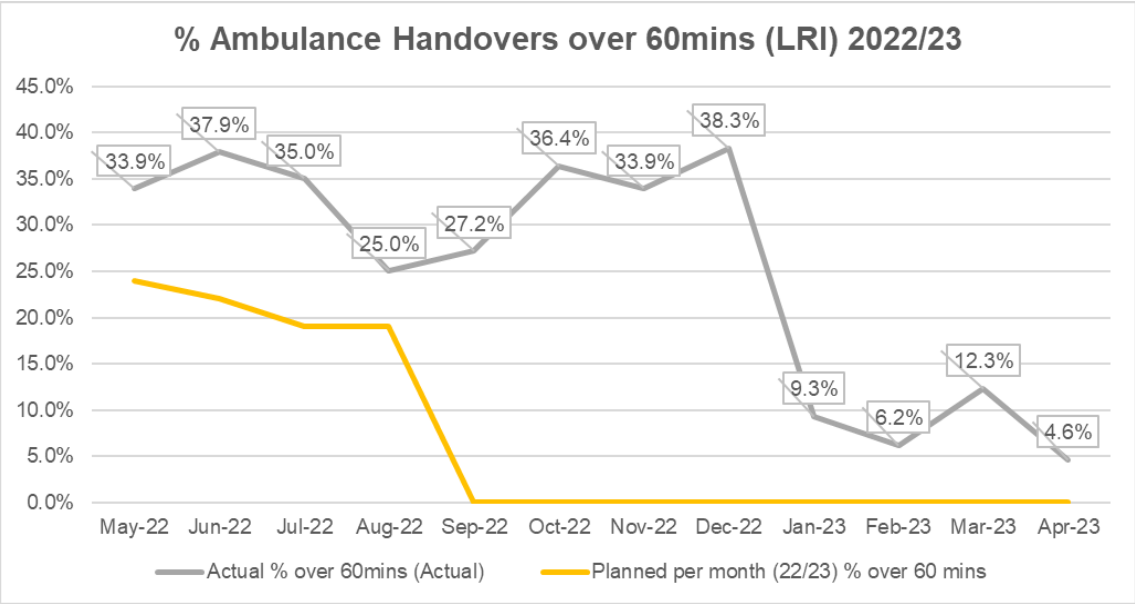
# Ambulance Handovers over 30mins at LRI site




The SPC graph shows an overall reduction in the daily number of ambulance handovers waiting over 30mins at the LRI site, from Jan 2023.

The graph shows a natural variation for the handovers over 30 mins; within the upper and lower limits.

# Ambulance Handovers over 60mins at LRI site




The graph shows the monthly % of ambulance handovers waiting over 60mins at the LRI site only.

For Apr 2023, 5% of ambulance waits took over 60mins, an improvement in performance when compared to the same time last year - 34% in April 22.

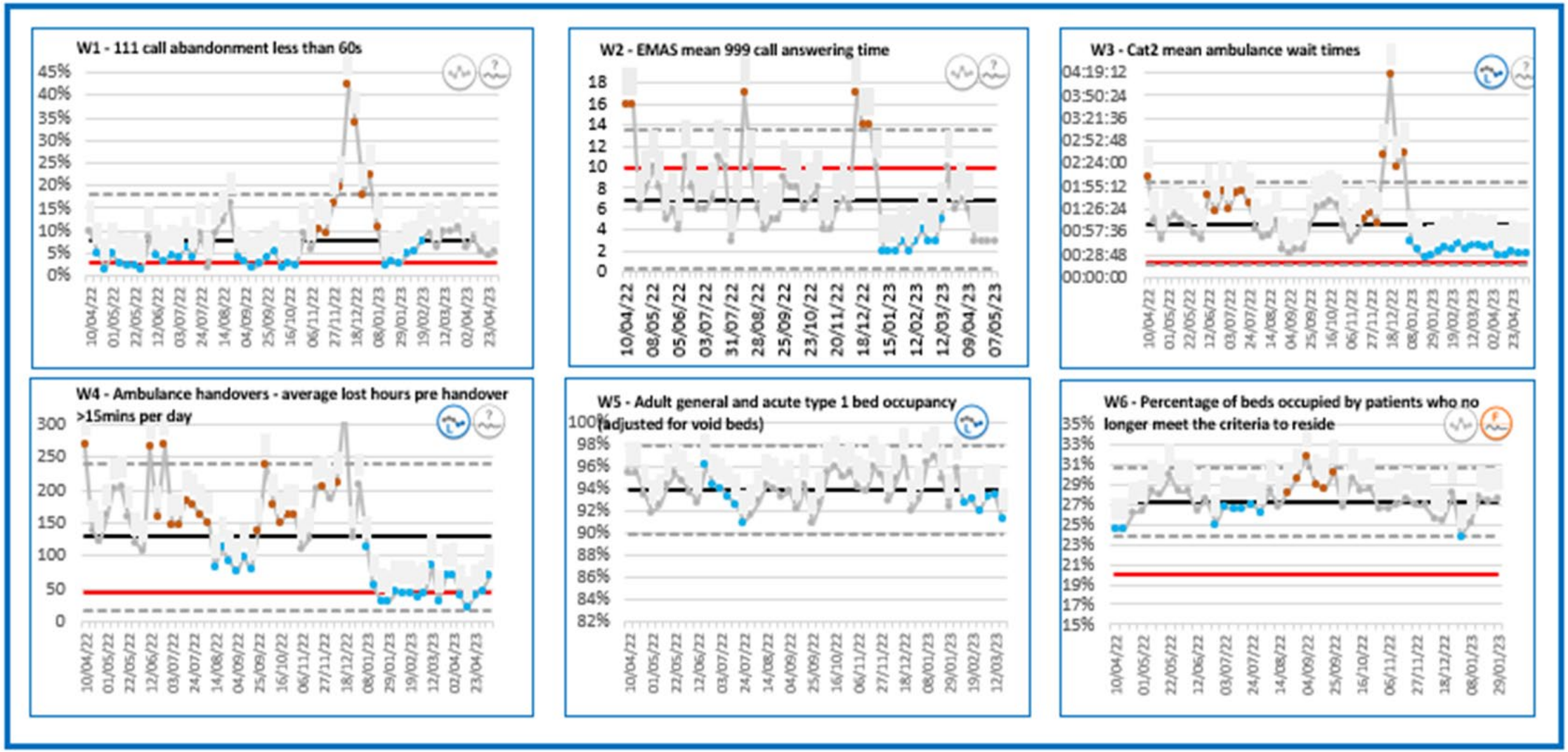
*** Source: *EMAS Portal***

| Month | Actual % over 60mins (Actual) | Actual Numbers over 60 mins (Actual) |
|---|---|---|
| Apr-22 | 35.5% | 1,532 |
| May-22 | 33.9% | 1,573 |
| Jun-22 | 37.9% | 1,658 |
| Jul-22 | 35.0% | 1,449 |
| Aug-22 | 25.0% | 1,061 |
| Sep-22 | 27.2% | 1,237 |
| Oct-22 | 36.4% | 1,658 |
| Nov-22 | 33.9% | 1,562 |
| Dec-22 | 38.3% | 1,564 |
| Jan-23 | 9.3% | 404 |
| Feb-23 | 6.2% | 250 |
| Mar-23 | 12.3% | 561 |
| Apr-23 | 4.6% | 202 |

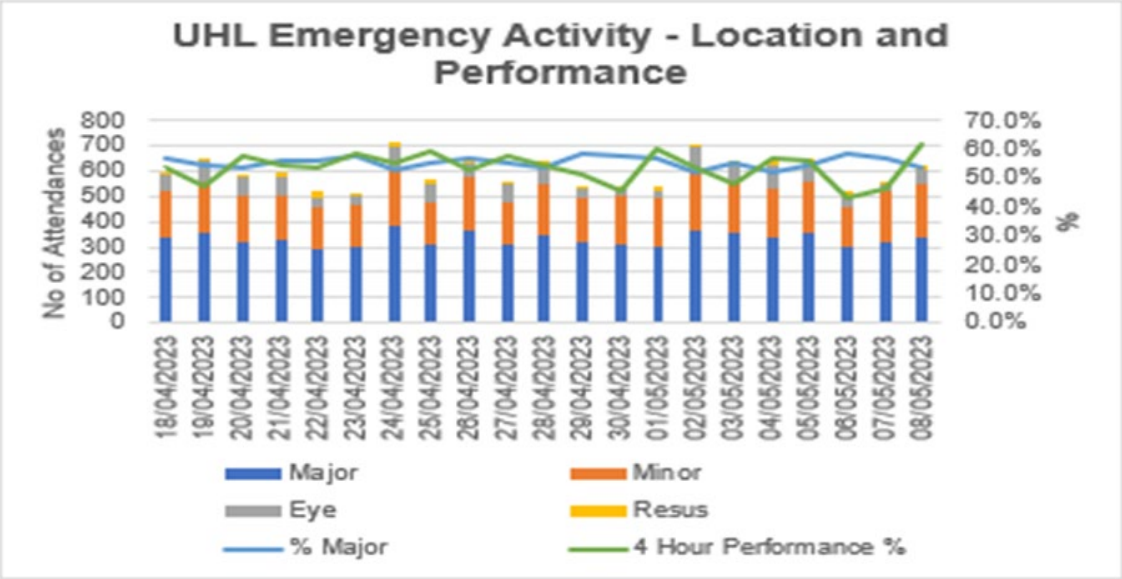
The table shows % and actual numbers over 60 mins, a steady improvement in performance from Apr 22 – Apr 23.

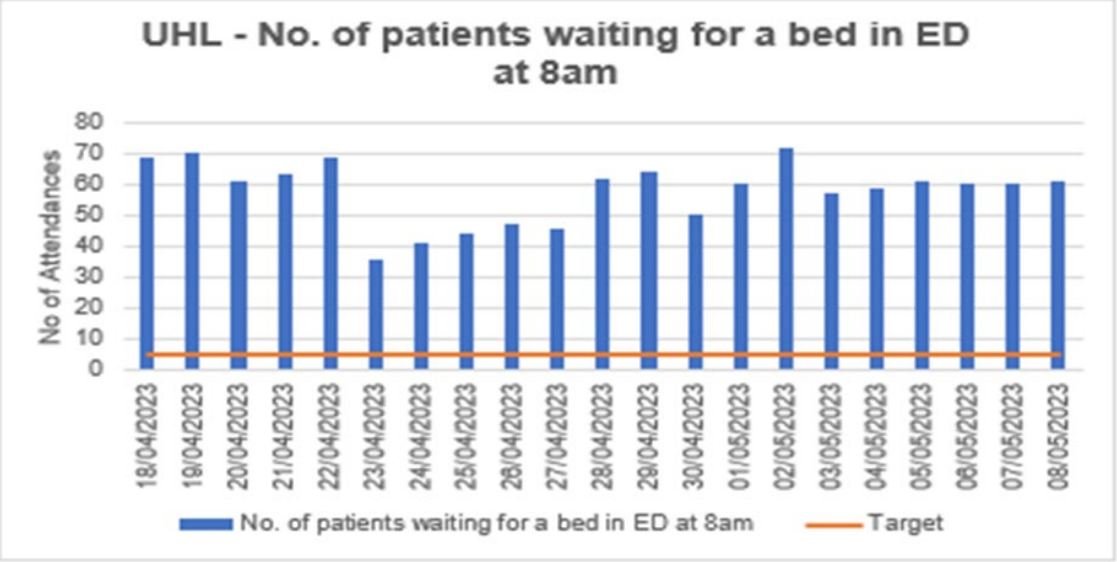
# Six Winter Plan Urgent Care Metrics

NHSE/I require 6 Urgent Care metrics be reported locally and also form part of the monthly Winter Plan Assurance Framework. These 6 metrics are now being reported weekly, using the Making Data Count approach. National & local targets have been applied.



# Emergency Department




## UHL Emergency Activity - Location and Performance

The graph shows the ED attendances by area, % that are Majors and overall 4hr wait performance, over the past 3 weeks, which includes Minor Injuries and Minor Illness (MIaMI) activity.

*** Source: UHL - *Accident & Emergency Report***

| UHL ED Activity - Age Group | | | |
|---|---|---|---|
| **Period** | **Total ED activity** | **Adults** | **Children** |
| Latest Month (1st Apr-30th Apr) | 17,224 | 12,847 | 4,377 |
| Previous Month (1st Mar-31st Mar) | 19,095 | 14,054 | 5,041 |
| **Variance** | **-1,871** | **-1,207** | **-664** |
| **% Variance** | **-9.8%** | **-8.6%** | **-13.2%** |

The above shows there has been an decrease in ED activity (🡻 9.8%) from March to April.

For the same period, overall both adults (🡻 8.6%) and children's (🡻 9.8%) attending ED has decreased.

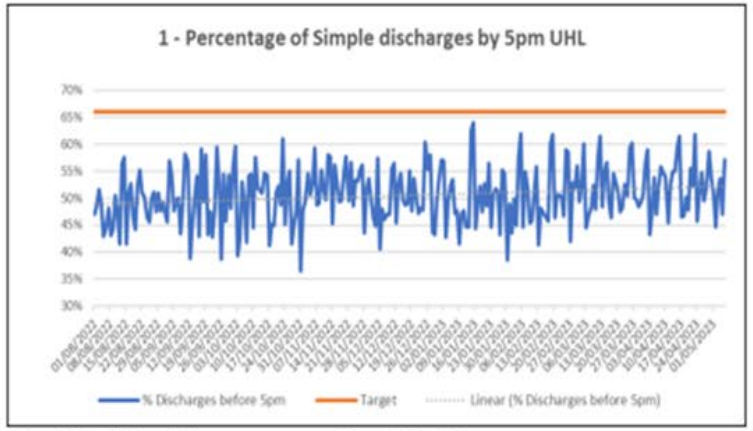
## Numbers of patients awaiting beds in ED at 8am each morning at UHL

The number of patients waiting for a bed in ED at 8am has increased over the past 7 days (🡹 38.4%), however it decreased when compared from March to April (🡻 8%).

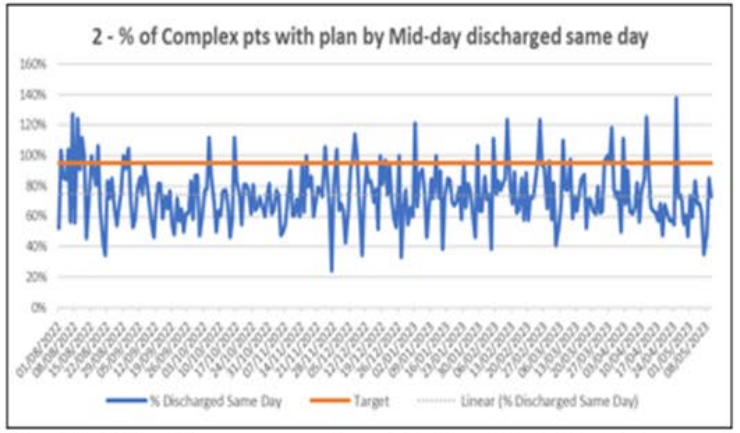
# Discharges

## WINTER PLAN KEY DELIVERABLE W18 100 day discharge challenge
## (Implement an efficient and effective discharge process within providers to enable simple discharges by 5pm and 85% of complex discharges same day)

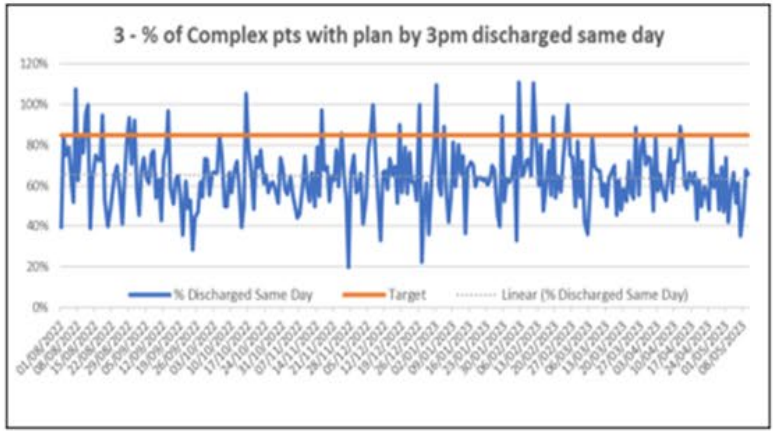
**1 – Simple discharges by 5pm UHL**



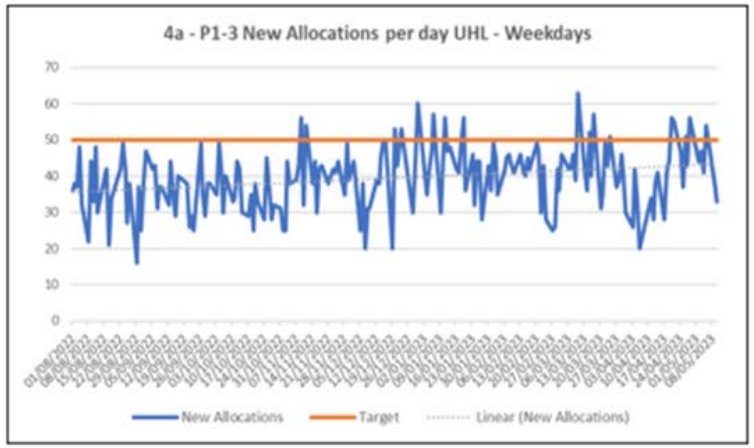

**2 – Complex pts with plan by Mid-day discharged same day**



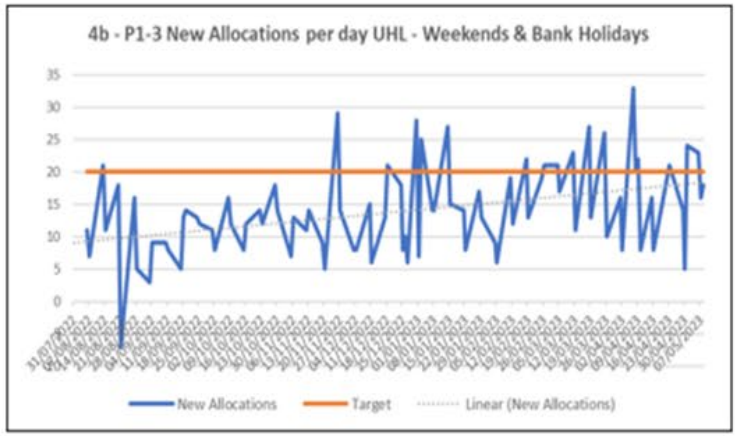

**3 – Complex pts with plan by 3pm discharged same day**




**4a – P1-3 New Allocations per day – Weekday**

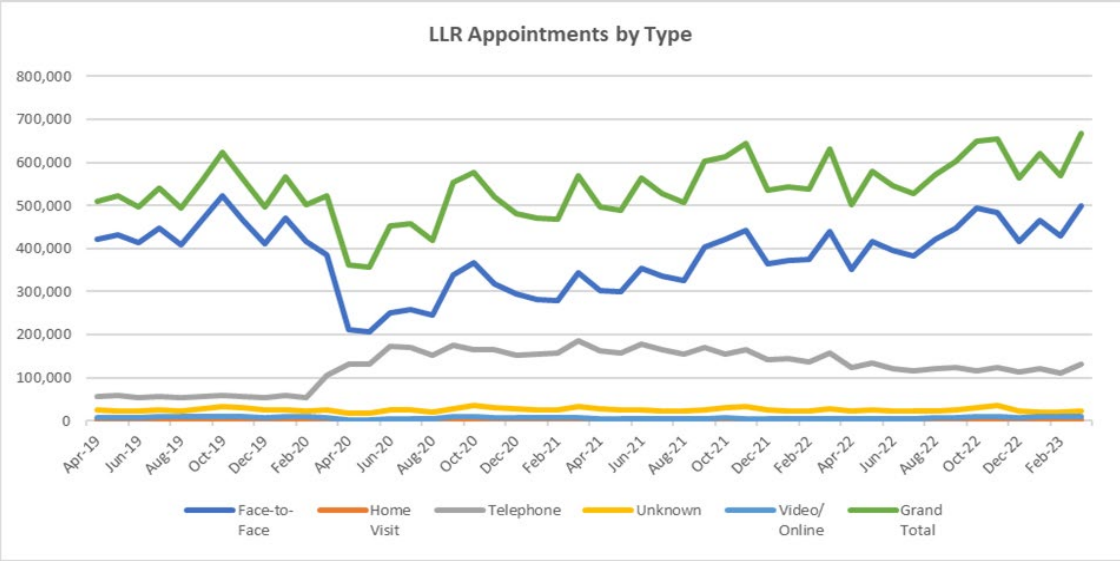


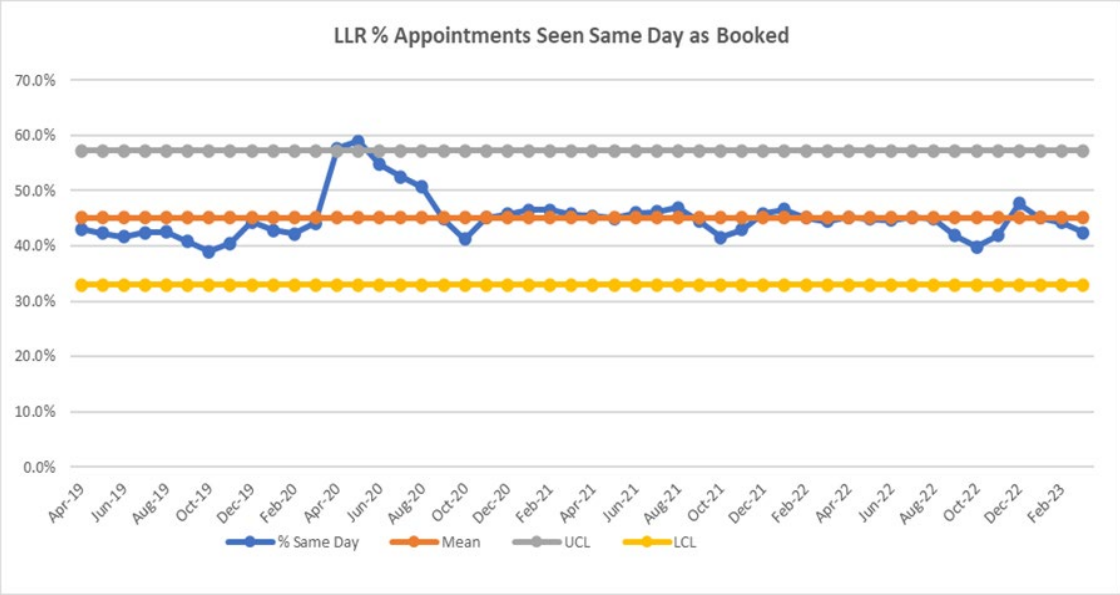

**4b – P1-3 New Allocations per day – Weekend & Bank Holidays**




- **Chart 1** shows the percentage of Simple (PO) discharges each day that were discharged by 5pm. The target is 66% per day which we are currently not meeting.
- **Chart 2** shows the percentage of Complex (P1-P3) patients that had a plan to be discharged by Mid-day each day that were actually discharged on that day. The target is 95%. This is not routinely being met.
- **Chart 3** shows the percentage of Complex (P1-P3) patients that had a plan to be discharged by 3pm each day that were actually discharged on that day. The target is 85%. This is not routinely being met.
- **Chart 4a** shows the number of New Allocations (Planned discharges for today minus delays from the previous day) per weekday against a target of 50 per weekday.
- **Chart 4b** shows the number of New Allocations (Planned discharges for today minus delays from the previous day) per weekend/Bank Holiday against a target of 20 per day on weekends/Bank Holidays. Due to the reduced number of planned discharges at the weekend this could be a negative number if the number of delays from the previous day was higher.

# General Practice Appointments




**Primary Care Priorities**
- **Back to 19/20 appointment levels**
- **Increase in same day appointments**
- **Implement PCN DES around access**

| All Appointments | Total |
|---|---|
| Mar-20 | 522,745 |
| Mar-21 | 568,888 |
| Mar-22 | 630,663 |
| Mar-23 | 666,861 |

**Appointment Levels**
**Target** – increase from 19/20
**Performance**: Target met
The graph shows the monthly number & type of general practice appointments from April 2019 to March 2023. There was 17.0% increase in the total appointments in the latest month (from Feb 23 to Mar 23).

Total appointment types show an increase (↑ 17% ) from February. The number of face-to face appointments have reduced (↓ 16.8%) compared to the previous month.

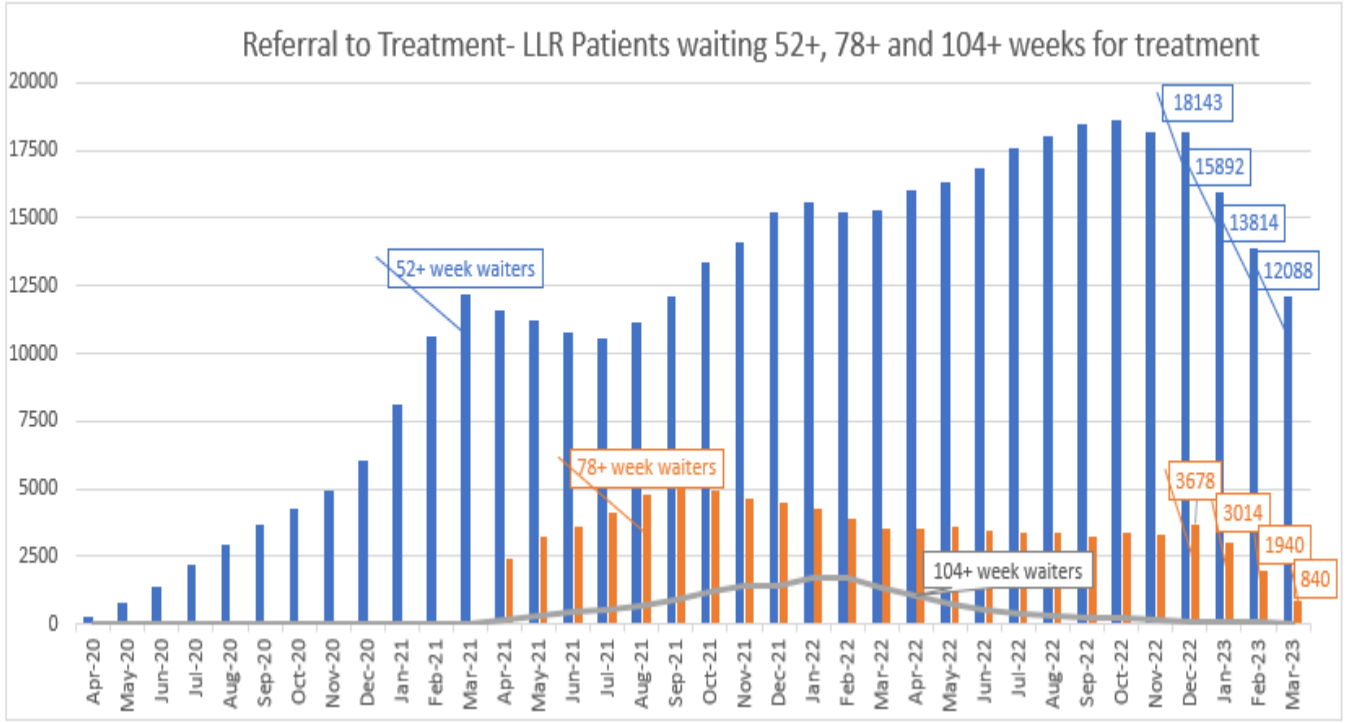
| LLR Appointments by Type | | |
|---|---|---|
| Measure | Latest Month (Mar 2023) | Previous Month (Feb 2023) |
| Face-to-Face | 500,428 | 428,353 |
| Home Visit | 2,337 | 1,786 |
| Telephone | 130,451 | 110,602 |
| Unknown | 23,751 | 19,972 |
| Video/Online | 9,894 | 9,320 |
| Grand Total | 666,861 | 570,033 |

**Same day appointments**
**Target** – increase month on month
**Performance**: Increase in March 23
The graph left shows the % of appointments that took place on the same day they were booked. There has been little variation over the last two years (since Sept 2020). There was a decrease by 1.8% for LLR appointments seen same day as booked from Feb 23 at 44.2% to Mar 23 at 42.4%)

*Data source: https://digital.nhs.uk/data-and-information/publications/statistical/appointments-in-general-practice*

# Elective Long Waits (LLR patients at all LLR providers)- Mar 23

The total LLR waiting list size at the end of March was 126,602, a **reduction of over 1900** LLR patients from Feb which stood at 128,511 .
The 52+ week waiters and 78+ week waiters continue to **steadily decline**. At the end of March, 104+ week waiters stood at 3.




| | All specialities | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | Mar-23 |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| LLR Performance | Patients waiting over 52 weeks for treatment | 15989 | 16279 | 16780 | 17528 | 17970 | 18473 | 18560 | 18110 | 18143 | 15892 | 13814 | 12088 |
| | Patients waiting over 78 weeks for treatment | 3514 | 3594 | 3453 | 3374 | 3359 | 3251 | 3358 | 3316 | 3678 | 3014 | 1940 | 840 |
| | Patients waiting over 104 weeks for treatment | 1036 | 772 | 488 | 366 | 276 | 236 | 194 | 129 | 103 | 77 | 49 | 3 |

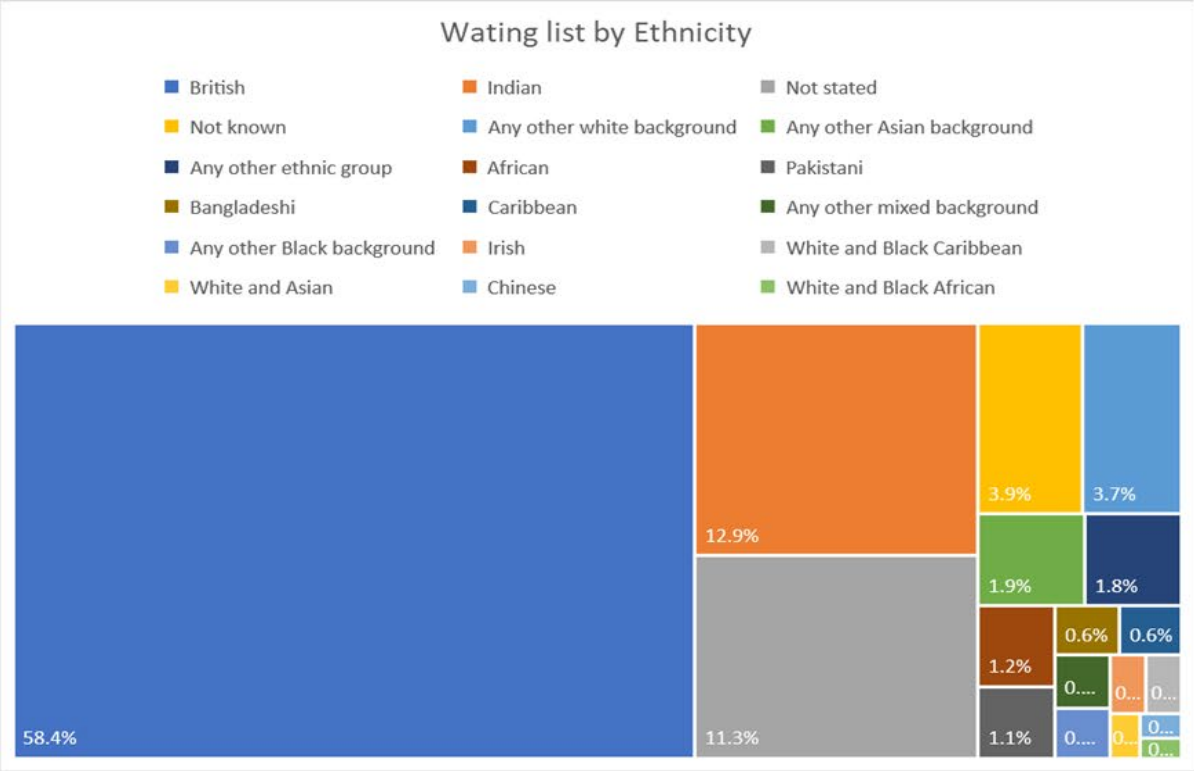
*Data Source - Aristotle*

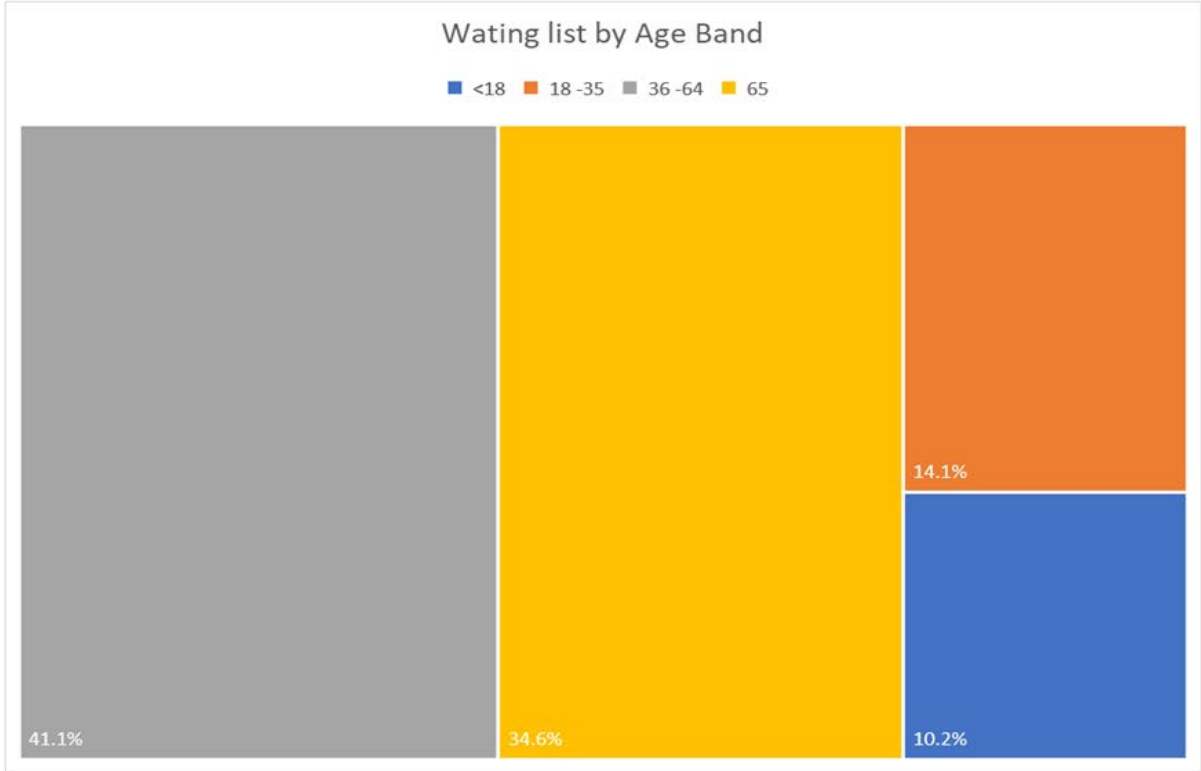
The overall picture for Elective Care remains significantly challenged. However, whilst the challenge remains significant there continues to be good progress on the reduction of those patients waiting longest for definitive treatment. The Trusts ambition is to reach zero 78-week waiters by the end of Q1 23/24. This will enable the focus to shift to reducing the 65-week waiters over 23/24 in line with national targets of zero by end March 24.

At the end of March, the highest number of >52wk waiters for LLR patients are in:

- *Gynaecology* with 2269 patients waiting >52wks
  - of these 79 patients >78wks
- *Gastroenterology* with 2237 patients waiting >52wks
  - of these 172 patients waiting >78wks
  - and 1 patient waiting >104wks.
- *ENT* with 1648 patients waiting >52wks
  - of these 244 patients waiting >78wks
  - and 1 patient waiting >104wks.
- *Ophthalmology* with 1555 patients waiting >52wks
  - and of these 16 patients waiting >78wks.

# Elective Waiting List: ICB by Age & Ethnicity




**DATA: 23.04.23**

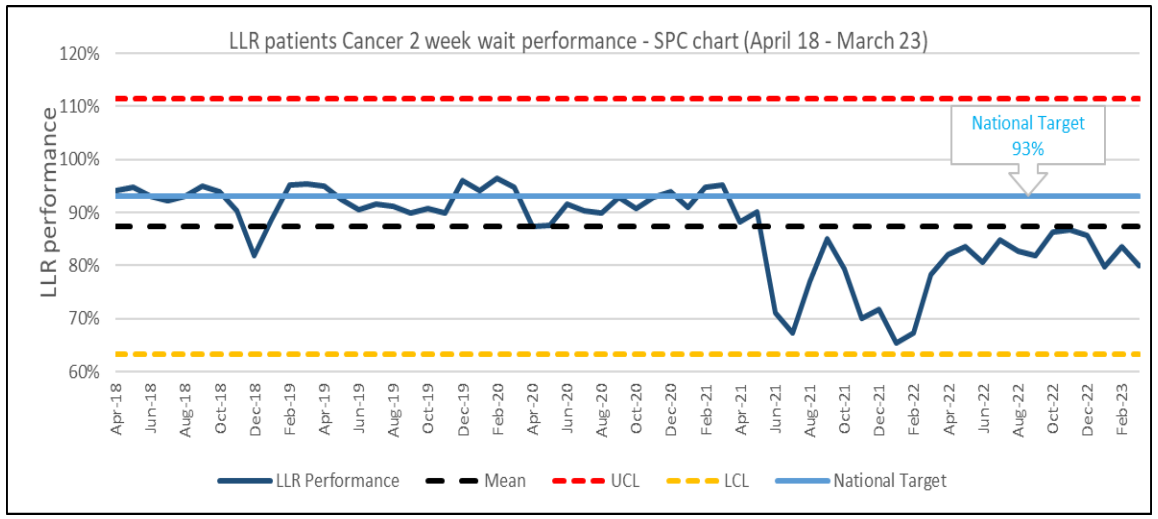
The largest single ethnic group is British representing 58.4% of all patients waiting, 12.9% of all waiting patients are of Indian ethnicity the ethnicity of 15.2% of all patients was either unstated or not known.

The largest cohort of patients waiting for treatment are aged 35 to 64 years (41.1%) followed by over 65 years (34.6%).

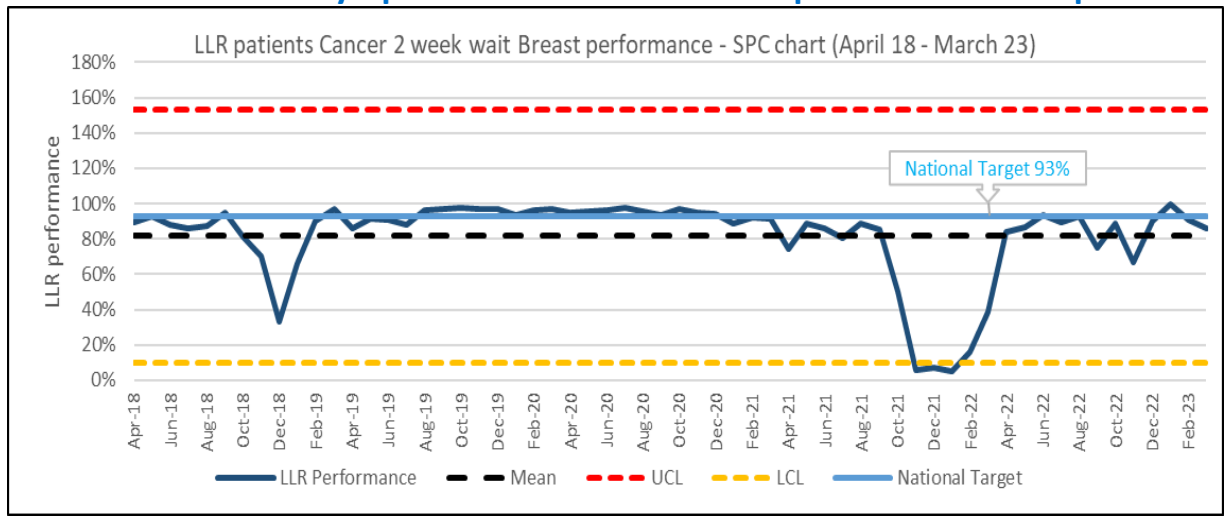
*Data Source: Weekly Elective Dashboard*

# Cancer Waits

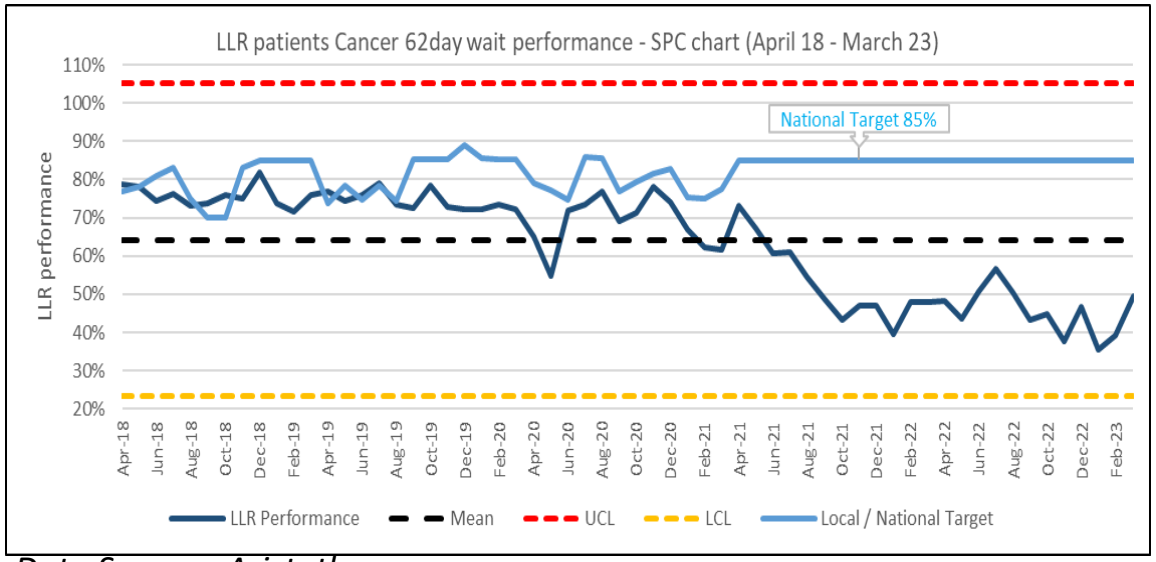
## 2 week wait Cancer Performance for LLR patients at all LLR providers




## 2 week wait Breast symptom Performance for LLR patients at all LLR providers




## 62 day wait Performance for LLR patients at all LLR providers




*Data Source - Aristotle*

March's performance for 2 week wait (80%) and 2 week breast symptom (86%) have seen a deterioration from February. Performance for the 62 day wait (Mar 49%, Feb 39%) has seen a marginal improvement from February's position although remains under national target of 85%.

The Trust's position for cancer remains a challenge and will continue to do so whilst plans are implemented to address both pre-covid capacity gaps and post covid backlog recovery. A key focus on the weekly meetings with NHSE/I has been the 62 day backlog position. As tumour site recovery plans, centred around daily monitoring of backlog levels, have taken effect, significant reductions are being tracked. There has been a reduction in the overall waiting list and UHL continues to work collaboratively with the ICS to ensure robust governance, patient pathways and capacity are in place to improve the LLR/Trust's position.

# Learning Disabilities & Autism (LDA)

## Number of Annual Health Checks (AHCs) carried out for persons aged 14+ on GP Learning Disability Register

| Sub-ICB | Monthly count of patients aged 14+, on the practice's LD register who have received a learning disability health check by the GP practice | | | | | | | | | | | 22/23 HC's Year to date | Q1 - Q4 only 22/23 Plan | Expected Prevalence as per 22/23 planning round | % Health Checks to Feb 23 only against expected prev. |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| | Apr-22 | May-22 | Jun-22 | Jul-22 | Aug-22 | Sep-22 | Oct-22 | Nov-22 | Dec-22 | Jan-23 | Feb-23 | | | | |
| East Leicestershire and Rutland | 22 | 30 | 43 | 76 | 38 | 101 | 81 | 97 | 85 | 100 | 178 | 851 | | | 70.3% |
| Leicester City | 33 | 38 | 82 | 96 | 234 | 138 | 133 | 138 | 86 | 218 | 200 | 1396 | | | 64.2% |
| West Leicestershire | 22 | 37 | 91 | 73 | 72 | 91 | 53 | 120 | 113 | 116 | 205 | 993 | | | 61.5% |
| **LLR IBC** | **77** | **105** | **216** | **245** | **344** | **330** | **267** | **355** | **284** | **434** | **583** | **3240** | **4032** | **4993** | **64.9%** |

**Annual Health Checks (AHCs)** From national data sources LLR had 3240 completed AHC's from April 22 to the end of February 23, this is 65% as at Feb 23; target 75%.

- Work completed to reach people who have not had an AHC for 2 years, with almost half of those identified being successfully contacted. It is expected the GPs will do a year end push to meet the target.
- NHSE confirmed we are currently on track to meet the 75% national target for annual Health Checks.

*Data source: NHS Digital - https://digital.nhs.uk/data-and-information/publications/statistical/learning-disabilities-health-check-scheme*

# Maternity


From national data sources;
**Cumulative year to date access: 860**
**22/23 target: 1,255**

The cumulative number of women who had at least one attended Face to Face or Videoconferencing contact with specialist Perinatal MH services from the start of the financial year (22/23) to March 23.

Maternity safety is national priority and concern. UHL utilises a perinatal surveillance scorecard which provides oversight of the quality and safety of the service. The scorecard is produced in line with the Perinatal Quality Surveillance Model designed by NHSE to support sharing safety intelligence and includes 5 areas of focus: 1)Patient Safety, 2) Workforce, 3) Training, 4) Friends and Family and 5) Outcomes

***As part of the national maternity programme the CQC visit took place (28 Feb –2 March 23) –we await the outcome of this.***

*Data Source: Futures- Perinatal Dashboard- https://future.nhs.uk/MHRH/view?objectID=27644304*

# Maternity

| Measure | Latest Period | Unit of Measurement | England | ICB | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| | | | | NHS Bedfordshire, Luton and Milton Keynes Integrated Care Board | NHS Bristol, North Somerset and South Gloucestershire Integrated Care Board | NHS Cambridgeshire and Peterborough Integrated Care Board | NHS Coventry and Warwickshire Integrated Care Board | NHS Leicester, Leicestershire and Rutland Integrated Care Board | NHS Northamptonshire Integrated Care Board |
| FFT - Birth | November 2022 | Percentage | 93.2% | 98.2% | 97.2% | 94.1% | 94.3% | 95.1% | .% |
| FFT - Postnatal Community | November 2022 | Percentage | 92.5% | 100.0% | 87.0% | 100.0% | .% | 100.0% | .% |
| FFT - Postnatal Ward | November 2022 | Percentage | 92.6% | 98.7% | 94.2% | 96.3% | 87.8% | 96.6% | 90.0% |
| FFT- Antenatal | November 2022 | Percentage | 89.5% | 89.9% | 100.0% | 97.0% | 90.8% | 96.8% | .% |

***Friends and Family Test- number of "Extremely likely" and "Likely" responses.***

- **November 2022- FFT- Birth-** LLR ICB scores 95.1%. This is **above the England average** and ranks 3 out of 6 when compared against ICB Peers.
- **November 2022- FFT- Postnatal Community-** LLR ICB **scores 100%** and is above the England average of 92.5%.
- **November 2022-FFT- Postnatal Ward-** LLR ICB is **above the England average** and is ranked 2 out of 6 against ICB Peers.
- **November 2022-FFT- Antenatal-** LLR ICB scores 96.8%. This is **above the England average** and ranks 2 out of 6 against ICB Peers.

Friends and Family Test responses are consistently positive with respondents recommending maternity care. UHL have actions in place which will be focusing on uptake within the community. Other actions include:

- 7 iPads's purchased, one for every community midwifery team.
- Working to accelerate and initiate texting service.
- Reintroduction of 36/40 week recommended questionnaire.
- Data validation and collation: community team auditing to ensure all feedback is captured.
- Re-introduction of paper surveys to provide alternatives
- Ensuring feedback can be captured in a variety of languages

*Data Source: Futures- https://future.nhs.uk/connect.ti/LocalTransformationHub/view?objectID=27173840*

# 2022/23 NHS System Oversight Framework

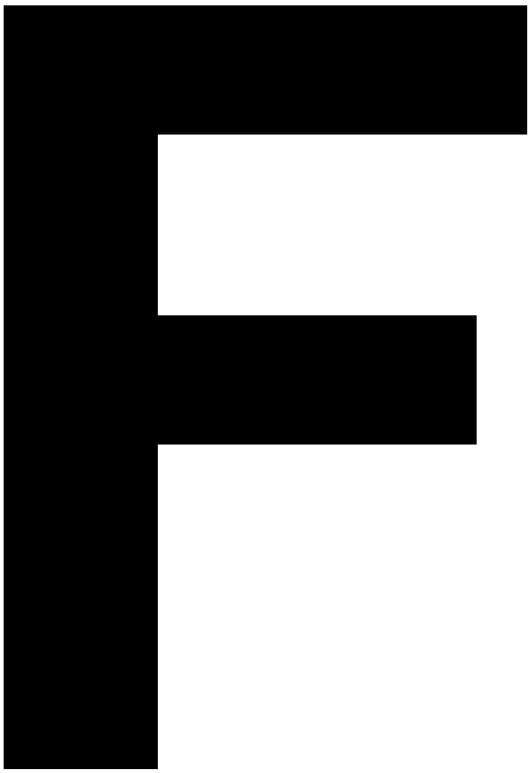
In Jan 22 NHSE/I provided an update on performance data for a number of key metrics from the 22/23 NHS System Oversight Framework (SOF). For LLR ICB the following table provides the Highest 25 rank positions against all reporting ICB's, according to the nationally produced dataset.

| | Indicator | Aggregation Source | Latest Period | Previous | Latest | | Target / Nat Ave* | National Value | Rank |
|---|---|---|---|---|---|---|---|---|---|
| S063c | Proportion of staff who say they have personally experienced harassment, bullying or abuse at work from patients/service users, ... | ICB | 2022 | 22.8% | 23.1% | ↗ | | | 1/42 |
| S086a | Inappropriate adult acute mental health placement out of area placement bed days | ICB | Nov 2022 - Jan 2023 | 0 | 0 | | 0 | | 1/42 |
| S116a | Proportion of adult inpatient settings offering tobacco dependence services | ICB | 2023 01 | 50.0% | 100.0% | ↘ | 100% | 24.5% | 1/42 |
| S001a | Number of general practice appointments per 10,000 weighted patients | ICB | 2023 02 | 5,863.8 | 5,368.3 | ↘ | 443.2* | 4,432.2 | 2/42 |
| S053a | % of atrial fibrillation patients with a record of a CHA2DS2-VASc score of 2 or more who are treated with anticoagulation drug th... | SubICB | 2021-22 | 91.3% | 92.1% | ↗ | 90% | 89.0% | 2/42 |
| S051a | Number of people supported through the NHS diabetes prevention programme as a proportion of patients profiled | ICB | 22-23 Q3 | 66.2% | 101.5% | ↘ | 41.5%* | 41.5% | 3/42 |
| S074a | FTE doctors in General Practice per 10,000 weighted patients | ICB | 2023 02 | 6.7 | 6.6 | ↘ | 5.8* | 5.8 | 3/42 |
| S084a | Number of children and young people accessing mental health services as a % of LTP trajectory | ICB | 2023 01 | 116.3% | 117.0% | ↗ | 100% | | 3/42 |
| S085a | Proportion of people with severe mental illness receiving a full annual physical health check and follow-up interventions | ICB | 2022 12 | 86.0% | 94.5% | ↗ | 100% | 77.2% | 4/42 |
| S110a | Access rates to community mental health services for adult and older adults with severe mental illness | ICB | 2023 01 | 330.2% | 333.9% | ↗ | 100% | | 4/42 |
| S108a | Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from a general practice | ICB | 2023 01 | 230.6 | 150.9 | ↘ | 76.* | 76 | 5/42 |
| S123a | Adult general and acute type 1 bed occupancy (adjusted for void beds) | Provider | 2023 02 | 95.4% | 93.5% | ↘ | 95.8%* | 95.8% | 6/42 |
| S053b | % of hypertension patients who are treated to target as per NICE guidance | SubICB | 2021-22 | 50.0% | 62.9% | ↗ | 80% | 60.4% | 7/42 |
| S013c | Diagnostic activity levels: Endoscopy | Provider | 2023 02 | 113.6% | 125.9% | ↗ | 120% | 98.3% | 8/42 |
| S067a | Leaver rate | ICB | 2023 01 | 8.17% | 8.14% | ↘ | 8.7%* | 8.71% | 9/41 |
| S007b | Elective Activity : Completed pathway elective activity growth | ICB | 2023 02 | 115.5% | 119.4% | ↗ | 110% | | 9/42 |
| S013b | Diagnostic activity levels: Physiological measurement | SubICB | 2023 02 | 120.9% | 126.8% | ↗ | 120% | 106.7% | 9/42 |
| S013c | Diagnostic activity levels: Endoscopy | SubICB | 2023 02 | 101.4% | 112.7% | ↗ | 120% | 96.7% | 10/42 |
| S108b | Number of Completed Referrals to Community Pharmacist Consultation Service (CPCS) from NHS111 per 100,000 population | ICB | 2023 01 | 165.1 | 104.9 | ↘ | 94.8* | 94.8 | 10/42 |
| S013d | Diagnostic activity levels: Total | SubICB | 2023 02 | 107.1% | 111.1% | ↗ | 120% | 108.5% | 11/42 |
| S040a | Methicillin resistant Staphylococcus aureus (MRSA) bacteraemia infection rate | Provider | 2023 02 | 4 | 3 | ↘ | 0 | 295 | 11/42 |
| S109a | Units of Dental Activity delivered as a proportion of all Units of Dental Activity contracted | ICB | 2023 03 | 95.9% | 112.0% | ↗ | 100% | 101.3% | 11/42 |
| S117a | Proportion of patients who have a first consultation in a post covid service within six weeks of referral | Provider | 2023 03 | 44.9% | 51.1% | ↗ | 50.8%* | 50.8% | 12/24 |
| S053c | % of patients identified as having 20% or greater 10-year risk of developing CVD are treated with statins | SubICB | 22-23 Q2 | 59.2% | 60.0% | ↗ | 45% | 57.9% | 12/42 |
| S044a | Antimicrobial resistance: total prescribing of antibiotics in primary care | SubICB | Feb 2022 - Jan 2023 | 87.5% | 89.8% | ↗ | 87.1% | 95.5% | 13/42 |

For LLR ICB the following table provides the Lowest 25 rank positions against all reporting ICB's, according to the nationally produced dataset.

| | Indicator | Aggregation Source | Latest Period | Previous | Latest | | Target / Nat Ave* | National Value | Rank |
|---|---|---|---|---|---|---|---|---|---|
| S009b | Total patients waiting more than 78 weeks to start consultant led treatment | SubICB | 2023 02 | 3,014 | 1,940 | ↘ | 641.8* | 26,955 | 41/42 |
| S009b | Total patients waiting more than 78 weeks to start consultant led treatment | Provider | 2023 02 | 3,082 | 1,914 | ↘ | 677.4* | 28,450 | 40/42 |
| S107a | Percentage of 2-hour Urgent Community Response referrals where care was provided within two hours | ICB | 2023 01 | 68.4% | 66.7% | ↘ | 70% | | 40/42 |
| S022a | Stillbirths per 1,000 total births | ICB | 2020 | 2.67 | 4.1 | ↗ | 3.3* | 3.29 | 39/42 |
| S042a | E. coli bloodstream infection rate | Provider | 2023 02 | 129.4% | 130.1% | ↗ | 100% | 110.9% | 39/42 |
| S044b | Antimicrobial resistance: proportion of broad-spectrum antibiotic prescribing in primary care | SubICB | Feb 2022 - Jan 2023 | 9.6% | 9.4% | ↘ | 10% | 7.9% | 39/42 |
| S009a | Total patients waiting more than 52 weeks to start consultant led treatment | Provider | 2023 02 | 16,237 | 13,969 | ↘ | 8,253.9* | 346,664 | 38/42 |
| S009a | Total patients waiting more than 52 weeks to start consultant led treatment | SubICB | 2023 02 | 15,892 | 13,814 | ↘ | 7,868.8* | 330,489 | 38/42 |
| S009c | Total patients waiting more than 104 weeks to start consultant led treatment | Provider | 2023 02 | 85 | 53 | ↘ | 0 | 924 | 38/42 |
| S009c | Total patients waiting more than 104 weeks to start consultant led treatment | SubICB | 2023 02 | 77 | 49 | ↘ | 0 | 964 | 37/42 |
| S037a | Percentage of patients describing their overall experience of making a GP appointment as good | ICB | 2022 | 67.9% | 52.8% | ↘ | 56.2%* | 56.2% | 36/42 |
| S041a | Clostridium difficile infection rate | Provider | 2023 02 | 147.3% | 137.6% | ↘ | 100% | 119.0% | 35/42 |
| S031a | Rate of personalised care interventions | ICB | 22-23 Q3 | 57.9 | 74.5 | ↗ | 97.3* | 97.33 | 33/42 |
| S013a | Diagnostic activity levels: Imaging | Provider | 2023 02 | 103.6% | 104.3% | ↗ | 120% | 111.0% | 32/42 |
| S013b | Diagnostic activity levels: Physiological measurement | Provider | 2023 02 | 85.4% | 94.3% | ↗ | 120% | 107.5% | 32/42 |
| S013d | Diagnostic activity levels: Total | Provider | 2023 02 | 102.7% | 104.9% | ↗ | 120% | 109.8% | 29/42 |
| S050a | Cervical screening coverage : % females aged 25 : 64 attending screening within the target period | SubICB | 22-23 Q2 | 70.8% | 69.9% | ↘ | 75% | 69.7% | 29/42 |
| S106a | Available virtual ward capacity per 100k head of population | ICB | 2023 03 | 10.3 | 10.8 | ↗ | 40 per 1... | 16.3 | 29/42 |
| S115a | Proportion of diabetes patients that have received all eight diabetes care processes | ICB | 21-22 Q4 | 35.9% | 45.7% | ↗ | 0.5* | 46.7% | 29/42 |
| S101a | Outpatient follow up activity levels compared with 2019/20 baseline | ICB | 2023 02 | 105.8% | 102.7% | ↘ | 75% | | 28/42 |
| S060a | Aggregate score for NHS staff survey questions that measure perception of leadership culture | ICB | 2022 | 6.81 | 6.92 | ↗ | | | 27/42 |
| S081a | Access rate for IAPT services | ICB | 2022 12 | 54.4% | 60.6% | ↗ | 100% | | 27/42 |
| S047a | Proportion of people over 65 receiving a seasonal flu vaccinatio | SubICB | 2023 02 | 80.4% | 80.8% | ↗ | 85% | 79.9% | 25/42 |
| S125a | Adult Acute LoS Over 60 Days % of total discharges | MH Provider | 2023 01 | 24.4% | 28.9% | ↗ | 22.1%* | 22.1% | 25/35 |
| S012a | Proportion of patients meeting the faster cancer diagnosis standard | ICB | 2023 02 | 68.0% | 73.5% | ↗ | 75% | 75.0% | 24/42 |

It should be noted that metrics vary in their frequency and timeliness of publication. Data source: Aristotle



| | | | |
|---|---|---|---|
| **Name of meeting:** | **Leicester, Leicestershire, and Rutland Integrated Care Board** | | |
| **Date:** | **8 June 2023** | **Paper:** | **F** |
| **Report title:** | **Finance Report Month 12 2022/23** | | |
| **Presented by:** | Caroline Gregory, Chief Finance Officer | | |
| **Report author:** | Spencer Gay, Deputy Director of Finance (System). | | |
| **Executive Sponsor:** | Caroline Gregory, Chief Finance Officer | | |

| **To approve** ☐ | **For assurance** ☒ | **To receive and note** ☐ | **For information** ☐ |
|---|---|---|---|
| *Recommendation or particular course of action.* | *To assure / reassure the Board that controls and assurances are in place.* | *Receive and note implications, may require discussion without formally approving anything.* | *For note, for intelligence of the Board without in-depth discussion.* |

**Recommendations:**

The Leicester, Leicestershire and Rutland Integrated Care Board is asked to:

- **RECEIVE and NOTE** the financial position as at month 12 across LLR system and the surplus of £0.615m achieved for the ICB.
- **RECEIVE for assurance.**

**Purpose and summary of the report:**

The overall system position is a deficit of £14.5m which is in line with the revised control total set by NHSE and approved by the ICB Board.

UHL have reported a deficit of £12.5m, LPT have reported a deficit of £2.7m, whilst the ICB have reported a £0.615m surplus.

| | |
|---|---|
| **Appendices:** | • N/A |
| **Report history** (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting): | • CFO<br>• Finance Committee<br>• System Execs |

| **The report is helping to deliver the following strategic objective(s) –** *please tick all that apply*: | | |
|---|---|---|
| **1. Health outcomes** | Increase the health outcomes of the Leicester, Leicestershire and Rutland population. | ☐ |
| **2. Health inequalities** | Reduce health inequalities across the Leicester, Leicestershire and Rutland population. | ☐ |
| **3. Reduce variation** | Reduce the variation in health outcomes across the Leicester, Leicestershire and Rutland population. | ☐ |
| **4. Sustainable finance plan** | Deliver a sustainable system financial plan, ensuring funding is distributed to where services are delivered. | ☒ |

| | | |
|---|---|---|
| **5. NHS Constitution** | Deliver NHS Constitutional requirements. | ☐ |
| **6. Value for money** | Develop and deliver services with providers that are evidenced based and offer value for money. | ☒ |
| **7. Integration** | Deliver integrated health and social care. | ☐ |

| **Conflicts of interest screening** | | **Summary of conflicts** *(detail to be discussed with the Corporate Governance Team)* |
|---|---|---|
| ☒ | No conflict identified. | |
| | | |
| **Implications:** | | |
| **a) Does the report provide assurance against a corporate risk(s) e.g. risk aligned to the Board Assurance Framework, risk register etc?** *If so, state which risk and also detail if any new risks are identified.* | | This aligns to the financial sustainability risk |
| **b) Does the report highlight any resource and financial implications?** If so, provide which page / paragraph this can be found within the report. | | Yes as the report focuses on the financial position |
| **c) Does the report highlight quality and patient safety implications?** If so, provide which page / paragraph this is outlined in within the report. | | |
| **d) Does the report demonstrate patient and public involvement?** If so, provide which page / paragraph this is outlined in within the report. | | |
| **e) Has due regard been given to the Public Sector Equality Duty?** If so, how and what the outcome was, provide which page / paragraph this is outlined in within the report. | | |

## Finance Report month 12 2022/23

## 8 June 2023

### Month 12 System Financial Position

1. Dashboard:
   The system dashboard is shown below:

| System | YTD £'000 | | | M1-12 £'000 | | |
|---|---|---|---|---|---|---|
| | Target | Actual | Rating | Target | FOT | Rating |
| System Delivery of planned surplus/(deficit) | - | (14,493) | | - | (14,493) | |
| System Revenue expenditure not to exceed income | 2,786,889 | 2,801,382 | | 2,786,889 | 2,801,382 | |
| System Capital expenditure not to exceed allocations | 116,884 | 113,544 | | 116,884 | 113,544 | |
| System Operates within Cash Reserves | 105,344 | 133,280 | | 105,344 | 133,280 | |
| | | | | | | |
| ICB Running Costs Allocation not to be exceeded *(included within system position)* | 21,866 | 19,612 | | 21,866 | 19,612 | |
| ICB Primary Care Co-Commissioning Allocation not to be exceeded *(included within system position)* | 190,664 | 191,876 | | 190,664 | 191,876 | |
| | | | | | | |
| System CIP delivery | 70,730 | 70,917 | | 70,730 | 70,917 | |
| System Better Payment Practice code % NHS invoices paid within target (£) | 95% | 94% | | 95% | 94% | |
| System Better Payment Practice code % NHS invoices paid within target (number) | 95% | 90% | | 95% | 90% | |
| System COVID Year on Year Comparison | 19,962 | 3,789 | | 19,962 | 3,789 | |
| System Agency spend within ceiling | | | | 43,500 | 62,884 | |
| ICB MHIS spend requirement to meet target | | | | 172,694 | 174,897 | |
| ICB Performance against ERF Allocation | 39,983 | 39,552 | | 39,983 | 39,552 | |

**Revenue**

2. **The system is reporting a year-to-date deficit of £14.5m against a breakeven plan for 2022/23**, (UHL £12.5m adverse variance, LPT £2.7m adverse variance, ICB £0.615m positive variance against plan). The position reflects pressures relating to emergency care, sustained high MH acuity, agency costs, Out of Area activity and growth in CHC packages.

3. The system has planned **efficiencies** of £70.7m of which we achieved £70.9m year-to-date delivery. System-wide cost avoidance and income generation plans totalling £26.4m were identified at the planning stage but were not included in organisational plans as efficiencies (rather they were included as expenditure reductions) of which we only achieved £11.8m year-to-date.

**Capital**

4. Capital spend for the system totalled £113.5m. This is against the £116.8m of total capital funding we received in-year.

**ICB Position**

5. The ICB financial position incorporates the full financial year 2022/23- three months of operation for the CCGs and nine months operation as an ICB.

6. Subject to audit review, the CCGs and ICB have achieved the targeted surplus of £0.6m as agreed with NHSE, finishing with a final surplus of £0.615m.

7. In addition, targets to live within the running cost allocation, Better Payment Practice Code and Cash Management targets have all been achieved for the year.

8. This represents a significant achievement for the ICB given the level of mitigations delivered following the original assessment of £49m of risk contained within the Financial Recovery Plan in September.

**Other Indicators of note**

9. **Agency spend** exceeded the agency cap of £43.5m by £19.4m with a total system year-to-date of £62.9m. The position has been impacted using a surge ward at LPT staffed predominantly by agency.

10. **Better Payments Policy** expectation across all public sector organisations is to pay creditors in a timely manner. LPT and ICB are achieving the cumulative standard of 95% of invoices (both in value and volume) paid within 30 days, UHL is achieving 92.5% by value overall in relation to invoices paid within 30 days (NHS 84.7% and Non-NHS 93.5%).

11. NHS partners within LLR are expected to manage their cash position proactively in line with plans and cash draw-down limits. UHL and LPT are currently holding above plan cash balances, balances have reduced in year and expected to continue reducing through 23/24.

12. The ICB received funding for specific elements of spend within its allocation. Better Care Fund, Primary Care Co-Commissioning, Mental Health Investment and running costs are examples of these. The ICB has committed funds in line with allocations in all these areas and has overspent in relation to Primary Care Co-commissioning and Mental Health Investment and has underspent against the running costs allocation.

13. **Primary Care Co-Commissioning** achieved an overspend of £1.2m against the allocation for 22/23.

**Conclusion**

14. As a system at month 12, we have reported an in-year deficit of £14.5m in line with our revised control total.

15. The ICB delivered to its target surplus of £0.6m, achieving £0.615m.

16. Capital expenditure underspent against the original capital plan and the additional capital funding from national programmes.

17. The ICB are declaring achievement of the Mental Health Investment Standard, Better Payment Practice Code and Running Costs targets.

18. Cash position remains positive across the system.

**Recommendations:**
The Leicester, Leicestershire and Rutland Integrated Care Board is asked to:

- **RECEIVE and NOTE** the financial position as at month 12 across LLR system and the surplus of £0.615m achieved for the ICB.

- **RECEIVE for assurance.**

| | | | |
|---|---|---|---|
| **Name of meeting:** | **Leicester, Leicestershire and Rutland Integrated Care Board meeting** | | |
| **Date:** | 8 June 2023 | **Paper:** | **G** |
| **Report title:** | **Assurance Report from the ICB Finance Committee** | | |
| **Presented by:** | Cathy Ellis, Chair of ICB Finance Committee | | |
| **Report author:** | Imran Asif, Corporate Governance Officer, LLR ICB<br>Cathy Ellis, Chair of ICB Finance Committee | | |
| **Sponsor:** | Caroline Gregory, Chief Financial Officer (Interim), LLR ICB | | |

| **To approve** ☐ | **For assurance** ☒ | **To receive and note** ☐ | **For information** ☐ |
|---|---|---|---|
| *Recommendation or particular course of action.* | *To assure / reassure the Board that controls and assurances are in place.* | *Receive and note implications, may require discussion without formally approving anything.* | *For note, for intelligence of the Board without in-depth discussion.* |

**Recommendations:**

The LLR Integrated Care Board is asked to:

- **RECEIVE** the report for assurance.

**Purpose and summary of the report:**

1. This report provides a summary of the key areas of discussion and outcomes following the meeting of the ICB Finance Committee held on 26 April 2023 and 31 May 2023. The report also covers items for escalation and consideration by the Board ensuring that the Board is alerted to emerging risks and issues.

2. A summary of the level of assurance provided by the Committee is detailed below.

| | |
|---|---|
| **Appendices:** | • Appendix 1 – Committee effectiveness review |
| **Report history** (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting): | • N/A |

| **The report is helping to deliver the following strategic objective(s) –** *please tick all that apply***:** | | |
|---|---|---|
| **1. Improve outcomes** | Improve outcomes in population health and healthcare. | ☒ |
| **2. Health inequalities** | Tackle inequalities in outcomes, experience and access. | ☒ |
| **3. Value for money** | Enhance productivity and value for money. | ☒ |
| **4. Social and economic development** | Help the NHS support broader social and economic development. | ☒ |
| **5. NHS Constitution** | Deliver NHS Constitutional and legal requirements. | ☒ |

| **Conflicts of interest screening** | | **Summary of conflicts** *(detail to be discussed with the Corporate Governance Team)* |
|---|---|---|
| ☒ | No conflict identified. | |
| ☐ | Conflict noted, conflicted party can participate in discussion and decision | |
| ☐ | Conflict noted, conflicted party can participate in discussion but not in decision | |
| ☐ | Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision. | |
| ☐ | Conflict noted, conflicted party to be excluded from the meeting. | |

| **Implications:** | |
|---|---|
| **a) Does the report provide assurance against a strategic risk(s) e.g. risk aligned to the Board Assurance Framework, risk register etc?** *If so, state which risk and also detail if any new risks are identified.* | Aligned to BAF financial sustainability risk. |
| **b) Does the report highlight any resource and financial implications?** If so, provide which page / paragraph this can be found within the report. | Revenue and Capital risks highlighted for 2023/2024. |
| **c) Does the report highlight quality and patient safety implications?** If so, provide which page / paragraph this is outlined in within the report. | None specifically in relation to this report. |
| **d) Does the report demonstrate patient and public involvement?** If so, provide which page / paragraph this is outlined in within the report. | None specifically in relation to this report. |
| **e) Has due regard been given to the Public Sector Equality Duty?** If so, how and what the outcome was, provide which page / paragraph this is outlined in within the report. | Not specifically in relation to this report, however, the principles are contained with the Constitution and governance arrangements. |

## Assurance Report from the ICB Finance Committee

1. The summary of the assurance level is as detailed in the table below:

| Key area discussed at the Committee meeting | Level of assurance (RAG) | Rationale for level of assurance | Risk(s) / issue(s) to escalate where required |
|---|---|---|---|
| **1.** Effectiveness review of the governance arrangements | **GREEN** | ICB Finance Committee members approved the effectiveness review of the governance arrangements completed by the Chair and Chief Finance Officer for the ICB **(see Appendix 1).** | |
| **2.** M12 System Financial Report | **GREEN** | LLR system partners (ICB, LPT and UHL) have achieved their 2022/2023 financial outturns in line with expected forecasts. | N/A |
| **3.** M1 System Financial Update (to include outline of 2023/2024 reporting) | **N/A** | ICB Finance Committee members reviewed an enhanced skeleton reporting structure which included slides for revenue, capital, and efficiencies for 2023/2024.<br><br>M1 financial returns are not required. The committee supported the implementation of the new reporting structure in preparation for M2. | N/A |
| **4.** Financial Plan 2023-2024 | **GREEN (Planning)** | The LLR system has prepared a financial plan for 2023/2024. There have been significant financial challenges which have been mitigated and the financial deficit reduced to £10m (as of 4 May 2023).<br><br>A lead provider agreement will be put in place for UHL to achieve cost efficiencies across the urgent and emergency care partnership. | N/A |
| | **RED (CIP risks)** | There are considerable financial risks associated with the cost improvement programme for 2023/2024, the combined system CIP target is £126m.<br><br>UHL reported that risks are now materialising in M1 for un-funded inflation and industrial action which has led to overspends in workforce. | There is a risk that the LLR system does not achieve its CIP target.<br><br>There are emerging risks for UHL which will have an impact on the LLR system position. |
| **5.** Finance report on the delegation of NHSE commissioned services for 2023/2024 | **AMBER** | Pharmacy, Optometry and Dental (POD) services have been delegated to the ICB from the 1 April 2023.<br>LLR system to incorporate financial reporting into the monthly finance reports presented to the ICB Finance Committee for oversight. | POD services potential revenue shortfall risk to be included on the ICB Finance Committee risk register. |
| **6.** Approach to Transformation | **AMBER** | The LLR system will be moving to a model where partnerships and collaboratives will be in place to deliver transformation, financial efficiencies, and quality improvement in 2023/24 and beyond This will be overseen by the LLR Delivery Partnership.<br><br>The ICB Finance Committee will receive a monthly 'delivery of the LLR Operational Plan 2023/2024' report from July 2023. This will include action plans, quality and performance measures and financial trajectories for each partnership/collaborative. | |

| Key area discussed at the Committee meeting | Level of assurance (RAG) | Rationale for level of assurance | Risk(s) / issue(s) to escalate where required |
|---|---|---|---|
| **7.** Five-year Financial Strategy | **RED** | The five-year financial strategy focused on the framework needed to move the LLR system to an underlying sustainable financial balance. The model predicts a recurrent system gap of £227m by 2027/2028 if we do nothing. To close the gap the strategy proposes an annual 3% CIP and the need to identify non-recurrent measures for 2024/2025 and 2025/2026. | The financial strategy requires the transformation partnerships and collaboratives to deliver change at scale. |
| **8.** 2023-2024 Capital Plan | **AMBER** | A joint capital plan has been agreed, the LLR system will have £124m budget for 2023/2024. | UHL BAF risk of insufficient capital to address infrastructure and digital requirements. |
| **9.** UHL Exit Recovery Support Programme (RSP) | **GREEN** | UHL are making progress on exiting the RSP. A Board-to-Board session has been planned in June 2023 with NHSE to review UHLs position. | N/A |
| **10.** ICB Board Assurance Framework 2023/2024 update | **N/A** | The updated version of the ICB Board Assurance Framework 2023/2024 was shared.<br><br>It was noted that risk 4 would fall within the remit of the LLR ICB Finance Committee, it was agreed that the risk would need to be updated to include narrative on the approach to transformation and five-year financial strategy reports. | N/A |
| **11.** M1 System Risk and Issues Log | **N/A** | LLR ICB Finance Committee System Risk and Issues Log was presented for review. A new risk on POD services had been added for 2023/2024. It was agreed that the risks for elective backlog and workforce should be updated to include additional mitigation/actions. | |
| **12.** 2023/2024 Finance Committee Forward Planner | **N/A** | 2023/2024 finance committee forward planner to be updated to include the "delivery of the LLR Operational Plan 2023/2024" report which will be received monthly. | |

*Key for level of assurance:*

| | |
|---|---|
| Green | **Assured:** there are no gaps and there are robust plans / controls in place. |
| Amber | **Partially assured:** there are some gaps in assurance, although assured that appropriate plans / controls are being developed to address the gaps. |
| Red | **Not assured:** there are significant gaps in assurance and not assured as to the adequacy of the plans / controls. |

## Recommendations

The LLR Integrated Care Board is asked to:

- **RECEIVE** the report for assurance.

# Appendix 1

**NHS Leicester, Leicestershire and Rutland Integrated Care Board**

**Committee self-assessment checklists**
**(DKB v1, May 2023)**

In line with good practice, committees of the Board should assess their effectiveness annually. A variety of assessment tools are available to facilitate this process, and the exercise can be carried out through facilitated workshops or short questionnaires. The following checklists (sections one and two) have been derived from the key questions detailed in the *HFMA NHS Audit Committee Handbook,* condensed to generate a series of prompts that the ICB committees can use to help assess their effectiveness.

**SECTION ONE: Committee administration checklist**

This can be completed by the Chair with the assistance of the committee's administration officer or Head of Corporate Governance. The results can be reported to the Committee and where the response of 'no' is given this issues(s) could be discussed further at the Committee meeting to determine if any further action is required. The action / comments column could detail further actions required to build effectiveness where the Committee believe they are not performing effectively.

| Area / Question | Yes | No | Comments / action |
|---|---|---|---|
| **a) Composition, establishment and duties** | | | |
| Does the committee have written terms of reference and have they been approved by the Board? | Y | | |
| Are the terms of reference reviewed annually? | Y | | |
| Has the committee formally considered how it integrates with other committees that are reviewing risks? | Y | | Workforce risk and elective recovery risk have received reports from lead Execs |
| Are the committee members independent of the management team? | Y | | |
| Are the outcomes of each meeting and any internal control issues reported to the next Board meeting? | Y | | |
| Does the committee prepare an annual report on its work and performance for the Board? | Y | | This report will cover the governance of the committee, highlight reports are prepared after every meeting for the ICB Board meeting. |
| Has the committee established a plan of matters to be dealt with across the year? | Y | | Annual workplan in place and is reviewed at every meeting |
| Are committee papers distributed in sufficient time for members to give them due consideration? | Y | | |
| Has the committee been quorate for each meeting this year? | Y | | |
| **b) Internal Control and Risk Management** | | | |
| Has the committee reviewed the strategic risks within the Board Assurance Framework aligned to the committee? | Y | | Finance committee risks identified have been aligned to the BAF |

| Area / Question | Yes | No | Comments / action |
|---|---|---|---|
| Does the committee receive and review the evidence required to demonstrate compliance with regulatory requirements? | Y | | Received Internal Audit report on financial controls and regular updates on UHL exit from Provider Recovery Support Programme |

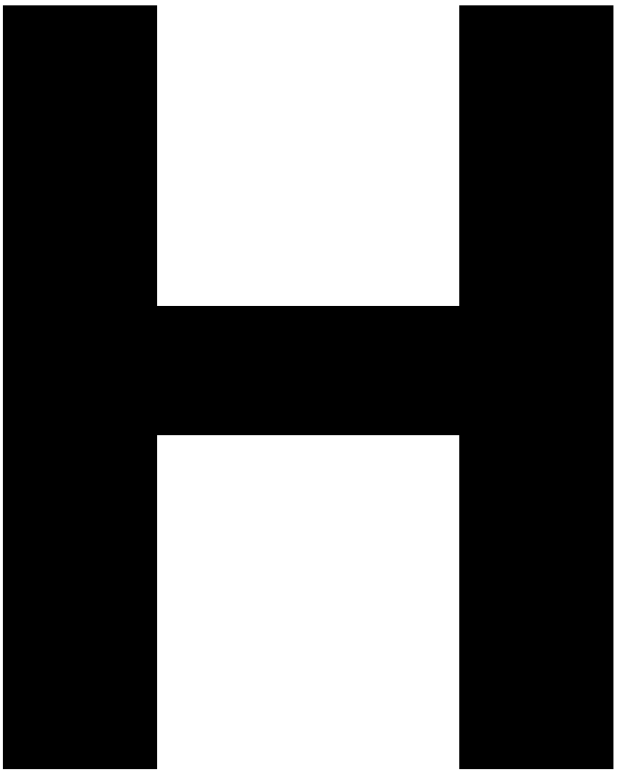
**SECTION TWO: Committee Effectiveness**

This checklist is designed to gauge the committee's effectiveness by taking the views of committee members across a number of themes. It is suggested that every member of the audit committee complete the checklist and the chair and the Head of Corporate Governance and / or the Executive Lead review the results and use their judgement to recommend any further actions required. Alternatively, the committee may decide to work through the checklist collectively.

| Statement | Agree | Disagree | Don't know | Comments / actions |
|---|---|---|---|---|
| **1. Committee Focus** | | | | |
| The Committee has set itself a series of objectives for the year. | Y | | | |
| The committee has made a conscious decision about the information it would like to receive. | Y | | | Ongoing review of reporting with refresh planned for 23/24 |
| Committee members contribute regularly to the issues discussed. | Y | | | |
| The committee is aware of the key sources of assurance and who provides them. | Y | | | |
| The committee receives assurances from third parties who delivery key functions to the organisation – for example NHS Shared Business Services. | | N | | Assurances from third parties for ICB services come through to the ICB Audit Committee. For other organisations these are review through their internal Finance and Audit Committees |
| Equal prominence is given to both quality and financial assurance. | Y | | | |
| **2. Committee team working** | | | | |
| The committee has the right balance of experience, knowledge and skills to fulfil its role. | Y | | | |
| The committee has structured its agenda to cover quality, data quality, performance targets and financial control. | | N | | The agenda is structured in line with the TOR. The finance report includes activity and workforce data. In 23/24 there will be a dashboard from the Delivery Partnership |

| Statement | Agree | Disagree | Don't know | Comments / actions |
|---|---|---|---|---|
| | | | | including performance, activity and operational plan targets. |
| The committee ensures that the relevant executive director attends meetings to enable it to understand the reports and information it receives. | Y | | | |
| Management fully briefs the committee on key risk and any gaps in control. | Y | | | |
| The committee environment enables people to express their views, doubts and opinions. | Y | | | |
| Decisions and actions are implemented in line with the timescale set down. | Y | | | |
| **3. Committee effectiveness** | | | | |
| The quality of committee papers received allows committees members to perform their roles effectively. | Y | | | |
| Members provide real and genuine challenge – they do not just seek clarification and / or reassurance. | Y | | | |
| Debate is allowed to flow, and conclusions reached without being cut short or stifled. | Y | | | |
| Each agenda item is 'closed off' appropriately so that the committee is clear on the conclusion, who is doing what, when and how, and how it is being monitored. | Y | | | |
| At the end of each meeting the committee discuss the outcomes and reflect on decisions made and what worked well, and not so well etc. | Y | | | The committee give an assurance rating for each item discussed |
| The committee provides a written summary report of its meetings to the Board. | Y | | | |
| The Board challenges and understands the reporting from this committee. | Y | | | |
| There is a formal appraisal of the committee's effectiveness each year. | Y | | | |
| **4. Committee engagement** | | | | |
| The committee challenges management and other assurance providers to gain a clear understanding of their findings. | Y | | | |
| The committee is clear about its role in relationship to other committees that play a role in relation to clinical governance, quality and risk management. | Y | | | |
| The committee receives clear and timely reports from sub-groups which set out the assurances they have received and their impact (either positive or not) on the organisation's assurance framework. | | | | Not applicable the Finance committee does not have any sub-groups |
| **5. Committee leadership** | | | | |

| Statement | Agree | Disagree | Don't know | Comments / actions |
|---|---|---|---|---|
| The committee chair has a positive impact on the performance of the committee. | Y | | | Open and inclusive environment to tackle tough challenges together as a team |
| Committee meetings are chaired effectively. | Y | | | All agenda items fully covered and meetings run to time |
| The committee chair is visible within the organisation and is considered approachable. | Y | | | Visible at ICB leadership meetings and in LPT |
| The committee chair allows debate to flow freely and does not assert his / her own views too strongly. | Y | | | |
| The committee chair provides clear and concise information to the Board on committee activities and gaps in control. | Y | | | |



| | | | |
|---|---|---|---|
| **Name of meeting:** | **Leicester, Leicestershire and Rutland Integrated Care Board** | | |
| **Date:** | 8 June 2023 | **Paper:** | **H** |
| **Report title:** | **Assurance Report from the System Executive** | | |
| **Presented by:** | Andy Williams, Chief Executive LLR ICB and Chair of the System Executive | | |
| **Report author:** | Charlotte Gormley, Corporate Governance Officer<br>Tamara McCabe, Corporate Governance Officer | | |
| **Sponsor:** | Andy Williams, Chief Executive LLR ICB and Chair of the System Executive | | |

| **To approve** ☐ | **For assurance** ☒ | **To receive and note** ☐ | **For information** ☐ |
|---|---|---|---|
| *Recommendation or particular course of action.* | *To assure / reassure the Board that controls and assurances are in place.* | *Receive and note implications, may require discussion without formally approving anything.* | *For note, for intelligence of the Board without in-depth discussion.* |

**Recommendations:**

The LLR Integrated Care Board is asked to:

- **RECEIVE** the report for assurance.

**Purpose and summary of the report:**

1. This report provides a summary of the key areas of discussion and outcomes following the meetings of the System Executive Committee held on 28 April 2023 and 26 May 2023. The report also covers items for escalation and consideration by the Board ensuring that the Board is alerted to emerging risks and issues.

2. A summary of the level of assurance provided by the Committee is detailed in paragraph 21.

| | |
|---|---|
| **Appendices:** | • N/A |
| **Report history** (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting): | • N/A |

| **The report is helping to deliver the following strategic objective(s) –** *please tick all that apply***:** | | |
|---|---|---|
| **1. Improve outcomes** | Improve outcomes in population health and healthcare. | ☒ |
| **2. Health inequalities** | Tackle inequalities in outcomes, experience and access. | ☒ |
| **3. Value for money** | Enhance productivity and value for money. | ☒ |
| **4. Social and economic development** | Help the NHS support broader social and economic development. | ☒ |
| **5. NHS Constitution** | Deliver NHS Constitutional and legal requirements. | ☒ |

| **Conflicts of interest screening** | | **Summary of conflicts** *(detail to be discussed with the Corporate Governance Team)* |
|---|---|---|
| ☒ | No conflict identified. | |
| ☐ | Conflict noted, conflicted party can participate in discussion and decision | |
| ☐ | Conflict noted, conflicted party can participate in discussion but not in decision | |
| ☐ | Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision. | |
| ☐ | Conflict noted, conflicted party to be excluded from the meeting. | |

| **Implications:** | |
|---|---|
| **a) Does the report provide assurance against a corporate risk(s) e.g. risk aligned to the Board Assurance Framework, risk register etc?** *If so, state which risk and also detail if any new risks are identified.* | The focus is on mitigating strategic risks as identified in the BAF and to identify and evaluate risks on an ongoing basis. |
| **b) Does the report highlight any resource and financial implications?** If so, provide which page / paragraph this can be found within the report. | Assurances received in relation to the financial plan. |
| **c) Does the report highlight quality and patient safety implications?** If so, provide which page / paragraph this is outlined in within the report. | None specifically in relation to this report. |
| **d) Does the report demonstrate patient and public involvement?** If so, provide which page / paragraph this is outlined in within the report. | None specifically in relation to this report. |
| **e) Has due regard been given to the Public Sector Equality Duty?** If so, how and what the outcome was, provide which page / paragraph this is outlined in within the report. | Not specifically in relation to this report, however due regard is considered within reports presented to the Committee. |

## Assurance Report from the System Executive

## Introduction

1. This report aims to provide assurance to the Board and a summary of the key updates, decisions, and outcomes, aligned to the Committee's delegated authority, following the meetings of the System Executive Committee held on 28 April 2023 and 26 May 2023. The report also covers items for escalation and consideration by the Board ensuring that it is alerted to emerging risks or issues.

### Strategy and Planning

2. The System Exec undertook a detailed review in April 2023 in preparation for the Operational Planning Roadshow (a visit by the national NHS Team) on 28 April 2023 to review progress on the 2023/24 operational plans. The scale of the financial efficiencies and workforce challenges were recognised. The System Executive subsequently reviewed further amendments to the Plan and noted that the submission was made and accepted by NHS England in May 2023.

3. The **Outcome Letter from Quarter Four Quarterly Review Meeting** was received for information.

4. Areas of exceptional performance were highlighted: for Learning Disabilities and Autism, LLR is the third best nationally. The System Executive noted that this represents a tremendous improvement which is to be celebrated.

5. **LLR Draft Dementia Strategy Refresh –** The plans for implementing the LLR Dementia Strategy were received with a request for approval to commence the public consultation led by Leicestershire County Council. It was noted that there would no longer be a national Dementia Strategy and any previous outcomes and priorities would be embedded into the National Long Term Conditions Plan. Following consultation, the strategy is set to be implemented from January 2024.

## Operational performance assurance

6. An **Update on the ICB 2022/23 Financial Position at month 12 (March 2023)** identified that the overall final system position was a deficit of £14.9m, in line with the revised system control total. The system has reported an underspend against Business as Usual (BAU) system capital of £1.4m with an actual spend of £59.4m in year. Capital spend, including national programmes, totalled £112.3m.

7. The detailed system finance report for month 12 (March 2023) was presented**.**

8. **LLR System Investment 2023/24 Assurance Review –** The System Executive approved investment into eight schemes based on the evidence presented and the expected financial rate of return, contributing to improving the systems financial performance. These schemes required investment of £1.7m with expected system savings of £3.2m.

9. It was agreed that formal feedback letters would be circulated to leads in response to all business cases considered as part of the planning round.

10. **The LLR system performance report** is considered as a standing item at every meeting. The report in April and May covered a selection of key performance indicators including elective long waiters and urgent and emergency care, ambulance handovers, primary care, cancer, Learning Disabilities and Autism and maternity. Improvements have been recorded in the number of GP and face to face appointments, and reductions in elective care waits at

52-, 78- and 104-weeks. Winter plan urgent care metrics are also showing a sustained improvement.

11. Areas of concern include cancer standards for which a system summit was held in May 2023 with a series of actions to improve performance agreed across UHL and the ICB. Concerns were also raised regarding still births and infant mortality rates. It was noted that work to address Health Equity is ongoing however lack of investment at place and neighbourhood may present a challenge in driving improvements.

12. The reporting of system level performance is to be reviewed. It was agreed that performance reporting will be improved through use of a single set of system data and a series of colleagues across the system are working on agreeing this format. The first LLR Delivery Partnership met on 26 May, enacting its remit to understand delivery of performance, finance, quality, and equity metrics across the key programme areas. From June 2023, a revised assurance report will be presented to the System Executive, System Quality Group, and the System Finance Committee for assurance and / or escalation.

13. **Briefing note: Delivery of the LLR Operational Plan –** The System Executive approved the establishment of the LLR Delivery Partnership, as a sub-group of the Committee, to coordinate the delivery of the agreed objectives outlined in the Operational Plan and aligned five-year plan. This would enable the System Executive to receive a single report which measures performance against objectives as a collective and reduce duplication in reporting.

14. The LLR Delivery Partnership would meet monthly and review its effectiveness twice yearly. Any proposed amendments to the terms of reference would be submitted to the System Executive for approval.

15. **Briefing note: Delivery of a safe winter through 2022/23 –** The System Executive was assured that appropriate actions had taken place for the delivery of the ICB priority of a safe winter 2022/23. Improvements were noted against key performance targets across the urgent and emergency care system and the elective recovery programme of work. The Committee acknowledged the work underway in preparation for the coming winter.

16. **The Mental Health Workforce Plan –**The plan was reviewed ahead of submission to NHS England. The System Executive were assured of the approach taken to ensure learning and relationships with partners would continue to be developed through various collaborative forums and across the system. The plan was approved.

17. The **Equality and Quality Impact Assessment and Clinical Prioritisation** process aims to ensure consistency of approach and management of potential clinical risks when reviewing business cases. The process will determine if further clinical prioritisation is indicated. It was noted that the process is already underway to assess the clinical risk associated with the 2023/24 business cases where funding is not available this year.

## Other decisions including business cases, procurements and contracts

18. Committee members considered and supported a number of decisions, all of which fall within the delegated authority of the Committee:

    a. **Hinckley and Bosworth, and Charnwood Community Health and Wellbeing Plans –** The System Executive received the Community Health and Wellbeing Plans for Hinckley and Bosworth, and Charnwood. It was noted that neighbourhood plans are being developed for each of the seven districts within Leicestershire. This

represents a new approach based on individual places and fosters a good relationship with the districts.

**b.** The **Award of Contract to Community Health and Eyecare (CHEC) for cataract procedures** was approved at an anticipated annual cost of £1.2m.

c. **LLR COVID Medicines Delivery Unit –** The System Executive approved the recommendation for UHL to continue to operate the LLR CMDU from Glenfield Hospital until 30 June 2023 at an approximate cost pressure of £197k. It was noted that there is a risk the new service may not be commissioned from 1 July 2023 and so the cost pressure may increase.

d. The System Executive noted the quality impact assessment for the closure of LLR's CMDU and the potential removal of all community-based Covid-19 therapeutic treatments. There are risks associated with delays to the commissioning, procurement, and implementation of a longer-term delivery model. The System Executive were asked to approve the options contained within the appraisal however as the prioritisation process has been finalised, the request needs to go through this process and can then be virtually signed off. At risk patients will receive notification of new service models.

e. **Investment in LLR Endoscopy Services 2023/24 – 2024/25 –** The System Executive received an update regarding the opportunity to access national capital funding for investment in Endoscopy services. A short form business case is planned for submission in June 2023. It was noted that the opportunity would allow alignment of capacity across LLR to meet demand and reduce future waiting times. It also has the potential to allow for the development of facilities to meet externally assessed standards and the potential to increase capacity in the community at Market Harborough. The business case is to be received by the System Executive in June 2023 as per the national timeframe requirements.

f. **Hinckley Community Diagnostics Centre (CDC) –** The System Executive received an update to the current position of the Community Diagnostic Centre at Hinckley. Revised costings now indicate a cost of £10.025m. Submission will be made to the NHSE Regional and National Team on 31 May 2023. The submission will include the rationale for increased costs, confirmation of capital flow, future contractual arrangements, and the governance arrangements for the delivery of the project.

g. **Social Prescribing Platform Procurement –** The System Executive considered options for the provision and maintenance of a Social Prescribing Platform for LLR. A recommendation was made to procure and issue a contract award for two years, with the option of an additional 12 month rolling contract, at an annual value of £103,797. The System Executive were assured of the timescales and procurement considerations taken and approved progression of the procurement to the next phase.

h. **Proposed Changed to Financial Agreement – Integrated Community Equipment Loan Scheme (ICELS) –** a technical change to the financial arrangements of the ICELS, as detailed within the section 75 partnership agreement, was approved.

i. **Proposal to redefine accreditation criteria for cataract providers –** The System Executive were asked to approve a change to the accreditation criteria for providers. However, it was agreed that the request be taken to the Clinical

Executive Group for assurance and a report to be taken to EMT addressing the risks of the request. The System Executive approved in principle but wanted assurance that a process for managing communication to patients regarding the outcome of this was in place.

19. Regular assurance reports are received from the Strategic Commissioning Group (group with delegated authority from the Board for primary care commissioning and sub-group of the System Executive Committee) and the Clinical Executive Group.

20. The **LLR COVID-19 Vaccination Programme Spring / Summer 2023 Capacity Plan** was received for information.

## Summary of assurance from the Committee

21. The summary of the assurance level is as detailed in the table below:

| Key area | Level of assurance | Rationale for level of assurance | Risk(s) to escalate where required |
|---|---|---|---|
| **1. Strategy and planning** | **Amber** | • The Operational Plan 2023/24 was submitted to NHS England in May 2023. | Risks identified in the delivery of the revised plan. |
| **2. Operational performance assurance** | **Amber** | • The System performance report – concerns have been identified relating to cancer standards, still births and infant mortality rates.<br>• A lack of investment available throughout 2023/24 presents a risk to performance. | |
| **3. Other decisions including business cases, procurements and contracts** | **Amber** | • Continuation of the CMDU presents a cost pressure. There is a risk that the cost pressure may increase if the new service is not ready to commission from 1 July 2023.<br>• Changes to the accreditation criteria for providers of cataract services are to be considered by the Clinical Executive Group to assess any risk and ensure a mechanism of communication with patients will be in place. | N/A |
| **4. Information only** | **Amber** | • Assurance reports from sub-groups are regularly received, and issues and risks identified along with mitigations. | N/A |

*Key for level of assurance:*

| | |
|---|---|
| Green | **Assured:** there are no gaps. |
| Amber | **Partially assured:** there are some gaps in assurance, although assured that appropriate plans are in place / being developed to address the gaps. |
| Red | **Not assured:** there are significant gaps in assurance and not assured as to the adequacy of the plans. |
| Blue | Not considered at the meeting as item not due. |

## Recommendations

The LLR Integrated Care Board is asked to:

- **RECEIVE** the report for assurance.

| | | | |
|---|---|---|---|
| **Name of meeting:** | **Leicester, Leicestershire and Rutland Integrated Care Board meeting** | | |
| **Date:** | 8 June 2023 | **Paper:** | I |
| **Report title:** | **Assurance Report from the ICB Quality and Safety Committee** | | |
| **Presented by:** | Pauline Tagg, Non-Executive Member- Quality, Safety and Transformation | | |
| **Report author:** | Imran Asif, Corporate Governance Officer<br>Daljit Bains, Head of Corporate Governance | | |
| **Sponsor:** | Dr Caroline Trevithick, Chief Nursing Officer/Deputy CEO | | |

| **To approve** ☐ | **For assurance** ☒ | **To receive and note** ☒ | **For information** ☐ |
|---|---|---|---|
| *Recommendation or particular course of action.* | *To assure / reassure the Board that controls and assurances are in place.* | *Receive and note implications, may require discussion without formally approving anything.* | *For note, for intelligence of the Board without in-depth discussion.* |

**Recommendations:**

The LLR Integrated Care Board is asked to:

- **RECEIVE** the report for assurance.
- **APPROVE** the terms of reference as at Appendix 1.

**Purpose and summary of the report:**

1. This report provides a summary of the key areas of discussion and outcomes following the meeting of the ICB Quality and Safety Committee held on 4 May 2023. The report also covers items for escalation and consideration by the Board ensuring that the Board is alerted to emerging risks and issues.

2. A summary of the level of assurance provided by the Committee is detailed below and the terms of reference for approval are appended to the report.

| | |
|---|---|
| **Appendices:** | • Appendix 1 – Quality and Safety Committee terms of reference |
| **Report history** (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting): | • N/A |

| **The report is helping to deliver the following strategic objective(s) –** *please tick all that apply*: | | |
|---|---|---|
| **1. Improve outcomes** | Improve outcomes in population health and healthcare. | ☒ |
| **2. Health inequalities** | Tackle inequalities in outcomes, experience and access. | ☒ |
| **3. Value for money** | Enhance productivity and value for money. | ☒ |
| **4. Social and economic development** | Help the NHS support broader social and economic development. | ☒ |
| **5. NHS Constitution** | Deliver NHS Constitutional and legal requirements. | ☒ |

| Conflicts of interest screening | | Summary of conflicts *(detail to be discussed with the Corporate Governance Team)* |
|---|---|---|
| ☒ | No conflict identified. | |
| ☐ | Conflict noted, conflicted party can participate in discussion and decision | |
| ☐ | Conflict noted, conflicted party can participate in discussion but not in decision | |
| ☐ | Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision. | |
| ☐ | Conflict noted, conflicted party to be excluded from the meeting. | |
| | | |
| **Implications:** | | |
| **a) Does the report provide assurance against a strategic risk(s) e.g. risk aligned to the Board Assurance Framework, risk register etc?** *If so, state which risk and also detail if any new risks are identified.* | | Yes, assurance at pathway and provider level supporting improvements and input against the current risks of LLR BAF 01 and LLR BAF 02. This Committee will review risks associated with quality at design group / collaborative level on a quarterly basis. |
| **b) Does the report highlight any resource and financial implications?** If so, provide which page / paragraph this can be found within the report. | | No. |
| **c) Does the report highlight quality and patient safety implications?** If so, provide which page / paragraph this is outlined in within the report. | | Yes. Quality and safety risks considered in the CNO/CMO Quality Assurance report, GP Quality report and the PODs report. |
| **d) Does the report demonstrate patient and public involvement?** If so, provide which page / paragraph this is outlined in within the report. | | Report from Chairman of PPIAG. |
| **e) Has due regard been given to the Public Sector Equality Duty?** If so, how and what the outcome was, provide which page / paragraph this is outlined in within the report. | | N/A |

## Assurance Report from the ICB Quality and Safety Committee

1. The summary of the assurance level is as detailed in the table below:

| Key area discussed at the Committee meeting | Level of assurance (RAG) | Rationale for level of assurance | Risk(s) / issue(s) to escalate where required |
|---|---|---|---|
| **Terms of Reference and Work Programme** | **GREEN** | The amendments to the Committee terms of reference were supported by members. The main changes relate to the inclusion of the Chief Operating Officer as a member of the Committee; focus on transformation as a key aspect of the Committee's business; frequency of meetings to bi-monthly with development sessions held in intervening months; and in addition the Committee will be seeking further assurances from the System Quality Group.<br><br>The Committee work programme for 2023/2024 was approved. | **LLR ICB Board is asked to approve the terms of reference as at Appendix 1.** |
| **ICB Chief Nursing Officer / Chief Medical Officer Quality Assurance Report** | **AMBER** | **Alerts - Cancer and elective harm reviews**<br>Assurance had not been received in respect of the harm review report for cancer and elective care since quarter 2. Further assurance was requested as a matter or urgency via the System Quality Group (SQG) and the Committee noted that a cancer summit was due to take place on 16 May 2023. Positive assurance in relation to elective care performance which had improved and waiting times were decreasing, although further work continues to improve the position.<br><br>**Assure** – positive assurances were received across the following areas in particular:<br>• **Maternity** – assurances were received in respect of the ongoing implementation of the Ockenden Review recommendations. The CQC Inspection Report is yet to be published, initial feedback suggests that there will be areas that require improvements.<br>• **Mortality and learning from deaths** - the Embrace 2020 report was reviewed noting the deep dive into neonatal deaths at UHL. There were 24 corrected neonatal deaths which was 5% above peer Trusts.<br>• **Safeguarding** - the Learning Disability Collaborative are identifying a pathway to act in the best interests of adults with Learning Disabilities to access blood tests and primary care investigations within the primary care setting.<br>• **Fragile Services** - a system level fragility tracker has been put in place to monitor services deemed to be fragile due to workforce constraints. The ICB is considering extending this methodology across the primary care services. | N/A |
| **System Quality Provider Updates** | | **UHL** - the impact of industrial action was acknowledged recognising further delays to elective care and treatment for patients. | N/A |

| Key area discussed at the Committee meeting | Level of assurance (RAG) | Rationale for level of assurance | Risk(s) / issue(s) to escalate where required |
|---|---|---|---|
| | **AMBER** | **LPT** – there were no additional items / updates / risks to be provided on this occasion.<br><br>**GP Quality Report**<br>The GP Quality Assurance Tool is being rolled out across LLR GP Practices. The LLR ICB continues to support GP Practices as required. Sufficient improvements have been noted with respect to one of the GP Practices that has now exited the review process. Work continues with Practices where improvements are still required. | |
| **Quality section for Five-Year Forward Plan** | **AMBER** | The Committee were assured that the content of the Five Year Forward Plan had been updated to incorporate quality and safety standards, measures and outcomes. The Plan is still in draft version and will be published for wider engagement in May/June 2023. | N/A |
| **Pharmacy, Optometry and Dentistry (PODs)** | **RED** | The Committee were alerted to potential risks in respect of workforce capacity to manage and quality assure the pharmacy, optometry and dental delegated functions, in particular infection control and complaints management. Lack of access to NHS dental services was also raised as a risk, one which the ICB Health Equity Committee would be requested to explore further. | For information. |
| **Operational Plan 2023/2024 – Quality Assurance: QIA and Clinical Prioritisation** | **AMBER** | The Committee was assured by the process now in place to assess the clinical risk of unfunded bids however await the completion of this assessment to ascertain whether this is any impact on patient services or harm. | N/A |
| **Quality Strategy Framework 2022/2024 and Implementation Plans 2022/2023 and 2023/2024** | **GREEN** | The Committee approved the System Quality Framework and Implementation Plan for 2023/2024. | N/A |
| **Update from PPIAG** | **AMBER** | • Midpoint review of the public engagement for Hinckley Community Health Services- PPIAG noted a low level of engagement at present.<br>• Approach to the Public Involvement Volunteer Campaign – PPIAG noted an increase in engagement. More is needed to make it accessible to young mums, people in work and individuals from diverse backgrounds.<br>• Feedback was received on the Five-Year Joint Forward Plan and the ICB's People and Communities Strategy July 2022 to July 2024.. | N/A |
| **LLR ICB System Quality Group Minutes** | **N/A** | The SQG minutes of the meetings held on the 16 March and 20 April 2023 were presented for information. | N/A |
| **LLR QSC System Quality Risk Log** | **AMBER** | • The Committee were informed that a revised risk and issue log will be produced which will be accompanied by the Board Assurance Framework (BAF) report.<br>• The Children and Young People risks may be merged into a single risk following the CYP summit. | For information |

| Key area discussed at the Committee meeting | Level of assurance (RAG) | Rationale for level of assurance | Risk(s) / issue(s) to escalate where required |
|---|---|---|---|
| | | • The Committee requested that a representative of the People Board attend the next meeting to provide an update on the workforce risk, recognising the impact of workforce pressures / challenges on performance across the ICB and partner organisations. | |

*Key for level of assurance:*

| | |
|---|---|
| Green | **Assured:** there are no gaps and there are robust plans / controls in place. |
| Amber | **Partially assured:** there are some gaps in assurance, although assured that appropriate plans / controls are being developed to address the gaps. |
| Red | **Not assured:** there are significant gaps in assurance and not assured as to the adequacy of the plans / controls. |

## Recommendations

The LLR Integrated Care Board is asked to:

- **RECEIVE** the report for assurance.

# Appendix 1

**NHS Leicester, Leicestershire and Rutland Integrated Care Board**

**Quality and Safety Committee**
**Terms of Reference (~~v1~~v2, ~~July 2022~~May 2023)**

## 1. CONSTITUTION

The Quality and Safety Committee (the Committee) is established by the NHS Leicester, Leicestershire and Rutland Integrated Care Board (the Board or ICB) as a Committee of the Board in accordance with its Constitution.

These Terms of Reference (ToR) set out the membership, the remit, responsibilities and reporting arrangements of the Committee and may only be changed with the approval of the Board.

The Committee will be chaired by a Non-Executive Director, it is a committee of the Board and its members are bound by the Standing Orders and other policies of the ICB.

## 2. PURPOSE OF THE COMMITTEE

The Quality and Safety Committee has been established to provide the ICB with assurance that it is delivering its functions in a way that secures continuous improvement in the quality of services, against each of the dimensions of quality set out in the Shared Commitment to Quality and enshrined in the Health and Care Act 2022. This includes reducing inequalities in the quality of care.

The Committee exists to scrutinise the robustness of, and gain and provide assurance to the ICB, that there is an effective system of quality governance, transformation and internal control that supports it to effectively deliver its strategic objectives and provide sustainable, high quality care.

The Committee will provide regular assurance updates to the ICB in relation to activities and items within its remit.

## 3. DELEGATED AUTHORITY

The Quality and Safety Committee is a formal committee of the ICB. The Board has delegated authority to the Committee as set out in the Scheme of Reservation and Delegation and may be amended from time to time.

The Committee holds only those powers as delegated in these Terms of Reference as determined by the ICB Board.

## 4. MEMBERSHIP AND ATTENDANCE

*Membership*

The Committee members shall be appointed by the Board in accordance with the ICB Constitution.

The Board will appoint no fewer than four members of the Committee including two who are Non-Executive Members of the Board (from the ICB). Other attendees of the Committee need not be members of the Board, but they may be.

When determining the membership of the Committee, active consideration will be made to equality, diversity and inclusion.

The Chair may ask any or all of those who normally attend, but who are not members, to withdraw to facilitate open and frank discussion of particular matters.

**Members**

- Non-Executive Director – Quality, Safety, Performance and Transformation (Chair)
- Non-Executive Director – Health Inequalities, Public Engagement, Third Sector and Carers (vice Chair)
- ICB ~~Director of Nursing~~Chief Nursing Officer or nominated deputy
- ICB ~~Medical Director~~Chief Medical Officer or nominated deputy
- ICB ~~Director of Integration and Transformation~~Chief Operating Officer or nominated deputy
- Chair of the Patient and Public Involvement Assurance Group or nominated deputy / representative
- ~~Clinical Lead for primary care~~
- One Non-Executive Director from University Hospitals of Leicester NHS Trust
- One Non-Executive Director from Leicestershire Partnership NHS Trust
- One Non-Executive Director from East Midlands Ambulance Service

Only members of the Committee have the right to attend committee meetings. Other individuals may be invited to attend all or part of any meeting as and when appropriate. The following individuals may be asked to attend on a regular basis, however they would not form part of the membership and therefore do not have voting rights:

- Assistant Director of Performance and Quality Improvement
- Deputy Chief Nursing Officer
- ~~Head of Patient Safety~~
- Communications and engagement lead.

*Chair and vice chair*

In accordance with the Constitution, the Committee will be chaired by a Non-Executive Member of the Board and the second Non-Executive Member will be the vice Chair of the Committee.

The Committee shall satisfy itself that the ICB's policy, systems and processes for the management of conflicts, (including gifts and hospitality and bribery) are effective including receiving reports relating to non-compliance with the ICB policy and procedures relating to conflicts of interest.

If the Committee Chair has a conflict of interest then the vice chair or, if necessary, another member of the Committee will be responsible for deciding the appropriate course of action.

## 5. MEETING QUORACY AND DECISIONS

The Quality Committee shall meet at least ~~on a monthly basis~~6six times per ~~year~~annum. Additional meetings may be convened on an exceptional basis at the discretion of the Committee Chair. The Committee may also convene development and information sharing sessions.

### Quoracy

For a meeting to be quorate a minimum of two Non-Executive Members of the Committee, at least one being a Non-Executive ~~Director~~ Member of the Board are required, plus at least the ~~Director of Nursing or Medical Director~~Chief Nursing Officer or Chief Medical Officer, plus one other member or their respective nominated deputies.

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

Where members are unable to attend they should ensure that a named and briefed deputy is in attendance who is able to participate on their behalf.

If the quorum has not been reached, then the meeting may proceed if those attending agree, but no decisions may be taken.

### Decision making and voting

Decisions will be taken in accordance with the Standing Orders. The Committee will ordinarily reach conclusions by consensus. When this is not possible the Chair may call a vote.

Only members of the Committee may vote. Each member is allowed one vote and a majority will be conclusive on any matter.

Where there is a split vote, with no clear majority, the Chair of the Committee will hold the casting vote. The result of the vote will be recorded in the minutes.

If a decision is needed which cannot wait for the next scheduled meeting, the Chair may conduct business on a 'virtual' basis through the use of telephone, email or other electronic communication.

## 6. RESPONSIBILITIES OF THE COMMITTEE

The responsibilities of the Quality and Safety Committee will be authorised by the ICB Board. It is expected that the Committee will:

- Be assured that there are robust processes in place for the effective management of quality, patient safety, patient experience, transformation and involvement, and health inequalities.
- Scrutinise structures in place to support quality planning, control and performance improvement, to be assured that the structures operate effectively and timely action is taken to address areas of concern
- Provide assurance to the ICB Board of the robustness of the annual planning cycle and in year developments where it relates to quality of services through the Quality Impact Assessment process. Review the learning from Quality Impact Assessments undertaken and risk mitigation where necessary.
- Provide assurance to the ICB Board of the delivery against system-level one- and five-year performance trajectories and transformative plans
- Agree and put forward the key quality priorities that are included within the ICB strategy/ annual plan, including priorities to address variation/ inequalities in care through the annual Quality Strategy implementation plan
- Oversee and monitor delivery of the ICB key statutory requirements
- Review and monitor those risks on the BAF which relate to quality, and high-risk operational risks which could impact on care or impact on the delivery of the one year and five year priorities. Ensure the ICB is kept informed of significant risks and mitigation plans, in a timely manner, including a focus on Fragile Services
- Oversee and scrutinise the ICB's response to all relevant (as applicable to quality) Directives, Regulations, Strategies, national standards, policies, reports, reviews and best practice as issued by the DHSC, NHSEI and other regulatory bodies / external agencies (e.g. CQC, NICE) to gain assurance that they are appropriately reviewed and actions are being undertaken, embedded and sustained
- Maintain an overview of changes in the methodology employed by regulators and changes in legislation/regulation and assure the ICB that these are disseminated and implemented across all sites
- Oversee and seek assurance on the effective and sustained delivery of the ICB Quality and Safety Improvement Programmes

- Ensure that mechanisms are in place to review and monitor the effectiveness of the quality of care delivered, including clinical outcomes, by providers (including primary care), design groups, collaboratives and place
- Receive assurance that the ICB identifies lessons learned from all relevant sources, including, incidents, never events, complaints and claims and ensures that learning is disseminated and embedded
- Receive assurance that the ICB has effective and transparent mechanisms in place to monitor mortality and that it learns from death (including, Learning Disabilities Mortality Review (LeDeR) programme-, Medical Examiner reports, coronial inquests and PFD report)
- Identify mechanisms to obtain assurance about the quality of services through for instance collaborative arrangements, quality visits etc.
- To be assured that people drawing on services are systematically and effectively involved as equal partners in quality activities
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for safeguarding adults and children and young people.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for infection prevention and control.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for equality and diversity as it applies to people drawing on services.
- Scrutinise the robustness of the arrangements for and assure compliance with the ICB's statutory responsibilities for medicines optimisation and safety.
- Ensure that the experience of patients and carers informs the work of the ICB and themes, trends and issues are managed.
- Have oversight of and approve the Terms of Reference and work programmes for the groups reporting into the Quality Committee (e.g. System Quality Group, Patient and Public Involvement Assurance Group)
- Seek assurance from the ICB System Quality Group (SQG) in relation to actions taken to mitigate risks and provide a point of escalation for quality and safety risks for oversight and facilitating appropriate action to be taken.
- Undertake a risk review to seek further assurance from the SQG where assurance received from the SQG is below expected levels (in line with national guidance https://www.england.nhs.uk/wp-content/uploads/2022/06/B1497-nqb-guidance-on-quality-risk-response-and-escalation-in-ics.pdf )

~~**Ways of Working**~~

~~The Committee will seek assurance from the ICB System Quality Group (SQG) and the CMO/CNO Quality & Safety Report in relation to the SQG work programme.~~

~~The Committee will seek assurance from the ICB System Delivery Group in relation to progress and risks associated with the one year and five year plans.~~

~~Areas of concern or escalation to the Committee will be reviewed to ascertain the level of assurance from mitigating actions though reports and the SQG Risk Register.~~

~~Where there are concerns regarding the level of assurance the Committee will request a Risk Review meeting focussing on agreed key lines of enquiry in line with the National Quality Board Guidance on Quality Risk Response and Escalation in Integrated Care Systems adopted by SQG in September 2022. https://www.england.nhs.uk/wp-content/uploads/2022/06/B1497-nqb-guidance-on-quality-risk-response-and-escalation-in-ics.pdf~~

~~The Committee will identify other mechanisms of assurance, e.g., local visits to provide assurance to the ICB on the quality of services being managed by Design groups/Collaboratives to triangulate quality and safety assurance.~~

~~The Committee will review the SQG risk register to seek assurance on mitigating actions and agree risks that require escalation to the ICB Board Assurance Framework.~~

## 7. ACCOUNTABILITY and REPORTING ARRANGEMENTS

The Quality & Safety Assurance Committee is directly accountable to the ICB. The minutes of meetings shall be formally recorded. The Chair of the Committee shall report to the Board (public session) after each meeting and provide a report on assurances received, escalating any concerns where necessary.

The Committee will advise the Audit Committee on the adequacy of assurances available and contribute to the Annual Governance Statement

The Committee will receive scheduled assurance report from its delegated groups. Any delegated groups would need to be agreed by the ICB Board.

## 8. BEHAVIOURS AND CONDUCT

### ICB values

Members will be expected to conduct business in line with the ICB values and objectives. Members of, and those attending, the Committee shall behave in accordance with the ICB's Constitution, Standing Orders, and Standards of Business Conduct Policy.

### Equality and diversity

Members must demonstrably consider the equality and diversity implications of decisions they make.

## 9. DECLARATIONS OF INTEREST

All members and those in attendance must declare any actual or potential conflicts of interest which will be recorded in the minutes. Anyone with a relevant or material interest in a matter under consideration will be excluded from the discussion at the discretion of the Committee Chair.

## 10. SECRETARIAT AND ADMINISTRATION

The Committee shall be supported by the Corporate Governance Team this will include ensuring that:

- The agenda and papers are prepared and distributed in accordance with the Standing Orders having been agreed by the Chair with the support of the relevant executive lead;
- Attendance of those invited to each meeting is monitored and highlighting to the Chair those that do not meet the minimum requirements;
- Records of members' appointments and renewal dates and the Board is prompted to renew membership and identify new members where necessary;
- Good quality minutes are taken in accordance with the standing orders and agreed with the chair and that a record of matters arising, action points and issues to be carried forward are kept;
- The Chair is supported to prepare and deliver reports to the Board;
- The Committee is updated on pertinent issues/ areas of interest/ policy developments;
- Action points are taken forward between meetings and progress against those actions is monitored.

## 11. REVIEW

The Committee will review its effectiveness at least annually and complete an annual report submitted to the Board.

These terms of reference will be reviewed at least annually and more frequently if required. Any proposed amendments to the terms of reference will be submitted to the Board for approval.

The Committee will utilise a continuous improvement approach in its delegation and all members will be encouraged to review the effectiveness of the meeting at each sitting.

**Date of approval:** ~~1 July 2022~~ TBC by the NHS LLR ICB

**Date of review:** July 2023

J

| | | | |
|---|---|---|---|
| **Name of meeting:** | **Leicester, Leicestershire and Rutland Integrated Care Board** | | |
| **Date:** | **8 June 2023** | **Paper:** | **J** |
| **Report title:** | **Assurance Report from the ICB Audit Committee** | | |
| **Presented by:** | Darren Hickman, Non-Executive Member and Chair of Audit Committee | | |
| **Report author:** | Tamara McCabe, Corporate Governance Officer | | |
| **Sponsor:** | Darren Hickman, Non-Executive Member and Chair of Audit Committee | | |

| **To approve** ☒ | **For assurance** ☒ | **To receive and note** ☒ | **For information** ☐ |
|---|---|---|---|
| *Recommendation or particular course of action.* | *To assure / reassure the Board that controls and assurances are in place.* | *Receive and note implications, may require discussion without formally approving anything.* | *For note, for intelligence of the Board without in-depth discussion.* |

**Recommendations:**

The LLR Integrated Care Board is asked to:

- **RECEIVE** the report for assurance.
- **APPROVE** the current terms of reference as they stand, noting they remain unaltered (a copy of the terms of reference are available within the LLR ICB's Governance Handbook).

**Purpose and summary of the report:**

1. This report provides a summary of the key areas of discussion and outcomes following the meeting of the **ICB Audit Committee** held on **25 April 2023.** The report also covers items for escalation and consideration by ICB Integrated Care Board ensuring that it is alerted to emerging risks and issues.

2. A summary of the level of assurance provided by the Committee is detailed below. The Board is asked to approve the Committee terms of reference noting there were no amendments made.

| | |
|---|---|
| **Appendices:** | • N/A |
| **Report history** (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting): | N/A |

| **The report is helping to deliver the following strategic objective(s) –** *please tick all that apply***:** | | |
|---|---|---|
| **1. Improve outcomes** | Improve outcomes in population health and healthcare. | ☒ |
| **2. Health inequalities** | Tackle inequalities in outcomes, experience and access. | ☒ |
| **3. Value for money** | Enhance productivity and value for money. | ☒ |
| **4. Social and economic development** | Help the NHS support broader social and economic development. | ☒ |
| **5. NHS Constitution** | Deliver NHS Constitutional and legal requirements. | ☒ |

| **Conflicts of interest screening** | | **Summary of conflicts** *(detail to be discussed with the Corporate Governance Team)* |
|---|---|---|
| ☒ | No conflict identified. | No conflict identified in relation to this report. |
| ☐ | Conflict noted, conflicted party can participate in discussion and decision | |
| ☐ | Conflict noted, conflicted party can participate in discussion but not in decision | |
| ☐ | Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision. | |
| ☐ | Conflict noted, conflicted party to be excluded from the meeting. | |
| | | |
| **Implications:** | | |
| **a) Does the report provide assurance against a strategic risk(s) e.g. risk aligned to the Board Assurance Framework, risk register etc?** *If so, state which risk and also detail if any new risks are identified.* | | Not in relation to this report. |
| **b) Does the report highlight any resource and financial implications?** If so, provide which page / paragraph this can be found within the report. | | Not in relation to this report. |
| **c) Does the report highlight quality and patient safety implications?** If so, provide which page / paragraph this is outlined in within the report. | | Not in relation to this report. |
| **d) Does the report demonstrate patient and public involvement?** If so, provide which page / paragraph this is outlined in within the report. | | Not in relation to this report. |
| **e) Has due regard been given to the Public Sector Equality Duty?** If so, how and what the outcome was, provide which page / paragraph this is outlined in within the report. | | Not in relation to this report. |

## Assurance Report from the ICB Audit Committee

1. The summary of the assurance level is as detailed in the table below:

| Key area discussed at the Committee meeting | Level of assurance (RAG) | Rationale for level of assurance | Risk(s) / issue(s) to escalate where required |
|---|---|---|---|
| **1. Audit Committee Terms of Reference and Work Programme 2023/24** | **GREEN** | The Terms of Reference were reviewed, no changes were made and it was agreed that they remain fit for purpose. The terms of reference are for approval by the Board.<br><br>The updated Work Programme was approved by the Audit Committee. | **Terms of reference for approval by the Board.** |
| **2. External Audit** | **AMBER** | The Audit Committee received the External Audit Plan for period ending 31 March 2023 noting a number of rebutted risks and risks where there are no anticipated significant issues. Monitoring continues on areas that require more focus and the committee were assured that this would not be an area of concern. The Audit Committee were assured with the progress made on the plan. | None. |
| **3. Internal Audit** | **GREEN** | Three progress reports were received for the period 8 February to 17 April 2023 all of which are of significant assurance. The Audit Committee were advised of the decision for the NHS People Plan/Workforce Plan to be cancelled from the plan noting this area is still in development alongside the planning round for 2023/24. The committee were assured by the progress made in relation to the Internal Audit Plan. | None. |
| **4. Internal Audit – 2023/24 Plan** | **GREEN** | The Internal Audit Plan for 2023/24 was received and approved. | None. |
| **5. Counter Fraud** | **GREEN** | The Counter Fraud Plan for 2023/24 was received and the Audit Committee approved of the proposed plan and progress made in terms of being fully compliant across all counter fraud functional standard requirements.<br><br>The Audit Committee also approved of the Counter Fraud Functional Standard Return (CFFSR) noting no areas of concern. | None. |
| **6. Financial Sustainability Self-Assessment** | **GREEN** | The Audit Committee received the findings and outcome following the financial sustainability self-assessment and the priority areas that require focus. The Committee were assured of the process noting that the self-assessment is not NHS England requirement and more of a supportive exercise for the ICB. The Committee were assured of the progress being made against the actions and findings. | None. |
| **7. ICB Risk Management arrangements and 2023/24 BAF** | **AMBER** | The Audit Committee were assured of the risk management arrangements process but noted that this be escalated as amber to the next Board meeting because of actions pending aimed at enhancing the content and coverage. | None. |
| **8. Register of Interest and Gifts and Hospitality Register 2022/23** | **GREEN** | The Audit Committee received the annual register of interests and gifts and hospitality for 2022/23 and were assured of the controls in place that ensure members are being proactive and reactive in providing their details of any declarations of interests. | None. |

| Key area discussed at the Committee meeting | Level of assurance (RAG) | Rationale for level of assurance | Risk(s) / issue(s) to escalate where required |
|---|---|---|---|
| **9. Information Governance** | **GREEN** | The Audit Committee received the information governance assurance report and were assured by the interim baseline compliance rate with the Data Security Protection Toolkit (DSPT). The committee noted that an internal audit review is due to commence and completed prior to final submission of the DSPT. | None. |
| **10. Losses and Special Payments** | **GREEN** | The Audit Committee received the year-end Losses and Special Payments position and were assured by the position reported for 2022/23. | None. |
| **11. Waivers of Standing Orders** | **GREEN** | The Audit Committee noted no waivers of standing orders were received between 9 February 2023 to 17 April 2023. | None. |

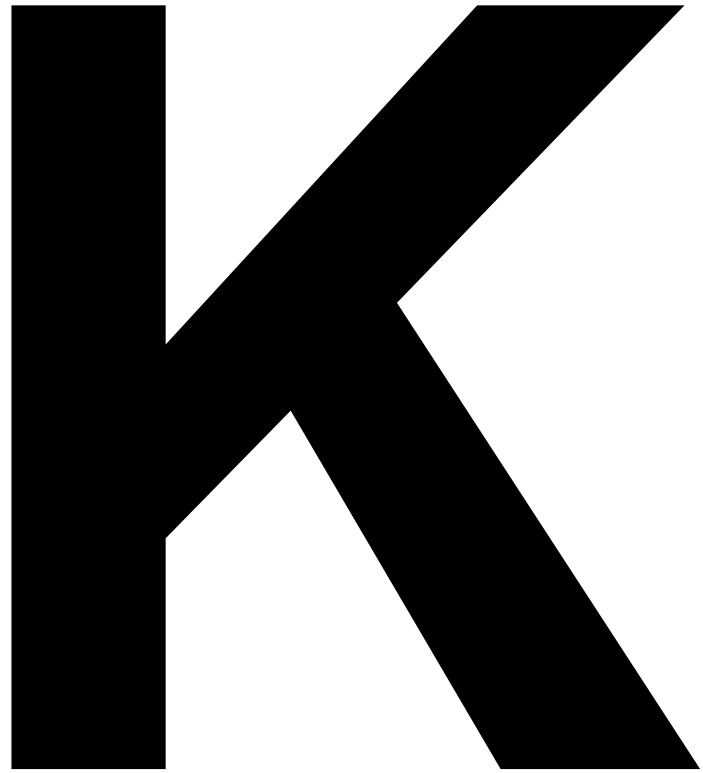
*Key for level of assurance:*

| | |
|---|---|
| Green | **Assured:** there are no gaps and there are robust plans / controls in place. |
| Amber | **Partially assured:** there are some gaps in assurance, although assured that appropriate plans / controls are being developed to address the gaps. |
| Red | **Not assured:** there are significant gaps in assurance and not assured as to the adequacy of the plans / controls. |

## Recommendations

The LLR Integrated Care Board is asked to:

- **RECEIVE** the report for assurance.
- **APPROVE** the current terms of reference as they stand, noting they remain unaltered (a copy of the terms of reference are available within the LLR ICB's Governance Handbook).



| | | | |
|---|---|---|---|
| **Name of meeting:** | **Leicester, Leicestershire and Rutland Integrated Care Board meeting** | | |
| **Date:** | 8 June 2023 | **Paper:** | **K** |
| **Report title:** | **Assurance Report from the ICB Health Equity Committee** | | |
| **Presented by:** | Professor Azhar Farooqi, Non-Executive Member | | |
| **Report author:** | Imran Asif, Corporate Governance Officer<br>Daljit Bains, Head of Corporate Governance | | |
| **Sponsor:** | Sarah Prema, Chief Strategy Officer | | |

| **To approve** ☒ | **For assurance** ☒ | **To receive and note** ☐ | **For information** ☐ |
|---|---|---|---|
| *Recommendation or particular course of action.* | *To assure / reassure the Board that controls and assurances are in place.* | *Receive and note implications, may require discussion without formally approving anything.* | *For note, for intelligence of the Board without in-depth discussion.* |

**Recommendations:**

The LLR Integrated Care Board is asked to:

- **RECEIVE** the report for assurance.
- **APPROVE** the current terms of reference as they stand, noting they remain unaltered (a copy of the terms of reference are available within the LLR ICB's Governance Handbook).

**Purpose and summary of the report:**

1. This report provides a summary of the key areas of discussion and outcomes following the meeting of the ICB Health Equity Committee held on 18 April 2023. The report also covers items for escalation and consideration by the Board ensuring that the Board is alerted to emerging risks and issues.
2. A summary of the level of assurance provided by the Committee is detailed below.

| | |
|---|---|
| **Appendices:** | • N/A |
| **Report history** (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting): | • N/A |

**The report is helping to deliver the following strategic objective(s) –** *please tick all that apply*:

| | | |
|---|---|---|
| **1. Improve outcomes** | Improve outcomes in population health and healthcare. | ☒ |
| **2. Health inequalities** | Tackle inequalities in outcomes, experience and access. | ☒ |
| **3. Value for money** | Enhance productivity and value for money. | ☒ |
| **4. Social and economic development** | Help the NHS support broader social and economic development. | ☒ |
| **5. NHS Constitution** | Deliver NHS Constitutional and legal requirements. | ☒ |

| **Conflicts of interest screening** | | **Summary of conflicts** *(detail to be discussed with the Corporate Governance Team)* |
|---|---|---|
| ☒ | No conflict identified. | |
| ☐ | Conflict noted, conflicted party can participate in discussion and decision | |
| ☐ | Conflict noted, conflicted party can participate in discussion but not in decision | |
| ☐ | Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision. | |
| ☐ | Conflict noted, conflicted party to be excluded from the meeting. | |
| | | |
| **Implications:** | | |
| **a) Does the report provide assurance against a strategic risk(s) e.g. risk aligned to the Board Assurance Framework, risk register etc?** *If so, state which risk and also detail if any new risks are identified.* | | The Committee has oversight for the health inequalities risk on the Board Assurance Framework 2023/24. |
| **b) Does the report highlight any resource and financial implications?** If so, provide which page / paragraph this can be found within the report. | | None specifically in relation to this report. |
| **c) Does the report highlight quality and patient safety implications?** If so, provide which page / paragraph this is outlined in within the report. | | None specifically in relation to this report. |
| **d) Does the report demonstrate patient and public involvement?** If so, provide which page / paragraph this is outlined in within the report. | | None specifically in relation to this report. |
| **e) Has due regard been given to the Public Sector Equality Duty?** If so, how and what the outcome was, provide which page / paragraph this is outlined in within the report. | | Not specifically in relation to this report, however due regard is integral to the remit of the Committee and is considered within reports presented to the Committee. |

## Assurance Report from the ICB Health Equity Committee

1. The summary of the assurance level is as detailed in the table below:

| Key area discussed at the Committee meeting | Level of assurance (RAG) | Rationale for level of assurance | Risk(s) / issue(s) to escalate where required |
|---|---|---|---|
| **1.** Health Equity Committee terms of reference and forward planner | **GREEN** | The Health Equity Committee agreed the Terms of Reference noting no change was required and approved Forward Planner 2023/2024. | **The ICB Board is requested to approve the terms as they stand.** |
| **2.** Health Equality and Inclusion updates - UHL | **GREEN** | The Director of Health Equality and Inclusion, UHL for UHL provided a detailed update on progress against health equity objectives in UHL and positive progress made across a number of workstreams and projects, including work underway in partnership across LLR. | N/A |
| **3.** Update on the establishment of the Health Inequality Support Unit (HISU) | **AMBER** | Progress had been made in the establishment of the HISU and the inaugural meeting had taken place. The initial project and focus of the HISU would be on childhood immunisation uptake. As the HISU matures and develops the aim is to provide expertise and guidance on health inequalities across LLR partners. | N/A |
| **4.** Annual Report for Equality, Diversity, and Inclusion (EDI) 2022-2023 | **GREEN** | The Report was presented to Health Equity Committee for information noting it had been approved by the Board. | N/A |
| **5.** Inclusion Decision Making Framework (IDMF) – update on the equality analysis process for LLR | **AMBER** | Significant progress made in the development of the IDMF. The framework is used by the ICB and LPT, and the Committee recognised that the use of the framework / methodology across all Partners in LLR would enable consistency in approach. The Committee requested further engagement and discussion with partner organisations to identify a way forward. | N/A |
| **6.** Update on progress against the actions in the Health Inequity Framework (HIF) | **AMBER** | Progress was reported against the actions in the HIF. It was noted that training for Health Inequalities Champions was funded through non-recurrent funding and this may no longer be available in 2023/24.<br><br>Assurance was received that actions are underway to help address health inequalities in an appropriate and systematic way, recognising further work is underway. | The financial challenges for 2023/2024 could impact the health equity objectives and agreed actions within the HIF. |
| **7.** Items for escalation / report to the Board | **AMBER** | Impact of LLR financial position on achieving health equity objectives for 2023/2024.<br><br>It was recognised that health inequalities is the highest rated strategic risk on the ICB Board Assurance Framework and that actions were being taken to mitigate the risk. There was a recognition that the financial constraints across the LLR system could potentially have an impact on health equity and health inequalities objectives. | The financial challenges for 2023/2024 could impact the health equity objectives. |

*Key for level of assurance:*

| | |
|---|---|
| Green | **Assured:** there are no gaps and there are robust plans / controls in place. |
| Amber | **Partially assured:** there are some gaps in assurance, although assured that appropriate plans / controls are being developed to address the gaps. |
| Red | **Not assured:** there are significant gaps in assurance and not assured as to the adequacy of the plans / controls. |

## Recommendations

The LLR Integrated Care Board is asked to:

- **RECEIVE** the report for assurance.
- **APPROVE** the current terms of reference as they stand, noting they remain unaltered (a copy of the terms of reference are available within the LLR ICB's Governance Handbook).

| | | | |
|---|---|---|---|
| **Name of meeting:** | **Leicester, Leicestershire and Rutland Integrated Care Board meeting** | | |
| **Date:** | 8 June 2023 | **Paper:** | **L** |
| **Report title:** | **Assurance Report from the LLR Health and Wellbeing Partnership** | | |
| **Presented by:** | David Sissling, Independent Chair ICB (Co-Chair of the LLR HWP) | | |
| **Report author:** | Charlotte Gormley, Corporate Governance Officer<br>Daljit Bains, Head of Corporate Governance | | |
| **Sponsor:** | Andy Williams, Chief Executive | | |

| **To approve** ☐ | **For assurance** ☒ | **To receive and note** ☐ | **For information** ☐ |
|---|---|---|---|
| *Recommendation or particular course of action.* | *To assure / reassure the Board that controls and assurances are in place.* | *Receive and note implications, may require discussion without formally approving anything.* | *For note, for intelligence of the Board without in-depth discussion.* |

**Recommendations:**

The LLR Integrated Care Board is asked to:

- **RECEIVE** the report for assurance.

**Purpose and summary of the report:**

1. This report provides a summary of the key areas of discussion and outcomes following the meeting of the LLR Health and Wellbeing Partnership held in public on 20 April 2023. The report also covers items for escalation and consideration by the Board ensuring that the Board is alerted to emerging risks and issues.

2. A summary of the level of assurance provided by the Committee is detailed below.

| | |
|---|---|
| **Appendices:** | • N/A |
| **Report history** (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting): | • N/A |

| **The report is helping to deliver the following strategic objective(s) –** *please tick all that apply***:** | | |
|---|---|---|
| **1. Improve outcomes** | Improve outcomes in population health and healthcare. | ☒ |
| **2. Health inequalities** | Tackle inequalities in outcomes, experience and access. | ☒ |
| **3. Value for money** | Enhance productivity and value for money. | ☒ |
| **4. Social and economic development** | Help the NHS support broader social and economic development. | ☒ |
| **5. NHS Constitution** | Deliver NHS Constitutional and legal requirements. | ☒ |

| **Conflicts of interest screening** | | **Summary of conflicts** *(detail to be discussed with the Corporate Governance Team)* |
|---|---|---|
| ☒ | No conflict identified. | |
| ☐ | Conflict noted, conflicted party can participate in discussion and decision | |
| ☐ | Conflict noted, conflicted party can participate in discussion but not in decision | |
| ☐ | Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision. | |
| ☐ | Conflict noted, conflicted party to be excluded from the meeting. | |
| | | |
| **Implications:** | | |
| **a) Does the report provide assurance against a strategic risk(s) e.g. risk aligned to the Board Assurance Framework, risk register etc?** *If so, state which risk and also detail if any new risks are identified.* | | The focus is on mitigating strategic risks as identified in the BAF and to identify and evaluate risks on an ongoing basis. |
| **b) Does the report highlight any resource and financial implications?** If so, provide which page / paragraph this can be found within the report. | | None specifically in relation to this report. |
| **c) Does the report highlight quality and patient safety implications?** If so, provide which page / paragraph this is outlined in within the report. | | None specifically in relation to this report. |
| **d) Does the report demonstrate patient and public involvement?** If so, provide which page / paragraph this is outlined in within the report. | | None specifically in relation to this report. |
| **e) Has due regard been given to the Public Sector Equality Duty?** If so, how and what the outcome was, provide which page / paragraph this is outlined in within the report. | | Not specifically in relation to this report, however due regard is considered within reports presented to the Partnership. |

## Assurance Report from the Health and Wellbeing Partnership

## Introduction

1. This report aims to provide assurance to the ICB Board and a summary of the key updates, decisions, and outcomes following the meeting of the LLR Health and Wellbeing Partnership (LLR HWP) held in public on 20 April 2023. The report also covers items for escalation and consideration by the Board ensuring that it is alerted to emerging risks or issues.

2. **Update from the Co-Chairs –** Members expressed support for a peer review exercise for the LLR HWP however it was agreed that the particulars of such a review would require further exploration. The publication of the Hewitt Review and the recommendations outlined within it were noted, in particular the focus on the prevention agenda.

3. **Highlights from recent meetings of the LLR Integrated Care Board –** an overview of key areas of progress were outlined, drawing attention to the improvements in performance across elective and emergency care, primary care, mental health and learning disability services. Services for children and young people remain an area of particular focus for the ICB and one that the LLR HWP expressed to have oversight on recognising the implications across health and care. Members acknowledged the financial challenges across health and care partners in LLR.

4. Members were advised of the development of the Five Year Joint Forward Plan and contributions to the draft made by partner organisations. An update was also provided regarding the impact of recent industrial action across the NHS.

5. Furthermore, Members were advised that with effect from 1 April 2023 the ICB was responsible for the pharmacy, optometry and dental primary care services as delegated by NHS England. Members highlighted some challenges in respect of access to dental primary care services, a theme which will be explored further at a future meeting.

6. **Updates from Health and Wellbeing Boards (HWBs) –** updates were provided following the meetings of the Leicester, Leicestershire and Rutland Health and Wellbeing Boards. Themes discussed by the HWBs included the LLR HWP Integrated Care Strategy, progress on the Five Year Joint Forward Plan, the evolution of the placed-based partnership, NHS dentistry, and the cost-of-living crisis.

7. **Voluntary, Community and Social Enterprise Alliance briefing –** a briefing was received outlining the progress and outputs of the Voluntary, Community and Social Enterprise Alliance in LLR. The Alliance is a formal, strong and mutually beneficial partnership created to address health inequalities, empower communities and embed their voices into the heart of the health and care system. The core focus of the Alliance is on health prevention, population health management, reducing health in equalities, receiving evidence based insights and business intelligence, and enabling high quality communications and involvement of people.

8. An overview of support and delivery of the following five key projects was noted:
    - Engaging women and families through the Maternity Voices Partnership to improve maternity and neonatal services.
    - Engaging South Asian communities to improve outpatient clinics at University Hospitals of Leicester NHS Trust.
    - Engaging communities within a 1-mile proximity of A&E Leicester and on main arterial routes into Leicester, involving people in making better decisions about their health, preventing illness and caring for themselves, thus avoiding the A&E department.
    - Engaging people to actively volunteer to shape and improve services at their local GP practice.

- Engaging people to shape the future of community services in Hinckley and Bosworth.

9. **LLR Health and Wellbeing Partnership Integrated Care Strategy –** due to the pre-election period, Members approved a soft launch of the Strategy into the public domain and would commence engagement post- local elections. The Strategy would be considered for approval by the HWP in August 2023 subject to the feedback received through the engagement process.

10. **Future role of the LLR Health and Wellbeing Partnership –** Members recognised that the work of the Collaboratives is fundamental to the delivery of health and care across all partners and therefore some oversight by the HWP would be welcomed going forward. Executive officers would give this some consideration for future meetings including the governance arrangements.

## Recommendations

The LLR Integrated Care Board is asked to:

- **RECEIVE** the report for assurance.

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| | | | |
|---|---|---|---|
| **Name of meeting:** | **Leicester, Leicestershire and Rutland ICB Board meeting** | | |
| **Date:** | 8 June 2023 | **Paper:** | **M** |
| **Report title:** | **LLR ICB Governance Handbook** | | |
| **Presented by:** | Caroline Gregory, Chief Finance Officer | | |
| **Report author:** | Daljit K. Bains, Head of Corporate Governance | | |
| **Executive Sponsor:** | Caroline Gregory, Chief Finance Officer | | |

| **To approve** ☒ | **For assurance** ☒ | **To receive and note** ☐ | **For information** ☐ |
|---|---|---|---|
| *Recommendation or particular course of action.* | *To assure / reassure the Board that controls and assurances are in place.* | *Receive and note implications, may require discussion without formally approving anything.* | *For note, for intelligence of the Board without in-depth discussion.* |

**Recommendations:**

The LLR ICB Board is requested to:

- **APPROVE** the updated LLR ICB Governance Handbook at Appendix 1 (this includes the amendments to the component parts of the Handbook).

**Purpose and summary of the report:**

The ICB's Governance Handbook is reviewed on a regular basis to ensure the document in its entirety, including its component parts, reflect the current legislative framework and governance arrangements of the organisation.

The Governance Handbook has been updated (as at Appendix 1) and some amendments made as detailed within Table 1 of the report. The amendments, in the main, reflect the decisions and amendments approved by the Board between July 2022 and April 2023. The Board is asked to approve the Governance Handbook in its entirety and by way of this approval, the Board will in effect be approving the amendments to the individual governance documents contained within the Handbook.

| | |
|---|---|
| **Appendices:** | • Appendix 1 – LLR ICB Governance Handbook (April 2023) available on the LLR ICB website https://leicesterleicestershireandrutland.icb.nhs.uk/about/board-meetings/ |
| **Report history** (date and committee / group the content has been discussed / reviewed prior to presenting to this meeting): | • 1 July 2022 – ICB Board approved the Governance Handbook at its inaugural meeting. |

| **The report is helping to deliver the following strategic objective(s) –** *please tick all that apply*: | | |
|---|---|---|
| **1. Improve outcomes** | Improve outcomes in population health and healthcare. | ☒ |
| **2. Health inequalities** | Tackle inequalities in outcomes, experience and access. | ☒ |
| **3. Value for money** | Enhance productivity and value for money. | ☒ |

| | | |
|---|---|---|
| **4. Social and economic development** | Help the NHS support broader social and economic development. | ☒ |
| **5. NHS Constitution** | Deliver NHS Constitutional and legal requirements. | ☒ |

| **Conflicts of interest screening** | | **Summary of conflicts** *(detail to be discussed with the Corporate Governance Team)* |
|---|---|---|
| ☒ | No conflict identified. | |
| ☐ | Conflict noted, conflicted party can participate in discussion and decision | |
| ☐ | Conflict noted, conflicted party can participate in discussion but not in decision | |
| ☐ | Conflict noted, conflicted party can remain in meeting but not participate in discussion or decision. | |
| ☐ | Conflict noted, conflicted party to be excluded from the meeting. | |

| **Implications:** | |
|---|---|
| **a) Does the report provide assurance against a corporate risk(s) e.g. risk aligned to the Board Assurance Framework, risk register etc?** *If so, state which risk and also detail if any new risks are identified.* | Not having the fundamental governance arrangements could result in non-compliance with legal and statutory requirements. |
| **b) Does the report highlight any resource and financial implications?** If so, provide which page / paragraph this can be found within the report. | None specifically in relation to this report. |
| **c) Does the report highlight quality and patient safety implications?** If so, provide which page / paragraph this is outlined in within the report. | None specifically in relation to this report. |
| **d) Does the report demonstrate patient and public involvement?** If so, provide which page / paragraph this is outlined in within the report. | None specifically in relation to this report. |
| **e) Has due regard been given to the Public Sector Equality Duty?** If so, how and what the outcome was, provide which page / paragraph this is outlined in within the report. | Not specifically in relation to this report, however the principles are contained with the Constitution and governance arrangements. |

# LLR ICB Governance Handbook

## Introduction

1. The LLR ICB Governance Handbook brings together a range of corporate statutory documents in one place. It is designed to provide ICB employees, executive members and Board members assistance with navigating through the governance arrangements. The Handbook is compiled in line with legislation and guidance published by NHS England.

2. It is a requirement to publish the ICB's Governance Handbook on the ICB website and ensure the content is reviewed on a regular basis to reflect the current legislative framework and governance arrangements of the organisation.

### Updated version

3. The Governance Handbook has been updated and amendments made as detailed in Table 1. The amendments, in the main, reflect the decisions and amendments approved by the Board between July 2022 and April 2023. The Board is asked to approve the Governance Handbook in its entirety and by way of this approval, the Board will in effect be approving the amendments to the individual governance documents contained within the Handbook.

4. Due to the size of the document, the updated LLR ICB Governance Handbook is available in full and published with the Board papers on the ICB website at the following https://leicesterleicestershireandrutland.icb.nhs.uk/about/board-meetings/ . Should Board members prefer to receive a copy please contact the Head of Corporate Governance.

***Table 1: amendments made to the LLR ICB Governance Handbook***

| Item | Amendments made |
|---|---|
| **Content and main body of the document** | • LLR ICB values incorporated.<br>• Elaborated on a few sections to provide further clarification and general housekeeping undertaken to ensure information is current. |
| **Appendix A - Constitution and Standing Orders** | • The Constitution has been updated to include the updated Board membership following the Board approval (in April 2023) to include the Chief Operating Officer and the Chief People Officer as members of the Board.<br>• This includes an amendment to "Section 3 Appointments Process for the Board". In particular, section 3.12 on the eligibility and appointment to other Board roles has been updated to include the appointment process for the Chief Operating Officer and the Chief People Officer. To ensure consistency, the process mirrors the existing process for the appointment of the Chief Strategy Officer.<br>• Executive Director position titles have been updated.<br>• Once supported by the Board, this version of the Constitution will be submitted to NHS England for approval. |
| **Appendix B -** Scheme of Reservation and Delegation | • Executive Director position titles have been updated.<br>• Sections have been refined to ensure authority is clearly defined to prevent ambiguity. These amendments do not change the |

| Item | Amendments made |
|---|---|
| | essence of the function or decision delegated, or who has the authority to make the decision.<br>• Additions have been made to include recent decisions made by the Board. This includes:<br>- the establishment of the Joint Committee across the East Midlands ICBs with delegated authority to make decisions in respect of pharmacy, optometry and dental services as approved by the ICB Board ahead of the functions being delegated from 1 April 2023.<br>- The enhanced scope and functions of the Strategic Commissioning Group (sub-group of the System Executive) and delegated financial authority as approved by the Board in April 2023.<br>• The Pharmaceutical, Optometry and Dental delegated functions have also been included in line with the Delegation Agreement from NHS England and the Joint Working Agreement with ICBs across the East Midlands. These arrangements were agreed by the Board prior to the functions being delegated on 1 April 2023. |
| **Appendix C -** Functions and Decisions Map | • Updated format to align with the corporate branding.<br>• Document updated to include an introduction to the document and some information outlining the functions of the various components of the governance architecture to provide readers with a bit more context.<br>• The organogram now includes the Joint Committee of the East Midlands' ICBs reporting to the ICB Board, and the People Board reporting to the System Executive Committee. |
| **Appendix D -** Standing Financial Instructions | • The Standing Financial Instructions remain unchanged. |
| **Appendix E -** Detailed Financial Policies and Operational Scheme of Delegation | • This is within the remit of the Chief Executive and the Executive Management Team who will collectively review and approve. Changes to be made include delegation to officers in line with the Pharmacy, Optometry and Dental primary care services delegated from 1 April 2023. |
| **Appendix F –** Audit Committee terms of reference | • No change to the terms of reference, under a separate note the Board is asked to approve the current version. |
| **Appendix G –** Remuneration Committee terms of reference | • Remuneration Committee terms of reference – updated version included as approved on 13 April 2023. |
| **Appendix H –** System Executive terms of reference | • System Executive Committee terms of reference – minor amendment made to explicitly reference that the Committee has delegated authority to approve section 75 partnership agreements and variations to these agreements in line with the Scheme of Reservation and Delegation. The Internal Auditors identified that this delegated function had not been explicitly captured within the terms of reference although it is a function that has been delegated by the Board. |

| Item | Amendments made |
|---|---|
| **Appendix I –** Finance Committee terms of reference | • Finance Committee terms of reference – updated version included as approved on 13 April 2023. |
| **Appendix J –** Quality and Safety Committee terms of reference | • Quality Committee terms of reference reviewed by the Committee in May 2023 and amendments were proposed. Updated version to be included within the Governance Handbook subject to Board approval on 8 June 2023 (item to be presented to the Board under a separate note). |
| **Appendix K –** Health Equity Committee terms of reference | • Health Equity Committee terms of reference reviewed by the Committee in April 2023 and no changes were made. Therefore, this has been included within the Governance Handbook subject to Board approval on 8 June 2023 (item to be presented to the Board under a separate note). |
| **Appendix L –** Joint Committee of the East Midlands Integrated Care Boards terms of reference | • This is a new addition to the Handbook.<br>• Terms of reference for the Joint Committee of the East Midlands ICBs is as approved by the ICB Board to support the functions delegated by NHS England on 1 April 2023. |
| **Appendix M -** LLR GP Practices and PCNs | • This was previously Appendix L within the Governance Handbook.<br>• The document remains unchanged. |

## Recommendations

The LLR ICB Board is requested to:

- **APPROVE** the updated LLR ICB Governance Handbook (this includes the amendments to the component parts of the Handbook).