

Agenda Item No:	18
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Report to:	ICB Board
Date of Meeting:	9 July 2025
Subject:	Committee Insights Report
Director Sponsor:	Jayne Adamson, Acting Deputy Chief Executive / Executive Director of People
Author:	Governance & Compliance Team

STATUS OF THE REPORT:

Approve ☐ Discuss ☐ Assurance ☐ Information ☒ A Regulatory Requirement ☐

SUMMARY OF REPORT:

This report introduces the new Insights Report template designed for Committees, Groups, and Collaboratives. The aim is to support consistent and effective reporting to the Board. Reports will be submitted to the Board on a rolling basis according to the committee calendar and as soon as practicable after each committee meeting. The new template will be in use from the July onwards and can be found at Appendix D.

Additionally, the following reports are presented to the Board for assurance purposes:

- Appendix A: Quality Committee and System Quality Group (old format)
- Appendix B: Audit Committee (old format)
- Appendix C: Finance, Performance and Delivery Committee (new format)

RECOMMENDATIONS:

Members are asked to:

- Note the content of the Committee Assurance and Escalation reports.
- Note the new template, acknowledging this will be utilised as the new template moving forward.

ICB STRATEGIC OBJECTIVE

Leading for Excellence	<input checked="" type="checkbox"/>
Leading for Prevention	<input checked="" type="checkbox"/>
Leading for Sustainability	<input checked="" type="checkbox"/>
Voice at the Heart	<input checked="" type="checkbox"/>

IMPLICATIONS	
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	<p>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.’</p> <p>The Population Health & Prevention Committee oversees the ICB’s key ambition to improve outcomes in population health and healthcare.</p>
Conflict of Interest Aspects	<p>No conflicts of interest are identified in relation to this paper.</p> <p>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.</p>
Sustainability	There are no sustainability implications to consider within this report.

ASSESSED RISK:

There are no significant risks directly associated with this paper. 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 risks.

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 for each Committee.

ENGAGEMENT:

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

REPORT EXEMPT FROM PUBLIC DISCLOSURE

No



Yes





HNY ICB Committee Assurance and Escalation Report

Report to: HNY Integrated Care Board

Report from: Quality Committee

Date of meeting: 24 April 2025

Interim Committee Chair: Sue Proctor

Director Sponsor: Paula South, Deputy Executive Director of Nursing & Quality

Author: Kate Bedford, Clinical Operations, Management and Governance Lead

Key agenda items covered by the meeting

(A bulleted list of the key agenda items discussed at the meeting)

Governance

- ICB Quality Committee Policies
- Healthwatch England Research on Complaints
- Delegation of Services – NHSE Direct Commissioning
- Maternity update
- Patient Experience audit

Quality

- Quality surveillance and oversight
- Intensive and Assertive Community Health Care – Assurance and Action Plans
- Urgent and Emergency Care: Latest update; Winter Review 2024/25; Plans for 2025/26
- System Infection Prevention Control (IPC)
- Dashboards: Statutory and Regulatory / Quality
- Significant Issues: NHS England announcements and ICB Internal leadership changes
- Risk update: Quality Committee Risk Register - programme of risk alignment update
- Reflections of the meeting AAA (Alert; Advise; Assure)
- *Papers shared for information purposes only:*
 - Place Quality - 4A Report
 - Sub-committee reports
 - Board Assurance Framework (BAF)
 - Committee Terms of References
 - System Co-ordination Centre Operational Standards – Assurances on HNY ICB Clinical and Quality support.
 - Q4 Governance Review – Quality Committee
 - Provider Annual Reports - Quality Accounts (2024/25) process
 - NQB Principles for assessing and managing risk across the Integrated Care System updated December 2024
 - Feedback from Regional Quality Group 21 March 2025



- Providers in Quality Improvement Group Status update
- Healthwatch Report
- Forward Planner 2024/2025
- Ratified Minutes System Quality Group – 13 February 2025

ALERT - (BY EXCEPTION ONLY key matters and/or risks to alert or escalate to ICB Board)

1. **Delegation of Services** – NHS England Direct - The Board are asked to note the quality oversight and assurance processes in place between Specialised Commissioning and ICBs. The ICB being responsible; NHS England is accountable. Quality risks within these contracts will be included within the Quality Risk Register with the RASCI (Responsible, Accountable, Supportive, Consulted, Informed) tool supporting dynamic and systemwide risk analysis.
2. **Maternity in terms of delays with the Maternal Mental Health Service (MMHS)**
 - The new service is scheduled to commence in the Humber area from mid-June 2025; delayed by a further month.
 - There was no date set for the intended rollout for North Yorkshire and York locations.
 - The service is being implemented by the Mental Health Collaborative and reporting sits with the Local Maternity and Neonatal System (LMNS) to report to the regional maternity team.

ADVISE AND / OR ASSURE - (BY EXCEPTION ONLY - Key decisions and any updates to advise the ICB Board on the matters the Committee was able to take assurance on or where additional information was required)

- **Policies approved:**
 - Spinal Injections and Facet joint injections of Local Anaesthetic and Steroid in people with Non-Specific Low Back Pain without Radiculopathy (Sciatica)
 - Radiofrequency denervation of the facet joint for Chronic Low Back Pain without Radiculopathy (Sciatica)
 - Prevent Policy – additional assurances were provided in support, including that the "prevent" component had previously been held within safeguarding adults and safeguarding children's policies and it had been agreed that this needed to be standalone to further enhance the ICB's "prevent" duty under The Counterterrorism and Security Act 2015. Under the Act, the Prevent duty requires specified authorities, which includes health, to help prevent the risk of people becoming terrorists - specified health authorities have a core role in leading health multi-agency initiatives to counter terrorism at a local level. It was confirmed that Providers will have similar arrangements as part of contractual arrangements and it was agreed that the ICB Board would be provided with assurances that during organisational changes, it would be explicit that the ultimate responsibility sits with the with ICB CEO.



- **Intensive and Assertive Community Health Care Action Plans – recommendations.**
Following the publication of the independent investigation findings, the mental health providers have undertaken an immediate review of the recommendations and have identified areas where assurances are already in place, where action plans for improvement are in place as part of the work undertaken to address the learning from the CQC review into Nottinghamshire Healthcare, and where new actions are required to be taken aligned to the additional learning from the Independent review.
- Systems have a responsibility to ensure they commission the right mix of services to support the needs of their local populations; dedicated resource to provide intensive and assertive care.
- **Urgent and Emergency Care – A&E waiting times** – It is noted that monitoring occurs locally at 12 hours, regionally at 48 hours and at 72 hours a trigger to report to the national NHS England team occurs. It was highlighted that in the past decade, patients waiting 12 hours had increased significantly with risks of harm noted. Concern is raised that reporting of delays in A&E has become normalised.
- **Patient experience in adult social care settings** and how quickly being discharged into an incorrect pathway can have consequences was demonstrated via an in depth patient experience update. Assurance is provided that commitment is in place from senior nurses across the system to work together along with work being underway which includes but is not limited to learning from the incident outlined: reviewing data to understand the sector; understanding robustly what ICB requirement is and how risk is being managed and mitigated.
- **Infection Prevention Control (IPC) assurances and system connectively** - focus was provided on winter planning which included but was not limited to antimicrobial resistance and outbreaks of infection. Assurance was provided that the pathway has been embedded in the ICB from the IPC perspective.
- **Applaud** – None to note



HNY ICB Committee Assurance and Escalation Report

Report to: HNY Integrated Care Board

Report from: System Quality Group

Date of meeting: 10th April 2025

Committee Chair: Paula South, Deputy Executive Director of Nursing and Quality

Director Sponsor: Paula South

Author: Krishnen Sawmynaden, Senior Governance Manager

Key agenda items covered by the meeting

(A bulleted list of the key agenda items discussed at the meeting)

The following areas were discussed:

- Response to Healthwatch feedback: Update on local dentistry provisions
- Hot Topics
- Regional Quality Group feedback
- Feedback from partners and collaboratives
- Urgent and Emergency Care (UEC) Update
- Functional Overview/thematic review of key risks/issues/improvements
- Meeting Reflections and Risks

ALERT

(BY EXCEPTION ONLY - key matters and / or risks to alert or escalate to the ICB Board)

Any items to be escalated are via the Quality Committee

ADVISE AND / OR ASSURE

(BY EXCEPTION ONLY - Key decisions and any updates to advise the ICB Board on the matters the Committee was able to take assurance on or where additional information was required)

Response to Healthwatch feedback - Update on local dentistry provisions: An overview was provided on dental services across Humber and North Yorkshire highlighting the challenges and initiatives in place to address them. Key points included:

- Dental Services Overview
- Funding and Workforce Challenges
- Initiatives and Successes
- Collaborations and Campaigns

Hot Topics: The significant organisational within the NHS were discussed. Key points included:

- NHS England will become part of the Department of Health and Social Care, with a 50% reduction in running costs.
- ICBs will continue to function with a reduction in running cost of 50%.
- Collaboratives are required to assess their costs and aim for a reduction close to 50%.
- NHS providers will face stringent financial allocations.
- Local authorities are likely to experience the effects of these changes.

- Despite these challenges, it is imperative to continue performing day-to-day duties while addressing significant architectural changes.

Regional Quality Group: An update was provided on the regional quality group held in March. The key points discussed included:

- Independent Investigation Report and findings - Nottinghamshire Healthcare
- Edginton Emergency Care Pathway

Feedback from partners and collaboratives: Comprehensive updates from partners and collaboratives continue with a slightly updated format to invite a more collaborative approach.

Urgent and Emergency Care (UEC) Update: The UEC performance position across various metrics over the last three months were shared with SQG members. Key points included:

- Ambulance Handover Times
- Four-Hour Standard
- Plans for 2025-2026
- Winter Review Session

Functional Overview/thematic review of key risks/issues/improvements: A summary was provided in relation to the Humber and North Yorkshire ICB Nursing and Quality functional report. The report highlighted key areas of concern and opportunities for improvement, learning and sharing, particularly focusing on children and young people, urgent and emergency care, and the implementation of the Patient Safety Incident Response Framework (PSIRF) framework across providers and Maternal Mental Health Service.

Meeting Reflections and Risks: Identified Risks which continue to be highlighted/escalated include: The Chair summarised the discussions and identified the following key risks to quality and safety across the system:

- Service delivery issues remain in relation to Urgent and Emergency Care continues. These issues have been exacerbated by system challenges. Improvements are being seen in relation to waiting times in UEC due to several interventions.
- Infection Prevention Control (IPC) learning has been considered in terms of winter planning including consideration of the vaccination rollout and uptake, particularly amongst NHS staff and other professionals.
- Ongoing challenges with waiting lists for Attention-Deficit/Hyperactivity Disorder (ADHD) assessments continues to be monitored; Transformation work continues in managing the increase with the support of the `core offer` and support of services aligned to the local SEND Partnerships. Mitigation and the triaging of referrals remains a priority area in managing referral waits, escalation processes being in place for those at risk of suspension, losing school places or at risk and requiring more immediate assessment.
- The review following the tragedy in Nottingham has identified system learning in relation to mental health patients. The report outcomes will be presented to the Quality Committee in April and ICB Board in June, and an overview of the outcomes and learning will be presented at a future SQG.



HNY ICB Committee Assurance and Escalation Report

Report to: HNY Integrated Care Board

Report from: Audit Committee

Date of meeting: 19 June 2025

Committee Chair: Stuart Watson, Non-Executive Director

Director Sponsor: Desiree Irving-Brown

Author: Claire Stocks, Governance & Compliance Manager

This report should be no more than 2 pages using bulleted lists.

Key agenda items covered by the meeting

(A bulleted list of the key agenda items discussed at the meeting)

- Joint Declaration from Management and those charged with Governance
- External Audit – Audit Completion Report
- External Audit – Auditor's Annual Report (including Value for Money Commentary)
- ICB Audited Annual Report & Accounts
- Review of any changes to standing orders, standing financial instructions, financial policies or accounting policies
- Governance Assurance Report
- NHS National Announcements/Model ICB Blueprint
- Quarterly Review of Freedom of Information Requests
- Note the Business of Other Committees
- Internal Audit - Summary of Internal Audit Reports
- Internal Audit – Internal Audit Annual Report including HIAO
- Internal Audit – NHS Monthly Insight Report from TIAN
- Counter-fraud – Counter-fraud Progress Report
- Counter-fraud – receive and review counter-fraud annual report (including annual self-review against NHSCFA standards)
- Audit Committee Work Plan
- Assurance Report from ISFE2 Oversight Committee
- Assurance Report on Section75 Controls

ALERT

(BY EXCEPTION ONLY - key matters and / or risks to alert or escalate to the ICB Board)

- A significant risk was identified in the cyber identity and access control audit, where it was found that access for individuals who have left the ICB had not been removed. This poses a security risk that require immediate attention.
- **NHS National Announcement/Model ICB** - The ongoing changes and potential redundancies pose risks to the control environment and staff morale. It is essential to monitor these changes closely and ensure that controls remain effective during the transition.

- **Freedom of Information:** The volume of Freedom of Information (FOI) requests is high, and the compliance rate has slightly dropped. There is a need to streamline the process and possibly publish previous responses to reduce the number of repetitive requests
- **Internal Audit Recommendations:** There are currently 26 outstanding internal audit recommendations, indicating a need for improved follow-up and timely resolution. All recommendations should be reviewed to ensure they are either appropriately updated, or closed with appropriate justification.

ADVISE AND / OR ASSURE

(BY EXCEPTION ONLY - Key decisions and any updates to advise the ICB Board on the matters the Committee was able to take assurance on or where additional information was required)

- **HNY ICB Annual Report and Accounts:** The Committee recommended to the Board the HNY ICB Annual Report and Accounts pending minor grammatical corrections. This was taken to the Extraordinary Board on 19 June 2025.
- **Scheme of Financial Delegation:** The Committee recommended the final version of the Scheme of Financial Delegation be presented to Board for approval pending the addition of further clarity regarding multiple-year contracts cumulative life-time values. The Committee further recommended the Scheme of Financial Delegation was to be regularly monitored to account for upcoming organisational changes.
- **Governance Route for Annual Report:** The Committee discussed the delegation of approval of the Annual Report including the Annual Accounts to the Audit Committee to prevent duplication at the Board. The consensus was to retain the current arrangement of both Audit Committee approval and Board approval as an example of best practice.
- **Counter-fraud Progress Report:** The Counter-fraud progress report was reported as signed and submitted within the required deadline, and that it noted progress in every area. A few alerts with regards to locally gathered data are being assessed and managed. The Fraud risk assessments are being closely monitored during the period of organisational change.

END.

Board Governance Insights Report

Meeting:	Finance, Performance & Delivery Committee
Chair / SRO Lead:	Richard Gladman
Executive Lead / SRO Lead:	Desiree Irving-Brown
Date of Meeting/s:	30 June 2025
Sub Committees / Groups aligned to:	System Oversight Assurance Group
<p>Key topics discussed in the meeting:</p> <p>2025/26 Financial Position:</p> <ul style="list-style-type: none"> Revenue financial position at Month 2 Capital financial position at Month 2 Assurance for Plan – De-risking Requirements Regional Deep Dive on ICB Efficiencies <p>The Committee discussed the Month two position – the system is reporting marginally off plan (£0.2m variance to plan) at month two. It was reported at the meeting that non recurrent benefits had been recognised to achieve the position. The committee requested a report of the underlying run rate on a monthly basis.</p> <p>2025/26 Performance Position:</p> <ul style="list-style-type: none"> Performance Dashboard SOAG Update UEC Tiering Changes <p>The Committee queried the coherence of system financial and workforce plans - concern was expressed that the FY25/6 workforce and financial plans do not triangulate i.e. the scale of the CIP required in the Provider sector would require a material reduction in workforce which is not reflected in workforce plans. The Committee requested further analysis and assurance for the next meeting.</p> <p>In terms of the quality of CIP/ mitigation planning, the Committee recommends independent assurance as to the quality of current CIP and mitigation plans given the level of delivery risk highlighted in reports.</p> <p>Contracting & Procurement:</p> <ul style="list-style-type: none"> Procurement Register and Pipeline Update on recent NHSE Independent Patient Choice and Procurement panel report on the direct award process for non-emergency patient transport services Provider Contract Status <p>Terms of Reference for Finance, Performance and Delivery Committee 2025/26: These were not agreed in the meeting due to a number of queries on the changes that were presented, and the document will be reviewed and updated for consideration in July.</p> <p>Board Assurance Framework – Finance, Performance and Delivery Risks & Risk Register: The Committee discussed “system financial risk” and requested a more granular risk based forecast for each organisation at the next meeting. The Committee recommended a full review of the deliverability of system financial plans with Provider Chief Executives through the Leaders Forum, supported by the outputs of an independent assurance review.</p>	

ICB financial risk – the Committee requested more information on the big risks in the ICB directs budgets (CHC, Prescribing, elective activity in private sector etc)

Scheme of Delegation: The scheme of financial delegation was reviewed by the committee, and it was agreed to go forward for approval subject to clarification on when Virements could be transacted (following internal process) and cross reference to other committee terms of reference.

Key Achievements and Decisions to Highlight to the Board:

- Ensure minutes captured to attribute key views and observations more specifically to committee members so that there is clarity on level and nature of assurance.
- Need to determine how best to hold an efficiency deep dive including Provider CEOs and consider options for commissioning independent assurance of Provider and ICB efficiency plans.
- Run rate analysis to be discussed at next meeting and add to regular reporting to the committee (including underlying run rates).
- Update the committee terms of reference with feedback from the meeting and other ICB governance changes.
- Update the Scheme of Delegation with feedback from the meeting

Escalation of Critical Risks and Issues:

- Circulate the outcome of the recent NHSE Independent Patient Choice and Procurement Panel verdict on the direct award process run by the ICB on the non-emergency patient transport services to FPD committee members. Schedule a slot at the next meeting to discuss the recommendations and implications on future procurements and staffing.

Overview of high-level risks on the risk register associated with this Group / Committee:

The risks below were discussed in relation to the points raised during the meeting, and the risk scores were updated to reflect the increased risk flagged within the reports.

Risk ID	Risk Description	Risk Score (after mitigation)
A3	Failure to operate within the ICBs available resources for 2025/26 will cause financial instability leading to poorer outcomes for the population; threaten individual organisation sustainability; undermine confidence in ICB leadership; risks the system being subject to escalated oversight from regional & national processes that detract from getting on with required responsibilities and priorities.	20
A4	Failure to operate within the ICSs available resources for 2025/26 will cause financial instability leading to poorer outcomes for the population; threaten individual organisation sustainability; undermine confidence in the leadership; risks the system being subject to escalated oversight from regional & national processes that detract from getting on with required responsibilities & priorities.	20

Board Governance Insights Report

Meeting: [insert name]	[insert name]												
Chair / SRO Lead:	[insert name]												
Executive Lead / SRO Lead:	[insert name]												
Date of Meeting/s:	[insert date of meeting/s since the Board last met]												
Sub Committees / Groups aligned to:	[insert name/s]												
<p>Key topics discussed in the meeting:</p> <p>[insert bulleted list]</p>													
<p>Key Achievements and Decisions to Highlight to the Board:</p> <p>[insert bulleted list]</p>													
<p>Escalation of Critical Risks and Issues:</p> <p>[insert bulleted list by priority]</p>													
<p>Overview of high-level risks on the risk register associated with this Group / Committee:</p> <p>[insert list of risks scored at 25 in the table]</p> <table border="1"> <thead> <tr> <th>Risk ID</th> <th>Risk Description</th> <th>Risk Score (after mitigation)</th> </tr> </thead> <tbody> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> </tr> </tbody> </table>		Risk ID	Risk Description	Risk Score (after mitigation)									
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