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| **Agenda Item No:** | **14** |



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| **Report to:** | Humber & North Yorkshire Integrated Care Board |
| **Date of Meeting:** | 12th March 2025 |
| **Subject:** | **Board Committees Assurance and Escalation Reports** |
| **Director Sponsor:** | Karina Ellis, Executive Director of Corporate Affairs |
| **Author:** | Governance and Compliance Team |

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| **STATUS OF THE REPORT:**  Approve  Discuss  Assurance  Information  A Regulatory Requirement |

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| **SUMMARY OF REPORT:**  In accordance with the revised reporting arrangements previously agreed by the Board, this report sets out the consolidated summaries for each committee of the Board that has met in the time since the previous Board meeting. A rolling programme of reports will be submitted to the Board in accordance with the committee calendar and as soon as practicable following each committee meeting.  The summaries are provided to a consistent format, and report by exception on:   |  |  |  |  | | --- | --- | --- | --- | | Ref | Committee | Meeting Date | Matters for the attention of the Board | | A | Population Health and Prevention Committee | 6 February | * There is one alert to escalate to the Board regarding lack of evidence available for the PHP Committee to close or amend BAF risk B1. * There are four matters to advise / assure the Board on. | | B | Workforce Board (Workforce Committee) | 17 February | * There are no alerts to escalate to the Board. * There are no matters to advise / assure the Board on. | | C | Finance, Performance and Delivery Committee | 17 February | * There are two alerts to escalate to the Board regarding approval in principle of a direct award process C contract for non-emergency patient transport services and recommendation of direct award process A for a number of ten year contracts, pending review of their alignment with upcoming planning processes at the Board. * There are five matters to advise / assure the Board on. | | D | Pharmaceutical Services Regulations Committee | 26 February | * There are no alerts to escalate to the Board. * There are five matters to advise / assure the Board on. |   There was no feedback to committees to report from the Board at the February 2025 meeting.  **RECOMMENDATIONS:**  Members are asked to:   * Note the content of the Committee Assurance and Escalation Reports. |

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| **ICB STRATEGIC OBJECTIVE** |

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| Leading for Excellence |  |
| Leading for Prevention |  |
| Leading for Sustainability |  |
| Voice at the Heart |  |

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| **IMPLICATIONS** |

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| Finance | **The Finance, Performance and Delivery Committee** is responsible for overseeing, monitoring, and reviewing the stewardship of the finances, investments and sustainability of the ICB, including planning, financial performance, capital expenditure and the delivery of the informatics and estates, facilities and capital development annual plans |
| Quality | **The Quality Committee** provide the ICB with assurance that 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 2021. This includes reducing inequalities in the quality of care. |
| HR | **The Workforce Committee (aka Workforce Board)** provide strategic system oversight of the development and delivery of the Humber and North Yorkshire People Strategy and associated HNY people focused workstreams |
| Legal / Regulatory | The ICB Constitution and Standing Orders details that Committees of the Board are required to submit agreed key messages of each of its meetings, for information, to the Board. |
| Data Protection / IG | There are no direct data protection / IG implications relating to this paper.  **The Audit Committee** receives regular updates on IG compliance (including uptake & completion of data security training), data breaches and any related issues and risks. |
| Health inequality / equality | **The Clinical and Professional Committee** provides population health led, strategic and collaborative clinical and professional oversight across the NHS Humber and North Yorkshire Integrated Care Board and support the Partnership to achieve its vision of helping the population to ‘start well, live well, age well and end life well.’  **The Population Health & Prevention Committee** oversees the ICB’s key ambition to improve outcomes in population health and healthcare. |
| Conflict of Interest Aspects | No conflicts of interest are identified in relation to this paper.  **The Audit Committee** oversees 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. |
| Sustainability | There are no sustainability implications relating to this paper. |

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| **ASSESSED RISK:**  The ICB has a statutory and regulatory obligation to ensure that systems of control are in place,  to minimise the impact of all types of risk. |

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| **MONITORING AND ASSURANCE:**  The board remains accountable for all functions, including those that it has delegated to committees and, therefore, appropriate reporting and assurance arrangements are in place and documented in the terms of reference of each Committee. |

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| **ENGAGEMENT:**  A wide variety of ICB subject matter specialists, senior officers and the ICB Board have been engaged in the development of this paper. |

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| **REPORT EXEMPT FROM PUBLIC DISCLOSURE** No  Yes |

**END.**