

Item: 7

REPORT CLASSIFICATION	✓	CATEGORY OF PAPER	✓
Official	✓	Proposes specific action	
Official: Sensitive Commercial		Provides assurance	✓
Official: Sensitive Personal		For information only	✓

BOARD

30 JULY 2024

Report Title:

Chair's Report

Purpose of report

The purpose of this report is to provide an update from the Chair in relation to changes to the Board composition, committee chairing arrangements and ensure the Board is sighted on key developments.

Key points

The report includes items on:

- Changes to the Board composition and key roles
- Chairing arrangements for committees
- Leadership Competency Framework submission (LCF)
- Fit and Proper Person Test (FPPT) submission to NHS England
- Diabetes: the impact hybrid closed loop technology has on the management of diabetes from a patient perspective and also the recent publication of *Reversing the trend: Reducing type 2 diabetes in children and young people* from Diabetes UK.

Risks and issues

This report highlights the ongoing actions required to recruit to partner vacancies.

Assurances

This report provides assurance on the board composition, key roles and business continuity, along with key updates from the Chair.

Recommendation/action required

The Board is asked to receive the report for information and assurance.

Acronyms and abbreviations explained

ICB – Integrated Care Board
NENC - North East and North Cumbria
NHSE - National Health Service England

FPPT – Fit and Proper Persons Test INEMs - Independent Non Executive Members SID – Senior Independent Director						
Sponsor/approving director	D Cornell, Director of Corporate Governance and Board Secretary					
Date approved	03 July 2024					
Report author	K Sutherland, Senior Governance Manager T Taylor, Board and Legal Services Officer					
Link to ICP strategy priorities (please tick all that apply)						
Longer and Healthier Lives						✓
Fairer Outcomes for All						✓
Better Health and Care Services						✓
Giving Children and Young People the Best Start in Life						✓
Relevant legal/statutory issues						
Note any relevant Acts, regulations, national guidelines etc						
Any potential/actual conflicts of interest associated with the paper? (please tick)	Yes		No		✓	N/A
If yes, please specify						
Equality analysis completed (please tick)	Yes		No			N/A ✓
If there is an expected impact on patient outcomes and/or experience, has a quality impact assessment been undertaken? (please tick)	Yes		No			N/A ✓
Key implications						
Are additional resources required?	None noted.					
Has there been/does there need to be appropriate clinical involvement?	Not applicable – for information and assurance only.					
Has there been/does there need to be any patient and public involvement?	Not applicable – for information and assurance only.					
Has there been/does there need to be partner and/or other stakeholder engagement?	Not applicable – for information and assurance only.					

Report of the Chair

1. Introduction

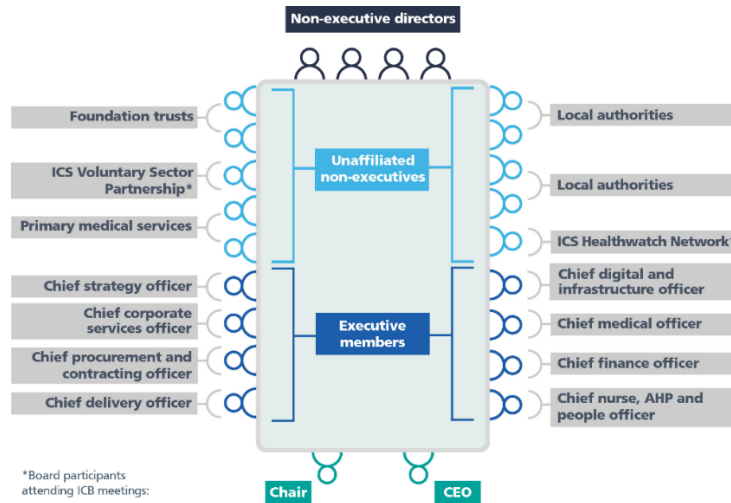
- 1.1 The purpose of this report is to provide an overview of changes to the Board composition, committee chairing arrangements and ensure the Board is sighted on key developments.

2. Board Composition

- 2.1 The NENC ICB Constitution sets out the composition and membership of the Board who are collectively accountable for the performance of the ICB's functions. The composition of the Board is commensurate with the ICB being the largest of the 42 ICBs in England (serving a population of 3.2million with 14 upper tier local authorities). The Board composition is as follows:

- Chair
- Four Independent Non- Executive Members
- Chief Executive
- Chief Finance Officer
- Chief Nurse, AHP and People Officer
- Chief Medical Officer
- Chief Strategy Officer
- Chief Corporate Services Officer
- Chief Digital and Infrastructure Officer
- Chief Contracting and Procurement Officer
- Chief Delivery Officer
- Two Partner Members – NHS foundation trusts
- Two Partner Members – primary medical services
- Four Partner members – local authorities.

- 2.2 The Board also includes representatives from Healthwatch and the Voluntary Community and Social Enterprise Sector as regular participants.



3. Appointments Panel

- 3.1 The Constitution sets out the term of office for a partner member and the total number of terms an individual may serve is two, after which they will no longer be eligible for reappointment. At the end of each term of office, the relevant sector will be asked if there are alternative nominations for this role.
- 3.2 An Appointments Panel was held on the 18 June to review the nominations received for partner members and discussed the following areas:

- The re-appointment of primary medical services' members as they had reached the end of their first term of office. Two nominations were received from existing primary medical services (general practice) partner members;
 - Dr Saira Malik, IJ Healthcare, Sunderland
 - Dr Mike Smith, Claypath and University Medical Group, Durham.

The Appointments Panel considered and approved the re-appointments of Dr Saira Malik and Dr Mike Smith for a second term of office for a period of two years, subject to confirmation of compliance with all Fit and Proper Persons Test (FPPT) requirements.

- The appointment/re-appointment of local authority partner members. The Association of Directors of Public Health reaffirmed its support for the existing partner member from public health, Tom Hall, Director of Public Health, South Tyneside Council.

The Association of Directors of Childrens Services (ADCS) agreed that the existing partner member from children's services, Cath McEvoy-Carr, would stand down from this role at the end of her term on 30 June 2024. The ADCS has put forward a new nomination, John Pearce, Director of Children's Services, Durham County Council. The ICB would like to thank Cath McEvoy-Carr for her service and valued contributions to the Board.

The Partner Member for Adult Social Services is currently vacant following the retirement of the previous appointee. The Association of Adult Social Services (ADASS) was asked for nominations and none have been received to date. However, a proposal has been put forward for Jane Robinson, Corporate Director, Adult and Health Services, Durham County Council to remain in this

role on an interim basis until her retirement in November 2024. This will allow further work to be undertaken with ADASS to seek nominations for this role.

The Appointments Panel considered and approved;

- **The re-appointment of Tom Hall for a second term of office for a period of one year, subject to confirmation of compliance with all FPPT requirements.**
 - **The appointment of John Pearce for a first term of office for a period of one year, subject to confirmation of compliance with Fit all FPPT requirements.**
 - **The appointment of Jane Robinson on an interim basis until November 2024 to allow for a full recruitment process to this post.**
- The recruitment of a new partner member. The Appointments panel noted the primary care functions recently devolved to the ICB by NHS England, including the commissioning of dentistry services. Following a discussion between the Chair and Director of Corporate Governance and Board Secretary, the Chair took the decision to reduce the number of independent non-executive members to allow a further partner member to be appointed with a dental background. This would enable the Board to continue to meet the challenges it faces without increasing the size of an already large Board.

3.3 I will as Chair, continue to keep under review the skills, knowledge and experience considered necessary for members of the Board to possess (when taken together) for the Board effectively to carry out its functions.

4. Deputy Chair of the Board

4.1 There is a requirement to appoint a Deputy Chair for the Board as set out in NHS England guidance. The guidance outlined that the Deputy Chair was to be appointed from amongst the existing non-executive members, however, must not also hold the position of chair of the Audit Committee. The postholder will not receive delegated business tasks but simply be available should the Chair have enforced absences or be disqualified from participating in ICB business due to a conflict of interest.

4.2 I am pleased to confirm Sir Pali Hungin is willing to serve in this role to provide business continuity.

5. Senior Independent Director

5.1 The ICB is required to designate an Independent Non-Executive Member (INEM) as Senior Independent Director (SID) in line with the ICB's Constitution. The Leadership Competency Framework (LCF) also requires the SID to have a role in the Chair's appraisal process.

5.2 In consultation with the Board Secretary, David Stout, INEM and Audit Committee Chair, has been fulfilling some of these duties before it was identified a requirement and I am pleased to confirm he continue to serve in the permanent role.

6. Committee Chairing Arrangements

- 6.1 The Board is required to appoint a chair to all committees and subcommittees that it has established. The appointed committee or subcommittee chair will preside over the relevant meeting and will be accountable to myself as Chair of the ICB.
- 6.2 In light of new guidance from NHS England on the governance of ICBs and the responsibility as Chair to ensure the size and composition of the Board remains aligned to our duties, I have reviewed the committee chairing arrangements with the Director of Corporate Governance and Board Secretary to ensure that the Board is equipped for its future role and reflects the ICB's key challenges. The confirmed chairing arrangements will continue to draw on expertise and experience from the INEMs and are set out in the table below:

Name	Chair
David Stout	Audit Committee Conflicts of Interest Guardian
Jon Rush	Finance, Performance, and Investment Committee Individual Funding Request Panel
Eileen Kaner	Remuneration Committee Deputy Chair Audit Committee
Sir Pali Hungin	Quality and Safety Committee

- 6.3 In addition, to reflect the additional roles outlined above and the changes in committee chairing arrangements, it has also been agreed that Dr Saira Malik to serve as vice chair of the Quality and Safety Committee and Dr Mike Smith as vice chair of the Finance, Performance, and Investment Committee.

7. Fit and Proper Persons Test (FPPT)

- 7.1 Ensuring high standards of leadership in the NHS is crucial. Well-led NHS organisations are distinct when both strong teamwork and strong governance translate into greater staff wellbeing and better clinical care.
- 7.2 NHS England published its Fit and Proper Person Test (FPPT) Framework on 02 August 2023 in response to the recommendations made by Tom Kark KC in his 2019 review of the FPPT (the Kark Review). The framework also takes into account the requirements of the Care Quality Commission in relation to directors being fit and proper for their roles.
- 7.3 The aim of the framework is to strengthen and reinforce individual accountability and transparency for board members, as well as prioritising patient safety, to enhance the quality of good leadership in NHS organisations. It will support board members to build a portfolio to provide assurance that they are fit and proper to undertake a board level position.
- 7.4 Chairs are accountable for taking all reasonable steps to ensure the FPPT process is effective. Their responsibilities include ensuring that:
- The NHS organisation has proper systems and processes in place so that it can make the robust assessments required by the FPPT

- The results of the full FPPT, including self-attestations for each board member, are retained by the employing organisation
- The FPPT data fields within the electronic staff record (ESR) system are accurately maintained in a timely manner
- Board member references/pre-employment checks and a full FPPT are complete and adequate for each board member
- An appropriate programme is in place to identify and monitor board member development needs.

7.5 In line with the national timescale of 30 June 2024, the ICB has completed a full FPPT assessment for all Board members and this was submitted to NHS England on the 28 June 2024.

8. Leadership Competency Framework (LCF)

8.1 The NHS Leadership Competency Framework (LCF) was published on 28 February 2024 for all Board members and NHS providers, ICBs and NHS England Board. The LCF provides a framework for board member recruitment and appraisal and will inform future board leadership and management training and development.

8.2 The LCF has six domains, each with a range of competencies. The six competency domains will be incorporated into all NHS board members role descriptions and recruitment processes from 01 April 2024. They will also inform a core part of board member appraisals an ongoing development of members and the Board.

8.3 My Chair's appraisal was also completed and submitted in June 2024 as part of the process.

8.4 The next steps are for all Board members to self-assess against the LCF and discuss findings with myself as Chair or with Sam Allen as Chief Executive as part of their annual appraisal. This will help guide Board members personal development plans for 2024/25.

9. Diabetes

9.1 I am pleased to share with the Board an excellent Young Leaders' video focusing on the impact hybrid closed loop technology has on the management of their diabetes. The powerful video and benefits of the technology can be found [here](#).

9.2 In May 2024, Diabetes UK published a new report on the impact and prevalence of type 2 diabetes in children and adults under 40. A copy of the report *Reversing the trend: Reducing type 2 diabetes in children and young people* is enclosed.

10. Recommendations

10.1 The Board is asked to receive the report for information and assurance.

Sponsoring Director: D Cornell, Director of Corporate Governance and Board Secretary

Name of Authors: K Sutherland, Corporate Governance Manager
T Taylor, Board and Legal Services Officer

Date: 03 July 2024